TRUST BOARD – PUBLIC SESSION MINUTES

Venue: Meeting held via MS Teams. **Date:** Wednesday 6th April 2022, 09:30-13:00

Members:		**In Attendance:**	
Sir D Nicholson (Chair)	(DN)	Mrs R Wilkin, Director of Communications	(RW)
Prof K Thomas, Non-Executive Director	(KT)	Mr D Conway, Assoc. Director of Corporate Governance/Company Secretary	(DCo)
Mrs L Writtle Non-Executive Director	(LW)	Mr D Fradgley, Interim Director of Integration	(DF)
Ms V Taylor, Assoc. Non-Executive Director	(VT)	Ms H Hurst Director of Midwifery	(HH)
Mrs J Wass, Assoc. Non-Executive Director	(JW)	Mr D Baker, Director of Partnerships & Innovation	(DB)
Dr M Hallissey, Assoc. Non-Executive Director	(MH)	Mr A Hughes	(AH)
Mr R Beeken, Chief Executive	(RBe)		
Dr D Carruthers, Medical Director	(DC)		
Mr L Kennedy, Chief Operating Officer	(LK)	**Guest:**	
Ms M Roberts, Chief Nurse	(MR)	Dr P Turner, Karis Medical Centre (Item 2)	(PT)
Ms D McLannahan, Chief Finance Officer	(DMc)		
Ms K Dhami, Director of Governance	(KD)		
Ms F Mahmood, Chief People Officer	(FM)	**Apologies:**	
Mr M Laverty, Non-Executive Director	(ML)	Mrs R Hardy, Non-Executive Director	(RH)
Mr M Hoare, Non-Executive Director	(MH)	Ms R Barlow, Director of System Transformation	(RBa)

Minutes	**Reference**
1. Welcome, Apologies and Declarations of Interest	**Verbal**
Chair DN welcomed Board Members to the meeting. **Apologies:** Apologies were received from Rachel Hardy and Rachel Barlow.	
2. Patient Story	**Verbal**
The Chair introduced local GP Dr Paul Turner from Karis Medical Centre who shared a personal story concerning his 87-year-old father who had died in December 2020 after being admitted to hospital with metastatic lung disease a month earlier. Dr Turner reported that he had experienced a good death surrounded by friends and family, following a 10-day stay in hospital. However, this had been difficult to achieve despite Dr Turner having a deep understanding of the system. The challenges had included getting people to accept responsibility for taking charge of end-of-life care, decision-making and communication. However, Dr Turner highlighted that his family had also observed some stellar work and had received compassionate care from some of the professionals involved.	

Dr Turner had felt he needed to push for palliative care by calling in favours from friends. He expressed the view that medical professionals were disallowed by the system from recognising – more holistically - what was in front of them.

When frank discussion with clinicians occurred there was a dramatic turnaround in staff care who devoted extra time to their dying patient. He stressed the importance of showing humanity as well as knowledge.

Dr Turner commented that he had been very impressed with the way the Trust had responded to his experience.

LK queried the level of communication between the medical teams and the family. Dr Turner reported that he had been forced to chase for information.

KT queried whether it was a failure to recognise that Dr Turner's father was dying or whether there was an unwillingness to do so. Dr Turner made the point that understanding longitudinal care in the context of the patient was important to identify the fundamental change.

There was a comment that it was clear the Trust did not offer enough consistency and that the privilege that Dr Turner had in terms of being able to call on favours was wrong. Many families would not be articulate enough to navigate through the system. She further expressed the view that the system was sometimes 'emotionally armoured' which meant that trainees and nurses were not empowered to go with what was right. However, it was reported that work was ongoing to improve consistency and the quality of the end-of-life improvement.

Dr Turner suggested better feedback mechanisms to be considered to assist improvements and support offered to patients who were discharged following cancer diagnoses.

DN thanked Dr Turner for his contribution.

3. Minutes of the previous meeting, action log and attendance	**TB (04/22) 001** **TB (04/22) 002** **TB (04/22) 003**

The minutes of the previous meeting held on 2nd March 2022 were reviewed. The following amendments were made:

- Item 11 – *'Workforce cell'*. Percentages, accuracy of vaccination numbers description and sickness numbers to be checked, clarified and reworded as necessary.
- Item 11 – *'Place Vaccination Programme' – '…1020 members of staff are vaccinated…'* to be changed to 'not vaccinated'.

  'Sickness figures improved to 4%...' – to be clarified that percentages/figures in this paragraph relate to COVID sickness figures.
- Action log – Action 3 to be clarified.

The action log was reviewed. It was noted that some actions related to items to be discussed on the agenda, whilst others had been completed. Updates were as follows:

- *TB (01/22) 007 - Identify priorities for a Board discussion and analyse the overall deterioration in Public View metrics to name any underlying issues.*

DB commented that an issue identified by the paper was for the Public View organisation to conduct another review later in the year. Secondly, DB stated he had commenced looking at other items already identified by Public View which would hopefully be ready for reporting to the June 2022 Board.

- *TB (03/22) Patient Story - Loren Wood to be involved in accreditation programme and on reviewing existing training.*

  FM reported that the feedback had been scoped and incorporated into the accredited training programme. A comprehensive overview would be presented to POD (People & OD) Committee in June 2022 for assurance and sign-off.

- *TB (03/22) Patient Story - Follow up with Anna Locksley to involve Loren Wood in the End of Life Six Promises.*

  DF reported that this work had now been **completed.** A plan of action had been put in place with the Mortuary and End of Life teams.

4. Chair's opening comments	**Verbal**

The Chair commented that the previous week had seen the publication of the second Ockenden Report in relation to Maternity Services which had made 92 important recommendations.

However, the Chair expressed the view that fundamentally, its focus was about treating staff properly and being satisfied that safe staffing was being provided. It was acknowledged that in responding to the Report, listening to patients, mothers and families would be critically important.

5. Chief Executive's Report	**TB (04/22) 004**

RBe presented his report making the following points to note:

<u>The Provider Collaborative</u>

RBe explained that in the Black Country system, the Acute Collaboration Programme, which represented the integration of workforce and services between the respective Acute Community Trusts, would be retained, but would be now governed by a formal Provider Collaborative Board. This Board was in the process of being established with the respective organisations.

SWBH would be pursuing both Dudley Integrated Healthcare and Black Country Healthcare Trust to be associate members of the provider collaborative. This followed the pathway set out by NHS England (NHSE) guidance.

Critically important would be for progress to be made - through acute collaboration - with respect to service user and service change within the next 12 months approx., to validate the amount of time and effort expended on the project. Positively, RBe, commented that clinicians from different organisations had already started to collaborate and plan changes.

<u>COVID-19 public enquiry</u>

RBe reminded the Board that in terms of the COVID public enquiry, the Trust would need to affirm its previous decision that it would like to explore being a voluntary core participant, once that definition was determined.

RBe formally welcomed Daren Fradgley as the Trust's Chief Integration Officer following his substantive appointment to the role. It was reported that he would lead the place-based partnership in Sandwell

which was hosted by SWBH and would also be expected to heavily influence the place-based partnership work in Ladywood and Perry Barr. In addition, he would be leading the Trust's Primary Care Community Care services, on a day-to-day basis, from 1st April 2022.

Transfer of Ladywood and Perry Barr to BSOL

RBe reminded the Board of the three key tests the Trust wanted assurance on in relation to the transfer of Ladywood and Perry Barr from the Black Country system to the Birmingham and Solihull system (BSOL).

RBe asserted that the Trust was currently partially assured on each of its key tests but queried whether the Board would require any specific further assurance ahead of the 1st July 2022 transfer date.

Urgent Care

In his role as the Urgent Care Lead for the Black Country system, RBe commented that it would be important to record that the ambulance service, acute hospitals and community teams among others, were currently under significant and unprecedented pressure.

There were currently huge demands on the Urgent Care pathway. Attendances [to hospital], admissions and ambulance conveyances had been greater than had been seen for considerable time. A challenge remained in terms of discharge from hospital across the Black Country.

RBe stated that [dealing with this pressure] was the biggest clinical risk presently faced by the NHS. SWBH had been working closely with the ambulance service to improve the visibility of calls and in exploring new ways to get people off ambulances safely and quickly so that crews could get back on the road to improve response times.

In response to a query from ML with respect to MMUH, RBe explained that verbal assurances had been given from both systems (Black Country and BSOL) in terms of supporting MMUH with activity and funding flows etc. However, RBe stated that once the Trust Board had scrutinised and signed off the business case and affordability, the Trust would formally engage with both systems to socialise the acute care model, workforce plans and start to formalise the Trusts requests for revenue funding to support MMUH.

DN commented that based on his experience of public enquiries, he would be surprised if SWBH wanted to be a core participant of the COVID-19 enquiry because this would require commissioning of a legal team. However, he was supportive of a more general contribution.

In terms of handling the increasing pressure, DN reported there were some pragmatic safety issues which would need to be addressed immediately at the front end of NHS organisations.

6. Questions from members of the public	**Verbal**

MR reported that a female member of the public had queried whether it would be possible to have more than one birth partner in attendance for delivery. It was reported that she had been responded to via email informing her that a pilot was being conducted, which would allow a second birthing partner into the Maternity Department. In this case, the situation concerned a mother attending her daughter's birth.

MR reported that this position, however, would be reviewed weekly because of the current rising COVID case numbers in the community.

WELL LED	
7. Board Assurance Framework (BAF)	**TB (04/22) 005**

DN reported that detailed work had been carried out with respect to the BAF over recent months. He introduced KD and AH who made the following points to note:

KD referred Board members to the paper which was being brought to the Board for sign-off. KD advised that the document had benefited from extensive contributions at various levels and through the Board sub-committees, commenting that the BAF would be expected to shape the Board agenda, sub-committee work and executive conversations going forward.

She highlighted the risk scores for noting.

AH commented that the next steps would be important and commented that it was a document which would be expected to significantly evolve over time. He highlighted the behavioural pieces which would add significantly to governance more generally.

JV welcomed the document as one that simplified complexity and commented that it would be important for it to be utilised to track and measure the right things.

ML suggested adding a table to the front page of the BAF which would identify top risks 'at a glance'.

DF raised the importance of risk mitigations and holding the leadership team to account in terms of the risk appetite. AH commented that the risk appetite reflected where the Board might want to seize an opportunity, whereas the risk score represented where things currently sat.

LW queried whether the support was in place to be able to effectively drive delivery of the BAF. KD stated there had been a high level of engagement with executives. Links to the Trust's Risk Register would also be important to achieve the target risk score over time.

DN expressed the view that the BAF had become an excellent document which was better than the ones he had seen in other organisations. He commended KD and DCo, sub-committee Chairs and AH for their detailed work.

Following the discussion, the Board **APPROVED** the BAF as a live management tool for immediate implementation. It also **APPROVED** next steps.

It was agreed that the Board would **RECEIVE** the first quarterly update report at its meeting in July 2022.

8. Strategy Accountability Report	**TB (04/22) 006**

DB referred Board members to the paper which set out the accountability structures of the Trust Board committees, which he stated had been accepted by the committees it had been presented to.

The request was for the Board to agree that the metrics would be built into the Terms of Reference. The frameworks would also be included.

ML queried how the Trust would track its EDI (Equality, Diversity and Inclusion) performance, priorities and objectives with respect to People and Organisational Development. This had been a strong theme from the Staff Survey. DB reported that a paper informed by a new EDI scoreboard would be presented at the next POD Committee meeting containing an initial set of metrics for discussion.

DN expressed the view that it would be inconceivable there would not be some EDI numbers in the Trust's Board Level Metrics.

FM reported that a paper would be presented to the May 2022 POD Committee meeting with an update on the EDI action plan and demonstrating compliance against national indicators.

RBe reported that the Trust could not go beyond 24 Board Level Metrics. He stated that the challenge would be to ensure the delivery programmes driving the Trust's strategic objectives developed controls to satisfy the sub-committees that the risks identified in the BAF were moving in the right direction.

LW stated that it would be important for inclusion to be part of the metrics and any decision should be accompanied by this caveat.

The Board **AGREED** the proposal to support the development of new Terms of Reference in the Committees and Forward Planners with alignment to the Trust Strategy, the Board Level Metrics and where applicable, the further CQC supporting documents.

Our Patients	
9. Our Patients: Dashboard	**TB (04/22) 007**

DN referred Board members to the Board Level Metrics relating to patients for comments.

DC raised the progress made with respect to sepsis diagnosis and treatment. Sepsis Improvement Week had been held, with a team reviewing the sepsis pathway in ED to identify potential improvements. DC reported that engagement had been excellent with some good practice observed, but also some learnings identified. Progress would be reported to the next Q&S Committee.

In terms of safe doctor staffing, DC highlighted that information in the paper related to the overall position and substantive posts to fill. This too would be further discussed at the forthcoming Q&S Committee.

In terms of responsiveness and effectiveness, LK reported that from February 2022, the Trust had been including the UTC data within the Trust's 4-hour performance which previously hadn't been included. Therefore, a step change in performance would be observed for the Trust's EAS Standard (a 3% increase approx.) Ward flow had been improved to around 77% for March 2022. This positioned the Trust in the top quartile nationally.

LK stated that currently, high attendances were included as a positive, however, LK pointed out that low attendances from an ED perspective should really be the focus because this demonstrated that the system was working collaboratively to avoid ED attendances.

Another month of decline with respect to RTT had been observed. LK forecast that an improvement was unlikely to be observed until June 2022. Compliance to the RTT standard would probably be reached in the late summer/autumn of 2023. Whilst this appeared to be a long time, it was in line with (or slightly ahead of) national recovery targets to eradicate 78-week waits by the end of the year (2022).

A deep dive had been conducted into the Urgent Community Response standard. LK advised that the Trust would be reporting delivery of 73% against the standard in March 2022. Therefore, the Trust was meeting the national requirement in this area.

MR reported that work was progressing in terms of FFT/patient experience. Some projects were ongoing in the Eye Centre to address a number of complaints. Some work was also being conducted with the FFT provider with respect to improving data. There would be quarterly updates to the Q&S Committee going forward.

LK reported there had been significant safety concerns around the ability for WMAS to respond to Category 1/2/&3 calls. In terms of their response rate, the problems had escalated over the last week. However, ambulance handovers had improved at the City site, despite the significant conveyancing

increase. Over 63% of ambulances had been handed over within 15 minutes which topped regional performance.

Figures for Sandwell however, had decreased slightly, recording just under 30% of ambulances handed over within 15 minutes. This issue was linked to bed pressures and flow which meant the hospital was not able to offload as quickly as desired. The increase in conveyancing had also contributed, but it was noted that the problem was multi factorial. DN requested that actions taken to improve performance be included in the next report to Board to enable tracking.

DN further suggested the Board should be looking for improvements relative to others [similar organisations]. This remained upper quartile currently and the Board would be relentless in pursuing improvements for patients.

10. Receive the update from the **Quality and Safety Committee** held on 23rd March 2022	**TB (04/22) 008**

The report was taken as read. LW highlighted that Q&S Committee members had agreed that the BAF work was a good representation of the key risks.

In terms of MMUH, the Committee had received a helpful and comprehensive presentation from LK, MR and DC, focusing on four key areas of work:

- The Acute Care Model
- Activity and capacity assumptions
- Transformation of clinical models
- 7-day working

LW reported that the consensus had identified three key risks:

- Workforce
- The ability of the Trust to meet activity assumptions.
- Interdependencies between specialties (avoidance of siloed working)

LW reported that the Committee had felt reasonably assured as a Committee with regards to the MMUH work. The topic would continue to be a feature of future meetings.

Also discussed was the IT outage which had occurred in 2021. The Committee had received an update on the work and Dudley group of hospitals had carried out an external review of how it had been handled. Good progress had been made and LW reported that learnings had been useful for other parts of the Trust.

Some outstanding actions remained. However, LW reported that the Committee was reasonably assured on progress on these.

Sepsis had also been discussed and further work on this topic would be reviewed by the Committee in future months.

The Maternity dashboard had shown an increase in midwifery referrals and a related strain on services. This would be carefully monitored. Perinatal mortality remained low, but challenges remained with

respect to maintaining the medical workforce in the neonatal area and this would be further discussed at the next Committee meeting.

A comprehensive report on safeguarding had been discussed. The strain around 'looked after' children had been recognised in particular and would be discussed at a future Q&S Committee meeting and therefore, LW reported the Committee was only able to give partial assurance because this work was ongoing.

11. Receive the update from the **Finance, Investments and Performance Committee** held on 25th March 2021	**TB (04/22) 009**

The report was taken as read. MH highlighted the MMUH business case, commenting there were still a number of items to be addressed, with a lot of significant work still required.

Planning for 2022/23 was also a focus, particularly the ability of the Trust to fulfil the Workforce Plan given the recruitment challenges, which was also a national issue.

12. COVID-19 overview	**TB (04/22) 010**

DN introduced the paper, acknowledging that the meeting would be the last time the report would be seen in its current format.

LK referred Board members to the paper and asked it to challenge and accept the changes under the IPC, note the policy update and approve the removal of the topic as a standing agenda item for the Board, but continue to monitor the issue through the Q&S Committee.

LK advised that the community infection rate (at the time of writing the paper) had seen a small increase and was being monitored for its potential impacts on the organisation. Ward areas had been recalibrated to go back to pre-COVID levels for April 2022.

However, there had recently been exponential growth in COVID numbers, albeit that most cases were secondary infections to the health problems for which patients were being admitted. Inpatient numbers were (at the time of the meeting) in excess of 130 compared to 35 at the time of writing the paper. This situation was replicated across other parts of the system. Only a few patients had been admitted to Critical Care but this was being monitored.

It was noted that nosocomial infection rates were low. Flow of both COVID and non-COVID patients were still being maintained and managed reasonably well.

MR confirmed there had only been three outbreaks of hospital-acquired infection. New national IPC guidelines in relation to COVID had been received. These were being worked through and no changes would be made to current ways of working until it had been discussed as a system.

WZ queried visitor guidelines and potential language barriers. MR confirmed that second people were allowed in (interpreters) when required.

DN queried whether people would eventually be admitted to the wards with or without infection. LK opined this was probable but acknowledged it would be a difficult issue to manage. DC commented that flu cases was also complicating the situation.

DN commented that it was remarkable that the organisation had maintained low rates of nosocomial infection given the pressure it was under and commended infection control efforts by executives, managers and staff.

The Board **ACCEPTED** the changes in IPC, **NOTED** the VCOD policy and **APPROVED** the removal of the standard agenda item around COVID-19

13. Finance Report: Month 11	**TB (04/22) 011**

DMc reported that the key message from an income and expenditure (I&E) perspective was that the Trust was on track to deliver its forecast surplus. The year-end position was expected to be visible shortly.

It was reported that capital would be more challenging to balance, but the Trust was still hoping to balance it against its capital resource limit, without too much of a underspend.

The Trust was confident with respect to IT and equipment and slightly less confident on estates, but contingency plans were in place. The Trust was also looking to balance capital funding received versus expenditure on MMUH, working closely with NHSE/I and the New Hospitals Programme on this issue.

DMc reported that both partners were aware of the risk of overspend, but this was being avoided as much as possible.

In terms of the cash position, the Trust had ended February 2022 with £54.29m rising to £56m at the end of the financial year, which was considerably above plan.

ML queried the financial strategy in the face of a surplus. DMc confirmed the Trust had been asked to reduce the surplus however, she was confident that the Trust was carrying as much through the balance sheet as possible so that it would not be lost, subject to audit. In terms of cash, the Trust would have it to spend providing it had a budget to spend it, and this would apply to a capital or revenue position. The limiting factor would be the budget available to spend it.

The year-end report and forecast were **NOTED**.

14. 22/23 Planning	**TB (04/22) 012**

DMc reported that the Activity Plan for 2022/23 had been set at 19/20 outturn, plus new activity that could now be counted towards performance which amounted to around 110% of the outturn activity volumes.

It was important to note that the ERF was earned by value and the process was underway to assess this in terms of risks to receiving ERF.

A detailed group review process had taken place to identify budget variance versus activity plans.

Data had been received from NHSE/E with respect to workforce in the Midlands area by organisation, which compared to 19/20 Month 9 to 21/22 Month 9 in terms of WTE comparisons and pay bill growth. The Trust had grown its WTE by 13.6% since then and there had also been an 11% cost increase.

The Trust had observed significant workforce growth which had been one of the key drivers of variance, but it was noted that the Trust was not an outlier in terms of workforce growth and was in fact second lowest in terms of workforce growth in the ICS.

The Trust had income and expenditure of circa £634m in 21/22, however, the Trust believed it could set meaningful, granular budgets at around £636.8m – just £2.8m more than was spent in 21/22. However, this would mean that the Trust would be absorbing inflation of an estimated £18m, but this would not allow for any significant developments or significant reserves or contingency.

Despite the tight position, DMc expressed the view that it could be justified given the current national ask which was effectively to spend the same as the previous year. DMc stated that to deliver this would

require a huge reduction in the Trust's cost run rates to be able to absorb inflation and would require very careful financial management.

The Trust was pushing for this to be the start point for all providers in the system because of the system-wide control total consideration and therefore, consistency would be important.

Detailed system work was currently ongoing with respect to the expenditure position of ERF and energy – the Trust was a huge outlier on energy costs.

Income was £604m compared to £635m in 21/22 – a £31m fall which was the driver of a current draft deficit position of around £30m for the organisation.

The £31m drop was made up of £20m from the system block and £11m from the Trust's internal 'other' income. Therefore, it would be important to maximise this other revenue.

In summary, DMc commented that unless the overall [local] system could be balanced and access to more block income could be found, the Trust might have to set a deficit plan. However, DMc expressed the view that the focus would be on making sure that the balance of risk across the system was fair.

In terms of the Capital Plan, the Trust had been given £19m as a budget against a plan of £23.7m. There were also system funds of £20m for Community Diagnostic Centres and IT. Access to this, however, was currently unclear.

DMc reported there would be a CEO session on 11th April 2022 to discuss the system position. An Extraordinary Board meeting would also be held on 20th April 2022 and a planned submission made on 28th April 2022.

MH queried preparation for the CEO meeting. DMc stated that new financial leadership within the system had been engaging well with the Trust and daily finance planning calls had been held.

In response to a query from ML, DMc confirmed that if the Trust set a deficit plan of £30m, working capital and capital cash balances would be drained. DMc expressed confidence that an NHS Trust would never be allowed to run out of cash but advised that the Trust ought to look to avoid this situation.

MHa queried whether the Trust had enough schemes ready to be able to meet the CIP target. DMc reported that good progress had been made and currently, there were around £6m of schemes fully written up. Opportunities had been identified of between £10m and £17m, but there was a lot more work required.

DMc stated that one of the considerations as a system was the feasibility of setting a higher CIP target but this would have to be realistic given the extra costs from COVID etc. to ensure it satisfied the efficiency requirements.

RBe stated that he was confident that the figures presented delivered on the 2022/23 national planning priorities and activity assumptions and was also confident that every stone had been turned in their preparation.

The Board **NOTED** the plan.

15. Maternity Improvement Plan	**TB (04/22) 013**

MR referenced the new Ockenden Report (previously mentioned) and made the following points to note:

The Trust would be expected to conduct a Gap analysis and prepare an action plan with respect to the immediate and essential actions included in the new report. MR reported this was currently underway.

The main findings of the report would be shared with staff. The action plan/next steps would be presented to the next Q&S Committee meeting and to the May 2022 Trust Board.

The paper set out the Trust's position in relation to the first Ockenden Report and its seven immediate and essential actions – all were 'green'.

In terms of the Maternity workforce plans, an analysis of the Trust's Community Midwifery service and its future staffing would be discussed by the Trust Board in May 2022. MR commented that staffing had been heavily referenced in the new Ockenden Report with respect to continuity of care particularly.

MR also highlighted the Safety Champions update in the paper.

HH commented that the Trust would be declaring compliance with the seven immediate and essential actions in terms of the plans being in place and then the Trust would need to work towards embedding the plans going forward. Compliance had also been declared against the original Kirkup Report (Morecambe Bay).

HH reported that in reviewing the new Ockenden Report, the Trust would need to be mindful that it would be built upon. The Kirkup Report into East Kent would be released in the next few months and a report into Nottingham Maternity Services would be released in the early months of 2023.

HH stated that improvements had been made thanks to investment into the governance team and the Trust's philosophy for transparency and shared learning across the service. She reported that listening and communicating across families, communities and staff had been done in ways that had never been done before and had been championed by the EDI lead midwife, senior team and 'Maternity Voices' partnerships.

HH expressed the view that the present time was a defining moment for Maternity Services, Trusts and systems in terms of how they move forward in memory of those lives lost and for bereaved families. She acknowledged that it had been an extremely difficult time for Maternity Services and for patients, families and the workforce.

JV queried whether higher levels of anxiety in patients had been observed since publication of the Ockenden Report. HH reported that this wasn't the case but commented that bereavement midwives continued to work closely with bereaved families and said that lines of communication were now much more clearly defined. Staff had also been supported with walkabouts and listening events.

LW raised the progress of the Freedom to Speak Up campaign in the department. HH responded that each area now had a Safety Champion representative that reported to Safety Champion meetings. A WhatsApp group for staff had been established by the EDI lead and had been well received.

MHa queried how Maternity Services would provide continuity of care with the staffing challenges identified. LK commented that doula support was being investigated to help provide continuity of care.

The Board **ACCEPTED** the benchmarking data and **APPROVED** the framework.

Our people	
16. Our People: Dashboard	**TB (04/22) 014**

FM referred to the Staff Survey results which would be discussed later in the agenda (Item 19). She also highlighted there had been a further deterioration in the Trust's turnover levels in the last reported month.

A plan was in place which followed a QI approach approved by the POD Committee.

JV expressed the view that it would be helpful to have some benchmarking information in the metrics provided. FM agreed to provide further information for the POD Committee.

17. Receive the update from the **People and Operational Development Committee** held on 23rd March 2022	**TB (04/22) 015**

LW referred Board members to the paper and highlighted the following points to note:

Staff Survey

LW reported that the Staff Survey was a continuing concern for the POD Committee. The issue remained a challenge for the organisation overall and had shown a pattern of decline over the last few years.

POD Committee had recommended that the Board receive the results after reviewing them in detail. LW reported that it intended to work with exemplar Trusts that had achieved significant improvement.

She expressed the view that it would be prudent to seek expert advice around the Staff Survey because it did not appear to be moving in the right direction.

LW further reported that immediate action had been directed towards some of the EDI related results and some of the Staff Survey questions about fairness.

LW commented that it was an issue the Board should monitor closely. She stated that the Committee could only give partial assurance on its confidence in relation to the matter.

MMUH

LW reported that the Committee had conducted a lengthy discussion following an MMUH-focused presentation identifying the key areas of recruitment, phasing and feasibility.

It was noted that capacity would be required to undertake a significant amount of OD and change management.

Recruitment had been discussed and whether external help would be required, along with ICS and collaboration. Discussion points had included HR capacity and the skillsets required to recruit into specialist roles.

FM reported that the capacity issues had been identified in terms of the recruitment processing volumes. She acknowledged the specialist skillsets and assured the Board that HR was clear about the requirement and discussions were ongoing with the executive team.

ML expressed the view that recruitment would be an enormous task and would require support.

18. Receive the update from the **Charitable Funds Committee** held on 23rd March 2022	**TB (04/22) 016**

WZ referred Board members to the paper and highlighted two items as follows:

- DMc and her team had been tasked to work with the Charity team on revising the income and expenditure cashflow plans based on the 21/22 actuals.
- In terms of discussions with respect to the Charity becoming independent, it was reported that this move had been taken by a number of hospital Trusts around the country. Key risks would be

forwarded to the Audit & Risk Management Committee for review. WZ advised that a recommendation would be brought back to Trust Board at a later date.

19. Staff Survey Report	**TB (04/22) 017**

The paper was taken as read. RW advised that the Staff Survey had revealed a deterioration in most areas which was consistent with other similar organisations this year.

However, the concern was that the Trust's results for the previous year had been below average, and the current results had shown a further deterioration against that benchmark group (other Acute and Community Trusts).

The POD Committee had discussed the issue in detail and had recommended that the Trust try to learn from other Trusts. RW reported that three Trusts had been identified and approached to assist learning, including to provide opportunities for Board members to be involved in a learning session with other organisations.

RW stated that it was clear the Trust would need to do something very different to what had been done previously. Work was ongoing to meet the Trust's strategic 'people' objective and RW commented that the Staff Survey and the quarterly Pulse Survey ought to be used as evidence of progress and achievement in this area.

The two initial focus areas for improvement were inclusion and fairness. Fairness had been referenced in relation to fair recruitment practices and promotion opportunities.

Some positive listening events had been held with clinical groups which had helped progress local initiatives within groups and directorates.

DN queried what fundamental messages for the organisation had emerged from the Survey results. RW expressed the view that the Trust appeared to be falling behind in terms of staff experience to the extent that it could not say it was a good place to work. The Trust scored among the worst for inclusion compared to other organisations which was disappointing given the diversity of the workforce and the communities served by the Trust.

The Pulse Survey had revealed the Trust was also low scoring when it came to staff recommending it as a place to work. Involvement in terms of having an impact on work areas also scored low.

ML queried what the Trust was doing differently to turn the dial on the issue. LW stated that staff didn't feel safe and healthy or engaged in the decision-making. Further, staff didn't feel that their voice counted and neither did they feel part of a team. They also didn't feel there was a fair career progression process.

FM stated that equity and fairness, lack of transparency and accessibility of opportunities in relation to recruitment and promotion opportunities should be focus areas for improvement to signal a reset to staff. This would be the focus of the plan being presented to POD Committee in May 2022.

FM also raised the importance of good communication at all levels of management on a day-to-day basis and suggested it was having a big impact on how the Trust was being perceived and would need to be addressed. She supported the idea of getting inspiration from other Trusts who had succeeded in this area.

20. Freedom to Speak Up Report	**TB (04/22) 018**

DMc drew attention to the link between the Freedom to Speak Up Report and staff satisfaction. It was reported that the Freedom to Speak Up campaign would be freshly launched in the organisation and a new

lead for the campaign would be taking up their post in the next few weeks, supported by DMc (executive) and LW (Non-executive).

DMc stated that the ambition would be to lead the way nationally and be one of the best.

The paper included full self-assessment best practice guidance. A 30, 60, 90-day plan had been produced.

LW commented there was a team of very committed [Freedom to Speak Up] guardians in place which was a positive. She expressed confidence that the plan could be delivered.

DB expressed the view that priorities should be worked out and aggressively pursued.

Our population	
21. Our Population: Dashboard	**Verbal**

DF referred Board members to the paper and highlighted discharge performance which had improved to the extent it was among the best in the system.

However, a risk was that the funding package for discharge flow for the coming year was not complete. The funding had been withdrawn nationally, however, the Trust had support from the system, but this would be for a shorter period of time (3 or 6 months to be confirmed).

Secondly, there was a crisis within the third sector care market workforce that was aligned to the Local Authority. DF commented that this would be addressed with the development of a workforce plan.

22. Receive the update from the **Integration Committee** held on 23rd March 2022	**TB (04/22) 020**

WZ reported that the inaugural Committee meeting had agreed Terms of Reference which were still a work in progress because there were external partners who would be invited to join the Committee at a later date, when it was more settled.

Work would commence on agreeing the Committee's metrics at the next meeting.

WZ highlighted two key areas:

- Given the Trust's key role for place in Sandwell, WZ expressed the view that it would be important for this to develop momentum. Getting work aligned with the Primary Care team at the CCG would be paramount to success.
- The Committee had also discussed potential interventions (internal and external) to address the possible shortfall of beds at MMUH. However, the Committee had been assured that the amount of work directed at this by executives was proportionate to the requirement which was a positive.

WZ commented that the new Committee had made a positive start.

DN queried consideration of West Birmingham. WZ agreed that the Trust maintain a strong presence in West Birmingham whilst acknowledging that its role was slightly different in that area.

23. Levelling Up White Paper Report	**TB (04/22) 021**

The paper was noted. DF commented that the paper served as guidance for the next set of business for the Integration Committee and had been based on the national levelling up strategy which had identified 12 missions.

DF commented the Trust had coverage across all the missions but also had opportunities to grow in these areas. He cautioned the Trust would need to be very mindful of 'scope creep' and advised that the Trust would need to influence the Local Authorities to draw down monies to do the work.

DN suggested the Integration Committee should consider the work of the Provider Collaborative across the Black Country as a powerful mechanism for spreading good practice.

24. Place Based Partnership Paper	**TB (04/22) 022**

DF referred to the paper which updated the Board on the development of the Sandwell Health and Care Partnership (SHCP) with brief analysis of the progress against the 7 key themes agreed for 21/22. A further more detailed update was given regarding the current position against the core themes for 22/23

There were three key parts:

Sandwell Health and Care Partnership (SHCP) – Looking back:

- The transferral of the local CCG team into place had been unresolved from the previous year. DF reported this was now doing the Trust material harm because there were fewer people on the ground. It had been raised as an escalation issue at the System Board.
- Due diligence on the financial transfer was also unresolved because the White Paper did not deliver the Trust into the right place for 1st April and would be carried forward.

Looking forward:

- Due diligence would be carried forward
- The Well-Led framework would be utilised to test the Trust's readiness for accountability.
- In terms of the deployment of the operational planning guidance, the Trust had now mapped 200 virtual beds as part of the Virtual Ward work. Other operational measures would also be mapped.

Collaborative delivery model:

- The model would focus on the four key areas of resilient communities, town teams, intermediate care and care navigation. Measures would enable progress to be tracked.

DF reported there was a developing maturity to the relationship with GPS in Ladywood and Perry Barr. It was hoped that a report could be brought to the May 2022 Board in terms of explaining the relationship with the GPs on the MMUH pathways and the development of the strategic alliance of GPs who were keen to be closer to the Trust.

The Board **NOTED** progress and supported the plans going forward

Governance	
25. Fit and Proper Persons test: Chairs Annual Declaration and Register of Interests	**TB (04/22) 023**

DCo confirmed that all fit and proper persons checks had been carried out and were satisfactory and all declarations of interests were up to date.

DF observed that a few of the titles in the Annual Declaration were outdated and required alteration. The Board **APPROVED** the annual fit and proper person test declaration.	
For information only	
26. Board Level Metrics and IQPR exceptions	**TB (04/22) 024**
The paper was noted. JV suggested that relative scores [for other Trusts] in relation to Staff Survey areas could be included.	
27. Any Other Business	**TB (04/22) 024**
None discussed.	
Details of next meeting of the Public Trust Board: **Wednesday 4th May 2022.**	
Close	

Signed …….

Print …….

Date …….