

## MINUTES OF THE PUBLIC TRUST BOARD MEETING

**Venue:** Meeting held via MS Teams

**Date:** Wednesday, 10<sup>th</sup> May 2023, 10:00 – 13:00

### Voting Members:

Sir D Nicholson (Chair)  
Mr M Laverty, Non-Executive Director  
Cllr W Zaffar, Non-Executive Director  
Mrs R Hardy, Non-Executive Director  
Mrs L Writtle Non-Executive Director  
Prof L Harper, Non-Executive Director  
Mr A Argyle, Non-Executive Director  
Mr M Anderson, Chief Medical Officer  
Mrs J Newens, Chief Operating Officer  
Mrs M Roberts, Chief Nursing Officer  
Mrs D McLannahan, Chief Finance Officer

### Non-Voting Members:

(DN) Mrs J Wass, Associate Non-Executive Director (JW)  
(ML) Dr M Hallissey, Associate Non-Executive Director (MH)  
(WZ) Ms F Mahmood, Chief People Officer (FM)  
(RH) Miss K Dhami, Chief Governance Officer (KD)  
(LW) Mrs V Taylor, Associate Non-Executive Director (VT)  
(LH) Mr J Sharma, Associate Non-Executive Director (JS)  
(AA) Mr D Fradgley, Managing Director, Core (DF)  
(MA) Organisation  
(JN) Mr D Baker, Chief Strategy Officer (DB)  
(MR) Mrs R Barlow, Managing Director, MMUH (RBa)  
(DM) Programme Company

### Patient / Service Story Presenters:

Ms J Clarke, Your Health Partnership (YHP)  
Ms L Broomfield, Diabetes Lead Nurse (YHP)  
Ms H Spencer, Patient representative

### In Attendance:

(JC) Mrs C Dawo, Associate Director of (CD)  
Communications  
Mr M Sadler, Executive Director of IT & Digital (MS)  
Ms H Hurst, Director of Midwifery (HH)  
Ms C Agwu, Deputy Chief Medical Officer (CA)  
(JS) Mr D Conway, Associate Director of Corporate (DC)  
Governance/Company Secretary  
Mrs R Wilkin, Executive Director of Communications (RW)  
(RBe) Mrs S Yusuf, Group Director, Imaging (SY)  
Mr B Bhatia, Senior Physicist, Imaging (BB)  
Mrs S Harris, Senior Executive Assistant (Minute (SH)  
taker)

### Members of the Public:

Mr J Sander

### Apologies:

Richard Beeken, Chief Executive Officer

Minutes	Reference
<b>1. Welcome, apologies and declaration of interest</b>	<b>Verbal</b>
<p>The Chair welcomed members and attendees to the meeting, particularly Andy Argyle, Non-Executive Director and Jatinder Sharma, Associate Non-Executive Director who had recently joined the Trust. Declarations of interest would be discussed as part of a separate agenda item.</p> <p>Apologies had been received from Richard Beeken.</p>	
<b>2. Staff / Patient / Service Story</b>	<b>Verbal</b>
<p>The Chair reminded members of the purpose of inviting a patient or staff story to be presented to the Trust Board and emphasised the importance of sharing learning points, but also to ensure that delivery of services to patients was the main priority throughout the meeting.</p>	

Mrs Roberts welcomed Ms Clarke, Ms Broomfield and Ms Spencer who had joined the meeting to talk about the management and control of diabetes. Ms Spencer is a patient representative who has been using a new device to manage the condition. Mrs Roberts highlighted that the pilot for the use of the device was linked to the work the Trust had been doing to tackle health inequalities.

Ms Broomfield, the Lead Nurse for Diabetes talked to the Board about a device called the Libre sensor which attaches to the arm and provides immediate blood sugar results. The sensor had initially only been available for patients in secondary care; however, a study had been initiated for a small number of patients within primary care who were experiencing difficulties with managing their diabetes. Clinicians were able to view patient results on the Libre platform and discuss any suggested changes to their insulin or diet to better manage their condition. Ms Broomfield explained that the study had been transformational for patients within Your Health Partnership (YHP) and all patients with type 1 diabetes had now been offered the Libre sensor on prescription, which was supported by NICE guidance.

Ms Spencer explained that she had been diabetic for over 50 years and since using the Libre sensor, her diabetes had never been as well managed. She stated that she often experienced low blood sugars during the night and the sensor enables her to set an alarm to notify when her blood sugar drops, so that she can correct this and prevent a “hypo” episode.

It was noted that the study had commenced during the start of the pandemic and progress had initially been difficult, however, collaborative work between primary and secondary care had supported with this and enabled equal opportunities for all patients within YHP. Patients included in the study had improved their diabetes by 100% since taking part. It was acknowledged that more work was required to engage with patients to improve their understanding of how the Libre sensor works and its benefits. Ms Broomfield explained that not all patients have access to a mobile phone to check their results, therefore the company who supplied the sensor had also committed to issuing a free reader device for all patients. Support would be required from the IT team to roll out the software for the reader devices for all staff within YHP.

The Chair thanked the team for sharing their story and asked members of the Board for comments and questions. Dr Anderson asked whether there were any barriers associated with the use of the sensor such as different languages or lack of knowledge with technology. Ms Broomfield explained that the company that provided the sensor had acknowledged language barriers and the software was now available in four different languages. Trust staff were also able to use interpreters where required. It was noted that the main barrier had been the initial lack of collaborative working, however, this had now been overcome.

Mrs Wass highlighted that the technology that underpins the Libre device was developed at the University of Leeds in 2015 and raised concerns around the time it had taken for this to be rolled out. She emphasised the importance of the Trust having a research and innovation strategy to support services with relevant clinical trials through work with local universities.

Cllr Zaffar queried what challenges the team might face when embedding this across the borough and it was noted that ongoing support and training for staff to understand how to use the platform would be essential, and this could often take time and resources. Ms Clarke added that the Primary Care Nurses (PCNs) within YHP had been supported and developed similarly so were able to implement the use of the sensor effectively, however, she raised concerns that this was not the case across the Sandwell Place and practice within the PCNs and different surgeries was varied.

Ms Agwu updated on the work with the Libre sensor in paediatrics and highlighted that over 90% of children with diabetes use a sensor. The Trust was undertaking a project with NHS England which was trying to bridge the equality gap, by identifying families who required support with funding for laptops and smart phones to use the software.

Mr Fradgley concluded that diabetes was one of the areas of focus within the health inequalities work within the annual plan. He suggested that further discussions take place with the team to agree how the story could be used going forward to engage other local GP practices and services in recognising that following this intervention, long term outcomes will be improved for patients.

The Chair thanked the team for sharing their story which reflected the innovation and drive of frontline staff to improve outcomes for patients, as well as the importance in engaging patients in these changes. It was noted that further work was required to accelerate accessibility which should be driven by innovation, research and development through work with the local industry.

Ms Clarke, Ms Broomfield and Ms Spencer left the meeting.

### 3. Minutes of the previous meeting, action log and attendance register

TB (05/23) 001

The minutes of the meeting held on Wednesday 8<sup>th</sup> March 2023 were **APPROVED** as a true and accurate record of discussions. The action log was received, and all actions had been completed.

### 4. Chair's Opening comments

Verbal

The Chair advised that since the last Board meeting, he had become the chair of the Royal Wolverhampton Trust and Walsall Healthcare Trust, meaning that there was now one Chair for all four Trusts within the Black Country. He explained that this was a signal to improved collaborative working across the system through alignment of incentives and systems. The Board had received papers on the Black Country Provider Collaborate previously, however, it was acknowledged that there was more work to do to get the best out of place and locality working with an openness to learn and share areas of good practice. A paper would be presented to the next meeting on the proposal to develop a joint committee between the four Trusts.

The Chair asked members to join him in congratulating Mrs Writtle who had been appointed as the Deputy Chair for the Trust. Mrs Writtle would support the chair in taking forward focused work on behalf of the Board.

### 5. Chief Executive's Report

TB (05/23) 002

Mr Fradgley presented the Chief Executive's report in the absence of Mr Beeken. He shared the main areas of focus from the Black Country Integrated Care Partnership (ICP) Strategy, which had been shared in the iBabs reading room. It was noted that the ICP model required further maturity, however, provided a stakeholder forum to engage multiple partners across the system whilst not diluting the control and focus at a place level. Board members were invited to provide comments on the initial strategy so that formal feedback could be provided, as requested.

The Board were also advised that the Sandwell Day Nursery had recently received the outcome of their Ofsted inspection and had been rated good in all areas.

Mr Sharma congratulated the nursery on the result of their inspection and advised that Walsall college nursery had also recently received the outcome of their inspection. He offered to share any learning points and areas of good practice.

The Chair asked Mr Fradgley to remind the Board of the definition and purpose of the Integrated Care System, Partnership and Board (ICS, ICP and ICB). Mr Fradgley advised that the acronyms were often used incorrectly which caused confusion. He clarified that the Trust currently sits within two systems known as ICSs (Black Country and Ladywood and Perry Barr). Systems were now governed by the ICB represented by strategic commissioning and other partner leads and this had now been enshrined in law. Mr Fradgley advised that the ICP sits alongside the ICB and oversees the interface between the NHS and the wider

stakeholder map e.g., local authority, third sector, blue light services and education. As previously suggested, the maturity of the ICP had been slower than expected, therefore, the ambition for the ICP and ICB to work together to engage NHS Trusts and wider partners had not yet been successful.

Mrs Wass queried whether childcare support had been considered to support the learning campus at MMUH and people getting back into education. Ms Mahmood explained that there were plans in place to increase capacity within the Trust's nursery provision and with other partners on satellite sites to support staff. Mrs Barlow clarified that options were being scoped to provide a nursery within the wellbeing hub at MMUH, however, this had not yet been finalised. She agreed to work with Ms Mahmood and her team to finalise the nursery strategy for MMUH and bring an update to the next meeting.

The Board **NOTED** the content of the report.

**ACTION: Mrs Barlow to work with Ms Mahmood and her team to finalise the nursery strategy for MMUH and bring an update to the next meeting.**

## 6. Question from members of the public

Verbal

Mr Sander joined the meeting to talk to the Board about his son Gabriel, who unfortunately, fell to his death from the open roof of a multi-story car park (MSCP) in Liverpool. Details had been shared previously with the Board. Mr Sander had done a lot of research into the tragic correlation between MSCP's and deaths from falls at height, either by suicide or accidental deaths. He was saddened to learn about the partnership between the Trust and Q-Park, given their record of failure to keep vulnerable people safe and their continued unwillingness to engage with grieving families, which has led to him and his family championing and campaigning for the introduction of "Gabe's law", the MSCP safety bill recently introduced by MP Maria Eagle in Parliament.

Mr Sander asked the following questions to the Board:

- "I'd respectfully ask Sir David Nicholson, whom I know has championed for the rights and full integration of some of the most vulnerable members of our society, and the rest of the Board, given the fact that Mr Adam Bidder [MD], Mr Frank de More [CEO] and the rest of the Q-Park board are fully aware of the dangers of leaving MSCP with current minimum building regulation requirements, have not listened to either the Sheffield coroner's grave concerns or warnings, Sheffield City Council, nor the pleas of the grieving mother of Mr Ahmad Kahn, my own detailed and copious correspondence, and that their inaction has directly lead to multiple, preventable deaths, [but are able and willing to provide industry "best practice" when contractually obliged to do so], are they in agreement with me that unless Q-Park's Board immediately rectifies the current situation, and resolves to install the same level of duty of care that is seen in Sandwell Hospital MSCP to all of its MSCP, then the current stakeholder status they have with Sandwell and West Birmingham NHS Trust Partnership is untenable?"
- "I'd also respectfully ask Sir David and the rest of the SWB NHS Trust Board to consider being the first NHS Trust in the UK to publicly support the Multi-storey Car Parks (Safety) Bill, Gabe's Law, and to boldly set the standard for the rest of the country to follow. [Our campaign has just started @Gabes\_law on both social media platforms Twitter & IG]."

The Chair shared his condolences on behalf of the Board with Mr Sander for the loss of his son Gabe, who was clearly a wonderful individual who lit up the world around him. He asked Board members to provide comments on the questions from Mr Sander.

Mrs Writtle thanked Mr Sander for sharing his story and shared her condolences to him and his family. She acknowledged that Mr Sander's campaign was admirable and morally the correct thing to do and agreed that there were steps that the Board could take to support with this campaign.

Mr Sander explained that he and his family were struggling to come to terms with the fact that Gabe's death, like many others, was preventable and they were struggling to get the industry onside in relation to the current legislation, which was not fit for purpose. Operators such as Q-Park were hiding behind the legislation and only adhering to the minimum standard.

Mr Fradgley advised that he had discussed the questions with the Trust Chief Executive, Richard Beeken, and spoke on both his and the wider Board's behalf when responding to these. He offered his deepest sympathies and condolences to Mr Sander for the loss of Gabe and applauded him for his campaign to change things for others. Mr Fradgley explained that the Trust operates 2 MSCP's, both of which are new builds and came into operation recently. It was noted that one of the car parks is in close proximity to individuals that have higher safeguarding needs than ordinary, therefore, through a procurement process, the Trust had procured additional security measures for both MSCP's which included steel cladding around the structure, fully enclosed decks and a double height barrier with anti-climb fencing on the upper deck. In addition, both car parks have 24/7 presence from Q-park in conjunction with the Trust onsite security teams. Mr Fradgley added that the response from both Q-Park and security staff was regularly tested.

Mr Fradgley explained that the Trust were confident that all necessary measures had been taken to protect the safety of others on both MSCP's, however the Trust had committed to undertake an additional risk assessment on both sites and appropriate measures would be taken to resolve any issues highlighted.

Mr Fradgley advised that the Trust would work with Mr Sander to take some positive steps towards supporting the MSCP Safety Bill and suggested that a meeting take place between Mr Sander, the Chief Executive, Mrs Writtle and himself to agree next steps. It was noted that the Trust would be unable to discuss any actions to be taken in response to Mr Sander's first question in a public arena, however, this would be explored as part of the follow up meeting.

Mr Sander thanked the Chair and the rest of the Board for their time and emphasised the importance of changing attitudes within other organisations outside of the Trust. He looked forward to meeting with members of the Board.

Mr Sander left the meeting.

**ACTION: DF to arrange a meeting with Mr Sander and formal response to be sent to him.**

### Governance, Risk & Regulatory

#### 7. Annual Plan

TB (05/23) 003

Mr Fradgley introduced the paper which was the outcome of a particularly complex planning round. He recognised the work of the teams to develop the plan including the Chief Finance Officer's efforts to manage the financial aspects of this. It was noted that the Board had previously asked that the challenges and objectives for the Trust be developed into a document which provided practical articulation and clarity of the annual plan which could be replicated throughout the organisation.

Mr Baker presented the report and brought members attention to the plan on a page outlined on page three, which was developed in response to the request from the Board. It was noted that the team were keen to agree objectives that could be measured through current Trust metrics. Mr Baker confirmed that the plan had been revised to remove any improvement methodology language and clearly outlined the Trust's priorities.

Mr Laverty suggested that the objectives be numbered so that they could easily be cross referenced throughout the document as well as highlighting the six impact objectives. He queried whether the plan covered year 2 of the 5-year strategy and if so, this should be clearly articulated. Further feedback was provided in relation to the alignment between the annual plan and the financial plan which was difficult to understand.

Board members raised concerns regarding the lack of reference to research and innovation within the plan which as previously discussed, was a big aspiration for the Trust. Mr Baker suggested the need for a further discussion regarding the objective and expected progress with research and innovation in the next year.

There was a further discussion about the methodology for the selection of the two priority areas within Place and Mrs Harper raised concerns that Diabetes is quite a rare disease and was not assured that the Trust would be able to deliver the specific improvements associated with this as set out in the annual plan. Mr Fradgley clarified that the two Place priorities were aligned with the 20 core objectives and 5 multi-year strategic changes (20+5) and explained that measurable benefits could be implemented quickly in the two areas selected. He reassured the Board that the 20+5 were also being driven within Place.

Mr Argyle referred to the governance aligned to the annual plan and queried the lack of objectives overseen by the Audit Committee, which he would be chairing going forward. Mr Baker clarified that the Audit Committee would be responsible for underpinning the annual plan as a whole and he agreed to meet with Mr Argyle to agree how this could be clearly demonstrated in the document.

Mr Hallissey recommended that the objective for maintaining 70% standard for community response should be integrated into MMUH bed days. He also raised concerns in relation to the narrative associated with the diabetes and respiratory objectives. Mr Fradgley clarified that the work related to diabetes was focused on better management of the condition and suggested that the Quality and Safety Committee receive a staff story on the Diabetes in Community Extension (DICE) intervention model implemented in Place. In relation to respiratory services, patients would be risk stratified through complex MDTs within the community to prevent admission to secondary care. Mr Fradgley agreed to refine the language to clearly articulate the actions being taken in these two areas.

The Chair summarised that significant progress had been made with the annual plan and the narrative on page three was particularly helpful. He recognised that by removing references to the methodology to achieve the annual plan, there was now a gap in relation to research and innovation which would need to be resolved as well as narrative changes to the respiratory and diabetes sections.

The Chair highlighted that there had been a number of discussions across the system regarding the financial position which had been a moving picture, and therefore may not be fully aligned with the annual plan. Mrs McLannahan agreed that it would be difficult to fully align the two plans, however, identified that the financial plan clearly articulated risks and understanding of the structure of the annual plan. She provided a detailed overview on the financial plan submission for 2023/24.

Mr Sharma queried whether the same level of spend had been assumed in relation to energy costs, given the expected rise in inflation. Mrs McLannahan confirmed that the same level of spend had been assumed, however, this continued to be monitored as a risk through the Finance, Investment and Performance Committee (FIPC) and adjustments would need to be made as required.

With the exception of agreed amendments, the Board **AGREED** the Annual Plan.

**ACTION: Annual Plan to be amended to reflect the Trust ambitions associated with research and innovation.**

**ACTION: Mr Baker to meet with Mr Argyle to discuss the role of the Audit Committee in underpinning the Annual Plan as a whole.**

**ACTION: Narrative changes to be made to the respiratory and diabetes sections of the plan.**

**BREAK**

**8. Fit and Proper Persons Test: Chairs Annual Declaration and Register of Interests** TB (05/23) 004

The Board **APPROVED** the position for 2022/23 that the Trust had discharged its requirements to meet Fit and Proper Person requirements for its directors.

**Our People**

**9. Board Level Metrics for People** TB (05/23) 005

The Board Level Metrics for People were received and **NOTED** by the Board.

**10. People and Organisation Development Committee Assurance Report** TB (05/23) 006

Mrs Writtle presented the assurance report and notified the Board that a revised approach to the Performance Development Review (PDR) process had been received. Changes had been made following feedback from the staff survey and focused on a better-quality experience in undertaking PDR's and the timeframe for completion of PDR's, which had been extended to a 9-month period as opposed to a 3-month period. The committee had also discussed challenges with recruitment which were further outlined in the MMUH report to the Board.

The Board **NOTED** the content of the report.

**11. Freedom to Speak Up Report** TB (05/23) 007

Mrs McLannahan presented the Freedom to Speak Up (FTSU) report. It was noted that a paper outlining the re-launch of the service had been received by the board in April 2022 and set out an action plan based on a detailed self-assessment undertaken by the previous FTSU lead. Mrs McLannahan advised the Board that there had been limited progress with the action plan due to issues with capacity of the lead guardian. These challenges were being adequately managed until September 2022, when the lead guardian was unfortunately on long-term sick leave followed by the individual going on secondment. It was noted that following a successful recruitment process, a new FTSU lead had been appointed on secondment and once in post, they would be focusing on implementing the action plan and internal audit recommendations relating to FTSU. Mrs McLannahan was pleased to report that 21 expressions of interest had been submitted for FTSU guardian roles from all different backgrounds, discussions would be taking place with all applicants to progress to appointment.

The Board were advised that the lead FTSU guardian would attend the Board meeting in future to present the report and further triangulation would be undertaken to identify themes and trends associated with patient safety and incident reporting.

Mrs Taylor raised that Mrs McLannahan had shared a document that had been produced by the Guardian service in response to Baroness Casey's review from a FTSU perspective. She highlighted that there were lessons to be learnt outlined in the report that could be applied to the organisation. Mrs McLannahan agreed to share the report in the Board reading room.

Mr Hallissey suggested that learning in relation to culture and behaviour be triangulated within the annual plan.

Mrs Hurst queried whether the Trust were considering the introduction of FTSU training for staff. Mrs McLannahan confirmed that there is an e-learning module available for all staff and the guardians would be required to undertake National Guardians Office training. A communications programme had been developed to improve engagement which will include links to the training available for staff. Ms Mahmood added that FTSU is referenced in mandatory training and had also been included in the new leadership framework. This would also be driven through the cultural transformation elements of the People Plan.

The Chair acknowledged that the list of speak up concerns included in the report were all being case managed, and actions were being taken to address these. He queried the mechanism for resolving any underlying issues underpinning these concerns and ensuring they were linked to the leadership development programme and the annual plan as raised by Mr Hallissey. Ms Mahmood highlighted that this information was shared regularly by Mrs McLannahan and regular feedback was also received from the FTSU guardians with the Chief Executive as part of the just and learning culture work. Some examples of the key themes from concerns were shared with the Board and it was noted that progress reports were submitted to the People and Organisational Development (POD) Committee.

The Chair requested that the Board receive a detailed update on the list of concerns next month including clear categorisation of the concerns and how these were going to be dealt with through the annual plan.

The Board **NOTED** the content of the report.

**ACTION: Mrs McLannahan to share the document shared by the Guardian service regarding the Baroness Casey review in the Board reading room.**

**ACTION: Detailed update on speak up concerns to be received by the Board in July 2023, including clear categorisation of the concerns and how these were going to be dealt with through the annual plan.**

## Our Population

### 12. Board Level Metrics for Population

TB (05/23) 008

The Board Level Metrics for Population were received and **NOTED** by the Board.

### 13. Integration Committee Assurance Report

TB (05/23) 009

Cllr Zaffar presented the report and outlined that following previous concerns raised to the Board, there had been good progress with engagement with partners in the Birmingham and Solihull system, particularly in relation to their willingness to support MMUH. Engagement with Birmingham Community Trust had also improved.

The Board **NOTED** the report.

### 14. MMUH Opening Committee Assurance Report

TB (05/23) 010

Mr Lavery presented the report and outlined that good progress had been made with the benefit realisation process which clearly reported that MMUH will deliver benefits well in excess of the cost of the building. There was now a clear focus on delivering those benefits which were reliant on bed reduction. It was noted that the programme continued to be rated as red and there were concerns raised in relation to the workforce and finance workstreams. Mr Lavery advised the Board that a workforce workstream lead had been appointed and would lead a focused improvement sprint over the next 8 weeks. Financial gaps had been recognised by the committee and the Chief Executive would be writing to the Chief Finance Officer at NHS England to request further support to close the gap.

Concerns had been raised regarding the lack of funding available from the Birmingham and Solihull (BSoL) system to support the Urgent Treatment Centre (UTC) at MMUH. Discussions were ongoing with the BSoL leadership team to explore options to fund the capital required for the UTC outside of the system. Mrs McLannahan raised concerns that cash across the system is tight at the moment and due to the planned deficits, operational capital restriction could be an option for the system. She recommended that the Trust involve BSoL and Black Country ICBs in discussions to identify funding for the UTC.

The Board **NOTED** the report.

#### 15. Place Based Partnership Update

TB (05/23) 011

Mr Fradgley presented the report and highlighted that the Black Country System Operating model had been approved through the ICB and enshrines place as one of the delivery points. A gap analysis against the requirements for the Sandwell Health and Care Partnership (SHCP) to receive delegated authority had been included in the report and outlined good progress.

The Place team had been working more closely with the MMUH delivery team to support the delivery of the rightsizing sustainability model for MMUH including the virtual wards and care home initiatives. Work continued on urgent community response and attendance/admission avoidance.

It was noted that work was ongoing to strengthen engagement with the Ladywood and Perry Barr (LWPB) locality and objectives had been clearly outlined including the emphasis on the support required for MMUH. Mr Fradgley advised that the format of these priorities reflected the maturity of the relationship between the Trust and the LWPB locality partners which required further development. It was noted that the Community Trust had committed to engaging with the alignment of rightsizing metrics for MMUH and progress with this would be reported through the Integration Committee.

The Board **NOTED** the progress of the Place Based partnerships and impact on the journey to MMUH and the Trust Annual Plan.

#### 16. MMUH Report

TB (05/23) 012

Mrs Wilkin joined the meeting for this agenda item.

Mrs Barlow presented the report which emphasised the reliance and dependence on place based clinical transformation particularly in relation to the Neonatal Community Outreach Team (NCOT). Progress was outlined in relation to the work to tackle unnecessary admissions avoidance and avoidable length of stay reduction which was triangulated with the bed reduction plan outlined in the annual plan. The Same Day Emergency Care (SDEC) had recently opened at Sandwell which would support with transforming care. A dashboard clearly outlining progress with admissions avoidance and length of stay reduction would report to various committees. The report included the first version of the staff facing operational readiness roadmap and members were asked to provide feedback on this document. Public engagement activities continued as part of Near Neighbours meetings and positive feedback on this had been received during a recent visit from local MP, Mr John Spellar. The draft Exit strategy had been considered through the MMUH Opening Committee last month which provided reasonable assurance. The strategy focused on the transfer of benefits delivery from the programme to business as usual.

Mrs Hurst commended the work of the Neonatal Community Outreach Team on the transitional care model. She advised that the model would completely change when the service moved into MMUH and support with bed reduction.

Mrs Taylor queried whether there were plans to extend the engagement with local neighbours to more than the half a mile radius outlined in the report. She explained that there had been discussions at the POD

Committee that suggested that the Trust would be recruiting up to 30% of posts from this community and queried how this was being communicated. Mrs Barlow explained that the Near Neighbours meetings focused on specific plans for residents who lived within close proximity of the building, however, the wider communications plan would focus on engagement with the population as a whole. Work would be undertaken with the POD team to ensure that recruitment focused engagement is shared with the whole population. Mrs Wilkin added that the wider communications plan also focused on specific work such as changes to clinical services that impact patients and she highlighted that during the Summer, the programme team as well as leaders from the core organisation would be leading a number of roadshows within the different communities of Sandwell and West Birmingham talking to the public about service changes and MMUH as a whole. It was noted that a further piece of work would be required just prior to opening to point people in the direction of their nearest Urgent and Emergency care services.

Mr Fradgley reflected on a recent visit that he and the Chairman had undertaken to residents in Tipton which had been arranged following a meeting with local stakeholders about regeneration. Discussions had taken place about MMUH during the visit and feedback about transport links and services that would still be available locally in Sandwell had been requested. This would be mapped together with the roadshow work and would report into the Opening Committee.

The Chair highlighted that the visit to Tipton residents had been insightful and had highlighted the need for further communication relating to services that were going to remain at Sandwell Hospital. He also stated that discussions about MMUH had started taking place through the other Trusts within the Black Country and a consistent area of focus was related to the transformation of urgent and emergency care pathways in MMUH. Mrs Barlow suggested that a visual aid be developed to focus on the patient journey into urgent and emergency care services which could be shared at a later stage with stakeholders and patients. She agreed to bring this back to the Board in due course. It was also noted that discussions were taking place to increase the level of engagement with stakeholders in relation to activity assumptions moving forward. Mrs Newens raised the importance of ensuring the Sandwell population understood how to access the services available and although it was noted that the trajectory to get into MMUH had been well documented, there were further discussions taking place regarding the financial elements of commissioning of Urgent Treatment Centre services.

The Board **NOTED** the report.

**ACTION: Visual aide to be developed focusing on the patient journey into urgent and emergency care services, to be shared with the Board prior to engagement with stakeholders and patients.**

### Our Patients

#### 17. Board Level Metrics for Patients

**TB (05/23) 013**

The Board Level Metrics for Patients were received and **NOTED** by the Board.

#### 18. Quality and Safety Committee Assurance Report

**TB (05/23) 014**

Mr Hallissey presented the report and outlined that the Fundamentals of Care metrics had been refined and these would be considered in more detail at a future meeting. Good feedback had been received regarding leadership in maternity services following a local peer review process. The Trust's Infection Prevention and Control rating had improved from amber to green. Mr Hallissey advised the Board that concerns remained regarding the lack of Neonatal consultants within the Trust and there was a risk of burnout of the locum consultants. The Trust had also lost the last of its Neuro-ophthalmology consultants, leaving the service being covered by locum consultants. The committee had requested improved oversight

on the strategic plan for consultant workforce. The committee received a robust quality impact assessment process for the Cost Improvement Programme (CIP) proposals. Concerns had also been raised in relation to a new IT system that had been implemented in Primary Care which had failed to deliver resulting in a spike in complaints. This had now been resolved but it was acknowledged that further testing and scoping would need to be considered when implementing new systems.

There was a further discussion about the gaps in the consultant workforce and it was noted that both posts were difficult to recruit to. Dr Anderson added that long term sickness was also a contributing factor within Neonates, however, stated that one of the locum consultants had applied for a substantive post and is being interviewed in July. It was noted that work was ongoing with the Queen Elizabeth (QE) Hospital to provide a short-term solution to the gaps in Neuro-Ophthalmology and a locum was working weekends to clear the backlog. Discussions regarding a potential SLA with the QE Hospital had proven unsuccessful, therefore discussions regarding a long-term model were being taken forward with the system Chief Medical Officer and Chief Operating Officer.

Dr Anderson advised that following discussions with Mrs Harper, the Trust were looking to include the opportunity to have 0.2 WTE of consultant roles dedicated to research supported by Birmingham Health Partners (BHP). He confirmed that this would be a competitive process through BHP, therefore internal funding sources would also need to be considered.

It was recognised that the process to flag services at risk of reduced consultants in post required strengthening and Dr Anderson suggested that this be monitored through the group reviews process moving forward. The Chair recommended that any potential risks should be considered through the Black Country Provider Collaborative.

The Board **NOTED** the report.

**19. Finance, Investment and Performance Committee Assurance Report**

**TB (05/23) 015**

Mrs Hardy presented the report and highlighted that the 2023/24 financial plan had been approved by the committee and the following actions had been requested:

- Clear delivery plan and criteria for the 23/24 plan to be provided to the committee and Board.
- Deep dive into current CIP position as one of the key deliverable areas within the plan.
- Clear articulation of the workforce plan i.e. the impact of the WTE remaining flat and reduction of bank and agency usage.

The committee would be discussing the need for a more robust performance report at the next meeting which would allow more balance for discussions on money and performance going forward.

The Chair thanked Mrs McLannahan and the finance team for the work on the financial plan which had been a very complex process and involved some significant risks for the organisation. He recognised that the Trust may need to operate differently to deliver the plan and executive colleagues would be accountable for this.

The Board **NOTED** the report.

**20. Finance Report Month 12**

**TB (05/23) 016**

Mrs McLannahan presented the report highlighting that the Trust had reported a £99k surplus position at the end of month 12. She advised that the Trust were the only acute and community trust in the Black Country to deliver against the plan, however, this had been delivered largely non-currently which would add more pressure to the challenges set out previously moving into 23/24. Mrs McLannahan reported that the Trust had over-committed on the capital plan for 22/23 to maximise the budget and this was spent as

intended. It was noted that MMUH expenditure, in line with NHP plans, had been reprofiled during the year. The chair congratulated the team for the work they had done to deliver the plan for 2022/23.

The Finance Report Month 12 was **RECEIVED** and **NOTED** by the Board.

## 21. Maternity Improvement Plan

TB (05/23) 017

Mrs Roberts introduced the agenda item and noted that a three-year delivery plan for maternity services had been launched earlier this year. The Trust's action plan against this had been included in the reading room. Further guidance was due to be published through the Local Maternity and Neonatal System (LMNS) which would support with some actions. As previously mentioned, the Trust had received positive feedback following a peer review to maternity services undertaken by the LMNS in conjunction with the ICB.

Mrs Hurst highlighted that a revised version of the Saving Babies Lives Care Bundle had been expected for some time now as many Trusts were failing to deliver against the requirements. It was noted that the statistical requirements would be amended in the new version based on local geography set by the ICB. This new tool would also have implications for CNST guidance. Following publication of new guidance, a report on the implications for the Trust would be provided to the Board.

The Board **NOTED** the report and **ACCEPTED** the Ockenden Framework Update.

## 22. Key Learning from Board Stories

TB (05/23) 018

Mrs Roberts presented the report which outlined key learning and improvements from stories presented to the Trust Board over the last 12 months. Key themes were linked to communication, listening, mealtimes, hydration and nutrition, visiting and basic fundamentals of care. It was noted that a lot of the themes identified had already been included in the Fundamentals of Care Framework. Mrs Roberts highlighted that outstanding actions would be monitored through the Patient Experience Group and a report would be provided on a bi-annual basis to the Board. She highlighted that sharing stories through various committees and groups had become a key opportunity to capture key learning appropriately. The report would also include progress with the implementation of Fundamentals of Care from a patient perspective going forward.

Mrs Writtle requested an update board walkabouts and Mrs Roberts explained that there was a plan to extend some of the board committee meetings taking place on site to include a clinical visit for Non-Executive Directors. This was due to commence for Quality and Safety Committee from June and discussions were ongoing with members of other committees.

Mrs Wass thanked Mrs Roberts for taking the time to pull together the report which provided some helpful assurance on actions that had been taken following stories being presented to the Board. She highlighted that a lot of the issues raised had been related to systems or processes, however, queried what actions were being taken to deal with behavioural and cultural issues. Mrs Roberts explained that a number of complaints received by the Trust related to attitude and communication, therefore the values and culture work being picked up through the Fundamentals of Care Framework would focus on this as well as strengthening the compassionate leadership model.

The Board **REFLECTED** on the Trust Board stories, **NOTED** improvements made and lessons learnt and **AGREED** next steps.

## 23. Artificial Intelligence and Machine Learning Update

TB (05/23) 019

Mr Sadler welcomed Dr Yusuf and Mr Bhatia to the meeting and presented the update on Artificial Intelligence (AI) and Machine Learning. He talked about a clinical study undertaken with IBM looking at

scanned radiology images where the AI algorithm reviewed previous chest scans and their reports. The findings of the research, outlined in the report, had been presented at the International Radiology Conference in Chicago and the Trust had won a national Smarter Working Award.

Board members congratulated the team on the award and there was a further discussion about engagement with local partners such as University of Birmingham and Leeds on the AI journey. Mr Laverty queried whether the Trust had developed an AI strategy to set out what the Trust were hoping to achieve. Mrs Wass offered to introduce colleagues to Daren Trainer who had led on AI work. She also explained that to gain University Trust status, the Trust would need to select a specialist area to work on in partnership with the University and this could be an option.

Mr Sadler confirmed that early engagement had commenced with the University of Birmingham with support from Mrs Harper, the Trust also had links with Aston University and the University of Central England (UCE). It was noted that this work had mainly been led by the radiology team and other ways to support clinical pathways were being explored. The team were keen to see the outcome of the initial study before progressing with the development of an AI strategy and funding sources would need to be explored.

Mrs Yusuf advised the Board that she had been speaking with the CMO at the Royal Wolverhampton Trust and the team had been invited to attend an ICB meeting to share this work with other radiologists and equivalent clinicians to explore whether there was appetite for collaborative work. She acknowledged that there were a lot of opportunities to expand the research particularly in relation to scanning and collaborative work with Aston university would support to move this in the right direction.

Mr Bhatia talked to the Board about other AI projects being explored with the London Centre for AI, Birmingham City University and Aston University. He also explained that a commercial solution was being explored for stroke services. Breast screening was also being considered as an area of work to progress.

The Chair thanked the team for their work on the AI journey and congratulated them on the award. He recommended that the executive team reflect on this piece of work and further explore how this could be expanded and built into the annual objectives in line with the ambition to become a University Hospital and to strengthen the research and innovation strategy.

The Board **NOTED** the report and **SUPPORTED** further work in AI in Radiology and other areas.

**ACTION: MS to work with the Executive Team to reflect on the AI and Machine Learning work and further explore how this could be expanded and built into the annual objectives in line with the ambition to become a University Hospital and to strengthen the research and innovation strategy.**

#### For Information

#### 24. Board level metrics and IQPR exceptions

Reading Room

The Board level metrics and IQPR exceptions were received and **NOTED** by the Board.

#### 25. Any other business

Verbal

There was no other business.

Details of the next meeting of the Public Trust Board: 12<sup>th</sup> July 2023 at 10:00am

**Meeting close**