

MINUTES OF THE PUBLIC TRUST BOARD MEETING

Venue: Meeting held via MS Teams

Date: Wednesday, 12th July 2023, 10:00 – 13:00

Voting Members:

Sir D Nicholson (Chair)
Mr M Laverty, Non-Executive Director
Cllr W Zaffar, Non-Executive Director

Mrs L Writtle Non-Executive Director
Prof L Harper, Non-Executive Director
Mr A Argyle, Non-Executive Director
Richard Beeken, Chief Executive Officer
Mr M Anderson, Chief Medical Officer
Mrs J Newens, Chief Operating Officer
Mrs M Roberts, Chief Nursing Officer
Mrs D McLannahan, Chief Finance Officer

(DN)
(ML)
(WZ)

(LW)
(LH)
(AA)
(RBe)
(MA)
(JN)
(MR)
(DM)

Non-Voting Members:

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

Patient / Service Story Presenters:

Ms S Wood, Patient Story

(SW)

Apologies:

Mrs R Hardy, Non-Executive Director

(RH)

In Attendance:

Mrs C Dawo, Associate Director of Communications (CD)
Mr M Sadler, Executive Director of IT & Digital (MS)
Ms H Hurst, Director of Midwifery (HH)
Ms L Abbiss
Mr D Conway, Associate Director of Corporate Governance/Company Secretary (DC)
Meagan Fernandes, Deputy Chief People Officer (MF)
Mr J Johnson, Freedom to Speak Up Guardian (JJ)
Ms C Rennalls, Assistant Director of Operations and Resilience Management/Trust Tactical Manager (CR)
Mrs S Harris, Senior Executive Assistant (Minute taker) (SH)

Minutes	Reference
1. Welcome, apologies and declaration of interest	Verbal
<p>The Chair welcomed members and attendees to the meeting, particularly Liz Abbiss, Director of Communications at the Dudley Group NHS Foundation Trust, who had joined the Trust as communications strategic advisor for the next 6 months.</p> <p>Apologies had been received from Rachel Hardy.</p>	
2. Staff / Patient / Service Story	Verbal

The Chair welcomed Ms Wood to the meeting and emphasised the importance of starting the Trust Board meeting with a story from patients and service users.

Mrs Roberts explained that Ms Wood is the stepdaughter of Mr Peter Atkins who had been brought into the Emergency Department (ED) at Sandwell Hospital with suicidal intentions on 20th March 2021. She explained that Peter and his family had not received a positive experience from all providers involved. There were lessons to be learnt in relation to caring for vulnerable patients particularly in relation to mental health assessment and discharge processes. Work was ongoing with the family to ensure that the ongoing issues were resolved and to embed learning points. Ms Wood was also due to join the Mental Health Assurance Group. Further work was taking place with partners in relation to mental health and the new Patient Safety Incident Response Framework (PSIRF) would focus on areas of admission and discharge.

Ms Wood provided a detailed overview of her stepfather's experience and a written brief had also been provided to the Board. It was noted that a complaint had been raised via the CCG in 2021 following Peter's death raising concerns about missed opportunities across the system and the family were still waiting for answers two years later. The coroner who had recorded a conclusion of suicide at inquest on 11th May 2021, had raised concerns with the Trust about the communication at the time of Peter's discharge from ED. The discharge statement provided to the coroner had not been signed or dated and referred to Peter showing staff his wife's number on a mobile phone, the family had raised concerns about this as Peter had never owned a mobile phone.

Ms Wood explained that there were still questions to answer in relation to why Peter was discharged without any follow up, how the ED staff could be assured that Peter would arrive home safely and be supported when he got there, why the contact numbers given to the ambulance crew were not provided to ED staff and why the nurse responsible for providing the discharge statement has not been held accountable. The Board were advised that a meeting had been requested with partners involved to understand the organisational boundaries during Peter's journey, however, a Patient Safety Officer at the Trust had declined the request on the basis that the outcome of the discharge would not have been different even if Peter did not have a mobile phone. Ms Wood explained the impact this tragic loss had had on her mother and the rest of the family. She thanked members of the Board for providing the opportunity to share Peter's story and hoped that this would be beneficial for staff and patients in the future.

The Chair thanked Ms Wood on behalf of the Board for sharing the story. He apologised that the Trust had let Peter down and for the time and effort that Ms Wood and her family had put into getting the answers they deserved. He explained that there was a need to get into the detail of Peter's case to ensure that the Trust could learn from it and to hold those involved to account.

Dr Anderson also thanked Ms Wood for her generosity of time and her constructive willingness to help the Trust learn from Peter's experience. He explained the importance of strengthening the key fundamentals involved in the discharge process through the work of the PSIRF.

Mrs Writtle asked what further actions were being taken to provide answers to the family. Mrs Roberts explained that the initial complaint was made to the ICB, and a response had not been received from any of the partners involved, this was being followed up by the Chief Nurse at the ICB to understand their process for dealing with complaints and the story was also being shared at the Chief Nursing Officer Black Country Forum. Mrs Roberts added that a member of her team was now investigating the case thoroughly and a further meeting would be arranged with Ms Wood to share the outcome of this.

Mr Fradgley explained that the Trust had done a substantial amount of work to improve discharges from inpatient areas, and felt that this story had highlighted the need for this to be mirrored in ED. He explained that this work included a 48-hour follow up with the patient after discharge to ensure they are safe and

well at home, and this would be done sooner with patients who are at risk or have safeguarding concerns. Inpatient areas also have a continuous link with partnership organisations providing support to patients particularly in the community. Mr Fradgley recognised that there was more work to be done to ensure this was the case for all patients.

The Chair committed on behalf of the Board to provide a resolution and a way forward for Peter’s family. It was agreed that a progress report on the case, including the interface between the Trust and other mental health services, would be presented to the Board in three months’ time.

Ms Wood left the meeting.

ACTION: Progress report on the Patient Story, including the interface between the Trust and other mental health services, to be presented to the Board in three months’ time.

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

TB (07/23) 001

The minutes of the meeting held on Wednesday 10th May 2023 were reviewed and Mr Baker requested an amendment to page 6 paragraph 3 in relation to the clarification of the definition of the National Core 20+5 initiative. With the exception of this amendment the minutes 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 reflected that the Trust were at a critical time in relation to the Midland Met University Hospital (MMUH) development as well as financial planning for the organisation. He explained that there would be some important discussions during the meeting about resourcing and the required changes to our health care system to support the opening of MMUH.

The Chair advised the Board that he had recently attended an open day at MMUH for potential consultant appointments which had been very successful and well executed. The event had shown the organisation to be professional, organised and compassionate and he had met a number of keen potential candidates with great enthusiasm.

5. Chief Executive’s Report

Verbal

Mr Beeken provided a verbal update to the Board which included the immediate issues, risks and mitigations currently being managed in relation to the upcoming industrial action of consultants and junior doctors. It was noted that the next junior doctors strike was due to run from 13th – 18th July and for the first time would cover a weekend which is traditionally when the acute hospital is heavily reliant on non-consultant grade staff. The Trust had established a strategic and tactical command to oversee the mitigations and response to the planned industrial action with similar actions taken during previous strikes. Mr Beeken explained that there would be minimal impact on elective activity and acting down arrangements had been agreed in medical specialties. There would be an impact on non-elective care as outpatient clinics would need to be cancelled as a result of this. The Board were advised that there is a significant risk in relation to getting cover for the weekend, particularly night shifts, from consultant staff. It was also recognised that with every successive period of industrial action, the efforts of the consultant body to keep things running, were diminishing.

Consultants were due to commence industrial action from 20th – 21st July and cover arrangements were currently being scoped. There were risks that would need to be mitigated to ensure advice and guidance was available for non-consultant grade medics to make timely and critical assessments and decisions. There was also a risk related to the impact on the elective workload, which would be more significant due

to the impact on surgical specialties. Mr Beeken explained that the Trust had done well in maintaining elective targets to date, however, this was likely to be affected during July.

Dr Anderson highlighted that each period of action represents a step up and escalation which was more difficult to plan for and harder on staff. He noted that emergency care was being prioritised and elective work was being maintained where possible. He described other mitigating factors being put in place to support the teams, particularly in Medicine and Emergency Care. He advised the Board that there was a real risk to quality and safety for patients and fatigue is also setting in with staff impacting morale.

Mrs Wass thanked the teams involved for their hard work and continued efforts in preparing for the industrial action and recognised the unprecedented impact this was having. She thanked Dr Anderson for focusing on the quality and safety impacts and asked for an update on the costs associated with the industrial action. Mrs McLannahan advised that the costs associated with the industrial action had been included in the finance report presented to the Board and equated to £1.9m. She explained that the action had significantly impacted activity stood down, however, the Trust were on plan with income and activity overall due to areas of overperformance. There were discussions taking place nationally in relation to changes to elective recovery fund arrangements for planned care as a result of industrial action.

The Chair thanked staff on behalf of the Board, for their continued efforts throughout periods of industrial action and for keeping services running and maintaining patient safety.

Mr Beeken also talked to the Board about the National Oversight Framework for NHS Trusts, and it was noted that the process for managing this was moving from the NHS England regional team to the Integrated Care Board (ICB). The Trust had received a letter from Mark Axcell, Chief Executive for the host ICB, confirming that the quarter 4 and year-end segmentation position for the Trust would be segment 3 of the National Oversight Framework. It was noted that the content and structure of the 2023/24 National Oversight Framework was yet to be published, however, it had been agreed that the Trust could use the annual plan objectives and progress against those to drive the agenda of the quarterly oversight meetings with NHS England and ICB colleagues. The senior team would be required to continue to focus on the 14 annual plan objectives, particularly the 6 priority objectives agreed by the Board.

The Board **NOTED** the verbal update.

6. Question from members of the public	Verbal
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There were no questions from members of the public.

Our Population	
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7. Board Level Metrics for Population	TB (07/23) 003
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Mr Fradgley notified the Board that the Board Level Metrics papers had been revised in line with the “Making Data Count” guidance and now included metrics aligned with the six priority objectives with more detailed analysis and all other measures had been compressed into a table and remained visible to the Board. He provided a detailed overview of the report for Population.

There was a detailed discussion about the bed closure plan, and it was recognised that the Trust were one of the few Trusts in the region to close beds this financial year. Mrs Newens highlighted some of the benefits associated with closing beds including the need to care for patients in the right place and ensuring that the Trust can move into MMUH safely and effectively. It was noted that the investment into community services and rightsizing initiatives had contributed to the closure of beds and if this continued to deliver, the Trust would be on track to close all 84 beds committed to by the end of the year. The Board

were advised that some countermeasures were currently being developed to monitor quality and safety impacts of discharging patients as well as the impact of reducing the number of beds.

Mr Sharma queried whether the beds were being closed in specific areas and whether this would leave the Trust exposed in others. Mrs Newens explained that a lot of the beds had been closed within Medicine and Emergency Care, particularly additional unfunded beds that had been opened during the Winter. She added that the bed closure plan had been informed by opportunities identified within specialist areas such as cardiology and elderly care as well as length of stay benchmarked with neighbouring Trusts.

Mrs Wass congratulated the teams on this work and queried whether the spike in reattendance to ED was related to the closure of beds. Mrs Newens confirmed that on initial investigation, the spike in reattendance was an anomaly and related to patients being discharged and brought back for imaging. A deep dive was being undertaken with the imaging team to understand this; however, the team would continue to monitor the ED reattendance metric closely. There was a further discussion about the quality impacts associated with bed closures and Mrs Roberts highlighted that all schemes had been subject to a quality impact assessment process. She added that the senior team in ED had also spent some time reviewing the impacts of bed closures and how these could be managed appropriately alongside the Fundamentals of Care work with other inpatient areas. The Quality and Safety (Q&S) Committee would monitor metrics as part of the Urgent Care report moving forward.

The Chair acknowledged that the Trust were taking a different approach to others in relation to bed reduction and key decision making would need to be demonstrated clearly to support this, particularly during the Winter period when there would be increased pressure. Mr Beeken provided assurance that both ICB's the Trust work with are understanding of the MMUH care model requirements as well as the challenges of staffing additional beds opened during the previous winter, which do not provide consistent care to patients. He also talked about the national Urgent and Emergency Care recovery plan which includes plans to increase bed base and explained that the Trust's bid for funds for additional beds against that plan had been unsuccessful.

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

8. Integration Committee Assurance Report

TB (07/23) 004

Cllr Zaffar presented the report and outlined that that the committee had positively received the community take over within the meetings which had identified the need to build stronger relationships and manage expectations with those communities. This had also been picked up through the Charitable Funds Committee. Work continued with the Ladywood and Perry Barr locality and a key piece of work was to develop the neighbourhood place model which presented some challenges. Good progress was being made with some of the Sandwell Place projects including reductions in attendance admission and length of stay, however, there was a risk relating to the uncertainty of system development funding which would pose a detrimental impact on some of the positive interventions currently in place. The committee had also raised a concern in relation to capital funding for the Urgent Treatment Centre at MMUH which would be discussed further as part of the Private meeting.

Mr Fradgley highlighted that the system development fund is a targeted fund to develop out of hospital and in hospital services as well as developing specific schemes such as virtual wards, urgent community response and front door services. Funding had been significantly reduced due to the deficit position across the Black Country. As the lead for Out of Hospital services across the system, Mr Fradgley had commenced negotiations with the system team and 70% of the original funding had been offered and approval had been received for funding to be reorganised to close the gap. He explained that funding would cover the delivery of services for the first part of the year, however, there would be no headroom to deliver over-occupancy of the services during the peak period of late December/early January as was previously

required. Further work would be required to reorganise additional capacity into those services during this period.

The Board **NOTED** the report.

9. MMUH Opening Committee Assurance Report

TB (07/23) 005

Mr Laverty presented the report and outlined that overall progress against the programme remained red, however, re-baselining would be undertaken following further confidence around the practical completion date. Discussions were ongoing with the two ICB's to secure funding for capital and this was included later in the finance report. There had been some progress with workforce development, however, there was a lack of organisational development (OD) resource available. There had been good progress with construction over the previous few months and the current submission from Balfour Beatty was being reviewed to see if the trend had continued.

Mrs Taylor queried whether there had been sufficient investment into the digital technology and staff to ensure MMUH is fit for the future, given that the previous Census had reported an increase of 11% in the Sandwell population alone. Mr Laverty confirmed that additional resources had been identified to ensure that the prioritised service change requests could be delivered and although the resources were not yet available to fully enable MMUH to be a smart hospital, the infrastructure had been future-proofed to enable this in the future.

The Chair queried whether additional resources would be allocated to the ICB for the increase in population and Mr Fradgley confirmed that funding was allocated within an inequalities profile and a population profile, however the total increase in population was a net value for the whole of the Black Country, therefore, the Trust would not benefit specifically from funding for the 11% increase. It was agreed that the Trust should consider these figures as part of resource allocations for next year.

The Board **NOTED** the report.

10. Place Based Partnership Update

TB (07/23) 006

Mr Fradgley presented the report and highlighted that there had been significant areas of quality delivery. It was noted that the governance arrangements had been refined to enable delegated authority to the partnership on behalf of the system. The regulatory changes were now coming into effect across the partnership and the Trust had been involved in a mock CQC inspection undertaken by the Association of Directors of Adult Social Services (ADASS) which focused on health and social care partnership working.

The Board received an update on the work of the falls response service which had been a growing success and had seen 158 patients during June, avoiding the need for conveyance to ED and reducing the risk of admission. Mr Fradgley provided an overview of the consistent themes from the Town Teams forums which had been organised to strengthen work with communities to look at the wider social determinants of health and how the partnership could improve health outcomes.

Mr Beeken raised concerns that the report suggested that the falls response service would not be able to continue if the system development funding was not confirmed. Mr Fradgley confirmed that funds were currently being reorganised and options explored to enable this service and others to continue. There was a further discussion about the lack of clarity in relation to delegated responsibilities and resource from the ICB to the partnership and Mr Fradgley recognised that, despite this, a lot of positive work had been completed. He suggested that a decision regarding the proposal to second ICB staff into the places was likely to take place within the next 3-4 months.

Mr Argyle queried how the place work compared with others across the country and Mr Fradgley highlighted that although there were similarities within specific areas, the Sandwell Place was in the upper quartile for performance. It was also noted that the Trust worked closely with the Local Authority to strengthen visibility with all care homes in Sandwell which are privately run, and a quality improvement team was also in place to monitor the quality of services.

The Chair reiterated that the Trust has a lot to be proud of with the work being undertaken within Sandwell Place and highlighted that Sandwell and Walsall partnerships were leading the way in relation to the integration of community services.

The Board **NOTED** the report.

11. MMUH Report

TB (07/23) 007

Mrs Barlow presented the report and highlighted that progress in relation to the bed reduction programme had been discussed throughout the meeting and the rightsizing and clinical transformation pathways were a significant piece of work ongoing to support this. The same day emergency care model would be the next area of focus within the programme. The Board were advised that phase one of the management of change process was underway which would impact staff later in the year.

Mrs Barlow highlighted that progress continued to be made against the programme despite ongoing pressures associated with industrial action and significant annual plan objectives. She thanked colleagues and their teams for the focus on the transition into the delivery phase. A detailed update was received on the key milestones within the programme, and it was noted that plans were in place to increase local community engagement moving forward.

It was noted that the workforce improvement sprint was due to be concluded and the outputs would be evaluated over the next week. There would be a focus on assurance related to the OD plan through the Board committees during July and the Board Workshop scheduled in August would also be focussed on MMUH which would be an opportunity to focus on staff engagement and preparedness including OD.

Mr Sharma asked whether there had been any feedback from staff following the initial consultation. Mrs Barlow explained that the initial consultation had been completed within a tight timeframe, therefore, feedback had been limited. Some feedback had influenced the team to implement some changes to the training for line managers and staff leading the management of change. Feedback would be further tested throughout the rest of phase 1 and the metrics relating to staff engagement and understanding of roles within MMUH were likely to be affected. A data repository had been created for all feedback which would be reported back through to the People & Organisational Development (POD) Committee. Lessons learnt from other sizeable management of change processes had also informed the Frequently Asked Questions.

Mrs Taylor queried whether social media had been considered as part of the community engagement work. Mrs Barlow confirmed that social media is a key part of the community engagement profile and would be increasingly utilised closer to the opening date. The work highlighted in the paper was linked to improving and refining engagement through the faith and community leadership network. The Communication and Engagement plan was due to be presented to the Integration Committee for assurance this month.

CLlr Zaffar raised that one of the key challenges highlighted through engagement with local communities had been related to on street parking and he asked whether any further discussions had taken place with Sandwell and Birmingham councils to tackle this. Mrs Barlow advised that on street parking, connectivity and other travel issues had been raised as part of the near neighbours' meetings which were attended by residents who live locally to MMUH. She highlighted that this was a non-health related example of the need for partnership working and explained that representatives from the councils and Travel for West

Midlands would be invited to a future near neighbours meeting to focus on these issues. The Chief Executive and the Mayor for the West Midlands were also in contact about transport and the Trust had executive level representation at the transport groups. An internal transport group and been established to focus on the “must do’s” prior to the opening of MMUH and feedback on delivery and timescales would be provided through the Public Trust Board in future.

The chair thanked Mrs Barlow for her continued commitment and acknowledged the work and effort underpinning the programme.

The Board **NOTED** the report.

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Our Patients

12. Board Level Metrics for Patients

TB (07/23) 008

The Board Level Metrics for Patients were received and there was a discussion about referral to treatment times and long waits for patients. It was noted that the referral to treatment time performance was not being monitored nationally and there was a clear focus on reducing the number of patients waiting more than 65 weeks by March 2024. Mrs Newens highlighted that the Trust were making good progress with long waits, however, this had resulted in a monthly increase in the total number of patients waiting overall.

The Chair raised concerns that the Trust were focusing efforts in reducing the number of long waiters rather than the outpatients transformation work required to reduce the number of patients on the waiting list. Mrs Newens confirmed that all patients waiting longer than 18 weeks are triaged and prioritised appropriately and those who were categorised as priority 1 and 2 were being seen as quickly as possible.

Mr Beeken highlighted the need for the Trust to focus on sustainably reducing the waiting list rather than waiting time improvement by ramping up elective throughput to meet or exceed demand. He also highlighted that the bid to transform part of the retained Sandwell Treatment Centre into an elective hub for the south of the Black Country would provide the system with a step change in capacity to achieve sustainable waiting list reduction.

Mrs Newens added that the Trust had recently signed up to the Tim Briggs 26-week transformation to fast-forward patient initiated follow ups and reduce DNA’s (Did Not Attend) to increase capacity and reduce waiting times. The operational team were also engaging with the quality improvement team to focus on theatre and booking efficiency and feeding into the Black Country Elective Care Board to maximise opportunities across the Black Country.

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

13. Quality and Safety Committee Assurance Report

TB (07/23) 009

Mr Hallissey presented the report, and the following points were noted:

- The structure for the investigation of serious incidents had been revised and actions were in place to implement the new process.
- A piece of work had been undertaken to improve booking screening for patients in maternity services. Work was ongoing to implement an electronic solution for booking currently in place at Birmingham Women’s Hospital but there had been a reluctance to share learning.
- There were some challenges relating to aligning reports for the Fundamentals of Care Dashboard and the need for additional resource to support with the development of a single repository.

- The first round of CQC self-assessments had been completed across the organisation and it was noted that the process had been embedded and good engagement had taken place with teams.

The Chair asked what actions were being taken to address the lack of a data repository and it was noted that this would be followed up with the information team outside of the meeting.

The Board **NOTED** the report.

14. Finance, Investment and Performance Committee Assurance Report

TB (07/23) 010

Mr Lavery presented the report in the absence of Mrs Hardy and highlighted that the financial position had deteriorated in month 2. The committee received a report on workforce performance, and it was acknowledged that further action was required to get a grip on this with agreed targets for bank, agency and establishment to achieve the deficit target. The Continuous Quality Improvement approach was discussed and despite the lack of funding, the committee supported the approach as a systematic way of making quality improvements in the short term before realising the Cost Improvement Programme (CIP) targets in the long term. The Medium Term Affordability Model was due to be discussed in the Private Board meeting, however, it was acknowledged that delivery of the model would be significantly challenging.

The Board **NOTED** the report.

15. Audit and Risk Committee Assurance Report

TB (07/23) 011

Mr Argyle presented the report, and the following points were noted:

- The Committee acknowledged that the Trust had a positive working relationship with the external auditors, Grant Thornton.
- Thanks were extended to Mrs McLannahan and her team for the development of the annual reports presented to the Committee. There were some minor audit suggestions particularly in relation to the fixed asset register.
- Grant Thornton have produced a value for money report which focused on financial sustainability and there was a need to ensure that the report was representative of the Trust's position. It was acknowledged that this report could be beneficial in supporting the Trust during external investigation of the system deficit position.

The Board **NOTED** the report.

16. Finance Report Month 2

TB (07/23) 012

Mrs McLannahan presented the report and highlighted that the Trust had reported a £4m variance against the deficit plan of £18.8m during month 2, mainly due to non-delivery of the stretch finance recovery plan (FRP) of £16.2m and excess inflationary pressures of £7m. The Trust continued to perform well in relation to elective activity delivery despite the industrial action pressures, however, this was due to new outpatient appointments compensating for under-performance on elective inpatients and day cases which required further improvement throughout the year.

Since the month 2 position had been reported, a formal escalation meeting had taken place with national and regional colleagues from NHS England and Improvement due to the size of the system deficit plan of £69m and non-delivery at month 2. There was a clear message that Trusts within the Black Country were required to get a grip on CIP delivery with a clear expectation that the system report on plan for month 3.

Mrs McLannahan provided a verbal update on the Trust position for month 3 which was on plan and confirmed that the year-to-date deficit had not worsened. The Trust's run rate position had improved and the variance within the plan was represented by the cost of industrial action (£1.9m) as well as excess inflation. The Trust had initially included £7m risk relating to excess inflation in the financial plan, however, this was removed as part of system financial planning. Inflationary funding was also being withheld due to the Trust's financial position.

An update was provided on the workforce stretch and it was noted that work was ongoing with the clinical and corporate teams to develop delivery plans that comply with the Whole Time Equivalent (WTE) trajectory in the financial recovery plan. It was recognised that there is a risk relating to group leadership capacity due to some significant absences as well as pressures associated with business as usual and demands relating to MMUH. Non-clinical resources would need to be refocused to support the groups and additional support has been brought into the Trust to drive CIP delivery and strengthen the governance and oversight associated with the plan.

Mr Laverty asked for clarity on the deficit position at the end of month 3. He also queried what governance arrangements were in place to ensure groups are managing substantive, bank and agency budgets. Mrs McLannahan confirmed that the deficit position at month 3 is £10.8m, against a plan of £7.4m. She explained that a weekly Establishment Review Group had been set up focusing on vacancy, bank and agency controls to drive down the cost due to non-delivery against the plan. It was noted that although the bed closure programme was progressing well, the associated reduction in workforce had not yet been seen and there was also a lack of coherent recruitment plans being submitted by the groups. There had also been an increase in sickness levels to just over 7% which had not been accounted for. Mr Fradgley advised the Board that a monthly Workforce Oversight Group had been established to align the work within the four workforce workstreams: bank and agency reduction, recruitment, vacancy control and CIP delivery, in order to close the gaps in control that had been identified. This group would report on key risks and mitigations through to the POD Committee and the Finance, Investment and Performance Committee (FIPC). A further risk was raised in relation to the lack of grip on workforce planning and the Trust were looking to bring in a workforce specialist to support with this.

Mr Sharma queried the timeframe for interventions being put in place to protect the Trust's cash position which was significantly low. Mrs McLannahan advised that the Trust's cash position is reflective of cash positions across the Black Country and the Trust were at a critical point in delivery of the financial plan to protect the cash position. There was a risk of the position impacting the operational capital programme and considerations may need to be given to reducing future capital investment.

The Chair concluded that resources within the organisation would need to be mobilised to deliver the financial plan at pace. Further grip and control would be required and the interface between workforce and finance teams would need to be strengthened. He highlighted that the link between CIP delivery and preparedness for MMUH is very important and acknowledged that the consequences of non-delivery were significant and posed a risk to the Trust's future ambition and objectives.

The Finance Report Month 2 was **RECEIVED** and **NOTED** by the Board.

17. Maternity Report

TB (07/23) 013

Mrs Roberts highlighted that the Trust had received the final report following the recent neonatal review which emphasises some of the key issues known to the Trust. An improvement team would be working with the Trust for 3 months from August and the Board would receive a further report and action plan in September. The patient story would also be focused on neonates in September.

Mrs Hurst provided a detailed overview of the report which included an overview of completed investigations undertaken by Health Service Investigation Branch (HSIB) in the last six months. An update was also provided on the issues relating to scan capacity and the work undertaken to address this.

Mrs Taylor queried how the number of HSIB reports compared to last year and whether a breakdown by ethnicity was available. Mrs Hurst confirmed that an ethnicity dashboard had been developed to look at all key performance indicators and it was noted that a greater number of reports were seen from global ethnicities. This trend was representative across regional and national trusts. The Trust had seen a significant reduction in HSIB reports over the last 12 months as a result of the embedded learning outlined in the report.

Ms Mahmood acknowledged the high-level themes from the neonatal review which related to cultural issues and although it was positive that the leadership team were aware of these, she asked whether additional support was required in the short term, as provided within maternity services. Mrs Roberts confirmed that the improvement team would be focusing on these themes and would include POD team in the work to improve the culture. Ms Mahmood confirmed that she would discuss this with Mrs Roberts outside of the meeting to ensure elements of the compassionate leadership programme were utilised.

Mr Beeken queried whether the Local Maternity and Neonatal System (LMNS) were providing support to resolve the issues with the implementation of an electronic patient treatment list and interface with Badgernet. Mrs Hurst highlighted that Badgernet, the electronic patient record, does not have the ability to produce the patient treatment lists robustly, therefore an additional tool is required to provide this, and further work was taking place to ensure this is used across the other providers within the Black Country.

Mr Argyle asked whether there was a risk that with the implementation of the toolkits within maternity services, staff were less able to use common sense in situations. Mrs Hurst confirmed that the toolkits had been developed to empower staff to take the relevant actions, as well as providing an additional level of support required from a compassionate and health and wellbeing point of view.

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

18. Great Barr Medical Practice

TB (07/23) 014

Mr Fradgley presented the report which provided an overview of the final CQC report following the unannounced inspection to Great Barr Medical Practice in April 2023. The report was published on 30th June 2023 and listed several 'must do' actions which have all been addressed through the action plan developed following caretaking arrangements being put in place. Further plans were in place to address the 'should do' actions. The report would be discussed in detail at the Q&S Committee this month. It was noted that discussions had commenced with the ICB regarding future plans for the practice as the Trust were two months into the six-month care taking arrangement.

Mr Hallissey congratulated the teams involved in the progress made to date with the practice, he raised concerns regarding the potential risks of the improvements not being sustained when the caretaking arrangements came to an end. Mr Fradgley highlighted that the focus was on maintaining the level of quality at present and ensuring service users were aware of the current arrangements. He recommended that the future plans be discussed in more detail through the Q&S Committee.

There was a discussion regarding the funding required to support the recovery of the practice and Mr Fradgley confirmed that the ICB had agreed that all costs would be fully recovered. This was being managed appropriately in line with the current system financial position and partnership arrangements with the current primary care networks was supporting with this.

Mr Baker queried whether there was any data available that could have highlighted that the practice were under-performing and whether this could support in highlighting fragility of other practices going forward.

Mr Fradgley confirmed that there was some information that could support with this which would be picked up through the partnership.

Mr Argyle asked whether the caretaking arrangements may result in an increase of patients being treated at the Trust and whether the follow-on costs of this had been considered. It was noted that the caretaking arrangements had supported to reduce the risk of primary care access being required for 1200 patients, the team were confident that urgent care interventions were consistent with other practices, and this was being closely monitored by the leadership team in the Primary Care, Community and Therapies Group.

The Chair concluded that this was another example of partnership working that the Trust should be proud of, and he thanked the teams involved for their hard work.

The Board **NOTED** the report and was **ASSURED** by the ongoing intervention from the Trust. The Board also **ACKNOWLEDGED** the potential for reputational damage to the Trust associated with the current and future CQC reports.

Our People

19. Board Level Metrics for People

TB (07/23) 015

Ms Mahmood presented the report and highlighted that although there had been limited progress with the pulse staff survey results overall, there had been some areas of improvement in relation to staff feeling able to exercise their initiative and make suggestions of improvement in their area of work. There was more to do in relation to improving staff experience overall and being an employer that people would advocate to work for. There had been some improvement in the Trust's turnover level, however, this was not sufficient to warrant mitigation in relation to the number of vacancies within the Trust and this continues to be an area of focus. Sickness levels also remain an area of concern, despite mitigation plans in place. Ms Mahmood confirmed that levels were comparable across the system and were likely linked to burn-out amongst staff associated with the ongoing periods of industrial action and wider pressures.

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

20. People and Organisational Development Committee Assurance Report

TB (07/23) 016

Mrs Writtle presented the assurance report, and the following points were noted:

- A review of the human resources operating model was received, which had been undertaken following an external review commissioned in 2022, it was felt this required further input from the executive team due to challenges relating to further investment required and new ways of working and a further update will be presented to the POD Committee following this.
- Good feedback had been received on the Compassionate and Inclusive Leadership programme and this was directly impacting the results of the staff survey and pulse check feedback.
- A report on the pulse survey results for the last quarter was received and a change in methodology had resulted in a decline in the number of people completing the survey. This was expected to be resolved for the next survey.
- Sickness levels continue to be an area of concern and although the committee had received an update on mitigations, it had been agreed that a deep dive would be undertaken at a future meeting.
- The committee received a report on workforce performance which highlighted the challenges, and the committee were not assured by the grip and control in place to manage this. This required further focus and controls would be triangulated with feedback from the FIP Committee.

- The committee escalated the challenges in relation to capacity and capability of the workforce team to support the MMUH and core work and there is a need to rationalise the work required and focus on ‘must do’ items.

Mr Beeken advised the Board that Ms Mahmood was working with the workforce team to prioritise areas of work that could be delivered with existing resources. It was noted that discussions had commenced with the executive team and the Chair and Deputy Chair regarding the need to review and potentially reduce the priorities for this financial year. The Board will be asked to take a view on this in the future.

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

21. Freedom To Speak Up Action Plan

TB (07/23) 017

The Chair welcomed Mr Johnson to the meeting. Mrs McLannahan highlighted that the Board received an update report on Freedom to Speak Up (FTSU) in May and requested a further update and action plan in relation to the themes identified this month. She explained the importance of the Board hearing directly from Mr Johnson as the FTSU Lead Guardian on progress against the action plan and work to strengthen the FTSU function within the organisation.

Mr Johnson presented the report which provided some detailed benchmarking data in relation to FTSU activity and concerns. It was noted that the Trust do not currently have a secure mechanism for reporting data, however, Black Country Healthcare have offered to extend their portal system for the Trust to use and work was ongoing with the IT department to implement this. Work continued to onboard 25 new FTSU guardians within the Trust and this was expected to improve visibility and representation from all staff groups. Mr Johnson provided an overview of the top three themes raised via the FTSU team and actions being taken in response to these.

Mrs Taylor highlighted that she had undertaken a visit to some of the wards with Mr Johnson which had been inspirational. She thanked Mr Johnson for the vast amount of work completed in the short time since he had been appointed. Mrs Taylor queried whether the work being undertaken by the task and finish group regarding the culture in ED would cover both sites. Mr Johnson confirmed that the Emergency Departments across both sites were managed as one department and concerns which related to leadership across the department were being addressed.

Mr Sharma asked whether the Trust had considered digital platforms to allow staff to raise concerns or comment on specific issues, and it was noted that the portal system allows staff to report issues anonymously and confidentially and provides the opportunity for feedback in relation to the FTSU function to be shared. Concerns would also be followed up within six months so that feedback could be used to improve the service and mitigate any potential risks.

Mr Beeken acknowledged the consistency of concerns being raised through the FTSU function and other routes; and emphasised the need to take action in response to concerns raised about inclusivity in recruitment and issues regarding management/leadership. He explained that the involvement of cultural ambassadors on recruitment panels would provide some confidence to staff that the recruitment process is transparent and equitable. The roll out of the Compassionate and Inclusive Leadership programme is an important step in tackling some of the issues relating to “old-fashioned management” and there was a need to target hot spot areas to provide an opportunity to change the leadership approach.

Members of the Board thanked Mr Johnson for the comprehensive nature of the report and acknowledged that presenting the challenges within the report to the Board took a lot of bravery from someone who is new in post. It was agreed that there would need to be more accountability and focus on improvement in the areas highlighted as well as continuing to create a positive speak up culture.

The report was received and NOTED by the Board.	
Governance, Risk & Regulatory	
22. Board Assurance Framework Report	TB (07/23) 018
<p>Miss Dhami presented the report and provided a high-level overview of the Board Assurance Framework (BAF) risks which are monitored via the Board committees. It was acknowledged that there had been limited movement of the risk scores associated with the strategic risks and it was recommended that a review and refresh be undertaken to align the BAF with the corporate risk register and operational risks.</p> <p>The Board ACCEPTED the current position of the BAF risks and scores, SUPPORTED the upcoming deep dive and work to be undertaken and AGREED that the updated BAF aligned to the Corporate Risk Register will be presented to the October 2023 Board meeting.</p>	
23. Board Committee Effectiveness Report	TB (07/23) 019
<p>Miss Dhami presented the report which provided an overview of the annual review of the activity of the Board committees during 2022/23. It was noted that the process for the annual review had been refreshed and included a self-assessment approach. The report outlined themes from the annual reviews and concluded that the committees had carried out their duties effectively, meeting their terms of reference, key priorities and objectives. Miss Dhami highlighted the need to include some external assurance as part of this process moving forward and this process would be included in the board development programme being led by the Good Governance Institute. Work was ongoing with the Black Country Provider Collaborative to align the Trust Board and committees in line with best practice and learning.</p> <p>Mr Beeken highlighted the need for additional oversight internally in relation to performance management and monitoring of constitutional standards. He advised that Miss Dhami and Mrs Newens would be discussing this with Rachel Hardy as the Chair of the FIPC.</p> <p>The Board ACCEPTED that the report provided assurance on the effectiveness of the Board committees during 2022/23 and SUPPORTED the areas for improvement.</p>	
For Information	
24. Annual Report	Reading Room
The Annual Report was RECEIVED and NOTED by the Board.	
25. Board Level Metrics and IQPR Exceptions	Reading Room
The Board level metrics and IQPR exceptions were received and NOTED by the Board.	
26. Any other business	Verbal
There was no other business.	
Details of the next meeting of the Public Trust Board: 13 th September 2023 at 10:00am	
Meeting close	