

MINUTES OF THE PUBLIC TRUST BOARD MEETING

Venue: Meeting held via MS Teams

Date: Wednesday, 13th September 2023,
10:00 – 13:00

Voting Members:

Sir D Nicholson (Chair)
Mr M Laverty, 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
Nr R Beeken, Chief Executive Officer
Mr M Anderson, Chief Medical Officer
Mrs M Roberts, Chief Nursing Officer
Mrs D McLannahan, Chief Finance Officer

(DN)
(ML)
(RH)
(LW)
(LH)
(AA)
(RBe)
(MA)
(MR)
(DM)

Non-Voting Members:

Dr M Hallissey, Associate Non-Executive Director (MH)
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)

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, Director of Communications (LA)
Mr D Conway, Associate Director of Corporate Governance/Company Secretary (DC)
Ms M Fernandes, Deputy Chief People Officer (MF)
Mr J Johnson, Freedom to Speak Up Guardian (JJ)
Mrs S Harris, Senior Executive Assistant (Minute taker) (SH)

Patient / Service Story Presenters:

Sophie Weston

Members of the Public and External attendees

Ms A Brown, Walsall Housing Group
Ms A Paterson, Walsall Housing Group
Ms S Johnson, Walsall Housing Group
Ms D Hendon, Walsall Housing Group
Ms K Wilshaw, Member of the public
Mr T Poustie, Graduate Trainee
Mr R Mohammadi, Graduate Trainee

Apologies:

Mrs J Wass, Associate Non-Executive Director (JW)
Ms F Mahmood, Chief People Officer (FM)
Mrs J Newens, Chief Operating Officer (JN)

Minutes	Reference
1. Welcome, apologies and declaration of interest	Verbal
<p>The Chair welcomed members and attendees to the meeting. He acknowledged that Mr Zaffar, Non-Executive Director had attended his last meeting in July before leaving the Trust. He thanked Mr Zaffar for his ongoing commitment to the Board and the work he had done to strengthen the Trust's relationships with local government and local communities as Chair of the Trust's Integration Committee.</p> <p>Apologies had been received from Jo-Anne Wass, Frieza Mahmood and Johanne Newens.</p>	

2. Staff / Patient / Service Story	Verbal
<p>The Chair welcomed Sophie Weston to the meeting. Mrs Roberts highlighted that the Board would be discussing the outcome of the review of neonatal services during today's meeting. The review included feedback from staff members as well as families who had been care for by neonatal services. Two families in particular, Sophie and baby Ruby and Mohammed and baby Amalia, continued to be involved in the neonatal review work and had agreed to share their stories with the Board. Unfortunately, Mohammed and his family could not be present today. Information relating to both cases had been shared with members of the Board. Mrs Roberts explained that both families had submitted complaints raising concerns about how their babies were cared for, however, neither of these complaints had been investigated appropriately and had therefore been reopened. It was noted that a parent forum was due to be set up to improve capturing of feedback from families, and both Sophie and Mohammed were keen to be involved with this.</p> <p>Sophie thanked members of the board and specifically thanked Denise Boyce, Neonatal Nurse at City Hospital for listening to her and putting her in touch with the right people to give her the opportunity to share her story with the Board. She shared her story regarding the care both she and baby Ruby received at City Hospital Neonatal Unit. She explained that on arrival from Swindon Hospital, a bed had not been set up for Ruby and the unit had felt chaotic. There seemed to be an ethos about the environment within the unit and discussions lacked professionalism. She advised the Board that although there were staff members doing the right thing, some of the nurse's attitudes were bad from the start. She talked about how she was made to feel like a hinderance for raising concerns.</p> <p>After arriving at City Hospital, Sophie was told that it was not routine practice to mix vitamins with milk, however, this had been Ruby's routine since birth. Sophie felt that Ruby's individual needs were not considered, and she had to ask several times for feeds to be given more gradually because of her sensitivity and for the vitamins to be mixed with milk. Sophie provided the Board with details of the incident that had occurred on 15th July, when an unknown nurse administered vitamins through the feeding tube without mixing with milk, despite Sophie's attempt to suggest that it should be mixed. Ruby began to choke, and her face turned blue, and she was lifeless. The nurse immediately called for a doctor and Ruby was given respiratory support. Sophie continually asked why the nurse hadn't aspirated, and she also highlighted this to the consultant in the room. She felt that the incident had been minimised, had not been recorded correctly and no one was willing to acknowledge what had happened.</p> <p>Since the incident, Sophie had been advised that the nurse involved had said sorry and that refresher training had been done, however, she felt that the incident had not occurred because of experience and that there were issues with the culture and attitude of individuals. Sophie was concerned for the families who were not able to advocate for their children, such as those from lower socio-economic backgrounds, English being a second language, or those who would have accepted the information provided by trusted medical professionals.</p> <p>Sophie thanked the Board for listening to her story and commented that she was glad to have had the opportunity, however, she was sad that so much effort had to be put in for her to be heard. She highlighted that if she had not been involved in the neonatal review, no further action would have been taken.</p> <p>The Chair thanked Sophie for sharing her story so articulately and apologised on behalf of the Board for the poor service received by Ruby and her family. He explained that the story raises significant concerns relating to parents not being listened to which was not acceptable. Dr Anderson reiterated the importance of communication with parents and carers and never dismissing their concerns. It was acknowledged that complaints should be seen as an opportunity to improve services and Mrs Hurst highlighted that the family network would be key to making those improvements to deliver safe, high-quality care to the whole family.</p>	

Mr Argyle asked for clarity on the actions taken by the individual staff member in relation to reflection and revisiting practice and queried whether this had been taken seriously. Mrs Roberts confirmed that any nurse involved in a medicines management incident was required, by the Nursing and Midwifery Council, to write a reflective piece. The individual had been challenged for her sincerity of the apology she had made and had also been under supervision. The whole unit had been re-trained on NG tubes and the pathway has been revised to ensure all staff members had the capability to follow the correct procedures. Mrs Roberts highlighted that reflection and re-training were the right things to do initially to support individuals and if there were no improvements seen, further disciplinary action would be taken. She explained that there was an option for Sophie to meet with the individual nurse involved to try to seek some closure on the matter, however, this was Sophie's decision and would be discussed outside of the meeting. Mrs Hurst explained that further work was being done with the unit focusing on the fundamentals of care. She confirmed that NG tube audits continued to take place and compliance remained at 100%.

Mrs Writtle raised concerns regarding the issues raised relating to attitude of staff and the culture within the unit which could often be difficult to address. Mrs Roberts explained that concerns regarding the culture, staff attitude and communication had been picked up through discussions with staff on the unit which led to the independent review being commissioned. This would be discussed later in the meeting.

Sophie reiterated that she felt a minority on the unit, and that staff were not held accountable for their attitude towards some parents. She was concerned that there were examples that the Trust Board were not aware of and felt that she was speaking on behalf of lots of families who had received substandard care. The Chair recognised that it was down to Sophie's actions and persistence that these concerns had been escalated. He highlighted that there were several things the Trust would need to resolve, particularly in relation to the management and leadership of the unit and the process for dealing with complaints and escalating incidents. Further work was also required to ensure staff receive the right training and support to do their jobs but also that appropriate action is taken when capability continues to be an issue. He thanked Sophie again for taking the time to share her story with the Board. Sophie left the meeting.

3. Minutes of the previous meeting, action log and attendance register	TB (09/23) 001 / 002
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The minutes of the meeting held on Wednesday 12th July 2023 were reviewed and **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
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There were no further opening comments.

5. Chief Executive's Report	TB (09/23) 003
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Mr Beeken provided a verbal update on Reinforced Aerated Autoclaved Concrete (RAAC). Concerns regarding RAAC in public service building had been ongoing for some time and a significant number of schools had recently been closed until safety could be assured. The Board were advised that the previous formal survey submission to the NHS estates national team in 2019 had confirmed a nil return for any RAAC in buildings across Sandwell and West Birmingham Trust. The survey was due to be repeated, in light of the recent issues. Mr Beeken explained that this had not been the case for all NHS organisations and a priority exercise was being undertaken to mitigate the risks on sites where RAAC had been identified.

The report included feedback from the inaugural shadow Joint Provider Committee (JPC) held with the Black Country Provider Collaborative Trusts, whereby the terms of reference for the JPC and the collaborative agreement were both approved. The agreement had been officially signed by all Deputy Chairs and Chief Executives this week. Discussions also took place regarding resourcing required to support

the work programme of the JPC which would be determined by the delegation of programmes from the Integrated Care Board (ICB). Mr Beeken advised that there had been some early progress on the prioritisation of work programmes for the JPC and the Provider Collaborative for next year, as well as some clarity on the “big ticket” projects to be taken forward which will have the biggest impact.

Mr Beeken also provided an update on the resourcing for the Midland Metropolitan University Hospital (MMUH) and highlighted that there was a revenue support need, due to changes in the demand profile and costs since the business case was developed in 2015. There was also a capital requirement related to the Urgent Treatment Centre (UTC) and it was noted that both the Black Country and BSol ICBs had reviewed the case for the UTC as well as the MMUH care model and workforce plan and were supportive of both cases. It was noted that the current financial position within the Black Country Integrated Care System is impacting decisions being made to support the resourcing requirements for MMUH and discussions were ongoing with regional and national colleagues to progress this. This matter was due to be discussed at a meeting with the Regional Finance Director and the Black Country System on 6th October.

Mr Laverty queried whether there would be a “plan B” associated with the capital requirement for the UTC as this could potentially impact the critical path for MMUH. It was noted that a paper was due to be presented to the MMUH Opening Committee this month and would include prioritisation of internal capital as well as system operational capital to support the UTC. Mr Fradgley highlighted that the procurement timeline would be monitored closely through the Opening Committee.

The Board **RECEIVED ASSURANCE** on the nil return for RAAC, **NOTED** the feedback from the first shadow meeting of the Joint Provider Committee and **RECEIVED ASSURANCE** on the attempts to secure revenue and capital support for MMUH.

6. Annual Plan Delivery – Prioritisation of Our Projects for 2023/24

TB (09/23) 004

Mr Beeken presented the report and reminded members of his concerns regarding the size of the agenda that the senior clinical and general management leaders in the Trust were being asked to deliver. The report recommended three priorities that the teams should focus on for the remainder of this year, recognising the limited capacity the teams will have in 2024/25 due to the opening of MMUH. It also highlighted some projects and initiatives that could be deferred to protect the capacity of leaders to deliver the three priorities. Mr Beeken recommended that each Board committee review their respective work programmes against the three priorities and report their recommendations back to the Trust Board through highlight/assurance reports in the next Board cycle.

Mr Sharma queried whether there would be any external scrutiny on the recommendations to defer areas within the Trust’s agreed strategy. Mr Beeken advised that deviation from the Trust’s current strategy or annual plan objectives was not being recommended, however, there were a number of projects being managed by the leadership team that did not contribute to the annual plan objectives and therefore, did not need to be delivered this year. Discussions had taken place with NHSEI and host ICB colleagues about this and the Trust’s accountability meeting with both parties continued to focus on the six priority objectives in the annual plan. Mr Beeken advised that external expectations were being stepped up regarding recovery of elective and urgent care performance, which is also reflected in the annual plan.

Mr Argyle supported the recommendations, and asked how external expectations of the Trust were being managed to protect the executive team’s capacity, e.g., involvement in various consulting activities being undertaken by the ICB. Mr Beeken explained that this could often be difficult to manage, he recognised that the exercises being undertaken by the ICB were important and linked with the Trust’s objectives, however, he had also advised ICB colleagues that presence at other meetings outside of these three priorities may be inconsistent until progress had been seen in these areas.

Mr Laverty recognised that the executive team were trying to do too much in exceptional circumstances relating to MMUH, he thought there were more projects that could be deferred to release more capacity. Mr Beeken supported this, however, wanted to provide an opportunity for the Board and wider executive team, to consider the potential implications associated with deferring projects. He advised that the recommendations outlined in the report had been based on the executive team’s assessment of priority areas including the need to provide assurance to external regulatory organisations. It was noted that additional projects for deferral may be identified, following the review through board committees.

Mr Baker highlighted that it is good discipline for Trust’s to agree a smaller number of corporate objectives to focus on before adding more projects, he recommended that going forward, the annual plan should be considered in the context of the Trust and where it sits in the place-based partnership, Provider Collaborative and the wider system.

The Chair recognised that these recommendations were being presented not too long after the decision made by the Board to approve the annual plan, however, the pressures on the organisation and the executive team had been understood. He expressed that there was more to do to implement appropriate delegated responsibilities to enable some of these projects to be delivered as business as usual and outside of the centralised system for annual planning.

The Board **NOTED** the proposed priorities and **AGREED** that each board committee would review their respective work programmes against these and report back their recommendations through the next Board cycle.

ACTION: Board committees to review their respective work programmes against the proposed priorities and report back their recommendations through the next Board cycle.

7. Question from members of the public	Verbal
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The Chair highlighted that the following question had been asked at the Trust’s Annual General meeting held in August: “It’s exciting to see the new hospital coming to life. Are you able to say when it will be ready to receive patients?”

Mrs Barlow highlighted that progress against the MMUH programme would be picked up later in the meeting, however, it is anticipated that the new hospital will open in 2024. Balfour Beatty are approaching completion of construction and starting their technical commissioning. It is anticipated that the building will be handed over during the Spring and the Trust will then be moving equipment and training staff. Mrs Barlow confirmed that it is currently too early to publicly confirm a move window, however, it was hoped that this would be confirmed before Christmas. Further roadshows and engagement had been planned to increase public confidence that the building will be opening next year.

Learning from Countess of Chester Hospital	
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8. FTSU Report	TB (09/23) 005
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Ms McLannahan advised that the purpose of the report was to provide the Board with assurance on progress being made against the actions already in place to strengthen the Freedom to Speak Up (FTSU) function within the organisation, particularly, in light of the new guidance published in the recent letter from Amanda Pritchard regarding the Lucy Letby verdict. Mr Johnson provided a detailed overview of the report which included progress against key actions and recent FTSU activity.

Mr Sharma highlighted that this was an area of interest for him personally, particularly, given the focus on safeguarding and keeping people safe. He offered to provide support where necessary on behalf of the

Board. There was a further discussion about feedback mechanisms to staff raising concerns and Ms McLannahan advised the Board that there was an operating process within the FTSU guardian model, and this included constant feedback and communication with the individual, which continued after the issue had been resolved to ensure learning was embedded and confidence was maintained.

Mr Sharma raised that dismissive and confrontational behaviours had been identified, he asked what onboarding initiatives were in place to ensure new staff were aware of the Trust’s expectations in relation to behaviours and culture. Ms McLannahan explained that the FTSU function played a big part in shifting this culture and ending defensive leadership. Ms Fernandes talked about the roll out of the ARC leadership programme which focused on compassionate and inclusive leadership, restorative people management, creating a safe environment for staff to speak up and improving accountability. The programme also included a Just and Learning module which will focus on HR processes and how these are aligned with patient safety investigations. An Equality, Diversity and Inclusion (EDI) Programme was also being developed to improve culture and staff voice through staff networks. It was noted that although the leadership programme would be offered to all new staff members, there was more to do to strengthen the onboarding and induction programme to include awareness of behaviours. This would be overseen by the People and Organisational Development Committee (PODC).

Mrs Taylor commended Mr Johnson and his team for the work they had done on a recent case she had been involved in which related to a member of staff who had raised an issue and had involved an external organisation. She explained that the case had been dealt with effectively and professionally and feedback from the external organisation had been very positive. Ms McLannahan highlighted that it was disappointing that the staff member felt they had to escalate their concerns externally and confirmed that the case is being followed up to understand how this can be avoided in the future.

Ms McLannahan concluded that the FTSU team continue to target hotspot areas. She advised that a Board Development session on FTSU would be held in December and the Board responsibilities will be reviewed and a self-assessment would be undertaken. The Chair highlighted that actions being taken regarding the hotspot areas would need to be overseen by the PODC. He recognised that the increase in guardians is an important step in ensuring staff feel safe to speak up and in improving the culture across the organisation.

The Board **NOTED** the report and **RECEIVED ASSURANCE** on the effectiveness of the developing FTSU movement.

9. Fit and Proper Person Test (“FPPT”) Framework	TB (09/23) 006
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Miss Dhami presented the briefing on the new Fit and Proper Person Test (FPPT) Framework which was included in the Board reading room on iBabs. She outlined the key changes to the framework as well as priority actions to support local implementation of these requirements.

Members were encouraged to familiarise themselves with the framework and individual responsibilities. The Board **AGREED** to the PODC approving a FPPT Standard Operating Procedure and **SUPPORTED** the proposed priority areas for local implementation of the new framework.

Our Population	
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10. Board Level Metrics for Population	TB (09/23) 007
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Mr Fradgley highlighted that the Integration Committee meeting had been stood down in August due to the Chair leaving the Trust and other members had not been available, therefore there was no highlight report available. The Board Level Metrics were presented, and the following points were noted:

- The volume of patients being seen through the Urgent Community Response (UCR) had increased, as expected and further improvements in admission and attendance avoidance were expected as a result of this. The Trust had exceeded the national target of 70% UCR performance within 2 hours. The Board had committed to increase the total UCR regardless of the timeframe, therefore, a 4, 6 and 12-hour standard had been implemented.
- The rightsizing programme is delivering above and beyond what had initially been planned, however, the total number of bed days overall remained high, therefore the benefits were not being seen. This posed a risk in relation to the fit into MMUH and focused work was being done to tackle the productivity issues in other areas that were contributing to this.

The Chair recognised that the issues contributing to the increased length of stay were complex, and it was positive that these had been identified. He asked how this data was overseen operationally. Mr Beeken confirmed that the actions to tackle these issues had been agreed with the Chief Operating Officer and would be overseen by the Urgent Care Improvement Group as referenced in the Board papers and through the financial recovery work. Increased assurance oversight on emergency care and elective recovery would be overseen by the Finance, Investment and Performance Committee (FIPC).

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

11. MMUH Opening Committee Assurance Report

TB (09/23) 008

Mr Laverty presented the report and highlighted that overall, the programme remains red, and the areas of concern remained the same, particularly in relation to funding gaps. Concerns were ongoing in relation to workforce, specifically gaps in organisational development (OD), however, a proposal had been presented to the committee last month on plans to address this and action would now be necessary to deliver on this. It was noted that the internet connectivity had gone live at MMUH which was recognised as a major achievement and a deep dive on IT had been well received. Mr Laverty advised the Board that a third-party assurance review was being organised.

The Board **NOTED** the report.

12. Place Based Partnership Update

TB (09/23) 009

Mr Fradgley presented the report and highlighted that work continued to provide further autonomy to place based partnerships through delegation of accountability from ICB's from April 2024. The governance structure with other partners had been progressed and an alliance agreement, which had been scrutinised by the Integration Committee, had been signed by all partners. Work continued on attendance and admission avoidance as well as length of stay reduction and early signs of work had commenced with Birmingham Community Trust to implement the Integrated Neighbourhood model in Ladywood and Perry Barr. Funding had been secured through the Better Care Fund to retain the falls service and further opportunities had been identified. A quality impact assessment and review of readmissions was being undertaken and would be presented to the Quality and Safety Committee. Finally, Mr Fradgley advised that that the volume of patients being seen through the Care Navigation Centre and Single Point of Access service had significantly increased, contributing to attendance and avoidance admission. A quality impact assessment of this would also need to be undertaken.

Mr Argyle queried whether the insolvency of Birmingham City Council would impact the work ongoing and whether there was a financial risk to planning. Mr Fradgley advised that the Better Care Fund, which supports most of this work, is ringfenced and is outside of the section order due to be put in place. However, it was noted that there may be a risk to the resource availability in the social care teams supporting the integrated neighbourhood model being led by Birmingham Community Trust. This had not

yet been raised by Birmingham City Council; however, it was noted that due to ongoing financial risks, availability of discharge capacity would need to be monitored across Birmingham and Sandwell closer to the opening of MMUH.

The Board **NOTED** the report.

13. MMUH Report

TB (09/23) 010

Mrs Barlow presented the report and highlighted that the programme continues to be complex, however, is moving at pace. It was noted that the Trust were confident that the move to MMUH would happen during 2024, and further work was being done on the “go / no go” decision making criteria. This would be presented to the next Board meeting via the MMUH Opening Committee. Mrs Barlow highlighted that the team were also working on the exit strategy to close the programme safely and hand over to the core organisation to continue delivering the benefits.

As previously discussed, beds continued to be an area of focus and good results had been seen from the rightsizing initiatives. The programme company would continue to support with the expansion of those, if necessary, particularly in relation to pathway zero or specialty pathways and demand profiles. Mrs Barlow talked about the innovative work that had been done to develop the trans-nasal endoscopy pathway which, once optimised, would result in an improved patient experience and outcomes.

Furthermore, the Board were advised that 100% of managers had now completed mandatory management of change training and processes had begun. Good results had been seen from the Sector-based Work Academy Programme (SWAP), being led in partnership with Sandwell College, to upskill the local population into employment opportunities. A volunteer programme had also been launched and 120 people from the local community had expressed an interest to be involved.

An update on the arts programme was also received and work was ongoing across other sites. This included the Buzz stop at Sandwell Hospital. A bid was also being made to the Heritage Lottery, to document the legacy of the City Hospital and to leave a lasting testimony for the work done on this site for many years.

Mrs Barlow concluded that the Board should expect to receive assurance on the critical success factors through the Opening Committee and further clarity on the move window at the next meeting.

The Board **NOTED** the report.

Our Patients

14. Board Level Metrics for Patients

TB (09/23) 011

Dr Anderson presented the Board Level Metrics for Patients, and the following points were noted:

- The SPC chart for doctors in post highlighted a reduction, however, the figures had been updated and further data cleansing was required. Over the previous 6 months, 11 substantive consultants had left the organisation and a further 18 had been appointed. A number of these had not yet commenced in post, as it could take 3-4 months for them to receive their Certificate of Completion of Speciality Training (CCST). There continued to be gaps in the middle grade consultants which had increased due to some following a Certificate of Eligibility for Specialist Registration (CESR) programme elsewhere. Work was ongoing with the Education Director to implement a CESR programme within the Trust. The Consultant recruitment day held in July had been very successful and interviews were being planned in line with doctors receiving their CCST's.
- There had been a reduction in incident reporting, and contributing factors were related to periods of industrial action that may have impacted on the time available to report issues, as well as areas

of improvement work specifically related to falls and pressure ulcers through the fundamentals of care programme. Further changes to the incident reporting metrics were due to take place following the implementation of the Patient Safety Incident Reporting Framework (PSIRF) which required individuals to report on the level of harm associated with each incident.

In the absence of the Chief Operating Officer, Mr Beeken highlighted that there had also been a deterioration in performance with the emergency access standard and although work relating to the pathway zero had already been discussed, further improvement was required across all Trusts in the Black Country in relation to patients who attend the Emergency Department, but do not get admitted. This was being overseen by the system Urgent and Emergency Care Board and improvements in that area were required in the coming months.

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

15. Quality and Safety Committee Assurance Report

TB (09/23) 012

Mr Hallissey presented the report and congratulated the Infection Prevention and Control team for the improvement work which had been presented to the committee. It was noted that there had been a rise in C. Difficile cases across the Black Country and more work was being done to review the correct use of antibiotics. Dr Anderson advised the Board that there was a post out to advert in pharmacy which covered antimicrobial stewardship including the consumption of broad-spectrum antibiotics and prolonged use of IV antibiotics. Work was also ongoing to embed a tool on Unity to monitor the ongoing use of antibiotics.

Mr Hallissey highlighted that one of the main areas of concern noted by the committee had been related to the Neonatal review which would be discussed later in the meeting. The committee received a report on the partnership work and the appropriate metrics to monitor this work were being explored. Finally, work was ongoing to address the 'must do' actions outlined in the CQC report received by the committee.

The Board **NOTED** the report.

16. Finance, Investment and Performance Committee Assurance Report

TB (09/23) 013

Mrs Hardy presented the report and highlighted that the committee had focused on the financial reset programme and workforce oversight during the September meeting. It had been recognised that there was a significant risk that the Trust would not achieve the deficit plan this year. The committee would continue to focus on workforce and had requested a triangulated approach to be taken with substantive, agency and bank staff as this would need to remain static to contribute to financial improvement. The Board were advised that Dave Dingwall had been supporting the Trust's financial improvement programme and concerns had been raised regarding how this approach to improvement would be resourced moving forward, particularly given the capacity issues mentioned previously. The committee had discussed the Trust's approach to 2024/25 planning within the system, in the absence of national planning guidance. It was recommended that the wider Board should consider the medium-term focus and actions to be taken with this. Mrs Hardy concluded that the committee had discussed the operational performance report and noted that some of the key areas of concerns had been included on the agenda for today's meeting.

Mr Beeken advised that key members of the executive team would be working on the development of a narrative annual plan for 24/25, however, he concurred that financial improvement resources would need to be built into the cost profile moving forward to track transactional cost improvement as well as financial benefits of waste reduction and those coming from the quality improvement system being implemented.

There was a wider discussion about workforce oversight and Mr Fradgley highlighted that work had commenced to triangulate vacancies and temporary staffing, however, he was concerned that there was a risk of maintaining the position through the winter period. He also felt that there may be some slippage

on agency reduction due to the number of vacancies. It was recognised that there had been a lack of local management of these issues which had therefore escalated to the executive team. Ms McLannahan highlighted that a new template had been developed to support the groups when reviewing their workforce trajectories to ensure a simpler, triangulated approach was taken in future.

Mrs Roberts highlighted that an update on E-rostering was due to be presented to PODC in September. It was noted that e-rostering had been rolled out for nursing staff since the middle of August and work had commenced to roll this out to medical colleagues and AHP's. The benefits of this were not expected to be seen for a few months.

The Board **NOTED** the report.

17. Audit and Risk Committee Assurance Report

TB (09/23) 013a

Mr Argyle presented the report and confirmed that the committee were supportive of the proposal to have an independent project assurance review of the MMUH programme, as opposed to having an internal audit review. There had been ongoing issues in relation to progress with the value for money audit undertaken by Grant Thornton and a detailed debrief had been requested to highlight the causes for this as well as the confusion regarding the deadline. It was noted that good progress had been made with internal audit recommendations and the internal audit team had been supportive in changing their timeline and approach to the programme which had been revised to focus on the main areas of risk. An additional internal audit review had been requested on the bed reduction programme to provide further assurance.

The Chair was concerned regarding the ongoing delays in relation to the value for money audit with Grant Thornton and it was noted that there was a need to reflect on the Trust's relationship with both internal and external auditors to ensure this remained positive and worked well.

The Board **NOTED** the report.

18. Finance Report Month 4

TB (09/23) 014

Ms McLannahan presented the report and noted that at month 4, the Trust had reported a £6m adverse to plan which was driven by the costs of industrial action, costs associated with the MMUH clinical model and excess inflation. The position had remained consistent at month 5. The report included an overview of the scenarios relating to worst case, most likely and best case and it was noted that the best-case scenario confirmed that the plan could be achieved if funding is received for the cost of MMUH, industrial action and excess inflation. This also includes an allowance for Winter spend and over and above the current run rate as well as assuming a recurrent improvement to the run rate as a result of the financial recovery arrangements in place. The Trust's cash position remained good, despite the deficit position and the capital budget allocation was expected to be spent in full.

The Board received a detailed overview of the financial recovery programme which was being led by Dave Dingwall and it was noted that this work focused on strengthening delivery of existing plans as well as identifying new ones. A self-assessment on a suite of controls set out by NHSE and ICB colleagues had been completed and further calibration of this had taken place to standardise those controls. Action plans had also been agreed to focus on areas of improvement. Ms McLannahan highlighted that an additional £4.7m of in year new opportunity savings (FYE £11.5m) had been identified as a result of the financial recovery programme. This equated to 4% recurrently, which had not been seen since the 19/20 financial year and the remaining gap highlighted the level of risk in the plan. Further opportunities were being scoped to close this gap including planned care transformation, medicines optimisation and workforce trajectory planning.

The Board were advised that financial performance will become even more challenging for the organisation moving forward, and there were a number of components to address these challenges outlined in the

report. Ms McLannahan explained that an integrated approach would need to be taken to business planning to ensure the future success of the organisation and funds would need to be invested into managing this. The Chair commended the teams on the delivery of 4% recurrent CIP this year and recognised the scale of the challenges going forward.

The Finance Report Month 4 was **RECEIVED** and **NOTED** by the Board.

19. Maternity Report

TB (09/23) 015

Mrs Hurst presented the maternity report which included the outcome of the peer review undertaken by the Local Maternity and Neonatal System (LMNS). The report was overall positive, however, the recommendations and learning from the report would need to be triangulated with the information provided by the FTSU guardians. The group had been asked to develop and monitor an action plan which would be overseen by the Maternity Safety Group.

The Board were advised that there had been a significant increase in activity within the service over the last 4-5 months and birth rates have increased. Alongside this, the number of vacancies and staff sickness rates had also increased. Recruitment continued and 29 new starters were due to commence in post by 31st December. There had been a successful NHSE bid to support international recruitment for midwives.

The Board **NOTED** the findings of the maternity peer review and **ACCEPTED** the Ockenden Framework Update.

20. Neonates Report

TB (09/23) 016

Mrs Roberts presented the report which outlined the findings of the external independent review that was commissioned in neonates earlier in the year, as a result of cultural issues amongst staff on the unit. The review team had spent two days on site as well as speaking with over 70 staff members including those who had left in the last 12 months. They also talked to several families and requested information from the Trust for triangulation. The West Midlands Neonatal Network and the LMNS were also involved in the review. A number of outcomes were identified from the review and the review team are now working with the Trust on an improvement plan which would be taken forward with the newly appointed Clinical Director at the LMNS.

Mrs Hurst provided a detailed overview of the themes identified from the review and actions that had been put in place as part of the improvement plan, in particular, actions to improve the leadership of the unit as well as supporting vulnerable families.

The Chair queried whether the review had included the medical lead and the group director. It was noted that the review was relevant to all the staff on the unit and Mrs Hurst clarified that mentorship had been put in place for both the matron and the specialty lead, which is the equivalent to the Clinical Director role. Mrs Roberts confirmed that the group had been involved in agreeing the terms of reference for the review and were leading the improvement plan with Mrs Hurst.

Mr Beeken advised the Board that as the chair of the West Midlands Children's Network Board which includes the West Midlands Neonatal Network, he is aware of the current focus on the 27-week pathway. He asked what improvements had been identified by the review team regarding this. Mrs Roberts highlighted that some improvements had already been seen in this area and the pathway had been extended to commence in maternity services. Mothers who were confirmed as high risk of delivering at less than 27 weeks, were booked to deliver elsewhere. In exceptional circumstances when mothers deliver at less than 27 weeks within the Trust, the pathway to transfer mother and baby is put into place immediately. The Neonatal Network are working with the Trust to further improve in this area.

Mrs Writtle highlighted that it was positive that the Trust had been transparent and had welcomed a review of services, however, she raised concerns regarding the lack of leadership in getting a grip on these issues quickly. She acknowledged that work to improve the leadership culture in neonates is significant and was concerned that additional resource would be required to do this. Mrs Roberts explained that there had been changes in the leadership on the unit since the time of Sophie’s complaint and improvements had already been seen. Funding had also been identified for an improvement team to support the unit which included continued mentorship for the leadership team. This work would feed into the LMNS so that improvement could continue to be monitored. The group are leading this work with the improvement team, who were on site every week and were meeting with Mrs Roberts and Dr Anderson regularly to provide feedback. Mrs Writtle also suggested that there was a need for advocates to be in place on the unit to strengthen the voice of service users. Mrs Roberts confirmed that this was the work being done with Sophie and Mohammed who had agreed to be advocates for the unit and other families were also being encouraged to be involved.

Mr Hallissey raised concerns that there may be other departments across the Trust that have competency issues in that the Board were not cited on. Mrs Roberts highlighted that the Trust were undertaking a benchmarking exercise in relation to standards and professional issues in neonates and paediatrics, to ensure that the pathways and procedures are correct. Furthermore, it was acknowledged that more issues may be identified as a result of the cultural work that the Trust is doing as well as the focused work to embed the Trust values.

The Chair concluded by raising the need for an integrated plan to resolve the issues raised and he requested that this be presented to the next Board meeting. He also recommended that Non-executive members, led by the Deputy Chair, get involved in this improvement work and be visible in the department over the next few months.

The Board **NOTED** the briefing of the neonatal review and improvement work, **ACKNOWLEDGED** the work already undertaken and **SUPPORTED** the ongoing plan to improve the safety culture within the neonatal unit.

ACTION: Integrated improvement plan for neonates to be presented to the next Board meeting.

21. Protecting and Expanding Elective Activity

TB (09/23) 017

Mr Beeken apologised for the late re-publication of the report which had been revised to include more detail on progress with various standards as requested by the Elective Recovery lead for the system. As previously discussed, the performance management of this agenda had been significantly stepped up by NHS England and it was noted that there was an expectation that no patients should be waiting longer than 65 weeks by the end of the financial year and that no patients within this cohort should be waiting for their first outpatient appointment by the end of October this year. Mr Beeken explained that the delivery of the October deadline could not be assured, however, there is intensive oversight of the validation of the Trust’s waiting list, through contact with patients and families as well as further technical validation, to achieve this standard by the end of the calendar year and to achieve the 65 weeks standard by the end of the financial year. The Board were advised that the main area of concern related to Ear, Nose and Throat surgery and there had been little or no external mutual aid provided to the Trust to resolve this. Insourcing and outsourcing arrangements were being used for more basic appointments and procedures to protect the 65-week pathway. It was noted that that the Patient Initiated Follow Up (PIFU) standard of 5% would be achieved by the end of the financial year, however, performance is currently at 1%. Did Not Attend (DNA) standards were also expected to be achieved by the end of the financial year.

Mrs Roberts added that she and Dr Anderson would be reviewing the process for harm reviews for patients on the waiting list to ensure this is thorough.

The Board **NOTED** the report and **AGREED** that the plan would be signed off by the Chief Executive, Chief Operating Officer and Chair with detailed oversight being received monthly via the Finance, Investment and Performance Committee and bi-monthly to the Trust Board.

Our People

22. Board Level Metrics for People

TB (09/23) 018

Mrs Fernandes presented the report, and the following points were noted:

- ARC leadership training was launched in May and 115 team members had been trained in the Compassionate and Inclusive team member module. The senior and middle level leadership programme is due to launch and the Trust is on track to deliver the target of training 200 people by the end of March. Work is being aligned with the OD delivery programme for MMUH.
- Sickness levels had improved since the start of the year and compared to the position reported last year, however, remained above the Trust target of 5.5% and the ICS average of 4.9%. The main area of escalating sickness levels related to long-term sickness, and an executive-led deep dive is currently being undertaken to review return to work plans and the wider wellbeing programme. A quality improvement deep dive programme is also underway looking at the impact of sickness levels on bank and agency use.
- Significant work is ongoing locally and centrally in relation to turnover rates, performance is currently at 12.8%, compared to 14.6% this time last year.

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

23. People and Organisational Development Committee Assurance Report

TB (09/23) 019

Mrs Writtle presented the report and highlighted that the committee had focused on the EDI priorities at the July meeting and further work would be taking place to champion this agenda through staff side colleagues and staff networks. In August, the committee took the opportunity, in parallel with FIPC, to look at the grip and control plan and received the workforce optimisation plan. This will continue to be monitored at the beginning of each meeting to keep the focus and pace on workforce responsibilities. Good progress is being made in relation to the 8 priority areas of OD work being led by the internal teams with some external support. A senior manager is also coming into the Trust to provide some additional capacity with this work, and progress would be reviewed again in September. The main points of escalation to the Board were in relation to continued high sickness levels and capacity for the amount of change management happening in the organisation at present, including those delivering the change as well as ensuring staff have the time to engage in the management of change and OD work.

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

Governance, Risk & Regulatory

24. Board Assurance Framework Report

TB (09/23) 020

Miss Dhama presented the report which outlined the work of the board committees to revise and refresh the Board Assurance Framework (BAF). The committees had focused on the controls and assurance in place as well as the gaps and actions that need to be taken to address these going forward. The next step would be for the committees to focus their agendas on actions being taken to mitigate the risks down to their

target score. The Board could expect to see further progress on these actions next time the BAF is presented in January.

The Board **ACCEPTED** the current position of the BAF risks and scores and **AGREED** that the updated BAF aligned to the Corporate Risk Register will be presented to the January 2024 meeting.

25. Board Committee Naming Alignment Report

TB (09/23) 021

Miss Dhami presented the report which provided an update on a piece of work taking place across the Black Country Provider Collaborative to align board governance and reporting arrangements. One of the first steps in this work is the alignment of the Board committees' names and a proposal detailing the recommended names had been included in the report.

The Board **APPROVED** the changes to the Board Committees' names for alignment across the four Black Country Collaborative provider Trusts with immediate effect.

26. Implementing an Improvement System to achieve Continuous Quality Improvement: Update and Next Steps

TB (09/23) 022

Mr Baker presented the report and highlighted that gateway 3 of the Continuous Quality Improvement planning process "Business case and procurement of partner" had been completed and the Board were asked to formally approve the move to gateway 4. Planning had commenced with KPMG, as the recommended partner, whilst the route to funding and return on investment was being explored further.

The Chair recommended that the business case to support funding for the improvement system would need to clearly identify how the investment would deliver financial sustainability in the future.

The Board **APPROVED** the completion of gateway 3 and **NOTED** that work continued on the development of an implementation plan to coincide with the planned improvement team restructure, scheduled for 1 April 2024.

For Information

27. Board Level Metrics and IQPR Exceptions

Reading Room

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

28. Any other business

Verbal

There was no other business.

Details of the next meeting of the Public Trust Board: 8th November 2023 at 10:00am

Meeting close