MINUTES OF THE PUBLIC TRUST BOARD MEETING

Venue: Meeting held via MS Teams

Date: Wednesday, 10th January 2024, 10:00 – 13:00

Voting Members:

Mrs L Writtle, Deputy Chair (Chair)	(LW)
Sir D Nicholson, Chairman (part meeting)	(DN)
Mr M Laverty, Non-Executive Director	(ML)
Mrs R Hardy, Non-Executive Director	(RH)
Mr A Argyle, Non-Executive Director	(AA)
Richard Beeken, Chief Executive Officer	(RBe)
Mr M Anderson, Chief Medical Officer	(MA)
Mrs J Newens, Chief Operating Officer	(JN)
Mrs M Roberts, Chief Nursing Officer	(MR)
Mr S Sheppard, Acting Chief Finance Officer	(SS)

Non-Voting Members:

Dr M Hallissey, Associate Non-Executive Director	(MH)
Mrs J Wass, Associate Non-Executive Director	(JW)
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)
Mr J Fleet, Interim Chief People Officer	(JF)
Mrs R Barlow, Managing Director, MMUH Programme Company	(RBa)

In Attendance:

Mr M Sadler, Executive Director of IT & Digital	(MS)
Mrs H Hurst, Director of Midwifery	(HH)
Ms L Abbiss, Director of Communications	(LA)
Mr D Conway, Associate Director of Corporate Governance/Company Secretary	(DC)
Mrs S Harris, Senior Executive Assistant (Minute taker)	(SH)

Apologies:

Prof L Harper, Non-Executive Director	(LH)

Patient / Service Story Presenters:

Ms J Thompson, Patient Experience Manager	(JT)
Ms S Bal, Patient Experience Ambassador	(SB)

Members of the Public, Staff and External attendees

Thomas Vellender, Head of Strategic Relationships – International Healthcare Business Solutions (UK)
Emily Townsend, Correspondent, Health Service Journal
Jackie Taylor, Member of the public
Ruth Williams, Staff member
Ruth Tighe, Dudley Group NHS Foundation Trust

Minutes	Reference
1. Welcome, apologies and declaration of interest	**Verbal**

Mrs Writtle advised the Board that she would be chairing the first part of the meeting as Sir David would be joining the meeting late. She welcomed members and attendees to the meeting.

Apologies had been received from Prof Lorraine Harper.

Mrs Writtle welcomed Mr Sheppard, Acting Chief Finance Officer to the meeting and the Board received his fit and proper person declaration and declaration of interest which had been included with the papers.

2. Staff / Patient / Service Story	**Verbal**

Mrs Roberts welcomed Ms Thompson and Ms Bal to the meeting who had joined to share the patient story provided by Michael Mendes, an inpatient at Sandwell Hospital, who talks about how addiction had taken over his life. She explained that the story exemplifies the ongoing work relating to personalised care within

the fundamentals of care programme which is focused on improving patient's experience by seeing them as a person rather than a condition.

Ms Thompson thanked the Board for the opportunity to attend and share the story. She talked about the importance of personalised care which is being cascaded throughout the organisation through the implementation of patient experience ambassador roles. She explained that the purpose of the role is to recognise how the patient's experience can be improved. Ms Bal had worked closely with Michael to understand his feelings and the stigma attached to his addiction. She talked about the issues associated with this stigma and how this could potentially impact the patient's treatment and journey.

The patient story video was shared, and Michael talked through the physical and mental effects of his drug use. He described how it feels to have an addiction, particularly, the shame he feels in relation to his family, and stigmatisation associated with being an addict. He described how he feels compromised in his attempts to stay off heroin when he returns to the environment where drug-taking is common. Michael recognised what he needs to do to reduce his risk in using drugs again and he described the importance of his family in this. He asked staff to consider the needs of individual people and what may have taken them to where he had found himself.

Members of the Board conveyed their thanks to Michael and the team for sharing the powerful story and acknowledged the courage shown by Michael in doing so. Mr Beeken raised concerns that the education programme for clinicians was more focused on the assessment and treatment of patients and lacked the personalised aspects of care. He asked whether there were plans in place to influence changes in the education programme widely and whether actions were being taken to address this internally. Mrs Roberts confirmed that local universities had been involved in the fundamentals of care work and the regional Chief Nurses were working with the Nursing and Midwifery Council (NMC) to influence changes to the current education programme. It was acknowledged that patient experience education sessions were being delivered across the Trust as this was not currently included in the Trust's induction programme. Mrs Roberts suggested that the personalisation agenda be included as a core part of the preceptorship programme available to all clinical staff in the first 12 months after they have qualified. She also invited Board members along to the next personalisation day being held on 15th March focusing on vulnerabilities.

There was a further discussion about working with third sector organisations to improve life chances for the population, for example, supporting individuals in the community to prevent admission to hospital as well as support to patients following discharge from hospital. Mr Fradgley highlighted the importance of social determinants of wider health and explained that the anchor programme and place partners were focusing on identifying the needs of the population and services for "residents" rather than "patients". Mrs Roberts acknowledged that there was more that could be done to bring in third sector organisations to support patients holistically prior to discharge. Work is ongoing with place partners to improve this.

Mrs Barlow highlighted that there was also an opportunity for the Trust to extend the widening participation offer and provide learning and workforce employment opportunities to patients. Mr Fleet advised that there is a lot of work taking place focusing on widening participation and he agreed to bring a paper to a future Board meeting to update on these plans.

Mrs Writtle extended thanks and appreciation to Michael for sharing a very honest story with the board.

Ms Thompson and Ms Bal left the meeting.

ACTION: Mr Fleet to bring a paper to a future Board meeting to update on widening participation work as well as opportunities associated with the learning campus.

3. Minutes of the previous meeting, action log and attendance register	**TB (01/24) 001**

The minutes of the meeting held on Wednesday 8th November 2023 were reviewed and it was raised that they had been incorrectly dated 13th September. With this amendment, the minutes were **APPROVED** as a true and accurate record of discussions. The action log was received, and there were no actions outstanding.

4. Chairs Opening Comments	**Verbal**

Mrs Writtle conveyed her thanks to colleagues for their hard work during the festive period which had been a challenging time due to high levels of capacity as well as periods of industrial action. She also acknowledged the challenges expected during 2024 with the opening of MMUH as well as other clinical challenges. It was noted that 2024 would be an exciting year for the organisation and the Board would continue to develop and work together to face these challenges.

5. Chief Executive's Report	**TB (01/24) 003**

The Chief Executive's report was received, and Mr Beeken echoed Mrs Writtle's comments regarding the Trust's response to the recent periods of industrial action. He conveyed his personal thanks to not only the clinicians who had stepped up or acted down during this period, but to Dr Anderson and Mrs Newens and their leadership teams for their excellent work in preparing the Trust for this challenging period. Despite ongoing pressures, there continued to be a strong focus on patient safety and welfare and there were no derogations requested from NHS England or the British Medical Association.

The Board were also advised, that following a period of uncertainty, capital funding required for the MMUH Urgent Treatment Centre (UTC) had been confirmed in the form of an increased capital department expenditure limit (CDEL). A repayment profile over the next 4-5 years would need to be agreed with Integrated Care Board (ICB) colleagues. The UTC would be vital in preventing the Emergency Department (ED) becoming overwhelmed when the new hospital opens. Mr Beeken reminded members that there were only three more Public Board meetings prior to opening of the new hospital, and the Board would be focusing on the activation and criteria for assurance on the clinical safety case prior to opening. Mrs Barlow clarified that soft activation was due to commence in March 2024, whilst Balfour Beatty remained on site, and would include testing of pathways and preparations for non-clinical services to be moved on site. Planned completion and full activation was expected shortly after March.

The Board also received an update on correspondence received from NHS England regarding the Trust's escalation to tier 2 in relation to elective waiting time recovery performance. This was mainly due to the lack of capacity to meet the demands of the Ear, Nose and Throat (ENT) pathway within the Trust. This would be explored in more detail through the Finance and Productivity Committee and actions will be agreed to improve the current position. Mr Laverty queried what proportion of Trusts had been escalated to tier 2 and how the Trust's performance compared with others in the country. Mrs Newens confirmed that a quarter of Trusts in the country were in tier 2 and a large proportion were in tier 3. A small number of Trusts had been escalated to tier 1 due to the non-delivery of several pathways. She confirmed that in the region, the Royal Wolverhampton Trust had also been escalated to tier 2 around 12 months ago.

The Board **NOTED** the report.

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

The following question was asked by a member of the public:

"How are you addressing the psychological safety required to complete the staff survey? If I don't trust my line manager or don't believe I won't be identified I would be reluctant to complete the survey in order to protect myself."

Mr Fleet provided the following response: "Fear that the survey is not actually anonymous does often prevent staff from completing the survey. In the briefing for managers last week, I emphasised that the staff survey responses are truly anonymous. We do not receive any data from the provider (Picker) that identifies any individuals. It is really important that managers also communicate this and give full assurances to staff that their feedback will be anonymous. I am more than happy to give assurances to staff teams and individuals. We could also communicate this assurance to all staff."

Break

Our People

7. Board Level Metrics for People	**TB (01/24) 004**

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

- The target to improve the combined engagement score for the staff survey and quarterly pulse survey from 60% to 70% had not been achieved. The Trust's response rate for the latest annual staff survey was reported at 29.4% which had been disappointing. An update was received on the actions in place to improve engagement with the staff survey, increase line manager accountability and implementation of actions and feedback mechanisms.
- The Trust were on track to deliver the target to develop 200 leaders through the ARC training programme by the end of March. Work is ongoing with the clinical groups and corporate services to support staff to attend training during periods of peak pressure.

Mrs Writtle recognised that there were a number of plans in place to improve engagement with staff overall and progress with these would be monitored through the People Committee. There was a detailed discussion about the staff survey results and it was noted that there were improvements to be made in relation to the feedback mechanisms in place to share localised data from the survey as well as improvements being made as a result of feedback. Mr Fleet advised that following receipt of the data, improvement plans were due to be developed at strategic, group and department level which would focus on a small number of high impact actions that can be monitored closely. These were due to be presented to the People Committee in April for further oversight and scrutiny. A line manager briefing session had also taken place during the previous week to remind staff of their responsibility as a line manager to encourage staff to complete the survey and the response to this had been positive.

Mr Argyle queried whether the staff survey provider could support with some of the data processing currently being completed within the Trust. Mr Fleet advised that the service is provided to lots of Trusts across the country and therefore, it was more effective for the Trust to analyse the data internally to suit the needs of local departments and get it distributed quickly.

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

8. People Committee Assurance Report	**TB (01/24) 005**

Mrs Writtle presented the report and highlighted that as per the previous item, the committee had discussed the staff survey in detail. The committee also discussed the plans to involve the staff networks, including chaplaincy teams and staff side colleagues, in the work plans overseen by the committee and a focused event to launch this would be taking place in the next few months. Changes to the management of change approach, particularly in relation to MMUH, had also been discussed and would be overseen by the core organisation moving into 2024. The committee approved the annual revalidation of medical appraisal, and a comprehensive report was provided. Finally, actions had been agreed to improve recruitment and the approach to managing sickness within the organisation.

Sir David Nicholson joined the meeting.

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

9. Freedom to Speak Up Policy	**TB (01/24) 006**

Mr Sadler presented the policy, as the accountable executive lead for Freedom to Speak Up. The policy had been updated to reflect recent changes and had been endorsed by the relevant committees and staff side colleagues. Further work was due to be undertaken with the communications team to ensure that staff are aware of the routes to speak up and raise concerns.

Mr Argyle queried the reporting arrangements for Freedom to Speak Up to the Board to ensure that areas of concern were highlighted and addressed. Mrs Taylor confirmed that as a minimum, the Board would receive an annual report which would provide a summary of the concerns raised throughout the year, as well as interim reports, as necessary.

Mr Fleet highlighted the importance of feedback to the organisation on freedom to speak up concerns raised, and actions taken to address these, to provide confidence in the process in place. He confirmed that concerns had been raised recently in relation to equality in recruitment, and some work had been done with the system to provide some equality-based training to recruiting managers within the organisation. He felt that feedback mechanisms, including the staff survey and freedom to speak up should not be considered in isolation and should form part of the engagement strategy for the Trust.

The Board **APPROVED** the Freedom to Speak Up Policy.

Our Patients

10. Board Level Metrics for Patients	**TB (01/24) 007**

The Board Level Metrics for Patients were received, and the following points were noted:

- The recent implementation of the Learning from Patient Safety Events (LFPSE) software had been successful and had not negatively affected the reporting of incidents.
- The Patient Safety Incident Response Framework (PSIRF) would continue to be an area of focus throughout the year and recruitment and training plans had been developed to embed the approach throughout the organisation.
- The Trust had received a thank you letter from Ms Wood, a patient relative who had attended a Board meeting last year to talk about concerns regarding her father's care across various health organisations. A multi-agency meeting took place to address the concerns and an action plan was in place, with a particular focus on managing discharges for vulnerable people. A report on the outcome of patient stories presented in the last year would be presented in March and would also include feedback from recent Non-Executive Directors visits.
- Patients continue to wait more than 65-weeks for referral to treatment within the ENT pathway, as previously referenced, however, referrals were less than previously predicted. The Trust is seeking mutual aid from local Trusts within the Black Country and had also registered on the National Mutual Aid system to identify any capacity across the country. Patients would be contacted prior to any referral being made to another Trust. All other pathways were on track to achieve the 65-week referral to treatment standard.

Mrs Writtle queried whether patients waiting a long time for treatment had been contacted. Mrs Newens confirmed that all patients waiting for more than 52 weeks had been contacted prior to Christmas and this was due to be followed up with further contact by letter, phone or text message, to identify other routes for support and to ask whether they want to continue to wait.

There was a further discussion about opportunities within the system to improve efficiencies in areas that are currently under-performing, and it was noted that the Provider Collaborate is working effectively to ensure mutual aid is provided, as necessary. It was acknowledged that further work would be done throughout the year to look at fragile services across the system to ensure they are working for patients.

Mr Sheppard highlighted that the bank and agency data presented within the report showed the total spend, however, it was important to note that the Trust is currently £1.6 million under the pay bill which shows that the workforce is being managed well. The Board received an update on the grip and control actions in place to improve this position on the approach to 2024/25. Mr Laverty raised that the Board had previously discussed the benefits associated with the implementation of Allocate, the e-rostering system used in the Trust, however, this had only been partially implemented and is not being fully utilised. Mrs Roberts provided a brief update on work to date and confirmed that a rostering independent review had also been undertaken and next steps were being agreed. She recommended that an update on this work be presented to the next Board meeting, which she would lead with Mr Fleet and Dr Anderson.

Mrs Writtle raised concerns regarding the 62-day referral to treatment performance and asked whether this would be on track for delivery this year. Mrs Newens confirmed that recovery plans were in place for all specialties, and it was expected that with the exception of two, all would be back on track for delivery within quarter four. Work is ongoing to get the two specialties back on track in quarter 1 2024/25. Performance in this area is being monitored at system level by the Provider Collaborative and through a weekly call with the regional team.

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

ACTION: Progress update on the implementation of Allocate to be received at the next Board meeting.

11. Quality Committee Assurance Report	**TB (01/24) 008**

Mr Hallissey presented the report and highlighted that the committee received a paper outlining the strategic vision in relation to performance metrics for community services and what the committee could expect to receive moving forward. The committee remained concerned regarding the number of still births being reported within the Trust and across the Black Country and a thematic review is ongoing led by the ICB. There were also concerns raised regarding elective and emergency access standards which had been impacted by industrial action. Mr Hallissey advised that a paper was received on workforce gaps within the organisation which identified an issue with assessment capacity within the community impacting the ability to discharge patients, as well as gaps in the therapies workforce which would impact delivery of the MMUH clinical model.

Mrs Roberts added that she had been asked to review the Allied Health Professional (AHP) workforce with AHP leads across the system to address the inconsistencies in the current structures within each Trust and target recruitment in this area.

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

12. Finance & Productivity Committee Assurance Report	**TB (01/24) 009**

Mrs Hardy presented the report and highlighted that the committee had discussed the outturn position, 2024/25 plan and the medium-term plan. She highlighted that the committee acknowledged the non-recurrent nature of managing the position this year and the impact on the cash position as well as the need to develop an integrated approach to recovery and sustainability going forward. The committee also agreed that any future reports should not focus solely on finance but how the delivery approach for a medium-term sustainability plan will be developed and delivered.

Mrs Writtle invited Mr Beeken to talk about the Trust's current position within the Black Country. Mr Beeken reminded members that the Board is jointly accountable for wider system performance within the Black Country and a number of efficiencies had been identified for delivery within the next five years following the work being done with PA Consulting. He explained that the Trust's response to this would need to include a three-year workforce activity and financial plan that delivers the required efficiencies, as well as undertaking an internal capacity for change assessment to identify any gaps in internal leadership and delivery capacity for financial improvement. Mr Beeken highlighted that in order to secure long-term sustainability, there was a need for the target operating model for the wider system and the Trust to be defined. The internal capacity assessment had commenced within the Trust and would be discussed further at the next Board Workshop. It was acknowledged that this would need to be compared with other system partners, particularly within the Black Country Provider Collaborative.

Mr Sheppard clarified that although a resolution had not yet been reached regarding the deteriorating cash position, the Trust is fully aware of the current position and there is an 18-month cash flow in place being aligned with the plans previously discussed.

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

13. Audit Committee Assurance Report	**TB (01/24) 010**

Mr Argyle presented the report and highlighted that the committee had received the final external audit report which outlined three red areas relating to financial sustainability, governance and quality. It was noted that there had been an improvement seen during recent months and the Trust had recommended that the reporting mechanism be split to consider actions being taken by the Trust and requirements from a system perspective. It was noted that the relationship between the Trust and external auditors required strengthening and auditors were due to attend a future Performance Management Group to receive feedback on actions taking place internally. Mr Sheppard noted the importance of this relationship and highlighted that he had arranged a monthly de-brief with the lead from Grant Thornton to monitor progress with the external audit report.

Mr Argyle also advised the Board that the committee had not been assured by some of the internal audit reports received, particularly in relation to 78-week waits and implementation of the Allocate system for consultant job planning. A separate session had been planned with Mrs Newens and Dr Anderson to focus on the recommendations from both reports as well as ensuring areas of non-assurance were addressed to avoid a negative opinion position at the end of the financial year.

Mr Sharma raised concerns regarding the capacity of the executive team to resolve and manage the increasing number of challenges expected during the year. Mr Beeken highlighted that the internal capacity assessment previously discussed would be critical to identify the gaps and required investment to manage the improvements required over the next three years.

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

14. Finance Report Month 8	**TB (01/24) 011**

Mr Sheppard presented the report and noted that at month 8, the Trust had reported a £17.5m deficit, which is £2.9m adverse to plan. He confirmed that a significant improvement had been seen in month following the additional income being secured as part of the wider NHS settlement, to support with industrial action. The Trust's capital expenditure continued to be underspent, however, this had been discussed at the Capital Management Group meeting and a robust plan had been agreed to spend the allocation for this year. Mr Sheppard reported that the cash position is robust, despite the challenges previously mentioned.

An update was also received on the draft month 9 position, which is £0.7m better than the forecast position, following improvements being made as a result of controls put in place. The Board were asked to approve a year end forecast of £27.2m which would need to be formally submitted at the end of the quarter, as part of the wider system financial position. It was noted that the forecast of £27.2m would be £8.4m adverse to plan which is related to MMUH approved workforce costs equating to approximately £10m. Some of this had been recovered through other financial improvements.

Mr Laverty queried whether the forecast position is reliant on additional funds being received for industrial action and it was noted that industrial action costs and loss of income were being managed separately as an allowable change to the forecast.

There was a discussion about the quality impacts associated with reducing the vacancy position to support the recurrent financial position and Mr Sheppard advised that all changes to the workforce plan would be subject to a quality impact assessment with involvement from the group and corporate teams. He also talked about the need for future planning to be integrated across all board committees moving forward.

The Board **RECEIVED** the Month 8 report and **APPROVED** the formal reforecast for 2023/24 of a £27.2m deficit.

15. Maternity Report	**TB (01/24) 012**

The Maternity report was received, and Mrs Roberts provided an update on the improvement work being undertaken in neonatal services. The draft report from the improvement team had been received and had been mainly positive, highlighting some key actions in relation to culture and working pathways across neonatal and maternity services within the trust as well as across the system. Comments on the report had been sent back to the improvement team and the final report was yet to be received. One of the external actions agreed is to establish a Neonatal Partnership Board across the Black Country to improve relationships and pathways, particularly for babies born at 27 weeks requiring a level 3 unit. The neonatal team had been engaged during this process and the actions outlined had been well received and discussed at their team away day held in November. Mrs Roberts confirmed that the final report would be shared with a briefing to all board members. It will also be presented to the Quality Committee with an updated action plan to consider any additional actions, and a further update will be presented to the Board in March. Dr Anderson acknowledged that although good progress had been made following support from the improvement team, the cultural issues would be the most difficult to resolve and would take some time. He advised that a review would be undertaken by the Local Maternity and Neonatal System (LMNS) in 2024 which would be an opportunity to get some external assurance on progress in this area.

Mrs Hurst expressed her pride in the team for the improvements made in neonates following the review. She provided a summary regarding compliance with the Clinical Negligence Scheme for Trusts (CNST) and declared that 9 out of 10 of the safety actions had been completed. Safety action 1 had not been met due to the untimely reporting of one death, where a divergence had been requested due to the complicated nature of the death. The safety action also required services to achieve 95% of reviews to be started within 2 months and it was noted that an issue with the Perinatal Mortality Review Tool had resulted in an inconclusive result, therefore the non-compliant result had been submitted to protect any CNST monies.

Mrs Taylor queried the delays in achieving a number of actions within the neonatal improvement plan. Mrs Hurst advised that the dates initially agreed had been overambitious, therefore all actions had been reviewed and revised dates had been agreed. She confirmed that good progress had been made with a number of actions and the one outstanding red action related to work required across the whole of the LMNS regarding extended fetal medicine support.

The Board **NOTED** the content of the report, **RECEIVED** the Neonatal Improvement Plan and **APPROVED** the CNST year 5 submission.

16. Emergency Access Standard Recovery Plan Including Winter Plan Update	TB (01/24) 014

Mrs Newens presented the report which provided an update on Emergency Access Standard (EAS) recovery and the winter plan. She confirmed that a full evaluation is currently underway following the temporary investment of additional staff into acute medicine and ED agreed at the previous Board meeting, and this would be presented to the Performance Management Group in January to agree next steps. It was noted that there had been some improvement seen in the time patients were being seen by a doctor in ED since the investment of additional shifts and although the EAS performance remained static, performance was at 74% following the most recent period of industrial action and work would be required to sustain this position. Mrs Newens also advised the Board that nurse vacancy monies within ED had been converted to recruit additional matrons in order to strengthen leadership within the department and maintain quality and safety over a 7-day period. Work is also ongoing with recruitment partners to advertise for the Clinical Director role for both the ED and acute medicine following a lack of interest internally.

Dr Anderson outlined the difficulties in measuring patient safety in relation to long waits in ED for example harm sustained by patients and the impact on mortality. Despite this, he talked about the plans to share information about patients waiting a long time in an ambulance or in the ED with the mortality team, so that this could be considered as part of mortality reviews going forward. A new safety dashboard had also been implemented in ED monitoring aspects of patient safety which could be reviewed to identify any harm sustained as a result of long waits. This would be reported through the Executive Quality Group monthly with any concerns being escalated to the Quality Committee.

Mrs Newens concluded that patient experience would also be monitored closely and included in these monthly reports. She also explained that there is an opportunity to utilise the patient experience ambassadors, discussed earlier in the meeting, to improve patient experience with the ED.

The Board **ACCEPTED** the winter plan/EAS recovery plan update and the approach to tracking improvement.

Our Population

17. Board Level Metrics for Population	TB (01/24) 015

Mr Fradgley presented the report and apologised that the narrative regarding the occupied beds metric had not been updated. The following points were noted from the report:

- Good progress continued on the rightsizing work, however there continued to be a growth in beds due to the components set out in the winter plan. There is now more intelligence available in relation to the growth and variance in length of stay outside of the areas being focused on in the MMUH rightsizing work, which could impact progress, and this would continue to be monitored.
- Performance with the Urgent Community Response continued to be maintained and the volume of patients being seen through the service continues to increase. This is having a positive impact on the attendance and admission avoidance schemes.
- Good progress is being made internally on pathway 1 as well as the work on pathway 2 with Birmingham and Solihull partners. The partnership had been commended by the national team for the progress being made, the maturity of the partnership and its ability to influence others.

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

18. Integration Committee Assurance Report	TB (01/24) 016

Mrs Taylor presented the report and highlighted an issue with the continued high level of vacancies within the home-based Intermediate Care service. It was noted that some short-term controls had been put in place to mitigate the risk, however, these were having an impact on other services within the organisation. This had been reported and continued to be monitored through the relevant committees. Mrs Taylor commended the team, on behalf of the Integration Committee, for their hard work on becoming an anchor organisation within Ladywood and Perry Barr. The impact this would have on pushing forward integration plans with partners, could not be underestimated. The Department of Health and Social Care had also provided positive feedback from a recent visit to the Integrated Discharge Hub.

Mr Beeken emphasised the importance of the anchor organisation title and the opportunity this would provide in relation to implementing multi-agency team working principles to improve services to patients in West Birmingham. There was a further discussion regarding the capacity within the partnership to implement those principles and Mr Fradgley confirmed that the leadership model and evidence-base from the Sandwell partnership would be deployed to influence the approach to the West Birmingham population. There is a lack of capacity within the Birmingham and Solihull teams which would need to be discussed further to identify leads to support. Mrs Hurst highlighted that she and the Deputy Head of Midwifery for Community services would be happy to support work to address the issues within maternity across West Birmingham.

The Board **NOTED** the report.

19. MMUH Opening Committee Assurance Report	**TB (01/24) 017**

The report was shared, and Mr Laverty confirmed that the committee had also met on Friday 5th January, however, the outcome of that meeting had not been included in the papers. He updated that the programme assurance review undertaken in October had been mainly positive and had not identified any concerns that the team were not aware of. Positive feedback was received in relation to areas of good practice and the team were commended for being open and transparent. Concerns were raised in relation to the capital funding for the UTC, which had been partially resolved, as well as revenue funding. It was noted that the UTC would not be open in time for the opening of MMUH, due to delays with the procurement and planning processes. A plan B option is being explored to manage the impact of this and would be presented to the committee.

The committee also discussed the bed fit for MMUH and progress with this had been clearly articulated. A report was also received on the workforce workstream, and it was noted that progress with the organisational development programme, management of change and recruitment is being impacted by the lack of capacity within the core organisation due to ongoing pressures.

The Board **NOTED** the report.

20. MMUH Report	**TB (01/24) 018**

The MMUH report was received, and Mrs Barlow explained that the March Trust Board meeting would be significant in relation to assurance and decisions relating to the opening of MMUH. The report outlined areas for assurance to inform a decision to move later this year and included an update on the bed fit. It was noted that discussions were ongoing relating to potential derogation from the business case relating to occupancy levels and that would be concluded through the next committee meeting and a recommendation would be presented to the March Board. Work is ongoing during January to further improve occupancy levels as well as looking at stress scenarios associated with moving before winter and the attraction of a new hospital. Mrs Barlow stated that good progress is being made with delivery of the bed plan, and highlighted the importance of resolving the leadership gaps within the organisation to ensure this could be delivered. The relevant committees would also be receiving updates on the four elements of

the safety case recommendation going forward, and a meeting with critical providers to discuss readiness for MMUH would commence from next month.

Mrs Barlow anticipated that a recommendation to commence soft activation at the end of March would be presented to the next Board meeting. The Board would also receive a recommendation on the move plan, along with the critical success factors and risk profile which will inform a recommendation of when the move into MMUH will take place.

Mrs Writtle acknowledged the amount of work going on in the programme and highlighted the importance of the committee chairs being aligned on the decisions that need to be made prior to the Board meeting. Mrs Barlow confirmed that she would be happy to meet with committee chairs to discuss subjects in more detail or provide specific briefings to the Non-Executive Directors to ensure they were informed and confident in supporting key decisions.

The Board **NOTED** the report.

21. Place Based Partnership Update	**TB (01/24) 019**

Mr Fradgley presented the report and explained that the data presented continued to show areas of progress within the place partnership. He explained that the number of non-elective admissions for over 65's had fallen significantly as a result of the implementation of the urgent community response model, falls prevention, admissions avoidance, care navigation and care homes. It was noted that there were further opportunities to increase the volume in these areas within West Birmingham. An update was received on the planned work as the anchor organisation for Ladywood and Perry Barr which included the implementation of a funded locality hub model at Summerfield in West Birmingham as well as plans to respond to surge activity and coordinating work similarly with Sandwell partnership.

Mr Beeken commended the teams for their work in this area and highlighted that the partnership was being recognised nationally as an outstanding example of multi-agency integration leading to improved outcomes for patients.

The report was **RECEIVED** and **NOTED** by the Board.

22. Trust Charity Annual Report and Accounts	**TB (01/24) 020**

Mrs Abbiss presented the report which had been discussed through the Charitable Funds Committee in July and November when the full audited accounts were added to the report. It was noted that performance with the key performance metrics for fundraising had declined last year, following a significant increase the previous year following the pandemic when a high number of NHS charitable donations were received. The Board received an update on fundraising activities that had taken place throughout the year and the impact of these on Trust services and local communities. Mrs Abbiss thanked the Head of Fundraising, Johnny Shah, and his team for the work outlined in the report.

The Board **ACCEPTED** and **APPROVED** the Trust Charity Annual Report and Accounts 2022/23.

Governance, Risk & Regulatory

23. Governance Review Update	**TB (01/24) 021**

Miss Dhami presented the report which provided an update on the current position against the recommendations made following the governance review commissioned by the Chair of the Trust in May 2021. 12 recommendations had been confirmed as completed and 8 remained outstanding. Work is ongoing to complete the 8 outstanding recommendations which related to significant pieces of work such as the implementation PSIRF, risk management, overdue policies and the implementation of an

improvement system. Progress with these continued to be monitored by the relevant Board committees and it was noted that additional work is ongoing with external agencies to provide further assurance in some of these areas. Following discussions at the Audit Committee, it had been recommended that the outcomes of the governance review be assessed to understand whether recommendations had been implemented satisfactorily and whether those that remain outstanding were still relevant for the. This work would continue to be monitored by the Audit Committee. The Board **NOTED** the content of the report.	
24. Board Assurance Framework (BAF) Quarterly Report	**TB (01/24) 022**
Miss Dhami presented the report and outlined that a new BAF template and approach had been implemented. Good progress had been made in relation to raising the profile of the BAF through the Board and its committees, however, there was more work to do to ensure that committee agendas and discussions were focused on the relevant risks. It was also noted that there had been limited movement in mitigating the risks and the addition of new risks included in the BAF over the previous years. It was noted that the risk score for the MMUH risk had not been updated following discussions at the November and December MMUH Opening Committee meetings where it was agreed that the risk score would be increased from 16 to 20 due to the unresolved revenue funding gap and the lack of core capacity to deliver the operational readiness and workforce requirements. This would be amended and updated on the Trust website. Mrs Writtle acknowledged the work to be done by committee chairs to ensure that the BAF risks were aligned with the committee agendas and Miss Dhami agreed to support committee chairs as required. The Board **ACCEPTED** the current position of the BAF risks and scores and **NOTED** the changes in relation to the MMUH BAF risk.	
For Information	
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: 13th March 2024 at 10:00am.	
Meeting close	