



REPORT TITLE:	Chief Executive's Report		
SPONSORING EXECUTIVE:	Richard Beeken, Chief Executive		
REPORT AUTHOR:	Richard Beeken, Chief Executive		
MEETING:	Public Trust Board	DATE:	13 th March 2024

1. Suggested discussion points <i>[two or three issues you consider the Trust Board should focus on in discussion]</i>
<p>This month's report focuses on the following subjects:</p> <ol style="list-style-type: none"> Fuller Inquiry NHS Leadership competency framework Hyperthermic intraperitoneal chemotherapy (HIPEC) Machine at City Hospital Industrial action by non-consultant doctors

2. Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>										
<table border="1"> <thead> <tr> <th>OUR PATIENTS</th> <th></th> <th>OUR PEOPLE</th> <th></th> <th>OUR POPULATION</th> </tr> </thead> <tbody> <tr> <td>To be good or outstanding in everything that we do</td> <td>X</td> <td>To cultivate and sustain happy, productive and engaged staff</td> <td>X</td> <td>To work seamlessly with our partners to improve lives</td> </tr> </tbody> </table>	OUR PATIENTS		OUR PEOPLE		OUR POPULATION	To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives
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To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives						

3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
N/A

4. Recommendation(s)
The Public Trust Board is asked to:
a. RECEIVE assurance that the Trust complies with 16 of the 17 recommendations from Phase 1 of the Fuller Inquiry and the outstanding one will be addressed by 31 st March 2024.
b. NOTE the Trust's intention to complete the questionnaire to support Phase 2 of the Fuller Inquiry.
c. NOTE the arrival of the Hyperthermic intraperitoneal chemotherapy (HIPEC) Machine at City Hospital
d. NOTE the resilience and organisation of the Trust's response to the latest round of industrial action by non-consultant grade doctors.

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>					
Board Assurance Framework Risk 01	X	Deliver safe, high-quality care.			
Board Assurance Framework Risk 02	X	Make best strategic use of its resources			
Board Assurance Framework Risk 03		Deliver the MMUH benefits case			
Board Assurance Framework Risk 04	X	Recruit, retain, train, and develop an engaged and effective workforce			
Board Assurance Framework Risk 05	X	Deliver on its ambitions as an integrated care organisation			
Corporate Risk Register [Safeguard Risk Nos]					
Equality Impact Assessment	Is this required?	Y	N	X	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board: 13th March 2024

Chief Executive's Report

1. The David Fuller Inquiry

- 1.1 In November 2021, the Secretary of State for Health and Social Care announced an Independent Inquiry into the issues raised by the actions of David Fuller, an electrical maintenance supervisor. Over the course of 15 years, Fuller committed sexual offences against at least 100 deceased women and girls in the mortuaries of the Kent and Sussex Hospital and the Tunbridge Wells Hospital. His victims ranged in age from nine to 100.
- 1.2 The Independent Inquiry is being held in two parts. The first stage is to establish what happened in the Maidstone and Tunbridge Wells NHS Trust to allow Fuller to commit such awful crimes and to understand how his offending remained undetected for so long. The second part is looking at the implications of Fuller's activities and the issues identified in Phase 1, for the country to safeguard the deceased and ensure that Fuller's horrendous activity cannot be repeated elsewhere.
- 1.3 On 28 November 2023, Sir Jonathan Michael, Chair of the Inquiry, published the **Phase 1** Report and made 17 recommendations (see Annex 1) with the aim of preventing anything similar happening again in the responsible Trust. All Trusts with mortuaries are required to review compliance against the recommendations to assure their individual Boards on the security and dignity of the deceased patient within their care and put in place practice and procedures which safeguard against similar cases in future and take required corrective actions.
- 1.4 Following a review of current working practices, the mortuaries at Sandwell and City Hospitals have been assessed as compliant with all but one of the 17 recommendations. The outcome and supporting evidence were presented to the Executive Quality Group in February 2024. Recommendation 9 is not currently met at Sandwell Hospital and requires CCTV cameras in the mortuary and postmortem room. Estates have this work scheduled for completion by the end of March 2024.
- 1.5 In **Phase 2** of its investigations, the Fuller Inquiry will be conducting a short survey of Trusts via a questionnaire. CEOs have been sent a letter by the Chair of the Fuller Inquiry with a short questionnaire and accompanying FAQs. Completed responses are to be sent to the Fuller Inquiry directly by 15 March 2024. The quantitative data from the questionnaire may be used in the Inquiry's report. It is not mandatory but to secure the best learning outcomes for the future Trusts are encouraged to complete and return the questionnaire to assist the Inquiry. A response from SWB will be submitted within the deadline. The completed questionnaire will be shared with the Quality Committee.

2. NHS Leadership Competency Framework for Board Members

- 2.1 NHS England (NHSE) published a new NHS leadership competency framework (LCF) for Board level roles on 29th February 2024. The LCF will help inform the ‘fitness’ assessment in the Fit and Proper Person Test (FPPT) in line with the recommendations made by Tom Kark KC in his Review of Regulation 5: Fit and proper persons, that NHS Board members should meet specified standards of competence.
- 2.2 The LCF comprises a set of leadership competencies incorporating the skills, values and behaviours required in NHS board roles and establishes what good looks like in leadership terms, providing a new and consistent national standard of leadership.
- 2.3 It is intended to support NHS organisations to recruit, appraise and develop board members. It was published alongside a revised chair appraisal framework, incorporating the new competencies, as part of NHSE’s planned suite of management and leadership development frameworks, tools and resources. A new NHS Board member appraisal framework (BMAF) will also be published this autumn, describing “how to assess performance against six competency domains”
- 2.4 The LCF sets out six domains which board members are required to assess themselves against as part of an annual “fitness” appraisal. Each domain (see below) contains competencies directors must exhibit, such as:
 - Speak up against any form of racism, discrimination, bullying, aggression, sexual misconduct or violence, even when [they] might be the only voice.
 - Challenge constructively, speaking up when [they] see actions and behaviours which are inappropriate and lead to staff or people using services feeling unsafe, or staff or people being excluded in any way or treated unfairly; and
 - Ensure there is a safe culture of speaking up for [their] workforce.

Each competency statement gives Board members a multiple choice to assess themselves against, ranging from “almost always” to “no chance to demonstrate”. Organisations have been told to incorporate the six competency domains into role descriptions from 1 April 2024, and use them as part of board member appraisals.

- 2.5 Board members will be expected to discuss their assessments with their chair or chief executive as part of the 2023-24 annual appraisal.
- 2.6 I have already begun the process of incorporating the six domains into each executive director’s job description. The self-assessment process is being used in my appraisal meetings with each director, during March 2024 and will inform my report to the Remuneration Committee in April 2024.

3. Hyperthermic intraperitoneal chemotherapy (HIPEC) Machine at City Hospital

- 3.1 I am pleased to inform the Board that the Trust recently celebrated the arrival of its new HIPEC machine at City Hospital. This new technique of chemotherapy has been proved to increase

the overall survival of patients with advanced ovarian cancer and we are the first and only Trust in the Midlands thus far to use it. This is due to our model ovarian cancer surgical service, on which we can build the HIPEC programme. Teaching sessions on how to use the machine and handling of chemotherapy have been organised and we will be ready to perform the first case in March.

- 3.2 The Trust will be celebrating Ovarian Cancer Awareness Month during March and will use the opportunity to share information about this new technique.

4. Junior Doctors Industrial Action

- 4.1 The latest round of industrial action by non-consultant doctors, took place between 0700 on 24th February and 1900 on 28th February.
- 4.2 Once again, the Trust clinical and operational leaders planned successfully for the strike action. Elective surgical, urgent cancer MDT and most outpatient appointments were protected, other than in medical specialities, who needed to release senior medical staff from elective activities to cover the wards and on-site evening and night shifts.
- 4.3 I am hugely grateful to all the Trust staff who made our services safe over the strike period, from our senior colleagues to those who once again gave significant discretionary effort, to those administrative colleagues who rearranged many clinic appointments.
- 4.4 Given we have two acute medical takes and two emergency departments to run, compared to most Trusts who have only one, then our resilience is always tested to a greater degree during periods of industrial action. There were definite signs, during this latest bout of action, that many senior clinical staff have become weary of providing “acting down” cover. They are under no obligation to do so, and this does put our future resilience in some doubt.

5. Recommendations

The Public Trust Board is asked to:

- a) **RECEIVE** assurance that the Trust complies with 16 of the 17 recommendations from Phase 1 of the Fuller Inquiry and the outstanding one will be addressed by 31st March 2024
- b) **NOTE** the Trust’s intention to complete the questionnaire to support Phase 2 of the Fuller Inquiry.
- c) **NOTE** the arrival of the Hyperthermic intraperitoneal chemotherapy (HIPEC) Machine at City Hospital.
- d) **NOTE** the resilience and organisation of the Trust’s response to the latest round of industrial action by non-consultant grade doctors.

Richard Beeken
Chief Executive
4 March 2024

Annex 1: Phase 1 recommendations of the David Fuller Inquiry

Phase 1 recommendations of the David Fuller Inquiry

1. Maidstone and Tunbridge Wells NHS Trust must ensure that non-mortuary staff and contractors, including maintenance staff employed by the Trust's external facilities management provider, are always accompanied by another staff member when they visit the mortuary. For example, maintenance staff should undertake tasks in the mortuary in pairs.
2. Maidstone and Tunbridge Wells NHS Trust must assure itself that all regulatory requirements and standards relating to the mortuary are met and that the practice of leaving deceased people out of mortuary fridges overnight, or while maintenance is undertaken, does not happen.
3. Maidstone and Tunbridge Wells NHS Trust must assure itself that it is compliant with its own current policy on criminal record checks and re-checks for staff. The Trust should ensure that staff who are employed by its facilities management provider or other contractors are subject to the same requirements.
4. Maidstone and Tunbridge Wells NHS Trust must assure itself that its Mortuary Managers are suitably qualified and have relevant anatomical pathology technologist experience. The Mortuary Manager should have a clear line of accountability within the Trust's management structure and must be adequately managed and supported.
5. The role of Mortuary Manager at Maidstone and Tunbridge Wells NHS Trust should be protected as a full-time dedicated role, in recognition of the fact that this is a complex regulated service, based across two sites, that requires the appropriate level of management attention.
6. Maidstone and Tunbridge Wells NHS Trust must review its policies to ensure that only those with appropriate and legitimate access can enter the mortuary.
7. Maidstone and Tunbridge Wells NHS Trust must audit implementation of any resulting new policy and must regularly monitor access to restricted areas, including the mortuary, by all staff and contractors.
8. Maidstone and Tunbridge Wells NHS Trust should treat security as a corporate not a local departmental responsibility.
9. Maidstone and Tunbridge Wells NHS Trust must install CCTV cameras in the mortuary, including the post-mortem room, to monitor the security of the deceased and safeguard their privacy and dignity.
10. Maidstone and Tunbridge Wells NHS Trust must ensure that footage from the CCTV is reviewed on a regular basis by appropriately trained staff and examined in conjunction with swipe card data to identify trends that might be of concern.

11. Maidstone and Tunbridge Wells NHS Trust must proactively share Human Tissue Authority reports with organisations that rely on Human Tissue Authority licensing for assurance of the service provided by the mortuary.
12. Kent County Council and East Sussex County Council should examine their contractual arrangements with Maidstone and Tunbridge Wells NHS Trust to ensure that they are effective in protecting the safety and dignity of the deceased.
13. We have illustrated throughout this Report how Maidstone and Tunbridge Wells NHS Trust relied on reassurance rather than assurance in monitoring its processes. The Board must review its governance structures and function in light of this.
14. Maidstone and Tunbridge Wells NHS Trust Board must have greater oversight of licensed activity in the mortuary. It must ensure that the Designated Individual is actively involved in reporting to the Board and is supported in this.
15. Maidstone and Tunbridge Wells NHS Trust should treat compliance with Human Tissue Authority standards as a statutory responsibility for the Trust, notwithstanding the fact that the formal responsibility under the Human Tissue Act 2004 rests with the Designated Individual. The Act will be subject to review in Phase 2 of the Inquiry's work.
16. The Chief Nurse should be made explicitly responsible for assuring the Maidstone and Tunbridge Wells NHS Trust Board that mortuary management is delivered in such a way that it protects the security and dignity of the deceased.
17. Maidstone and Tunbridge Wells NHS Trust must treat the deceased with the same due regard to dignity and safeguarding as it does its other patients.