MINUTES OF THE PUBLIC TRUST BOARD MEETING

Venue: Lecture Suite, Education Centre, Midland Metropolitan University Hospital (MMUH)

Date: Wednesday, 12th November 2025, 10:00 – 13:00

Voting Members:

Sir D Nicholson (Chair)	(DN)
Mrs R Hardy, Non-Executive Director	(RH)
Mrs L Writtle Non-Executive Director	(LWr)
Mr M Laverty, Non-Executive Director	(ML)
Mrs V Taylor, Non-Executive Director	(VT)
Mr A Argyle, Non-Executive Director	(AA)
Mrs D Wake, Group Chief Executive	(DW)
Dr 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:

Mr M Hallissey, Associate Non-Executive Director	(MH)
Mr J Sharma, Associate Non-Executive Director	(JS)
Mr A Ali, Associate Non-Executive Director	(AA)
Mr A Ubhi, Associate Non-Executive Director	(AU)
Mr L Williams, Associate Non-Executive Director	(LW)
Mr J Fleet, Group Chief People Officer	(JF)
Mrs R Barlow, Group Chief Development Officer	(RB)
Mr A Thomas, Group Chief Strategy and Digital Officer	(AT)
Mrs K Rose, Interim Group Chief Integration Officer	(KR)

In Attendance:

Ms C Macdiarmid, Interim Director of Midwifery	(CD)
Prof. E Hughes, Director of Research & Development	(EH)
Mr K Donnelley, ICU Consultant/ Clinical Lead for OD	(KD)
Ms K Hard, Head of Research & Development	(KH)
Dr M Blaber, Wellbeing Lead for Resident Doctors	(MB)
Mr D Conway, Associate Director of Corporate Governance/Company Secretary	(DC)
Mrs S Harris, Senior Executive Assistant (Minute taker)	(SH)

Patient / Service Story Presenters:

Keith Brews, Patient
Jenni Brews, Patient relative
Ms Beddowes, ICU Senior Sister

Members of the Public / Other

Alison Giles, CQC Inspector

Apologies:

Prof L Harper, Non-Executive Director
Miss K Dhami, Chief Governance Officer

Minutes	Reference
1. Welcome, apologies and declaration of interest	**Verbal**
The Chair welcomed members and attendees to the meeting. Apologies were received and noted above.	
2. Patient Story	**Verbal**
Mrs Roberts welcomed Jenni and Keith who attended to share their recent experience at MMUH as a result of Keith having an out of hospital cardiac arrest whilst at work in Birmingham, away from his hometown of Chepstow. Ms Beddowes, Senior Sister and Mr Donnelley, Consultant on the Intensive Care Unit (ICU) accompanied the couple during the story. The story focused on the power of words and the importance of taking care of the family as well as the patient during their stay in hospital. Keith and Jenni talked about how the care they both experienced whilst at MMUH was exceptional and how the team had been open and honest about Keith's condition following the cardiac arrest, whilst also maintaining sensitivity. The staff kept a diary in "normal" terms which had helped Keith understand what	

had happened during his stay. Jenni had received spiritual support from the chaplain which had been invaluable, and she talked about how this had enabled her to open her mind and focus on Keith's recovery. She felt that the staff were focused on supporting families and not just the patient in the bed. She raised that they were grateful for a number of things including immediate CPR received by Keith at the time he collapsed, the support they both received from their work family, the place of his arrest meaning he ended up being cared for at MMUH, the patient diary and a wide range of relative support provided at MMUH including the relative's room. Keith had been transferred to a hospital near to home to continue his recovery and although the care had been outstanding, staff had not been as open and informative. Keith and Jenni wanted to give back to the organisation and had agreed to attend various forums to share their experience and support learning.

Ms Beddowes highlighted that the ICU team had supported Jenni on a very difficult journey not knowing whether Keith would survive. She explained that the family had sent a frame to the team highlighting some of the words and phrases they heard whilst in hospital which resounded with the staff and recognised the true power of words. She raised that the relative's room had made a big impact on ICU, and relatives were able to bring in items from home to make their stay more comfortable. Mr Donnelly thanked Jenni and Keith for sharing their feedback which was invaluable for the ICU team who strive to provide a responsive service. He was pleased to see that Keith had recovered well despite this not being expected at the time.

The Chair also thanked Keith and Jenni for being open and sharing their story. He recognised the importance of CPR knowledge and awareness in the community. He also raised the importance of feedback which could help the organisation to share learning more widely.

Keith, Jenni and Ms Beddowes left the meeting.

3. Minutes of the previous meeting, action log and attendance register	**TB (11/25) 001 / 002**

The minutes of the meeting held on Wednesday 10th September 2025 were reviewed and **APPROVED** as a true and accurate record of discussions. The following update from the action log was received:

- Progress with the Fundamentals of Care metrics and link to the CQC requirements had been received by the Quality Committee. It was agreed that the Board receive an update on Fundamentals of Care (FOC) and the draft quality and safety delivery plan in January.

ACTION: Board to receive an update on FOC and the draft quality and safety delivery plan in January.

4. Chairs Opening Comments	**Verbal**

The Chair highlighted that a letter had been included in the reading room which had been received by all Trusts from Jim Mackey and Jo Lenaghan requesting action on racism including antisemitism, highlighting the importance of ensuring a safe environment for staff, patients and visitors. The letter sets out actions being taken by the government to address this including the adoption of the International Holocaust Remembrance Alliance (IHRA) working definition of antisemitism and action would need to be taken by organisations to ensure staff feel supported. Mr Fleet highlighted that discussions had commenced with the staff networks following receipt of the letter and a session is being planned to ensure this is embedded within the organisation. Feedback would also be collected as part of executive visits focusing on the staff survey.

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

There were no questions from members of the public.

6. Chief Executive's Overview	TB (11/25) 003

Mrs Wake presented the Chief Executive's report noting the following key areas:

Emergency care performance against access standards remained strong, at 76.32% in September, despite increased acuity due to flu, COVID, and norovirus. Ambulance handover times had remained good for September; however, cat 1 performance had declined in October. Interventions focused on patient flow, streaming, and internal processes to manage demand and maintain performance.

Elective care remained on track for Referral to Treatment (RTT) targets, with a focus on reducing long waits. The trust contributed to the Black Country's leading cancer performance, with improvements in 62-day targets, particularly in skin and gynaecology pathways, following targeted work with clinical teams.

The Trust remained within segment three of the NHS Oversight Framework due to its financial deficit, ranking 88th out of 134 trusts for quarter 1, with productivity and cancer performance identified as key contributing factors. Notable progress had been achieved in cancer performance, which is anticipated to result in an improved ranking in quarter two.

The Trust is among the twelve trusts included in the national maternity review led by Baroness Amos. A two-day visit, originally postponed due to a conflict with this week's CQC well-led inspection, is now scheduled to take place in January. The visit would include meetings with key members of the Board and leadership team and a number of data requests would also be received. Sessions had been planned to brief the maternity team prior to the visit, however, it was likely that the review may be delayed due to deferral of data requests from families which initially coincided with the festive period. The team welcomed the review and felt it would support them in embedding wider learning and sharing progress made. The recent CQC inspection had resulted in an improved rating for the safety domain from inadequate to requires improvement. The formal report had not yet been received from the CQC therefore no official celebrations had been planned, however, the team are receiving additional leadership support including regular visits from the executive team.

The report included an update on recent CQC inspections to core services prior to the well led inspection which is currently ongoing, and the Board would receive high level feedback at the end of the visit.

Work is ongoing in line with the recently published medium term planning framework which had been discussed at various regional meetings. Further technical guidance had been requested to understand the financial impacts on the wider Black Country and Birmingham and Solihull cluster. Mr Sheppard advised that financial guidance was awaited from the national team, however, emphasised the need for the organisation to understand its activity with a potential move to best practice tariffs as opposed to block contracts in the future. Work is ongoing to prepare the financial plan which is due to be submitted prior to Christmas, despite guidance not yet being available.

Mrs Wake thanked the teams for their ongoing support and commitment in preparation for the resident doctor strike due to commence on Friday 14th November. More strikes were anticipated and there was a political interest in strike action resulting in additional data returns being required from Trusts.

The Trust had submitted its Provider Capability self-assessment on 21st October supported by NHS England, with four domains rated as green and two rated amber due to quality of care and finances.

The Board **NOTED** the Chief Executive's Overview.

7. Integrated Board Committees Assurance Report	TB (11/25) 004

Mrs Writtle presented the report which outlined areas of note from Board subcommittee meetings triangulated with the Board Assurance Framework. The following points were noted:

- There was a theme highlighted from all committees regarding the digital agenda and a paper had been included on the Board agenda outlining areas for improvement.
- The Financial Improvement Programme remains an area of risk, and an Extraordinary Finance and Productivity Committee had taken place to consider the plan being presented in the private session.
- Workforce control is an area of focus for the Finance and People committees particularly in relation to reducing bank and agency use, reducing sickness, system work on rostering and workforce reduction. Delivery of the workforce reduction plan continues to be a challenge and currently sits at 6%. Safety is reviewed through the quality impact assessment process.
- The FOC programme is being refreshed to focus efforts amongst clinical teams. There were challenges associated with capacity and capability of clinical systems utilisation resulting in gaps in assurance on quality metrics. This would be a priority for Infrastructure Committee going forward.
- Support continues to be provided to the maternity team during a pressurised time and improvement work in the department is being presented regularly to Quality Committee. The committee noted a strengthened relationship between maternity and imaging teams.
- The Integration Committee received updates on positive work taking place with community partners including Newbigin who were supporting to reduce disruption in the Emergency Department (ED) and putting patients in touch with the relevant agencies for additional support on discharge. The pilot would be evaluated to understand the impacts and identify what other support can be provided.

The Board **NOTED** the report.

8. Board Assurance Framework	**TB (11/25) 005**

Mr Conway presented the Board Assurance Framework (BAF) highlighting that there had been no changes to the scores since the last report. The two main risks were in relation to finance and infrastructure. The financial position continues to be an area of focus at every opportunity and the position with the infrastructure risk is currently being reviewed and will be confirmed at the next Board meeting. Committees will review their risk appetite on a quarterly basis supported by the risk manager.

The Board **NOTED** the current position of the Board Assurance Framework.

9. Digital Update	**TB (11/25) 006**

Mr Thomas presented the report which outlined efforts to unify digital systems across SWBT and DGFT, avoid duplication, and ensure that new investments supported both patient and staff needs. The importance of a single source of truth and digital literacy was emphasised. Further work is ongoing to prepare a fully costed digital plan as part of the medium-term planning framework which would include opportunities for both organisations. A detailed report had been included in the reading room and the draft plan including next steps had also been received by the Infrastructure Committee.

It was noted that digital governance structures and oversight required strengthening, particularly through the establishment of Digital Steering Groups, and there was a management of change process ongoing to bring the IT teams across both organisations together. Mr Thomas outlined risks associated with resource optimisation, patient engagement, automation and clinical decision support. The report outlined a clear road map aligned with the digital plan and it was agreed that a simplified version including timescales and outcomes for both staff and patients would be shared at Team Brief.

There was a wider discussion regarding the links to the medium-term planning framework, and it was recognised that the plan would support in driving wider improvements. Members raised the importance of engagement with clinical teams to understand their current position and their future vision of the digital infrastructure. It was also noted that learning from the MMUH benefits realisation work could be applied

with the digital plan to prevent fragmentation of strategic investments. Mrs Rose highlighted the need to consider the impacts on healthcare colleagues in the wider Black Country system and community partners to understand how benefits could be shared.

Mr Sharma queried whether the current team had the capacity to manage the digital plan, and it was noted that the management of change process had been put in place to establish the right resources to drive the this. Capital funding is also available to support specific systems and the teams are reviewing what is available on the market as part of the convergence process to ensure the correct systems are put in place to support staff and overcome the current challenges.

Mr Williams raised concerns regarding the delayed timeframe for the implementation of AI and virtual care, and it was noted that work is ongoing to complete a capability and maturity assessment to ensure that this is embedded effectively without directly impacting patient care. National support is being provided to bring this forward.

The Board **NOTED** the report and progress made, **ACCEPTED** the areas of convergence as the foundation for a joint digital roadmap, **AGREED** to strengthen governance and oversight and **ENDORSED** the development of a fully costed and resourced plan.

ACTION: Simplified Digital Road map including timescales and outcomes for staff and patients to be shared at Team Brief.

Our Population	
10. Neighbourhood Delivery Plan	**TB (11/25) 007**

Mrs Rose presented the report highlighting that despite awaiting national guidance, the trust had commenced work on neighbourhood health plans, mapping progress against NHS England's six core components and adapting approaches for different localities with very complex needs. The Trust had been unsuccessful in the bid to be part of the National Neighbourhood Health Implementation programme; however, the team were working closely with colleagues at Walsall, who had been successful, to identify shared learning.

The Board received an update on partnership work taking place in Sandwell through the Connected Communities and Home First workstreams. Progress had also been made by the West Locality Partnership following a development session in September and links were being made with locality hubs.

It was noted that options were being considered to review financial elements associated with community partnerships as a separate division, and the service line reporting position had been presented to the Finance and Productivity Committee to identify productivity and outcomes for the patient. Mrs Rose confirmed that work is being done as part of the medium-term planning framework to ensure the activity baseline is correct.

The Board **NOTED** the report including progress being made to deliver the neighbourhood health model and the benefits of operating within two systems.

Mrs Barlow left the meeting.

Break	
Our Patients	
11. Perinatal Quality Surveillance Report	**TB (11/25) 010**

Mrs Macdiarmid joined the meeting to present the report highlighting that the rolling 12-month perinatal mortality rate had increased slightly, with recent stillbirths and neonatal deaths triggering local and national reviews as part of the Maternity Outcomes Signal System (MOSS) pilot. Immediate learning and family involvement were prioritised in the review process. A deep dive is being undertaken to assess the evidence associated with the Maternity Incentive Scheme year 7 to ensure it is robust and meets the requirements. The outcome of this will be reported to the Quality Committee.

A letter had been received outlining national improvement steps and oversight after the Secretary of State announced the national investigation. The Trust had received an update on the Baroness Amos visit due to take place in January which included delays in the process for requesting data from families to avoid the festive period, as previously discussed.

The team were due to participate in a Value Stream Analysis (VSA) week to focus on areas for improvement including reducing perinatal mortality rates and acting on feedback from families through the Maternity and Neonatal Voices Partnership (MNVP).

Mrs Macdiarmid advised the Board that there had been a Preventing Future Deaths notice published earlier this week following a death in Manchester during a home birth. Learning from the report would be reviewed as part of the future implementation of the home birth service at SWBT and the DGFT team were currently undertaking a risk assessment of their service.

Mrs Roberts highlighted that the Trust had received high-level feedback from a recent MNVP 15 steps visit and co-production work had been agreed to respond to this feedback.

It was recognised that the team were making small improvements that would not be reflected in the metrics for some time. The Board recognised the challenge of multiple action plans and the risk of staff feeling overwhelmed. Efforts were being made to consolidate actions, empower staff to measure outcomes, and ensure that improvement work was meaningful and sustainable.

Mrs Broster noted the presence of disparities within the communities served by the organisation, which may lead to delayed presentation among pregnant women. She reported that the communications team is actively collaborating with local stakeholders to broaden service provision and address community needs effectively.

Mr Williams queried whether the collaborative work across SWBT and DGFT supported continued improvement for both organisations without detriment to any single organisation. Mrs Macdiarmid assured that areas of good practice had been shared from both organisations and processes of assurance had been strengthened as a result of this. It was noted that a group structure is being developed to ensure that the leadership team do not become overwhelmed and a proposal would be presented to the Board at a future meeting.

The Board **NOTED** the report.

Mrs Macdiarmid left the meeting.

12. Chief Nursing Officer and Chief Medical Officer's Report	**TB (11/25) 008**

Dr Anderson and Mrs Roberts presented the report, and the following points were noted:

- A never event had occurred in the Birmingham and Midland Eye Centre (BMEC) when a patient attended for a left eye injection, but the right eye was injected. A full Patient Safety Incident Investigation had been undertaken, and early actions had already been implemented. The move to eConsent would prevent reoccurrence and avoid incorrect consent forms being used.
- A rollout plan had been agreed to implement the National Paediatric Early Warning Score (PEWS) within the organisation and the ED team had been familiarising themselves with the new process

whilst continuing to use the Trust PEWS. The Trust is currently investigating the sad death of a 5-year-old child in March 2025, however, comparative analysis showed that both the national and internal PEWS process would have led to the same outcome.

- The first robotic High Intensity Theatre list had taken place in September, with 8 cases being completed as opposed to 5 or 6 completed within a standard operating list. The team were due to present outcomes and benefits to the Quality Committee.
- The Trust had been accepted onto a pilot programme for Enhanced Therapeutic Observations and Care (ETOC) which is delivered well across ward areas. The Trust will work with the national advisory group to share learning.
- CQC inspections had taken place within maternity, surgical services, BMEC and ED throughout September and high-level feedback had been received.
- The CQC had launched the "Better Regulation, Better Care" consultation which aimed to address the concerns raised in external reviews of current ways of working.
- Positive feedback had been received from student nurses recommending the Trust as a place to work.

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

13. Winter Plan Assurance Update 2025/26	**TB (11/25) 009**

Mrs Newens presented the report which provided an update on progress to date against the Winter Plan previously shared with the Board. It was noted that Urgent and Emergency Care performance had deteriorated slightly during September and ambulance turnaround times had been deemed as unacceptable at times during the month, as a result of increased activity.

Corrective measures had been considered to improve performance and flow for admitted patients including a review of internal standards and strengthened streaming processes and it had been agreed that a deep dive into patient safety in ED would take place at the next Quality Committee meeting. It was noted that there had been a change in demand and conversion rates meaning there were more patients being admitted. Activity had increased earlier than planned, therefore intensive work is taking place to refine current pathways to ensure that the clinical model is robust throughout the winter period. The Medicine and Emergency Care division are also undertaking an audit to review demand for monitored beds and the outcome, and any recommendations would be included in the report to the Board in January.

Mrs Wake highlighted that the team were taking a measured approach and were considering opportunities to strengthen the winter plan further including maximisation of community services and continuous review of the length of stay, prior to making decisions to open additional beds.

Mr Fleet updated that 15% of staff had received their flu vaccination, against the target of 35%. Actions were being driven by a newly appointed nurse lead to improve uptake including a streamlined training programme for peer vaccinators and the production of some fun initiatives to engage staff. There had been a gap identified in provision at MMUH; however, this had been resolved. It was noted that the Trust were experiencing a higher attendance of patients presenting with flu and Covid, however, the Trust's side room provision meant that there had been no beds lost as a result of infection.

The Board **NOTED** the Winter Plan Update.

14. Research and Development Report	**TB (11/25) 011**

Dr Anderson welcomed Professor Hughes and Ms Hard to the meeting. He presented the key highlights from the report noting that the Trust maintained the highest recruitment rates in the Black Country, with new studies targeting underrepresented communities and primary care settings. Two research ambassadors had been recruited to support with research recruitment and research is also being promoted

through local events. Improvements were noted in study initiation times and delivery, with collaboration across the Black Country system to create a single research and development centre in the future. A proposal had been developed and was due to be presented to the Joint Provider Collaborative and Board in January.

The Board discussed the need to track research outcomes and ensure rapid adoption of evidence-based care. Ms Hard confirmed that more work is being done to engage with communities to share feedback from research and participants of trials were often invited back to discuss outcomes. The Trust were able to track patient demographics associated with research through a live dashboard; however, trials were currently coordinated by the national team. Outcomes from some research projects were due to be presented to the Black Country Provider Collaborative Clinical Summit. It was agreed that the Trust could benefit from additional academic appointments to drive research in targeted areas.

The Research and Development report was **NOTED** by the Board and the Chair thanked colleagues for their hard work in driving the research agenda.

Ms Hard left the meeting.

15. Organ Donation Report	**TB (11/25) 012**

Mr Donnelly presented the report highlighting that the trust continued to achieve 100% referral rate for potential donors, but consent rates remained below the national average, attributed to longstanding local factors. Events such as organ donation week and collaborations with local faith leaders were organised to raise awareness and address cultural perceptions, with media coverage supporting these efforts.

The Board **NOTED** the report and acknowledged the ongoing hard work of the team engaging with families to encourage organ donation.

Mr Donnelley left the meeting.

16. Finance report Month 6 (Sept '25) inc. Cost Improvement Update	**TB (11/25) 013**

The month 6 finance report was received with Mr Sheppard noting that the Trust reported a £10.4 million deficit for the first half of the year. The key drivers contributing to this position were related to overperformance on elective activity, which the Chief Executive of the Integrated Care Board had commissioned a review of across the system, and the workforce trajectory which was 86 whole time equivalents adverse to plan. It was noted that the deficit position for October had improved, and Mr Sheppard emphasised the need for this to be maintained to deliver the financial plan in the second part of the year. There had been improvements seen in workforce reduction linked to outsourcing as a result of improved productivity.

Mr Sheppard highlighted that the cash position had improved in October, with the forecast balance being reduced at the end of the year. The Trust were behind with the capital plan and professional leads had produced a revised year end forecast to provide assurance that the plan will be delivered. Work is ongoing to develop the 3-year capital plan ready for approval early in the calendar year to get the benefit of the capital investment.

The Board received an update on the Trust's underlying position which had deteriorated since 2021 and stood at £56.5m at the end of 2024/25. Building on this position, the Trust planned for a 2025/26 exit position of £47.6m, however, based on the latest forecast the position had improved to £42.2m. Updated guidance had been shared by NHS England providing clarity on what should be included in the underlying position to ensure it is consistent across the region, and a detailed report on this would be presented to the November Finance and Productivity Committee. Mrs Hardy emphasised the need for the Trust to focus on developing medium-term recurrent recovery plans earlier in the year.

The Board **NOTED** the report.

Our People	
17. Performance against Workforce Forecast	**TB (11/25) 012**

Mr Fleet presented the report which outlined the workforce position at the end of month 6. He reported a reduction of 194 full time equivalents (FTE) and highlighted that this position had increased further to 207 in October. The Trust reported the lowest rates of bank and agency use in September and October, with a 68% reduction in agency use and 118 FTE bank reduction. Efforts continued to reduce this further as agency expenditure remained high.

Mr Argyle left the meeting.

The Board received an update on corporate workforce which is forecast to deliver a reduction of 146 FTE as well as a 50% reduction in bank use. The Trust had been ranked as the third most efficient across the country for corporate services in the latest national productivity report.

Latest forecasting had confirmed that the Trust were expected to deliver a reduction of 521 FTE overall by the end of the year which equated to 6.1% against the ambitious target of 8.5%. Although good progress had been made, it was noted that the current substantive recruitment trajectory was unrealistic and may be a risk to the end of year position. It was noted that the Trust had the highest workforce plan in the region with DGFT being the most comparable at 5%. Work is ongoing with the divisional teams to identify additional plans to close the gap.

Mr Laverty queried whether the rostering system is being fully utilised to support workforce reduction. It was noted that the system had been rolled out and training is being provided to staff, however, there was more work to be done to fully embed the system. An internal audit had been undertaken to understand the current position and identify areas for improvement and the report is due to be received.

The Board was informed about the systems established to ensure that patient safety remains uncompromised despite workforce reductions. These systems include a quality impact assessment process, which leads to rejection of proposals if sufficient safety measures are not in place. Staffing incidents are also reviewed to determine causes, and a ward heat map is being developed to track metrics linked to staffing. This had not revealed any major concerns. The heat map will be updated monthly using the FOC dashboard and will be monitored alongside patient experience outcomes.

The Chair recognised the scale of the challenge and the difficulty in reducing the temporary workforce and increasing substantive staff. He emphasised the importance of managing the messaging with staff on the frontline as well as being fully assured regarding mitigations to prevent harm to patients as a result of staffing changes.

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

18. 10 Point Plan to improve resident doctors' working lives	**TB (11/25) 013**

Dr Anderson welcomed Dr Blaber to the meeting who had been the Wellbeing lead for Resident Doctors for the previous 5 years. He presented the report which outlined the Trust's assessment of compliance against the 10-point plan to improve resident doctors' working lives, and key initiatives to address basic needs, belonging, and support. Initiatives included rest spaces, nutrition, peer support schemes, and the Thriving Medicine programme, with regular engagement sessions and surveys to monitor lived experience.

It was noted that the plan recommends the appointment of a senior clinician responsible for resident doctors' issues, as well as a peer representative who is a resident doctor. It was felt that these roles were already picked up by the Wellbeing Lead and Chief Registrar. It was recommended that the roles work

together to produce joint reports to be presented annually to the Trust Board and quarterly to the People Committee. The Chair thanked Dr Blaber for his ongoing commitment to supporting resident doctors and felt that elements within the 10-point plan should be considered as minimum standards for all staff. The Board **ACCEPTED** the proposal for named leads and recommended reporting arrangements and **ACKNOWLEDGED** the baseline assessment.	
Governance, Risk & Regulatory	
19. Fit and Proper Persons Annual Assurance 2024/25	**TB (11/25) 016**
Mr Conway presented the report which outlined details of the Fit and Proper Persons Test (FPPT) for 2024/25, ensuring all Board members meet the requirements outlined in the Health and Social Care Act 2008. The process included new appointment checks, and annual assurance measures, including DBS checks, searches of relevant registers, and self-declarations, with outcomes recorded in personal files and the Electronic Staff Record (ESR). The substantive organisation is responsible for managing the FPPT process of individuals in group roles, and the relevant records are subsequently shared with the Company Secretary of the corresponding organisation. The Board **NOTED** the report.	
20. Quarterly Trust Strategy and Annual Plan Progress Report – July – Sept 25	**TB (11/25) 017**
Mr Thomas presented the report which provided an update on progress against the Trust's strategic objectives and in year priorities for quarter 2. Discussions are ongoing to revitalise reporting of progress against the strategy aligned with key Board agenda items including the patient, people or population story. This would be trialled in the new year. Members expressed that the report clearly outlined triangulation of progress against the in-year objectives and welcomed the proposal to bring this to life with examples being shared with the Board. The Board **NOTED** the report.	
For Information	
21. Any other business	**Verbal**
The Integrated Performance Report and Annual Report, Accounts & External Audit Report had been included in the reading room.	
Details of the next meeting of the Public Trust Board: 14th January 2025 at 10:00am in person, meeting in the Seminar Room of MMUH	
Meeting close	