# MINUTES OF THE PUBLIC TRUST BOARD MEETING

**Venue:** Conference Room of the Sandwell Education Centre

**Date:** Wednesday, 13th March 2024, 10:00 – 13:00

**Voting Members:**

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| Sir D Nicholson (Chair) | (DN) |
| Mrs L Writtle, Deputy Chair | (LW) |
| Mr M Laverty, Non-Executive Director | (ML) |
| Prof L Harper, Non-Executive Director | (LH) |
| Mrs R Hardy, Non-Executive Director | (RH) |
| Mr A Argyle, Non-Executive Director | (AA) |
| Mrs V Taylor, Non-Executive Director | (VT) |
| Mr R Beeken, Chief Executive Officer | (RBe) |
| 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:**

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| Dr M Hallissey, Associate Non-Executive Director | (MH) |
| Mr J Sharma, Associate Non-Executive Director | (JS) |
| Mr A Ali, Associate Non-Executive Director | (AAl) |
| Mr A Ubhi, Associate Non-Executive Director | (AU) |
| Miss K Dhami, Chief Governance Officer | (KD) |
| 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:**

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| Mr M Sadler, Executive Director of IT & Digital | (MS) |
| Ms L Abbiss, Communications Lead | (LA) |
| Mr D Conway, Associate Director of Corporate Governance/Company Secretary | (DC) |
| Mrs S Harris, Senior Executive Assistant (Minute taker) | (SH) |
| Mr L Kennedy, Delivery Director, MMUH | (LK) |
| Mrs J Ilic, Director of Communications, MMUH | (JI) |
| Ms D Joseph, Associate Delivery Director, MMUH | (DJ) |
| Ms R Heywood Clarke, PMO Lead, MMUH | (RHC) |
| Ms D McInerney, Programme Director, MMUH | (DM) |

**Patient / Service Story Presenters:**

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| Ms E Dalton, Widening Participation Lead | (ED) |
| Mr J Collins, Member of staff, SWAP Programme | (JC) |

**Members of the Public, Staff and External attendees**

Ms G Magiera, Student Nurse (Observing)

**Apologies:**

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| Mr D Fradgley, Chief Integration Officer | (DF) |
| Mrs H Hurst, Director of Midwifery | (HH) |

| Minutes | Reference |
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| **1. Welcome, apologies and declaration of interest** | **Verbal** |
| The Chair welcomed members and attendees to the meeting, which was the first to be held in person since 2020. The Board welcomed two new Associate Non-Executive Directors this month, Amrick Singh and Atif Ali. Mr Ali would be joining the meeting shortly. Fit and proper person declarations and declarations of interests for both had been included with the papers.<br><br>Apologies had been received from Mr Fradgley and Mrs Hurst. | |
| **2. Staff / Service Story** | **Verbal** |
| The Board received the story which focused on the experience of Jake Collins who had recently been successful in gaining a Ward Service Officer role at the Trust after completing a Sector-based Work Academy Programme (SWAP) facilitated by the Widening Participation Team at the Learning Works. | |

Ms Dalton shared a short video with the Board which provided an overview of the work of the widening participation team and the journey to supporting local people into employment. She introduced Jake who was one of the first participants on the SWAP programme. Jake talked to the Board about his up bringing which had been rather "chaotic" due to him having to care for his mother since the age of 13. Despite getting through school and college, he later became a full-time carer for his mum until she sadly passed away in January 2023. Jake was later referred by the job centre to the team at the Learning Works who enrolled him onto the SWAP programme and provided him with financial and emotional support. Jake explained that he had started in his role as Ward Services Officer on 9th October and was able to use his lived experience and his passion for helping people. He talked about the improvement in his day-to-day life, both physically and mentally. His goal is to become a driver for the blood transfusions team.

Members of the Board thanked Jake for sharing such an inspirational story. Mrs Writtle highlighted that Jake had attended the People Committee a few months ago to share his story and his confidence had grown immensely since that time. She recognised the importance of sharing these stories with others who may be at the start of their journey.

Mr Fleet explained that the Learning Campus had been introduced to develop the work of the widening participation team and to support local people. He thanked Jake for sharing his story and committed, on behalf of the Trust, to help him achieve his goals.

There was a discussion about the relationship between the job centre and the SWAP programme and Jake stated that he was lucky to have had the support from his work coach at the job centre who encouraged him to take some time following his mother's passing and supported him in applying for the programme when he was ready. It was acknowledged that additional support may be required for individuals who do not have access to a supportive work coach and Ms Dalton talked about other ways the team are working to reach out to individuals via local job centres, community organisations and faith groups. A pop-up stand had been taken to a local supermarket recently to share information about the Midland Metropolitan University Hospital (MMUH) and associated vacancies.

Mr Ali joined the meeting.

The Chair thanked Ms Dalton and Mr Collins for attending the meeting to share such an inspirational story.

| **3. Minutes of the previous meeting, action log and attendance register** | **TB (03/24) 001 / 002** |
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The minutes of the meeting held on Wednesday 10th January 2024 were reviewed and **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** |
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The Chair was pleased that the meeting was being held face-to-face this month and felt that this would help achieve a different dynamic for the Board meetings in future. Although there were no members of the public present, the Chair talked about the importance of the Trust welcoming their attendance to reflect transparency and openness.

The Chair highlighted that he had recently attended a meeting with NHS England and Improvement (NHSEI) where chairs of all NHS organisations were briefed on the national picture. A presentation from the Chief Finance Officer had been received and presented a bleak picture of the current financial position within the NHS, and the expectations of Boards to deliver within their financial envelope. He explained that since 2019/20, productivity across the NHS had reduced by around 15%, despite thousands more staff being employed and therefore, there was also an expectation for the headcount to be reduced across the NHS by around 2-3% over the next year or so.

It was noted that the recent budget had also reinforced the medium-term position regarding public expenditure and the chancellor had announced that there would be an investment of £3.5 billion to fund the NHS productivity plan, which equated to around £70m for the Black Country. There had been further discussions at the meeting with NHSEI regarding the importance of the investment into digital services to improve productivity and some examples were shared. The Chair felt that there was further action that could be taken to enhance digital services within the organisation and highlighted the need for this to be an area of focus for the Trust Board moving forward.

| **5. Chief Executive's Report** | **TB (03/24) 003** |
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Mr Beeken presented the report and wanted to record his thanks to all Trust staff who were involved in the successful navigation of the 11th period of industrial action for non-consultant grade doctors, which had taken place recently. He acknowledged that the Trust's resilience was always tested to a greater degree, due to having two acute medical takes and two emergency departments (ED) to run, compared to most Trusts who have only one, yet despite this safety had been maintained.

An update on the Trust's compliance with the recommendations from Phase 1 of the Fuller Inquiry was received and it was noted that all but one of the 17 recommendations had been assessed as compliant with further work scheduled to meet the remaining recommendation by the end of March.

The Board were advised that the new NHS Leadership Competency Framework (LCF) for Board level roles had been published recently in response to the Kark Review which was an inquiry into the Fit and Proper Person Test in the NHS. Mr Beeken confirmed that the six domains included in the framework would be incorporated into all Board members job descriptions and a self-assessment process would form part of their appraisal meetings. This process had commenced for the executive team and progress would be reported to the Remuneration Committee in April.

Mr Sharma highlighted that there was some interesting data relating to the inclusivity agenda reported in the People section of the papers and the need to assess the strength of middle leaders to display the Trust values. He asked whether the LCF would include this assessment for Trust leaders. Mr Beeken highlighted that the Trust values are a key part in recruitment and appraisals for staff and the Leadership programme currently being rolled out across staff also focused on compassion and inclusivity. He felt that these processes should be implemented together rather than being run in parallel. Mr Fleet added that as part of the staff survey results for this year, an action had also been agreed for all line managers to be set an objective to improve inclusivity.

The Board **RECEIVED** assurance regarding the position with the Fuller Inquiry recommendations and **NOTED** the content of the report.

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

**Midland Metropolitan University Hospital (MMUH)**

| **7. MMUH Opening Committee Assurance Report** | **TB (03/24) 004** |
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Mr Laverty presented the report which outlined the discussions held at the previous two meetings. The main areas of concern would be picked up in more detail in the next report and related to the bed fit, rightsizing initiatives and length of stay, plan B for the Urgent Treatment Centre, ongoing revenue funding gaps, operational readiness and an issue regarding construction which would be picked up in the private

meeting. The Board were advised that good progress had been made in relation to the workforce workstream over the previous months.

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

| **8. MMUH Critical Path** | **TB (03/24) 005** |
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Mrs Barlow reminded the Board that it had been 17 years since the initial consultation for the Trust to have a single ED for the local population. The report, which had been contributed to by many colleagues, past and present, provided details of the risk profile associated with the MMUH programme and included assurance and evidence to support the current critical path to open MMUH to patient services in October 2024. The programme is overseen by the effective governance and assurance reporting process in place, as well as a strong learning culture and involvement of third parties.

The Board were updated on three critical milestones which included soft activation due to commence in 15 days, planned completion in 7 weeks' time when Balfour Beatty were scheduled to handover the building for full activation and the intention to open to patient services in 6 and a half months. Mrs Barlow explained that the Board would receive the safety case in August 2024, which would include data and evidence against a set of programme critical success factors, an assessment of operational readiness as well as transparency of the risk profile, to provide assurance to the Board that we are safe to move into the new hospital. She provided a detailed overview of areas where significant progress had been made as well as outstanding risks associated with the critical path.

Mrs Barlow highlighted that a programme assurance review had been undertaken and evidence to support the key lines of enquiry had been provided in a timely manner. A schedule to close the outstanding actions from the review had been presented to the Audit Committee. This had supported the Trust with preparing for the gate 4 readiness assessment.

Mr Fleet provided a detailed update on progress with the workforce workstream position which had been driven by the relevant teams. It was noted that risks remained in relation to the recruitment element of the workstream, mainly due to the number of hard to recruit roles required for MMUH, however, the Trust had achieved the highest recruitment level seen for some time during January. Capacity within the recruitment team had been increased and external partners had been brought in to provide support. There had also been some improvements seen in the relationship with staff side and ways of working. Governance arrangements relating to the workforce workstream had been strengthened through the People Committee and a deep dive was undertaken each month. Mrs Writtle added that there had been a significant improvement in workforce reporting and responsiveness due to strengthened team working and oversight.

Mr Ubhi highlighted the need for the change management programme associated with MMUH to be run in parallel with the cultural programme of work to change behaviours at a leadership level and asked how this would be achieved. Mr Fleet talked about the compassionate leadership programme which was being rolled out to all leaders in the Trust and included a team effectiveness module. He explained that a prioritisation exercise had taken place to understand what level of organisational development input is required in each area and 70% of all leaders within high priority areas will have completed the programme prior to the opening of MMUH. There was a further discussion about other mechanisms for staff to raise concerns aside from the staff survey and Mr Fleet explained that these were well communicated within the staff induction, and more was being done to raise awareness of the Freedom to Speak Up function. Further work was also taking place to enhance the staff networks including identification of network chairs and appointment of an Executive and Non-Executive Director sponsor for each network. Mr Baker highlighted that the implementation of the improvement system would provide staff on the front line with

the right skills and empower them to resolve issues and implement changes, therefore leading to a strengthened leadership model.

Mr Argyle asked when the themes from the compassionate leadership programme would be shared with the Board and Mr Fleet confirmed that there is a feedback mechanism built into the leadership programme which would feed into the process for responding to the staff survey results so that actions could be combined and driven through the clinical and corporate groups and directorates. This would be reported though to the People Committee and the Board.

The current position on the rightsizing initiatives and bed fit for MMUH was discussed and Mr Hallissey provided feedback from the Quality Committee in relation to concerns that the changes in practice had not yet resulted in the anticipated outcomes. Dr Anderson highlighted that the report being presented later on the agenda would provide some assurance on the plans in place to control length of stay and achieve 70% of the rightsizing initiatives. He advised that this had not taken into consideration the roll out of 7-day decision making on all wards and frailty Same Day Emergency Care (SDEC) at weekends following the move to MMUH which would improve the position further. It was noted that good progress had also been made in relation to recruitment of consultants which would support the workforce model. Mrs Newens added that there had been a leadership deficit in the ED and Acute Medicine for some time and interviews were due to take place for the Clinical Director roles which would drive some of the required changes.

The Chair requested an update on the risks associated with the Urgent Treatment Centre (UTC) and unresolved revenue funding. Mr Beeken confirmed that Mrs Barlow had taken over as the Senior Responsible Officer for the co-located UTC at MMUH and a mitigation plan had been developed. It was likely that the UTC would not be open until around 6 months after the opening of MMUH, contingency plans were being developed to mitigate this risk and would likely be presented to the relevant Board subcommittees in March/April and then to the Trust Board in May. Mr Beeken added that there continued to be a significant unresolved revenue funding gap which included capital charges, non-pay inflation and costs associated with the staffing model for MMUH. Detailed discussions continued with both the Black Country and Birmingham and Solihill Integrated Care Boards (ICB) to agree how this risk should be managed so that it does not sit solely with the Trust.

The Chair thanked Mrs Barlow and the wider team for their continued hard work and professional management of the programme.

The Board **RECOGNISED** the current Programme critical path to open MMUH to patient services in October 2024 as well as the mitigations being pursued for the programme risks. The recommendation that the Public Trust Board hold an extraordinary session in April to receive further assurance on the critical matters was **ACCEPTED**.

| **Our People** | |
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| **9. Exception Report from the People Metrics** | **TB (03/24) 006** |
| The Exception Report from the People Metrics was received and **NOTED** by the Board. | |
| **10. People Committee Assurance Report** | **TB (03/24) 007** |

Mrs Writtle presented the report and highlighted that the clinical groups were being invited to attend the committee meeting on a bi-monthly basis to discuss the impacts of the people agenda and identify any ongoing challenges. It was agreed that this would be useful for committee members to triangulate progress with feedback from the groups who had also provided positive feedback on the process. The committee had raised concerns regarding the staff survey results which would be discussed in more detail

in the next agenda item. The Committee received substantial assurance on the work to strengthen workforce oversight and recognised that the partnership between the finance and workforce teams had significantly improved.

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

| **11. Staff Survey Report** | **TB (03/24) 008** |
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The report on the National Staff Survey 2023/24 results and the Trust's People Engagement was received and a detailed report had been included in the reading room. A deep dive of this information had taken place at the People Committee. Mr Fleet highlighted that although there had been some improvements in the Trust's performance in both the annual staff survey and the quarterly pulse survey, the results highlighted that the experience of many staff within the Trust do not reflect the high standards and ambitions set out within the people plan. The Trust had taken a different approach with the most recent pulse survey by engaging with line managers to encourage and support their staff to complete the survey.

The report outlined the plan for delivering significant improvements in staff engagement and satisfaction at Trust, Group, Directorate and local team level and it was noted that a full day event was due to take place on 18th March, supported by Professor Michael West and the Affina OD team, to bring together the corporate and clinical groups and a cross-section of their staff to share the survey results and discuss next steps. Mr Fleet highlighted that the national staff survey results also provided the data required for the staff survey indicators used in the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). The results had highlighted some concerning trends in relation to staff experience from other ethnic groups and it was noted that these concerns would be addressed through the work of the Trust's BME Network and WRES Action Plan.

It was acknowledged that the responsibility of the People Engagement Teams (PETs) would be to develop and implement actions to improve long-term staff engagement. There was also a further discussion about the impact that the lack of staff engagement could have on the move to MMUH. Mr Fleet explained that a trajectory had been set and actions put in place to improve the response rate to the quarterly pulse survey, and this would be the mechanism for monitoring progress being made in relation to staff engagement prior to the move. Progress would be reported through to the Trust Management Committee and People Committee.

The Board were also advised that actions agreed from the staff survey would be driven through the relevant staff networks and further engagement with network leads had been planned to include specific workshops and regular attendance at the People Committee. Discussions continued with staff side representatives to improve relationships.

The Board **NOTED** the survey results and took **ASSURANCE** that the results had been fully analysed and a robust plan is in place to deliver significant improvements for future surveys. The key actions were **SUPPORTED** and further updates on progress would be **REQUIRED** including opportunities for the board to directly engage with staff.

| **Break** | |
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| **Our Patients** | |
| **12. Exception Report from the Patient Metrics** | **TB (03/24) 009** |

The Exception Report from the Patients Metrics was received and **NOTED** by the Board.

| **13. Quality Committee Assurance Report** | **TB (03/24) 010** |
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Mr Hallissey presented the report and highlighted that the committee had discussed concerns regarding the bed fit for MMUH and the potential harm associated with ED performance. It was noted that an ED dashboard had been developed to monitor performance and impacts on harm and this would be discussed in more detail later in the meeting. The committee commended the neonatal team for their hard work that had contributed to the positive exit report and associated improvements made following the external review. There had also been positive feedback following the Trust's intervention to improve quality and governance processes at Great Barr GP Practice which had now been handed back to commissioners.

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

| **14. Finance and Productivity Committee Assurance Report** | **TB (03/24) 011** |
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Mrs Hardy presented the report and highlighted that the committee had been assured that the Trust would achieve the 2023/24 forecast position, albeit a large amount would be on a non-recurrent basis. The Trust had achieved around 20% of its cost improvement programme (CIP) on a recurrent basis. It was expected that this would impact the cash position and it was likely that the Trust would need to borrow cash during the next financial year. It was noted that operational performance reporting continued to be developed and the committee had noted an improvement in this area over the previous months. The Trust will have delivered 5 out of 12 key performance indicators by the end of year.

Mrs Hardy acknowledged that there was a need to reflect on the current position as the Trust plans for the coming year and beyond and the committee had discussed in detail the Trust's focus on strengthening its readiness and ability to develop an integrated organisational recovery plan for an agreed period.

Mr Baker highlighted that there would be a further discussion in the private session regarding the proposed strategic planning framework and associated success measures which would support the Trust in focusing on the key projects to make short-term improvements and build the infrastructure for long-term improvement. He highlighted the importance of this being aligned with the operating model for the Black Country Provider Collaborative and the wider system.

It was acknowledged that the Trust were working towards a more integrated approach to planning and further discussions this afternoon would help to bring this to life. Mr Sheppard advised that actions were being taken to support the planning process and the alignment of a system financial recovery programme and the Trust's improvement journey.

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

| **15. Audit Committee Assurance Report** | **TB (03/24) 012** |
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Mr Argyle presented the report and highlighted that meetings had taken place to discuss the response to the two audit reports that had provided limited assurance to the committee in relation to the introduction of the Allocate system and the issue with pop up patients. External support had been sourced to support with the pop-up patients issue to align the Trust's approach with best practice. Mr Argyle suggested that there may be a need for short-term investment into specific issues to improve the long-term position, therefore, resource would need to be reprioritised.

The Board were advised that the relationship between internal and external auditors continues to improve and a private session with external auditors was now taking place after each Audit Committee meeting to address any unresolved issues. Mr Argyle recognised the work of the Chief Governance Officer to pull together the response and action plan associated with the value for money audit, and this would be monitored through the Performance Management Group.

There was a further discussion about the need for the Trust to work constructively with partners to resolve the bed rightsizing issue to fit into MMUH and Mr Argyle raised that the Trust had recently written off

debts for Birmingham City Council which related to patients they had not been able to support. Mr Beeken advised that both the Sandwell and Birmingham councils had recently been under review by commissioners regarding their financial position and as a result actions were being taken to reduce spend, particularly in adult social care expenditure. He raised that this emphasised the importance for the Trust to continue to host the place partnerships in Sandwell and Ladywood and Perry Barr to effectively deploy service development fund and better care fund monies to increase resilience in community services to support admission avoidance and discharge facilitation.

Professor Harper suggested that the admission avoidance and early discharge schemes being led by the Trust be formally evaluated to ensure that the benefits were being realised and maximised and that funds were being utilised appropriately. Mr Beeken highlighted that the quantitative evaluation had been included in the Place Based Partnership update report and clearly identified that the Sandwell Borough is the only one in the Black Country to see a reduction in over 65 admissions and care home admissions. Further work had been agreed with Professor Harper to implement an evaluation framework to gather evidence to support these improvements. Professor Harper highlighted the need to take a holistic approach to evaluation as there continued to be a lack of progress with some key performance indicators such as length of stay. Mr Sheppard added that an external review of all MMUH schemes would be taking place on an annual basis to evaluate the benefits realised.

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

| **16. RTT (Referral to Treatment) Report** | **TB (03/24) 013** |
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Mr Baker presented an update on the work ongoing to clarify the Trust's Access Policy and approach to patient pop ups. As recommended in a recent internal audit report, the Trust had reduced the amount of time for validation to 7 days before a pop up is reported and those over 7 days are now reported on the weekly and monthly waiting list minimum data sets. An external review had been commissioned with MBI technologies who would be providing a draft report outlining further recommendations next week. This would be presented through the relevant Board committees and actions would be reviewed against the internal audit recommendations to ensure all actions had been addressed.

There was a further discussion about the Trust's access policy and the need to align this with other Trusts in the Black Country. Mrs Newens confirmed that the learning from the external review would be utilised to influence the process to develop an access policy for the Black Country which is being led by the Black Country Planned Care Board. She highlighted that learning had been identified in relation to the need for better education for operational and performance and insight staff to implement processes and support the correct interpretation of national guidance.

Mrs Roberts advised that the CQC had also contacted the Trust about this issue and a meeting had taken place to update on actions taking place which included the work to strengthen the harm review process. This would also need to be incorporated into the access policy.

The Chair advised that there were plans to delegate the responsibility of all elective care in the Black Country, including funding and performance, to the Provider Collaborative and a consistent policy would be required to support this.

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

| **17. Emergency Access Standard Recovery Plan including Winter Plan Update** | **TB (03/24) 014** |
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Mrs Newens presented the report which provided an overview of the work on length of stay reduction and rightsizing as well as the Emergency Access Standard (EAS) recovery plans. It was noted that there had been an increase in length of stay, particularly at the City site, due to issues with discharges of patients

into the Birmingham area. Mrs Newens also recognised that the teams had been focused on mobilising the admission avoidance schemes including virtual wards and medical SDEC, however, there had been a lack of engagement and focus on strengthening the culture and resilience within the clinical teams referring into these schemes. To support further assurance for MMUH rightsizing, a length of stay dashboard had been rolled out this week to enable clinicians to monitor the position closely and take actions to reduce length of stay. There would also be weekly confirm and challenge sessions and a focused action plan for each ward.

The Board were advised that since the investment into services to support the improvement of EAS performance and the trajectory of improvement presented to the Board in November, there had been an improvement seen each month. Performance at the end of February was at 71% and the target for March was 73%, which would enable the Black Country system to achieve the 76% performance target. Mrs Newens acknowledged that there was further work to be undertaken internally and with local partners to improve the length of stay and EAS performance, however, actions were being taken to refocus the governance processes in place, provide better information to clinicians to monitor and improve the position as well as a plan for continuous evaluation of the schemes in place through the delivery groups to ensure the anticipated outcomes were being achieved.

Mr Beeken acknowledged that the review of patients who had been in hospital for more than 7, 14 and 21 days (stranded patients) had been reinstated and asked whether there were any themes identified from these reviews. Mrs Newens confirmed that the length of stay for patients was higher on wards that were covered solely by locum doctors, particularly in elderly care. This had been picked up with the elderly care team and actions had been agreed including a focus on substantive recruitment and rota planning for those wards. There were other themes relating to patients who have no criteria to reside and the length of stay for patients on pathways 1 and 2 had risen, this would be picked up by the work with local partners.

It was noted that the clinical pathways being put in place following the move to MMUH, would provide a more robust streaming model enabling involvement of the appropriate services to maximise front door admission and attendance avoidance. There were also plans in place to mobilise an ambulatory majors area at Sandwell to improve flow for these patients from March.

There was a further discussion about the changes in behaviour required to support the fit into MMUH and Mrs Newens confirmed that she was more confident that these changes would be supported by the enabling referral pathways put in place. She added that the implementation of the length of stay dashboard and information for clinicians would enable the position to be performance managed. Mrs Barlow added that the initial business case for MMUH had included very low occupancy rates and controlled changes had since been made to increase these to a safe level. Plans were also in place to implement a winter plan prior to the move to MMUH to maintain safety.

The Chair raised concerns regarding the lack of improvement seen since the agreed investment in November and asked for further assurance that the actions described would deliver the required changes. Mrs Newens highlighted that since the time of investment, EAS performance and time to be seen by a doctor performance had improved. She recognised that further improvement was required as well as strengthened resilience to maintain the improvement seen to date and maximise this further. Dr Anderson added that there had been challenges with filling some of the additional posts agreed and there had also been some gaps in leadership in the department, therefore the anticipated outcomes had not been seen. There were also issues with available space to see patients which would be resolved following the move. It was noted that the leadership gap was due to be resolved following upcoming recruitment to clinical director roles and 3 matrons had also been appointed. These new leadership roles would support in driving the improvements needed as well as implementing new processes to improve patient flow and safety.

The Chair reiterated the need for continued improvement in this area to support the move to MMUH and requested regular updates on progress to the Board.

The Board **NOTED** the report and **ACCEPTED** the improvement interventions for assurance.

| **18. Finance Report Month 10** | **TB (03/24) 015** |
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Mr Sheppard presented the report and reminded members that the Board had approved a revised year-end forecast in December 2023 which highlighted a deficit of £28.9m, inclusive of industrial action costs and loss of income. The Trust's position in January 2024, reflected a deficit of £23.3m which was £0.2m ahead of the forecast. Mr Sheppard was pleased to report that the draft figures at the end of month 11 suggested that the Trust were further ahead of the trajectory and that the year-end forecast would be delivered. He advised the board of some key successes that had contributed to this position which included improved working relationships between finance, workforce and operational teams to strengthen the grip and control on workforce. There had also been further alignment of operational decisions and the financial impact of these including the work on EAS performance and winter planning. Mr Sheppard confirmed that the internal audit team had been substantially assured on the financial management and budgeting processes within the organisation and this was due to the level of transparency and granular detail in the revised forecast. The Trust's capital expenditure position continued to be below plan; however, this was an area of focus for the Capital Management Group and relevant leads to achieve its allocation in full for 2023/24. Mr Sheppard advised the Board that the Trust's cash position was just under £59m at the end of month 10, however, this was likely to deteriorate towards the end of this financial year and into quarter 1 of 2024/25. Finally, work had commenced in relation to the integrated operational planning process for 2024/25 and would incorporate key elements such as operations, workforce and quality.

There was a further discussion regarding the deterioration of the underlying deficit since the start of 2023/24 and Mr Laverty queried whether there were concerns in relation to non-delivery of recurrent savings which were impacting the overall position. Mr Sheppard clarified that the underlying deficit position had deteriorated due to assumptions regarding excess inflation and costs associated with MMUH workforce. It was acknowledged that the Trust's CIP plan had not been delivered on a recurrent basis, however, following further challenges from the system to maintain a flat workforce to support the current financial position, the workforce trajectory had been reviewed which would enable the Trust to exit the year with a 4% recurrent CIP. Mrs Roberts added that all posts that were removed would be subject to a quality impact assessment process.

The Board **RECEIVED** the Month 10 report, with particular focus on the year end forecast.

| **19. Maternity Report** | **TB (03/24) 016** |
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Mrs Roberts advised the Board that a review of midwifery workforce planning had been undertaken in line with the Clinical Negligence Scheme for Trusts (CNST) utilising the Birthrate plus methodology. It was noted that the Trust currently had a vacancy level of 12% which was the best position seen for some time. This would improve further once some international midwives had achieved their competencies. Work continued between the clinical educators and universities to retain students.

The report also included an update on the Ockenden Framework for December 2023 and January 2024 for approval. The update outlined that there had been some CQC enquiries regarding staffing over the last few months and some of the Non-Executive Directors had also reported issues with staffing following recent visits to maternity. Mrs Roberts highlighted that due to the concerns raised, a maternity review had been commissioned to review progress since the review undertaken three years ago as well as points raised during the CQC review. The outcomes of the review would be submitted to the Quality Committee in June. The staffing position within community midwifery had significantly improved and some staff had returned to the service following changes in leadership.

Dr Anderson advised the Board that a visit had recently been undertaken by the deanery into maternity services. Verbal feedback had been mainly positive regarding junior doctors' induction, junior doctor's forum and training opportunities and the final report was due to be received.

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

| **Our Population** | |
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| **20. Exception Report from the Population Metrics** | **TB (03/24) 017** |

The Exception Report from the Population Metrics was received and **NOTED** by the Board.

| **21. Integration Committee Assurance Report** | **TB (03/24) 018** |
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Mrs Taylor presented the report and highlighted that the Integrated Discharge Hub continued to perform well and was seen as an area of best practice across the system. Locality hubs had recently been established across West Birmingham and there had been some positive engagement with partners coming together to support discharges and admission avoidance, for example, reaching into City hospital to offer support. Pressures continued in home-based intermediate care which is causing a knock-on effect in other areas due to staff being moved to support. As previously reported, there had also been a deterioration in discharge performance particularly in pathway one (domiciliary care) associated with the utilisation of community beds. Length of stay had increased by 1-2 days and one of the factors contributing to this related to availability of medication prior to discharge. Mr Beeken explained that the bed base had been expanded rapidly, creating community beds at Rowley Hospital, to support winter pressures which often resulted in delays in discharges for patients who would have ordinarily been discharged home.

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

| **22. Charity Committee Assurance Report** | **TB (03/24) 019** |
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Mr Argyle presented the report and advised the Board that the charity was due to be managed independently and this had been well overseen by the Charity Manager. The Committee had received the draft 5-year strategy, and the key areas of focus were currently being debated with the newly appointed Trustees. It was noted that the Trust finance department would continue to provide accounting services for the charity which is in line with other NHS charities. Mr Argyle highlighted that MMUH fundraising had been concluded however, discussions had taken place with the new Trustees regarding a phase 2 of fundraising that might be required. It was noted that there was a direct link between the inclusivity agenda and the Trust charity, and this was being pick up with the Trust networks.

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

| **23. Place Based Partnership Update** | **TB (03/24) 020** |
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Mr Beeken presented the report in the absence of Mr Fradgley. It was noted that all Sandwell schemes were delivering and admission rates for patients over 65 and patients experiencing a fall at home continued to decline, compared to other Trusts in the Black Country, thereby improving patient experience, safety and bed occupancy. The "Call before you convey" rates also continued to increase meaning that patients were streamed into the correct areas including the Care Navigation Centre to avoid admission and attendance. It was noted that the recent visit by Sir David Beham had triggered more interest in the Intermediate Discharge Hub from other systems. Mr Beeken concluded that although the system had a clear ambition to retain and develop the deployment of the service development fund to increase admission and attendance avoidance across the system, there were currently challenges associated with the number of vacancies within the Primary Care, Community and Therapies Care Group,

particularly in therapies, which may impact progress in this area. He recognised that there would need to be a balance with financial delivery as these vacancies would contribute significantly, on a non-recurrent basis, to a run rate which would support the income and expenditure position.

Mrs Roberts advised the Board that work is ongoing to review the therapies workforce which would align with the financial plan and include the implementation of different roles and growing current staff. This would be supported by the re-appointment of the Chief Allied Health Professional role and would link in with the work being done across the Black Country Provider Collaborative.

Mr Ubhi queried whether the learning from best practice in Sandwell was being captured and whether there was a methodical process for replicating this in Birmingham moving forward. Mr Beeken advised that learning from Sandwell was being disseminated to other Trusts within the Black Country through the System Out of Hospital Programme Board which forms part of the Black Country ICS operating structure. He talked about the challenges associated with sharing learning with Birmingham partners and the differences in their operating structure, however, explained that now the Trust had become the anchor institution in West Birmingham, it would be able to influence the implementation of areas of good practice within the Ladywood and Perry Barr locality partnership.

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

| **Governance, Risk & Regulatory** | |
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| **24. Joint Provider Committee – Report to Trust Boards** | **TB (03/24) 021** |

Mrs Writtle presented the report which provided an update on key messages from the Joint Provider Committee meeting held on 23rd February. She confirmed that clinical networking within the collaborative should be praised and a report on clinical collaboration would be shared more widely. Management of some of the corporate "back office" functions was due to be fast tracked. A joint Board Workshop had been scheduled for 19th April. Mrs Writtle offered to meet with the new Associate Non-Executive Directors to discuss the work of the Provider Collaborative and the Joint Provider Committee in more detail.

The report was **RECEIVED** and **NOTED** for assurance.

| **For Information** | |
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| **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** |
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There was no other business.

Details of the next meeting of the Public Trust Board: 8th May 2024 at 10:00am.

**Meeting close**