



**Minutes of the Trust Board Meeting
held in public on Wednesday 31 July 2013 in the Boardroom**

Present:

Dr Bryan Jackson, Chairman (Chair)
Mr Graham Bragg, Acting Chief Executive
Mrs Lindsey Webb, Deputy CEO & Director of Nursing, Governance & Strategy
Mr Paul Athey, Director of Finance
Mr Andrew Pearson, Medical Director
Mrs Amanda Markall, Director of Operations
Mr Robert Millinship, Non-Executive Director
Mr Tim Pile, Non-Executive Director
Mr Andrew Meehan, Non-Executive Director
Ms Elizabeth Mountford, Non-Executive Director

In attendance:

Ms Joy Street, Company Secretary
Mrs Anne Cholmondeley, Director of Workforce & Organisational Development
Mr Roger Tillman, Interim Deputy Medical Director
Mr Mel Grainger, Clinical Director for Spinal Surgery (agenda item 07/13/1446)
Mr Edward Davies, Clinical Director for Research & Development (agenda item 07/13/1447)

ACTION

07/13/1433 Apologies and welcomes

Apologies were received from Professor Tauny Southwood, Non-Executive Director and Professor Francis Kirkham, Non-Executive Director

07/13/1434 Introductions & Welcome

None

07/13/1435 Declarations of Interest

No other Declarations of Interest than those registered previously.

07/13/1436 Minutes of the Trust Board meeting held on 29th May 2013

The minutes were approved as a correct record subject to the following amendments:

05/13/1413 – Third bullet point should read Specialist Commissioning Team met Local Area Team.

07/13/1437 Action Points

The action notes were updated (see separate sheet).

07/13/1438 Chairman's & Chief Executive's Update

- GB reported the retirement on ill health grounds of the Trust's CEO, Donal O'Donoghue. It was noted that a low-key presentation had been made by a small group of staff at the end of June. All Board members wished him well in these difficult times.
- GB formally reported the resignation of Lindsey Webb as Director of Nursing, Governance & Strategy and confirmed that the Board Nominations and Remuneration Committee would meet after the Board meeting to finalise interim and recruitment arrangements. This meeting would also finalise arrangements for CEO recruitment.
- GB also reported that Heidi Peakman, Deputy Director of Nursing & Governance had been granted a 6 month secondment for family reasons and an interim cover arrangement was being sought.
- BJ reported that the Trust had ranked 19th in the national Friends and Family data which was to be commended.
- GB reported that the staff party held on the 5th July had been well attended and was very well received and this had helped to raise morale.
- GB advised that ADCU would open from late August with a managed start process and snagging log to ensure that the transition was as smooth as possible. TP asked if it was worth getting together those who had expressed concerns to walk the patient pathway and understand how it was going to work. AP confirmed that doctors were visiting and TP suggested this be insisted upon. It was noted that the Chairman's recommendation to manage issues as they arise was to be followed.
- Medical staff engagement was on-going and GB and AP had held the first of a planned series of dinners with invited medics. The overall outcome will be reported back to a future Board meeting.
- The Trust had been out to tender for an orthotics contract to review the provider. Using the agreed competitive tender process and selecting bidders from the national framework, the proposed provider is not the current provider. The key difference was on quality. **The recommendation was supported by ADM and the Board approved the selection.**
- GB reported that the Trust had yet to receive notification from Monitor as to whether it would review the Trust's Annual Plan in detail. **It was agreed to circulate all Board members once the position became known.**

GB

- GB reported that the staff engagement interviews were almost complete and that the results of these would be fed back to a workshop in the autumn.
- JS reported on the marketing meeting which had been well supported by doctors and the key decisions would be who we marketed what to and how we chose the routes to get to that market. RT felt that GPs referred in a completely ad-hoc way. TP had suggested we secure a marketing expert on secondment for a day a week for a few weeks; AP had a contact that may be able to do this. The Board supported this approach. GB asked for an action plan and timetable to be provided for EMT to consider. JS also advised that the Trust was putting up success posters to notify staff and patients of good news.
- Interviews for two anaesthetists took place yesterday and one appointment will be offered.

AP

JS

07/13/1439 Medical Director's Report

AP presented the Medical Director's Report.

BJ asked if the Trust was at risk because of the low rates of mandatory training take up among doctors. AC commented that there had been a review from the commissioners as it is a quality standard within the contract and as such, the Trust would be at risk. AP advised that appraisal is mandatory in order for a doctor to be revalidated. An extra mandatory training session had been put on at the end of September. BJ asked if the training was deemed worthwhile and AC indicated that staff perceive it as a 'must-do' and the content is dry and repeated each year. EM had attended and felt that it was adequate but that on an annual basis it would not be a high priority in terms of interest despite it being an essential requirement. Some specialist clinical sessions that are mandatory but are perceived as not relevant, face particular difficulties in securing attendance. **EM offered to support AC in developing improvements.**

AC/EM

The Board noted the update.

07/13/1440 Medical Staff Committee Update Report

GB presented the Medical Staff Committee (MSC) report following the MSC meeting held on the 26 July 2013.

Issues raised included:

- Destruction of hospital notes. GB expressed disappointment at this item given the extensive work undertaken over many months by staff teams to consider this issue. This highlighted that, despite discussion with Clinical Directors, there did not appear to have been a wider discussion within their teams. The Trust proposals had taken account of the paediatric and oncology issue

but the issue on implants was not accepted as it would cover the majority of trust work. RT and AP confirmed that notes had to be retained for eight years and that theatre records would remain available and these detailed implants. EM asked why the Trust did not scan records and was advised that the Trust hoped to do this following a reduction via the destruction policy. The Board noted the MSC bullet points and confirmed its support for the destruction of hospital notes as outlined by the Executive Team, being assured that both paediatrics and oncology had already been considered as exceptions and that the issue of implants be the subject of further clarification with the Chairman of MSC. **The Board asked the Chairman to agree any executive proposals with the Acting CEO.**

BJ/GB

- The Board noted the concerns of MSC about the potential for additional pressures on medical secretaries due to the requirement to issue discharge letters to patients. It was advised that there were a wide range of views expressed with some doctors having worked in this way for many years. RT felt that there were instances where letters were not understood by patients and secretaries were called for explanation. AP felt that the advanced systems used at UHB where patients could access letters electronically would be very simple. AM commented that this requirement is within the NHS constitution. BJ felt that this should be enforced as it is a key requirement of NHS organisations.

GB would write back to the MSC.

GB

The Board noted the update from MSC.

07/13/1441 Nursing Staff Report

The Board noted the first report from nursing staff. The Director of Nursing & Governance stated that all issues were being addressed following a recent Ward Managers away day.

Strategy and Organisation Development

07/13/1442 Francis Report

LW reported that executive groups had begun to meet and that Non-Executive Director involvement was welcomed. BJ volunteered for creating the right culture. **Other Non-Executive Directors to contact LW.**

NEDs

07/13/1443 Board Committees

JS introduced the report which had draft terms of reference for Board Committees following a recent review. The biggest difference was the change from Integrated Governance to Clinical Governance and this had been discussed in principle with the chairs of both Audit and IGC and was felt to be the right

solution.

Board Terms of Reference had also been included and these were based on recommended best practice from the Foundation Trust Network.

ADM felt that the Audit Committee should include reference to both Monitor and corporate governance.

BJ suggested that Board review should be every 3 years.

Committees were asked to review their terms of reference and make amendments ready for formal adoption in October (on the proviso that such amendments maintained the integrity of purpose outlined in the illustrative diagram contained within the report).

ADM/TS/
JS/PA

07/13/1444 Council of Governors' Constitution

JS gave a verbal update to confirm that the paper which had been circulated to Board members for consideration was for comments by the 15th August. It was planned to take forward ideas agreed by Board members by having discussions with the Trust's legal advisors in order to pull together a comprehensive proposal for consideration by the Council of Governors in the autumn. This would ensure that the Trust was able to change the constitution in the way it proposed rather than suggest something to governors which might then prove impossible to enact. JS had reported that FK supported this approach and confirmed that she was entirely comfortable with the changes being proposed. In response to a question from GB, JS confirmed that the Trust was not at risk for not agreeing the constitution.

ALL

JS would then contact lawyers and feedback with their views and a timetable at the September Board meeting.

JS

07/13/1445 Board Assurance Framework

LW presented the proposed approach to the Board Assurance Framework (BAF) and proposed high level risks for consideration by the Board.

BJ asked LW to clarify the difference between the BAF and CRR (Corporate Risk Register). BAF risks are those which challenge strategy. Inherent scores are scores when the risk is identified – start scores, current is as of a given date and final is the outcome desired score.

ADM felt that the proposed risks were much better in terms of big BAF risks. **The addition of a risk on finance was agreed.**

The Board approved the BAF revisions as suggested.

PA

07/13/1446 Spinal Deformity Presentation

MG attended the meeting and gave a presentation on the spinal service.

The service is recognised nationally and internationally and patients experience extremely low levels of complications. Areas for continuous improvement however do remain such as lack of outcomes data, capacity versus demand and consultant engagement in the wider Trust.

Over the last year the service had experienced a range of unplanned staffing issues which compounded issues that were already known and really impacted on capacity to deliver surgery. Co-incidental with this, the commissioners demanded that the Trust eliminate its 52 week waiters.

Outstanding issues remain in terms of appointment processes which can cause delays. Delays in treating spinal deformity in children can result in more complex surgery being required and it is intended that this be avoided wherever possible. Imaging resources cause issues, particularly the CT scanner (a replacement is in process). There remain issues in working with the Children's Hospital and lack of anaesthetic and medical back-up is not always ideal given complexity of cases.

Looking forward, the Trust has major strength in deformity and bone tumour and has additional capacity and a strong functional restoration programme. There remains a challenge from UHB and its major trauma centre. Not having trauma impacts on the range of training we can offer to junior doctors.

RM asked what the top priorities were. MG responded that outcome data was essential and strength of medical back-up. MG was asked whether the staffing issues of the last year had been mitigated and he said that as far as was possible any forward scenario planning had taken place.

GB felt that the Board should be reassured that Spinal Services were acknowledged as a growth service. GB gave credit to MG for the achievements he had made in coming to terms with and managing the challenges of this service. AC felt that longer term planning for the skills needed in the workforce was necessary. MG gave an example of a more junior colleague who may be available to join the Trust in a couple of years. BJ suggested considering recruiting staff from the army medical corps as their role in Afghanistan declined. MG was actively courting interest. **The Board asked GB to review the situation with outcomes data.**

GB

TP felt that there should be a real focus on the support structures such as IT and administration processes in order to ease delivery.

07/13/1447 Proposal for Option Appraisal Commercial Tissue Requests

ED attended the meeting to present the option appraisal for consideration of the Trust supporting surplus unused tissue requests for use by commercial companies and for financial gain from the Trust. The Trust was given details on ethical assurance and precedent as part of the discussion.

The issue for consideration by the Board was not ethics but reputational risk. BIOPTA was confirmed as a large and established commercial company. Patient approval processes were clear and included in the submitted paperwork.

One question for consideration posed was 'is it right to discard tissue that could be used for research?'

Four options were presented:

1. Pilot collaboration with Biopta
2. Collaborate with Biopta and other commercial partners
3. Don't collaborate with industry partners
4. Review situation at a later date

ADM asked what percentage of research was undertaken in the private versus public sector and ED confirmed that it was the majority.

RM asked whether the Trust would have to house significant volumes of tissue in case of demand and ED confirmed that supply would be on demand in most cases.

ED referred to the information he had supplied from the House of Lords which reflected the view that there was a dearth of human tissue and that animal tissue had to be used instead.

TM asked if there was a financial arrangement between Trusts and the university repository. ED confirmed the ROH has not at this point but may in future if volumes determine.

EM asked what feedback Biopta had given following the discussion at IGC in terms of reputational damage and ED confirmed that they had a very positive line about their healthcare benefits. It was also confirmed that Biopta was not in a position to shield the Trust from any negative press.

AMD felt it was a very clear decision and TP felt that the use of income generated should be for the purpose of further research.

The Board supported the collaboration with Biopta for commercial gain. Subject to on-going maintenance of thorough, informed and robust consent from patients. In addition any company worked with should be thoroughly assessed against UK standards and ethics.

RT commented that theatre staff should have this process fully explained. This was agreed.

ED

07/13/1448

Performance Management/Assurance Reports

Corporate Performance Report & PMO

PA and AC gave a presentation on the June 2013 Corporate Performance Report.

The Board congratulated the Operations Team for the achievement of the referral to treatment (RTT) targets. 52 week waits had reduced significantly and commissioners had confirmed they will not issue fines if the decline continues for at least Q1 and Q2. RM asked, in light of the presentation on spinal service pressures, what the key factors had been in achieving this excellent outcome and AM advised there were multiple factors from revalidation of waiting lists to re-grouping the staff team and way of working.

EM asked if this was the beginning of a change in attitude within the team and AM said it was beginning but the Clinical Director was supporting this.

PA highlighted the impact on surplus of facing costs attributable to the additional activity.

The Trust's cash position had been adversely affected by delays in commissioner payments (circa £1.2m variance).

Three issues causing quarterly financial variance were highlighted :

- Outsourcing for MRI capacity £59k – being reviewed by the Intensive Support Team
- Junior doctor locum spend £23k – this is part of a major review by AP and AC and anticipated mitigation through the appointment of medical fellows had not materialised.
- Clinical agency cost £78k – some elements of over-recruitment and failure to secure good substantive replacements for expensive agency staff had contributed to this.

AC presented workforce issues:

- Turnover - continued to be high across Nursing (Qualified and HCA), Scientific and Technical staff and Non-Training Doctors and actions were in train including leadership

stability, review of the medical workforce model, and gathering exit interview data to assess themes and triggers especially among nurses. Staff engagement activity would help support better results. BJ suggested that existing staff were asked why they stay as well.

- Vacancies – 60 FTE vacancies with 90 people for the roles (part time as well as full time). Another 59 staff from bank, junior doctors and clinical workers also contribute to the recruitment activity in the Trust. Short term this creates huge demand for servicing in HR and teams and BJ felt this must have potential to impact negatively on quality as staff get involved in the recruitment process. LW commented that the Trust was being more stringent in its assessment citing the use of an assessment centre approach for theatre vacancies.

Executive challenge and review of vacancies with directorates continues and processes are being streamlined.

- Sickness – levels were marginally improving. In theatres there were particular issues of long term sickness.
- Mandatory training and appraisals – this had been focused on and significant improvements achieved with non-medical staff. Clinical Directors had been asked for plans for medical staff. These not having been provided AP and AC will hold a meeting with them. BJ asked if this was in their objectives and was advised that it is not yet there.

The Board noted the report.

07/13/1449 Quarter One Workforce Report

AC presented the Quarter One Workforce Report and asked the Board to note that the job planning outcomes requested by the Board were contained in section 3 of the paper.

The Board noted the report.

07/13/1450 Patient Safety Report

LW introduced the Patient Safety Report and highlighted the following:

- The Ward Dashboard had improved and HDU, where there had been improvements remained red.
- Three meetings on safety had been held and this was encouraging.
- Two SIRIs had occurred which related to patient notes and the Information Governance Manager is actively reviewing processes. Safeguarding issues had been raised as a result of a failure to undertake routine

pregnancy testing. The morphine overdose had caused no adverse long term effect on the patient.

- 07/13/1451** **The Board noted the Patient Safety Report Integrated Governance Committee Report – 26 July 2013**
EM presented the report prepared by TS following the Integrated Governance Committee meeting held on the 26 July 2013. EM added comments that the discussion of the human tissue matter had provided IGC significant challenge and resulted in a much more cogent proposal coming to the Board. LW commented that the quality report contained information on review of SIRIs.

The Board noted the update.

- 07/13/1452** **Audit Committee Report – 16 July 2013**
ADM provided an update following the Audit Committee meeting held on the 16 July 2013.

The Annual report of the Audit Committee will be considered by the Board in September.

JS

The Board noted the update.

- 07/13/1453** **Trust Board Risks**
BJ proposed that the Board's risk around capability be maintained at its current risk rating. The document should be updated to say that the new element of risk was the loss of the Director of Nursing, Governance & Strategy. The current rating remains amber.

JS and GB to update the risk treatment action plan.

JS/GB

- 07/13/1454** **Quarter One Governance Quarterly Declaration Report**
GB introduced the declaration and asked the Board to support the declaration of compliance with targets.

The Board approved the Q1 Declaration.

- 07/13/1455** **Board Committees & ad-hoc Groups not covered elsewhere Remuneration Committee – 10 June 2013**
BJ reported that the committee had focused on arrangements for the retirement of the CEO, which had now taken place.

- 07/13/1456** **Investment Committee – 29 July 2013**
RM tabled a report from the Committee.

The meeting met representatives of Bournville Village Trust to discuss their development on the former Bournville College site. ADM highlighted the financial exposure of £25k and the scheme

offered huge potential to grow.

The Board supported the submission of a letter of intent to BVT confirming the Trust's aspiration to offer physiotherapy services in the Health and Wellbeing Centre on the site subject to a business case.

AM

RM reported that there was commitment to supporting work to reduce surgical site infections. GB and PA will meet to prepare a submission for potential support from charitable funds.

GB/PA

The committee also recommended for support to enhance the sports injury development. **This was approved.**

AM

07/13/1457 Items for Executive Question Time/CEO Briefing

Item not discussed

07/13/1458 Any Other Business

None

07/13/1459 Date and Time of Next Trust Board Meeting

No meeting in August

Trust Board meeting Wednesday 25 September 2013 at 8.30 am in the Board Room, AGM to be held late afternoon/early evening (time tbc)

The Board resolved that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.