



**Minutes of the Trust Board Meeting held on
Wednesday 25 January 2012 in the Board Room**

Present:

Mr Laurence James, Chairman
Mr Graham Bragg, Acting CEO & Director of Strategic & Business Development
Mrs Lindsey Webb, Director of Nursing & Governance
Mr Steve Bloomer, Director of Finance
Mr Andrew Thomas, Medical Director
Mrs Val Doyle, Director of Operations
Mr Robert Millinship, Non-Executive Director
Professor Tauny Southwood, Non-Executive Director
Dr Liz Hensel, Non-Executive Director
Mr Chris Monk, Non-Executive Director
Mr Roger Otto, Non-Executive Director
Mrs Frances Kirkham, Non-Executive Director

In attendance:

Ms Anne Gynane, Director of Workforce and Organisation Development
Mr Donal O'Donoghue
Mrs Katie Platts, Executive Assistant to the CEO & Chair (minutes)

ACTION

01/12/1121 Apologies

Ms Joy Street, Company Secretary

01/12/1122 Declarations of Interest

None

**01/12/1123 Minutes of the Trust Board meeting held on 21
December 2011**

The minutes were approved as a correct record:

01/12/1124 Matters Arising

- AT provided an update on the Royal College investigation. The supervision that had been put in place is going well. AT had spoken with the two Anaesthetists and two Consultants concerned as well as the nursing staff that run the theatre operating sessions and no clinical problems had been reported. AT had emailed the supervisors so that the arrangements were confirmed in writing. An external consultant, Dr Thomas, had agreed to undertake an investigation and

is coming to see AT next Wednesday in order to start the case work. LW informed the Board that a second pre-inquest hearing had been adjourned last week for which no reason was given for the cancellation and it is assumed that there will not be a pre-inquest hearing. A four day inquest is proposed in which 25 witnesses will be called upon. Press releases around this case are being considered in case of media coverage. **AT and LW to brief Mr O'Donoghue around this case.**

AT/LW

- The Compliance Framework was published about 10 days ago and is in hand for the Trust to respond to.
- The Patients Association Care Campaign Commitment had been signed and returned, staff had been informed and the Trusts commitment had been uploaded onto the Trusts website.
- LW had pursued the idea of developing a research project around falls with Mr Davis who was keen to take up such a research project and suggested the Trust starts with a service evaluation of the Trust and then look at a piece of work across the West Midlands with assistance with the Research & Development Department. LJ queried how progress would be measured. LW suggested that a service evaluation is undertaken in the first instance to see what information the Trust has and then for a research question to be developed.
- SB reported that work is in the PMO on outpatient x-ray waiting times and the first stage is due to finish at the end of March.
- AG reported that further information on numbers and qualitative aspects around fixed term contract posts/turnover was limited due to a limited return of exit questionnaires. Staff that had left the Trust in the last year are to be written to so further information could be obtained on reasons for leaving the Trust. **AG to report back to Trust Board in April.**

AG

01/12/1125 • Workforce Data

This was discussed under Matters Arising (see note above).

01/12/1126 • Academic Strategy

GB presented the Academic Strategy Report which had been requested at the December Board meeting in order to ensure that the Trust was able to develop joint appointments with the University of Birmingham at Senior Lecturer level as part of the Trusts strategy to develop its academic reputation further.

The report provided gives a thorough update from the well-attended Board Workshop held on the 18 January and recommends not only for the creation of two posts (to be phased over time) but also for a review of the structure which underpins the overarching Academic Strategy.

RO queried intellectual property rights. GB informed the Board that the Trust had an Intellectual Property Rights Policy.

RM highlighted the potential third post outlined in the report. LJ informed the Board that there is an opportunity and work for a third post which will be considered later.

The Board was recommended to seek from the Executives, a proposal which meets the principles outlined in the report and to discuss the potential end-state options and timelines at the February Board meeting.

JS

The Board supported the Trust in proposing the creation of the jointly funded roles with the University of Birmingham of Senior Lecturer Outcomes and Senior Lecturer Cancer/ Sarcoma.

01/12/1127 Chairman's Update

LJ provided an update on the following key items.

- Mr Donal O'Donoghue had been appointed as Chief Executive and a start date of the 12th March had been confirmed.
- VMD will be leaving the Trust on the 31 March 2012 to take up a similar appointment at the Robert Jones & Agnes Hunt FT. On behalf of the Board LJ wished VMD all the very best with her new role. An Interim Director of Operation's is to be appointed to.
- LJ had attended the Surgical Audit meeting in its new format and reported that it was a better meeting and progress is being made.
- LJ had met with the Chair at Birmingham Children's Hospital (BCH) and reported that BCH is recruiting a new Non-Executive Director. LJ also provided an update on issues within the Foundation Trust Network.
- LJ had attended a CQC Workshop entitled 'Why wait for inspection' with LW.

- LJ had met with Mr Paul Sabapathy who is now the Bournville Village Trust representative on the Members Council. It was highlighted that Mr Sabapathy is a nominated representative on the Heart of England FT Council which is to be checked in terms of governance arrangements.
- An Academic Workshop had been held which was highlighted in the previous agenda item.
- A Specialist Orthopaedic Alliance (SOA) meeting had taken place on the 20 January which the ROH hosted. A presentation was received from Martin Campbell, Head of Payment by Result's (PbR). LJ informed the Board that GB had led PbR on behalf of the SOA and had made good progress with good partnership working relationships with the Department of Health and work should continue with the PbR Team for a few more years. Noted that a team with the SOA is being pulled together to take forward work on outcomes and complications to help influence the tariff.
- Stephanie Coffey, Compliance Manager at Monitor is being seconded from that role within Monitor and a replacement Compliance Manager had not yet been confirmed.
- Board appraisals are to be arranged in February and appraisal forms will be circulated for completion.
- Board Terms of Reference (ToR) were circulated at the meeting and the following comments were made.

It was suggested that the purpose of the Board needs to be incorporated into the ToR and also include patient safety and quality. FK commented that frequency of meetings ought to be specified. RM suggested that the first paragraph be expanded on performance and strategy. AT suggested that under key objectives, 'operates within statutory duties' ought to be more defined.

The Terms of Reference were approved with agreement for a three month review date.

LW

Update noted

**01/12/1128 Chief Executive's Update and Recommendations
External Matters**

1. Care Quality Commission (CQC) Unannounced Visit – 1st & 2nd December 2011

The draft report had been received by the Trust. The CQC found that the Trust was compliant in all 4 areas that they reviewed. Further detail is referred to in the

Nurse Directors Patient Safety and Experience Report.

2. CQC National Outpatients Survey 2011

The Trust received first notification of this survey on the 19 January 2012 with a publication date on the 14 February 2012. GB presented the findings of the survey (presentation attached) and circulated the scoring mechanism to the Board.

Noted that the response rate to the survey in 2009 was 499 and in 2011 it was 464. EH asked if the Trust had access to the raw data following the survey. VMD informed the Board that this information is available which EH thought would be useful information to have.

Concern was raised around appointments and the level of information the Trust provides and the passing of information to GPs in a timely manner. VMD highlighted that in March and April 2011 the Trust was moving its outpatient's service and some patients had their appointments changed. When combined with the non-admitted back log being at its highest ever this outcome was expected. Delays were also experienced within the spinal service and problems with waiting times also coincided with the level of complaints rising. VMD also felt that the admin review and the streamlining of services were contributing factors.

TS queried whether the Choose and Book service was introduced at this time. VMD informed the Board that 90% of services are now on Choose and Book but Spinal Services were not currently on the system. Non-attendeo outpatient rate was also questioned but it was felt it had changed significantly.

LW highlighted that the Trusts Inpatient Survey results are to be released over the next few weeks which may tie in with this survey.

The Trust is to prepare a press release following the results of the survey, and to undertake its own internal survey mid-year which will be discussed at Clinical Outcomes and EMT.

JS/EMT

EH requested a presentation on the final findings of the Outpatient Research Project which LW agreed to present at Board.

LW

3. Operating Framework 2012/13

A summary of the highlights were given in the CEOs December Report but attached at Appendix 1 of this month's CEO Report is a fuller briefing from the NHS Confederation.

4. Estates Maintenance, Medical Equipment and Premises Maintenance Procedures

The Midlands and East NHS Strategic Health Authority had informed the Trust that the CQC will in future be carrying out Health and Safety inspections. The SHA had carried out some research which indicated that only 23% of the organisation's surveyed produced a report to their Trust Board on the level of Planned Preventative Maintenance (PPM) being undertaken.

The SHA are advising that:

"The Chief Executive and the Board should; with advice from an informed person of Estates and Medical Equipment, set the level of Planned Preventative Maintenance (PPM) for the organisation ranging from:

- a) Minimum standard: covering statutory and mandatory maintenance only*
- b) Business continuity: all estates and equipment maintained to minimise service failures*
- c) Full life cycle maintenance: to ensure value for money over the asset lifetime, typically 30/60 years".*

It was noted that the Acting Chief Executive had asked the Director of Finance and Head of Estates to consider how best to report these issues to the Executive Management Team and Trust Board on a regular basis.

Recommendations will be provided to the March Trust Board.

SB

Internal Matters

1. Appointments

The Board noted the appointments of the CEO and Director of Operations and the arrangements being put in place for the Theatre Manager.

The Board approved the CEO recommendations as highlighted above.

01/12/1129 **Patient Safety and Experience**
Director of Nursing & Governance Patient Safety
Report

LW highlighted the following elements of the Patient Safety Report:

1. Serious Incidents requiring investigation (SIRI)

Appendix 1 of the report provides a detailed breakdown of SIRIs occurring within the month and updates on previously reported SIRIs

There were no SIRIs in month, a reduction from 1 the previous month.

Incident reporting

Low levels of incident reporting had been noted in month although an in-month review does reflect that it fluctuated in line with activity and closed wards. In a number of areas, including staffing and medicines management, a reduction had been seen due to the changes implemented to improve patient safety. The reporting of incidents will remain a priority for the Governance Team and Executive Team via safety walkabouts. The Staff Survey results will also be reviewed as a measure of an incident reporting culture.

2. Falls

2.1 Monthly performance

There was a total of 7 adult inpatient falls, a reduction from 10 the previous month (total falls in Quarter 3 = 23)

Total falls for 2011- 2012 to date are reduced at 69 compared to 71 for the same period last year.

2.2 Q3 falls audit

A sample of 88 sets of notes had been taken from Wards 1, 2, 3, 10, 12 and Forelands (adult inpatient wards).

Overall the results show a significant improvement in five of the six areas.

LW informed members on the detail of the audit and its findings in her report.

Actions following the audit were outlined in the report provided.

Quarter 3 CQUINs had been achieved.

3. Ward dashboard

LW updated members of the performance as detailed in the report.

LJ asked whether assurance could be provided within Theatres and whether things had improved in this area. LW highlighted issues around high use of bank and agency staff within Theatres which is at 50%. It was noted that staff are budgeted correctly for Theatres, however sickness is still high, at 25%, but is being managed proactively and there are a number of disciplinary cases currently on-going. The majority of the bank and agency staff currently being used have worked at the Trust for a lengthy period of time and are therefore proficient in the duties they perform.

AG highlighted culture issues within Theatres with persistent short term sickness, and long term sickness which presents significant challenge with 21% of cases relating to stress.

LW highlighted that positive feedback had been received around changes to the on-call rota and changes in roles. Noted there are gaps in some of the speciality teams which are being recruited to.

A meeting had been held with Theatre staff where the importance of the WHO Staff Briefing was reiterated and if staff were concerned about any safety issues they should be raised before lists are started. To date no lists had been cancelled on safety issues.

RO queried whether there were one or two colleagues in Theatres with a negative attitude not helping things to move forward. AG informed the Board that team leaders are addressing such issues and managing poor performance.

4. Improving X-ray waiting times for outpatients

Since the last Board meeting a master schedule had been agreed along with key performance indicators for this project as part of the PMO office. The service analysis had been completed and the visual display board implemented. An enhanced booking system will be in place by the end of

February along with a revised process for all radiographers to follow to reduce variations in the patient pathway.

Progress on this project will be monitored via the current PMO structure.

5. Surgical/Anaesthetic audit

An audit of hospital switchboard response times had been presented, **the results of which demonstrate areas for improvement which will be taken forward as part of the SLA negotiations with the switchboard provider.**

LW

A summary of HDU emergency admissions, readmissions and transfers out of the hospital had been presented at the joint meeting and will become a regular agenda item.

Trends from this review were identified as:

- Late detection and escalation of respiratory problems
- Non-disclosure by patients of health issues on the day of surgery e.g. recent chest infections
- A need for greater monitoring of fluid balance
- Late referrals to outreach/HDU

Action to address these findings had been agreed.

6. SMT Safety workshop – progress report

Update was provided at Appendix 2 of the report.

7. External scrutiny

Care Quality Commission unannounced inspection

The draft report had now been received from the CQC indicating that they found the Trust to be compliant with the following outcomes:

- Outcome 04 - Care and welfare of people who use services
- Outcome 09 - Management of medicines
- Outcome 14 - Supporting staff
- Outcome 16 - Assessing and monitoring the quality of service provision

Once the final report had been received this will be shared in full with Board members and the organisation.

LW

8. Being Open

The most recent NPSA alert on the implementation of 'Being Open', a forerunner to a Duty of Candour (which strengthens the requirements by including them in contractual arrangements) requires a published Board commitment to 'Being Open'. It is proposed that the commitment outlined in the report is published on the Trust's website.

LW and TS to discuss TS being the lead Non-Executive Director for this commitment which he agreed in principle. FK asked what the Trust is going to do about this policy. LW informed the Board that there will be senior clinical councillors with a lead from each speciality to be identified as a contact.

LW to put a plan together to highlight what the Trust is doing and what is planned to be done within the timescales.

LW

9. Prime Ministers comment on nursing standards

Following a number of critical reports of patient care over the last 12 months the Prime Minister had committed to improve standards of nursing care:

The detail is yet to be provided but once known will be analysed and the implications for the Trust reported to the Board. Noted that work in many of these areas e.g. productive ward, pressure ulcers, falls and hospital acquired infection is already underway.

LW

10. Pressure ulcer themed review – Birmingham and Solihull Cluster

The Cluster is undertaking a themed review across all providers and visited the Trust in December to undertake this review. The two reviewers visited Wards 3 and 12, undertaking a case note review and talking to ward staff, the Tissue Viability Lead Nurse and the Senior Nurse for Infection Prevention and Control.

A report had been produced and recommendations made which will be implemented.

LW

The Patient Safety and Experience Report was noted.

01/12/1130 Medical Director's Report

AT highlighted the following key issues from the Medical Director's Report.

Physician Cover

AT updated the Board of progress on this matter.

RO noted that this red risk was incorporated into the Board Assurance Framework and requested that AT's actions be updated in the BAF.

AT

Orthopaedic Oncology MDT

The Oncology MDT is now taking place as an MDT should with rotation of Radiologists. AT highlighted a problem in the summer with the Olympic games and lack of cover.

LJ noted that the Trust had previously agreed to appoint an additional consultant and urgent action needs to be taken to fill post.

AT

Re-Admissions Analysis

FK raised the issue of improving personalised patient information. AT provided verbal assurance that the Health Foundation have some funding available and once funding had been confirmed, a programmer position will go out to advert to assist in this issue. **FK queried the timescale around this and AT was requested to provide a timescale at the next Board meeting.**

AT

The Board noted the report.

01/12/1131 Complaint Report

The report provided updates the Board primarily on the current status of complaint handling within the Trust. It also makes reference to PALs and Compliments in order to provide a more rounded picture of the work being done.

It has been prepared to provide assurance on progress with regard to tackling the backlog and also to give an indication of the steps already taken or planned in order to maintain and improve further.

GB informed the Board that the Chief Executive receives a monthly complaint status report which is challenged more locally. There are some complainants who continue to contact as they feel their questions have not been answered, these are being scrutinised.

CM commented that the first challenge is for complaints to be handled locally and quickly and this requires a change in culture which is linked to the Being Open initiative. The second challenge is tackling the backlog.

AG questioned whether there was a piece of work that the Executive Directors could do as organisational development to tie in with common themes around communications and complaints which could be done Trust wide and include training. LJ added lessons that can be learned from other industries. SB informed the Board that Centro are coming to the Trust to share some of their work.

It was agreed for JS to report back in 3 months' time.

JS

RM requested that future complaint reports incorporate more detail/clarity on progress to be provided.

RO highlighted the work being done as part of a follow up Internal Audit report on complaints assurance. SB commented that it is likely to give amber/red and could have an impact on the Internal Statement of Control to be signed at the year end.

The Board noted the report and progress made.

Strategic Issues

01/12/1132

KPI Update

- **Reputation for Service Improvement & Innovation**
- **Provide Care in settings to meet the needs of patients**

The paper provided detail underpinning the mid-year review report presented at the October Board.

A good performance had been achieved against the KPI 1 which had been given a green rating however KPI 2 is red rated due to the economic climate and lack of growth. Work remains to be done in particular increasing the Private Patient activity and developing new services.

SB informed the Board that the Trust has got some over performance and is making sure the income for this is being collected.

LJ questioned whether the Trust was doing everything it could to position itself to do business with other commissioners. SB informed the Board that the Trust is not quite there but is striving to get there over the next 12 months.

FK questioned what measures are being taken in relation to both of these measures and to understand how the Trust is going to keep on top of them as these are areas that require focus and more detail would be beneficial in order to provide greater input. **Action to be picked up.**

VMD

The Trust Board noted progress with the delivery of the objectives.

01/12/1133 **Business and Governance Reports**
Corporate Performance Report

SB introduced the report and explained that the overall Trust position was green which was encouraging. The Workforce Indicator was red however the way sickness is measured and taking into account the month of December, the Trust would have struggled for this indicator to be green.

EH asked what the red on mixed sex occurrence was and it was noted that this was reported last month. EH queried projected outturns which were explained.

Noted total re-admissions had been highlighted within the Medical Directors Report (01/12/1130).

Quality

There had been no C Difficile's reported in November or December. Discussion held around the Trusts Quarter 3 Declaration to Monitor. The two previous governance declarations were declaration two for both quarters based on concern in not hitting the C Difficile target. At Quarter 3 the Trust had not had any C Difficile's in October/ November and December, the data for which is provided in the Monitor Quarter 3 Declaration Report, however the Trust had one C Difficile in January. From looking at the figures however it is recommended that the Trust declares green for the year end position.

Assurance was provided that risks in relation to C. Difficile continue to be managed effectively with evidence of appropriate antibiotic prescribing, improving compliance with hand hygiene (to date no cases have been due to

cross infection), high standards of environmental cleaning and the use, where necessary of the Bioquell machine (again, no cases to date have been due to environmental issues). LW also highlighted best practice undertaken at the Royal Marsden's Hospital and Christie's Hospital in which they are doing nothing that the Trust is not already doing. Noted that the Christie's Hospital algorithm is different to that which the Trust uses which is something that may change next year.

FK highlighted that in relation to C Difficile, Oncology is an area of concern and asked whether there is anything the Trust can do in relation to Oncology patients that has not been done already. LW highlighted that all cases relate to patients that have had chemotherapy but there are no known alternative antibiotic regimes for these patients.

Operations

RTT targets had been achieved. Noted that the targets in the Compliance Framework are same as that in the Operating Frame except the Operating Framework requires that these targets have to be achieved across all specialities and will therefore be a contractual requirement next year. Work is being done on this.

18 week backlog figures increased in December due to reduced activity over the Christmas period and therefore some work is to be done on this. Admitted backlog figures increased slightly mainly due to Arthroscopy and additional lists have been put in place to catch up. Spinal deformity is moving in the right direction slowly. All cancer targets had been achieved however the final cancer waiting time figure for November showed a shared breach of the 62 Day Cancer Target.

LJ alluded to initiatives that VMD had instigated and questioned whether the Operation's Team are tuned in to the various initiatives on a day to day basis with VMD's departure. VMD assured the Board that the Operations Team are more proactive about managing targets and for the last few months VMD has allowed the team to manage the process and come up with solutions themselves which they are now managing.

Activity in the main was achieved for December. Noted two Theatres were deep cleaned and staff time was used usefully. Theatre utilisation had improved in comparison to last year.

RM queried the red metrics on page 9 of the CPR. Noted that this was due to there being fewer under runs. Question was raised as to whether any action/work was taken on time taken in Theatre per consultant. AT informed the Board that this is already done and suspected that many of the under runs would have been due to cancellations. VMD added that on a weekly basis ORMIS predicts the time needed in Theatre and this is analysed in terms of time actually taken.

Workforce

Agency usage deteriorated in-month due to junior doctor cover; however the gap in cover is likely to reduce in January due to new recruitments. The Trust is looking to convert agency staff to substantive posts and Theatres is also the area where agency spend is mostly used.

Finance

The Trust made an overall surplus in-month against a planned deficit position due to working with local commissioners to resolve a range of contracting issues which has resulted in outstanding debts to be reduced.

The Finance risk indicator for Monitor is highlighted on page 13 of the CPR.

RO queried whether Monitor expects to see the detail around material non-recurrent variances in which SB informed the Board that they do.

CM queried whether it was recurrent or non-recurrent CIPs needed to put the Trusts CIP Target back on track. SB informed the Board that at the moment all CIPs are recurrent and there is a need to ensure that this continues and for the need to focus on the schemes that had not yet delivered.

RM asked what the prospect was of bringing Dudley and Sandwell contracts back to nil which currently the Trust is under performing on. SB informed the Board that work is being done to bring some extra work to the Trust. EH queried whether this would affect others on the waiting list from other PCTs. VMD responded that it would not as it had been agreed that other PCTs would not be affected and consultants are adamant about what patients they wish to treat dependent on need, plus the Trust has got extra sessions identified to undertake such work.

Report noted

01/12/1134 Foreign Travel

GB presented to the Board expenditure on overseas travel in the quarter from October 2011 to December 2011.

The Board noted the contents of the Overseas Travel Report for the quarter October 2011 to December 2011.

01/12/1135 Risk Management Strategy

The Board approved the Risk Management Strategy which incorporated comments from the Non-Executive Directors.

01/12/1136 Quarter 3 Workforce Report

AG provided an update to the Board on internal and external workforce issues in Quarter 3 highlighting the following.

1. Operations including Key Performance Indicators

Sickness levels had increased from 4.89% to 5.68% during the quarter, resulting in an increase in the underlying trend (moving annual average) of 0.27%. The highest proportion of sickness is long-term (greater than 28 days).

The top four reasons for absence are anxiety/stress (21%), 'not specified' (12%), musculoskeletal (10%) and cough/colds (7%).

A number of actions had been put in place to develop both a greater understanding of the underlying trends and take immediate action to reduce the percentage;
Turnover had decreased by 0.65% over the quarter.

Mandatory and Statutory Training levels had increased over the quarter from 71% to 80%. These continue to be reviewed monthly by EMT. Staff had been advised that unless they attend training by the 31 March 2012, they will not receive incremental progression in 2012/13.

2. Organisational Change - Update

The first phase of the administration review is completed and the new structure for Personal Assistants came into effect from the 3 January. Consultation on the proposals for the frontline administration arrangements (medical secretaries, access, appointments, outpatients, health records and clinical departmental admin) will commence on the 1 February. The staffing changes associated with the closure of one ward at weekends are now being progressed to support formal closure of the ward from the

1 April 2012. In addition the changes in Therapy Services had now taken effect with implementation of six day working in the physiotherapy service.

Members noted the likely impact of the consultation process about to start would have on the organisation.

3. Staff Survey

The 'raw' scores for the Annual National Staff Survey had been received and indicate an increase in return rate of 7% to 61%.

A detailed analysis of the raw results compared to those from last year is underway, but overall there appears to be a narrower distribution of results, namely that fewer staff are either strongly dissatisfied or strongly satisfied.

The detailed analysis will be reported on completion and the CQC benchmark results are expected in early March.

AG

4. External Matters: Liberating the NHS: Developing the Healthcare Workforce

AG discussed the proposed new arrangements which, for the first time put employers in a position to influence the issues affecting the workforce.

As with any new organisational arrangements there are potential opportunities and challenges for the ROH:

- Ensuring the ROH has an active role in the new Local Education and Training Boards and Local Education Training Council arrangements will be both an opportunity to ensure the voice of small acute Trusts is heard and a challenge in directing resource to this activity.
- The Education Outcome Framework will require enhancements to our learning offerings for staff.
- The Education Outcome Framework indicates that Trusts will be held to account in two new ways, firstly, for availability of Continuing Professional Development for the whole workforce, rather than just the clinical practitioners and secondly for the development of the wider healthcare teams i.e. bands 1- 4.
- Employers will be assessed on employee's perception of the availability, effectiveness and relevance of the learning available to them, as assessed via perception surveys.

- There is an express requirement to improve the quality of workforce planning, and particularly the data in support of this process. The Trust does not have established resources for workforce planning and data reporting and this will need to be resolved in budget setting to ensure readiness for this system of accountability.
- The report indicates there will be further extensions in the number of trainees in GP training, details of which will be announced in spring 2012. Given the praise extended at the recent Deanery visit concerning the quality of learning provided for GP trainees at the ROH, this could offer an opportunity to increase junior doctor workforce capacity.

EH queried where the responsibility lay for planning for small professions. AG commented that there is something in the document around this which would provide more detail.

The Board noted the workforce matters for Quarter 3, particularly the actions in place to address levels of sickness absence and the new national arrangements for Workforce Planning, Development and Education.

01/12/1137 Monitor Quarter 3 Declaration

GB presented the Monitor Quarter 3 Declaration to provide assurance and recommendations to the Board in relation to the Governance Declaration for Quarter 3 2011/12 to Monitor. Following conversation held around C Diff under minute 01/12/1133 – Quality.

1. The Board agreed the Quarter 3 submission to Monitor and agreed that the Chairman and Chief Executive sign Declaration One of the Governance declaration confirming that it had met all targets and is on plan to achieve on an on-going basis.
The Board agreed that the Chairman and Chief Executive sign Declaration One of the financial statement confirming it had met all financial targets.

The Board agreed that the Chairman and Chief Executive sign Declaration One of the In Year Quality Board Statement confirming it has met the required statements in relation to Quality.

2. The Chairs of the Remuneration Committee, Audit Committee and Integrated Governance Committee agreed the statements outlined in the report in terms of assurances received during the quarter.

Reports on the work of Board Committees

01/12/1138 Audit Committee – No Meeting

- **Audit Committee Programme**

The Board was asked to approve the Audit Committee Programme which had been circulated with the Board papers.

A discussion was held on clinical audit which is to be presented at IGC's meeting on Friday in the main around the definition of. SB asked what the intention was for this in which TS commented that the intention is to identify which projects are clinical audit in order for the Trust to follow due process, benchmark appropriately and prioritise, however all projects and evaluation are encouraged.

Audit Programme approved.

- **Audit Committee Terms of Reference**

The Board was asked to approve the Audit Committee Terms of Reference which had been circulated with the Board papers. A revised set of Terms of Reference were circulated at the meeting of which the content was the same but the format had been changed so that it was in line with NHSLA requirements.

Terms of Reference approved

01/12/1139 Integrated Governance Committee

No meeting

01/12/1140 Remuneration and Nominations

No meeting

01/12/1141 Investment Committee – 23 January 2012

CM provided verbal feedback of the main headlines of the Investment Committee meeting.

CM provided an update on the Bone Infection Unit project and the success of the pilot. The Business Case proposes to expand the service and extend the service to other consultants and make the current service provision permanent. The Investment Committee, having considered the detailed financial analysis agreed to recommend to the Board that the project status be

removed and the service made permanent. The Investment Committee supported the recommendation to expand the service but would leave the timing of this with the Executive Management Team and available funding.

The full financial implications of this recommendation are unknown due to a number of contributing factors however various savings had been made from the initiative and making it permanent means the Trust can repatriate services from the BMI. Noted that this is the only service in Birmingham of this kind which the Trust would be a market leader on.

The Board approved the recommendations of the Investment Committee in respect of the Bone Infection Unit.

01/12/1142 Items for Core Brief

The following items were agreed for the February CEO Core Briefing:-

- Academic Strategy
- CQC Unannounced Visit
- CQC Outpatients Survey
- Being Open Initiative
- Bone Infection Unit
- Quarter 3 Governance Declaration
- CPR

01/12/1143 Any Other Business

- RM informed the Board that he had attended a health finance seminar for Audit Committee members and provided an overview of the seminar.
- **RO highlighted the good work which is taking place through the PMO and it was agreed for an update on the work streams taking place through the PMO to be provided at the next Board meeting.**
- GB provided an update on the Shaylor's Adjudication in which a number of the Executive Directors had met with legal advisors on what to do next and the options available. It had been arranged in the next few weeks to meet with FK and CM to discuss further. A draft final account had been produced and the Trust is pressing the contractor on the items that need rectification.

SB

- LJ informed the Board that at the last Board meeting approval had been given to engage with Capsticks for a Board appraisal and it is proposed that they attend the next Board meeting as part of this process.

ALL

01/12/1144 Date and Time of Next Meeting

Wednesday 29 February 2012 at 8.30 am in the Board Room