



**Minutes of the Trust Board Meeting held on
Wednesday 29 February 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 (part)
Dr Liz Hensel, Non-Executive Director
Mr Chris Monk, Non-Executive Director
Mr Roger Otto, Non-Executive Director
Ms Joy Street, Company Secretary

In attendance:

Ms Anne Gynane, Director of Workforce and Organisation Development
Mr Donal O'Donoghue
Mrs Janice Smith, Capsticks
Mr Andrew Corbett-Nolan, Capsticks
Sir Philip Hunt (Agenda item 02/12/1149 only)

ACTION

02/12/1145 Apologies and welcomes

Mrs Frances Kirkham, Non-Executive Director

The Chairman introduced the representatives from Capsticks who were undertaking a Board observation.

02/12/1146 Declarations of Interest

None

02/12/1147 Minutes of the Trust Board meeting held on 25 January 2011

The minutes were approved as a correct record subject to the following changes. Agenda item 01/12/1133, page 15 should indicate that agency costs for locums should reduce from February not January. Agenda item 01/12/1131, page 12, internal statement of control to be amended to annual governance statement. Agenda item 01/12/1143, page 20 under Any Other Business, first bullet point should

read RO attended a health finance seminar.

Actions from the January meeting were updated. LW asked that the Non-Executive Directors comment on the Terms of Reference for IGC. LW to bring findings of OPD research project to a future meeting following conclusion of discussions with the University of Birmingham. LW updated on 'being open' and this was exemplified by a discussion at surgical audit. Discussions had been held with Clinical Directors and they were responsible for spreading the word with colleagues. **A plan for training was being drawn up and would be reviewed by IGC.** No further detail on the Prime Ministerial comments on nursing standards had been received.

LW

AT advised that he remained in dialogue with UHB and was working through the list of consultants. TS had suggested that ROH consider making a full-time appointment and allow UHB to use part of the resource. LJ invited the CEO designate to comment and he **advised that it would be one of his pieces of work, put in the wider context of need and long term direction and that he would hope to have developed a robust position statement within 3 months of starting. In the meantime AT should continue endeavouring to try to identify resource.**

DOD
AT

CM asked that in light of this any arrangements made by AT should be sufficiently flexible to accommodate change. The budget in place currently would allow a half-time individual and LW expressed concern that cover was needed to mitigate risk.

AT advised that readmissions analysis had been discussed at EMT and that each readmission notified would be passed to their clinician or infection control team and both clinical and financial issues would be considered.

Personalised information development had now received financial support from the Health Foundation for integration into the pre-operative questionnaire. This may be feasible for completion within 3 months if internal resource can be deployed.

Non-Executive Director pre-meeting issues for focus were identified as; Training – theatres and mandatory; CIP; workforce – sickness; activity; assurance on complaints.

02/12/1148 Matters Arising

There were no matters arising not covered elsewhere on the agenda.

02/12/1149 Open Trust Board Meetings

Lord Hunt, Chair of Heart of England NHS Foundation Trust (HEFT), shared his experience of running Foundation Trust meetings in public in order to help the ROH prepare for the following passage of the Health Bill.

HEFT move to open board meeting was prompted by the Mid-Staffs initial report which highlighted the paucity of governance and the Health Bill also will demand this. Three public board meetings have been held and the board meets every two months as monthly meetings had become repetitive and these were interspersed with seminar or workshop sessions. This allowed for a more relaxed discussion about key issues as board meetings often had not delivered executive engagement at the level he would have wanted.

A set of board papers was brought and the team use iPads.

Meetings are wired for sound and have been attended by 9 governors, a couple of staff and the Birmingham Mail. This has allowed governors to see the contribution of Non-Executive Directors.

Non-Executive Directors had been nervous at first but now there seemed to be no inhibitions as a result. HEFT does the meeting for real rather than using the formal meeting as a piece of stage management. Part Two business is an exception for identifiable HR or contractual issues.

The Mail has accurately reported the sessions, but there is concern at the impending loss to the Mail of a specialist health reporter and the likely relative baseline ignorance of a generalist reporter. This coverage can be very useful in sharing the reality of NHS pressures.

The Chairman makes very clear the need to break for part two.

SB asked whether there had been any delays as a result of bi-monthly meetings and any need to change schemes of delegation. Lord Hunt responded that the business cycle had needed amendment.

LW asked about governance declarations and at HEFT these were signed off by delegation outside the meeting.

GB asked how the cycle balanced performance and strategy. HEFT has a performance committee that meets monthly with Chair and Chair of Audit as members.

VMD asked how the Trust managed expectations of the public and was advised that the opening remarks covered this.

DOD asked how the informal sessions worked and examples of service movement, external consultant reports, and approaches about mergers could be discussed. Papers are prepared for these sessions.

EH was concerned at the size of the paper pack and it was described as work in progress.

BM asked how meetings were publicised. Meetings are publicised on the website.

EH asked whether the executive contributions were as a result of history where the culture of officer/member had been prevalent. Lord Hunt explained that this was the case and that the Trust needed to be developed.

LJ asked for a view from Lord Hunt on the Health Bill.

The Lib Dem conference has a motion to drop the Bill so it will be interesting to see how the vote goes. The issue now was what does the Bill mean. The biggest change is that the Secretary of State is now accountable to parliament. Addition of governor's approval for raising of the Private Patient Cap. There are real concerns about the role of Monitor as regulator and FT supporter. The impact of European competition law remains and has yet to be debated. Corporate governance from clinical commissioning groups remains of concern in terms of conflict of interest. Issues of primary care performance also remain and there is an absence of levers to influence GPs to deliver, for example flexible hours in order to tackle demand management with Acute Trusts.

Lord Hunt left the meeting.

This item should be discussed further at a future meeting.

LJ/JS

02/12/1150 Chairman's Update

- No further update on the Health Bill
- Attended Gloucestershire FT Board meeting
- Non-Executive Director workshop on clinical coding which had been very informative
- Staff Awards – a great success, well organised and many staff recognised – BM asked how this fitted with his perception of declining morale. AG said that staff nominated colleagues and highlighted unsung heroes – CM mentioned Medical Records which he had since visited as part of CQC work and found that accommodation was very poor and this must have impact on morale. AG advised that the results of the staff survey would give an indication of whether progress was being made. BM suggested that the negative areas be focused on. AG agreed that Theatres was a hotspot but even within itself presented a mixed picture. DOD highlighted the correlation between leadership and morale and hoped that the new appointee would help matters progress.

- Senior Manager Leadership day (also attended by CM) had shown enthusiasm from the group and LJ said that the positive change since their development programme had been put in place was in evidence.
- Interview panel for foot surgeon had resulted in an offer of employment.
- Board appraisals were in process and would be complete by March Board
- University of Birmingham convocational ceremony.

02/12/1151 Acting Chief Executive's Update and Recommendations

External Matters

1. 2012/13 Readmissions Policy Update
AT had covered the external data analysis but there was promise in a collaborative approach between Trusts to working up a way of recording matters and attributing appropriately.
2. 2012/13 Compliance Framework
The Board noted that the Executive Management Team had considered the changes proposed for 2012/13 and believed that there were no issues of concern for the Trust.
The Trust had responded to Monitor regarding the C. Diff target and requesting that a de minimis figure be set for C. Diff cases within the year as for MRSA. The FTN suggestion of a de minimis of 35 cases had been supported by the ROH.
3. The Birmingham and Solihull Partnership Compact
SB considered it essential that the ROH remained involved in this arena. LJ felt that it was essential to understand whether the document was legally binding, although the intention was that it was in the spirit of co-operation rather than binding. GB has sent drafts to legal advisers and they will advise on the final document.
The Board considered the draft proposal and gave delegated authority to the Chairman, FK as the legally qualified Non-Executive Director and the CEO to approve signature of a final document as appropriate.
4. NHS Confederation
The Board noted that the NHS Confederation had recently launched a new policy forum made up of representatives from across all sections of the membership to enable the NHS to speak strongly about the strategic issues facing the service.

**LJ/FK/
GB/DOD**

Internal Matters

5. NHSLA Assessment

The Trust underwent a Level 1 NHSLA Risk Management Assessment on the 8th February 2012. The Trust achieved a maximum score of 50 out of 50 and passed the assessment.

The assessor praised the quality and support of the Governance Team in their preparation for this assessment. Further details are provided in the Patient Safety and Experience Report. The Board congratulated the team for this extremely positive result.

6. Interim Director of Operations

Following interviews on the 20 February, the Board confirmed its support that the post be offered to Mr Michael Woods as an interim Director of Operations with a prospective start date of the 19 March 2012.

7. Car Parking

The introduction for charging patients for parking will take place from the 1 March 2012 in line with the agreed Car Parking Policy. Recently letters had been sent to all outpatient attendants informing them of this change and details have been placed on the Trust's website.

The Board noted that there had been significant contact from blue badge holders about the charges being applied to them. The decision has been made to retract charges for blue badge holders parked in disabled bays but retain them for those in bays not specified. (The Trust has a much greater proportion of disabled bays)

8. Outpatient Build Contract

The Trust has received a document requesting a further payment in respect of the new Outpatients Department. Professional advice had been sought regarding this issue. In light of the observation exercise and the confidential nature of these matters this item was moved to the end of the meeting.

The Board discussed options with respect to settling the dispute over the OPD build and agreed that, in the interest of the public purse and on the balance of known and anticipated risk, a settlement of £250k should be offered.

9. Administrative Review

GB gave a verbal update which highlighted that although staff directly affected were concerned about uncertainty (some jobs may be lost and posts downgraded), work continued as usual. The Medical Staff Committee had discussed the consultation and recognised the need for service improvement and efficiency savings. EH asked whether the proposal addressed issues with the switchboard provision and was advised that this matter was now being dealt with through monthly meetings.

SB said that there was a unanimous acceptance by the majority of the 105 administrative staff able to attend consultation meetings, that change was needed.

Ideas were coming forward as a result of consultation and these needed to be considered in the round.

AG reminded the Board that there will be consequences as a result of this and that the Trust must be prepared. LW asked SB whether interim feedback had been given and was advised that there was an FAQ section on the Intranet and a letter would be sent at the end of this week giving an update. In addition, some of the suggested alternatives were being discussed with those whom they would directly affect.

CM suggested that it would be helpful for doctors and administrators to work up solutions together. DOD asked what the risk assessments had shown and how these were being handled. SB said that these had been identified at the process mapping stage and as proposals evolve these risks would be re-assessed. The PMO has risks identified.

Risks to patient safety would be assessed and assurance would be provided through audit, IGC and the Board as appropriate.

LJ commented that this piece of work is about patient experience rather than financial savings.

Patient Safety and Experience

02/12/1152 Director of Nursing & Governance Patient Safety Report

LW highlighted the following elements of the Patient Safety Report:

1. Serious Incidents requiring investigation (SIRI)

2. Hospital death

There had been one death in month of a terminally ill patient undergoing palliative surgery. The presentation of this case at the surgical audit meeting demonstrated appropriate review and intervention of this patient at senior level. It did however identify opportunities for improved communication between the surgical and anaesthetic teams and the need for resuscitation status to be discussed with patients and families prior to palliative surgery. CM identified that yet again communication had been the key issue.

3. Falls

The Board noted the position with regard to falls.

4. Healthcare associated infection

The Board noted that the Trust now had 6 cases of C. Diff to date against the full-year target of 7.

5. Pressure ulcers

Good progress continued to be made in reducing pressure ulcers.

6. Ward Dashboard - January 2012

Comparison of Ward Dashboard 'green' scores from March 2011 – January 2012

All domains, with the exception of training have shown an improvement since the introduction of the Ward Dashboard. The most significant improvement had been demonstrated in the patient safety domain.

Wards achieving an overall green score had increased from 0 to 5. There remained concerns about performance on Ward 10 and this was being addressed through management processes as was the failure of a ward to provide data. This ward has been closed to accommodate building works.

Theatre sickness levels were discussed.

Comparing against dashboards a year ago there was progress in all areas except training.

7. Surgical/Anaesthetic Audit

The audit presentation covered compliance with national standards of medical documentation. Overall the results were good with actions in place to improve printing of names, timing of entries, and review and actioning of laboratory results. This will be subject to an annual re-audit.

8. SMT Safety Workshop

The Board noted the progress report

9. Safety Thermometer

The Board noted that the Safety Thermometer was a method of surveying patient harm and analysing results to measure and monitor local improvement and harm free care over time. This included the recording of pressure ulcers, falls, catheter associated urinary tract infections and venous-thrombo-embolisms. The number of patients who have suffered one of these harms would be recorded on one day of every month and submitted to the national database. For 2012/13 the CQUIN payment is to be based on the submission of this data.

The intention was to pilot this data collection prior to the start date of 1 April to understand the issues and resources required to deliver this.

10. CQUINs and Schedule 8

The Board noted the work underway to develop the CQUIN schemes for 2012/13. The value of these schemes has increased from 1.5% to 2.5% of contract value; circa £1.3 m.

11. NHSLA Assessment

The Trust underwent a Level 1 NHSLA Risk Management Assessment on the 8 February 2012. The Trust passed the assessment achieving a maximum score of 50/50.

A written report with confirmation of this was expected within 20 working days.

The Board noted that work would continue in the Trust to reflect on preparation for this assessment, action feedback from the assessment and consider the next steps in taking this process forward.

12. Never Events

A letter had been sent to all organisations from the Medical and Nurse Directors at the Midlands and East of England SHA Cluster outlining their expectations in relation to the handling of clinical staff involved in Never Events. Specifically they will be asking for the following information following any Never Event in relation to these staff:

When was their last appraisal

- Did it include (where relevant to the issue) adherence to the WHO checklist
- Whether this is the first issue which the individual has been involved
- What remedial or disciplinary action has/is being considered or has been taken to that point

- Referral to a professional body and the status of that referral

The Executive Team had considered this letter and agreed two actions; one to review the two Never Events from 2011 against the above criteria and secondly to communicate its content to all staff concerned.

There was agreement that the nature of this requirement could have the effect of driving down reporting.

13. Complaints

The Board felt that more detailed categorisation of complaints was helpful and it was agreed that future reports would build on these categories and provide information month on month to identify trends.

All complainants had been sent a feedback questionnaire to ascertain levels of satisfaction with the handling of their concerns. The results of this would be presented in the March report.

The Board remained concerned about the numbers of complaints and the timeliness of handling these and asked that this continue to be actively managed and reported.

Compliments received dropped in January from the high levels recorded in November and December of last year. Ward 2 continued their upward trajectory and received 63 compliments in the month

The Patient Safety and Experience Report was noted.

02/12/1153 Medical Director's Report

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

Metal on Metal Hip Replacements and Hip Resurfacings

There had been significant media interest in the performance of metal on metal hip replacements. AT highlighted news coverage and papers being presented to the British Hip Society. A Medical Device Alert had been issued updating the previous one. Blood metal ion levels should now be undertaken annually for patients who have had a larger than 36mm head total hip replacement used and asymptomatic patients who have undergone resurfacing could be seen less frequently. Data for the ROH had shown that at 7 years 95% of the commonly used Pinnacle Corail hip replacements were still functioning.

Newsnight had also run an item on the 28 February. There was some evidence of a connection between metal on metal hip replacements and bladder cancer due to chromium ions causing toxicity.

AT would develop press releases as necessary and circulate to Non-Executive Directors.

AT

DOD asked whether the lifetime follow-up of the 500 patients identified could be done in primary care and AT advised not and that a protocol had been agreed with commissioners which allowed for follow up but move to non-face-to face as appropriate.

AT was able to give assurance that the ROH does not currently use any metal on metal hip replacements except in exceptional circumstances.

GB asked how the Trust would receive information regularly and analysed by consultant. AT advised that the devices requiring follow-up had been used only by a small number of consultants.

Physician Cover

AT had held on-going discussions with both the intensive care service and the acute medical service at the University Hospital Birmingham and had now sent them a formal proposal with options for a service level agreement. Additionally he had spoken to one soon to be retired consultant in elderly care medicine who is not able to help and there is a further physician to approach.

Radiology Services

The three Consultant Radiologists had been attending the MDT regularly. The job description for an additional consultant post had been sent to the Royal College of Radiologists and it was anticipated that this post will be advertised shortly.

Anaesthetic Performance Review

AT had issued a formal set of instructions to the external reviewer and had dealt with correspondence submitted on the consultant's behalf by the Medical Defence Union.

The inquest in this case has been significantly delayed. LJ asked for confirmation that the anaesthetist was totally compliant with the agreed arrangements. AT advised that he understood there may have been breaches of this (as a result of the MDU correspondence). AG confirmed there had been two instances where the anaesthetist had

worked with different consultants than those agreed. The Chairman expressed concern that this was completely unacceptable.

It was agreed that:

a) there should be an investigation into how this had occurred and;

b) what steps were being taken to provide the Board with assurance that the work of the anaesthetist was being controlled

AT/AG/GB

These actions, being urgent, should be reported to and agreed by AT, AG, GB by close of play today.

Lister Centenary Symposium

The Board noted that AT had attended the symposium held by the Royal College of Surgeons of Edinburgh to celebrate the centenary of Lord Lister and his contribution to antiseptic surgery.

Reviews of Thromboprophylaxis Evidence

NHS evidence had published a review of recent evidence on thromboprophylaxis which AT would draw to the attention of the VTE Committee.

The Board noted the report.

Strategic Issues

02/12/1154

Academic Strategy

The Board approved in principle the proposed structure and instructed the CEO designate and executive to manage any change process and in order to give flexibility to deliver a result consistent with the five principles outlined in the introduction to this paper. Any financial implications would require full consideration and appropriate approval and should accommodate any approvals to fund the senior lecturer posts.

DOD to report back in 3 months.

DOD

02/12/1155 The Board noted the following KPI Reports:

- **Forefront of Research & Developments**

- **Best Clinical Outcomes**

LW reported that interviews for supporting clinicians had taken place and that two for three appointments could be made. The progress was considered to be over-optimistically reported in some areas which some Board members felt could be amber rather than green.

LW

- **Teaching Hospital of Choice**

DOD advised that doctor's use of SPA time was notoriously difficult to identify. AG commented that this was information necessary in light of any 'work to rule' decision following the BMA decision on the 25 February. DOD suggested that a diary review could, with other information, give an idea of baseline consultant productivity. **This would be discussed with the executive team.**

DOD

02/12/1156 Peer Perception of Hospital Reputation

D O'D introduced a piece of peer comparison work undertaken by academic students.

This will be fed into the strategy refresh process and the Trust will be involved in the second round.

Business and Governance Reports

02/12/1157 Corporate Performance Report

SB introduced the report and drew the Board's attention to the changes in headline ratings. Experience was red due to the rise in the number of complaints.

The efficiency target was red as activity was down following bank holiday and high volume consultants taking in-month holidays.

The absence of fellows undertaking lists from consultants on leave is also deemed to have had an impact as some back-filling had not been possible due to their skills. This is being addressed in future recruitment.

There had also been a glitch in the information system (the predictive tool) which had caused an error in the numbers of lists and activity anticipated.

RO asked whether performance in February would catch up and VMD said it would.

Discharges at the start of January were lower due to Theatre closures over Christmas.

LW asked how much of the £249k amounted to stock adjustment versus high cost procedures and what controls were in place. SB indicated that 60% was stock control and stronger environment controls were being put in place within Theatres. This was under discussion at performance meetings.

SB highlighted the underlying financial position demonstrated by the bridge diagram. Control of expenditure continued to be in evidence.

The sustainable risk rating would be 4.

Cost Improvement Report

SB drew attention to the slippage towards the end of the year which had been anticipated as a real possibility due to

non-delivery or necessarily delayed delivery of schemes – admin review, car parking and private income.
C3 and C4 which require service line management may deliver at a reduced level in 2013.
BM commented that SB had been very honest during Audit Committee visits to the PMO.
SB added that the work this year underpinned the bulk of the 2012/13 CIPs.

02/12/1158 Working Capital Facility

SB argued that the ROH financial position would have to change so materially in order to trigger the need for a working capital facility, that it would give the bank cause to use their clause around significant change to financial position meaning.

The Board agreed not to renew the Working Capital Facility.

02/12/1159 Commissioning Update

SB gave a presentation updating the Board on the 3 Birmingham and 1 Solihull CCGs which will become shadow organisations on the 1 April 2012.

The PCT financial position is forecast to outturn at £2m.

Activity and numbers are close to agreement for next year.

There are 55 quality KPIs and 25 Never Events in the contract which will incur fines if not met. 15 CQUINS with a value of £1,330,000 are also at risk.

Everything has to be agreed by the 31 March 2012 and this may be impeded due to late decisions by commissioners.

The first three AQPs (Invitations to any qualified provider) have gone out (including podiatry).

BM asked if the Trust was still dealing with a lead PCT and was advised that generally we were.

AG commented that the range and breadth of quality indicators encompassed workforce.

Reports on the work of Board Committees

02/12/1160 Audit Committee – No Meeting

Audit Committee Programme

CM advised the Board that the counter fraud rating had gone to the highest due in part to the Trust's handling of the in-year fraud.

02/12/1161 Integrated Governance Committee – 24 February

TC reported that there had been 3 main areas of work:

- Clinical Audit aligned to the Board Assurance Framework – there is now a trust-wide database currently being populated. Clarification of standardisation and coverage have been made and staffing resource has been put in place. Revision to

the academic support structure should create critical mass to strengthen audit work.

- SIRI action follow-through is recognised as in need of further development
- Policies will in future be approved at EMT rather than IGC with identified policies reserved for IGC fuller consideration.

02/12/1162 Remuneration and Nominations – 25 January

The Committee had agreed to the recruitment of an Interim Director of Operations as part of its deliberation on recruitment to the substantive post. The advertisement will indicate that a competitive salary would be available and a band of between £85k and £100k was agreed. The substantive post application date is Thursday 8 March. The Committee had considered a general review of Executive Director salaries and this would be discussed among Non-Executive Directors outside the Board.

The Board supported the Remuneration Committee recommendations.

02/12/1163 Investment Committee – 27 February

CM provided verbal feedback of the main headlines of the Investment Committee meeting which had discussed the senior lecturer role (outcomes). The Committee received evidence that there was capacity and activity to meet the 50% cost of the post funded by clinical activity and that the appointment could proceed subject to University of Birmingham meetings

02/12/1164 Items for Core Brief

The following items were agreed for the February CEO Core Briefing

- Interim Director of Operations
- Patient safety
- Academic Strategy
- Foot and Ankle Surgeon
- Metal on Metal
- Financial Position
- NHSLA Assessment
- Admin Review
- Partnership Compact

02/12/1165 Any Other Business

TS asked about a joint initiative with Birmingham Children's Hospital for a Rehabilitation Unit and CM advised it was under discussion at Investment Committee supported by GB and SB.

AT gave an update on the anaesthetic performance review and reported that the anaesthetist had been authorised by the Director of Anaesthetics to undertake the activities. LW expressed concern at the misunderstanding of supervised practice. AT advised that the anaesthetic supervision was in place as a surgeon cannot supervise an anaesthetist.

It was agreed that GB follow this up outside the meeting.

GB

CM had been in theatres on the 28 February and consultants would welcome an informal forum for the discussion of ideas. CM had asked about BBraun and was advised by a consultant that there remained some issue.

VMD was asked to follow this up.

VMD

02/12/1166 Date and Time of Next Meeting

Wednesday 28 March 2012 at 8.30 am in the Board Room