



**Minutes of the Trust Board Meeting held in public on
Wednesday 31 October 2012 in the Boardroom**

Present:

Mr Laurence James, Chairman
Mr Donal O'Donoghue, Chief Executive
Mr Graham Bragg, Assistant Chief Executive
Mrs Lindsey Webb, Director of Nursing & Governance
Mr Steve Bloomer, Director of Finance
Ms Amanda Markall, Director of Operations
Mr Andrew Thomas, Medical Director (part)
Mr Robert Millinship, Non-Executive Director
Professor Tauny Southwood, Non-Executive Director
Mr Chris Monk, Non-Executive Director
Dr Liz Hensel, Non-Executive Director
Mr Roger Otto, Non-Executive Director
Mrs Frances Kirkham, Non-Executive Director

In attendance:

Ms Joy Street, Company Secretary
Mrs Anne Gynane, Director of Workforce and Organisation development
Dr Fiona Berryman, Clinical Scientist (agenda item 10/12/1306)

ACTION

10/12/1301 Apologies and welcomes

The Chairman warmly welcomed Donal to the meeting and wished him well on his continued path to recovery. LJ reported that, in light of the need to maintain cover in his absence, the Board was asked to support the appointment of Graham Bragg as Assistant Chief Executive. GB joined the meeting.

The Non-Executive Director pre-meeting felt that there should be a broader debate on pay-scales, medical engagement and complaints and these were deferred to the November workshop for open discussion and in light of the time pressure on the Board meeting.

Activity was a key concern in the following areas – the immediacy of impact on financial performance and the future contract risk as activity continues to be low. Research recognised as work in progress but a couple of

points to be raised.

10/12/1302 Declarations of Interest

No other Declarations of Interest than those registered previously.

19/12/1303 Minutes of the Trust Board meeting held on 26 September 2012

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

- SB asked that the action note on ADCU reflect that the update should be presented to the Council of Governor's.

10/12/1304 Action Points

AG updated on sickness targets and that the current target would be maintained until March which allows improvement as there are always rises in sickness during this period.

The Board noted the information.

10/12/1304 Chairman's Update

- The Chair had chaired an event on Health and Wellbeing Boards and this will be discussed at a future meeting.
- The Board was advised that the post of Medical Director had been considered, with Mr Adedeji Okubadejo, the chosen candidate. The Board was satisfied that the process had been robust and approved the appointment of Mr Adedeji Okubadejo.
- Research and Innovation Event held locally had been attended
- Attended first new Annual Foundation Trust Network Conference where the tone was that there would be a significant number of Trusts likely to not make Foundation Trust status. Boards may need to take greater risks and tackle difficult decisions.
- LJ informed the Board that the Trust's Lead Governor had resigned and that a future meeting of the Council of Governors would make its choice.

Strategy and Organisation Development

10/12/1305 Patient Stories

LW fed back on a previously discussed patient story following an investigation. This showed that the patient had been in hospital and subsequently required a specialist splint which was supplied within 48 hours. The Trust processes were considered reasonable.

The Board considered correspondence from a patient which suggested that an insecure fax had been used for her information. The internal review confirmed this not to be the case but resulted in a tightening of procedures to avoid any such eventuality in future.

DOD asked for confirmation that feedback to the team encouraged them to learn the importance of giving patients accurate information.

10/12/1306 Fiona Berryman, Clinical Scientist - Presentation

Fiona Berryman, Clinical Scientist at the ROH provided a presentation on her work.

She covered spinal topography which allows non-X-ray measurement of spinal curvature in children and thus reduces their risk of future cancer.

LJ asked whether the system was ROH branded and was advised that it was attributed to the authors but this could be changed.

LJ asked whether this work would be widely known outside the academic world, for example with GPs and was advised this was unlikely.

DOD asked if there was now a reduction in X-ray usage and was advised that this was now underway.

FB's post is funded by Smith and Nephew which leads to an emphasis in her work on hips.

She supports the Trust's analysis on metal ions. Data is then uploaded to the Trust's outcomes database and onwards to clinic nurses as appropriate. This shows that about 17% of results are above the MHRA limits. AT commented that some of these may be bi-lateral hip replacements and that some patients with high metal levels are asymptomatic.

Data on all patients is available to any ROH user who seeks a password in a visually accessible format.

DOD felt that it would be useful to know the metal ions performance characteristics of Birmingham Hip Replacement.

FB spends most of her time on 3D hip shape – what is the mean shape of the group and how much variability is there. She has developed the project to establish version angles

in young adult hips in response to a query from the Trust's clinical interest group.

The clinical applicability will take a couple more years but AT advised that the hips and resurfacings could be made so much more accurate as a result. The ISIS system can be sold as best practice to commissioners.

10/12/1307 Research and Teaching Prospectus

JS presented the Research and Teaching Prospectus paper which gives a summary position of Trust activities currently delivered under three distinct headings; Research and Development, Outcomes and Research and Teaching.

Following the adoption of the Academic Strategy in 2011, it was agreed that these activities should be brought together under one internal structure and from the 1 August 2012 JS had been the executive lead for this work.

The paper provided pulls together in one place all of the activities undertaken in each of the above areas and, for the first time, gives the Board an overview of what is being done.

The Board was aware that there had been historical distinctions between areas which, on review, appear to be inappropriate going forward. Some issues exist around consistent application of governance, some around team working and line management and some around direction and this baseline position gives a holistic view as well as suggesting some ways forward.

The Board considered the report, noted the range of activities and scope for improvement and supported continuing efforts to streamline and cement a new structure (to be in place by the end of March 2013).

TS felt that connections to the major academic partners would need to be strengthened and used to inform future direction.

JS reported that there remained underlying issues around working relationships.

SB asked that the accountability for the outcomes be agreed such that the clinical leadership and responsibility was clear.

AT felt that the Trust was punching below its weight and that there was now an open door with the University which

was to be developed. AT also felt that the Clinical Information role would need to drive progress.

DOD felt that the Board should receive quarterly updates on the Academic Strategy.

It was agreed that the Board visit the Research & Teaching Centre at the November Trust Board Workshop.

ALL

10/12/1308 Investment Committee
No meeting had been held

**10/12/1308 Performance Management
Corporate Performance Report**
SB introduced the report and drew attention to the red experience report driven by high numbers of complaints. The red on workforce indicators is driven by sickness levels.

AM gave an update on activity. Consultant sickness remained unusually high and there were some issues of long term sickness amongst this.

Directorates have signed up to increased activity but this was unlikely to meet planned levels. Best case was 14,061 cases (21 cases short of plan); worst case was 13,312 and most likely 13,873.

Paediatrics was extremely vulnerable given staff sickness levels and AM had begun detailed work with Birmingham Children's Hospital to develop a strategy. Performance in Hands and Feet would be unlikely to achieve plan due to planned sick leave and previous absences.

Large Joints Directorate was actively managing caseload and was distributing cases among consultants.

There was considerable active management being undertaken and directorate teams were beginning to develop their own pro-actively led solutions in response to shared information. This was decentralised, clinically-led decision making.

BM commented on under-performance in Arthroplasty and AM advised that sickness, job plan restrictions on annual leave cover, remain factors. The Clinical Director for this directorate was making considerable progress and had shown tenacity in dialogue with colleagues and clear, written communication. AG commented that there had

been acknowledgement of the potential excess of consultants relative to volumes of work undertaken and the potential impact of this had been noted as well as the clarity of need for improved efficiency. AT highlighted examples of marketing and also of target-setting. He commented that the Trust was suffering from the lack of a CCST fellow post which provides flexibility and an appointment is now in process. GB advised that this approach had been discussed and agreed with EMT. These changes did cause friction, but were essential. DOD advised that the Trust needed to hold the line in order to see benefits.

RO felt that the trends could be damaging in the contract negotiations and that more marketing to GPs was necessary. GB confirmed that this was in hand.

SB commented that during discussions with the commissioners, the Trust would explain the factors underlying performance. He confirmed that the financial target would be met at the end of the year with an activity variance of about £750k, spinal case-mix was likely to be flat and non-pay variance would be favourable and the holding on of reserves would offer the balancing figure. RO confirmed that the Trust was being paid for over-performance.

The Board thanked the executive for presenting such a clear position and was encouraged by the fact that fundamental issues were being addressed.

BM fed back that he was pleased that the executives were all reflecting the same approach. FK commended the team for seeing the benefits of the structural change.

AM gave an example from the Small Joints Directorate where patients being given 6 weeks' notice had risen from average 5% to 25%.

JS updated on complaints trends and confirmed a rising trend but with no clear hotspots. The net promoter scores were noted.

Directorate actions and approaches would be discussed at the November workshop.

AM/JS

SB highlighted that cash flow remained on track but that capital was behind the original plan and a revised plan had been presented to Monitor. Some directorate over-spends were being tackled such that there would be no worsening.

Looking forward, CIPs for the year were on track to meet the target and some of the larger elements of future planned CIPs were coming to fruition. The challenge for 2013/14 would be immense and hugely challenging for people involved.

DOD asked if there was understanding about what was driving overspend and was advised that there was. SB acknowledged that the financial perspective on budgets may at times be at variance with the view of the Clinical Director.

LW advised that the West Midlands Quality Review Service was due in next week to review theatres and this would inform future discussions, following their report at Christmas. **This would come back to the January Board.**

LW

LJ asked that the Board's positive feedback on progress and achievements to date be given to the Clinical Directors.

AM

10/12/1309 PMO Report
This was noted.

10/12/1310 Quarter Two Workforce Report
The Board discussed the report and noted the risks identified, particularly around junior doctor supply.

Assurance Reports

10/12/1311 Quarter Two Governance Declaration to Monitor
GB presented the Quarter Two Governance Declaration Report which provided assurance and recommendations to the Board in relation to the Governance Declaration for Quarter 2 2012/13 to Monitor. The declaration was in line with the requirements of the Compliance Framework issued by Monitor for 2012/13.

On the basis of assurances provided in Board papers, the Board approved the following submissions to Monitor:

- 1. Finance - Confirmation that the Trust will continue to maintain a financial risk rating of 3 over the next 12 months.**
- 2. Governance – Confirm that plans are sufficient to ensure: on-going compliance with all existing targets (after the application of thresholds) as set out in the Compliance Framework (Appendix One); and a commitment to comply with all known targets going forward.**

10/12/1312 Director of Nursing & Governance Patient Safety Report

LW presented the Patient Safety Report and highlighted that the new consultant physician would support the Trust's work on reducing falls.

LW advised that she would be meeting EH to consider ideas emanating from the Audit Committee on the ward dashboard.

The Board noted the report.

10/12/1313 Annual Report Infection Prevention and Control

LW presented the Annual Report for Infection Prevention and Control. As part of the requirement of the Health Act 2008 (The Hygiene Code), the Board is required to receive and approve an infection prevention and control annual report.

In addition to this mandatory requirement the Integrated Governance Committee also received the six monthly progress reports from the Infection Control Committee.

Key achievements in year include:

- Achievement of all local and national HCAI targets
- Implementation of the Bone Infection Unit
- Identification of 3 year 30 day surgical site infection (SSI) rates for Arthroplasty
- Improvement in theatre environment and practice
- Improved antimicrobial prescribing

The Board approved the Infection Prevention and Control Annual Report for 2011/12.

10/12/1314 Integrated Governance Committee Report – 26 October 2012

Notes of the most recent meeting were circulated and TS highlighted key issues.

10/12/1315 Audit Committee Report – 16 October 2012

RO highlighted the Audit Committee role in seeking assurance on clinical audit in order to sign the annual governance statement. Where Internal Audit undertakes work in this area they will, in future, met with TS as Chair of IGC.

Audit Committee had considered that, with regard to Treasury Management, the Trust should consider security as a priority and the Trust complies with Monitor guidance in all regards except for their recommendation on not

holding any more than 20% of available funds in one place. Given the levels of funds, this could be prejudicial to performance yield and other processes were in place to mitigate any risks as a result.

EMT review of the BAF had resulted in improvements and improved risk scoring.

Board Committees & ad-hoc Groups not covered elsewhere

10/12/1316 Remuneration Committee – private agenda items only

10/12/1317 Items for Information

GB advised that the interviews for the Chief Information Officer would be held on the 5th November.

GB also advised that the Trusts' Bone Infection Unit work was being considered for an award from the Nursing Times on the 31st October.

10/12/1318 Items for Executive Question Time

- Medical Director appointment
- Trust financial position
- Governance declaration
- Sickness
- Presentation from Research and Teaching Centre

10/12/1319 Any Other Business

LJ reported receipt of a letter from Sir David Nicholson following the Hillsborough Report. This had been referred to the Emergency Planning Group to address these issues and report to IGC and thence to the Board.

DOD thanked Steve Bloomer for his excellent work as Finance Director as this was his last Board meeting. The Board echoed this.

It was also EH's last Board meeting as she was unavailable for the December Board and she was thanked for her contribution over the last six years.

10/12/1320 Date and Time of Next Meeting

Wednesday 28th November 2012 at 8.30 am in the Board Room (workshop)

Wednesday 19th December 2012 Public Joint Trust Board and Council of Governors meeting at 8.30 am in the Board Room.

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.