



**Minutes of the Trust Board Meeting held in public on  
Wednesday 30 January 2013 in the Boardroom**

**Present:**

Mr Chris Monk, Acting Chairman (Chair)  
Mr Graham Bragg, Acting Chief Executive  
Mrs Lindsey Webb, Director of Nursing, Governance & Strategy  
Mr Paul Taylor, Interim Director of Finance  
Mrs Amanda Markall, Director of Operations  
Mr Andrew Thomas, Medical Director  
Mr Robert Millinship, Non-Executive Director  
Professor Tauny Southwood, Non-Executive Director  
Mr Tim Pile, Non-Executive Director  
Mr Andrew Meehan, Non-Executive Director  
Ms Elizabeth Mountford, Non-Executive Director  
Mr Roger Otto, Associate Non-Executive Director

**In attendance:**

Ms Joy Street, Company Secretary  
Mrs Anne Gynane, Director of Workforce and Organisation development

**ACTION**

**01/13/1339 Apologies and welcomes**

Apologies were received from Mr Donal O'Donoghue and Mrs Frances Kirkham

**01/13/1340 Introductions & Welcome**

CM introduced and welcomed to the Board Mr Andrew Meehan, Ms Elizabeth Mountford and Mr Tim Pile who had commenced at the Trust in January 2013 to replace those Non-Executive Director colleagues who had left the Trust at the end of 2012. Noted that RO had agreed to continue as a non-voting Associate Director for 3 months.

**01/13/1341 Declarations of Interest**

No other Declarations of Interest than those registered previously. 2013 forms were circulated at the meeting for signature to all members.

**01/13/1343 Minutes of the Trust Board meeting held on 19 December 2012**

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

- 12/12/1329, page 3, penultimate paragraph, final sentence should read 'AM and AG are meeting with managers whose areas have a high incidence of sickness and on page 4, top paragraph, names of consultants to be removed.

**01/13/1344 Action Points**

06/12/1242

GB confirmed that a discussion on a revised model of inpatient care would be held with Clinical Directors at their meeting on Monday 4<sup>th</sup> February. AT and GB explained the issues of consultant cover at the weekend and the expensive model at SWELOC which, although comprehensive, appeared not to improve mortality rates. Quality SHO grade staff remained hard to find. TS felt that the more the Trust took a holistic approach to healthcare the better, particularly with regard to dementia. RM queried how there could be an overall plan developed from the directorate structure. GB commented that the discussion would be about principles and would recognise difference needed in different specialties. LW said the whole workforce needed to move towards a more holistic approach as TS had suggested.

10/12/1308

LW advised that the report from WMQRS on the anaesthetic and theatre review was currently in draft.

AM confirmed that the Clinical Directors had been thanked for their achievements.

**01/13/1345 Chairman's & Chief Executive's Update**

- CM attended HFMA Chairman's conference which had included speakers from a variety of national bodies. The key points were that there remain 102 Trusts to achieve Foundation Trust status. It is believed that 20 will not make it and a further 70 will struggle. Foundation Trusts were invited to be ambitious. There will be a real squeeze on the NHS for the next 10 years; desire for 7 day service; demand rising for hips; Monitor had given clear information about their role as a regulator and explained that they would be available to help Trusts.
- The ROH had received an award from the Bangladesh Institute for Orthopaedic Rehabilitation.
- Staff awards took place on the 29<sup>th</sup> January 2013 covering areas such as clinical work, customer service, long service, innovation etc. Special thanks were given to staff for their work in restoring activity after the fire.
- CM will be attending a Monitor lunch next month (14<sup>th</sup>)

February) and members were invited to submit views or questions.

- GB formally reported on the fire on 27<sup>th</sup> December and advised that all but 5 beds had been replaced due to the excellent work of the Estates Team. No patients had been cancelled. **The Board thanked all those involved on the day and thereafter in mitigating the impact on Trust business.** The Trust's emergency planning processes came into action and were proven effective. EM asked if the Trust had ensured any lessons learnt as a result were embedded. LW advised that the Trust still did not have a confirmed cause from the fire service and that the police were involved. GB advised it was believed it was a toaster which caused the fire in an area not in current use, but where the door had been propped open. AM had gone round several areas with the Head of Estates and removed door wedges on Trust Business and Learning Day and this would be repeated and action taken if repeat offences occurred.
- At the last private Trust Board meeting, members of the Medical Staff Committee attended. GB advised the Board that the candidate offered appointment as Medical Director would not now join the Trust. Posts of Medical Director and Deputy Medical Director had now been advertised internally.
- GB had held a number of staff drop-in sessions which had been well attended and a weekly update had been circulated. GB and AM had spent four mornings in Theatres to allow direct communication with doctors. Executive Question Time on Trust Business and Learning Day (TBALD) was attended by over 120 staff and allowed open questioning. The next TBALD is on the 19<sup>th</sup> February and Non-Executive Directors and Governors are welcome to attend. TP asked if a verbal monthly briefing had been considered. GB explained that this had been done as core brief but cascading had not been successful but would be reconsidered.
- Monitor had asked for a routine visit in April as part of their normal round of visits.

**The Board noted the update.**

**01/13/1346 Medical Staff Committee (MSC) Report**

GB presented the Medical Staff Committee Report as a new item intended to assure the Board of progress in consultant engagement and the paper from the Chair of MSC provided an update from the Medical Staff Committee meeting held on 11 January 2013.

RO asked if there was an opportunity for buddying between Non-Executive Directors and consultants and for allocation of areas of responsibility. EM advised that new Non-Executive Directors had been invited to spend time in Theatres and clinic. TS

expressed some concern at the idea of consultants having a fast track access to the Board through buddying and felt that other staff should be able to engage.

**It was agreed best that Non-Executive Directors should connect with Directorate teams.**

**GB suggested a drop-in session to meet Non-Executive Directors in the restaurant and this was agreed.**

AT suggested that Non-Executive Directors meet Directorates socially as well as through business meetings.

GB advised that he would also be meeting with the Directorate triumvirates, i.e. Clinical Directors, Directorate Managers and Senior Nurses. GB and EM had held discussions on how to widen staff engagement. LW advised that there would be two further strategy workshops for more junior staff in February involving about 60 staff.

**The Board noted the update.**

### **Strategy and Organisation Development**

#### **01/13/1347 Patient Stories**

LW circulated a couple of patient experience examples to give a flavour of both poor and good experiences within the Trust.

TP asked how complaints were handled as they effectively give opportunity for free consultancy on problems to be solved and was advised that reporting was in both the Corporate Performance Report and at Integrated Governance Committee.

AT suggested that this example should be presented at Surgical Audit and LW suggested this be best done by the surgeon concerned. **It was agreed that this should be followed up.**

RM felt that this was the tip of the iceberg and noted that many were from articulate patients. LW advised that there were many other ways of listening to the patient through volunteers for example in the Friends and Family Test. TS felt that this example could suggest that better medical care at the ROH could have been provided and discharge may have been too early. AT felt that this was an example where new to follow-up ratios were potentially hindering good patient care.

A compliment letter was circulated which highly commended the Oncology service.

#### **01/13/1348 ADCU Report**

PT presented the ADCU Report which updated the Board on the anticipated financial implications of the unit. The business case

for the ADCU was approved by the Board in July 2012.

RM asked if the work was managed by the in-house team or an external contractor and AM advised it was an external contractor who was managing things but with the Head of Estates in firm overall control. RM suggested that the lessons learnt from previous experience with the Outpatient Department be applied.

EM asked what thought had been given to marketing the new facility and GB said that this was on the agenda. AT felt that it would be sensible to run the ADCU for a while before marketing it too early. AM advised that this was on the agenda at the next TBALD in terms of the changes to the way patients were handled. This would be followed in March with detail on the facility itself. The project has a communications stream and this would be enhanced. The contractor's press communications activity was also being used.

**The Board noted the report.**

**01/13/1349 Changes to the Current Model for Pre-Registration Nurse Education at the University of Birmingham**

LW presented the paper which outlines proposals for changes to the current model of pre-registration nurse education at the University of Birmingham.

Boards of NHS providers are being asked to commit to the level of involvement they would wish to have in developing a new model.

There are two options currently available to the ROH.

Option 1

To continue to take students from the University of Birmingham and not participate in the new programme as partners on the Joint Management Board

Option 2

To work in partnership with other NHS trusts and the University of Birmingham as part of the Joint Management Board to develop the new model for nurse education.

**The Board supported Option 2 for the following reasons:**

- **It supports the strategy of the ROH to strengthen opportunities for education**
- **It enables the Trust to influence nurse education to ensure students are fit for purpose**
- **It gives greater access to students throughout their training increasing recruitment opportunities once**

**they qualify**

- **It reduces the risk of larger organisations making decisions that disadvantage smaller Trusts**

**01/13/1350 Investment Committee**

No meeting had been held. RM will now Chair this Committee and TP will join the Committee.

**Performance Management**

**01/13/1351 Corporate Performance Report (CPR)**

PT introduced the December 2012 CPR and drew attention to the five red areas on page 2; 92% incomplete pathway target; sickness; SIRIs/falls/drug errors; activity levels; and finance.

The Trust achieved 90.5% against the 92% incomplete pathway target in which the underperformance necessitated the development of an action plan. AM circulated a document which showed actions taken to date to address the issue and an action plan going forward as further remedial action.

The actual number of cases that makes up the difference between the target and actual performance is about 100. EM asked what sanctions were available when consultants did not follow the system. AM advised that she was working with doctors and explaining issues and all were keen to make things work. Spinal and Paediatric Teams had experienced staff sickness and this had exacerbated their adverse position.

AM assured that she and her teams were addressing the issue on a weekly basis.

The Spinal Specialist Commissioning Group was putting pressure on the 52 week target and AM was focusing on this area.

The Department of Health Intensive Support Team is being invited in and they will independently review how the 92% target is being managed.

AT is writing guidance for staff to ensure that patients can be maintained via follow-up rather than being taken off lists and referred back to GPs. EM felt that the workshop and Board paper gave confidence that the team was on top of things and asked what further support might be needed from the Board. AM asked that the topic be reinforced in general dialogue. PT felt that a visible trajectory should be developed to show the breakdown by Directorate that contributes to this achievement.

**CM asked that an email update go out in February as there was no Board meeting.**

**AM**

### Sickness.

AG reminded the Board that it had been agreed to hold the winter sickness target at 5.2%. AG and AM were still working with managers in areas with hotspots and the call centre is in use on a trial basis. Middle managers still struggle to tackle multiple episodes or long-term sickness. RM commended the efforts in reducing sickness.

### SIRIs/Falls/Drug Errors

Covered under the Patient Safety Report.

### Activity Levels

The activity levels for December had been reduced in the profile to acknowledge the impact of the holiday period, but the performance was lower still. AM noted that the underlying position was worse.

### Finance

PT reminded the Board that the achievement of CIPs had been good.

PT advised that the Executive Team was engaged with the Specialist Commissioners. There were tariff issues and pressures in the system which sometimes worked against the interest of the Trust.

### **The Board noted the report**

#### **01/13/1352 PMO Report**

PT presented the PMO Report and highlighted the single biggest contributor to CIPs was BMI in 2012/13 and another big success had been the Bone Infection Unit. However, PT alerted the Board to the need for big schemes going forward.

GB advised that the Executive Team was now in discussion with Directorates to address this.

RM asked if there was merit in revisiting procurement and was advised that this was to be done.

### **The Board noted the PMO report**

#### **01/13/1353 Quarter 3 Workforce Report**

AG presented the Quarter 3 Workforce Report which for this quarter also includes the preliminary results of the Staff Survey and national progress on pay matters.

The Staff Survey had 100 questions and 600 staff were surveyed anonymously. The survey covers about one third of Trusts. The formal benchmark report will be available in March and it will be

this one which is used by the Trust's regulators.

Movement was positive on personal development which had been red flagged the previous year. Feedback on managers listening had worsened.

EMT had agreed that the survey results should trigger some additional work to identify cause and effect and the plan was to access 10% of the workforce in focus groups during February and March. GB added that EM was introducing GB to an organisation which may help the Trust develop the staff engagement process and TP would be involved as well.

**The Trust Board noted the report and the actions being taken to address the key issues of sickness absence and staff engagement.**

### **Assurance Reports**

#### **01/13/1354 Director of Nursing & Governance Patient Safety Report**

LW presented the Patient Safety Report and highlighted the following.

#### **1. Serious Incidents requiring investigation (SIRI)**

- 3 SIRIs had occurred within the month
- Updates on previously reported SIRIs was provided

#### **2. Deaths**

There had been 2 deaths in-month.

EM asked what support staff received in these difficult circumstances and whether this work had an effect on staff absence. LW advised that there was training available, debriefing and Occupational Health. AM asked if there were any palliative resources at the ROH and LW advised that the Trust does not have any given the nature of the service but the new Consultant Physician is interested in this area.

#### **3. Pressure Ulcers**

There were three hospital acquired pressure ulcers, two of which were unavoidable (grade 2 and grade 3); one was deemed as avoidable (grade 2) due to the lack of evidence of daily documentation of skin inspection. There was however evidence of an overall improvement in documentation within the month.

#### **4. Ward Dashboard**

Overall there had been improvements in-month with no areas scoring red. The Private Suite had improved from red to amber in-month.

Red areas include:

Ward 2 sickness – this had since reduced

Short Stay Ward - further evidence required of competency for skills training

Private Suite/Th 3 - evidence of improvements in training in-month but further work required to move from red

HDU - 2 red incidents.

CCO - high levels of sickness

TH6 and 7 - low levels of appraisals with plans in place to address by end of January 2013

#### **5. CQC Unannounced Visit**

A draft report had been received from the CQC following the routine unannounced inspection on 11<sup>th</sup> December 2013. An action plan to address the findings is under development and will be shared with the Board.

EM asked LW whether she felt there had been any further progress on Medicines Management. LW advised that the interim monitoring revealed that there were inconsistencies. There was agreement that there may be circumstances in which repeated and serious issues triggered disciplinary action.

TS asked if there were issues about pain relief on as required dosage regimes and was there a system in place. LW advised that there were pain scores and the Outreach Team who have expertise in this and could be used for advice.

In line with Monitor's Compliance Framework this will not impact on the quarterly governance declaration as only major concerns or enforcement action impact on the governance risk rating. The Trust will however notify Monitor of the outcome of the inspection.

**The Board noted the report.**

#### **01/13/1354 Quarter 3 Governance Quarterly Declaration Report**

GB presented the Quarter 3 Governance Quarterly Declaration Report. The report is to provide assurance and recommendations to the Trust Board in relation to the Governance Declaration for Quarter 3 2012/13 to Monitor. The declaration is in line with the requirements of the Compliance Framework issued by Monitor for 2012/13.

EM felt that she had confidence in the team's intention to deliver the required targets but recognised that at this point this could not be evidenced.

**The Board approved the following submissions to Monitor:**

- 1. Finance - Confirmation that the Trust will continue to maintain a financial risk rating of at least 3 over the next 12 months.**
- 2. Governance – The Board cannot confirm that plans in place are sufficient to ensure: on-going compliance with all existing targets (after the application thresholds) as set out in Appendix One; and a commitment to comply with all known targets going forwards. (This is due to the non-achievement of 92<sup>nd</sup> percentile 18 week target as discussed at the Board Workshop on 16 January and referred to in section 2 of the report).**

**It was agreed that for future meetings the Finance Director would provide a brief commentary on the rolling twelve month financial position.**

**PT**

**01/13/1355 Quality Account**

LW presented 2012/13 Quality Account paper which outlines to the Board the key changes in the requirements for the 2012/13 Quality Account/Report and the provisional timetable for the preparation of this report.

**The Board noted the changes for the 2012/13 Quality Account/Report, agreed the provisional timetable and the two mandatory indicators for audit purposes as 62 day cancer target and 28 day readmissions.**

**01/13/1356 Integrated Governance Committee Report – 25 January 2013**

TS provided a tabled report from the Integrated Governance Committee meeting held on the 25 January 2013.

Presentations on Clinical Outcomes and the Clinical Audit Database had been very positive, although there was a concern that some staff were leaving or were being diverted from this work. Some of this had been resolved prior to the Board meeting.

PROMs data submitted nationally can now be accessed at individual consultant level which allows much greater comparison and identification of outliers. Individual surgeons receive their own data compared to the mean and others (anonymised). The data is not robust enough for statistical analysis but still gives an indication.

Research and Development activity was presented and there was a plan to devolve the agenda to Directorates and for inclusion in individual job plans.

The Committee signed its quarterly declaration and the Committee re-assessed the organisation against the Quality Governance Framework.

RO asked about Revalidation and Internal Audit work. Noted this had not yet been seen.

**The Board noted the update.**

**01/13/1357 Audit Committee Report**

No meeting had been held.

**01/13/1358 Board Committees & ad-hoc Groups not covered elsewhere  
Remuneration Committee**

A meeting was held and this discussed the Internal Audit report on the appointment of the Medical Director. The Committee discussed the appointment of the interim Medical Director; Pensions and the Acting CEO contract.

**01/13/1359 Items for Executive Question Time**

- ADCU
- CPR/PMO
- Q3 Declaration
- Staff Survey focus groups
- Good work of R&D in newsletter

**01/13/1360 Any Other Business**

CM asked for support to pass on thanks to Stella Noon at this evening's governors meeting for the end of her current term of office. This was given.

**01/13/1361 Date and Time of Next Trust Board Meeting**

Trust Board Workshop to be held on Wednesday 27 February 2013 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.**