



**Minutes of the Trust Board Meeting held in public on
Wednesday 27 March 2013 in the Boardroom**

Present:

Mr Chris Monk, Acting Chairman (Chair)
Mrs Lindsey Webb, Director of Nursing, Governance & Strategy
Mr Paul Taylor, Interim Director of Finance
Mrs Amanda Markall, Director of Operations
Mr Andrew Pearson, 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

In attendance:

Ms Joy Street, Company Secretary

ACTION

03/13/1362 Apologies and welcomes

Apologies were received from Mr Donal O'Donoghue, Mr Graham Bragg, Mrs Anne Gynane, Mr Roger Otto and Mrs Frances Kirkham

03/13/1363 Introductions & Welcome

CM introduced and welcomed to the Board Mr Andrew Pearson as Medical Director.

03/13/1364 Declarations of Interest

No other Declarations of Interest than those registered previously.

03/13/1365 Minutes of the Trust Board meeting held on 30 January 2013

The minutes were approved as a correct record.

03/13/1366 Action Points

The action notes were updated (see separate sheet).

03/13/1367 Chairman's & Chief Executive's Update

It was noted that the Trust Board Workshop held in February had covered the Corporate Performance Report with a particular focus on activity and a wider discussion on complaints.

CM attended a Chairs Forum with cabinet members from Birmingham City Council. This was well attended by people from all parts of the health service landscape.

CM attended an FTN Chair and CEO meeting and discussed the overall state of the NHS and Francis Inquiry. The degree of negativity to the NHS was discussed along with the balance of funding allocations with the potential end to protection of NHS budgets and unsustainability of continual CIPs. Workforce issues were also discussed. Discussion then moved on to the issue of a failing South London Trust.

CM attended the Specialist Orthopaedic Alliance meeting hosted at the ROH. This covered commissioning issues, theatre capacity issues and the feedback from Wrightington that in Manchester they are looking at having a specialist orthopaedic unit for secondary and tertiary referrals. Consideration is also being given to hosting a medical summit.

The government's response to the Francis Inquiry had been published on the 26th March 2013. BM had been to an FTN meeting and duty of candour had been the key topic.

- Non-Executive Director Staff Open Sessions and Board Links
CM felt that staff would welcome this as a way of feeling more connected to the Board. EM wanted this to be built on in practical terms and that it may be better enhanced in the context of a piece of work discussed with GB a few weeks ago. **EM agreed to brief LW more fully outside the meeting.**

EM

TP was very supportive of the Non-Executive Director/Executive Directorate links but felt that adding governors in complicated matters. **It was agreed that governors should have opportunities to continue their links and develop new ones.** EM commented that this would also help with corporate memory.

The Board should review the election process for governors to ensure the Trust gets nominations from the highest calibre candidates.

Strategy and Organisation Development

03/13/1368 Patient Stories

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

The first raised issues of managing patient expectations and concerns over x-rays. The initial procedure had taken place in 2004 and despite subsequent issues a complaint was not sent in until February 2013.

TS felt that seeing individual patient stories were of use but that it may be better to look at the trends and select cases that illustrate those concerns.

It was agreed that the themes raised in the quarterly Quality Report should trigger the stories brought to the Board. The Integrated Governance Committee to consider how best to do this and provide assurance to the Board.

TS/LW

ADM offered to support the catering team in their maintenance of the improvements put in with the support of James Martin.

03/13/1369 Investment Committee – 13 March 2013

The Investment Committee held a meeting on the 13th March 2013. The last meeting took place in February 2012.

The meeting was called at short notice to pick up on ideas raised after the February Trust Business and Learning Day and focused on a single project only.

Sarah Mimmack and Nikki Mason presented a paper on developing the Infection Prevention and Control Service. The main aim of the project was to standardise and improve the processes and procedures across a number of specialities to bring the ROH well ahead of average performance and direct the Trust towards becoming “best-in-class” by reducing our infection rates.

The meeting agreed that it was an excellent initiative which needs to be supported. The costs of the project need to be fully defined and ways found to incorporate the work into the budget for 2013/14.

TP felt this would elsewhere stack up as a commercial project and should be supported and ADM felt that the project lead was extremely strong. **The Board gave the project strong support for consideration in business planning.**

AP introduced the matter of surgical hoods which some surgeons felt had a major impact on infection rates. There is, however, no robust evidence of this – indeed some evidence proves the opposite. Data is now going to be collected on a 12 month basis – 6 months with hoods and 6 months without using hoods alongside the introduction of different skin preparation to establish the impact of this.

03/13/1370 **Performance Management/Assurance Reports**
Director of Nursing & Governance Patient Safety Report

1. Summary

LW highlighted that it was the first time this year that the Quality element of the CPR had scored an overall red.

2. Serious Incidents requiring investigation (SIRI)

There were 4 SIRIs in-month - an increase from 0 the previous month.

There had been 2 level 0 SIRIs which were incidents where, until some investigation was undertaken, it is impossible to confirm that they meet the SIRI criteria. The CCGs had requested that these are reported early as level 0s and then upgraded/downgraded accordingly based on the investigation.

3. Incident Trends

There had been an increase in incidents which was primarily due to an increase in reported drug incidents, falls, cancellations on the day of surgery and pressure ulcers. The drug incidents were primarily prescribing issues with the workload of the junior doctors at weekends being a contributory factor. Plans have been put in place to address this and these will be monitored throughout March.

On the back of the Francis Report there had been increased encouragement to staff to come forward and raise concerns and the surrounding media attention on this may have had some impact.

4. Pressure Ulcers

There were 5 hospital acquired pressure ulcers, 3 grade 2s, 2 grade 3s (all of which were avoidable). The Trust was on track to achieve its targets for the year with regard to pressure ulcers with a continuing downward trend. Equipment, scrutiny, training and challenge had all contributed to this success. Device related pressure ulcers remain of concern and commissioners were keen to look at this issue region-wide.

5. Falls

There had been an increase in the number of inpatient adult falls from 3 the previous month to 6 for this month. No harm had been caused following any of the falls. Increased vigilance in reporting had been observed among staff which was being encouraged.

6. Ward Dashboard

- Improvements on Ward 2 in-month to achieve green
- Ward 12 improvements to appraisals, Ward 10 improvements in outcomes
- Ward 3 and CCO red due to competency training
- Ward 11 red due to sickness and inadequate (ie <100%) checks of emergency trolley and fire safety checks
- HDU red due to sickness and red incidents

7. Complaints/PALS/Compliments

There had been an increase in the volume of complaints received this month to 20 (19 formal and 1 informal) which compares to a total of 6 (6 formal and 0 informal) in January. This is above the average of 14 per month.

PALS contacts had dropped slightly to 88 from last month's total of 103. The team is encouraging colleagues to attempt local resolution of issues before passing to PALS and to own any issues at that level where possible.

Work on internal processes and accountabilities had been useful in helping improve complaint handling.

8. Birmingham Cross City (BCC) CCG Visit

An unannounced inspection was carried out by a team from BCC CCG and the Area Team. Verbal feedback was given on the day and overall the feedback was very positive with the team getting good assurance from their visit. They were confident that the Trust was both aware of and addressing areas for improvement. There was one concern highlighted that the team requested more immediate feedback on in relation to the actions of a member of the medical staff. This had been addressed by the appropriate Clinical Director and the Medical Director and fed back to the CCG lead.

The CCG visit report gave positive assurance and very good feedback on staff attitudes and great patient feedback.

9. HDU

A number of nursing staff had come forward with concerns regarding management issues, training, clinical standards and teamwork within HDU. On the basis of the feedback received it had been agreed to undertake an independent review of these concerns. This is underway and time to conclusion will depend on the number of staff who come forward to be involved. A further update will be provided at the April Board meeting.

10. Francis Report

Plans are in place to run staff workshops to discuss the issues raised by the Francis Report and the implications and learning for the ROH. These will take place in May, once the staff survey forums have concluded.

03/13/1371 Corporate Performance Report (CPR)

PT introduced the February 2013 CPR and drew attention to the key issue of the activity targets and delivery of the 92nd percentile action plan which was on track to achieve in April 2013.

February activity was much closer to plan. Sickness remained around 5% and agency use was higher than planned.

TP asked why there were unused theatre sessions when there was a waiting list and this was noted as something to underpin budget discussions. AP advised that Directorates would in future have their own targets and that the means of increasing flexibility were being explored.

TS asked what we would do differently if we started workforce planning again. AP commented that the BMA hinders contractual changes but that the solution was to incentivise flexible working. Theatre staff tend to be loyal to their surgeons and they may then follow this flexibility. AP will be working with AG and the Clinical Directors to develop this approach.

The Trust surplus was on track and may improve further by year end.

The Board noted the report.

03/13/1372 PMO Report

PT presented the PMO Report and highlighted that the Trust was close to meeting its CIP target for the year.

The Board noted the PMO report.

03/13/1373 First Cut Budget

The Executive Management Team is required to recommend to Trust Board an operating budget for approval at its March meeting for the following financial year. The operating budget forms the basis of the first year of the three year business plan submitted to Monitor in May 2013.

The operating budget paper was supported as presented.

The Board approved the indicative 2013-14 budgets.

03/13/1374 Integrated Governance Committee Report – 22 February 2013

TS had provided a report from the Integrated Governance Committee meeting held on the 22 February 2013.

The Clinical Outcomes and Effectiveness Committee provided an update report for the meeting. Assurance was given that key risks from Metal on Metal implants and Clinical Outcomes (including PROMS) could be downgraded, although the extent of MOM litigation remains uncertain. Recent PROMS data (14th February) showed an improved ROH position, however a continued red risk rating was agreed to be appropriate until more consistent data showing an improved position is available. Further analysis of individual consultant level data was proceeding as planned.

Revalidation is continuing and team issues are considered. SIRI pathways completion is now part of a system of KPIs. A workplan for 2013/14 had been agreed.

It is recognised that the Francis report will impact on the committee.

The Board noted the update.

03/13/1375 Audit Committee Report – 14 February 2013

ADM thanked Roger Otto in his absence for all his help in the handover of the committee.

ADM had met with RSM Tenon which had auditing of the 92nd percentile on its workplan and it was agreed that this may not be a priority for June 2013 given other matters going on.

The Board noted the written update.

03/13/1377 Trust Board Risks

An update to the Board risk that had been circulated was presented and it was noted that the Board's Remuneration Committee had also reviewed the risk at its meeting on the 27th March 2013.

03/13/1378 ADCU Project

A report had been provided to update the Trust Board on the Capital Development Programme.

PT advised that major capital programmes be reported to the Board as part of the regular reporting process.

It was agreed to ask a named governor to open the unit and to invite a Non-Executive Director to attend the Strategy Estates Project Board.

CM/JS

The Board noted the update.

03/13/1379 NHS Provider License

JS presented the report provided regarding the NHS Provider License. The paper identifies the key conditions of the Monitor License which will replace the Trust's Terms of Authorisation on the 1st April 2013.

The Board noted the general conditions and confirmed anticipated compliance with these.

03/13/1380 Risk Assessment Framework

JS presented the report regarding the Risk Assessment Framework (RAF). Monitor is currently consulting on its proposed RAF which will replace the Compliance Framework from Q3 of 2013/14 and is quite a different model. There have been workshops and consultation events held by Monitor (ROH attended) which have offered the opportunity for discussions and many elements may change, but the paper provided is to give Board members the chance to be aware of and consider the implications at this stage.

The Board noted the report.

**03/13/1381 Board Committees & ad-hoc Groups not covered elsewhere
Remuneration Committee**

The committee met to consider the risks of change at the top of the organisation.

03/13/1382 Items for Executive Question Time/CEO Briefing

- Formally record thanks for the work of Roger Otto and Andrew Thomas and to Lindsey and the team for their work in maintaining the leadership of the organisation.
- Walkabouts
- Encouragement of bright ideas linked with CIPs

03/13/1383 Any Other Business

- Agreed that the work on the Trust's Strategy needed a timeline.
- A review of the directorate structure may be considered in the future.

03/13/1384 Date and Time of Next Trust Board Meeting

Trust Board Meeting to be held on Wednesday 24 April 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.