



**Minutes of the Joint Council of Governors'/Trust Board Meeting  
held in public on Wednesday 29 May 2013 in the Boardroom**

**Present:**

Trust Board

Dr Bryan Jackson, Chairman (Chair)  
Mr Graham Bragg, Acting Chief Executive  
Mrs Lindsey Webb, Deputy CEO & Director of Nursing, Governance & Strategy  
Mr Paul Taylor, Interim Director of Finance  
Mr Andrew Pearson, Medical Director  
Mr Chris Monk, Associate 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

Council of Governors'

Mrs Marion Betteridge  
Mr Joseph Blackledge  
Miss Karen Hughes  
Mrs Dia Martin  
Mrs Yvonne Scott  
Mr Alan Last  
Miss Jan Walshaw  
Mrs Jean Rookes

**In attendance:**

Ms Joy Street, Company Secretary  
Mrs Anne Cholmondeley, Director of Workforce & Organisational Development  
Mr Roger Tillman, Interim Deputy Medical Director

**ACTION**

**05/13/1408 Apologies and welcomes**

Apologies were received from Mr Donal O'Donoghue, Mrs Amanda Markall, Mr Robert Millinship and Mrs Frances Kirkham. Mrs Sue Arnott, Mr Kenneth Williams, Mrs Stella Noon, Mrs Marion Thompson, Mr Richard Burden, Mr Parwez Hussain, Mr Peter Arnold and Mr Robert Talboys

**05/13/1409 Introductions & Welcome**

BJ thanked CM for his work at the Trust as a Non-Executive Director and more recently as Acting Chairman.

**05/13/1410 Declarations of Interest**

No other Declarations of Interest than those registered previously.

**05/13/1411 Minutes of the Trust Board meeting held on 24 April 2013**

The minutes were approved as a correct record.

**05/13/1412 Action Points**

The action notes were updated (see separate sheet).

It was agreed to inform the Governors of the election results.

**JS**

**05/13/1413 Chairman's & Chief Executive's Update**

- BJ has been visiting Theatres, the wards and X-Ray as well as the PMO Office and meeting consultants.
- GB reported a meeting with Monitor attended by the Non-Executive Directors and Executive Directors in separate session. Monitor had commented that the ROH was one of its best performing Trusts. The Trust advised that waiting time targets remained at risk for the first quarter of 2013/14 and this was reflected in the Trust's quarterly declaration and a full response from Monitor is still awaited.
- The Local Area Team had met with the Trust to discuss spinal deformity waits as some of these are over 52 weeks and the Trust hopes to have eliminated any waits over 52 weeks by July 2013 subject to case complexity and patient health. The Trust may incur fines from June of £5,000 per patient per month for these long waiters. Patients had been offered treatment at alternative locations but many had opted to stay on ROH lists despite the wait. New spinal surgeons had been appointed but they will not perform at capacity until later in the year. CM asked how many patients were still on the list and GB advised that it was 12 patients. YS asked if there were sufficient anaesthetists and GB advised that locums had been appointed and two vacancies were being recruited to.
- The Trust had received press coverage about a patient who had suffered paralysis following epidural and post-operative care failings. The Trust had not expected this but had made a statement admitting liability for some aspects of care.

**05/13/1414 Medical Director's Report**

AP presented the Medical Director's Report.

TS asked how many appraisals the Medical Director would undertake and AP advised that it would be Clinical Directors and any with conflicts of interest or in difficulty. TS commented that this is a vitally important process as it ties in to the organisation's strategy. **A mid-year review would be given to the Board in September.**

**AP**

The links to revalidation were noted and AP advised that the first

Trust submissions would be made shortly. This is the first round of revalidation. EM asked if the process was being well received and AP commented that previously appraisals of doctors had been less robust but doctors were becoming increasingly aware of the impact of revalidation. RT commented that doctors here for short term roles presented a challenge for revalidation as there was as yet no process for responsible officers to transfer their awareness of concerns as the employee moved.

**The Board noted the update.**

**05/13/1415 Medical Staff Committee Update Report**

GB presented the Medical Staff Committee (MSC) report following the MSC meeting held on the 24 May 2013.

Issues raised include:

- Radiological staffing – **it was agreed that executives consider this and report back in July.** BJ confirmed that these issues had been raised with him.
- Job planning was recognised as intrinsic to Trust strategy and had been under discussion for at least 12 months. AC had worked hard to get agreement and the positive statement from MSC was very much welcomed as this progresses to the implementation phase which will work through Directorates incrementally. This will then become an annual event in support of the Trust business plan.
- The MSC was also keen for the Trust to develop its marketing and image in support of strengthening its reputation.
- The Board noted the thanks to Chris Monk from the MSC.

**Execs**

**The Board noted the update from MSC.**

**05/13/1416 Nursing Staff Report**

LW explained that the first report would follow the nurse managers meeting to be held in June.

**05/13/1417 Quality Account and Annual Report & Annual Accounts**

The Board is required to approve the Trust Annual Report which incorporates the Quality Account as its Chapter 4. The document would be prepared for publication prior to laying before parliament in July 2013. It will then be available for members and the public at the Trust AGM in September.

**Quality Account**

LW reported that the Trust had received commentary from commissioners but neither Healthwatch nor the Overview and Scrutiny Committee had commented. This commentary has to be included in the final document. The report is prepared under prescriptive guidance from Monitor but is nonetheless drafted

insofar as is possible, in an easy read way for public accessibility.

### **Annual Report**

JS reported that the Annual Report had been prepared in accordance with the guidance issued and was to be laid before Parliament.

### **Annual Accounts**

PT gave a brief presentation on the annual accounts which covered Monitor outturn ratings of 5 for overall financial rating compared to 4 in the plan (5 being the highest achievable rating).

The accounts show a surplus of £2.3m (ahead of the plan of £2m). The net worth of the Trust is shown with £41m capital assets and £21m cash (generated from accumulated surpluses). Taxpayer equity was shown as was the cash flow statement.

The underlying position of the Trust was that income had reduced due to under-performance against contract to the value of £2m. A range of reasons underpinned this, from consultant sickness and the fire to some elements of reduced efficiency. The financial position was strengthened by the closure of the Trust's ward at BMI and this was recognised as a one-off.

The auditors regarded the accounts as a true and fair record, very few errors had been identified and these had been corrected. It was confirmed that the auditors believed the Trust offered value for money.

AM congratulated the team on producing the Annual Report and Accounts at such speed. The external auditors had asked for no adjustments and the internal systems.

The Audit Committee had received the report of the auditors and confirmed to the meeting that the accounts are a true and fair record of the Trust's business in 2012/13.

The Board received assurance from the Audit Committee of the 2012/13 Annual Report **and approved the Quality Account, the statement of Board responsibilities and the Annual Report and Accounts for preparation and publication.**

### **Strategy and Organisation Development**

05/13/1418

#### **Strategy**

LW provided a presentation and reminded the meeting of the range of workshops with governors and staff that had taken place earlier in the year.

LW identified the key themes identified from those meetings and the headline vision for the Trust as well as key objectives.

A single summary sheet was circulated at the meeting which pulled together the detail at the highest level. The Board was asked to approve the direction for further development.

BJ asked if there had been any feedback since Trust Business and Learning Day and LW responded that there had been interest in the work underneath this.

JW commented that she felt this was a really good plan and did reflect the strategy days and she added that making this real throughout the organisation was vital.

TS noted an apparent dichotomy between remaining stand-alone and providing high quality holistic care and asked how this would be evaluated going forward. LW advised that the Trust increasingly worked with partners through service level agreements. CM commented that from a meeting of the Specialist Orthopaedic Alliance, it was clear that other Trusts were looking at partnerships too. GB confirmed that this had been discussed at the Monitor meeting.

AM commented that there was real need to drive up income and support this with a marketing plan. GB advised that this was in hand and was supported by a Non-Executive Director.

BJ reminded the Board that the strategy would require evaluation and testing to ensure its deliverability. Marketing was essential but in order to do that the Trust had to be really good. AC commented that the Trust needed to take seriously its out of hours' provision as this would be essential to delivery.

TP supported the plan and felt that the Trust needed to consider scale and so the next stage would need to have numbers attached to it against which achievement can be measured.

EM felt that she had received assurance that the Executive Directors were actively considering the key issues.

JB congratulated LW on the simplicity of the document and its lack of acronyms.

**The Board approved the Strategy.**

**05/13/1419 Annual Plan 2013/14 (including Cost Improvement Programme)**

PT provided a presentation on the plan for the next year. The Strategic Plan document was circulated.

The first year was targeting growth equivalent in real terms to an additional £4.3m income. This had been contracted for recognising a range of issues across Trust delivery.

CM commented that the Foundation Trust Network (FTN) and other Trusts felt that the tariff deflator at 4% per annum was not sustainable. PT felt this was not going to go away given macro-economic conditions.

YS asked how improved productivity would be sustained in light of theatre redevelopment needs. GB commented that the new theatres would be built before the others were decommissioned. BJ commented that the 2013/14 challenge was to do only a few more operations a week and PT considered this achievable within existing resources.

YS identified ADCU as a real opportunity and BJ hoped this would be a showcase. RT felt that GPs and commissioners were likely to absorb some of the more basic orthopaedic work and these were factors beyond Trust control.

PT felt that the lowest infection rates and waiting times etc. would be essential differentiators.

KH commented that the Trust needed to consider how to maintain the breadth of support services at weekends and GB advised that there was to be a major piece of work on this. RT felt that consultants wanted to be more efficient and benefited from a regular team around them.

PT presented the cost reduction schemes that had been presented for consideration. Those schemes requiring clinical review would be discussed further and schemes which had no clinical impact would be progressed.

The meeting discussed the adequacy of governor training (with regard to declaration 18) and JS advised that the FTN was preparing a training programme for governors for which JW had attended a pilot session which had been valuable. This programme would be made available to all governors. JB expressed real concerns that governors were expected to hold Non-Executive Directors to account without having the skills to undertake the role effectively. CM had attended a meeting with Monitor where this had been raised as a conundrum. It was nonetheless agreed that governor training had been less in 2012/13 due in part to the events of the last year and waiting for the FTN programme to be developed.

AL confirmed that he felt the governors should evolve its own system and JR as a new governor had received an induction pack.

**JS would establish a working group to look at governor roles, induction, training and the constitution involving AL, JR, JW and one Non-Executive Director.**

JS

**The Board approved:**

- **The cost improvement proposals.**
- **The Annual Plan was approved in principle. Comments should be made by midday on Thursday for final re-drafting.**
- **The Corporate Governance Statement – for signature.**

TB

**05/13/1420 Capital Programme**

PT explained the circulated paper and highlighted spend on IT.

AM identified that the view was that the Trust was spending within its current year means. The total budget would use just over £2m from the Trust's cash balance of £21m. PT advised that £10m of the cash reserve could be made available without prejudicing the business, so acceleration of implementation might be funded. TP commented that the specification for IT systems would be vital.

YS commented that the purchase of chairs and beds for ADCU was being done in a less well-invested way. **GB agreed to discuss this with AM in order to ensure everything was of a high standard.** BJ felt that investment in IT would be seen as a positive response to a major staff concern and show that the Board was responsive not just demanding.

GB

LW confirmed that the priority for IT had been a clear message from the strategy workshops. BJ reiterated that this will win hearts and minds. GB confirmed that the infrastructure had to come first. EM felt that staff were realistic.

The Board supported the Executive Directors in developing the IT proposals.

GB also explained that the three storey building proposal would accommodate a variety of things and that the use of the building with the exception of two replacement theatres had not been agreed.

**The Board agreed the Capital Programme.**

**05/13/1421** **Performance Management/Assurance Reports**  
**Corporate Performance Report & PMO**

PT introduced the April 2013 Corporate Performance Report which had been updated for 2013/14, taking account of feedback received from the Audit Committee and the Integrated Governance Committee, and incorporating new national and local targets introduced for the new financial year. The key changes had been highlighted in the report provided.

LW highlighted that the Quality indicator was red due to an unexpected death with an inconclusive report from the coroner and this triggers an automatic red at Trust level. AM felt that a single death driving Trust-wide red was a very blunt instrument. LW advised that the Executive Directors felt it was best to retain this approach to ensure every death was considered in detail.

PT drew attention to the achievement of all three waiting times targets due to the continued efforts of the team. GB noted that the backlog was going down and this gives headroom to secure future and sustainable achievement of the targets. Activity was close to plan with inpatient slightly below and outpatient slightly above.

Efficiency indicators showed a mixed performance in Theatres and suggested the Trust has capacity to do better.

AC highlighted that sickness absence remained a concern and there had been an evaluation of the Contact Centre which suggested it had supported improvements but was inconclusive and so Directorates were being canvassed for their views on the support they needed.

BJ felt that responsibility for managing staff absence lay with line managers and GB agreed with this and explained that this would be encouraged and reinforced by any further actions taken.

EM asked if AC had a feel for the nature of real sickness and AC commented that earlier return after hospital procedures was an issue as was the incidence of ad-hoc days in areas where staff felt under pressure and decided not to come in for a day.

BJ identified the need to consider the reasons for and opportunities from the gap in total establishment and posts filled. JW asked if departments carrying vacancies also experienced high sickness rates.

**The Board noted the report and the revised updated format.**

**05/13/1422 Patient Safety Workforce Report**

LW introduced the Patient Safety Report and highlighted the following:

- Serious incidents in April will be included in SIRIs for reporting within May figures. There had been an issue of escalation delay which is under review.
- Incident trends in medicine errors remain under scrutiny where prescription errors continue to occur.
- The Ward Dashboard highlights HDU and this is now subject to an action plan to address issues.

**The Board noted the Patient Safety Report**

**05/13/1423 Complaints Annual Report**

JS presented the Complaints Annual Report.

**The Board approved the Complaints Report.**

**05/13/1424 National Inpatient Survey**

JS presented the National Inpatient Survey which provides an overview of the 2012 survey results and an associated action plan.

JS highlighted the areas for improvement and that there were plans for improvements to food. JW and JR updated to say that choice and quality had improved and the outstanding issue was temperature of food. YS said that the trollies were not plugged in and plates were not warmed on some wards. LW added that the ways in which food is served makes a difference. DM visited Solihull and felt it sad that the ROH could not get this right.

AL felt that the on-going recurrence of the food issue was unacceptable. GB said that there is to be a timescale for improvement.

**AM**

**The Board noted the results of the 2012 National Inpatient Survey and supported the development, agreement and monitoring of an action plan to address the findings by the Quality Committee.**

**LW**

**05/13/1425 Equality Duty Report**

AC presented the Equality Duty Report 2013. The Trust has a legal obligation to consider this data.

AC drew attention to the patient population which did not reflect the Birmingham community which was something that needed addressing as well as the ability to market to different communities. **GB asked that the Workforce and OD Committee establish appropriate KPIs.**

**AC**

TS asked that this data be tracked over time in order to ensure that the Trust improved in meeting its diversity obligations.

AC

**05/13/1426 Integrated Governance Committee Report – 24 May 2013**

TS presented the report provided following the Integrated Governance Committee meeting held on the 24 May 2013.

The Board noted the update.

**05/13/1427 Audit Committee Report – 28 May 2013**

ADM provided a tabled update following the Audit Committee meeting held on the 28 May 2013.

An annual report from Counter-Fraud had been received and the Committee had discussed opportunities for establishing an interim step in investigating fraud prior to the external counter-fraud investigators being brought in at cost.

The Board noted the update.

**05/13/1428 Trust Board Risks**

The risk resulting from loss of continuity and corporate memory had been downgraded from 4 to 3 in terms of consequence to become amber.

**05/13/1429 Board Committees & ad-hoc Groups not covered elsewhere  
Remuneration Committee**

No meeting had been held.

**05/13/1430 Items for Executive Question Time/CEO Briefing**

- Annual Plan
- Capital Programme
- Complaints Report
- Inpatient Survey
- Annual Report and Accounts

**05/13/1431 Any Other Business**

On behalf of the Board, BJ thanked CM for his contribution to the organisation.

**05/13/1432 Date and Time of Next Trust Board Meeting**

Trust Board Workshop to be held on Wednesday 26 June 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.