

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF GOVERNORS

REPORT FROM THE BOARD OF DIRECTORS

17 JUNE 2011

BY THE CHAIRMAN

1 Introduction

Since the last meeting of the Board of Governors, the Board of Directors has held three formal monthly meetings. One seminar has been held, in May, including the joint seminar with the Board of Governors in March regarding the annual plan.

regarding the implications of the NHS Bill on Governance Arrangements.

2 Business conducted by the Board of Directors

2.1 The Board of Directors considers the following standing items at each meeting:

2.1.1 New Hospital Project Report;

2.1.2 Clinical Quality;

2.1.3 Care Quality;

2.1.4 Infection Control;

2.1.5 Finance & Activity; and

2.1.6 Performance & Clinical Quality Indicators.

2.2 As the Board of Governors receive similar standing reports regarding these items, this report will focus on the other issues discussed.

2.3 National Developments

The Chief Executive has been leading the Education and Training workstream of the NHS Future Forum. The Chief Executive reported to the Directors that the Government had emphasised that the Forum was a genuine listening exercise which could lead to substantial change to the proposed legislation. The Future Forum will remain in place after the listening exercise to oversee the implementation, although this will not be as time-consuming as at present.

2.4 **Annual Accounts and Annual Report**

The Directors have considered the annual accounts and the annual report, including the quality accounts/report and, following receipt of an unqualified audit opinion, have approved these documents for submission to Monitor and Parliament. The annual report and accounts will be laid before the Governors at the Annual General meeting in September.

2.5 **FINANCIAL PLAN 2011/12**

2.5.1 The Board considered the financial plan for the forthcoming year. The plan will deliver a surplus of £0.5million, due to a positive outcome to the negotiations with commissioners, with no requirement to achieve additional CIPs. It utilises £13million of the Transitional Support monies and the FD reported that the risks to achievement of the plan were in line with those faced by the Trust in previous years, although Commissioners are likely to be more challenging over payment terms.

2.5.2 The Board discussed the conflicting messages emanating from the Department of Health who, whilst top-slicing allocations by an additional 2%, have exhorted boards not to sign up to CIPs which could impact adversely on quality.

2.5.3 There was discussion about the plan, including the potential impact of pay restraint on recruitment of high quality staff. The FD explained that references to pay savings in the report were aimed more at savings to be made with regard to agency spend. A more pro-active approach to sickness was now being taken and the management of the Trust's own staff bank, Locate, was being reviewed. The intention was to hold pay costs level without any reduction on posts. The impact on the Trust of rising electricity prices was discussed.

2.5.4 The Board resolved to approve the detailed Financial Plan for 2011/12 and the summary 3 year Financial Plan as the basis for the Annual Plan to be submitted to Monitor.

2.6 **Annual Plan Quarter 4 2010/11 Update**

2.6.1 The Board accepted an update on progress against the annual plan for the current year. Due to the Trust meeting its MRSA trajectory, the number of key tasks achieved had increased to 56. Of the eight remaining, three (DNAs, Delayed Transfers of Care and Appraisals) have been regularly discussed by the Board when considering the Performance Indicator report. Of the remaining five, two related to patient experience. The other three were:

- a) Development and implementation of the Trust's leadership strategy – this had been partially implemented – full implementation had been delayed;
- b) Development and implementation of a business strategy for education and development – this has been delayed

whilst the space available is finalised, as there may be less space available than originally envisaged; and

- c) Development of the Research and Development Business Unit – Key Performance Indicators have now been agreed and are in place.

2.7 **Membership Report**

2.7.1 The Directors received a report from the Director of Communications. The costs to the Trust for each member were approximately £2.70. The possibility of making savings on postage by using on-line versions of Trust communications was being considered.

2.7.2 The Chairman reported to the Directors that he and the DCA have been working with the Board of Governors to ensure that the Trust is ready to meet the changes impacting on that Board from the Health and Social Care Bill.

2.8 **Birmingham & Solihull Cluster System Plan**

The Directors considered a report regarding the Birmingham & Solihull Cluster plan and resolved to note the existence of the system plan and the statement of Shared Vision, Goals and Priority Initiatives contained within it, and to engage in the Acute Services Review.

2.9 **Emergency Preparedness**

2.9.1 The Board accepted a report from the Chief Nurse, who explained that the Trust's emergency preparedness plan had been updated following the Phase Two move. Medical staff have been specifically targeted to ensure that they are aware of their role. The Trust had only received the report regarding its March 2010 exercise in January. However, it does provide a level of assurance regarding the Trust's plans. Since then, the Trust has conducted several call out tests and participated in a regional exercise, which identified some difficulties in communications with external agencies.

2.9.2 The Trust now has a new decontamination tent and a number of trained Loggists, who are gaining experience by attending routine bed meetings. The Trust will undertake a live test of its mass casualty plan in 2011.

2.10 **Research Annual Report 2010/11**

2.10.1 The Board accepted the annual research report from the EDoD, who highlighted the Trust's increasing research portfolio and the recent announcement of the NIHR centre. The Trust has maintained the £21 million of research funding and has agreed its final funding outcome for FY10/11 with the CLAHRC. A Head of Operational Research has been appointed.

- 2.10.2 The Healing Foundation appears to have been very impressed with the Trust's approach to research and the Trust has made it through to a shortlist of five for awards of up to three research centres by this foundation. The Trust is working with the University of Birmingham and Birmingham Women's Hospital with regard to a technology hub of cancer and is now beginning preparation for the next stage of the CLAHRC bid. A business case has been presented to the CLRN for a chronic disease research centre and the Trust is working closer with the University to try to reduce transmission time between research and application to patients.
- 2.10.3 QEHB Charity has provided funding for a research fellow in order to identify new areas for research.
- 2.10.4 The Trust's recent inspection by the MHRA resulted in a report which made no critical findings but did identify two major issues. The formal report was only received yesterday and will be examined in detail to develop an action plan.
- 2.10.5 The Directors discussed other opportunities for funding for research. The Trust is developing its capacity to make proactive approaches to private trust funds with a focus on medicine with the recruitment of a commercial business manager to actively seek out such funding. The Chief Executive confirmed that through her membership of Oscar she was aware that the Trust were developing a good reputation in this area.
- 2.10.6 The decision by the NHS Executive regarding proton therapy has been delayed.
- 2.10.7 It was recognised that there was a significant amount of competition, both nationally and internationally regarding research. It was difficult for the UK to compete internationally on cost but it became clear that the quality of the research undertaken is a significant issue when commercial companies are looking for sites for trials. Thus the Trust is focusing on its recruitment to trials to show that it can deliver requirements and is actively participating in national bodies.
- 2.11 **TRANSFER OF BIRMINGHAM SEXUAL HEALTH SERVICES TO UHB**
The Directors approved the transfer of Birmingham Sexual Health Services from HoB sPCT to UHB on 1 April 2011.
- 2.12 **QUALITY GOVERNANCE REPORT**
The Board of Directors received a report from the Director of Corporate Affairs, which provided a robust assessment of the Trust's arrangements for

quality governance, and the second restates how healthcare professionals ultimate responsible for ensuring patients receive high-quality care and that the overall system of assurance and support running throughout the NHS should give primacy to quality. The Directors also considered the two documents published by the National Quality Board: Quality Governance in the NHS; and Maintaining And Improving Quality During the Transition: Safety, Effectiveness, Experience (Part one).

2.13 **Other Business**

In addition to the business set out above, the Board of Directors has:

- 2.13.1 approved advancement of the Trust's hand service;
- 2.13.2 approved the appointment of a Professor of Traumatology and Neurosurgery as part of the new NIHR-funded Trauma Institute.
- 2.13.3 approved an expansion of the Breast Reconstruction Service;
- 2.13.4 noted expenditure against the 2010/11 capital programme and approved a 2011/12 capital expenditure budget of £14.99 million;
- 2.13.5 considered and approved a revised Board Assurance Framework;
- 2.13.6 approved the Trust's self-assessment against the information governance toolkit for submission to Connecting for Health;
- 2.13.7 approved the Information Governance Policy;
- 2.13.8 agreed to support a bid by Birmingham Metropolitan College and Birmingham City University to establish a Health Sciences & Technology University Technical College; and
- 2.13.9 approved a Memorandum of Understanding (MoU) between the Trust, University of Oxford and Gujarat University Cancer Centre & Research Institute re Development of Research Programme.

Sir Albert Bore
Chairman

10 June 2011