

UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF GOVERNORS

REPORT FROM THE BOARD OF DIRECTORS

BY THE CHAIRMAN

1 Introduction

Since the last meeting of the Board of Governors, the Board of Directors has held three formal monthly meetings, in March, April & May.

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 Finance & Activity;

2.1.3 Performance & Clinical Quality Indicators; and

2.1.4 Infection Control.

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

2.2 **New Hospital Project** – In addition to the standing report, the Directors considered a number of specific issues as follows:

2.2.1 Hard Shell Ward Variation Completion

It was reported that the hard shell ward variation and the associated capital payment scheme had been agreed with the Department of Health and Consort. The Board of Directors approved the hard shell ward variation and authorised the NHPD and the DCA to approve the relevant amendments to the Deed of Safeguard. The Director of Finance commented that the capital payment proposal by the Trust did present a considerable saving over the life of the asset.

2.3 UHB/Xchanging Payroll Bureaux

Performance has shown some welcome improvement recently. However, the Trust continues to monitor the situation very carefully and the Investment Committee has been reviewing the partnership and the basis on which this investment should be continued with.

2.4 Achievement of Targets - Quarterly Board Certification

At the end of the year, the Trust was able to report full compliance in all areas other than MRSA Bacteraemia reduction.

2.5 Financial Plan 2008/09

The final version of the financial plan for 2008/09 was presented to and approved by the Board of Directors in April.

2.6 Monitor Annual Plan 2008/2009

The Board of Directors approved the final version of the 0809 Annual Plan for submission to Monitor.

2.7 Corporate Performance Year End 2007/2008

The Director of Planning and Performance presented a review of the Corporate Performance for the year ending 2007/2008 to the Board. During the final quarter of the year, good progress was made against the objectives set. At the end of the year 2007/08, 67.68% of all Key Tasks set for 2007/08 had been completed and 84.86% of Key Tasks had either been completed or will be completed to time. Only 1 objective was significantly under achieved, this being the reduction in MRSA Bacteraemia.

2.8 Operations Divisional Restructure

The Chief Operating Officer presented a paper to the Board of Directors regarding the restructuring of the operational divisions into five divisions from the present four. The new structure is a transitory structure and there will be a need to further review the structure once the move into the New Hospital has been completed. Although the restructuring involved a relatively small increase in costs, it was considered that bringing together all the outward facing patient services made sense although it was emphasised that the organisation of the outpatients' clinics is what would be consolidated and the clinicians would remain in their respective clinical teams. The new structure was approved.

2.9 Workforce Issues

2.9.1 The Board of Directors received an annual report on workforce issues from the Director of Organization Development. The report covered a number of issues including staff numbers and turnover, age, gender, disability and ethnicity profiles, the diversity agenda and the involvement of the Learning Hub in relation to diversity, sickness absence, workforce planning and health and safety.

- 2.9.2 Generally, 2007/08 was a stable year in relation to workforce issues and numbers. The Trust has continued to maintain strict control over numbers in post, including agency staff. The residual employee relations matters underpinning the E grade dispute have been resolved and the Agenda for Change grading system has been implemented. There remain risks against the national context of equal pay claims both under Whitley and in relation to Agenda for Change.
- 2.9.3 In January 2008 the Health Care Commission approached UHB to assist other NHS Trusts on their diversity agenda. The Commission considered that our organisation had met all our statutory publications requirements and were doing some good work in this field. They requested that they work with us to champion good practice and use us to work with poorly performing trusts. This request was turned down due to workload priorities and the parallel visit of the Health and Safety Executive. A number of workshops have been run internally including one on dress code and infection control. As a result of the latter the Trust's Muslim Chaplain was asked to sit on a national DoH Advisory Group.
- 2.9.4 Trust sickness absence rate for 2006/7 was 4.38%. For the period 2007/2008 the sickness absence rate was 4.26%. The Trust actively manages all sickness cases. This involves HR Managers, Managers, Staff and Occupational Health staff as appropriate. HR Managers report long term sickness absence over 3 months. These cases are discussed with the Director of Human Resources and the Divisional Directors of Operations and sickness is monitored in the Divisional Performance Reviews by the CEO. Pan Trust issues and learning are considered in the HR Managers meetings.
- 2.9.5 Detailed work has been undertaken this year in conjunction with Finance to produce a set of workforce trajectories for staff groups. A dynamic model now exists which can be flexed to accommodate agreed changes linked to business cases eg imaging equipment, beds. There is a management lead for each staff group (Doctors, Nurses, Therapies, Scientists, Imaging, Pharmacy, Technicians and Facilities). This work is now integrating with the model of care activity led by the ADDs, who have identified the key workforce challenges supporting the new models of care.
- 2.9.6 Results of the annual Staff Survey were generally good, with the Trust in the best 20% of all Trusts, better than average in a number of areas and that no results featured in the worst 20% of all acute trusts. This survey provides some positive feedback from staff about working for University Hospital

Birmingham NHS Foundation Trust. A visit by the Health and Safety Executive regarding stress at work was most successful and it appears that our policy framework and support for dealing with stress will be used as an example of good practice in both the public and private sector. It was pleasing that this year's indicator on stress in the staff survey reinforced this. The Board of Directors approved an action plan to address areas of improvement for the Trust. Progress against the Staff Survey Action Plan will be monitored by a staff survey working group made up of a cross section of staff.

2.10 Review of the Medical Workforce Structure

- 2.10.1 The Medical Director presented a paper to the Board of Directors regarding an update on the review of the medical workforce structure. He reported that it was becoming increasingly apparent that there would be a lack of appropriate national training posts for quite a few of the jobs that the Trust currently needed. The Trust was considering introducing an alternative career structure involving a junior consultant post for those doctors who would normally have filled the national training posts. It was considered that the proposed new structure would be more beneficial to both the clinicians within it and the Trust than the traditional Trust grade posts.
- 2.10.2 The Trust still needs to consider the results of the work being undertaken by the University of Birmingham regarding the present consultant role so that clarity about the new post of junior consultant can be achieved. Other Foundation Trusts may wish to adopt a similar structure which might mean that there would be potential in the future to rotate clinicians in the specialist consultant role across different Foundation Trusts. The Board of Directors agreed that the potential for transferring doctors between trusts made the proposed structure even more attractive and were pleased to note that the local consulting body had welcomed the proposals. An article from the BMA criticised the proposal as circulated and the Board of Directors discussed the BMA's suggestion that there would be a negative impact on patient care. The MD had no evidence that this would be the case and could see no logical explanation for such a conclusion - in fact he believed that the opposite would in fact be the result.

2.11 Business cases

The Board of Directors considered and approved the following business cases:

2.11.1 Business case for the expansion of Neurosurgery to achieve the 18-week referral to treatment target Capacity – building on delivery by the neurosurgery team over two previous financial years proving the case for expansion and capacity.

2.11.2 Business Case for UHBFT – Led Chronic Satellite Haemodialysis Unit – a proposal to open two additional satellite haemodialysis units operated, subject to contract award, by preferred supplier Fresenius Medical Care Renal Services.

2.12 UHB Charitable Projects in Developing Countries

The Board of Directors resolved to approve the establishment of a formal training programme to improve ophthalmic care at the Kilimanjaro Christian Medical Centre in Tanzania and to support the ongoing work of the Transplant Links Charity.

2.13 Emergency Preparedness – Annual Report

The Board of Directors received a report from the Chief Operating Officer regarding the Trust's Emergency Preparedness framework. This covered command and control arrangements, planning for major incidents, planning for pandemic flu, the Trust's Heat wave plan, business continuity planning and co-operation with other organisations. The Trust's Emergency Preparedness Steering Group meets quarterly to oversee this issue.

2.14 Smoke Free Policy

The Smoke Free Policy, which was developed by the Choosing Health Committee, was approved by the Board of Directors.

2.15 Scheme of Delegation, Standing Orders and Standing Financial Instructions

The Board of Directors has approved revised Scheme of Delegation, Standing Orders and Standing Financial Instructions with effect from 1 April 2008, with a further review no later than April 2011.