

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**

**BOARD OF GOVERNORS**

**REPORT FROM THE BOARD OF DIRECTORS**

**17 MARCH 2009**

**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 December, January and February. Two seminars have been held – one in January regarding the New Hospital Project and issues relating to completion and commissioning, and another seminar in February, which was used as part of the Monitor project on Board Effectiveness in Improving Quality (see below).

**2 Changes to the Board of Directors/Executive Team**

Stewart Dobson has been appointed as Vice Chair of the Board of Directors and Clare Robinson has been appointed Senior Independent Director.

**3 Business conducted by the Board of Directors**

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

- 3.1.1 New Hospital Project Report;
- 3.1.2 Finance & Activity;
- 3.1.3 Performance & Clinical Quality Indicators; and
- 3.1.4 Infection Control.

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

**3.2 Monitor project on Board effectiveness in improving quality.**

The Trust is one of eight Trusts working with Monitor on a pilot project on Board effectiveness with regard to quality. The Board had agreed to take part in this project which was being handled by McKinseys. Whilst the demands of the project on the Board of Directors were not insignificant, there are clear benefits in undertaking this work with Monitor.

### **3.3 International Financial Reporting Standards**

The Board of Directors received a report from the FD regarding the introduction of IFRS as a requirement for public sector accounts. The Trust is required to submit a restated balance sheet under IFRS to Monitor. The effect of IFRS will reduce the assets employed by the Trust to approx £150m. This is mainly due to the way in which the land on which the Queen Elizabeth Hospital is situated is treated.

### **3.4 Name for New Hospital**

The Board of Directors discussed the results of consultation over four proposed alternatives and agreed that the name for the new hospital should be Queen Elizabeth Hospital Birmingham.

### **3.5 Academic Health Science Centres (“AHSC”) and Health Education Innovation Centres (“HEIC”s)**

The Trust submitted a bid to be designated as an AHSC and was successful at being short-listed. Guidance on the bidding process for Health Education Innovation Centres (“HEIC”s) has now been released and the Trust is preparing a bid.

### **3.6 Clinical Quality Monitoring**

Work done in introducing a change of practice in relation to falls has been circulated to the NHS on a national basis by Monitor following recommendation by a coroner. The Head of Governance, Bob Hibberd, has been commended for the work he has undertaken in relation to this.

Having undertaken an Emergency Department Survey, an action plan has been put in place in order to improve patient experience in the A&E Department and progress is reported regularly in the Care Quality reports.

### **3.7 Development of Specialty Quality Strategies**

Each specialty of the Trust has been asked to develop a strategy as to how they will contribute towards the Trust’s aim to provide the best in care. The strategies need to include aspects of research and quality. These are to be reviewed by the Executive Team in April and an overview of the strategies will be presented to the Board in May/June.

### **3.8 Patient care/patient Satisfaction**

Reports on the work of the Patient Care Group have been discussed by the Board of Directors. The reports have focussed on patient feedback, fall and nutrition.

### **3.9 Registration of healthcare associated infections with the Care Quality Commission**

In common with all other NHS organisations, the Trust has been required to register with the Care Quality Commission ("CQC"). The registration process for this year concerned Healthcare Associated Infections. A full review of the revised draft hygiene code has been undertaken and the CN assured the Board that the Trust was compliant. The Trust has now registered with the CQC.

### **3.10 GP Satisfaction Survey 2008**

In general the findings of the GP Satisfaction Survey were extremely encouraging. The Trust has achieved its Medium Term Plan objective two years early.

The level of GP satisfaction with UHB has increased by 13% from 73% to 86% since 2005, with a significant shift towards being 'very satisfied' (8% in 2005, 30% in 2008) rather than just 'satisfied'. 'Positive' performance ratings have more than doubled since 2005 in the following areas: waiting times, access to consultant advice, culturally appropriate services, efficiency of admissions procedure, cleanliness, discharge process and availability of information.

The rate of referral to UHB has increased since 2005 from 44% (referring 'the most') to 57% (who refer at least 50% of the time), indicating that UHB has increased its market share.

The 'Choose and Book' system is used by up to 90% of GP practices, with about one in three GPs using it personally. But virtually all of the practices use other means of booking appointments as well.

The main criticism of UHB was in relation to the administrative side of communication with GPs, on issues relating to their patients. A need for more timely, and accurate, information was identified, particularly in relation to the discharge process. A move to sending more of this information electronically would be welcomed. Another criticism of the current sites was difficult access and parking but it was expected that this would improve when the new hospital is completed. The appointment of a GP Services Manager has helped to increase awareness and improve the flow of information to GPs.

There are already a range of clinics and services offered by GPs but more than half expressed a clear interest in developing community-based services within their practices. Their most likely way to do this would be to work in partnership with another provider and many were receptive to the idea of working with UHB. Physiotherapy and minor surgery were two of the areas identified for potential development as community services. Some GPs would respond to a pro-active approach from UHB.

### **3.11 Strategies/Policies**

The Board of Directors have a new model publication scheme in relation to the Freedom of Information Act, and the following policies:

3.11.1 Photographic and Video Consent Policy; and

3.11.2 Management of Medical Devices Policy.

### **3.12 Other**

The Board of Directors also received reports on Emergency Capacity Planning – Winter pressures, Litigation and Insurance and the Annual Equality Report 2008 and Action Plan 2009 – 10.

**Sir Albert Bore**  
**Chairman**

**9 March 2009**