

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**

**BOARD OF GOVERNORS**

**REPORT FROM THE BOARD OF DIRECTORS DECEMBER 2008**

**BY THE CHAIRMAN**

**1 Introduction**

Since the last meeting of the Board of Governors, the Board of Directors has held two formal monthly meetings, in October and November. Seminars were held in October, dealing with issues concerning the future use of retained estate, and November, regarding medical staffing.

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

2.1 The Rt Revd Mark Santer has retired from the Board. The Chairman, on behalf of the Board of Directors, thanked him for his contribution to the Trust. Governors will recall that Ms Gurjeet Bains has been appointed to fill the resultant vacancy.

2.2 Gurjeet Bains has been appointed to the Investment Committee.

2.3 Mike Sharon (Director of Planning and Performance) has left the Trust to take up an interim role at the Strategic Health Authority before moving on to United Health. The Board of Directors thanked him for his contribution to the Trust and wished him well for the future.

**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 New Hospital Project**

A Department of Health Gateway team has reviewed the Trust's governance arrangements regarding the new hospital project. The feedback received from the Gateway review had been very positive, with no significant risks being identified.

### **3.3 Annual Health Check**

The Trust's Healthcare Commission results have recently been published and the Trust has achieved Good for quality of service and Excellent for use of resources, for the third consecutive year. The Board of Directors noted that the MRSA performance the previous year had prevented the Trust from achieving Excellent for quality of service. The Trust has now achieved the same results of Good and Excellent for 3 years in a row. This year's rating places the Trust in the top 33% of trusts across the country, however only 8 trusts have done as well over the 3 year period. The Directors discussed the future way in which the annual health check would take place and it was noted that it was likely to be more dependent on patient perception.

### **3.4 UHB/Xchanging Payroll Bureaux**

The FD reported to the Directors that a formal agreement had been entered into between Xchanging and the Trust to effect the termination of the Payroll venture. Xchanging continued to manage the Payroll business until 1 December 2008, when management control transferred back to the Trust.

### **3.5 Clinical Quality Monitoring**

The Board agreed that the Trust should participate in a Board Development Programme being run by McKinsey and promoted by Monitor, aimed at strengthening a Board's effectiveness in monitoring clinical quality.

### **3.6 Patient care/patient Satisfaction**

The Board received a report from the Chief Nurse and noted that a substantial amount was going on in relation to respect, dignity and safeguarding, and the awareness amongst staff of the need to ensure good nutrition and hydration amongst patients and the need to identify those at risk. The Directors agreed to support the Dignity in Care campaign and to receive quarterly progress reports on both focused work and Trust wide initiatives.

### **3.7 Sickness Levels for Nursing Auxiliary Staff**

The Directors received a report from the Chief Nurse setting out the actions being taken to deal with the sickness absence levels amongst nursing auxiliary staff. Whilst the Trust's absence levels are generally good, this group of staff has a much higher sickness absence rate than the average for the Trust (9.08% compared to 4.08%). This is not out of step with the position at other Trust in the West Midlands, but the Board of Directors was pleased to see that some pro-active measures were being taken to try and improve the situation.

### **3.8 Strategies/Policies**

- 3.8.1 The Board of Directors approved the Risk Management Strategy and the following policies:

Risk Management Policy;  
Blood Transfusion Policy;  
Falls Policy;  
Patient Transfer Policy;  
Medicines Policy;  
Complaints Management Policy;  
Vulnerable Adults Policy;  
Discharge Policy;  
Patient Identification Policy;  
Policy on the Management and Safeguarding of patients less than 19 years of age;  
Harassment and Bullying Policy;  
Security Policy;

- 3.8.2 A six month extension to the validity of the current Health Records Management Policy, as amended was approved.

**Sir Albert Bore**  
Chairman

**28 November 2008**