

COUNCIL OF GOVERNORS

REPORT FROM THE BOARD OF DIRECTORS

19 JULY 2012

BY THE CHAIRMAN

1 Introduction

- 1.1 Since the meeting of the Council of Governors on 16 May 2012, the Board of Directors has held two formal monthly meetings and a seminar regarding Site Options.

2 Chairman's Commitments

- 2.1 Monitor's Code of Governance for Foundation Trusts, requires that changes to the Chairman's other significant commitments should be disclosed to the Council of Governors as they arise, and be included in the next annual report. Governors will be aware of Sir Albert's appointment as Leader of the City Council following the local elections in May.
- 2.2 Sir Albert is confident that he can commit sufficient time to both roles. The demands on the Chairman's time will be kept under review and he will inform the Trust if he considers that he is unable to devote sufficient time to his duties as Chairman.

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 Clinical Quality;
 - 3.1.3 Care Quality;
 - 3.1.4 Infection Control;
 - 3.1.5 Finance & Activity; and
 - 3.1.6 Performance & Clinical Quality Indicators.
- 3.2 The Council of Governors will receive similar standing reports in July regarding these items. Thus, this report will focus on the other issues discussed by the Board of Directors.

3.3 At its meeting in May, the Board of Directors resolved that the standing paper regarding the new hospital project was no longer required, given that the hospital was now fully occupied. Future matters relating to the new hospital and the estate in general would be dealt with on an as required basis or in other papers, such as business cases or capital planning.

3.4 Following the passing of the Health and Social Care Act, the Board will be considering the future format of Board of Directors' meetings, so as to meet the requirement for Board meetings to be held in public, at its July meeting, following which appropriate arrangements will be discussed with the Governors.

3.5 **Clinical Quality**

Directors have undertaken governance visits to the Enhanced Recovery Unit (ERU) and the Burns Unit. Whilst it was acknowledged that the ERU environment, in particular the tidiness of the kitchen/storage areas, needed improving, it was felt that staff were dealing very well with frail elderly patients. The visit to the Burns Unit had been very positive and the Board particularly noted the very positive response from the staff.

The Board discussed reporting times for results. The move of laboratories into the new hospital has significantly improved reporting time. A further improvement should be achieved once the specimen delivery system has been commissioned, which involves the moving of pipework.

There was discussion regarding incidents of misfiling of documents within the electronic patient records. The move to electronic records has meant that a greater proportion of patients are being seen with appropriate documentation. Whilst there is no doubt that similar mis-filing occurred in the past with paper records, such incidents were not so visible. The introduction of myhealth@qehb, which will give selected patients direct access to their electronic record, could increase the risk of a mis-filed document being visible to another patient, although it would also enable patients to report any mis-filing they identify.

The Board recognised that it was unlikely that mis-filing could ever be eliminated completely. Appropriate measures were being taken to minimise the risk, taking into account the overall benefit to patients of the use of electronic records.

3.6 **Final Quality Report for 2011/12**

The Directors approved the content of the Trust's final 2011/12 Quality Report for submission to Monitor, Department of Health and external publication. Positive responses were received from both the PCT and the LINKs service. The draft report had been discussed at Audit Committee, together with the draft audit report from KPMG, which had given the quality report the highest level of assurance available, that being limited assurance.

3.7 **Monitor Forward Plan Strategy 2012/13**

The Directors considered and approved the final version of the 2012/13 Annual Plan for submission to Monitor. The document was set out in a more narrative format this year with a focus on cost improvement plans. It mirrors the annual plan that was considered by both the Board of Directors and the Council of Governors previously.

The Directors authorised the signing of the Governance Statements, including the Finance Declaration, declaring one risk against *Clostridium difficile*. This is largely because of the way in which the new test has been brought in. This will mean that the Trust will be risk rated Amber Green for governance.

Monitor are likely to assess the Trust's forward plan in the same way as last year, in that they will undertake a tabletop review followed by the seeking of further details if they have any concerns.

3.8 **Annual Infection, Prevention & Control Report**

The Directors considered the Annual Infection Prevention And Control Report for April 2011 – March 2012, presented by Dr Pauline Jumaa, Director of Infection Prevention and Control, who reported that the Trust had had a successful year in terms of infection prevention and control, with both improvement targets being achieved and implementation of the action plan completed. Looking forward to the current year the focus would be on the following areas:

Numbers of MRSA bacteraemia have decreased further but now are maintaining a horizontal line as the Trust is approaching its irreducible minimum. However, there is further work to be done coming out of the root cause analyses.

With regard to *Clostridium Difficile*, the downward trend continues but the Trust is still not yet near the best performance in this area. Whilst huge improvement has been made, there is further improvement to come. Two-stage testing was introduced in April. This is a more sensitive and more specific test, although not all cases identified require reporting and a further test has to be undertaken in order to determine which are to be reported. Dr Jumaa was confident that the Trust's new improvement target could be achieved, as for the second six months of the previous year the average number of cases was 6.5 compared to between seven and eight for the first six months. However, continued focus and refreshment of the message is required.

With regard to MDR *Acinetobacter*, this is a significant pathogen for the Trust, due to the large number of at risk patients and patients from overseas. Numbers last year were low, but with more civilian cases than previously. Areas for improvement have been identified, in particular the

critical care unit, trauma and burns. A review of clusters of cases is being undertaken. Strains are sent for molecular typing to the Health Protection Agency in London and a research unit in the University of Birmingham.

With regard to other alert organisms, there has been a slowdown in the development of new antibiotics by drug companies and therefore infection prevention and control is becoming more crucial.

The Board acknowledged the excellent progress outlined in the report and noted that Dr Jumaa was standing down from the role of Director of Infection Prevention and Control, having undertaken that role for the past five years. The Board thanked Dr Jumaa for the outstanding work she had done.

3.9 Annual Dignity In Care Conference

David Ritchie reported that he had attended the Trust's annual dignity in care conference and congratulated the Chief Nurse and her team on an excellent day, which was an exemplar to other Trusts.

3.10 Annual Accounts And Report

The Directors considered and approved the Letter of Representation, the Annual Accounts, including the Annual Governance Statement, and the Trust's Annual Report, accepting the recommendations of the Audit Committee, which had considered the same, together with the report of the Trust's external auditor, earlier.

3.11 Birmingham & Black Country CLRN Funding Proposal For 2012/13

The Board received a report outlining the CLRN funding plans for the forthcoming year and approved actions to increase patient accrual. There had been a £800,000 reduction in the allocation to the Trust under this funding stream, partly due to activity being focussed on other areas such as programme grants where the accruals do not count towards the CLRN benchmarks. In addition, this scheme is changing to activity-based funding and the Trust has negotiated a 30% cap on loss for the current year.

3.12 Birmingham Health Partners

The Board considered a progress report regarding Birmingham Health Partners (BHP), which included an update on the Local Enterprise Partnership (LEP). BHP have approved the establishment of an external advisory board. The Directors acknowledged the success of BHP and its function as a showcase for the positive developments regarding research.

The LEP's bid for funding, which included a proposal to create an Institute of Translational Medicine (ITM), has been approved by central government in principle. The development of the ITM is consistent with the Trust's long term plan and will support the next stages of the research strategy. The nature and extent of contributions from the Trust will be subject to the

Trust's standing governance arrangements, as will be the case for the University.

The Board recognised that detailed work would be required in this area, with some key appointments needed to ensure the success of the project.

The Board agreed that the Trust would continue to support the proposals for the ITM, recognising the reputational issues and the opportunities that the project presented.

3.13 **Academic Health Science Networks**

Guidance regarding Academic Health Science Networks (AHSNs) has, after some delay, now been published. The Directors considered and approved the submission of an Expression of Interest as part of a West Midlands ASHN Partnership, alongside partners which may include the University of Birmingham, Heart of England FT, University Hospital Coventry and Warwickshire FT, University Hospitals North Staffordshire FT, Keele University and Warwick University.

3.14 **Workforce**

The Directors considered the results of the National Staff Survey 2011 and approved an Action Plan for 2012. Outcomes for the Trust were generally positive, albeit not quite as good as the previous year, partly due to a high proportion of responses from ancillary staff, whose responses to the clinical questions would not be as informed as responses from clinical staff.

The Trust had shown improvement in one area, a decrease in six other areas and no change in 31 areas. There was discussion about those indicators where the Trust was in the worst 20% of respondents, including utilisation of flexible working options, and experiencing of discrimination at work. The proportion of staff using flexible working options was much higher among clinical staff and that many of the cases of discrimination at work related to verbal abuse from patients and relatives in accident and emergency, and CDU.

The Directors received, and approved the publication of, the 2011/12 Annual Workforce Report, which included the workforce statistics in accordance with the Equality Act 2010. 566 staff are now in formal sickness monitoring, although it is expected that this number will drop over time as the implementation of the revised sickness absence policy takes effect.

The Trust has seen a reduction in the use of external agency staff, although usage of bank staff remains constant. The Trust now has 30 junior doctors from Pakistan and is purposefully over-recruited by one doctor in almost every specialty.

The Trust has launched a recruitment campaign for Band 2 Health Care Assistants using local radio, targeting people who have perhaps cared for a member of their family. There have been in excess of 300 contacts to date.

3.15 **Health & Safety**

The Board received the annual Health and Safety report. Focus has been on compliance with policy, needlestick incidents and work-related stress.

3.16 **Other Business**

In addition to the business set out above, the Board of Directors received the Audit Committee Annual Report, a briefing regarding recent developments on work overseas and has approved:

- 3.16.1 the transfer of inpatient Vascular services from Sandwell West Birmingham NHS Trust to UHB;
- 3.16.2 the refurbishment to the current radiopharmacy facilities at the QEH;
- 3.16.3 the substantive recruitment of posts to CDU;
- 3.16.4 a NIHR Birmingham Research Unit agreement with the University of Birmingham;
- 3.16.5 NIHR ECMC Contract with the Department of Health;
- 3.16.6 Healing Foundation Centre for Burns Research Contract with the Healing Foundation;
- 3.16.7 expenditure of BBC CLRN funding with minor amendments up to £100,000;
- 3.16.8 the appointment of a Consultant Haemato-lymphoid Pathologist;
- 3.16.9 the appointment of a full time Consultant Medical Oncologist and, with the University of Birmingham, the joint appointment of a Clinical Chair in Medical Oncology;
- 3.16.10 the appointment of a Senior Lecturer in Coloproctology, with a special interest in Inflammatory Bowel Disease; and
- 3.16.11 the sealing of an agreement for the appointment of Glenn Howells Architects Ltd.