

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**

**BOARD OF GOVERNORS**

**REPORT FROM THE BOARD OF DIRECTORS**

**15 MARCH 2011**

**BY THE CHAIRMAN**

**1 Introduction**

Since the last meeting of the Board of Governors, the Board of Directors has held two formal monthly meetings. One seminar has been held, in March, 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**

2.3.1 The Chief Executive reported to the Directors that there appeared to be greater definition around the likely arrangements for GP commissioning within the Birmingham area and it was likely that there would now be seven consortia in total. Leaders for these consortia have been nominated although there is still a lack of clarity as to the constraints that will apply to consortia at a national level and around the arrangements that will be put in place of the work undertaken by the PCT which will not be passed to GP consortia. The Chairman of the National Commissioning Board is yet to be appointed.

- 2.3.2 The post of Chairman of Monitor is currently being advertised and is likely that a new Chief Executive and additional non-executive directors of Monitor will be recruited.
- 2.3.3 The Chief Executive had met with the Secretary of State at a dinner in Belfast. The Secretary of State was very interested in the work that the Trust is doing and the Chief Executive hoped to be to follow this up soon.
- 2.3.4 The Chief Executive reported that the Trust had formed a group with other leading teaching hospitals to facilitate benchmarking and other mutually beneficial activities.

2.4 **Dr Foster**

The Trust had written to Dr Foster with regard to specific aspects of the hospital report card showing a negative response rather than one indicating that the Trust had not responded to the Dr Foster questionnaire and these had now been corrected. The Trust had analysed the data received from Dr Foster and had raised a considerable number of detailed queries. For example, it had been noted that the Trust's discharges of patients to Moseley Hall were counted by Dr Foster as a discharge to another acute hospital.

2.5 **National Cancer Patient Experience Survey 2010**

The Directors discussed the outcomes of the above survey and noted that the follow-up mail outs for the survey had been stopped by the Trust over concerns about the way in which patients had been selected for the survey by the external company. It is likely that this will have impacted upon the Trust's result. The Chief Nurse reported that the Trust intended to carry out its own survey as, in addition to the problem outlined above, it was considered that some of the questions posed by the survey had been poorly constructed.

2.6 **Review Of Arrangements For The Provision Of Out-Patient Pharmacy Services**

2.6.1 Following consideration of a paper presented by the Chief Operating Officer, the Board of Directors resolved to establish a subsidiary company for the purpose of providing outpatient pharmacy services. The proposal had been examined by the Investment Committee and by the Chief Executive's Advisory Group.

2.6.2 It was noted that other trusts had outsourced this activity to commercial providers and, whilst they had achieved improvements in the quality of service, any attempts to vary the service provided by the commercial third party (for example, if they had wanted to extend pharmacy hours so that it opened on Sundays) had drawn them into protracted negotiations about contract variations. The Trust's preferred option, of providing the service through a wholly-

owned subsidiary would provide efficiency savings, improve quality and provide flexibility. There is also the possibility that the subsidiary could take on contractual work for other trusts.

**2.7 Business Case Outcomes Performance Report**

The Directors considered a new report from the Executive Director of Delivery, which in future will be provided on a six monthly basis. Of the 17 business cases in total, 10 had been scored at level 1 -- outcomes achieved. Three of the remaining seven were reported as exceptions, with action plans outlined.

**2.8 Establishment of an Enhanced Organ Retrieval Service**

The Directors resolved to establish of a 24 hour, 365 day organ retrieval for multi abdominal and cardiothoracic.

**2.9 Development of a Patient Support Centre**

Following consideration of a paper presented by the Chief Operating Officer, the Board of Directors resolved: that the Trust pursues the option of developing a Patient Information Centre with the QEHB Charities. There was discussion regarding the value of the expertise of an organisation like Maggie's and it was agreed that, although the Trust had operated the Patrick Centre for some time, this proposal was much more complex and the Trust would need to recruit an individual with relevant experience. The Chief Executive reported that the Trust had tried hard to interest Maggie's in running the Trust facility but they were very reluctant to move away from their standard model. Their strong ethic of on-site fundraising would have had a significant impact on QEHB Charities' own fundraising abilities. It was agreed that the Board of Governors should be fully informed of the reasons behind this decision.

**2.10 Update On Selly Oak Hospital Site Redevelopment**

The Directors considered a report from the New Hospitals Project Director and resolved to reverse the original decision to part demolish the site at this time, taking into account on-going accommodation needs and the costs of demolition. A detailed review of the demolition of the SOH site will be presented to the Board of Directors meeting in February 2012.

**2.11 Development of Dedicated Facilities for Private Patient Radiotherapy and Replacement of Linear Accelerator**

The Directors resolved to support the development of its NHS and private patient radiotherapy services, approving the procurement of two Tomotherapy machines with the support of QEHB Charities to fund one of the two machines.

**2.12 Internal Auditors**

Following a competitive tender process involving the Chair and members of the Audit Committee, Deloitte have been appointed as the Trust's internal auditors, taking over from RSM Tenon, for a period of three years (with the option to extend) commencing on 1 April 2011.

**2.13 Other Business**

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

- 2.13.1 Approved the procurement of replacement technology for the Blood Sciences core automated laboratory, including the procurement of HL7 messaging in order to facilitate electronic ward test ordering;
- 2.13.2 Ratified the nomination of the Medical Director, Dr Dave Rosser, as the responsible officer for the Trust, in accordance with the Medical Profession (Responsible Officers) Regulations 2010;
- 2.13.3 Approved a Memorandum of Understanding between University of Birmingham and UHBFT relating to the Birmingham Clinical Research Academy;
- 2.13.4 Received a first draft of the Financial Plan for 2011/12;
- 2.13.5 Noted the restructuring of the operational divisions from five to four divisions, to be implemented from 1 April 2011;
- 2.13.6 Considered a Sustainability And Carbon Reduction Strategy for the Trust; and
- 2.13.7 Approved the Health and Safety Policy and Medical Equipment Policy.

**Sir Albert Bore  
Chairman**

**8 March 2011**