

COUNCIL OF GOVERNORS

REPORT FROM THE BOARD OF DIRECTORS

16 MAY 2012

BY THE CHAIRMAN

1 Introduction

- 1.1 Since the meeting of the Council of Governors on 17 January 2012, the Board of Directors has held four formal monthly meetings and a joint meeting with the Council of Governors. Two seminars have been held regarding International Opportunities and Life Sciences Developments, and Capacity Scenarios

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 The Council of Governors will receive similar standing reports in May regarding these items. In addition, the Board has worked with the Council of Governors on the Quality Report and the Annual Plan for 2012/13. Thus, this report will focus on the other issues discussed by the Board of Directors.

2.3 PROPOSAL TO BECOME A DESIGNATED LEVEL 1 MAJOR TRAUMA CENTRE

The Directors approved investment to deliver the activity associated with Phase 1 and 2 of the Major Trauma Centre project in anticipation of the Trust becoming an operational Major Trauma Centre on 26 March. The investment supported the infrastructure needed to meet required standards with regard to ED consultants. There has already been a drift of major

trauma work towards the trust, with 50% of the projected increased activity already being realised.

2.4 **NEUROSURGERY STRATEGY**

The Directors approved investment to support the development of the Neurosurgery strategy. It was noted that this was a successful service which continued to grow, against a background of little other provision in the region. The waiting list currently stood at 900 and there were particular issues with highly complex and emergency work. The high number of telephone referrals (up to 50 per day) could impact on the quality of care so a new triage system and pooled list system was being proposed, together with the appointment of a designated group manager.

There was discussion regarding the conflict between emergency and elective work and the impact of cancellations. It was confirmed that the proposal would tackle this issue and also address the likely increase in neurosurgical work that would result from the Trust's designation as a Major Trauma Centre.

2.5 **PROPOSED EXPANSION OF ENDOSCOPY SERVICES**

The Directors approved an expansion of the Endoscopy Service, to address the realisation of an anticipated increase in activity following JAG accreditation in September 2011 and the public awareness campaign regarding bowel cancer. The expansion would enable the Trust to manage its waiting lists and maintain accreditation by a phased increase in capacity, including evening use and Saturday working, to meet demand.

2.6 **PROPOSED EXPANSION OF THE CARDIAC IMAGING SERVICE**

The Board approved a business case for the expansion of the Cardiac Imaging Service, an area of consistent growth for the Trust. The expansion would enable the Trust to further develop the combined workforce approach, involving cardiology and radiology, and deliver long-term savings for the local health economy whilst having a positive impact on the quality of care.

2.7 **TRUST CAPITAL PROGRAMME REPORT**

The Directors received reports regarding expenditure to date against the 2011/12 capital programme. It was noted that none of the slippage reported had impacted on the Trust's ability to deliver clinical care.

2.8 **FINANCIAL PLAN 2012/13**

The Directors considered an initial draft financial plan and a subsequent updated draft. In April they approved a detailed Financial Plan for 2012/13; and approved a summary 3 year Financial Plan as the basis for the Annual Plan to be submitted to Monitor before the end of May 2012.

2.9 ANNUAL PLAN 2011/12 PERFORMANCE UPDATE

The Directors received an update on progress against the Annual Plan. Of those 13 targets rated as amber, all but four were dealt with in the Performance Indicators report. With regard to the remaining four, rates of completion of PICS assessments were improving and additional work is being undertaken to improve average length of stay. Improvements in reporting of compliance with NICE Guidance were expected. For the NICE guidance issued regarding a specific drug for myocardial infarction, the decision not to comply with this guideline had been made at CQMG. With regard to the quality of patient administration processes, the Trust's electronic inpatient and outpatient systems had been adapted so that discharge letters were now sent directly to GPs from PICS. A separate piece of work is being undertaken to identify delays in the letters process, with an initial target of a 10 day turnaround. The monitoring had already identified some anomalies in letter management.

2.10 RESEARCH ANNUAL REPORT 2011/12

The Board received the research activity annual report for 2011/12, which was the second such annual report. Since the previous report, there have been many fast-moving developments in the sector.

The Trust had established a partnership with the University of Birmingham, Birmingham Health partners, in January, recognising the potential to leverage greater benefit to both organisations from joint bids and research governance structures.

Research and Development income had increased slightly from last year. The CLRN received a £1.9 million cut in funding due to non-achievement of targets, although this had not had a direct impact on the Trust. The CLRN Board is working on ways to increase activity.

Charitable and commercial research income increased by approximately £1 million and further increases were being sought with a higher number of studies taking place in 2012/13.

Key achievements this year included the award of £12.8 million over five years for the Clinical Research Facility and the designation of the Trust as a Clinical Hub by Cancer Research UK.

2.11 REPORT FROM AUDIT COMMITTEE

It was reported to the Board of Directors that the Audit Committee had held a useful and interesting discussion with the Internal Auditors, who were coming to the end of the first year of their appointment. Members of the Committee felt that they had performed well in this time, particularly commenting on the more robust approach of the counter-fraud team.

The Committee had considered and commented on the draft internal audit programme for 2012/13.

The Committee had noted the proposals for NHSLA assessment and also developments within the NHSLA regarding the assessment system. There had been discussion regarding the emergence of alternative insurance arrangements and it had been agreed that the Trust should keep abreast of such developments.

The Committee had resolved that a separate meeting with the Director of IT and the Medical Director would be arranged by the DCA to enable the Committee to gain a more thorough understanding of the current disaster recovery plan.

2.12 **CUSTOMER CARE PROGRESS REPORT**

The Board considered a progress report on customer care training. Standards for reception staff were being developed, recognising that the first contact with patients was key. All new staff receive customer care training during induction and it has been incorporated into the standing training prospectus

Work was now being done to imbed the learning into everyday work, using identified performance indicators to monitor progress. The Chief Nurse reported that the focus on the training in key front line areas appears to have contributed to a reduction in complaints.

2.13 **OUTPATIENT DEPARTMENT SURVEY 2011**

The Directors considered the 2011 Care Quality Commission Outpatient Department Survey report which provides a comparison of the results from NHS Trusts and noted the action plan to improve the patient experience of the Outpatient Department.

2.14 **BUSINESS CASE OUTCOMES REPORT**

The Directors considered a report regarding the outcomes of business cases. Two business cases were identified in the report as exceptions, namely the Ophthalmology Service Strategy and the Anaesthetics Workforce.

With regard to the first, income levels had not been at the expected level. This was due to the decision not to develop the Lucentis service after a similar service was established in Coventry. The Division is developing a strategy to deal with the subsequent shortfall, part of which has already been offset by uncommitted investment.

In the case of Anaesthetics Workforce, further developments to accommodate additional activity, long days and weekend working. Additional locums have been used to cover this activity and a further business case will facilitate additional appointments.

2.15 **COMMERCIAL PHARMACY SUBSIDIARY – PERFORMANCE FOR**

The Directors received a report performance of its subsidiary company, Pharmacy@QEHB Limited for the 6 months to 31 December 2011. Operational performance continued to be satisfactory and in line with the long term strategy. Although the venture was not achieving any profit yet, significant operational improvements had been realised.

2.16 Other Business

In addition to the business set out above, the Board of Directors received reports regarding the process for the production of the Trust's 2011-12 quality report, the draft Trust Annual Plan 2012/13, the Membership Report (including the recruitment and engagement strategy for 2012/13) and updates on Emergency Preparedness and Delayed Transfers of Care, and has approved:

- 2.16.1 the installation of a Cyberknife Linear Accelerator (Frameless Robotic Radionsurgery System) into an existing bunker room;
- 2.16.2 a score of 77% for the 2011/2012 Information Governance Toolkit self-assessment;
- 2.16.3 the appointment of an academic ENT surgeon jointly with University of Birmingham;
- 2.16.4 the appointment of a replacement Consultant in Rheumatology and an additional Senior Lecturer;
- 2.16.5 the appointment of 3.35 WTE replacement Consultants in Critical Care and Anaesthesia;
- 2.16.6 the sealing of a deed of novation of a contract for capital works at the Queen Elizabeth Hospital;
- 2.16.7 the sealing of a lease agreement between the Trust and UHB Charities for premises on the Queen Elizabeth hospital site
- 2.16.8 the sealing of a deed of surrender of leased premises in the Queen Elizabeth Hospital;
- 2.16.9 the sealing & signing of a lease to Maverick Television for premises at Queen Elizabeth Hospital;
- 2.16.10 the sealing of a lease agreement between the Trust and The Powys Teaching Local Health Board for premises at Llandrindod Wells Community Hospital, Powys;
- 2.16.11 the sealing and signing of a lease to Birmingham Hospital Radio for premises at Queen Elizabeth Hospital; and
- 2.16.12 the following policies:

- a) Complaints Policy;
- b) Discharge and Transfer of Care Policy;
- c) Infection Prevention & Control Policy;
- d) Being Open Policy; and
- e) Medicines Policy
- f) Treasury Management Policy.

**Sir Albert Bore
Chairman**

7 May 2012