

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**

**BOARD OF GOVERNORS**

**REPORT FROM THE BOARD OF DIRECTORS**

**20 September 2010**

**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 June, July and September. One seminar has been held, in July regarding the Government White paper. The Board of Directors held a Board development day in July, with an external facilitator from the Good Governance Institute. The feedback from this has been very positive with regard to the Trust's governance and the performance of the Board of Directors.

**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 Government White Paper**

2.3.1 The Board of Directors have considered the implications for the Trust of the White Paper regarding the new Government's plans for the NHS at its meetings and at its seminar in July. Governors will recall that their July seminar was rearranged to deal with the White Paper.

- 2.3.2 The Board of Directors have discussed a SWOT analysis of the White paper's provisions, acknowledging that the detail contained in the further working papers would need to be considered before the Trust can fully understand the opportunities and threats presented by the new health policy. These papers have now been published.
- 2.3.3 It was agreed that, whilst the Trust appeared to be in a strong position, there was a need to keep matters under review as more detail became apparent. The Trust should position itself in order to be able to influence issues such as clinical standards and the educational framework.
- 2.3.4 The national timeframe had been published and it was agreed that the Trust would overlay this with its own key actions and deliverables once the detail was available. Some elements of the timeline would be incorporated into the annual plan.

## 2.4 **Trust Annual Plan 2010/11**

The Board of Directors considered an amended version of the Annual Plan and agreed that approval of the Annual Plan would be deferred until a later meeting of the Board, so that the draft plan could be amended to take account of the White Paper, particularly with regard to contact with GPs and education.

## 2.5 **Monitor Annual Plan**

- 2.5.1 Following submission of its annual Plan, to Monitor, the Trust was selected for a Stage 2 Review of the Trust's Annual Plan. This was conducted by PwC on behalf of Monitor and involved a number of executive and non-executive directors. PwC has completed its review and has provided the Trust with a draft report.
- 2.5.2 The report and PwC's verbal feedback was very positive, with the Trust being assessed as "green" for all the areas reviewed. The report contained a small number of recommendations, often reflecting actions that the Trust was already pursuing. Following discussion, it was agreed that the Board could take substantial assurance from the report.

## 2.6 **National Targets and Indicators Annual Report for 2009/10**

The Directors received a report explaining that, as Core Standards had now been replaced by registration with the Care Quality Commission, with regard to Existing Commitments, the Trust had reviewed its performance against last year's criteria, as criteria for this year were yet to be finalised and published. Since the report, the CQC has announced that it will no longer be publishing ratings for trusts on an annual basis.

## 2.7 **Annual Workforce Report.**

- 2.7.1 The Directors received a report showing that the Trust had made good progress on its workforce plans. Levels of sickness absence were not coming down as quickly as desired and further work was being undertaken to tackle this issue. The Trust had enjoyed a strong performance with regard to the national staff survey.
- 2.7.2 The Trust's HR team is being reconfigured, reverting to a functional model. The Trust has worked with assistance from PwC and the NEC, with the aim of splitting the current HR Department into a transactional team who would deal with issues such as sickness and appraisal, a small workforce development team which would deal with organisational change and workforce planning and HR governance team which would oversee policies and equality and diversity. Automation would be playing a major role in the new system of working.
- 2.7.3 The Trust has made progress in relation to the Trust employing doctors from India, although a number of issues still remained. In particular, the Trust was seeking to avoid the agency route. However this was proving quite difficult due to the structure of the medical profession in India.

## 2.8 **2009 National Acute Inpatient Survey Report**

- 2.8.1 The Executive Chief Nurse reported that the Trust was in the top 20% of trusts for nine of the survey questions, in the middle for 37% and in the lowest 20% for 18. The Trust's response rate was similar to that of other trusts and the sample size was very small.
- 2.8.2 Of particular concern were the attitudinal questions and the environmental and noise questions. The Trust could expect to see an improvement in the environmental figures now that it has moved into new hospital. Work is being carried out via the Care Quality Group to address the attitudinal issues, using the more specific findings in the Trust's local survey.

## 2.9 **Patients Accessing Records from Home**

- 2.9.1 The Trust is conducting an initial trial of a system to allow certain patients to access parts of their medical record from home, via the internet. If this trial is successful and the initiative was to be extended to a larger number of patients, it was intended to increase the security of the system to banking standards.
- 2.9.2 The Board of Directors was very supportive of the initiative and felt that it supported the Trust's vision. It was recognized that the Trust needed to be very careful in controlling what was made available to patients through this new initiative.

## 2.10 **Report from the Organ Donation Committee**

2.10.1 The Board considered a report from the chair of the Organ Donation Committee. A clinical lead for organ donation has now been appointed. The Trust exceeds the national average for all but one of the recommendations of the Organ Donation Task Force. However, the Committee recognized that further actions were required in order to maintain this position.

2.10.2 The Trust has entered a joint bid with Cardiff for organ retrieval. The bid has been signed off by NHSBT and will involve investment of approximately £1.9 million.

2.11 **Other**

2.11.1 The Board of Directors noted that the Trust would be the receiving hospital during the papal visit in September. There was discussion about the potential pressure on the hospital by the attendance of an estimated 65,000 people at the mass in Cofton Park.

2.11.2 In addition, the Board of Directors received and/or approved:

- a) reports regarding the activities of the Audit Committee and the Investment Committee; and
- b) the Litigation and Insurance 6 monthly report.

**Sir Albert Bore**  
Chairman

**7 September 2010**