

Annual Report and Summary Accounts 2002-2003

gift of life



Free please take one.
Includes 2004 Calendar



Birmingham Women's Healthcare
NHS Trust



A Busy Year



Once again it has been a busy but exciting year for everyone at the hospital. Thousands of babies have been born and we have provided specialist care for women from across the UK.

An enormous amount of work has been taking place to further develop our world renowned services and of course work has started on the new million pound Birthing Centre which will be run entirely by midwives.

The sheer volume of research the hospital undertakes each year never ceases to amaze me and ground breaking developments in the fields of genetics, fetal medicine and assisted conception continue at a pace.

During 2002/03 we reduced our waiting times for an appointment or operation even further and we have refurbished many departments.

We also strengthened our community links and expanded our health promotion work to include initiatives to reduce the number of teenage pregnancies and increase the number of mums who breastfeed

I do hope you enjoy reading the articles in this calendar which tell you more about what is happening at the Women's Hospital and remember that many of these developments would not have been possible without the 100% commitment of our staff and volunteers.

Ann Owen
Chairman



During 2002/03 the Trust continued to put in place the improvements outlined in the Government's NHS Plan. We have reduced waiting times and the numbers of people on our lists, improved our facilities and introduced new ways of delivering care, tailored to our patient's needs.

Our view has always been that to really achieve improvements in our services we need to listen to the views of the people who use the hospital.

Therefore, our patient focussed care approach has been further developed to encourage patient involvement in decision making about our services and how they are best delivered.

We were delighted that during the year we received good reports from external review bodies such as the Commission for Health Improvement and the government's national star rating, but just as important were the hundreds of thank you letters we had from patients and their families for the special care they received at the hospital.

Finally recruitment and retention of staff continued to be a priority in light of the national shortage of health care professionals and to aid recruitment we introduced several new initiatives including flexible working and childcare support to ensure our staff have a balance between work and home life.

I hope you take a few moments to read more about our year at Birmingham Women's Hospital.

Caroline Wigley
Chief Executive

Gift of Life

Alice and Charlotte are just two of more than 6,000 babies born at one of the busiest birthplaces in the country - Birmingham Women's Hospital.

Mum, Corine explains: "I was very nervous about the birth but the midwives here put me at ease immediately. Our midwife explained everything and thanks to her the whole experience of having our daughters was something my husband and I will never forget".

Midwife Sian adds: "The best thing about working here is the thrill we have as midwives every day - of sharing with families one of their most intimate moments, as they see their new child taking its first breaths. Of course it is not just the birth which we are involved in though - the care before and after babies come into the world is also a key part of our work".

During the year our midwives helped women to stop smoking during their pregnancy and offered advice and support to the increased number of pregnant teenagers being cared for by the hospital. Home from home delivery rooms are also proving a hit with women who want to give birth naturally. More of the rooms have been 'made over' with homely décor, beanbags, recliner chairs and hand held dopplers to encourage women to remain mobile and deliver naturally. And finally we have midwives whose role is to offer support to women who want to breast feed their babies.



JANUARY 2004

M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S								
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		

What a PAL

The PALs service launched two years ago at the hospital is now well established and is helping solve patients queries or concerns on the spot.

The patient advice and liaison service (PALs) guides patients, their family and friends through the different services available within the hospital and helps them sort out any concerns they may have about the care they receive. It solves problems there and then wherever possible. Although the complaints service is still available, patients often choose to speak to the patient advice and liaison team first.

Members of the PALs team are based at the main reception of the hospital and are available from 9am to 5pm each week day with an answerphone service available out of hours. To contact PALs please call 0121 627 2747.

Speaking your language

The hospital strives to ensure patients whose mother tongue is not English have access to an interpreting service. A service is available 9am-5pm Monday - Friday and supports Bengali, Punjabi, Hindi, Arabic and Gujarati. During 2002/03, many staff have also completed a conversational Urdu course which is going to be followed by conversational Arabic and sign language.



Our Pledge

Birmingham Women's Hospital employs 1,500 staff and spends over £50 million a year on hospital services. These services include maternity, neonatal, gynecology and genetics. There have been no significant changes in the services we provide from last year and we use significant services from the neighboring University Hospitals Birmingham NHS Trust in the course of providing the services listed.

Our key aims are:

- to provide services of high clinical quality with minimum of delay.
- to achieve extraordinary patient satisfaction by providing the best possible health care services for women and babies.
- to develop and enhance our leading edge services.
- to provide and support education, training and research for all health care disciplines.
- to function at a local level with issues affecting women and to act as a catalyst for womens health issues.



FEBRUARY 2004

M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	M	T	W	T	F	S	S						
						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29

Ready to listen

During any one year we receive hundreds of compliments about the services that patients have received. People offer suggestions on how they would like to see improvements to our services and we have a small number of people who are unhappy with their hospital experience.

During 2002/03 we received 41 complaints which is less than 0.01% of the total number of patients the Hospital cares for each year.

90% of complaints were responded to within 20 working days and the remaining 10% were responded to within 30 days.

All but one complaint was resolved at Local Resolution - an Independent Review was requested, however the request was refused by the Convenor as it was felt that all the issues had been addressed by the Trust and adequate explanations had been given.

Suggestions and complaints are the best way we have of ensuring our services match up to expectations wherever possible and so we take them very seriously.

Just one example of improving our services as a result of a complaint is that we now offer wheelchair users at their pre-operative assessment, the opportunity to view wards and discuss their needs before they are admitted to hospital.



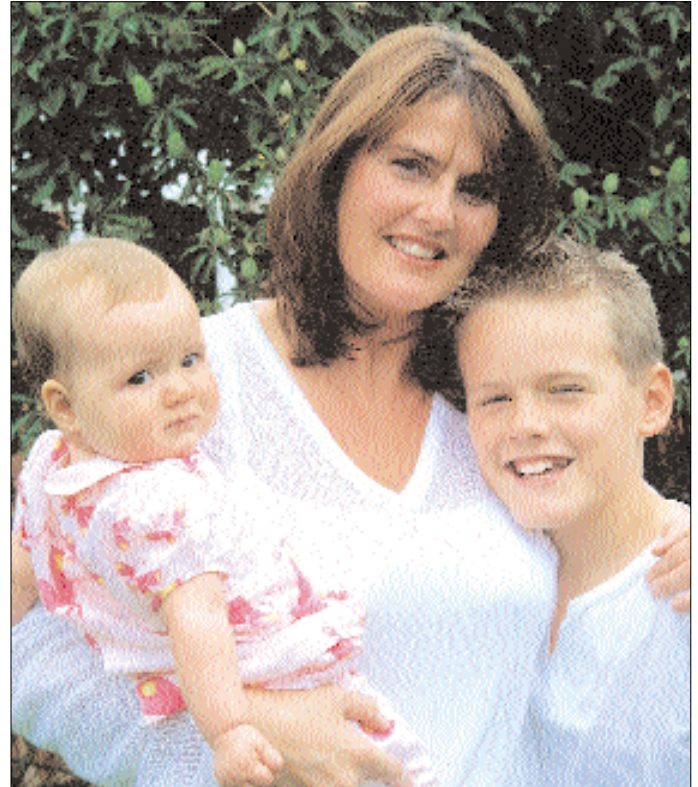
Little Miracles

Life is busy and noisy for the Hopcroft family who after several years wait welcomed little Bethany into their family.

Bethany is one of 200 little miracles born thanks to the team at the Assisted Conception Unit.

Mum Joanne explains: "I suffer from polycystic ovary syndrome which means it is very difficult to get pregnant. When we found out we were having Toby it was fantastic, but when it came to conceiving again it was a different story. For eight years we tried different treatments but it was not until we called upon the expertise of Mr Shariff and his team at the Women's Hospital that we were given fresh hope. As soon as we walked into the Unit we felt welcome - the staff went through all the emotions with us as we underwent three cycles of IVF. Bethany was born in January and I cannot thank the team enough for the excellent care they gave us.

Consultant Khaldoun Shariff adds: "To see how happy Joanne, Steve and Toby were when Bethany was born is the reason why we try so hard to help couples conceive. We treat most causes of infertility including problems with sperm, to scar tissue on fallopian tubes, endometriosis, fibroids or polycystic ovaries".



MARCH 2004

M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						

Trust Board

Led by the Chairman and Chief Executive, the Trust Board is the decision making body for the hospital and comprises Executive Directors who are paid by the Trust for particular roles within the organisation. They are supported by the Non Executive Directors who are members of the community appointed by the Independent NHS Appointments Commission.



Chief Executive
Caroline Wigley



Finance Director
Phil Elliot



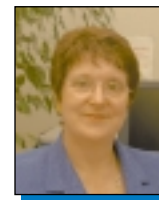
Director of Operations
Penny Venables



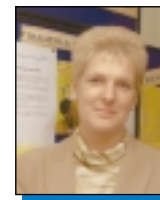
Medical Director
Harry Gee



Facilities Director
John Ball



Director of Nursing
Kate Sallah



Director of Human Resources
Stephanie Harris

10th June 2002 - March 2003

1st Dec. 2002 - March 2003



Chairman
Ann Owen



Non Executive
Elaine Nicholls



Non Executive
Sudarshan Abrol



Non Executive
Tim Bett



Non Executive
Professor Ian Trayer



Non Executive
Judith Mackay

As part of the Trust's commitment to openness and accountability, you are invited to attend any Public Board meeting. All public Trust Board meetings start at 4.30pm and are held in the Education Resource Centre at Birmingham Women's Hospital:

2003	22nd October	26th November	17th December				
2004	28th January	25th February	24th March	28th April	26th May	23rd June	28th July

Easing the pain

Hundreds of women are set to benefit from a new operation which gives relief from the discomfort of heavy periods without having to undergo a hysterectomy.

Birmingham Women's Hospital has pioneered a new operation "Thermachoice endometrial ablation" which gives women a wider choice for the treatment of their heavy periods.

The procedure called Thermachoice endometrial ablation takes 10 minutes during a visit to the "One-Stop" Rapid Access Clinic. It can be carried out under local anaesthetic and allows patients to go home two to three hours after surgery.

Janesh Gupta, the surgeon who pioneered the treatment explains: "Classically, a patient with heavy periods can have either medical forms of treatment or surgery. If medical treatments fail, then the next step is usually a removal of the superficial lining of the womb under general anaesthetic or a hysterectomy. This new outpatient treatment which removes the superficial lining of the womb under local anaesthetic now provides an extra choice of treatment for women who have heavy periods and who do not want a hysterectomy."



APRIL 2004

M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S							
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		

Our Greatest Asset

The Trust now employs just over 1500 staff, over 100 more than last year!!

This is because we have addressed our vacancy hot spots and we now have a full complement of staff in Gynaecology and filled a significant number of our midwife vacancies.

During the year we recruited a Recruitment, Retention and Diversity Co-ordinator whose role is to ensure all our staff are treated fairly and equitably. We are also involved in several initiatives that promote recruitment from the communities we serve. Another key area during the year has been to develop further training opportunities for staff who traditionally only receive limited training.

An NVQ programme for nursing support staff, A&C staff and Hotel Services staff has been developed and two UNISON Learning Representatives have been recruited to raise awareness about the opportunities that are available. In the second Staff Attitude Survey staff said that they continue to enjoy working for the Trust and even more staff than last year feel "the Trust is a good place to work" 82% as opposed to 73% which again is higher than most other Trusts in the country.

The Trust is committed to ensuring that employees are not disadvantaged by their ethnic origin, gender, age, sexual orientation or disability and has robust equality/diversity policies.



Clean Sweep

Everyone at the hospital works hard on a daily basis to ensure patients visit a clean and welcoming hospital and last year that commitment to high quality patient care was recognised nationally.

For the second year running, Birmingham Women's Hospital was ranked as one of the cleanest hospitals in the country according to Department of Health figures published. It also scored highly for the standard of food served to patients.

The hospital was yet again given a green rating for both cleanliness and quality of food by the Patient Environment Action Teams (PEAT). The PEAT teams are made up of volunteers both from within the NHS and from patient groups and carry out spot check inspections of hospitals.

The hospital provides an excellent choice of main meals, offers snack boxes available to ensure no one goes hungry outside main mealtimes and puts a lot of time into accommodating the special needs of patients especially pregnant ladies and new mums.



MAY 2004

M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S							
31					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Our Greatest Asset

We also strive to widen employment opportunities for disabled people by ensuring that selection decisions and policies are based on objective criteria and not on unlawful discrimination, prejudice or unfair assumptions, and in retaining staff who become disabled, The Trust also undertakes disability awareness training with staff.

As part of the Health Promoting Hospital and Health at Work in the NHS we have introduced a stop smoking support programme, flu vaccination programme and Healthfayres. Staff counselling services and stress awareness workshops are also in place to protect the welfare of our staff.



A quality service

The Trust continues to maintain and improve its well established Clinical Governance systems to assure clinical safety and continuously improve quality for its patients.

The Clinical Governance Audit sub-Committee monitors Clinical Governance on behalf of the Trust Board. The group scrutinises the Clinical Governance performance of each speciality through quarterly reports to the Clinical Improvement Group using an evolving set of quality indicators. It also monitors progress against the CHI Action Plan.

Each element of Clinical Governance has its own committee responsible for setting and delivering an annual development plan. These groups are represented at the Clinical Improvement Group.

- **Consultation and Patient Involvement** - the Trust has its own Patients Council and has a new strategy to accommodate the recent national changes in requirements.
- **Clinical Audit** - all specialities have annual audit programmes including guidance from National Institute for Clinical Excellence (NICE) and the Royal Colleges, areas of practice identified through risk assessment, and patient input.
- **Clinical Excellence** - the Trust plays an active role in research and has an overall ethos of Evidence Based Practice reinforced through national and local guidelines, clinical audit, care pathways, practice improvement groups and journal clubs.



In the Genes

In 2003, the 3 billion chemical letters that make up DNA were fully sequenced by scientists, potentially allowing all the 30,000 plus genes in the human genome to be identified. As a result of this it will be possible to use genetic information to achieve more precise diagnoses, predict individuals' risk of disease, develop prevention and treatments regimes tailored to an individual's genetic profile.

The Regional Genetics Service at Birmingham Women's Hospital is already at the forefront of developments and more patients than ever before are currently able to benefit from genetic testing and advice. During last year HRH Princess Michael of Kent visited the Genetics Service to see some of the pioneering research work being carried out at the Centre, particularly into the causes of certain childhood cancers.

A £1.6 million extension to the Laboratory has been completed during the year and 19 additional staff appointed to support the increasing demand for genetic services. Services have also been extended including familial cancer screening, the early diagnosis of leukaemia, support to the bone marrow transplantation programme and reduced waiting times for the results of prenatal screening for genetic disorders. A Genetic Counsellor has also been appointed to work specifically with ethnic minority families and genetic counselling services have been extended to areas where access has previously been difficult, particularly rural areas and parts of the Black Country.



JULY 2004

M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S								
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		

A quality service

- **Clinical Risk Management** - Improving patient safety has been a major focus of the work in clinical governance over the last year in preparation for assessment by a new CNST process.
- **Staffing and Staff Management** - the Trust is ensuring that it has the appropriate staff, in the required numbers and in the right place.
- **Education, Training & Professional Development** - as a Teaching Hospital, the Trust understands that these areas underpin the whole of governance. Appraisal systems are in place to assess training and development needs of staff to ensure the competencies required to deliver a quality driven service.
- **Use of Information** - the Trust continues to develop its IT systems to provide timely and accurate information to inform its clinical and business activities. This was demonstrated in its recent data accreditation attainment. All clinical areas produce patient information in various forms to inform, orientate and re-assure our patients.



A helping hand

Audrey is just one of 250 women who are benefiting from a new clinic set up to help women cope with the side-effects of treatment for gynaecological cancer.

The Winfield Trust Clinic is run by specialist nurses - Hilary Jefferies and Sue Elkin. It is one of only a handful of similar clinics throughout the country to offer a network of help and support for women about the side-effects of radiotherapy.

Audrey explains: "To have the support of Hilary and Sue at the clinic was fantastic and a real help as I went through treatment."

Hilary adds: "When women are diagnosed with gynaecological cancer they are in shock and have difficulty in taking in what they are being told. It's good for them to be able to have a chat with a nurse specialist about what to expect and how they are feeling. Our patients have very much welcomed this new clinic."

The clinic, initially funded by the Winfield Trust, is being held every Wednesday morning on the first floor of the Cancer Centre at the University Hospital, Birmingham.

Patients are seen at the first week of their treatment and again at the end and partners or husbands are encouraged to attend too.

To find out more about the clinic call Hilary or Sue on [0121 472 1377](tel:01214721377) Ext: 4110



AUGUST 2004

M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	M	T	W	T	F	S	S						
30	31					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29

Balancing the books



Phil Elliott
Financial Director

The Trust continues to perform well in accordance with the Financial Recovery Plan, repaying the cumulative deficit brought forward from 1999/2000. Although the plan required the cumulative deficit to be recovered by the end of the 2003/2004 Financial Year, the Trust has successfully completed the plan 12 months ahead of schedule. By the end of 2002/03 the Trust had a cumulative surplus of £4000. For the financial year 2002/2003 the Trust met every one of the ambitious performance targets set by the NHS Executive. NHS Trusts are required to meet three specific targets:

- To achieve an I&E balance
- To remain within a financing limit (EFL)
- To achieve a 6% return on assets employed

For 2002/2003 we recorded an income and expenditure budget surplus of £282,000, 0.5%. We achieved the rate of return on assets of 6% and also we ended the year within our EFL target for cash spending.

Once again the hospital's main source of income was Primary Care Trusts within Birmingham who accounted for 61% of our healthcare funding. We spent over £2,600,000 refurbishing facilities as well as the purchase of new medical equipment. In summary during 2002/2003 we achieved a highly satisfactory year end outcome and achieved our financial recovery plan target.

On the following pages you will find a summary of the Trust's financial results for 2002/2003 taken from our Annual Accounts. If you would like to see these in full then you can obtain a FREE copy by writing to: The Director of Finance, Birmingham Women's Healthcare NHS Trust, Edgbaston, Birmingham. B25 2TG or Tel: 0121 472 1377.

INCOME AND EXPENDITURE FOR THE YEAR ENDED 31st MARCH 2003

	2002/03	2001/02
Income from activities	£000	£000
Continuing operations	43,599	41,409
other operating income	8,620	9,149
Operating expenses:		
continuing operations	<u>(50,016)</u>	<u>(48,375)</u>
Operating surplus (deficit)		
Continuing operations	2,203	2,243
Profit (loss) on disposal of fixed assets	<u>0</u>	<u>(8)</u>
Surplus (deficit) before interest	2,203	2,235
Interest receivable	88	132
Interest payable	0	0
Other financing costs	0	(314)
Surplus (deficit) for the financial year	<u>2,291</u>	<u>2,053</u>
Public dividend capital dividends payable	(2,009)	(1,681)
Retained surplus/(deficit) for the year	<u><u>282</u></u>	<u><u>372</u></u>

Tiny tots

Baby Jorsh was born premature at just 30 weeks weighing only 1.25kg and fighting for his life. Jorsh is just one of hundreds of babies who owe their life to the staff at the Neonatal Unit.

Jorsh's mum explains: "Jorsh was born 10 weeks premature and was so tiny he fitted into the palm of my hand. After lots of specialist care from the doctors and nurses in the Unit, we were able to take him home and have never looked back since."

The neonatal unit at the Womens Hospital has one of the highest success rates of survival and quality of life for premature babies in the UK. The Unit admits 650 small or sick babies a year ranging from less than 1 pound in weight to around 11 pounds and from 24 weeks.

A great deal of time is dedicated to helping parents cope with having a sick baby. This means making sure they have regular updates on the baby's progress and giving the family the opportunity to stay in the parents' bedroom on the Neonatal Unit. Parents and the babies continue to be supported when they leave hospital by the Community Neonatal Team who make home visits to offer support on issues such as feeding. In 2002 the neonatal team was further expanded with the appointment of three excellent neonatal nurses who were recruited from India.



SEPTEMBER 2004

M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S						
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		

Balancing the books

BALANCE SHEET FOR THE YEAR ENDED 31ST MARCH 2003

	2002/03	2001/02
	£000	£000
Fixed assets	<u>37,742</u>	<u>32,234</u>
Current assets		
Stocks and work in progress	53	77
Debtors	2,683	2,929
Cash at bank and in hand	<u>123</u>	<u>123</u>
Total Current assets	<u>2,859</u>	<u>3,129</u>
Creditors: Amounts falling due within one year	<u>(4,031)</u>	<u>(4,623)</u>
Net current assets (liabilities)	<u>1,172</u>	<u>(1,494)</u>
Total assets less current liabilities	<u>36,570</u>	<u>30,740</u>
Creditors: Amounts falling due after more than one year	0	(314)
Provisions for liabilities and charges	<u>(176)</u>	<u>0</u>
Total assets employed	<u>36,394</u>	<u>30,426</u>
Financed by: capital and reserves		
Public dividend capital	35,204	34,191
Revaluation reserve	(1,069)	(4,983)
Donation reserve	1,035	841
Income and expenditure reserve	<u>1,224</u>	<u>377</u>
Total capital and reserves	<u>36,394</u>	<u>30,426</u>

CASH FLOW STATEMENT FOR THE YEAR ENDED 31ST MARCH 2003

	2002/03	2001/02
	£000	£000
Operating activities		
Net cash inflow from operating activities	<u>3,390</u>	<u>3,918</u>
Returns on investment & servicing of finance:		
Interest received	91	121
Interest paid	<u>0</u>	<u>0</u>
Net cash inflow/(outflow) from returns on investments and servicing of finance	<u>91</u>	<u>121</u>
Capital Expenditure		
Payments to acquire tangible fixed assets	<u>2,655</u>	<u>(1,824)</u>
Net cash inflow (outflow) from capital expenditure	<u>2,655</u>	<u>(1,824)</u>
Dividends paid	<u>(2,009)</u>	<u>(1,681)</u>
Net cash inflow (outflow) before financing	<u>(1,183)</u>	<u>534</u>
Financing		
Public dividend capital received	1,013	511
Public dividend capital repaid	0	(534)
Other capital receipts	0	(511)
	<u>170</u>	<u>0</u>
Net cash inflow (outflow) before financing	<u>(1,183)</u>	<u>(534)</u>
Increase (decrease) in cash	<u>0</u>	<u>0</u>

In the Beginning

Helping save the lives of babies even before they are born is a regular occurrence for the fetal medicine team at the Women's Hospital.

When Shamin found out to her delight that she was expecting twins, there was an added worry because her liver condition meant there was a higher risk of her babies being still born.

But thanks to regular monitoring and care from the Fetal Medicine Team, and midwives in the delivery suite, her babies were born fit and healthy.

Using state of the art diagnostic methods the multidisciplinary team of consultants, midwives and other healthcare professionals provide prenatal diagnosis of many conditions which often are treated while the baby is still in the womb.

Shamin explains: "Having twins meant that my hormone levels were higher than usual during the pregnancy. The Fetal Medicine team ensured I was monitored and although I was really anxious about giving birth it was the quickest delivery I've had. The doctors explained everything that would happen during the birth and I felt really comfortable about it. It was a totally fantastic experience that was all down to the staff involved.



OCTOBER 2004

M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	M	M	T	W	T	F	S	S							
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Balancing the books

SUMMARY OF PERFORMANCE SINCE THE TRUST WAS FORMED

	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03
	£	£	£	£	£	£
Total income	34502	36261	40147	43232	50618	52219
Surplus/(deficit)	378	(468)	(608)	48	372	282
Cumulative position	378	(90)	(698)	(650)	(278)	4

Director's remuneration - Executive

Name and Title	Age	Salary (bands of £5000)	Other Remuneration (bands of £5000)	Golden Hello/compensation for loss of office	Benefit in kind	Real increase in pension (bands of £2500)	Total accrued pension at age 60 at 31 2003 (bands of £5000)
Executive		£000	£000	£000	£000	£000	£000
C Wigley Chief Executive Officer	48	90-95	0	0	0	5-7.5	25-30
J T Ball Director of Facilities	54	50-55	0	0	0	2.5-5	15-20
P J Venables Director of Operations	42	60-65	0	0	0	5-7.5	15-20
P Morris-Thompson Director of Nursing & Midwifery	41	20-25	0	0	0	0-2.5	10-15
P Elliot Director of Finance	50	70-75	0	0	0	5-7.5	25-30
S Harris Director Human Resources	44	0-20	0	0	0	0-2.5	5-10
K Sallah Director of Nursing	51	50-55	0	0	0	0-2.5	10-15
H Gee Medical Director	53	20-25	0	●	0	0-2.5	30-35

● Consent to disclose other remuneration withheld

Director's interests

The Directors recorded a nil return meaning they do not have any relevant Directors interests.

During the year none of the Board Members or members of key staff or parties related to them has undertaken any material transactions with the Birmingham Women's Healthcare NHS Trust.

Pay

The Trust Board complied with directions on senior managers pay contained in the letter from the Chief Executive of the NHS Trust, dated 11th April 2002. The Chief Executive was the highest paid Director.

Director's remuneration - Non Executive

Name and Title	Age	Salary (bands of £5000)	Other Remuneration (bands of £5000)	Golden Hello/compensation for loss of office	Benefit in kind	Real increase in pension (bands of £2500)	Total accrued pension at age 60 at 31 2003 (bands of £5000)
Non Executive		£000	£000	£000	£000	£000	£000
A Owen Chairman	57	15-20	0	0	0	N/A	N/A
Tim Bett	58	5-10	0	0	0	N/A	N/A
Sudashan Abrol	65	5-10	0	0	0	N/A	N/A
Prof. Ian Trayer	60	5-10	0	0	0	N/A	N/A
Elaine Nicholls ●	5-10	0	0	0	0	N/A	N/A
● Consent to disclose age withheld							
Judith Mackay	65	5-10	0	0	0	N/A	N/A

Home from Home

A million pound cash windfall announced by the Government is enabling a brand new 'home from home' midwifery led maternity unit to be built at the Women's Hospital.

The new Unit which will open in October 2003 will cater for women who are likely to have a low risk birth and who do not want to give birth in the high tech environment of the delivery suite.

The Unit will have five ensuite double bedrooms and will be staffed entirely by midwives and led by a Consultant midwife. The double bedrooms are so that fathers can stay should they wish to and a small kitchen will mean both parents have facilities to make snacks and drinks.

The Unit will be separate from the main 14-room delivery suite but close enough to it for patients to be transferred to in cases of emergency.

The emphasis on the Midwifery Led Unit will be to create a non-clinical, warm and friendly environment with one to one care at all times.

In addition to the five double bedrooms the Unit will have a water birthroom, a snoozel/sensory room and security features including swipe card access, CCTV and security tagging of the babies.



NOVEMBER 2004

M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30								

Balancing the books

STATEMENT OF TOTAL RECOGNISED GAINS & LOSSES

	2002/03 £000	2001/02 £000
Surplus (deficit) for the financial year before dividends payments	2,291	2,053
Fixed assets impairment losses	0	0
Unrealised surplus on fixed asset revaluation/indexation	4,573	749
Increase in the donation reserve due to receipt of donated assets	170	135
Reduction in donation reserve due to depreciation, impairment and / or disposal of donated assets	(70)	(12)
Total recognised gains and losses for the financial year (Prior period adjustment)	6,964 0	2,875 0
Total gains and losses recognised in the financial year.	6,964	2,875

Meeting our targets

Management Costs

During the year we spent some £1.9m, 3.7% of our overall budget on management costs. This puts Birmingham Women's amongst the lowest spenders on management services in the country. Despite this we continue to review our organisational structure and processes as part of our aim to deliver value for money. The Trust's costs for the last two years were:

	2002/03 £000	% of total income	2001/02 £000	% of total income
Management costs	1,961		1,848	
Income	52,219	3.75	49,949	4.3

Public sector payment

The NHS target is to pay 95% of non-NHS trade creditors within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed. The Trust's performance for the last two years is:

	2002/03 Number	2002/03 £000	2001/02 Number
Total bills paid	10,311	20,846	13,637
Total bills paid within target	9,597	20,584	12,988
% of bills paid within target	93.08%	98.74%	95.24%

The Right Result

No one likes to wait - but waiting becomes even more frustrating if you have been told you need an operation. That is why at the Women's Hospital we have pulled out all the stops to ensure patients waiting for an operation benefit from even lower waiting times.

Instead of just meeting the Government's target to reduce the number of people waiting for an operation, we exceeded it by carrying out an extra 48 operations. This means that the Women's Hospital now has one of the shortest waiting lists in the country. Our target was to reduce the number of people on the waiting list to 588 by March 2003. Thanks to the hard work of all our staff we reduced the number by 540

As well as having less people on the waiting list we have worked hard to reduce the length of time patients wait for an operation. Already no patient waits over 6 months.

We also met the target to reduce the number of people waiting more than 13 weeks for their first outpatient appointment. Many of them were, in fact seen within 4 weeks.

The number of people waiting more than 13 weeks for their 1st outpatient appointment in 2001/02 was 63. The target for 2002/03 was to have no patients waiting more than 13 weeks for their 1st outpatient appointment and this was met.

The number of people waiting for their operation at the end of 2001/02 was 520 against a target of 581 and in 2002/03 this number was 541 against a target of 588.



DECEMBER 2004

M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S							
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		

Balancing the books

STATEMENT OF DIRECTOR'S RESPONSIBILITIES IN RESPECT OF INTERNAL CONTROL

The Board is accountable for internal control. As Accountable Officer and Chief Executive Officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's objectives, and for reviewing its effectiveness. The system of internal control is designed to manage rather than eliminate the risk of failure to achieve these objectives; it can, therefore, only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing risk management process designed to identify the principle risks to the achievement of the organisation's objectives; to evaluate the nature and extent of those risks and to manage them efficiently, effectively and economically. The system of internal control is underpinned by compliance with the requirements of the core Controls Assurance standards:

- Governance
- Financial Management
- Risk Management

The assurance framework is still being finalised and will be fully embedded during 2003/04 to provide the necessary evidence of an effective system of internal control. However, I have received significant assurances from our internal auditors that the organisation generally has a sound system of internal control to meet the overall objectives.

As the Accountable Officer, I also have the responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control has taken account of the work of the executive management team within the organisation who have responsibility for the development and maintenance of the internal control framework, and of the internal auditors. I have also taken account of comments made by external auditors and other review bodies in their reports.

The actions taken so far include:

- Risk management has undergone a major revitalisation this year and has been fully supported throughout the Trust.

- The organisation has undertaken a self-assessment exercise against all the Control Assurance standards. The Governance, Financial Management and Risk Management Standards have been independently assessed by our internal auditors who confirmed the assessment as follows:
- Financial Management - 99% compliant
- Governance - 91% compliant
- Risk Management - 70% compliant
- The Trust Board has gone through a quantification exercise to fully risk assess the Corporate Objectives for the coming year.
- There has been a revised Risk Management Strategy approved by the Trust Board.

In addition to the actions outlined above, in the coming year this organisation will:

- Cascade the risk quantification exercise completed at Trust Board to all Directorates.
- Introduce root cause analysis training for key staff.
- Achieve the objectives outlined in the Risk Management Strategy.



Chief Executive Officer
(on behalf of the board)

Army of Helpers

Behind every great hospital, there is sure to be a tireless army of volunteers and the Women's Hospital is lucky to have some of the most committed people of any.

Our volunteers give up their own time to help in a variety of ways that make the Women's Hospital the friendly and welcoming place it is.

From fundraising to knitting baby clothes the Women's Royal Voluntary Services and other volunteers provide the little things which make life more pleasant for patients, visitors and staff.

In addition much new equipment at the hospital continues to be provided thanks to the hard work put in by the volunteers. In short the contribution volunteers make to the hospital is 'incalculable.'

The Women's Hospital is also very fortunate to have fantastic support from local schools, businesses and community groups. 'The Foundation' is the fundraising arm of the hospital which organises various events and liaises with local companies or charities who want to make donations to the hospital.

Over the last year over £59,000 has been raised for the hospital and all of the money has been put to good use including purchasing fetal heart dopplers and specialist electric beds.

If you would like more information or would like to get involved in having fun for a good cause, call the Foundation on: [0121 607 4749](tel:01216074749).



Balancing the books

Audit Committee

The Audit Committee members in 2002/03 comprised: Tim Bett, Non Executive Director, Elaine Nicholls, Non Executive Director, Judith McKay, Non Executive Director and Prof. Ian Trayer Non Executive Director

Remuneration Committee

The Remuneration Committee members in 2002/2003 comprised all of the Non Executive Directors and the Chairman of the Trust. One of the roles of the Remuneration Committee is to determine the various elements of remuneration for members of the Board. The Chief Executive and the Executive Directors are appointed under open competition. An Appointment Panel comprising Non Executive Directors and external assessors appoints to Director positions. The performance of the Chief Executive is monitored by the Chairman. Executive Directors performance is monitored by the Chief Executive. The Chief Executive and Executive Directors are subject to the Trust's disciplinary procedure.



Balancing the books

Auditors Statement

Independent Auditors' Report to the Directors of Birmingham Women's Health Care NHS Trust on the Summary Financial Statements. We have examined the summary financial statements set out on page 18,20,22,24,26 & 27.

This report is made solely to Birmingham Women's Health Care NHS Trust's board, as a body, in accordance with section 2 of the Audit Commission Act 1998. Our audit work has been undertaken so that we might state to Birmingham Women's Health Care NHS Trust's board those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than Birmingham Women's Health Care NHS Trust and Birmingham Women's Health Care NHS Trust's board, as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of directors and auditors.

The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements with the statutory financial statements. We also read the other information contained in the Annual

Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2003 on which we have issued an unqualified opinion.

Signature: *KPMG LLP*

Date: *11/9/03*

KPMG LLP
Chartered Accountants
Birmingham

designed and printed: printpoint(uk) 0121 706 2701



Birmingham Women's Hospital

Metchley Park Road

Edgbaston

Birmingham. B15 2TG

Tel: 0121 472 1377

Fax: 0121 627 2602