

# Birmingham Women's



NHS Foundation Trust

## PUBLIC SESSION

**MEETING OF THE BOARD OF DIRECTORS**  
to be held in the Seminar Room, Education Resource Centre  
on Thursday 27<sup>th</sup> January 2011 at 9am

### AGENDA

		<b>Enc</b>
1	Welcome and apologies Apologies should be sent to Jackie Howell at jackie.howell@bwhct.nhs.uk, tel 0121 627 2601	
2	Declarations of interest	
3	Minutes of the meeting held on 25 <sup>th</sup> November 2010	1
4	Matters arising from the minutes of the meeting held on 25 <sup>th</sup> November 2010 (where not covered by agenda items)	
5	Report of the proceedings of the Board in private session, November and December 2010	HH 2
<b>Items for Discussion</b>		
6	Red Risk Register and Assurance Framework	SIP 3
7	Amber Risk Register	SIP 4
8	Report by the Chief Executive	SP 5
9	NHSLA Update	JO 6
10	Quarterly performance update from Directorates	JO 7
11	Integrated Performance Report, December 2010	JO 8 NS JaB
12	Patient Safety Report	PT 9

### **Items for Decision**

<b>13</b>	Regulatory submissions to Monitor, Q3 2010-2011	SIP	<b>10</b>
			<b>To follow</b>

### **Items of Report**

<b>14</b>	Trust Chair's report	HH	<b>Oral</b>
<b>15</b>	Update from the Chairman of Council	HH	<b>11</b>
<b>16</b>	Quarterly review of outstanding actions	SIP	<b>12</b>
<b>17</b>	Sealing report	SIP	<b>13</b>
<b>18</b>	Questions from the public on matters relating to the agenda		

<b>19</b>	<b>Exclusion of the public</b> To RESOLVE that representatives of the press and other members of the public be excluded from the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.		<b>At 11am</b>
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### **Dates of next meetings**

Thursday 24<sup>th</sup> February 2011  
Thursday 31<sup>st</sup> March 2011  
Thursday 28<sup>th</sup> April 2011

# Birmingham Women's



## NHS Foundation Trust

**Unconfirmed Minutes of the  
MEETING OF THE FOUND TRUST BOARD  
HELD IN PUBLIC  
In the ERC Seminar Room,  
On Thursday 25<sup>TH</sup> November y 2010**

**PRESENT :** Helen Hemberg  
Ian Booth  
Jason Burn  
Nigel Gardner  
Jane Owen  
Steve Peak  
Neil Savage  
Marianne Skelcher  
Peter Thompson  
Robin Rison  
Robin Wall

**IN ATTENDANCE :** Steve Parsons  
Diana Wyllie (minute taking)

**APOLOGIES :** None

- FTP/11/10/1**      **Welcome**  
FTP/11/10/1.1    The Chair welcomed Board members, members of the public and Governors to the meeting.
- FTP/11/10/1.2    She also welcomed Laura Boyeses, who was shadowing the Director of Nursing and Midwifery for the day.
- FTP/11/10/1.3    There were no apologies for absence.
- FTP/11/10/2**      **Declarations of Interest**  
FTP/11/10/2.1    There were no declarations of interest received from Directors relating to the public business on the agenda.
- FTP/11/10/3**      **Minutes of the Previous Meeting**  
FTP/11/10/3.1    The minutes of the previous meeting were approved subject to the following amendments :
- FTP/11/10/3.2    *Page 10 : FTP/1010/12 Aggregated Data Report* – the date when the report will be presented to the Board should read **May 2011** and not 2010.

FTP/11/10/4  
FTP/11/10/4.1

**Matters Arising**

**FTP/1010/10.4 Facing the Future Head On-Update on Lean Service Line Management and Listening into Action**

The Board noted that the mock SLR papers had not been shared with the Board this month as previously agreed due to further work needing to be carried out to ensure that the information was in a presentable and understandable format. It was anticipated that the reports would be available for circulation with January 2011 Board papers.

**ACTION : Chief Executive to organise an informal discussion between Executive and Non-Executive Directors on the mock SLR papers prior to circulation with January 2011 Board papers.**

FTP/11/10/5  
FTP/11/10/5.1

**Report of the Proceedings of the Board in October 2010 Private Session**

The Board received and noted Enclosure 2. The Chair reported for the benefit of the public members, that the private Board meeting later in the morning would consider the minutes of risk committees, Audit Committee, Remuneration Committee and four root cause analyses. The private meeting would be followed by a strategy session for Board members.

**ITEMS FOR DISCUSSION**

FTP/11/10/6  
FTP/11/10/6.1

**Red Risk Register and Assurance Framework**

The Board received Enclosure 3. The Head of Corporate Affairs reported that the report provided details on risks until 12<sup>th</sup> November 2011. No new red risks had been included on the register during the previous month. The risks had been reviewed by the relevant risk committees. The following comments were made relating to the individual risks :

FTP/11/10/6.2

*No. 102 Radiologist Cover for NNU* – the planned joint recruitment with BCH had not been successful to date, and a further recruitment drive would commence in January 2011. In the interim the Consultant Radiologist was providing training for NNU staff in order to continue with the provision of the service. In the longer term successful recruitment would assist with both out of hours cover and annual leave absence, thereby improving the control rating.

***Marianne Skelcher and Nigel Gardner join the meeting.***

FTP/11/10/6.3

*No. 136 Midwifery Staffing* – noted that reference in the paper to BAPM was incorrect and related to “Safer Childbirth”.

**ACTION : Steve Parsons to ensure amendment made and recorded as “Safer Childbirth” for next Board report.**

FTP/11/10/6.4 No other comments were made with regard to any of the other red risks.

**FTP/11/10/7 Report by Chief Executive**

FTP/11/10/7.1 The Board received Enclosure 4 and it was noted that the report included a written update on the following areas :

- Monthly overview of key performance areas and corporate objectives
- Update on Lorenzo IT implementation
- Unannounced Hygiene Code Inspection visit
- Accreditation Visit by Human Tissue Authority
- Neonatal Unit
- Communication Matters
- Ammalife – Visit to Malawi
- Parental Accommodation
- Dignity at Work Annual Report (report was circulated with Board papers)
- Health & Safety Annual Report (report was circulated with Board papers)
- External Visits Policy Annual Report (report was circulated with Board papers)

The Chief Executive then tabled a paper which highlighted the Trust's recent achievements. A comprehensive briefing took place and the highlights noted as :

FTP/11/10/7.2 *Quality and Safety Focus*

- Reduction in mortality rates
- High satisfaction rates reported via inpatient and maternity surveys
- Excellent infection control rate
- Full accreditation for all laboratory and fertility services
- Excellent research outputs
- Positive feedback on teaching
- Good feedback on Cancer Peer Review
- Excellent PEAT results
- Positive compliance with Hygiene Code
- Lowest waiting times
- Delivering against CQUIN targets
- Development of clinical governance, safety and quality processes over the past 12 months increasing transparency and learning culture.

FTP/11/10/7.3 *Corporate Objectives*

- At Quarter 2, 12 of the objectives were rated as green, 4 rated amber and 1 red. At the year end it was expected that at least 15 would be rated green and either one or two

rated red.

*Delivery of National Targets*

- FTP/11/10/7.4
- The Trust had delivered improved or sustained performance against the key national access targets.

*Organisational Development Strategy*

- FTP/11/10/7.5
- Significant progress had been made in this area through the Listening into Action Programme, introduction of LEAN principles, changes to the Reward and Recognition approach.

*Other Achievements*

- FTP/11/10/7.6
- Very positive feedback from numerous sources on the cutover to the new Lorenzo Care Management IT system.
  - Improvements in the estate – in particular NNU and Mortuary.

FTP/11/10/7.7 The Chief Executive highlighted the following key challenges facing the Trust:

- Achievement of NHSLA Level 2 standard in late 2011 and preparations for Level 3 standard during Quarter 2 in 2012/13
- Raising productivity levels to meet the financial environment faced by all NHS organisations
- Responding to the new policy directions set out by White Paper
- Providing high quality data and presentational information to facilitate succinct Board discussions
- Raising the Trust's profile in research, service and education successes
- To deliver on benefits associated with IT investment and developments.
- To respond to complainants in a more timely fashion.

FTP/11/10/7.8 The Board thanked the Chief Executive for the comprehensive report and it was noted that it was intended that the paper would form the basis of the Chief Executive's report to Members' Council on 2<sup>nd</sup> December 2010. Sarah Francis (Governor attending to observe) commented that the Members' Council also faced the challenge as to how the new Health Watch would work in practice. The Chair also requested that a reference to the Trust's financial position was also made in the paper.

**ACTION : Steve Peak to include financial reference in the above paper. Share paper with Members' Council.**

FTP/11/10/7.9 In response to a question the Director of Nursing and Midwifery

confirmed that Genetics were now meeting all the national targets, but the service would be facing pressures in the short term due to retirements of staff and the inability to recruit successors and provision for covering maternity leave.

- FTP/11/10/7.10 The Board noted that the IT Strategy would be presented for discussion in February 2011 and the Chief Executive was currently reviewing the first draft.

**ACTION : Jason Burn to present IT Strategy to February 2011 Board meeting.**

- FTP/11/10/7.11 The Chief Executive confirmed that his visit to Malawi with the Ammalife Trustees would involve 5.5 Trust work days and two weekends.

**FTP/11/10/8 Integrated Performance Report – October 2010**

The Board received Enclosure 5.

- FTP/11/10/8.1 The Director of Nursing and Midwifery noted that the Board would see the dashboard had now been revised, and requested comments on the presentation and quality of the data. She advised that some of the information for the graphs had had to be produced manually by the Executive Directors and she was keen to ensure that the Board received the pertinent information. The Board appreciated that data trends would be built up over time and that data had not been inputted to be provide historic data.

- FTP/11/10/8.2 Several Board members made positive comments on the presentational quality and ease of understanding of the dashboard, but were concerned with the manual production methods undertaken by the Executive Directors. It was queried whether the dashboard was being produced currently for the sole use of the Board; confirmation was provided that the performance data is currently used and the revised format would be beneficial throughout the organisation. Additional detail was currently in the written reports produced for the Management Board and Performance Group. It was hoped that over time with the introduction of new IT systems the production of the dashboard would ease with less manual intervention.

- FTP/11/10/8.3 The Chair requested that members provided the Head of Corporate Affairs with their top ten indicators for inclusion in future reports. The Executive Directors would then review these, taking into account the ease with which the data could be produced to provide a final format.

**ACTION : All Board members to submit their top ten indicators for inclusion in the report to Steve Parsons.**

**ACTION : Executive Directors to then consider the final compilation of indicators for a final dashboard report for January 2011.**

FTP/11/10/8.4 The Board then noted the following main points from the report :

- Theatre utilisation had further improved and now ran at 90%
- On time responses to complainants had improved slightly this month to 62%, but was still below the 80% target.
- The Board agreed that given all cancer waiting times had been achieved for the sixth consecutive month, the detailed report would only be required on an exception basis. The Board were delighted with this achievement.

**ACTION : Jane Owen to cease monthly detailed reporting of cancer waiting times. Reporting to re-commence if target is not met in the future.**

FTP/11/10/8.5 In response to a concern the Director of Nursing and Midwifery stated that often complaints were complex and staff had to supply detailed statements, but she emphasised the importance of being able to respond to patients quickly with high quality written responses to their complaints. It was noted that the Trust did communicate with patients on receipt of the initial complaint via telephone, but she appreciated the need to ensure improvement in the overall written response times.

**FTP/11/10/9 Workforce Report**

FTP/11/10/9.1 The Director of Workforce & OD then highlighted the following from the report :

- The agency/bank spend had significantly reduced this month from 4.09% in month 6 to 2.21% in month 7 and this was attributed to the control measures now in place.
- 73.8% of staff had now had appraisals. Work was continuing with the Maternity Services and Clinical Support Directorates where the performance in this area was disappointing.
- Pay as a percentage of Directorate Income – a reduction of 3% had taken place during the month and now stood at 65.0%.
- Sickness absence had increased rising from 4.89% in month 6 to 5.28% in month 7. Particular areas of concern were Maternity, Neonatal, Clinical Support and Facilities, whilst Clinical Genetics had a very good sickness absence rate. It was noted that a paper was being produced for consideration by the Management Board and JNC to provide different approaches to managing sickness issues, and it was hoped that this would impact both on short and

long term sickness levels.

FTP/11/10/9.2 A discussion then took place on the increase in overall headcount and this was attributed to increases in staffing for maternity, medical staff and hosting organisations. The Finance Director and Director of Workforce and OD had also undertaken some investigative work on the historic headcount figure and this had now been revised based on more accurate information. It was further noted that the fluctuations in the figures for pay as a percentage of income could not be entirely tied to headcount changes, as they were also driven by monthly variances in the income received by Directorates.

**FTP/11/10/10 Finance Report**

FTP/11/10/10.1 The Finance Director referred to the circulated report, and drew the following items to the Board's attention:

- The financial position had improved from the previous month including confirmation from the PCT of the agreed contract change for Maternity.
- Maternity Directorate's position had also considerably improved from a shortfall in month 6 of £124,000 to an over performance of £152,000 in month 7.
- The end of year forecast based on month 7 figures was a surplus of £389,000; this was an improvement on last month, but still behind the £0.5 planned surplus submitted to Monitor.
- The financial risk rating at month 7 remained a 3 as previously forecast.
- Private patient income was continuing to perform well and a year end forecast of £1m was still achievable.
- Total healthcare income attributable to the end of month 7 was £51.2m and the Board was referred to table 2.1 in the Finance Report.
- Against an efficiency programme of £3.6m the Trust to date had achieved £1.4m through cost efficiency and income generation. This was £668,000 behind plan, but was an improvement on month 6's position.

FTP/11/10/10.2 The Finance Director then tabled a paper, which had also been emailed to Board members late the previous evening, which detailed the Directorate's financial action plans following the Performance Management meeting held on 23<sup>rd</sup> November 2010. Summarised, this gave the following year-end position for each Directorate, with the Board noting the actions of the individual Directorates :

- Maternity : (£173,000)
- Neonatal : (£372,000)

- Genetics : (£231,000)
- Gynaecology : £195,000
- Clinical Support : (£642,000)
- Corporate, Facilities and R&D : £496,000

FTP/11/10/10.3 Board members acknowledged that the position was now “moving in the right direction” and suggested that with reserves the Trust could declare that a breakeven position would be achieved at this point, and thus focus could be moved to an alternative emphasis. The Board also noted that the position remained tight and would need careful monitoring and management. The Chief Executive was keen to maintain momentum in order to generate a surplus to use against the capital programme, but suggested that if the month 8 position continued to improve then this view could be revisited.

FTP/11/10/10.4 The Chair summarised that the Trust needed to become better at budget setting and financial forecasting whilst acknowledging that some of the financial actions were now coming through although they had been set in train a number of months previously.

FTP/11/10/10.5 The Finance Director then tabled a Pay Bridge Analysis Sheet for 2008 to 2010/11 and requested Board members to return comments to him outside of the meeting.

**ACTION : Board members to provide comments to Finance Director on Pay Bridge Analysis sheet.**

FTP/11/10/10.6 Overall the Chair summarised that there had been a notable improvement in the month 7 position driven by the additional healthcare income, but overall Directorate performance remained behind plan.

**FTP/11/10/11 Patient Safety Report**

FTP/11/10/11.1 The Board received Enclosure 6, noting that the report was also presented to the monthly Clinical Governance Committee. The Medical Director reported that a review of 160 patient safety recommendations resulting from national enquiries, was underway.

FTP/11/10/11.2 The Board noted that there had been 22 occurrences where patients had unexpectedly returned to gynaecology theatres, but were assured that a full review of the cases had indicated that there were no identifiable trends. It was suggested that this was an indicator that would be included in the future quality and safety dashboard, although it was noted there was no benchmark available for comparison.

**ACTION : Jane Owen to consider including “patients unexpectedly returning to gynaecology theatres” in future**

**dashboard graphs.**

FTP/11/10/11.3 The Director of Nursing and Midwifery reported that once patient experience data was available this would also be included in the Patient Safety Report.

FTP/11/10/11.4 The Board noted the Board and Governor Walkabout dates and the quarter 2 Walkabout Report.

**FTP/11/10/12 Matron's Infection Control Quarterly Report**

FTP/11/10/12.1 The Board received Enclosure 7. The Director of Nursing & Midwifery highlighted the following from the report :

- Reports had been fully discussed at the October Infection Control Committee and presented to Clinical Governance Committee.
- Neonatal Directorate had combined the Essence of Care and Infection Control into one powerful auditing tool, which was presented to the Board in this report. Their action plan addressed the red essence of care issues.
- One Directorate was now on monthly monitoring in order to strengthen their auditing processes.
- The combined report would now be used as the format for future reports for all Directorates.

**ACTION : Jane Owen to advise Directorates to use combined Essence of Care and Infection Control into one Audit Tool Report in future.**

**FTP/11/10/13 Facing the Future Head On – Update on Lean, Service Line Management and Listening into Action**

The Board received Enclosure 8, and the Chief Executive invited comments from Directors.

FTP/11/10/13.1 The Board acknowledged that good progress had been made. The Chief Executive reported that he was not currently looking for any further topics for development, as there was good progress and work being made presently with the current projects.

**FTP/11/10/14 Education Commissioning for Quality : Placement Provider Self Assessment Audit**

FTP/11/10/14.1 The Board received Enclosure 9, which had been presented to the Board to comply with the requirements of the SHA. The Director of Nursing and Midwifery reported that the report provided a great deal of detail as to the quality of the Trust's teaching and had received excellent feedback from the Strategic Health Authority on the quality of the report and the achievements of the Trust. The Board thanked Anne Gaynor and Kate Joyce for the comprehensive report.

FTP/11/10/14.2 Marianne Skelcher indicated that she would wish to recommend Anne Gaynor for a monthly staff recognition award in light of the work put into the report.

FTP/11/10/14.3 The Board approved the report.

**FTP/11/10/15** **Appointment of a Responsible Officer (Medical Re-Validation Requirements)**  
FTP/11/10/15.1

The Board received Enclosure 10. The Medical Director briefly outlined the paper highlighting :

- Responsible Officer role took effect from 1<sup>st</sup> January 2011.
- Doctors had to be re-validated every five years.
- This Trust required seven appraisers who could undertake no more than 12 appraisals in any one year. After a period of time the number of appraisers would be reviewed.
- During the five year cycle doctors had to be appraised on an annual basis and by at least two different appraisers during this period.
- The requirement for the Trust to purchase a validated Peer Review System in order to undertake 360 degree feedback.
- It was expected that the role would be undertaken by the Medical Director for each Trust.

FTP/11/10/15.2 The Medical Director then took the Board through the five recommendations contained in the paper where the following was agreed :

FTP/11/10/15.3 The Medical Director was appointed to the post of Responsible Officer, pursuant of the Medical Profession (Responsible Officers) Regulations 2010 with effect from 1<sup>st</sup> January 2011.

FTP/11/10/15.4 The Board delegated the Chief Executive authority to make temporary arrangements to address any conflict of interest situations arising from the Responsible Officer role

FTP/11/10/15.5 the Board approved the appointment of seven appraisers and the Medical Director would now take this process forward for the recruitment of individuals.

FTP/11/10/15.6 the Board agreed to implement a validated 360 degree feedback process as recommended by the GMC. The Medical Director and Director of Workforce and OD would now seek costings.

FTP/11/10/15.7 the Board agreed that once more detail was understood regarding the workload that the Responsible Officer role would entail, that a case be provided to the Remuneration Committee.

**ACTION : Peter Thompson to commence recruitment of**

seven appraisers.

**ACTION : Peter Thompson and Neil Savage to obtain costings for purchase of validated 360 degree package.**

**ACTION : Remuneration Committee to review impact of Responsible Office role on Medical Director post, when impact becomes clear**

**ACTION : Peter Thompson to provide progress report on Responsible Officer role to a future Board meeting.**

**FTP/11/10/16 Approval of Contract Arrangements with West Midlands Specialised Services Agency**

FTP/11/10/16.1 The Board received Enclosure 11, and the Director of Finance noted that the Trust had contracts with two main Commissioners; South Birmingham PCT and the Specialist Commissioning Agency. Both of these contracts were above the £3 million limit set in Standing Orders as requiring Board approval.

FTP/11/10/16.2 In response to a question, it was noted that the practical arrangements in the Cost and Amount schedule had been agreed some time ago, but the final contractual wording had only recently become available. This contract would be in place for the period ending on 31<sup>st</sup> March 2011.

FTP/11/10/16.3 The Board approved the proposed contract arrangements with Birmingham East and North PCT on behalf of the Specialist Commissioners.

**FTP/11/10/17 Approval of Changes to the Standing Orders of Members' Council**

FTP/11/10/17.1 The Board received Enclosure 12, and noted that these had been previously considered by the Members' Council, who had approved the changes to their own Standing Orders, and had no comments to bring to the Board on the other proposals.

FTP/11/10/17.2 The Board approved the Standing Orders for the Members' Council

**FTP/11/10/18 Approval of Changes to the Standing Orders of the Board of Directors**

FTP/11/10/18.1 The Board received Enclosure 13, and approved the proposed changes to the Board's Standing Orders subject to minor typographical amendments as advised by Directors and the updating of the Trust's address to reflect a change in the road

name (to Mindlesohn Way).

**FTP/11/10/19 Approval of Changes to the Standing Financial Instructions**

FTP/11/10/19.1 The Board received Enclosure 14 and approved the proposed changes to the Standing Financial Instructions subject to the following amendments :

- Delete section 2.1.1.3, regarding the role of the Audit Committee in the establishment and monitoring of systems of integrated governance, risk management and internal control across the Trust, as not reflecting current practice
- In section 17.9.1 – reference to Policy and Resources Committee (which was dissolved several years ago and had not been in place as an FT) should be to Women’s Charities Committee.

**FTP/11/10/20 Approval of the Scheme of Delegations**

FTP/11/10/20.1 The Board received Enclosure 15 and approved the Scheme of Delegation subject to the following inclusions :

- Director of Nursing & Midwifery
  - Caldicott Guardian
  - Older People’s Champion
  - Safeguarding Champion
- Director of Finance
  - Senior Information Responsible Officer (SIRO)
- Medical Director
  - Responsible Officer with effect from 1<sup>st</sup> January 2011
  - Executive lead for Maternity Services
  - Lead for Mental Capacity
- Director of Workforce and Organisational Development
  - Security Management

FTP/11/10/20.2

It was noted that the statement on the front of the document would be amended to reflect that the Chief Executive and Medical Director did not participate in the on-call rota.

FTP/11/10/20.3 The Board noted that the documents were subject to the approval of Monitor prior to coming into effect, and would be submitted for that approval in due course

**ACTION : Steve Parsons to amend documents as agreed by the Board and submit to Monitor for their approval.**

**ITEMS FOR REPORT**

**FTP/11/10/21 Trust Chair’s Report**

The Board received Enclosure 16 and noted the contents.

**FTP/11/10/22**

**QUESTIONS FROM THE PUBLIC**

There were no questions raised by members of the public present.

# Birmingham Women's



NHS Foundation Trust

<b>SUBJECT :</b>	Report of the proceedings of the Board in private session, November and December 2010
<b>REPORT BY :</b>	Helen Hemberg, Chairman
<b>AUTHOR :</b>	Steve Parsons, Head of Corporate Affairs

### CONTEXT AND BACKGROUND FOR REPORT

In accordance with Standing Orders, proceedings in the private session are reported to the following public session of the Board, to promote the transparent operation of the Board.

### KEY ISSUES FOR BOARD OF DIRECTORS' CONSIDERATION AND DECISION

#### November 2010

- Minutes from the meetings of Clinical Governance Committee, Organisational Risk and Governance Committee, Audit Committee and Remuneration Committee
- Four Root Cause Analyses, together with an indication of those that were due to come forward to the Board in the future
- An update on a possible commercial opportunity, and possible capital partnership schemes
- Update reports from the Chairman and Chief Executive

#### December 2010

- The Board agreed that the April Board meeting should remain on 28<sup>th</sup> April (consideration had been given to moving the date given the large number of public holidays around that time)
- Four Root Cause Analyses were considered
- The Director of Finance and Information updated the Board on the latest financial position.

### RECOMMENDATIONS

The Board is invited to note the private proceedings in November and December 2010.

# Birmingham Women's

NHS Foundation Trust

<b>SUBJECT :</b>	Red Risk Report and Assurance Framework
<b>REPORT BY :</b>	Steve Parsons, Head of Corporate Affairs
<b>AUTHOR :</b>	

## CONTEXT AND BACKGROUND FOR REPORT

As part of the Risk Reporting Policy, the Board receives monthly update reports on the Red Risk register. These reports are to provide assurance to the Board that the risks are being appropriately recognised, managed and reviewed.

It is the primary responsibility of the relevant manager to identify, review, rate and log risks affecting their area of work. Risks entered onto the Register are subject to review by another person to ensure that the entry is appropriate. Trust policy requires regular review of all entries on the Register by the responsible manager; red risks monthly, other risks quarterly.

Non-clinical Red Risks are reviewed monthly by ORAG. Clinical Red Risks are reviewed on a Directorate-based cycle by Clinical Governance Committee; the Committee will also review any new Red Risks, regardless of Directorate, immediately after they are entered on the Register.

## KEY ISSUES FOR BOARD OF DIRECTORS' CONSIDERATION AND DECISION

The following Red Risks were entered onto the Register on 14<sup>th</sup> January 2011:

Number	Committee	Controls rating	Last reviewed (min number)	Next review
102-Radiologist cover for NNU	CGC	Uncertain		

*BCH are to do plain film reporting out of hours with discussion ongoing on enhanced cover from Jan 2011. Should be resolved in Jan 2011. Issues related to PACS have been resolved. A cost pressure of 5 PA's has been identified by the Directorate in respect of the management of this risk.*

## ENCLOSURE 3

174- Tracking blood products	CGC	Uncertain	<b>NEW RISK</b> Not yet reviewed	
<i>Risk of failing to comply with statutory requirements.</i>				
143- Lack of Gynae HDU facility	CGC	Inadequate	October 2010 (20)	
<i>This is driven by an increase in the identified co-morbidities and increasing numbers of patients with raised BMI in gynaecology and related disciplines. Under consideration</i>				
3- Norton Court	ORAG	Adequate	January 2011	February 2011
<i>The Board has approved exploratory works on possible options for redevelopment of Norton Court; the Board received an update report October 2010. ORAG has received and discussed a detailed report on those items that are life-expired and the mitigating actions undertaken or planned.</i>				
112- Cancer standards-tertiary referrals	ORAG	Adequate	January 2011	February 2011
<i>The Committee is satisfied that all appropriate mitigating actions are being taken. It has been noted that there are both financial and reputational risks if the Trust is regularly referring patients back to GP to be treated elsewhere.</i>				
136- Midwifery staffing	CGC	Adequate	October 2010 (20)	
<i>The current staffing ratio of 1:29 midwives to births is below that recommended by BAPM. However, it is better than that achieved by most units in the country. Resource implications in any decisions to address.</i>				
138- Consultant presence on Del. Suite	CGC	Adequate	October 2010 (20)	
<i>The current coverage is 78 hours per week, against an ultimate (24 hour coverage) target of 168 hours per week.</i>				

### RECOMMENDATIONS

The Board is invited to note the review process for Red Risks, and make any comments felt necessary.

<b>SUBJECT :</b>	Amber Risk Report
<b>REPORT BY :</b>	Steve Parsons, Head of Corporate Affairs
<b>AUTHOR :</b>	

### CONTEXT AND BACKGROUND FOR REPORT

As part of the Risk Reporting Policy, the Board receives quarterly update reports on the Amber Risk register. These reports are to provide assurance to the Board that the risks are being appropriately recognised, managed and reviewed.

It is the primary responsibility of the relevant manager to identify, review, rate and log risks affecting their area of work. Risks entered onto the Register are subject to review by another person to ensure that the entry is appropriate. Trust policy requires regular review of all entries on the Register by the responsible manager; red risks monthly, other risks quarterly.

Non-clinical Amber Risks are reviewed on a rolling cycle by ORAG, reviewing 2 or 3 risks per meeting. Clinical Amber Risks are reviewed on a Directorate-based cycle by Clinical Governance Committee.

### KEY ISSUES FOR BOARD OF DIRECTORS' CONSIDERATION AND DECISION

The following Amber Risks were entered onto the Register on 14<sup>th</sup> January 2011:

Number	Committee	Controls rating	Last reviewed (min number)	Next review
87- NHSLA standards	CGC	Uncertain	November 2010 (Board)	January 2011

*The Trust has achieved CNST Level 1 in both Acute and Maternity. Regular monthly updates will be provided to the Board.*

91- Patient records, Clin. Genetics	CGC	Uncertain	September 2010 (19)	March 2011
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*A system to move record-keeping from paper to electronic basis has been ordered, to mitigate the risk.*

# ENCLOSURE 4

131- Andrology Clinic cancellation	CGC	Uncertain	October 2010 (21)	April 2011
<i>Reviewed December 2010- no change to status. Business case for support presented to PCT</i>				
144- NNU failure to meet contract income/ CIP	ORAG	Uncertain	January 2011	February 2011
<i>Meeting arranged with Specialist Commissioners to discuss ITU activity and end of year contract performance. Risk updated with Month 9 forecast</i>				
10- Delivery of Cat 1 caesarean sections within 30 mins	CGC	Inadequate	October 2010 (21)	April 2011
<i>Full Staff cover in place Jan 2011. Further cover via military supernumerary positions from Feb 2011.</i>				
130- Theatre dress code	CGC	Inadequate	October 2010 (21)	April 2011
<i>This issue is under discussion at the Theatre Users' Group and reviewed by Infection Control Committee</i>				
132- DMS- user engagement	ORAG	Inadequate	January 2011	April 2011
<i>The engagement of users to utilise the system appropriately is important to ensuring compliance with CNST requirements. A review is being undertaken to consider alternative systems that may provide better results.</i>				
133- DMS- User Error	ORAG	Inadequate	January 2011	April 2011
<i>User error can lead to the incorrect allocation of policies, or to policies being unable to be processed. Training continues within the available resource.</i>				
134- DMS- system stability	ORAG	Inadequate	January 2011	April 2011
<i>The failure of the system can lead to clinicians accessing wrong policies or having no access. This is being addressed with UHB IT.</i>				
177- IG Toolkit- management assurance	ORAG	Inadequate	January 2011	February 2011
<i>Compliance with at least level 2 of the IG Toolkit is a Monitor requirement for Foundation Trusts. Risk is expected to be changed to Adequate shortly assuming CfHs acceptance of the Trust's IG Training Needs Analysis and Training roll out</i>				

# ENCLOSURE 4

<i>programme.</i>				
9- Midwifery staffing	CGC	Adequate	September 2010	February 2011
<i>No recent update to this risk was reported (see also risk 136 and 138)</i>				
31- Mandatory training	ORAG	Adequate	January 2011	April 2011
<i>Compliance with the Trust's Mandatory and Statutory Training Policy is required to meet NHSLA Level 2 Assessment</i>				
38- New born sick babies acquiring infection	CGC	Adequate	<b>NEW RISK</b>	
<i>Increased levels of surveillance and hand hygiene standards have been implemented</i>				
40- CQC indicator effect on patient choice	ORAG	Adequate	December 2010	March 2011
<i>This risk related to Patient Choice effect on referral flows using CQC Hospital performance. 2009/10 performance is not rated, but tool exists for users to compare. Risk reviewed - 21/12/2010</i>				
41- NNU appeal	ORAG	Adequate	January 2011	April 2011
<i>Trustee's decision on future of NNU appeal is relevant</i>				
43- Block-funded work	ORAG	Adequate	August 2010 (5/08/10)	
<i>The Trust is working with commissioners to move away from block contracts.</i>				
44- Information security	ORAG	Adequate	January 2011	April 2011
<i>This risk is regularly reviewed. A number of actions have been taken relating to "Safe Stick" USB sticks and the IG Toolkit training plan.</i>				
57- Reputational effect of infections	ORAG	Adequate	December 2010	March 2011
<i>Reviewed by ORAG December 2010. Updates provided to Infection Control Committee and Clinical Governance Committee.</i>				
81- Hand Hygiene	CGC	Adequate	November 2010	
<i>Results still below 95% in some areas. Actions in progress</i>				

# ENCLOSURE 4

96- Cervical Cytology turnaround	CGC	Adequate	October 2010	April 2011
<i>Lab turnaround time 14 days at August 2010.</i>				
100- CCL system	CGC	Adequate	September 2010 (20)	
<i>Business case for new system approved; implementation being planned for Spring 2011</i>				
111- Cancer waiting standards	ORAG	Adequate	January 2011	April 2011
<i>This risk has been re-classified from Red to Amber. No breaches for 8 consecutive months</i>				
116- Medical devices training	CGC	Adequate	October 2010	
<i>Included within the NHSLA standards review.</i>				
119- Patient correspondence- paper	ORAG	Adequate	November 2010	February 2011
<i>Reviewed Dec 2010. Policies being reviewed to ensure compliance</i>				
123- Pharmacy SLA	CGC	Adequate	October 2010 (21)	
<i>Negotiations are continuing on the SLA with UHB. Alternative providers are also being explored.</i>				
127- non-NTS contracted staff	CGC	Adequate		
<i>Medical Transport fellow appointed September 2010</i>				
137- Underachievement of targets	ORAG	Adequate	November 2010	February 2011
<i>Intended to subsume within Trust-wide risk</i>				
139- babies falling from height	CGC	Adequate		
<i>Full review undertaken and mitigations implemented</i>				
140- Community	CGC	Adequate	<b>NEW RISK</b>	

# ENCLOSURE 4

clerks manual handling				
<i>More robust trolleys being trialled by clerks and assessed by back care advisor</i>				
145- Haematology staffing levels	CGC	Adequate	NEW RISK	
<i>Reviewed Dec 2010; vacancy filled and sickness addressed. Agency locum use ceased Dec 2010</i>				
146- Maternity bed-blocks	CGC	Adequate	NEW RISK	
<i>Discharge lounge and Discharge co-ordinator now part of discharge procedure Working party identified to review procedure and implement improvements</i>				
148- Radiology on-call out of hours staffing	CGC	Adequate		
<i>Reviewed Dec 2010 and upgraded at Directorate meeting.</i>				
149- Badger inputting errors	CGC	Adequate		
<i>Monthly reports in place in order to monitor data completeness. CQUIN Quarter 3 target in line for achievement at year end.</i>				
162- Financial plan 2010-11 not achieved	ORAG	Adequate	January 2011	February 2011
<i>Reviewed Dec 2010; see separate Board report on Finance</i>				
167- Cardio-respiratory monitors on NNU	ORAG	Adequate	January 2011	February 2011
<i>Reviewed January 2011; application for Charities funding being made</i>				
178- IG Toolkit-confidentiality/ data protection	ORAG	Adequate	NEW RISK	February 2011
<i>Action Plan for achieving Level 2 on IG Toolkit in place</i>				
179- IG Toolkit-Clinical Information	ORAG	Adequate	NEW RISK	February 2011
<i>Action Plan for achieving Level 2 on IG Toolkit in place</i>				
180- IG Toolkit-	ORAG	Adequate	NEW RISK	February 2011

# ENCLOSURE 4

Secondary use				
<i>Action Plan for achieving Level 2 on IG Toolkit in place</i>				
181- IG Toolkit- Corporate Information	ORAG	Adequate	NEW RISK	February 2011
<i>Action Plan for achieving Level 2 on IG Toolkit in place</i>				
182- IG Toolkit- Security Management	ORAG	Adequate	NEW RISK	February 2011
<i>Action Plan for achieving Level 2 on IG Toolkit in place</i>				

## RECOMMENDATIONS

The Board is invited to note the review process for Amber Risks, and make any comments felt necessary.

# Birmingham Women's



NHS Foundation Trust

<b>SUBJECT:</b>	Chief Executive's Monthly Report – January 2011
<b>REPORT BY:</b>	Steve Peak
<b>AUTHOR:</b>	Steve Peak

## CONTEXT AND BACKGROUND FOR REPORT

The purpose of this paper is to update the Board on a number of items of interest.

## KEY ISSUES FOR THE BOARD OF DIRECTORS' CONSIDERATION AND DECISION

The paper updates the Board on :

- Monthly overview of key performance areas & corporate objectives

## RECOMMENDATIONS

The Board is asked to consider and note the Chief Executive's update for the month of January 2011.

**CHIEF EXECUTIVE'S REPORT – JANUARY 2011**

**1.0 Quality and Safety focus**

**1.1 Outcomes**

- We remain on course to deliver against our CQUIN targets in 2010/11, having achieved them in 2009/10. This a notable achievement given the significant challenge the Trust had in relation to VTE screening and assessment.
- Our performance against national access targets to date (Cancer, 18 weeks etc) means that we remain on course to achieve at year end.
- We successfully achieved level 1 standards in both our acute and maternity NHSLA assessments in November and January respectively. We scored 100% and 98% in the assessments against a pass mark of 80%.
- Board members will be aware that one of our greatest clinical challenges is the detection of low birth weight in pregnancy i.e. the detection of intrauterine growth retardation. We are participating in a project with the Perinatal Institute called the Community Obstetric Growth Scanning (COGS) programme. The project objective is to detect growth restriction and according to protocol undertake serial scanning to monitor progress. Very interim results have been released that suggest in the first few months of the project the detection rate has risen from 11% up to 26%. This is very good news that potentially may have a positive impact upon mortality rates in the future.
- The 12 month rolling average for corrected Neonatal mortality rate fell again at the end of November to 3.9 per thousand deliveries and provisional data for December suggests the rate fell further to 3.4 per thousand deliveries. Obviously this is very pleasing to note but is yet to be validated as to whether the fall we have seen in the last 12 months is statistically significant. This will be assessed and reported in the Patient Safety report in due course. Our still birth rate remained at 4.1 per 1000 deliveries including intrauterine transfers (IUT) and 3.7 per 1000 deliveries not including IUTs.

**1.2 Processes**

Our clinical governance, safety and quality processes continue to develop increasing our transparency and learning culture:

- As part of our strategy development work a range of indicators have been identified that define how we will achieve our goal of delivering and maintaining top quartile quality and safety outcomes. Implementation plans are now to be developed to make progress against these indicators.
- Board & Governor Walkabouts continue to take place with positive feedback from Governor colleagues and also from departments.
- Peter Thompson is in the midst of reviewing the Friday metrics published across the organisation, to add or substitute indicators that are important to our quality and safety agenda. This will obviously involve the Directorate teams. We will also be able to publish some trend data given that the indicators have been in place for 12 months. The February patient safety report will highlight any changes agreed with the Directorates.

- Peter Thompson and Jane Owen have begun work on our Quality Accounts both in terms of this year's targets and our performance and what we plan focus upon in 2011/12. We will be seeking both Board and Governor involvement in this process for next year's targets.
- During February we will commence our formalised process of collecting patient feedback with a view that in March we will be able to incorporate the information into a new quality and safety dashboard and also produce a report authored by Jane Owen and Peter Thompson. An update report is attached as appendix one for information.
- We have traditionally had a low rate of reporting patient safety incidences via the national reporting system. A review of our systems suggests that whilst we are recording patient safety incidents within the Trust we are under reporting at a national level because of interpretation of the definitions. This has now been corrected.
- As I reported last time we have successfully introduced the surgical safety checklist to reduce errors associated with the organisation and running of our theatre lists, for gynaecology cases and elective obstetric cases such as caesarean sections. By the end of the financial year we will have adopted the same approach for emergency caesarean sections meaning that all surgical activity will be covered by this practice.
- Finally the clinical governance committee has reviewed all the recommendations that have been produced by national reports and investigations into clinical governance failings over the last 15 years. The purpose of the review to make sure any applicable lessons learnt have been applied to our practices. The Safety report provides an overview of this work and the actions for consideration for the Trust. This is a significant piece of work undertaken by the clinical governance team which should be recognised.

## **2. Corporate Objectives for 2010/11**

At quarter 3, 12 of the objectives were rated green, with 3 rated amber and 2 red. It is expected that at year end at least 14 will be rated green, 1 rated amber and 2 objectives rated red.

## **3. Organisational Development (OD) Strategy**

We continue to make significant progress on our OD strategy in terms of:

### **3.1 Staff Engagement**

- We are maintaining good progress with Listening into Action (LiA) and remain on schedule with the project plan.
- The Chief Executive monthly surgeries are now in place and have been attended by a number of staff. Three Chief Executive Open Forums have also been scheduled during January. These events will provide an opportunity for staff to meet with the CEO and to discuss future Trust strategy and challenges.
- A summary of various LiA projects is provided below.

#### **Estates:**

- Recycling. As part of the Chief Executive Conversations in September and the Estates Conversation in December staff asked for more ways to recycle waste. In December we reminded staff how to recycle papers, mobile phones, cartridges, cans, and batteries. We have now also implemented a new plastic recycling facility. This is on a small scale to start off with, but departments who want to take part in expanding the facilities are being encouraged to do so. Staff have also started stamp recycling schemes for the RNIB and Support our Soldiers charities.

- Norton Court Reception Makeover. The group is in the final stages of planning their makeover weekend for May.
- Signage – An Executive walkabout identified a significant number of changes and these will be implemented over the course of the next 2 months.

#### **Communications:**

- The YOUR BRIEF project team has met and is in the process of planning a new staff news briefing to supplement the management Core Brief. Your Brief will be written and co-ordinated by staff for staff to communicate what is going on and about what matters most to staff – all in employees' own words.
- Customer Care Commitment\_– This group met in early January and designed a BWH customer service pledge for wider consultation. This arose from more than one suggestion/comment at the CEO conversations in September that customer care was something we should look more closely at. About a dozen staff with customer facing roles got together and collectively identified the main elements, style and content for the pledge and came up with 7 elements and the view that the pledge applied to patients, relatives, staff, suppliers, colleagues and all visitors. The group will be contacting staff over the next couple of weeks, via an online survey and dining room events to see if staff think it reflects what we are trying to achieve. As part of the process, they will also canvas a random sample of patients and visitors for their opinions. They will also be developing new options for Customer Care training in 2011/12.

#### **IT:**

- Histopathology. Lynn Hirschowitz is leading at finding new ways to streamline reporting and improve IT connectivity with users:
- An IT User Group led by John Broggio is taking forward the process of identifying and tackling day to day IT issues raised through LiA and is next meeting on January 26<sup>th</sup>.
- Junior Medical Staff email distribution. Claire Skelding is leading a group to improve the email distribution lists for junior doctors. This will improve communications for this staff group and reduce the number of global emails.
- Intranet provision. Heather Champion is working with a group of staff improve the content of our intranet provision and use.

#### **Bureaucracy:**

- The Bureaucracy Conversation was held earlier in January. The procurement process, Service Level Agreements (SLAs) and Lorenzo were the main topics. Among the next steps, Rachel Hines will be liaising with wards and departments to lead a review of stock levels before she, together with Steve Peak and others, have a higher level meeting with UHB stores. Juliette O'Donnell and Sharon Prentice will be reviewing masked items and/or levels of authorisation. If there is no justifiable rationale for this then this information will be shared with BWH managers and permission arranged for future authorisation.
- Lorenzo was another area of concern and Steve Peak agreed first to establish what feedback/suggestions have been made to CSC and if so where they are in the system. He also agreed to look at setting up a separate meeting to pick up this theme.
- The group also agreed to arrange for the success criteria for each SLA (without the financial details) to be shared with relevant managers and to establish a process where all SLAs are reviewed annually to ensure they meet our requirements.

#### **Workforce:**

- The Owls project is being taken forward by Carol Blake to establish a confidential, frontline support service for work related issues. The group is holding its first meeting this month.

- Sickness Absence. Vicki Davis is arranging for a staff group to look at different options for maximising attendance and managing sickness absence most effectively. The work of this group will be fed into the review of the Trust's Attendance Management policy.

**Other Projects:**

- Ante-natal pathway. Jo McHugo is looking for people interested in improving our ante-natal pathway for patients.
- Complementary therapies. Sue Haydon is exploring ways the Hospital can offer these services to patients while generating some extra income.

## **3.2 SERVICE IMPROVEMENT VIA LEAN METHODOLOGIES**

**3.2.1 Productive Ward & Productive Theatres.** NHS Elect have been asked to provide facilitation expertise and support to aid the on-going roll out of Productive Ward and the launch of Productive Theatre. A planning meeting is scheduled in early February with NHS Elect, Tariq Rehman, Jane Owen and Neil Savage.

### **3.2.2 LEAN projects supported by NHS Elect**

**Gynaecology.** This project is about reviewing outpatient capacity and demand, to streamline patient pathways to improve patient access to our service. It includes a review of follow-up protocols aimed at reducing the new to follow up ratio and increasing clinic availability for patients. To date work has already been undertaken within fertility and oncology.

Within Fertility, through a lean review of clinic protocols and pathways, there has been a measurable reduction in waiting times for treatment.

For Oncology the pathways were reviewed and redesigned to deliver a shorter pathway for patients in September 2010. The success of this is to be audited by March 2011. Enhanced patient tracking systems and a management alert system has also been implemented to ensure there are no unnecessary delays to the patient journey.

The Patient Access Manager will lead on the remainder of the project. NHS Elect will be revisiting to support the project's progress in late February / March 2011. This has been slightly delayed due to the post holder's critical involvement in the implementation of Lorenzo.

**Clinical Genetics Patient Tracking List (PTL).** This project relates to having a new unified system for the management of patient waiting lists and the data to understand demand and capacity. The order was placed for Electronic Document Management System (EDMS) software and hardware server upgrades in December 2010. The system remains on schedule to be built during Q4 with full implementation scheduled over Q1 next year.

**Physiotherapy.** As a result of the initial work on this project new patient information leaflets and posters have been printed and are now being sent out with new patient appointment invites. It is too early to measure whether this has reduced the DNA rates or improved our patients' sense of communication about their appointments. Further recommendations are being developed following the analysis of the project's patient survey and are expected to be agreed in mid February.

**New project - Recruitment Processes.** The Human Resources team are commencing a lean project in February 2011. This will look at minimising the administration and timescales from the notification of resignation/creation of a new post through to approval, advertising, interviewing, pre-employment checks and the commencement in post.

**New project - Criminal Records Bureau Processes.** The Human Resources team is also commencing a lean project in March 2011 to explore new options for improving internal and external agency turnaround, reducing the administration burden of completing circa 2100 CRB checks every three years and reducing the cost of CRB charges to the Trust by at least 10%. Any administration time released will be used to assist the development of the OLM training system, ESR self service and the National Learning Management System for NHSLA Level 2 which would otherwise have to be funded with additional cost.

### **3.3 Service line reporting & management**

PSCAL have been awarded the tender to provide the software solution for Service Line Reporting.

The Trust has now commenced working with PSCAL on the implementation of the system. UHB IT Services is scheduled to install the software and necessary upgrades at the start of February. A series of meetings are booked through January and February with the Directorate leads as part of the implementation plan. The 2009/10 ledger and activity will be loaded on to the new system, reviewed and reconciled by the end of February, with the 2010/11 data following in April. Staff will then be trained on "QlikView", the user interface, in mid-May. The project plan is being reworked to take this into account.

PSCAL attended the Management Board in January to provide a presentation on the software, demonstrating in detail how the system works using anonymised live data from another Trust.

### **3.4 Reward & recognition**

The revised Annual Reward & Recognition Scheme has closed and the awards are taking place on the 26<sup>th</sup> January 2011. There were over forty nominations for the awards and thirteen staff will receive awards this year. The monthly awards have been in place for two months now and are receiving around 30 nominations at a time.

### **3.5 Leadership and management development**

The proposal for the Trust Leadership Academy was agreed at the December Management Board. In view of CIP and reorganization priorities over the next three months this will now be launched in April 2011.

## **4. Financial performance**

Disappointingly the Trust is now well below plan for its income and expenditure position for the year to date and is unlikely to deliver its year end target. This is clearly of significant concern as up until month 9 good progress had been made despite 2010/11 being challenging given the size of the cost improvement programme. Month 9, however, saw a significant down turn related to both income and expenditure levels. Clearly this will have an impact upon the Trust capital investment prospects as a result and places both added need for focus and pressure upon the year to come.

The Trust has received a contract offer from our coordinating commissioner, NHS South Birmingham. The offer proposes a considerable reduction in spend on the basis of:

- Reducing referral rates
- Reducing the ratio of follow-up outpatient appointments to new patient appointments
- Reducing the number of treatments where that treatment is deemed of lower clinical value.

A series of contract meetings have and will take place to 'hammer' out an agreement. The commissioning intentions have been incorporated into our downside scenarios for the purpose of financial planning.

## **5. Strategy discussions**

We have now moved into the phase that requires our strategy discussions to be translated into annual plans for 2011/12. The mechanism to cascade these plans will begin early February.

## **6 Communication matters**

### **Website**

The Website Manager is building a new website alongside the current system, once the site is further developed, the aim will be to share this with the Board and with colleagues across the organisation. The aim is to 'Go Live' with a new website in the Summer.

### **Listening into Action**

Communications forms a large part of LiA and the team is currently working with two groups. The Core Brief project which is looking to develop a staff communication entitled 'Your Brief'. The second group is working together to look at the development of a better Intranet facility.

### **Media**

#### **BBC 3 – Multiple Pregnancies**

The BBC have been following a patient and her partner who was expecting triplets as part of a BBC 3 programme on multiple pregnancies. Due to the complex nature of this pregnancy, we only allowed the BBC restricted access to hospital areas and did not allow them to film appointments or the birth in line with both the parents and the clinicians' wishes. There is no date for transmission as yet.

#### **Enhanced Genetics Service Project (EGSP)**

The Project Manager for the EGSP has started work on a DVD for use as part of the project. The Communications Manager will be providing support to the Project Manager, ensuring that the involvement and guidance from clinicians and other disciplines within Clinical Genetics is factored into any external media.

#### **Neonatal Documentary**

The first cut of Adam Wishart's documentary 'The Price of Life' has been shared with Imogen Morgan and Michele Emery and has been positively received. This will now be shared at CEO level and further staff from the Unit. There should be some opportunities for PR nearer the time on a national scale. A transmission date has not been given.

#### **Milk Bank 60<sup>th</sup> Anniversary**

The Birmingham Mail published an article about the Milk Bank which positively highlighted the service and the need for donors.

#### **Meeting with Economist Journalist – Alison Goddard**

An item in the Economist, due to be published shortly will feature interview with Midwives, the CEO

and Tracey Johnston on the changing nature of maternity provision in terms of obesity, cultural needs and higher risk pregnancies.

### **BBC Asian Network**

Professor Janesh Gupta was interviewed by the Asian Network for a health strand on BME women not accessing treatment for endometriosis and the need to raise awareness on this issue. It is hoped that through this contact we have established some links for further publicity and health promotion in the future.

### **Discovery Channel /Arc Media**

The Trust is in the first stages of working with a production company who are looking to make a series for Discovery on 'Obesity in Pregnancy' with the aim to educate and raise awareness of the health issues. The first stages will be for Arc Media to produce a 10 minute taster film for Discovery. We are now in the process of finding a suitable case study who would be willing to take part in the short taster film. Only after working with them to produce this will we make the decision on whether we should work with them (should a series be commissioned) and how it will be of benefit to the organisation.

### **NHS Local**

NHS Local is a new online digital platform commissioned by NHS West Midlands looking at areas of innovation and best practice around the region. The health focus for the first half of 2011 is on Maternity and Maria Mcleod will be meeting with the Head of Communications for NHS Local to discuss how we can work with them to address pregnancies issues and raise the profile of our Maternity Services to a wider audience.

### **Sperm Bank Launch**

The Trust will be launching the new Birmingham Sperm Bank on Thursday 10<sup>th</sup> February. It is hoped to gain some publicity around this time in the form of interviews for local radio and press. Jackson Kirkman-Brown will be the spokesperson and is in the process of securing case studies for interviews.

## **7. Other matters**

- **National Award**

Our fertility team was recognised by the NHS Chief Executive, Sir David Nicholson, at the 2010 national leadership awards ceremony with his special recognition award. This award recognised the team's work with University Hospital Birmingham colleagues.

- **Lorenzo programme**

Feedback from our teams that use the Lorenzo Care Management system is mixed with a number of staff reporting that tasks are taking longer due to the system. The task for the Trust is to work with CSC colleagues to plan and make changes to the way the system operates to reduce the transaction time where possible. This will be a major focus having gone live with the system in November. Just before Christmas we successfully deployed the next module of the Lorenzo IT system, namely clinical documentation in gynaecology. The system allows clinical staff to enter directly onto the system clinical information in the clinic setting. The next deployments that are planned are care plans and electronic request and results for radiology and pathology.

- To note that I have been asked to sit on the University of Birmingham's SIFT committee as one of three CEOs. The Committee's role is to oversee the allocation of undergraduate training resource for Trusts across the greater Birmingham area and beyond.

## **8. Challenges**

The key challenges for the Trust are:

- Achieving NHSLA level 2 standards late in 2011 and then ensure we are ready to be assessed for level 3 standards in the first quarter of 2012/13.
- The need to raise productivity levels in light of the financial environment faced by all organisations
- To ensure that we continue to update our data presentation to facilitate Board discussions
- The need to respond to complainants in a more timely fashion.

**Steve Peak, Chief Executive**

# Birmingham Women's



NHS Foundation Trust

<b>SUBJECT :</b>	Patient Experience Project
<b>REPORT BY :</b>	Jane Owen
<b>AUTHOR :</b>	Kathryn Bishop

## CONTEXT AND BACKGROUND FOR REPORT

Patient Experience Project Lead started 11<sup>th</sup> October for twelve months. This report outlines actions to date.

## KEY ISSUES FOR THE BOARD'S CONSIDERATION AND DECISION

Progress so far:

- Met with key staff to discuss current surveys and ascertain needs
- Visited a Trust with 3 years experience of a system to view workings
- Evaluated systems from 6 companies including in-house UHB system
- Obtained very competitive deal from experienced patient opinion company.
- System allows integration of real-time feedback via touch screen tablet computers, text and on line surveys

Project plans

- Project implementation began 4/1/11 with hardware delivery on 21/1/11
- Launch planned 22/1/11 with multi language posters and you said...we did format
- First report planned end March 2011 to incorporate 6-8 weeks of feedback forming baseline measure of satisfaction
- Tablet computers can be taken out to patient group meetings, text surveys are more readily used in community settings.
- Monthly reports to ward managers, feedback to staff and patients.
- Patients can nominate Champion staff
- Regular evaluation of survey questions by patient groups

## RECOMMENDATIONS

To note the progress to date.

## **Patient Experience Project**

### Progress so far

The patient experience project lead commenced on October 11<sup>th</sup> 2010. Since then meetings with representatives of each department/ directorate have taken place to see what was already done to capture the views of the patients. In addition, representatives were asked what was needed from a new system to avoid waste. After viewing 'solutions' from 6 companies a very competitive price has been sourced from an experienced local organisation.

The system allows capture of patient opinion via touch screen computer tablet (picture attached – Enclosure 1), on-line surveys and text questionnaires via the patient's mobile phone.

This has fulfilled the needs of the departments who wanted:

- Nothing extra to carry whilst still promoting feedback-community midwives who can take the leaflets for the SMS survey to the patient
- Access for satellite clinic patients to leave feedback-clinical genetics who can send the hyper link for the web survey to patients in their clinic letters
- A durable mobile device that can be kept clean and can carry many surveys written by the department themselves for In and Out Patient areas.

The volunteers will take the devices around the departments allowing patients face-to-face contact with impartial personnel and prevent causing extra work for clinical staff.

### Project plan

There is a lead time of 4 weeks for the implementation of the system which will begin on 4<sup>th</sup> January. A launch is therefore planned for w/c 24<sup>th</sup> January with multi-language publicity and a promotion of how we will use the feedback to improve our service ('you said...we did' posters). Feedback can be gathered for 6-8 weeks before the first of the monthly reports is generated at the end of March. This information can act as a baseline measure of patient opinion for when any necessary changes have been implemented

The reports will be accessed by the ward manager and this should be disseminated to their staff and a patient version will be displayed. Feedback is usually positive and should be a source of pride for staff. To emphasise this, the survey will ask patients if they have a particular member of staff that they wish to nominate for their outstanding service/care.

Surveys will have common core questions to allow comparison between departments and questions specific to the area. Questions will be regularly evaluated to ensure that we are capturing the necessary data.



# Birmingham Women's



NHS Foundation Trust

<b>SUBJECT :</b>	NHSLA Risk Management Standards Project
<b>REPORT BY :</b>	Jane Owen
<b>AUTHOR :</b>	Michelle Walsh

## CONTEXT AND BACKGROUND FOR REPORT

This report aims to demonstrate progress made towards compliance with the NHSLA Risk Management Standards for Acute Trusts and the CNST Clinical Risk Management Standards for Maternity Services.

The standards and assessment process have become much more robust over the last year, ensuring that Trusts who can achieve the higher levels will improve the quality and safety of patient care. Financially, for 2010-11, the Trust will attract a discount of 10% on the premiums. This equates to £572,907.72 and £22,557.52 per level per year for the maternity and acute assessments respectively.

## KEY ISSUES FOR THE BOARD'S CONSIDERATION AND DECISION

The Trust achieved 100% compliance at Level 1 in the acute assessment in November 2010 and 98% compliance at Level 1 in the maternity assessment in January 2011. The NHSLA assessor noted that the Trust has made great improvements over the last year and has set a strong foundation for the higher levels.

Minor recommendations to amend policies were made following both assessments. Action plans have been developed and will be received and monitored through Clinical Governance Committee.

Provisional dates have been arranged for the acute Level 2 assessment in September 2011 and the maternity level 2 assessment in December 2011. Progress will be monitored monthly through the NHSLA Standard Leads meetings, Clinical Governance Committee and this report to the Board of Directors. A project overview is attached in Appendix 1 and 2.

## RECOMMENDATIONS

To note the content of this report and agree the provisional timeframe for Level 2 assessments.

## **NHSLA Risk Management Standards Project**

### **1. Acute Risk Management Standards**

#### **1.1 Level 1**

The Trust achieved 100% (50/50) compliance at Level 1 in the acute assessment in November 2010. The NHSLA assessor noted that the Trust has made great improvements over the last year and has set a strong foundation for the higher levels. The formal report, including recommendations, is attached.

The 2011-12 Acute Risk Management Standards were published in January 2011.

All standard leads have been asked to review the recommendations following the assessment and any changes in the revised standards, and amend policies and practice as required. An action plan has been developed and will be monitored monthly by the Clinical Governance Committee.

#### **1.2 Level 2**

Provisional dates have been arranged for the acute level 2 assessment in September 2011, and for one free and one paid visit from the NHSLA assessor in April and June 2011.

The project plan has been updated and includes a self assessment of the first six months of evidence at the end of February 2011. The outcome of the self-assessment will be reported to the Board of Directors in March 2011.

Progress with compiling level 2 evidence will be reviewed monthly at the NHSLA Standard Leads meetings and monitored monthly by Clinical Governance Committee.

#### **1.3 Level 3**

The Trust aims to undertake a level 3 assessment in the first quarter of the financial year following achievement of level 2. In preparation for this, all Trust policies used in the assessment must be audited or monitored during the next 12 months.

### **2. Maternity Clinical Risk Management Standards**

#### **2.1 Level 1**

The Trust achieved 98% (49/50) compliance at Level 1 in the maternity assessment in January 2011. The NHSLA assessor noted that the Trust has made great improvements over the last year and has set a strong foundation for the higher levels. The Trust is awaiting a formal report, including recommendations, from the NHSLA.

The one area of non-compliance related to the criterion for Shoulder Dystocia. The NHSLA requirement is that the Trust should use a reporting form which as a minimum must include all the information in the RCOG reporting form. The Trust currently records data related to Shoulder Dystocia through CCL and in the hospital casenotes. Our current records did not include all of the minimum dataset of the RCOG form. The RCOG Shoulder Dystocia reporting form has now been implemented and will be used in the next case of Shoulder Dystocia.

The 2011-12 Maternity Clinical Risk Management Standards were published in January 2011.

All standard leads have been asked to review the recommendations following the assessment and any changes in the revised standards, and amend policies and practice as required. An action plan has been developed and will be monitored monthly by the Clinical Governance Committee.

## **2.2 Level 2**

Provisional dates have been arranged for the maternity level 2 assessment in December 2011, and for one free and one paid visit from the NHSLA assessor in May and October 2011.

The project plan has been updated and includes a self assessment of the first six months of evidence at the end of April 2011. The outcome of the self-assessment will be reported to the Board of Directors in May 2011.

Progress with compiling level 2 evidence will be reviewed monthly at the NHSLA Standard Leads meetings and monitored monthly by Clinical Governance Committee.

## **2.3 Level 3**

The Trust aims to undertake a level 3 assessment in the first quarter of the financial year following achievement of level 2. In preparation for this, the Maternity Audit Plan has been developed, audits allocated to leads and progress monitored monthly at the Maternity Audit Group.





# Birmingham Women's



## NHS Foundation Trust

<b>SUBJECT :</b>	Annual Planning – Directorate Quarterly Reports Q3
<b>REPORT BY :</b>	Jane Owen – Director of Nursing & Midwifery
<b>AUTHOR :</b>	Jane Owen – Director of Nursing & Midwifery

### CONTEXT AND BACKGROUND FOR REPORT

The reports on Quarter 3 performance submitted by the Directorates are presented to the Board in the attached document. These have been assessed by the Executive Team and ratings given for performance in three key areas:-

1. Progress against objectives
2. Performance against key indicators
3. Finance

The performance is graded as follows:-

- **Red** = Directorate is not delivering against plans and there is sufficient concern for additional action to be taken by the Executive outside normal reporting structures to mitigate risk of non delivery
  - Progress with objectives <65% = red
- **Amber** = Directorate plan may only partially deliver or not deliver within set timescales.
  - Progress with objectives 65-75% =amber
- **Green** = Directorate plan will be delivered on time and to target
  - Progress with objectives 75% achievement of objectives= green

The quarterly reports:

- Are completed for each clinical and corporate directorate on a quarterly basis to assess progress against annual plan achievement of objectives and forecast performance for year end.
- Provide an **overview of financial and activity performance** at a directorate level for the Quarter and forecast year end.
- Provide an **overview against key objectives** for the Quarter and forecast year end. To highlight the level of risk associated with non achievement of key objectives
- Enable directorates to report **VARIANCE against Annual Plan** and to highlight any areas of **success** and **risk** to the Board. This is not intended as a commentary description of the Quarter and as such should not be lengthy.
- Are completed from existing available information therefore not an additional onerous process for the directorates or finance and information teams.
- Do not replace the monthly reporting to PMG, MB and BoD nor the quarterly quality and risk monitoring by CGC and ORAG respectively.
- Enable the Board to have early sight of variance against plan, progress against corporate objectives and the identification of new issues outside the Annual Plan.
- The Executive monitor directorate performance throughout the quarter via the

Performance Management Group and Management Board.

- Based on their knowledge, and the details of the quarterly reports provided here, the Executives have graded according to a traffic light system, each directorate for three key areas; progress against objectives, achievement of performance targets and finance.

The performance reports were discussed and agreed at the executive review of directorate's performance on 25th January 2011. A summary of the Executive assessment is included within the attached document. The full document is available from Jackie Howell. Some hard copies will be available at the board meeting.

#### **KEY ISSUES FOR THE BOARD'S CONSIDERATION AND DISCUSSION**

The Board are asked to consider the executive assessment and quarterly reports provided and presented by the directorates.

The Board are asked to note:-

- The progress made by each of the directorates at year end in relation to their annual plan.

#### **RECOMMENDATIONS**

The Board are asked to consider the executive assessment and discuss quarterly reports provided by the directorates.

# Directorate Level Quarterly Report

Quarter 3 2010/11

# Risk Rating by Directorate 10/11

At Quarter 1	Progress with objectives	Performance	Finance
Clinical Support	66.6%		
Corporate Services	65%	N/A	
Genetics	87.5%		
Gynaecology	88%		
Maternity	62.5%		
Neonatal	57%		

At Quarter 2	Progress with objectives	Performance	Finance
Clinical Support	66%		
Corporate Services	70.5%	N/A	
Genetics	71%		
Gynaecology	88%		
Maternity	42.8%		
Neonatal	42.8%		

At Quarter 3	Progress with objectives	Performance	Finance
Clinical Support	66%		
Corporate Services	70.5%	N/A	
Genetics	85%		
Gynaecology	66%		
Maternity	60%		
Neonatal	57%		

At Quarter 4	Progress with objectives	Performance	Finance
Clinical Support			
Corporate Services		N/A	
Genetics			
Gynaecology			
Maternity			
Neonatal			

# Executive Assessment - Commentary

- **Clinical Support** –The directorate continues to have some challenges with staffing however this should improve in Q4 following recruitment in theatres. All outsourcing from radiology has ceased. Despite this there has been significant shifts in month 9 pay position within haematology, radiology and theatres. The directorate must review their management of the financial situation with an expectation to tightly manage spend and hold their financial position.
- **Corporate Services** –Are on target with CIPs and financial performance and the forecast year end surplus has increased.
- **Genetics** – The directorate has previously raised concerns re the ability to maintain the 18 week targets due to consultant retirements. They have been able to recruit 2 locum posts and maintain excellent performance. The directorate have sustained performance on PDPs and low sickness levels. Financially, the directorate are in deficit, behind on CIPs and are forecasting that they are unlikely to break even at year end. This is very concerning and plans to reduce spend need to be managed robustly.
- **Gynaecology** –The directorate has continued to manage cancer waiting times effectively. All targets have been achieved for the 8<sup>th</sup> consecutive month. There was a significant reduction in month 9 activity, partly due to adverse weather conditions and the bank holidays. This has resulted in the financial position moving to red. However it is expected for this to improve by year end
- **Maternity** –Performance in infection prevention and control audits is improving and now needs to be sustained. Compliance with routine screening is poor and must be rectified. Preparations are complete for CNST in early January. Some areas of the directorate still have high levels of sickness absence and despite active management this is leading to the on going need for bank staff. The directorate is behind with both CIPs and directorate income. However, it is expected that a surplus will be achieved in directorate income by year end.
- **Neonatal** – Pay is in deficit due to Consultant sickness in Q1 though there has been some improvement this quarter. The directorate has managed to reduce bank expenditure. It remains behind on the CIPs

## Birmingham Women's



NHS Foundation Trust

<b>SUBJECT :</b>	Integrated Performance Report December 2011
<b>REPORT BY :</b>	Jane Owen, Director of Nursing, Midwifery and Operations Neil Savage, Director of Workforce and Organisational Development Jason Burn, Director of Finance and Information
<b>AUTHOR :</b>	Jane Owen, Director of Nursing, Midwifery and Operations Neil Savage, Director of Workforce and Organisational Development Jason Burn, Director of Finance and Information

### CONTEXT AND BACKGROUND FOR REPORT

The Board has agreed that performance data should be provided monthly in the form of a 'dashboard', covering the main areas of performance for the Trust. Following discussions earlier in the year, the dashboard has been updated. In future there will be a monthly quarterly and annual dashboard. The dashboard this month contains both monthly and quarterly reports.

### KEY ISSUES FOR THE BOARD'S CONSIDERATION AND DECISION

#### Theatre Utilisation

Has dropped this month to 76% due to hours lost over bank holidays

#### Complaints

As from April the target for responding on time is set at 80%. Performance this month has slightly improved-and for the quarter is 68%

#### Cancer referral to treatment target times

All cancer waiting times have been achieved for the quarter

#### *Workforce*

#### Contracted WTE

Has improved since last month and now stands reduced at 1455.65.

#### Agency/Bank Spend as a % of directorate paybill

At 4.52% this has improved from last month and reflects the continuing overall downward trend since July 2010.

## ENCLOSURE 8

### Pay as a % of Trust Income

This has reduced since last month – down to 68.67%, 1% above target.

### Sickness Absence

At 5.94% sickness absence is at its highest rate this financial year. It is also 1½% higher than the same period in 2009. Anecdotally the reasons for the higher rate relate to incidences of seasonal flu during the month. The inclement weather may have contributed to the higher rate. The Executives are consulting with Staff Side on new approaches to maximise attendance through improved controls on incremental pay progression and alternative terms and conditions for staff on basic and sick pay. The Attendance Management policy is also scheduled for a complete review with Staff Side.

### Appraisal / PDR

At 69.91% the appraisal rate dropped by 3.8% over the previous month. The uptake rate remains 27.49% higher than 12 months ago. Directorates have been asked to provide Executives with detailed planned appraisal dates for all outstanding staff.

### *Finance*

A separate detailed report on the Trust's financial position has been provided for the Board.

## **RECOMMENDATIONS**

The Board is invited to note the Trust's performance in December 2010.

Patient Activity					
	Target YTD	Actual YTD	Move	Status Vrs Target	Year End Forecast
Elective Spalls	2,455	2,647	▼	▲	3,529
Daycase Emergency Spalls	1,098	1,220	▼	▲	1,627
Obstetric Spalls	6,181	7,700	▼	▲	10,267
Outpatient New	25,228	27,387	▲	▲	36,318
Outpatient Follow up	42,007	45,913	▲	▲	61,217
Outpatient Procedures	7,362	7,027	▼	▲	9,369
Total Deliveries	5,493	5,517	▲	▲	7,358

Demand & Waiting Lists					
	Target Month	Actual Month	Move	Status Vrs Target	Year End Forecast
Referral Rates - Gynaecology	1586	1422	▼	▲	n/a
Referral Rates - Maternity	1664	1676	▼	▲	n/a
Referral Rates - Genetics	691	644	▼	▲	n/a
Admitted within 18 weeks	90%	96.0%	▼	▲	n/a
Non-admitted within 18 weeks	95%	95.0%	▼	▲	n/a

Finance					
	Target Month	Actual Month	Move	Status Vrs Target	Year End Forecast
Year to date I&E position	£380k	£58k	▼	▲	£185k
Year to date I&E normalised in month run rate	£42k	£236k	▼	▲	N/A
In month run rate normalised	No longer reported				
Year to date Ebitda	£3,672k	£3,332k	▼	▲	£4,551k
Year to date Ebitda margin	5.60%	5.10%	▼	▲	5.20%
Year to date CIP performance	£2,700k	£2,023k	▼	▲	£2,783k
CIP recurrent/non-recurrent delivery	60/40	52/48	▲	▲	48/52

Workforce					
	Target Month	Actual Month	Move	Status Vrs Target	Year End Forecast
Contracted WTE	<£176.81	1455.85	▼	▲	n/a
Agency/Bank spend as a % of directorate payroll	<2.80%	4.52%	▼	▲	n/a
Sickness Absence Rate %	<4%	5.94%	▲	▲	n/a
Staff Turnover Rate %	<14.10%	11.96%	▼	▲	n/a
Employee Involvement	<4 weeks	2	▲	▲	n/a
KSF - Staff groups with Job Outlines %	No longer reported				
Staff Appraisals	>80%	60.91%	▼	▲	n/a
Pay as a % of Trust Income	<71.51%	68.67%	▼	▲	n/a
Staff Grievances	1	3	▲	▲	n/a
Management and Bullying	1	2	▲	▲	n/a
NHS Staff Satisfaction	>70%	70%	▼	▲	n/a

COC Targets					
	Target Month	Actual Month	Move	Status Vrs Target	Year End Forecast
Cancer 2 week wait	93%	94.5%	▼	▲	96.5%
Cancer 1 month to treatment standard	98%	100.0%	▼	▲	97.4%
Cancer 1 month subsequent treatment standard	94%	100.0%	▼	▲	100.0%
Cancer 2 month GP urgent referral to treatment	85%	85.7%	▼	▲	89.5%
Cancer 2 month Cervical Screening Report RTT	90%	100.0%	▼	▲	100.0%
Cancer 2 month from upgrade to treatment	-	100	▼	▲	100.0%
Cancelled Operations on day of surgery	1	0	▼	▲	12
Cancelled Operations not admitted within 28 days	0	0	▼	▲	0
Maternity NHS data quality indicator	<15%	8.0%	▼	▲	7.2%

Efficiency					
	Target Month	Actual Month	Move	Status Vrs Target	Year End Forecast
Theatre utilisation	80%	76%	▼	▲	
Outpatient DNA Rate - Gynaecology	-	17.7%	▲	▲	
Outpatient DNA Rate - Maternity	-	11.7%	▼	▲	
Outpatient DNA Rate - Neurology	-	33.7%	▲	▲	
Outpatient DNA Rate - Genetics	-	17.0%	▲	▲	
New to Follow up rates	1.54	1.2	▼	▲	1.4

Clinical Quality					
	Target Month	Actual Month	Move	Status Vrs Target	Year End Forecast
Written Complaints	9	14	▲	▲	n/a
Responded to within agreed timescale	80%	68%	▲	▲	n/a
NPSA Backlogs	0	0	▼	▲	1
Coff	0	0	▼	▲	1
Breastfeeding initiated	67%	62%	▲	▲	
Smoking during pregnancy	11%	13%	▲	▲	
% of Women seen by 12 weeks	90%	93%	▲	▲	

Quarterly Tables

Clinical Quality					
	Quarter Target	Actual	Move	Status Vrs Target	Year End Forecast
Written Complaints	38	38	▲	▲	n/a
Responded to within agreed timescale	80%	68%	▲	▲	n/a
Annual in patient survey	-	-	▼	▲	
Annual PEAT inspection	-	-	▼	▲	
Parent's consultation with senior clinician	81.0%	87.0%	▲	▲	
Offer of breast milk	72.0%	74.0%	▲	▲	

Oquin					
	Quarter Target	Actual	Move	Status Vrs Target	Year End Forecast
VTE risk assessment	None	None	▼	▲	n/a
COC inpatient survey	None	n/a	▼	▲	n/a
Improve assessment of <17yrs pregnant teenagers	None	Not achieving	▼	▲	n/a
Redesign pathway for treatment of hyperemesis	None	n/a	▼	▲	n/a
Improving diabetic service in antenatal clinic	None	n/a	▼	▲	n/a
Genform	Implemented	n/a	▼	▲	n/a
Management of miscarriage in OPD	Implemented	n/a	▼	▲	n/a
Women with significant alcohol consumption	None	None	▼	▲	n/a
Breastfeeding maternity services to health visiting	None	53.6	▼	▲	

COC Targets					
	Quarter Target	Actual	Move	Status Vrs Target	Year End Forecast
Cancer 2 week wait	93%	96.1%	▼	▲	96.0%
Cancer 1 month to treatment standard	94%	100.0%	▼	▲	97.4%
Cancer 1 month subsequent treatment standard	94%	100.0%	▼	▲	100.0%
Cancer 2 month GP urgent referral to treatment	85%	85.2%	▼	▲	89.5%
Cancer 2 month Cervical Screening Report RTT	90%	100.0%	▼	▲	100.0%
Cancer 2 month from upgrade to treatment	-	100	▼	▲	100.0%
Cancelled Operations on day of surgery	1	0	▼	▲	12

## **Finance Report**

**Month 9 – April to December 2010**

## 1. Overview

Results for the first nine months show a surplus of £58k at the end of December, which is £322k behind plan.

The summary £322k variance comprises the following:-

- A favourable £273k income variance;
- An adverse £612k expenditure variance;
- A behind plan EBITDA position totalling 5.1%;
- A favourable variance for depreciation of £2k;
- A favourable variance for interest received of £15k;

Details of how these results compare with the previous month's performance are provided in tables 1.1 and 1.2 below, together with a comparison of the Month 9 position for 2009/10.

Table 1.1 - In-month position compared to previous month and previous year

	Month 9 (10/11)		Month 8 (10/11)		Month 9 (10/11)		Month 9 (09/10)	
	Actual	Variance	Actual	Variance	Actual	Variance	Actual	Variance
	£ 000's	Fav/(Adv) £ 000's	£ 000's	Fav/(Adv) £ 000's	£ 000's	Fav/(Adv) £ 000's	£ 000's	Fav/(Adv) £ 000's
Total Income	7,411	(89) ▼	7,270	44	7,411	(89) ▼	7,198	(67)
Total Operating Costs	(7,290)	(198) ▼	(6,933)	(115)	(7,290)	(198) ▼	(6,768)	85
EBITDA	121	(287) ▼	337	(71)	121	(287) ▼	430	18
EBITDA % Margin	1.6%	-3.8% ▼	4.6%	-1.0%	1.6%	-3.8% ▼	6.0%	0.3%
Depreciation (-)	(282)	(1) ►	(284)	(3)	(282)	(1) ▼	(247)	34
Interest (+/-)	14	10 ▲	0	(4)	14	10 ▲	13	(19)
Dividend (-)	(89)	0 ►	(89)	0	(89)	0 ►	(114)	0
Surplus / (Deficit) cfd	(236)	(278) ▼	(36)	(78)	(236)	(278) ▼	82	33

Table 1.2 - Year to Date position compared to previous month and previous year

	Month 9 (10/11)		Month 8 (10/11)		Month 9 (10/11)		Month 9 (09/10)	
	Actual	Variance	Actual	Variance	Actual	Variance	Actual	Variance
	£ 000's	Fav/(Adv) £ 000's	£ 000's	Fav/(Adv) £ 000's	£ 000's	Fav/(Adv) £ 000's	£ 000's	Fav/(Adv) £ 000's
Total Income	65,869	495 ▼	58,459	584	65,869	495 ▲	63,262	28
Total Operating Costs	(62,536)	(834) ▼	(55,246)	(636)	(62,536)	(834) ▼	(59,100)	427
EBITDA	3,333	(339) ▼	3,213	(52)	3,333	(339) ▼	4,162	455
EBITDA % Margin	5.1%	-0.6% ▼	5.5%	-0.1%	5.1%	-0.6% ▼	6.6%	0.7%
Depreciation (-)	(2,525)	2 ►	(2,244)	3	(2,525)	2 ▼	(2,376)	151
Interest (+/-)	53	15 ▲	38	5	53	15 ▲	35	(259)
Dividend (-)	(803)	0 ►	(713)	0	(803)	0 ►	(1,027)	0
Surplus / (Deficit) cfd	58	(322) ▼	294	(44)	58	(322) ▼	794	347

Key: ▲ Improved performance compared to previous month / year  
▼ Worsened performance compared to previous month / year  
► No change in performance compared to previous month / year

When comparing the performance of Month 9 with that of Month 8, the main drivers for the change in the Trust's position are:

- £22k favourable movement on healthcare income
- £17k favourable movement on private patients income
- £350k adverse movement on other income
  
- £433k favourable movement on pay costs
- £408k adverse movement on non pay costs

It should be noted that within the movements on other income, pay and non pay there has been a technical adjustment to correct the accounting treatment of the income and costs, year to date, for the Lorenzo projects. These amount to:

- £290k adverse movement on other income
  
- £547k favourable movement on pay costs
- £257k adverse movement on non pay costs

### 1.1. Year End Forecast

The target end of year position is a surplus of £0.5m, as per the planning submission to Monitor. Based on the directorates' updated forecasts and assessment of other income and costs, the end of year forecast, as at Month 9, is a surplus of £185k.

Table 1.3 - Forecast Year End position compared to previous month

	Month 9 (10/11)		Month 8 (10/11)	
	Forecast	Variance	Forecast	Variance
	Actual £ 000's	Fav/(Adv) £ 000's	Actual £ 000's	Fav/(Adv) £ 000's
Total Income	88,372	402 ▼	88,170	657
Total Operating Costs	(83,821)	(746) ▼	(83,348)	(730)
EBITDA	4,551	(345) ▲	4,822	(73)
EBITDA % Margin	5.2%	-0.4% ▲	5.5%	-0.1%
Depreciation (-)	(3,367)	3 ►	(3,366)	4
Interest (+/-)	71	21 ▲	58	8
Dividend (-)	(1,070)	0 ►	(1,070)	0
Surplus / (Deficit) cfd	185	(321) ▼	444	(61)

Key:     ▲     Improved performance compared to previous month  
          ▼     Worsened performance compared to previous month  
          ►     No change in performance compared to previous month

In arriving at the forecast end of year position it should be noted that a proportion of the Trust's reserves have been released. For Month 9 this equates to:

- 2/3 rds - General reserve £22k
- 2/3 rds - NCA Contingency £167k
- 2/3 rds - NNU Contingency £77k

Also contained within the Month 9 year to date and forecast end of year positions is the funding support received for the revised timetable for the implementation of the Trust's new patient administration system. However, currently excluded is any benefit from the early adopter incentive programme.

## 1.2. Financial Risk Rating

The Trust's Financial Risk Rating (FRR) at Month 9 is a 3, which is in line with the planned rating for the year.

The projected end of year FRR, based on the current forecast position, remains at a 3.

Table 1.4 - Financial Risk Rating

	FRR as at Month 9		FRR as at Month 8		Year End Forecast As at Month 9		Annual Plan Submission	
<b>Metric</b>								
EBITDA margin	5.1%	3 ▶	5.5%	3	5.2%	3	5.6%	3
EBITDA, % achieved	90.8%	4 ▶	98.4%	4	93.0%	4	100.6%	5
ROA	1.4%	2 ▶	1.9%	2	1.6%	2	3.9%	3
I&E surplus margin	0.1%	2 ▶	0.5%	2	0.2%	2	0.6%	2
Liquid ratio	29.2	4 ▶	29.3	4	32.3	4	26.6	4
<b>Weighted Average</b>		<b>3.0 ▶</b>		<b>3.0</b>		<b>3.0</b>		<b>3.3</b>
<b>Financial Criteria</b>								
Underlying Performance		3 ▶		3		3		3
Achievement of Plan		4 ▼		5		4		5
Financial Efficiency		2 ▶		2		2		3
Liquidity		4 ▶		4		4		3
<b>Overriding rules</b>								
Lowest ranked metric a '1'?	NO		NO		NO		NO	
One financial criterion scored at '1'	NO		NO		NO		NO	
One financial criterion scored at '2'	YES	3	YES	3	YES	3	NO	
Two financial criteria scored at '2'	NO		NO		NO		NO	
Two financial criteria at '1'	NO		NO		NO		NO	
PBC breached	1		1		1		1	
<b>Overriding rules rating</b>		<b>3 ▶</b>		<b>3</b>		<b>3</b>		<b>0</b>
<b>Overall Rating</b>		<b>3 ▶</b>		<b>3</b>		<b>3</b>		<b>3</b>

- Key:
- ▲ Improved performance compared to previous month
  - ▼ Worsened performance compared to previous month
  - ▶ No change in performance compared to previous month

## 2. Healthcare Income & Activity

Total income attributable to the end of Month 9 is £65.9m, which is £273k ahead of target.

Whilst overall there is a favourable variance on income, directorate income for Maternity Services, Neonatal and Clinical Support is behind plan. Genetics income shows a favourable variance but this is more than offset by an adverse expenditure variance. R&D income shows a large adverse variance (£294k) but this is offset in full by a favourable expenditure variance.

Included within the position is an assessment of the additional funds due to be received in support of the revised timescale for the implementation of the Trust's new patient administration system.

- Healthcare Income

At Month 9 healthcare income is ahead of plan, showing a surplus of £229k.

Neonatal income levels have continued to improve and have now started to over-perform against contract targets. The income position for Maternity Services shows significant over-performance for the month of December which was as planned. Gynaecology income, however, has worsened considerably. Although expected to be slightly lower in December, it is markedly lower than December 2009 and work is ongoing to both understand the effects of the adverse weather and to forecast how much activity can be recovered.

Table 2.1 - Contract activity by specialty

		Activity to date - Month 9			Activity to date - Month 8			Full Year Target
		Target	Actual	Variance	Target	Actual	Variance	
Maternity	Normal spells inc. excess bed days	8,295	7,700	(595) ▼	7,374	6,849	(525)	11,063
	Outpatients (New & Follow up)	43,379	47,856	4,477 ▲	38,559	42,365	3,806	57,837
Gynaecology	Elective spells	2,855	2,647	(208) ▼	2,538	2,435	(103)	3,807
	Non elective spells	1,308	1,220	(88) ▼	1,165	1,080	(85)	1,745
	Outpatients (New & Follow up)	22,859	24,316	1,457 ▼	20,318	22,064	1,746	30,477
	Outpatient procedures	7,364	7,027	(337) ▼	6,544	6,512	(32)	9,816
Neonatal	Intensive Care cot days	1,941	1,747	(194) ▲	1,724	1,454	(270)	2,587
	High Dependency cot days	1,388	1,554	166 ▲	1,233	1,361	128	1,851
	Special Care cot days	7,772	7,364	(408) ▼	6,909	6,574	(335)	10,362
Genetics	Laboratory tests	28,670	27,586	(1,084) ▼	25,484	24,458	(1,026)	38,225
	Clinical referrals	5,579	6,723	1,144 ▲	4,961	6,079	1,118	7,440

Key: ▲ Improved performance compared to previous month  
▼ Worsened performance compared to previous month  
▶ No change in performance compared to previous month

- Private patient income

Private patient income at Month 9 totals £790k, which is £229k ahead of plan. It is expected that this over-performance will continue with a current full year forecast for income of £1,010k against a target of £749k.

Performance remains within the Trust's private patient income cap of 2.2%.

### 3. Directorate Positions

The tables below show the combined positions of pay, non pay, directorate income (including private patient income) and healthcare income variances.

At Month 9 there is an adverse variance of £818k across all directorates.

Table 3.1 - Directorate variances from plan compared with previous month

	Cumulative position to date									
	as at Month 9					as at Month 8				
	Pay	Non Pay	Directorate Income*	Healthcare Income	Total	Pay	Non Pay	Directorate Income*	Healthcare Income	Total
£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Maternity	-43 ▼	-124 ▼	-216 ▼	271 ▲	-112 ▲	-21	-97	-203	87	-234
Gynaecology	-55 ▼	-218 ▼	268 ▲	-123 ▼	-128 ▼	-41	-182	250	113	140
Genetics	-257 ▲	-66 ▲	98 ▼	37 ▲	-188 ▲	-264	-104	123	18	-227
Neonatal	-33 ▲	-38 ▼	-145 ▼	44 ▲	-172 ▲	-38	-19	-131	-23	-211
Clinical Support	-382 ▼	-101 ▼	-265 ▼	-13 ▼	-761 ▼	-344	-43	-239	-6	-632
Facilities	-67 ▼	7 ►	81 ▲	0 ►	21 ▼	-35	8	72	0	45
R&D	-12 ▼	342 ▼	-294 ▲	0 ►	36 ▲	-5	364	-342	0	17
Corporate Services	325 ▲	-157 ▼	305 ▼	13 ▼	486 ▼	-209	127	628	19	565
Hosted Organisations	0 ►	0 ►	0 ►	0 ►	0 ►	0	0	0	0	0
<b>TOTAL</b>	<b>-524 ▲</b>	<b>-355 ▼</b>	<b>-168 ▼</b>	<b>229 ▲</b>	<b>-818 ▼</b>	<b>-957</b>	<b>54</b>	<b>158</b>	<b>208</b>	<b>-537</b>

- **Maternity Services**

The directorate's current position is a deficit of £112k, an improvement of £122k. The extra births target set as part of the directorate's efficiency programme sits within the directorate income plan but needs to be considered in conjunction with the over-performance against healthcare income. Based on actual activity levels, the CIP target has been fully achieved for the first time this month.

The directorate will continue to calculate estimated income levels using the booking information going forward together with the breakdown of activity achieved to date. This is currently predicting that the contract target will be exceeded and the entire efficiency target achieved, resulting in a year-end forecast for the directorate of £2k deficit.

The pay overspend relates to student midwives but is offset by additional income, so the driver for the directorate position is expenditure on non-pay. Non pay has seen an adverse movement between months 8 and 9 as a result of the need to use high cost drugs, together with a general increase in consumable and drug costs.

- **Gynaecology**

The directorate's current position is a deficit of £128k inclusive of over-performance on private patients, and taking into account the performance on healthcare income contracts. Whilst the position with regard to pay, non-pay and directorate income has not changed significantly in-month, the performance against healthcare contract income targets has deteriorated by £236k. As mentioned above, though December can be a lower month for activity, the position compared to December 2009 shows a larger reduction than expected. The under-performance in elective

activity has doubled in the month of December compared to the previous 8 months of the year, and Fertility income has also dropped by nearly £50k. The other movement in Gynaecology activity that is being investigated by the directorate is the change in income associated with procedures done in Outpatients – this has also worsened by £50k.

- Neonatal

The directorate's current position is a deficit of £172k, which is an improvement from Month 8. The main driver for the deficit is the underperformance against the additional out-of-area activity target the directorate set as part of its efficiency programme for the year, together with underperformance on the main contract held with the Specialised Commissioners.

The directorate have undertaken some out of area activity which has improved their income position. In addition they will be meeting with the Specialised Commissioners to review the current contract position with the aim of negotiating a reduced level of claw-back. The year end forecast is a deficit of £178k.

- Genetics

The directorate's current position is a deficit of £188k, which is being predominantly driven by the over spend on pay. This includes both under-performance on savings targets together with increased expenditure on staff in post.

The directorate is forecasting a year end deficit of £277k which is lower than the previous month. This includes pay expenditure continuing at current levels adjusted for any known changes. Non-pay pressures include DNA consumables and clinical genetics tests sent away. Meetings have taken place with the specialised commissioners to discuss the possibility of additional funding for the "send aways" and a final outcome should be known shortly.

- Clinical Support

The directorate's current position is a deficit of £761k across pay, non pay and income.

Included in the pay deficit are high levels of agency spend in Theatres (£231k). Action is being taken to reduce agency usage within Theatres, and a reduction in expenditure was seen in December.

The pay position has overspent within the month by 38k and is overspent year-to-date by £382k. The deterioration in-month has been within Haematology and Radiology where there are general WTE increases, and within Theatres. Known elements of these movements have been factored into the forecast, but it is being investigated further with the relevant departments.

The non pay position has over-spent within the month by 58k and is overspent year-to-date. Within the month there has been an increased charge through the Pharmacy SLA for maternity cover (16k) and an adverse movement in Clinical Chemistry.

Directorate positions continue to be reviewed on a regular basis with forecasts updated as appropriate. The year end forecasts by directorate are provided in table 3.2 below, together with the end of year forecast at Month 8 for comparison.

Table 3.2 - Directorate variances from plan forecast end of year position

	Forecast End of Year position									
	as at Month 9					as at Month 8				
	Pay	Non Pay	Directorate Income*	Healthcare Income	Total	Pay	Non Pay	Directorate Income*	Healthcare Income	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Maternity	-90 ▼	-168 ▼	-231 ▼	486 ▲	-2 ▲	-67	-140	-21	131	-97
Gynaecology	-59 ▲	-263 ▼	284 ▼	-63 ▼	-100 ▼	-80	-254	301	188	155
Genetics	-260 ▲	-111 ▼	45 ▼	50 ▲	-277 ▲	-309	-45	54	-28	-328
Neonatal	-27 ▼	-56 ▼	-194 ▼	99 ▲	-178 ▼	-21	-23	-92	-36	-172
Clinical Support	-432 ▼	-150 ▼	-329 ▼	-18 ▲	-928 ▼	-398	-69	-240	-21	-728
Facilities	-81 ▼	13 ▲	98 ▼	0 ►	30 ▼	-45	-5	104	0	54
R&D	-27 ▼	440 ▼	-322 ▲	0 ►	91 ►	-11	492	-390	0	91
Corporate Services	6 ▲	250 ▲	175 ▼	93 ▲	524 ▲	-90	69	422	63	464
Hosted Organisations	0 ►	0 ►	0 ►	0 ►	0 ►	0	0	0	0	0
<b>TOTAL</b>	<b>-969 ▼</b>	<b>-44 ▲</b>	<b>-474 ▲</b>	<b>647 ▲</b>	<b>-840 ▲</b>	<b>-1,021</b>	<b>25</b>	<b>138</b>	<b>297</b>	<b>-561</b>

#### 4. Efficiency Programme

The total efficiency programme for 2010/11, submitted as part of the Trust's Annual Plan to Monitor, totalled £3,603k. This target has been allocated to directorates as shown in the table below, which also provides a split between cost reduction and income generation based on the schemes put forward by the directorates.

Table 4.1 - Efficiency Programme analysed by Directorate

	Cost Reduction		Income Generation		Total £'000
	£'000	%	£'000	%	
Maternity	326.1	45.4%	392.9	54.6%	719
Gynaecology	377.0	100.0%	0.0	0.0%	377
Neonatal	140.5	39.7%	213.5	60.3%	354
Genetics	320.0	55.7%	254.0	44.3%	574
Clinical Support	547.0	97.9%	12.0	2.1%	559
Corporate	1,020.0	100.0%	0.0	0.0%	1,020
<b>Total</b>	<b>2,730.6</b>	<b>75.8%</b>	<b>872.4</b>	<b>24.2%</b>	<b>3,603</b>

At the end of December savings of £2,093k have been identified as achieved against a target of £2,700k which is £607k behind plan.

Further details of how the savings have been achieved across the directorates, together with the forecast for the remainder of the year are provided in table 4.2 below.

Table 4.2 - Current and forecast performance against target

	Months 1 to 9		Months 10 to 12		Total		
	Plan £'000	Actual £'000	Plan £'000	Forecast £'000	Plan £'000	Forecast £'000	Variance £'000
Maternity	539.3	535.6	179.8	200.5	719	736	17
Gynaecology	282.8	163.1	94.3	60.6	377	224	(153)
Neonatal	265.5	280.3	88.5	30.4	354	311	(43)
Genetics	430.5	160.4	143.5	72.1	574	233	(342)
Clinical Support	416.6	149.1	142.4	48.3	559	197	(362)
Corporate	765.3	804.5	255.1	257.9	1,020	1,062	42
<b>Total</b>	<b>2,700</b>	<b>2,093</b>	<b>903</b>	<b>670</b>	<b>3,603</b>	<b>2,763</b>	<b>(841)</b>

The current end of year forecast is £2,763k against the target of £3,603k, which when compared with the month 8 forecast (£2,750k) represents a small improvement.

Using the RAG rating system the current split of the £3.6m planned efficiency programme is as follows:

- Red        £748k
- Amber    £793k
- Green    £2,063k

Where the original schemes will not achieve or are unlikely to achieve their target (Red & Amber) has been included within the directorates' forecasts.

The target recurrent/non recurrent split is 60/40%, which is slightly below that planned in 2009/10, reflecting the more challenging financial environment in 2010/11. An assessment at Month 9 is showing a current split of 52/48%.

## 5. Balance Sheet

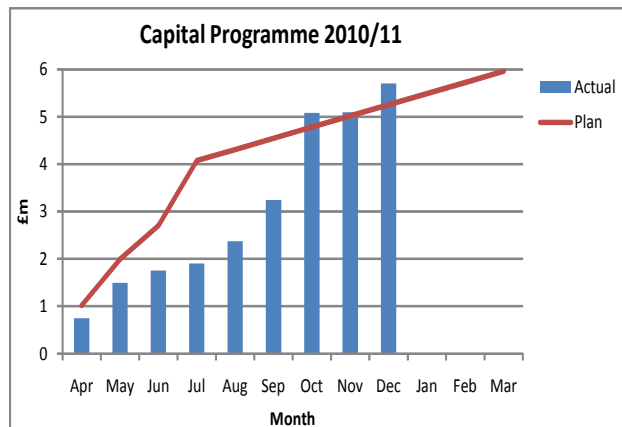
### 5.1. Capital

The planned capital spend for the year is £5.9m as recommended within the 2010/11 Annual Plan, included within which are the final payments required for the completion of the new Neonatal Unit.

Delivery of the capital programme is managed through the Capital Development Group. Further details of the main areas of capital spend together with the current position are provided in the table below.

Table 5.1 - Capital Programme

Programmes	Full Year	Month 9	Month 8
	Plan £'000	Actual £'000	Actual £'000
Neonatal Unit Upgrade / Decant	3,130.0	3,242.0	3,142.0
Replacement PCs/Servers/PC equipment	200.0	298.0	282.0
Capital Equipment Replacement	1,371.8	1,206.0	963.0
Backlog Maintenance	960.2	703.0	634.0
Other	300.0	258.0	78.0
<b>Total</b>	<b>5,962.0</b>	<b>5,707.0</b>	<b>5,099.0</b>

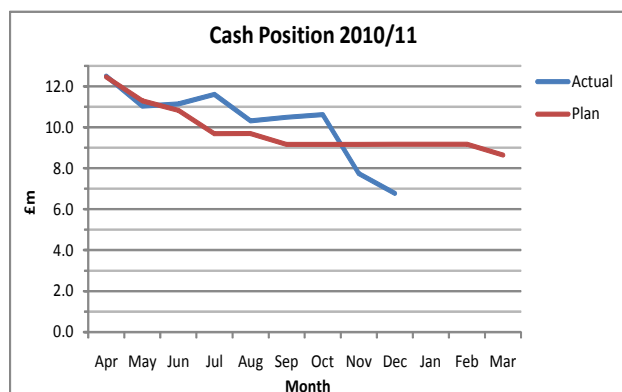


### 5.2. Cash Position

The Trust's cash position remains strong with a balance at the end of December totalling £6.8m. Deferred income and accruals are recorded as £6.0m.

Table 5.2 - Cash position

	Month 9 Actual £'000	Month 8 Actual £'000
Cash held	6,774	7,738
Deferred income & accruals	5,966	6,716



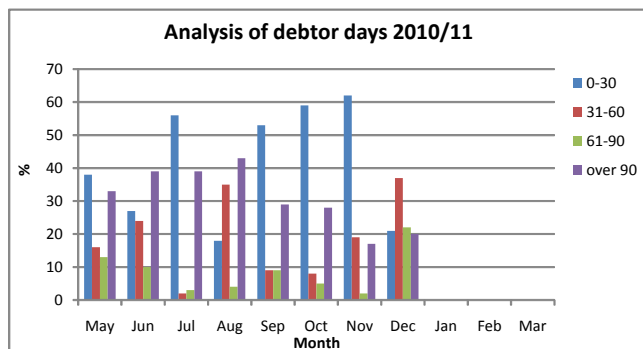
### 5.3. Debtors (Receivables)

Debtors at the end of December valued £5.0m, of which £3.3m relates to trade debtors and £1.7m to accrued income.

The value of debts over 90 days is £390k at Month 9.

Table 5.3 - Debtors

	Month 9 %	Month 8 %
0-30 days	21	62
31-60 days	37	19
61-90 days	22	2
over 90 days	20	17

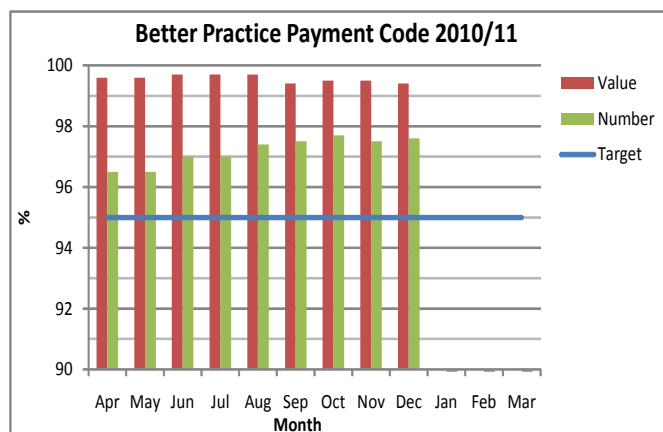


### 5.4. Creditors (Payables)

The Better Practice Payment Code (formally PSPP) targets NHS organisations to pay 95% of all supplier invoices within a period of not more than 30 days. Cumulative performance at Month 9 remains above target with 99.4% of invoices, by value, paid within the 30 day target and by number 97.6%.

Table 5.4 - Better practice payment code

	Month 9 Actual %	Month 8 Actual %
Performance by value of invoices paid	99.4	99.5
Performance by number of invoices paid	97.6	97.5



## 6. Conclusion

The Board are asked to note the Trust's financial position as at Month 9 (December 2010), which in summary is:

- In month deficit                      £(236)k     - £278k behind plan
- Year to date surplus                £58k        - £321k behind plan
- Forecast year end surplus        £185k       - £322k behind plan
  
- FRR as at Month 9                    3             - on plan
- Forecast FRR as at Month 12    3             - on plan

**BIRMINGHAM WOMEN'S NHS FOUNDATION TRUST**  
**INCOME & EXPENDITURE**  
**REPORTING PERIOD : - December 10 (Period 9)**

<b>Form F1</b>	<b>This Month</b>			<b>Year To Date</b>			<b>Full Year Forecast</b>		
	Plan £ 000's	Actual £ 000's	Fav/(Adv) £ 000's	Plan £ 000's	Actual £ 000's	Fav/(Adv) £ 000's	Plan £ 000's	Actual £ 000's	Fav/(Adv) £ 000's
<b><u>Income (+)</u></b>									
Healthcare Income	5,633	5,655	22	50,701	50,931	229	67,602	68,249	647
Private Patient Income	62	79	17	561	790	229	749	1,010	261
Other Income	2,027	1,676	(350)	14,334	14,149	(185)	19,620	19,113	(507)
<b>Total Income</b>	<b>7,722</b>	<b>7,411</b>	<b>(312)</b>	<b>65,597</b>	<b>65,869</b>	<b>273</b>	<b>87,970</b>	<b>88,372</b>	<b>402</b>
<b><u>Operating Costs (-)</u></b>									
Pay Costs	(5,522)	(5,089)	433	(44,362)	(44,863)	(501)	(58,588)	(59,535)	(947)
Non Pay Costs	(1,793)	(2,201)	(408)	(17,563)	(17,673)	(110)	(24,486)	(24,286)	201
<b>Total Operating Costs</b>	<b>(7,314)</b>	<b>(7,290)</b>	<b>24</b>	<b>(61,925)</b>	<b>(62,536)</b>	<b>(612)</b>	<b>(83,074)</b>	<b>(83,821)</b>	<b>(746)</b>
EBITDA	408	121	(287)	3,672	3,333	(339)	4,896	4,551	(345)
EBITDA % Margin	5.3%	1.6%	-3.7%	5.6%	5.1%	-0.5%	5.6%	5.2%	-0.4%
Depreciation (-)	(281)	(282)	(1)	(2,527)	(2,525)	2	(3,370)	(3,367)	3
Interest (+/-)	4	14	10	38	53	15	50	71	21
Surplus / Deficit before dividend	131	(146)	(278)	1,182	861	(321)	1,576	1,255	(322)
Dividend (-)	(89)	(89)	(0)	(802)	(803)	(0)	(1,070)	(1,070)	(0)
Surplus / (Deficit) cfd	42	(236)	(278)	380	58	(321)	506	185	(322)

# Birmingham Women's

## NHS Foundation Trust



<b>SUBJECT :</b>	Patient Safety Report
<b>REPORT BY :</b>	Peter Thompson
<b>AUTHOR :</b>	Peter Thompson

### CONTEXT AND BACKGROUND FOR REPORT

Following on from the meeting of the Board of Directors in November 2009 it was decided to produce a monthly board patient safety report. This includes data for the mortality rates and our weekly patient safety indicators.

### KEY ISSUES FOR THE BOARD'S CONSIDERATION AND DECISION

The weekly patient safety indicators were first published on Friday 15<sup>th</sup> January 2010. We hope that this will continue unchanged for one year and at that time can review the chosen indicators. I have this month enclosed a paper that begins this debate.

Corrected Neonatal mortality and Stillbirth rates are now expressed both as a rolling 1 year rate and graphically with statistical process charts. As not all post-mortem reports are available within a month we will continue reporting 2 months behind from this point onwards.

Also attached is the outcome of the gap analysis of the recently circulated 166 National Recommendations.

### RECOMMENDATIONS

To discuss and note the findings of the report  
 To note the timescales involved in the production of the quality accounts and agree the proposed changes to the Friday Metrics.  
 Debate and agree any necessary actions for the Board re the 166 National Recommendations

## Weekly Safety indicators

These are the first completed years data for the Patient safety indicators, as published on 07/01/2011

Indicator	Number of weeks since last occurrence (start date 7/1/2010)	Number of occurrences year to date
MRSA bacteraemia *	8 years 7 months	0
Clostridium Difficile	22	1
Inadvertent bowel damage during surgery	6	6
Unexpected returns to gynaecology theatre †	3	27
Caesarean sections for placenta praevia where the consultant anaesthetist and obstetrician were not present	8	2
Intrapartum stillbirth after 25 weeks and 6 days gestation where the fetus was considered viable at the onset of labour	52	0
Ventilated inborn babies below 28 weeks gestation where administration of surfactant within 1 hour of birth was not achieved	3	5
Inborn births before 25 weeks where the neonatal consultant was not present at the resuscitation when required to be present by the Trust's early care guideline	1	6
Incorrect laboratory report released by genetics laboratories	6	5

\*These indicators include the time since mandatory reporting of these infections was introduced

† A small number of these cases will be expected each year



We have recently discussed the patient safety indicators and proposals for next years Quality Accounts at management board.

I have attached the paper discussed at the January Management Board and would draw Directors attention to the timescale in agreeing the Quality Accounts and that I am awaiting proposed changes in the Friday Metrics from directorates.

I would hope to maintain the same number that we have so that they remain on one page of an e-mail. The suggestions to date are;

1. we keep the two indicators re hospital acquired infections
2. the neonatal indicators remain the same
3. the intrapartum stillbirth indicator is replaced by one concerning term unexpected neonatal morbidity

### **Management board paper**



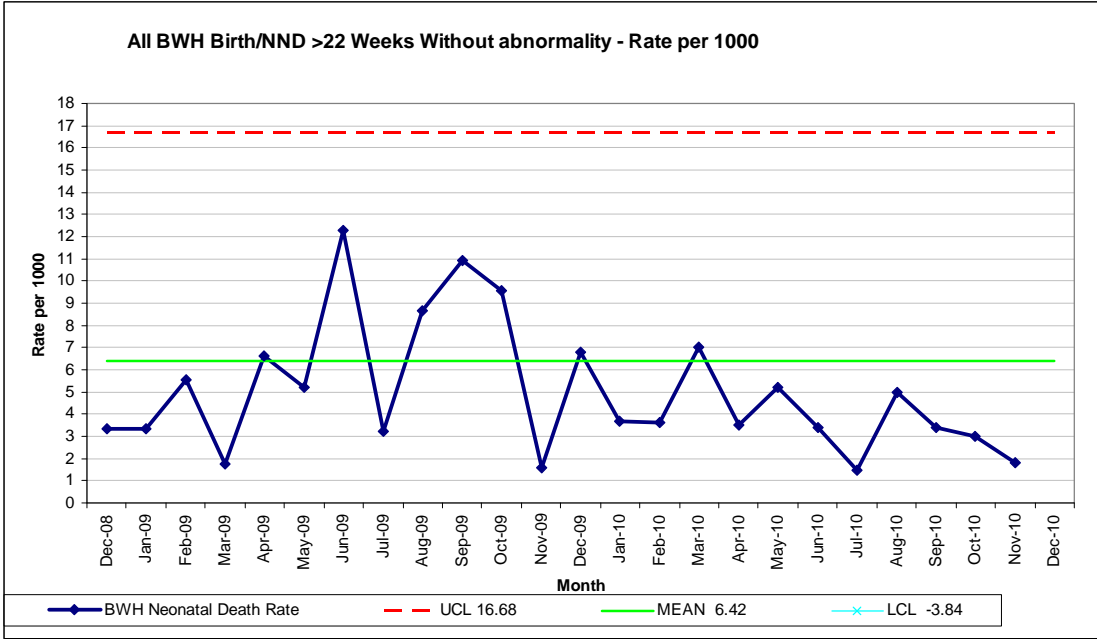
H:\Patient safety\  
management board s;

**4. Mortality Rates**

The following statistical process charts show the expected variation in the monthly mortality figures and as long as the results are within the control limits and there is not a continual upward trend variations around the mean are secondary to natural variation, not necessarily changes in systems.

Corrected Neonatal Mortality Rates for period up to end of November 2010

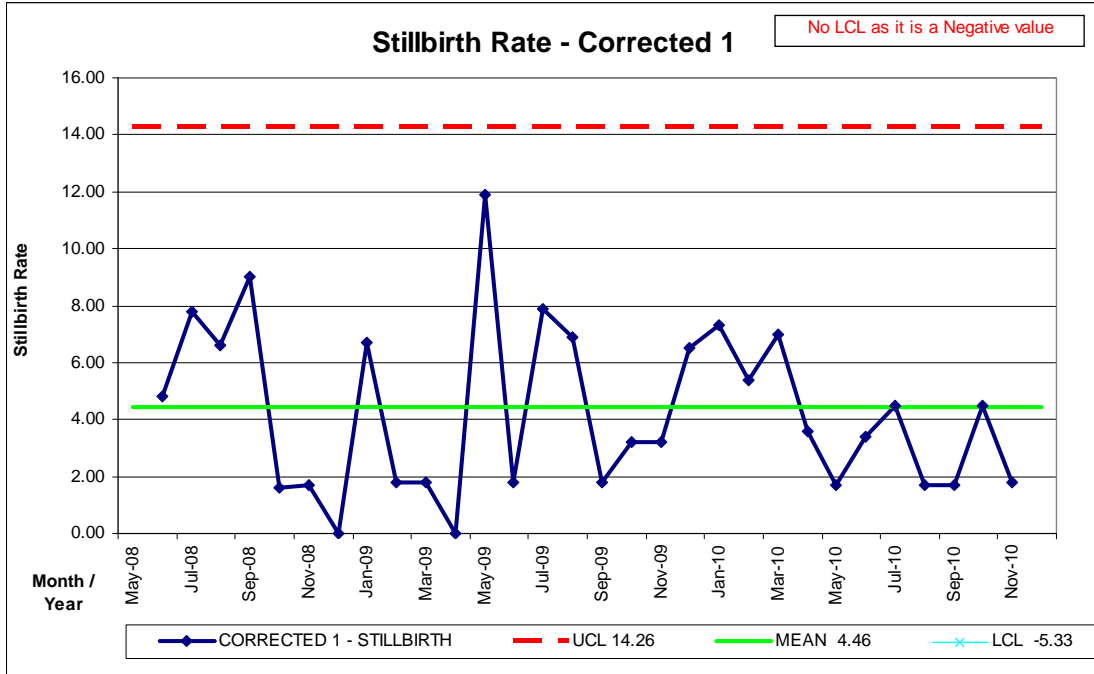
Rolling annual rate corrected for lethal congenital abnormalities, delivery <22 weeks gestation and birth weight <500g is 4.2/1000.



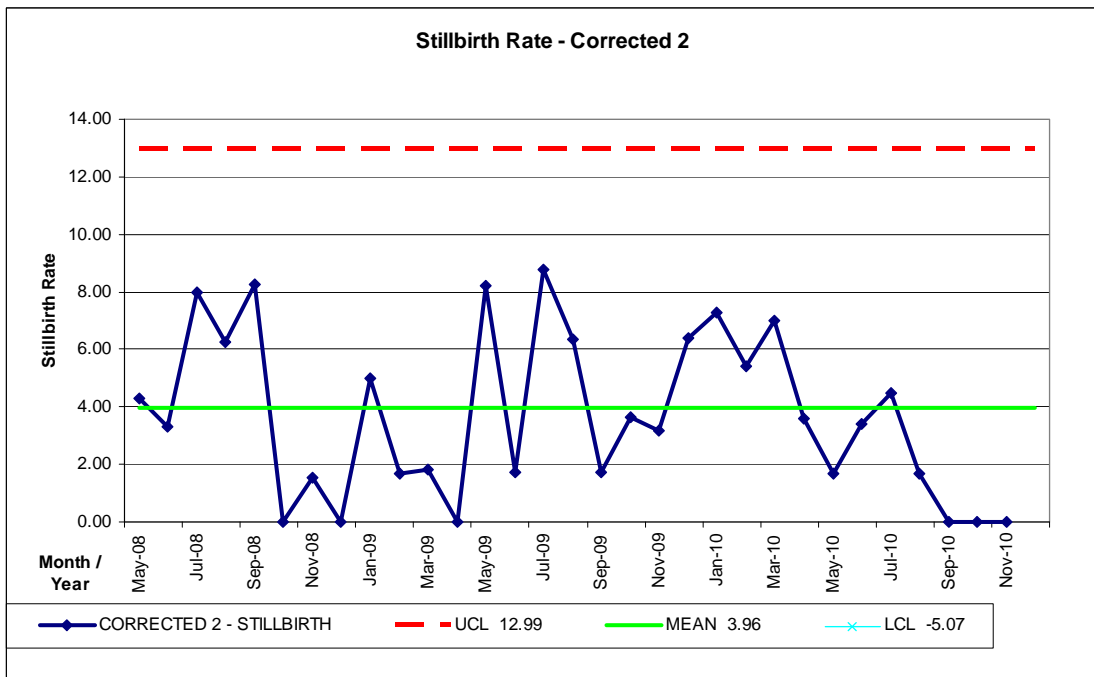
UCL = Upper control limit  
LCL = Lower control limit

Corrected Stillbirth Rates

Rolling annual rate, up to and including September 2010, corrected for lethal congenital abnormalities and birth weight <500g is 4.1/1000.



Rolling annual rate, up to and including September 2010 corrected for lethal congenital abnormalities, birth weight <500g and intrauterine transfers is 3.7/1000.



## Patient Safety Initiative

### Board and Governor's Walkabouts

To date as a combined Board and Members' Council Team we have scheduled the following areas of the hospital for visits in November.

<b>Date &amp; Time</b>	<b>Executive Director</b>	<b>Non Executive Director (NED) / Governor</b>	<b>Department to be Visited</b>
<b>Mon 7<sup>th</sup> Feb 2.00 pm</b>	Neil Savage (Director of Workforce & OD)		EPAU
<b>Thu 10<sup>th</sup> Feb 2.00 pm</b>	Steve Peak (Chief Executive)		Ward 1
<b>Mon 21<sup>st</sup> Feb 2.00 pm</b>	Jason Burn (Director of Finance & Information)	Jean Perks (Governor)	Wards 7 & 8
<b>Wed 23<sup>rd</sup> Feb 10.00 am</b>	Jane Owen (Director of Nursing & Midwifery)	Steve McIlveen (Governor)	Porters, FOH, Switchboard
<b>TBC</b>	Peter Thompson (Medical Director)		DAU

### National recommendations

As mentioned in my November report we have recently received a list of 166 National recommendations that have been published over the last 10 years. This list was circulated by the SHA and we have now benchmarked our performance against these recommendations and discussed the work at January CGC.

The recommendations were divided into those requiring action from the SHA, PCT and providers. A total of 157 were requiring provider action, of which 132 were applicable to BWNFT. Of these, the trust is compliant or partially compliant with 95.5% of the recommendations.

Non compliance was related to :

- 32 measuring patient harm rates by regular review of patient case notes, this does not happen at present
- 33 Introduction of the NHS Redress system which has not been implemented yet in England
- 36 Better and more explicit patient safety education for health workers. The trust does provide clinical governance and risk training on induction but needs to set up on going updates.

- 46 Implementing "Think Gucese" Staf in the trust have received training but it was felt we have insufficient numbers to sign up in full to the campaign.
- 62 Review of the internal processes for certification of death
- 65 Implementation of technology ie electronic prescribing

The board may also wish to discuss the following points where although we feel that we are compliant, they are significant topics for board agreement.

21	Apr-09	<b>Mid Staffs Review - Professor Alberti</b>	Minimum staffing levels policy must be considered to ensure skill mix is achieved which meets patient dependency.			✓	✓ Birthrate Plus BAPM Skill mix review Audits of staffing in maternity carried out annually for CNST
29	Apr-09	<b>Mid Staffs Review - Professor Alberti</b>	Clinical governance arrangements should be enhanced with strong Board level support.			✓	2 non Execs + 2 Execs on CGC. The Board receive minutes from CGC and discuss highlights.
30	Oct-09	<b>Health Select Committee Report</b>	Boards and senior management make patient safety the top priority	✓	✓	✓	✓ Board agenda plus all RCAs presented at BoD
36	Oct-09	<b>Health Select Committee Report</b>	Better and more explicit patient safety education for healthcare workers		✓	✓	
83	Feb-10	<b>Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust January 2005 - March 2009 (Robert Francis QC)</b>	The Board should institute a programme of improving the arrangements for audit in all clinical departments and make participation in audit processes in accordance with contemporary standards of practice a requirement for all relevant staff. The Board should review audit processes and outcomes on a regular basis.			✓	Partial—Not all clinicians take part in audit. Managed via CGC reporting to BoD.but not in detail Quality accounts have an annual review of all audits. The accounts are signed off by the board.
91	Feb-10	<b>Independent Inquiry into Care Provided</b>	The Trust should ensure that its nurses work to a published			✓	Corporate objectives cascaded to all

		<b>by Mid Staffordshire NHS Foundation Trust January 2005 - March 2009 (Robert Francis QC)</b>	set of principles, focusing on safe patient care.				staff.
126	Jul-10	<b>Review of paediatric cardiac services at Oxford Radcliffe Hospitals NHS Trust</b>	Trusts should implement clinical governance systems that set out explicit responsibilities service by service with a single line of accountability to the Trust Board.			✓	Cds report to CEO. C Gov set out via CIG and CGC.
118	Jun-10	<b>The Airedale Inquiry</b>	Governance systems in NHS provider organisations needs to be designed to reflect the Board's 24 hour a day responsibility for all areas of service delivery.			✓	The general law on directors to have 24 hour responsibility would apply Plus there is an executive director on call 24/7
158		<b>Clinical Review by The Health Care Commission for Health Improvement at Epsom and St Helier's NHS Hospital 2001</b>	Action required to raise awareness of Caldicott requirements and to establish and develop systems that guarantee confidentiality			✓	Information Governance comm... Staff leaflets.

In addition, a patient safety interactive assurance sheet has been developed and will be adopted for use by CGC

**Serious Untoward Incidents (SUI)**

Table of the occurrence of SUIs in the months of November and December 2010.

<b>Directorate</b>	<b>Number of SUI s November</b>	<b>Number of SUI s December</b>
Clinical support	0	1
Genetics	0	0
Gynaecology	0	0
Maternity	2	2
Neonatology	2	0

PJ Thompson  
Medical Director  
January 2011

**EXECUTIVE DIRECTORS WALKABOUTS**

**QUARTERLY REPORT – 3rd QUARTER 2010 (Oct-Dec)**

Area Visited	Executive Director(s)	Issues identified	Actions	Status
Cancer Intelligence Unit	Jason Burn	<ol style="list-style-type: none"> <li>1. Confidential waste bags being stored in main thoroughfare</li> <li>2. Some areas are particularly cramped</li> </ol>	<ul style="list-style-type: none"> <li>• Weekly collections being arranged</li> <li>• 'De clutter days' are being organised to deal with storage issues. Support is also being provided to CIU in securing sign-up to confidentiality agreements for security supplied by the University</li> </ul>	<p>Ongoing</p> <p>Neil Savage has provided details of the local contact for Health and Safety Executive to CIU</p>
Public Health Observatory	Jason Burn	<ol style="list-style-type: none"> <li>1. Member of staff who had registered to attend first aid course as designated first aider missed the training course as they had not received the email containing details</li> <li>2. Peter Thompson's email re patient safety isn't been seen by members of the team.</li> <li>3. It was questioned how important it was for them to receive infection control documentation from the Trust as none of the staff go over to the hospital</li> </ol>	<ul style="list-style-type: none"> <li>• Jason Burn to liaise with Julia Clark to ensure PHO staff included on BWH distribution lists and, in particular to ensure the designated first aider for PHO is registered on the course</li> </ul>	<p>Completed</p>

Birth Centre	Steve Peak	<ol style="list-style-type: none"> <li>1. Staff raised issue of recently having to use inappropriate rooms for deliveries when numbers were high</li> <li>2. The site of the bell pull in the pool room has previously been flagged up as a risk but not yet actioned</li> <li>3. The fire alarm continues to ring during testing periods and other isolated occasions.</li> <li>4. The unit regularly runs out of stock items and there is no agreed minimum level of stock that takes into account peaks in demand</li> </ol>	<ul style="list-style-type: none"> <li>• Escalation plan to be reviewed to ensure rooms are appropriately equipped</li> <li>• Steve Peak to raise with Estates team</li> <li>• Steve Peak to raise with Estates Team</li> <li>• To follow through on Productive Ward programme. Stock reviews to take place to ensure minimum stock values reflect current workloads</li> </ul>	<p>Completed</p> <p>Completed</p> <p>Completed</p>
Edward Road Community Team	Jane Owen	<ol style="list-style-type: none"> <li>1. Major issue raised around the poor laptop functionality</li> <li>2. Community midwives are regularly allocated half study days for mandatory training. This can be difficult to manage and it is suggested that this would be better in a full day</li> <li>3. More frequent contact with the Birth Centre and rotation in from the community would improve safety as midwives would be able to maintain skills</li> </ol>	<ul style="list-style-type: none"> <li>• Actions currently underway to improve functionality as this has been an issue across all community team</li> <li>• Organisation of mandatory training and study days is being reviewed</li> <li>• This can be difficult to manage as roll out teams where midwives are working on calls become burnt out. There is scope for improving continuity of care antenatally and increasing the number of shifts midwives currently work in the Birth centre</li> </ul>	<p>Jason Burn is working with IT</p> <p>Mandatory study days to be reviewed so sessions are consolidated</p> <p>Jenny Henry is working with team managers to review establishments and give hours back to community to cover Birth Centre shifts</p>
Estates Department	Peter Thompson	<p>Request to remove large wipes from Delivery Suite as they block drains if disposed of inappropriately</p> <p>Concern about prevention of infection when going into rooms where patients are isolated as they are not informed of the</p>	<ul style="list-style-type: none"> <li>• Peter to discuss with Infection Control and delivery suite if wipes necessary</li> <li>• Acknowledged difficulties but Jane Owen to be asked to see if we can reach a compromise, eg danger is blood borne,</li> </ul>	<p>Completed. Large wipes are used for equipment only so not in toilets.</p> <p>Completed. Agreed way forward at ICC. Engineers should</p>

		dangers because of patient confidentiality		always wear protective clothing in isolation rooms
Neonatal Unit	Steve Peak	<ol style="list-style-type: none"> <li>1. Concern about having sufficient staff in place to cope with the fluctuating workloads. Staff unable to take breaks when workload is great and unable to maintain appropriate level of observation as they are looking after a number of rooms at any one time</li> <li>2. Not enough feedback from errors that are reported</li> </ol>	<ul style="list-style-type: none"> <li>• The implementation of fixed breaks to ensure staff receive an appropriate rest period to be explored</li> <li>• Various actions are already or have been put in place to address this including regular Incident Group meetings and feedback to staff, refresher courses on Datix and monthly clinical governance reports to staff</li> </ul>	<p>Completed</p> <p>Completed</p>
Fetal Medicine	Steve Peak	<ol style="list-style-type: none"> <li>1. Separate scan bags could lead to patient information in the wrong bag. Staff suggest it would be safer to have more administrative room to include computer where results can be printed</li> <li>2. Space available for patient waiting/discussions is very limited and affects patient satisfaction</li> </ol>	<ul style="list-style-type: none"> <li>• The proposed maternity capital scheme will provide more administrative space</li> <li>• Maternity capital scheme will provide solutions re space</li> </ul>	<p>Agreed</p> <p>Maternity business case at January Board</p>
Radiology	Jason Burn	<ol style="list-style-type: none"> <li>1. The use of slave monitors would improve efficiency as it would allow multiple programmes to be used simultaneously</li> <li>2. New machines had improved workflow and reduced waiting times but further replacements are needed to cope with patients who have a high BMI</li> </ol>	<ul style="list-style-type: none"> <li>• Jason Burn to assess the possibility of purchasing them in the current financial year</li> <li>• Capital funding is limited so the department needs to make sure that equipment replacement is prioritised as part of the Capital Support bid for capital in 2011/12</li> </ul>	<p>Agreed</p>

**Birmingham Women's NHS Foundation Trust**

Update from the Chairman of Members' Council  
January 2011

Elections of Governors

The election of Governors to take office on 1<sup>st</sup> February 2011 has now been completed. With two of the Staff groups having contested elections, the overall outcome is that the following have been elected:

**Public Constituency**

South Birmingham- Sarah Francis, Dee Narga, Satinder Taunque (2 vacancies)

Midlands North- Trina Chavda (1 vacancy)

Midlands South- Fiona Anderson, Jayne Wilkinson (1 vacancy)

**Staff**

Medical- Lynn Hirschowitz

Nursing- Tracey Budding

Non-Clinical Support- Frank Gough

**Patient and Carer**

Lorraine Groves, Amy Maclean, Jean Perks (1 vacancy)

In addition, I am pleased to be able to report that Sharon Palmer has been re-appointed for a further three-year term by Regional Action West Midlands; and that the University of Birmingham have nominated Dr Vivien Mautner to serve as their Governor for a three-year period.

Members' Council, December 2010

Council met on 2<sup>nd</sup> December 2010, and the main points of discussion were:

- A discussion of the approach from the Birmingham Children's Hospital regarding exploring potential options on this site
- The Chief Executive's report, including details on NHSLA, the recent *C Diff* case, and corporate performance against objectives
- The patient safety and experience report, and a presentation on the Patient Experience project
- The Trust's developing strategic plans, and how Governors could best consult with their constituents on these plans

Directors have been circulated with the draft minutes of the meeting.

Governor Induction

An induction session for new Governors was held on Thursday 20<sup>th</sup> January, with involvement from both Director colleagues and retiring Governors. A range of areas of importance to Governors were covered, and I hope to give an update to the Board at the meeting,

Helen Hemberg  
20<sup>th</sup> January 2011

## Birmingham Women's

NHS Foundation Trust

<b>SUBJECT :</b>	Outstanding Actions from Board Minutes (Public)
<b>REPORT BY :</b>	Steve Parsons, Head of Corporate Affairs
<b>AUTHOR :</b>	Steve Parsons, Head of Corporate Affairs

### CONTEXT AND BACKGROUND FOR REPORT

This paper identifies outstanding actions which are still to be taken, or are in progress.

In accordance with the decision of the Board in October 2008, the Head of Corporate Affairs is responsible for presenting a quarterly report on outstanding actions to the Board.

### KEY ISSUES FOR THE BOARD OF DIRECTORS' CONSIDERATION AND DECISION

The list of outstanding actions has been updated to reflect actions agreed in the quarter (October and November 2010) since it was last reviewed.

### RECOMMENDATIONS

The Board is invited to note the outstanding actions.

# Birmingham Women's

NHS Foundation Trust

## Board Actions outstanding- Public Session

Meeting date	Lead	Action Required	Timeframe	Comment
August 2009	Steve Peak	Review 'circle' Trust Logo	Nov 2010	Board request
February 2010	Jane Owen	Provide longer-term analysis of trend information in quarterly complaints report	Summer 2010	Subject to implementation of Datix V10
May 2010	Directors/ Govs	Attendance at Baby Show 2011	April/ May 2011	
July 2010	SP/ PT	Review introduction of 12-month patient safety report (for trend information)	January 2011	12 months now completed- under review
November 2010	Rem Co	Review impact on Medical Director position of Responsible Officer duties	April 2012	Being scheduled

# ENCLOSURE 2

## Birmingham Women's



NHS Foundation Trust

<b>SUBJECT :</b>	Report of sealed documents
<b>REPORT BY :</b>	Steve Parsons, Head of Corporate Affairs
<b>AUTHOR :</b>	Steve Parsons, Head of Corporate Affairs

### CONTEXT AND BACKGROUND FOR REPORT

Certain documents are required to be executed by the Trust under its Common Seal (see Standing Order 12.3.1). Documents sealed are required to be reported to the Board of Directors.

### KEY ISSUES FOR THE BOARD'S CONSIDERATION AND DECISION

One document has been sealed since the public meeting of the Board in November 2010; following receipt and verification of final documentation, the Standard NHS Contract for Services has been entered into with Birmingham East and North PCT, as hosting organisation for the Specialised Commissioners (2 copies).

Copies of the formal entries on the Register are attached.

### RECOMMENDATIONS

The Board is invited to note that the Common Seal has been applied to these documents.

## ENCLOSURE 13

<b>Seal No.</b>	<b>Date</b>	<b>Description of Document Sealed</b>	<b>Value</b>	<b>Signed By</b>	<b>Attested By</b>
51	10.1.2011	Birmingham East and North PCT (as Co-ordinating Commissioner)- Terms and conditions for the provision of Health Services (2 copies)	c. £23.6M	Steve Peak	Jason Burn