

# 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 31<sup>st</sup> March 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 24 <sup>th</sup> February 2011	<b>1</b>
4	Matters arising from the minutes of the meeting held on 24 <sup>th</sup> February 2011 (where not covered by agenda items)	
5	Report of the proceedings of the Board in private session, February 2011	HH <b>2</b>
	<b>Items for Discussion</b>	<b>1 hr</b>
6	Red Risk Register and Assurance Framework	SIP <b>3</b>
7	Report by the Chief Executive	SP <b>4</b>
8	Integrated Performance Report, February 2011	JO NS JaB <b>5</b>
9	Patient Safety Report	PT <b>6</b>
10	NHSLA Progress Update	JO <b>7</b>
	<b>Items for Decision</b>	<b>10</b>

*mins*

11 Statements under the *Code of Governance for NHS Foundation Trusts* SIP 8

a. Statement re consultation with the public/ how the public interest is represented within the Trust

b. Statement of third parties with which the Trust has a duty to co-operate.

**Items of Report**

**10  
mins**

12 Trust Chair's report HH 9

13 Update from the Chairman of Council HH 10

14 Questions from the public on matters relating to the agenda

**15 Exclusion of the public**

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.

**At  
11am**

**Dates of next meetings**

Thursday 28<sup>th</sup> April 2011  
Thursday 26<sup>th</sup> May 2011  
Thursday 30<sup>th</sup> June 2011  
Thursday 28<sup>th</sup> July 2011

# Birmingham Women's

## NHS Foundation Trust



### TRUST BOARD – PUBLIC – 24 FEBRUARY 2011

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

**IN ATTENDANCE :** Jackie Howell (minute taker)  
Steve Parsons  
Coralie Rogers

**APOLOGIES :** Steve Peak

**FTP/1102/1** **Welcome**

FTP/1102/1.1 The Chair welcomed members to the meeting and introduced Coralie Rogers, Acting Risk Manager, who had been invited to gain an insight into the Board's process for monitoring and gaining assurances around risks.

FTP/1102/1.2 The Chair also welcomed Jackie Howell who would be taking the minutes of the meeting in the absence of Diana Wyllie.

FTP/1102/1.3 It was noted that Steve Peak was not able to join the meeting as he was currently on annual leave. The Chair reminded members that Mark Kilby would be joining the meeting at 1pm to give a presentation on the Trust's academic strategy.

**FTP/1102/2** **Declaration of Interest**

FTP/1102/2.1 With reference to an item within the Chief Executive's Report relating to the 'Productive Theatre', Sarah Francis (a Governor attending) informed the meeting that her daughter is currently undertaking some theatre sessions in

the Trust as a specialist registrar anaesthetist, a service is provided under an SLA with University Hospital Birmingham Foundation Trust.

**FTP/1102/3**

**Minutes of the Previous Meeting**

FTP/1102/3.1

The minutes of the previous meeting held on 27 January 2011 were approved as an accurate record of proceedings subject to the following amendments:-

- FTP1/11/10.4 The last sentence to read: “*..although the contract activity for **maternity** as outlined in Table 2.1 looked lower than plan . . .*”
- FTP1/11/10.5 The last sentence to read: “*Both would improve the **cash flow** position.*”
- FTP1/11/10.7 It was agreed that the minute should be revised to include the discussions on the review of Directorates’ performance as well as the dashboard indicators.
- FTP1/11/12/5 The second bullet point should read “ *The Trust could consider releasing funds from the Trust’s reserves in order to return an FRR3 in the first quarter. In either case, the full-year Financial Risk Rating would be a 3.*”

**ACTION:** Steve Parsons to amend the minute accordingly prior to signature by the Chairman

**FTP/1102/4**

**Report of Proceedings of the Board in Private Session for January 2011**

FTP/1102/4.1

The Board noted the items to be discussed in the private session as set out in Enclosure 2, and the Chairman outlined the items to be considered later in the day during the private session.

**FTP/1102/5**

**Red Risk Register and Assurance Framework**

FTP/1102/5.1

Steve Parsons presented the report. Following a review of risks by Directorates, it was noted that there had been two changes in the month, as follows:-

- *Risk 174 (tracking blood products):* had been re-graded to amber
- *Risk 112 (cancer standards-tertiary referrals):* had been re-graded to amber following two full quarters without breaches of waiting times

FTP/1102/5.2

It was noted there were seven red risks entered onto the register during February, and the following comments were noted:-

- Risk 186 (middle grade medical cover between March and September 2011): Following a query from a Director, it was confirmed that the situation had arisen as a result of a national recruitment problem and the fact that the Deanery had not been able to provide an adequate number of trainees, resulting in three empty slots on the middle grade rota between April and September. Peter Thompson commented that his understanding was that this was a short term issue and that the situation should improve in September.
- Risk 188 (failure to successfully process histology samples): Steve Parsons was asked to ensure that the controls in relation to this risk would be assessed in time to be considered by CGC at its next

meeting.

- FTP/1102/5.3 Steve Parsons presented the appendix to his report and asked for comments on the alternative presentation of the risk information, which had been discussed and welcomed by both ORAG and CGC as being a significantly improved and more useful model.
- FTP/1102/5.4 The Board discussed the merits of moving to the revised format, which might eliminate the duplication of effort by managers as it can be pulled straight off the Datix system rather than requiring a manual update. However, there was some concern as to whether this revised report would provide sufficient detail to assure the Board that appropriate controls are in place.
- FTP/1102/5.5 It was suggested that the revised report could be provided with a 'drop down' box facility to allow access to more detailed background information. Following a request from Board members, it was also agreed that the revised report should also include a short commentary on any changes or additions made since the last meeting.
- FTP/1102/5.6 It was agreed that Steve Parsons would liaise with Coralie Rogers to look at the possibility of providing this for the next meeting.
- ACTION:** Steve Parsons to liaise with Coralie Rogers on production of revised risk report as discussed above to include commentary on changes or additions since last meeting

**FTP/1102/6 Report by Chief Executive**

- FTP/1102/6.1 The Board received Enclosure 4 and appendices, and it was noted that there were a few questions that had been raised by Governors which would be addressed alongside the report.
- FTP/1102/6.2 In the absence of Steve Peak, Jane Owen presented the report; she drew the Board's attention to the following points:
- *Quality and Safety Focus:* Following a recent assessment, the Trust has been successful in achieving Stage 2 criteria for 'Baby Friendly' initiative and congratulations were extended to Helena Stopes-Roe and all her staff for this excellent achievement. This is particularly commendable in view of the size of the organisation
  - *Listening into Action:* A huge amount of activity is now being taken forward through a range of areas across the Trust and these were noted. The level of staff engagement through the LiA programme was encouraging.
  - *Lean Methodologies:*
    - *Productive Theatre:* This project was launched on 18 February, with the launch being well attended. It was acknowledged that the actions now being taken forward will need to be sustained.
    - *Post Natal Discharge Project:* Sarah Francis, Governor, referred to concern that had been raised in relation to current cost pressures within the Trust and anxiety that this could lead to a reduction in midwives and subsequently impact on the level of post natal care. Jane Owen reported on work that has recently been undertaken by Newton Healthcare within post natal area and a number of improvements that have been identified to improve the patient pathway; a reduction in staff

numbers did not form part of this work.

- Sarah Francis sought clarification as to whether staffing would be moved away from this area if there was a shortage of midwives in other areas. Jane Owen confirmed that, in such instances, the Trust's escalation policy would be operated which set out which sets of staff would be asked to move to support Delivery Suite operations;
- Professor Booth commented that length of stay (LoS) had been a long standing issue, and there have been ongoing discussions about ways in which this might be improved. Some concern was expressed about the length of time that this item had been under consideration, and questioned whether it was a matter of leadership; Jane Owen confirmed that arrangements had now been made to ensure that there was always a responsible manager on the ward to monitor this area.

It was acknowledged that there is an encouraging level of work being undertaken as part of the LEAN projects, and a Director suggested that a more detailed analysis of the various projects, and their impact on services provided, should be undertaken. Jane Owen reported that detailed reports have previously been circulated to the board and a full audit was being prepared into the Productive Ward project, as part of the Trust's year end Quality Accounts, This will be shared with colleagues along with an analysis of the work recently undertaken as part of the Productive Theatres project.

FTP/1102/6.2

- *Reward & Recognition:* The annual award ceremony was well attended with forty nominations being received. The monthly 'colleague of the month' award scheme which has been recently introduced is proving to be well supported and there is very positive feedback from staff on the positive impact of being nominated.
- *International Women's Day – 8 March:* Sarah Francis drew attention to this event, and it was confirmed that the Trust would be raising awareness and inviting staff to support the day. It was noted that Council would be meeting on that day, and Governors would be circulated to invite them to wear purple in support.

**ACTION:** Steve Parsons to circulate Governors re International Womens' Day

- *Epidurals:* Sarah Francis drew the Board's attention to recent media interest in women being refused epidurals, and sought confirmation of the Trust's policy on this. Jane Owen reported that the Trust has a 24 hour anaesthetic service through the SLA with University Hospitals Birmingham, and does not "deny" epidurals to women. The Trust seeks to provide a full anaesthesia service, including having a second team 'on-call'; however, there was no guarantee around a potential delay in providing this service depending upon theatre activity at the time. This could result in a delay and the woman may deliver before an anaesthetist is available
- *Communication matters:*
  - *Maverick TV:* An initial approach has been made by Maverick TV with regard to the possibility of making a series (in the style of the 'Children's Hospital' series) about the Trust, with particular focus on the Birth Centre and Neonatal Unit. Maria

## ENCLOSURE 1

McLeod and some of the executive team will be meeting with them to look at the proposal in more detail.

- *Neonatal Documentary:* It was noted that Adam Whishart's documentary 'The Price of Life', part of which was filmed at the Trust, would be transmitted on 9 March on BBC at 9pm. The Chair confirmed that Maria McLeod would be recording the documentary and this will be made available for staff to view.

FTP/1102/6.3

It was acknowledged that there are a number of initiatives and projects outlined in the report which are either currently taking place or are planned, and these were welcomed. However, there was some question raised around the number of projects and whether the level of resources is currently available to ensure these are all progressed to completion. It was suggested therefore that it would be helpful for the projects to be prioritised and allocated a timescale for completion.

**ACTION:** Jane Owen to liaise with Steve Peak on prioritising projects

FTP/1102/6.4

*Training Annual Plan:* Neil Savage presented the report, which was the first annual report that has been produced on training activity.; comments on the structure were welcomed for future development. The report was discussed in some detail and the following comments were noted:-

- It would be helpful to have additional commentary around the actions that can be taken, with associated timescales, to give the Board assurance in future around compliance with mandatory and statutory training requirements; and in particular how these training plans linked to gaining and maintaining NHSLA performance
- Clarity on the broad level of investment the Trust was making into training activity would be of assistance; also some indication of what future costs the Trust anticipated in this area
- It would be of assistance if the report more clearly highlighted the Trust's annual training objectives, and was linked to the Trust's annual objectives more widely. It would also be useful to report more extensively on how training addressed some of the key risks facing the Trust

The Board noted the actions proposed to be undertaken, as outlined in Section 5 of the report.

FTP/1102/6.5

*Safeguarding Children – annual report:* Jane Owen presented this report, and the following items were highlighted:-

- There is an increase in high risk situations in clinical areas with increasing referrals of more complex cases
- There is some concern around the level of attendance in some areas for levels 2 and 3 training which could provide challenges in respect of the CQC compliance requirements. Various forms of accessing appropriate training are in place and the development of a new IT package and resource to provide support for domestic violence training is also being reviewed.
- Significant action plans have been developed, and continue to be developed, across the city following the high media profile given to the CQC and Ofsted review of Safeguarding arrangements in Birmingham and a further report outlining progress made is expected to be

## ENCLOSURE 1

published next week by the Safeguarding Board. It is anticipated that focus on this area is likely to continue for the foreseeable future, alongside increased demand for resources to support it

FTP/1102/6.6

*Safeguarding Vulnerable Adults – annual report:* Jane Owen presented this report which reflects a growing awareness of the need to develop this agenda within the Trust. The following items were highlighted:-

- There had been an increasing number of referrals for local input with regard to vulnerable adults and subsequently the level of partnership working and links with other organisations has increased. The Board acknowledged the increased focus and implications for workload
- Elaine Giles, the Trust's lead for safeguarding issues has been appointed onto the Vulnerable Adults Board and has now embedded systems and processes within the organisation in this regard.

FTP/1102/7

### **Corporate Objectives – Quarter 3**

FTP/1102/7.1

The Board received Enclosure 5, reflecting performance to the end of December 2010, and the following comments were noted:-

- There was a query raised with regard to the commentary on the front sheet of the report and in particular the statement around the delivery of the financial objective for the year end as 'break even'. It was agreed that this was inaccurate as a breakeven position had not been the target, and that this should be amended to read 'a minimum of £500K surplus'
- It was agreed that the wording in the key date relating to the objective around the IM&T Strategy needs to be amended to reflect the fact that the strategy was not presented to the February Trust Board as stated

**ACTION:** corporate objectives to be updated in line with above discussions

FTP/1102/8

### **Integrated Performance Report**

FTP/1102/8.1

The Board received Enclosure 6.

FTP/1102/8.2

*Performance:* Jane Owen gave an outline of the key points in the report and highlighted the following items in particular:-

- Performance in responding to complaints in the required timeframe has deteriorated significantly this month to 40%
- All cancer waiting times have been achieved this month. This is excellent news and staff are to be congratulated on their efforts in maintaining this standard
- Performance against the 18 week referral to treatment target is very tight this month and the situation is being monitored very closely. It was reported that the new Lorenzo system means that it is not now as easy for staff to track patients on the system and there is therefore a level of uncertainty around the data and the ability to identify potential problems. However, other systems are currently being utilised to produce separate weekly reports in order to provide assurance check. This problem has been registered as requiring a technical change within the Lorenzo system

## ENCLOSURE 1

FTP/1102/8.2 *Workforce:* Neil Savage presented the workforce indicators and highlighted the following key points:-

- The contracted WTE figure has reduced this month
- The sickness absence rate has decreased this month by 1% and every effort is being made to sustain this improvement
- The number of staff having appraisals within 12 months has increased again this month and we are now only 5% short of the year end target. It is anticipated that this will be met by the year-end

FTP/1102/8.3 *Finance:* Jason Burn presented the finance report for the period to month 10 and the following key points were noted:-

- The cumulative position to the end of January shows a surplus of £280K which, although an improvement on last month, remained £152K behind plan
- The month 10 forecast for the end of year surplus was £397K
- Efficiency savings of £2.3m have been achieved at month 10 against target of £3m. This is £693K behind plan
- FRR at month 10 is rated as 3 which is on plan for the year end
- It was noted that the cash position has deteriorated further in January and now shows a position of £3m behind plan. A Director queried how much of the cash position related to hosted organisations; Jason Burn reported that there were a number of influencing factors that had affected the cash position and some of these related to hosted organisations. It was agreed that this item should be discussed in more detail at the Standing Finance Committee meeting on 2 March.
- Given the fact that we are only two months from the year end, the Finance Director was asked if he could give the Board any assurance that there would be no further adverse movement from the year end forecast position of a surplus of £398K. Jason Burn commented that there has been a degree of fluctuation from month to month, however, with the release of contingency funds in the last quarter, it is anticipated that a year end position of £400K surplus is achievable.
- A question was raised with regard to the status of discussions with commissioners around funding for over-performance. Jason Burn reported that the neonatal service contract is based on a cost and volume arrangement which allows for an element of over performance. The first half of the year produced a period of underperformance but since moving to the new unit, activity has increased and discussions were continuing with the specialised commissioners to take an overall view of the position for the year.
- There has, however, been little progress made on agreement with specialised commissioners with regards to the contract for genetics services for this year, and discussions on agreeing currency and activity levels were progressing slowly. SST has offered to provide some additional funding for development costs for next year and has also offered to provide some of that funding in advance on a recurrent basis. The Trust was seeking to ensure that the Directorate could fully provide the service before accepting this offer.

Members recorded their thanks for the new format dashboard which is a great

improvement and very helpful

FTP/1102/8.4

**FTP/1102/9**

**Patient Safety Report**

FTP/1102/9.1

The Board received Enclosure 7. Peter Thompson presented the data in the report and highlighted the following items:-

- *Mortality Rates:* The neonatal death rate has fallen this month and the still birth rate has not increased. This is good news.
- Following nine consecutive months where the NND rate was below the 'mean', the criteria for the collection of data there has been a re-calculation of the 'mean' to provide more meaningful data

**FTP/1102/10**

**Infection Control and Matrons' Reports Q3**

FTP/1102/10.1

Jane Owen presented Enclosure 8, which has been discussed at both the Infection Control Committee and Clinical Governance Committee. The following items were highlighted:-

- *Mandatory infection surveillance reporting:* With effect from January 2011 there is a requirement from the DH to report on MSSA (Meticillin-Sensitive Staphylococcus Aureus) in addition to MRSA and *Clostridium Difficile*.
- Water sampling from the automatic taps in the Neonatal Unit has identified pseudomonas. Water sampling and swabbing of taps continues on a weekly basis and babies in intensive care are now only washed with distilled water. Extensive monitoring continues and observations are also taking place around how cleaning of taps is undertaken in different areas
- *High Impact Interventions:* A comment was made that there are a number of targets where performance could be improved, and a question was raised as to whether this would suggest that the indicators may not be realistic. Jane Owen reported that all the indicators are reviewed on a quarterly basis to ensure they are achievable.

**FTP/1102/11**

**NHSLA Risk Management Standards Project**

FTP/1102/11.1

Jane Owen presented the report and drew the Board's attention to the following:-

- The Trust has now received the Acute and Maternity Level 1 reports following the recent successful assessments, which had been included in the Board papers. The report contains the assessor's recommendation that, having achieved Level 1, it would be prudent to allow a period of 24 months for the systems to become embedded into the organisation before applying for the next level. However, based on the previous discussions at the Board, it is currently the Trust's plan to apply for level 2 assessment in September 2011 for Acute and in December 2011 for Maternity, with the following actions being put into place:
  - Dates have been confirmed with the NHSLA assessor for the

formal and informal visits in 2011

- Three informal assessments have been arranged in order to monitor the progress and to provide an early warning system for potential areas of difficulty
- Michelle Walsh will be undertaking a self assessment of the standards for Acute Level 2 to gain assurance around evidence available. If there are any indications during the self assessment process that standards cannot be met, then a further review of the position will be undertaken. A self assessment of the standards for Maternity Level 2 will then follow on the same basis
- NHSLA has confirmed the period for evidence collection will be from the date of the woman's delivery as it needs to be compliant with the woman's antenatal care; therefore, files related to deliveries in or after December 2010 (and therefore reflecting treatment back to mid-2010) would need to be compliant with all requirements.
- This timescale will potentially make it difficult for the organisation to show the necessary evidence for an assessment at maternity Level 2 in December, with a huge amount of effort and staff engagement with the process required.
- A further detailed action plan has been developed with Directorates over the past few weeks to provide a mechanism against which they can clearly identify actions and monitor their progress

FTP/1102/11.2

There was some discussion on the potential financial implications of having to move the date of the assessment back, if indications are that evidence would not be available in the required timeframe. It was noted that any such implications would significantly impact the Trust's future plans for 2011-2012 and onwards.

FTP/1102/11.3

The Board requested that, for the next Board meeting, an impact assessment be produced on the effect of a delay in moving to Level 2, to include details of financial implications.

**ACTION:** Jane Owen to arrange for an impact assessment report to be brought forward for next Board meeting

FTP/1102/12

**Board Assurance Framework**

FTP/1102/12.1

Steve Parsons presented the draft Board Assurance Framework (BAF) which had been amended to incorporate comments received from Directors. The proposed BAF was discussed and the following comments were noted:-

- Robin Rison drew members' attention to a number of material issues he had identified relating to the draft IM&T Strategy (an item for later discussion on the agenda of the Private Board session) which may fit into this matrix. It was agreed that this would be discussed within the private session and any appropriate actions identified
- Page 3: The third line of the second paragraph under the heading 'developing objectives' should read " . . . **organisational** for ORAG)" as

the risk is not corporate.

FTP/1102/12.2

Subject to the above changes, the Board agreed the Board Assurance Framework.

**ACTION:** Steve Parsons to update the framework in line with discussions above

**FTP/1102/13**

**Annual Review of the Terms of Reference for Board Committees**

FTP/1102/13.1

The Board received Enclosure 11 and Steve Parsons took the meeting through the proposed changes, many of which related to suggestions during the NHSLA assessment process. Jane Owen commented that there may need to be some slight changes of membership details in line with any decisions made following the 'management of change' process but these will be considered at a later date when consultation has concluded and the Board has taken decisions..

FTP/1102/13.2

It was AGREED that:-

- The proposed Terms of Reference as appended to the report (Appendices A-E) are approved
- The Business Investment and Opportunities Committee (BIOG) be dissolved and merged into the Standing Finance Committee. It was agreed that Professor Ian Booth be appointed as Chair of that newly formed Committee
- The meeting cycle for the Organisational Risk and Governance (ORAG) meetings should change to being every two months

**FTP/1102/14**

**Trust Chair's Report**

FTP/1102/14.1

The Chair presented the report and commented on additional items as follows:-

- Arrangements have been made for Steve Peak and herself to meet with counterparts at Liverpool Women's Hospital on 9 March to discuss the continuing above-average reductions to the maternity services tariff, and the low profile these services are currently given nationally; with a view jointly to raise the profile of the services. The Chair reported that she had also taken up this issue with Gisela Stuart, MP for Edgbaston, who is actively involved in the promotion of maternity services and she has agreed to support us in this initiative and to lobby at a parliamentary level. The Chair will keep Directors informed of progress
- The informal meeting of Governors which took place on 17 February was well received and proved to be an opportunity for open and constructive debate. It is anticipated that further meetings will be put in place
- The next Members' Council meeting is scheduled for 4.30pm on 8 March. An opportunity is being provided for new Governors to have a tour of the hospital from 3pm prior to the meeting
- It was noted that South Birmingham PCT have advised the Trust that, following the retirement of John McIlveen as their Governor representative, they had appointed Denise Price, their Director of

Nursing, as a replacement.

- A query was raised as to whether, given that Ms Price is involved in contract negotiations with the Trust on behalf of SBPCT, this might pose a potential conflict of interest; Steve Parsons, Head of Corporate Affairs, confirmed that the PCT is entitled to appoint whichever representative they deem appropriate although there is a need for MS Price to have clarity around her Governor responsibilities. The Chair would address this in the induction process.

**FTP/1102/15**

**Report of Sealed Documents**

FTP/1102/15.1

The Board received Enclosure 13 and noted the entries on the Register

**FTP/1102/16**

**Any Other Business**

*NHS Number:*

FTP/1102/16.1

Sarah Francis commented on a reference made in Enclosure 8 – Matrons' Report to the effect that the NHS Number is not used; she referred to an NPSA Alert in July 2010 requiring all Trusts to use the NHS Number for patient identification. Jane Owen confirmed that the trust is aware of the alert and recommendations have been implemented

[ACTION: Jane Owen to follow-up on the Trust's use of NHS Numbers for patient identification as per NPSA Alert circular.](#)

FTP/1102/16.2

*Additional Board seminar:*

The Chair reminded members of the extra Board seminar session that has been arranged for 16 March from 2pm-5pm

**FTP/1102/17**

**Private Session**

FTP/1102/17.1

The Board RESOLVED:

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.

Members of the Public and the representatives of the Press accordingly withdrew from the meeting.

# Birmingham Women's



NHS Foundation Trust

<b>SUBJECT :</b>	Report of private business transacted at the February 2011 Board
<b>REPORT BY :</b>	Steve Parsons, Head of Corporate Affairs
<b>AUTHOR :</b>	

### CONTEXT AND BACKGROUND FOR REPORT

The Standing Orders for the Board of Directors require that business considered in a private session of the Board is reported in public.

This report outlines the business considered in private during the February 2011 Board meeting.

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

- The Board considered update reports from the Chairman and Chief Executive
- The Board received reports from 3 Root Cause Analyses; a verbal update on cases being brought forward was also received, and the Board received the annual report on Serious Case Reviews
- Minutes were received from Audit Committee, Clinical Governance Committee and Organisational Risk and Governance Committee
- The Board considered a draft IM&T Strategy for the Trust, which will be further refined and re-presented for approval in the future
- The Board received an update report on discussions between the Chairman and Chief Executive, and their counterparts at Birmingham Children's Hospital

### RECOMMENDATIONS

The Board is invited to note the proceedings in private in February 2011.



<b>SUBJECT :</b>	Red Risk Report and Assurance Framework- March 2011
<b>REPORT BY :</b>	Steve Parsons, Head of Corporate Affairs
<b>AUTHOR :</b>	

### CONTEXT AND BACKGROUND FOR REPORT

As part of the Trust's risk management and mitigation processes, the Trust Board receives a report monthly update on the risks currently shown as red on the Trust's Risk Register.

The Board has requested that the following are provided within each report:

- Details of the controls currently in place in respect of each risk (shown on the attached list)
- An update on the progress made towards the mitigation of each risk since the previous report

Red Risks are subject to a monthly review by the named manager with responsibility for the risk, as set out in the Risk Management policy. Risks are more closely reviewed through ORAG or CGC, as appropriate, as set out in the Board Assurance Framework.

This is the first month that the report has been presented to the Board in this format, and suggestions from Directors for improvements would be welcomed. The information related to the controls in place has been taken directly from Datix and (where relevant) edited to ensure that it reflects the current rather than historic position; managers have also been requested to update for latest developments.

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

There are currently 7 Red Risks on the Register. During the month, risk 102 (relating to cover for radiology in NNU) has been re-graded to Amber.

During the month, the following risks have had new controlling actions recorded:

## ENCLOSURE 3

- Risk 3 (Norton Court): Further Board-level discussion has taken place during the month on potential options to address
- Risk 136 (Midwifery staffing): staffing posts are being reviewed to optimise levels
- Risk 186 (Middle-Grade medical cover, NNU): advertisement for locum support placed, and shifts being covered by consultant and former middle-grade post-holders
- Risk 188 (Potential failure to report histology specimens): A capital bid has been made, and plans for routine surgical work to be processed at UHB in progressing pending the outcome of the bid.

### RECOMMENDATIONS

The Board is invited to note the Red Risks currently on the Register, and the controls in place regarding those risks.

ID	Title	Opened	Directo rate	Controls in place	Risk level (current)	Risk level (Target)	Adequacy of controls	Risk Type	Risk Subtype
3	Norton Court	14-Oct-2008	FACILS	<p>Recent condition survey has been completed by external company, identifying £12M backlog maintenance (September 2009).<input type="checkbox"/></p> <p>1. To be fully compliant with DDA Norton Ct would need all internal corridors widening, doors widening, lift access to all floors and all blocks (8 additional lifts at least). Given the minimum £2m cost and the limited life of Norton Court it is not recommended that this approach be taken.<input type="checkbox"/></p> <p>2. Having appointed our own in-house Head of Estates in May 2009, the new Trust Estates Strategy was presented to the Board in March 2010. An interim Estates Strategy update was presented to the Board in November 2009.</p> <p>3. Produce a Trust wide space strategy to minimise use of Norton Court and to relocate departments to best suit clinical needs by March 2010.</p> <p>6. Maintenance contracts in place for services, fire alarm, lifts etc. Emergency maintenance service provided. (on-going / various dates)</p> <p>7. Heads of Facilities / Estates are tracking and monitoring frequency and cause of call outs.(on-going)</p> <p>10. Determine contingency plan for emergency evacuation.<input type="checkbox"/></p> <p>11. Fire Officer completes annual fire risk assessment of Norton Court (on-going).<input type="checkbox"/></p> <p>12. Tap flushing of all unoccupied areas to reduce legionella risks (on-going). <input type="checkbox"/></p> <p>13. Sampling of water for microbiological testing (on-going).<input type="checkbox"/></p> <p>14. Healthcare planners appointed to work with the Trust to develop its mid to longer term Estate Strategy (January 2010)</p> <p>15. LIFT healthcare developers are currently carrying out research on the possible uses and partners for working with the trust to formulate a development package to ensure costing models are achievable (May to July 2010). <input type="checkbox"/></p> <p>17. External Fire Service Audit Assessment in June 2010 with action plan for minor works, (implementable by January 2011).<input type="checkbox"/></p> <p>18. Paper detailing breakdown of the sub elements of risk associated with Norton Court tabled for discussion at ORAG (October 2010).<input type="checkbox"/></p> <p>19. Board of Directors Update on progress tabled (October 2010).<input type="checkbox"/></p> <p>20. Full Business Case to Board of Directors (agreed for January 2011)<input type="checkbox"/></p>	Extreme	Low	Adequate	Corporate	Complex (multiple categories)
136	Midwifery Staffing below National Recommendation	23-Sep-2010	MAT	<p>Current midwifery staffing levels 1:28, continued recruitment to maintain and improve.<input type="checkbox"/></p> <p><input type="checkbox"/> Escalation and staffing policy used when required.<input type="checkbox"/></p> <p><input type="checkbox"/> October 2010 Birthrate plus presented to the Mangement Board (attached)<input type="checkbox"/></p> <p>-Deficit in midwifery staffing will be included in the Maternity Directorate Annual Plan and is included in the expansion plan to move to 8000<input type="checkbox"/></p> <p>-Recieved LSA report - ratio of midwives to birth is 1:29</p> <p>November 2010 - Annual staffing audit completed. Report to go to Directorate in December<input type="checkbox"/></p> <p><input type="checkbox"/> December 2010 - Annual staffing Report received at directorate and contents noted action plan developed and will be monitored<input type="checkbox"/></p> <p><input type="checkbox"/> January 2011 - following capacity paper to Management Board a request to increase the midwife to birth ratio was agreed until such time the financial position improved. <input type="checkbox"/></p> <p>An additional risk assessment has been undertaken to monitor the impact of the changes</p> <p>March 2011 Review of staff in post/ establishments in clinical area carried out to optimise staffing levels at 1:31 across the directorate.</p>	Extreme	Moderate	Adequate	Clinical	Compliance with national or professional standards

138	Inadequate Consultant presence on Delivery Suite	23-Sep-2010	MAT	Maintain high as possible consultant presence using escalation and staffing policies when required. <input type="checkbox"/> Maintain full compliment of consultants in post against establishment <input type="checkbox"/> October 2010 - No change <input type="checkbox"/> November 2010 - Annual staffing audit completed. Report to go to Directorate in December <input type="checkbox"/> December 2010 - Annual staffing Report received at Directorate and contents noted action plan developed and will be monitored. <input type="checkbox"/> January 2011 - Continuous Audit of Consultant presence now in progress	Extreme	Moderate	Adequate	Clinical	Compliance with national or professional standards
143	Unable to treat patients due to Lack of HDU facility	27-Sep-2010	GYN	Patients referred back to GP with a view to sending them to peripheral hospitals or treated at peripheral hospitals with the cost recharged to BWH. Oncology patients treated elsewhere - however, cost pressure to Directorate	Extreme	Low	Inadequate	Clinical	Clinical
188	Risk of failure to report histology specimens, because they are destroyed during tissue processing	11-Feb-2011	CLISUP	Since that last risk review on 9/3/11, capital bid for new processor has been submitted. Work has been underway to set up transfer of some of the tissue processing to UHB until outcome of capital bid is known. This will further disrupt the flow of work causing potential delays in turnaround time of all surgical cases, however should remove delays and risks caused by having to reprocess samples.  Controls: 1. March 2009 - March 2011 - Histology contingency plan on i-Passport (Hist-QM14) includes provision of replacement processors should machines fail to work, rather than work suboptimally. Plan being updated. 2. Early 2010 Pathcentre Module 1 (Age 10+ years) failed - vaccum pump and other components refurbished. However, now generates increased numbers of samples for reprocessing than would normally be expected. 3. Pathcentre Module 2 (Age 15 years) failed in December 2010 - reluctant to replace vacuum pump due to cost and likelihood that reprocessing will be an issue, as seen following refurbishment of Module one. 4. Since December 2010, routine surgical samples processed on the most reliable processor i. Pathcentre Module 1, which is now failing to process all samples. Hypercentre processor not used as it has insufficient capacity for the volume of surgical work. However it can be used if Pathcentre Module 1 fails completely. 5. Capital Bid for replacement tissue processor submitted 11/3/11. Plans underway to process routine surgical work at UHB whilst awaiting the outcome of the capital bid.	Extreme	Low	Inadequate	Clinical	Operational
130	Failure of staff to comply with theatre dress code standards for non emergency procedures	6-Aug-2010	CLISUP	An all user E-mail was sent to staff advising them that only 1 midwife accompanying a category 1 caesarian section patient could be excused but should cover their uniforms with a clean gown and wear a hat. Partners to wear gown and hat. NNU staff if there really is no time to change when called to a 'flat' baby. Theatre staff asked to report staff members to Assoc Dir Clinical Support to pass to manager concerned for action.	Extreme	Low	Inadequate	Clinical	Infection Control

186	Middle Grade Medical cover March- Sept 2011	4-Feb-2011	NEO	04/02/2011 ☐ -Advertise for LAS locum ☐ -Consultant Neonatologists to meet & review how they can help fill gaps in rota ☐ 28/02/2011 ☐ -advert placed on NHS jobs for Locum ☐ -consultants filling 12 middle grade shifts on rota ☐ -ex-middle grade to help support rota	Extreme	Moderate	Uncertain	Clinical	Compliance with national or professional standards
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**CHIEF EXECUTIVE'S REPORT – March 2011**

**1.0 Quality and Safety focus**

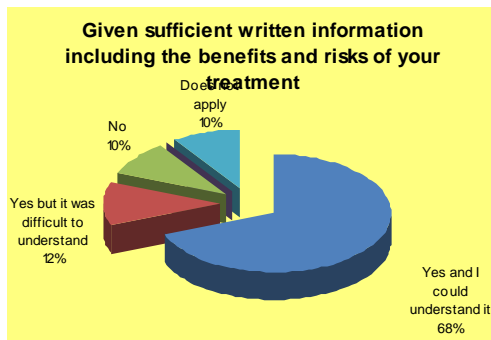
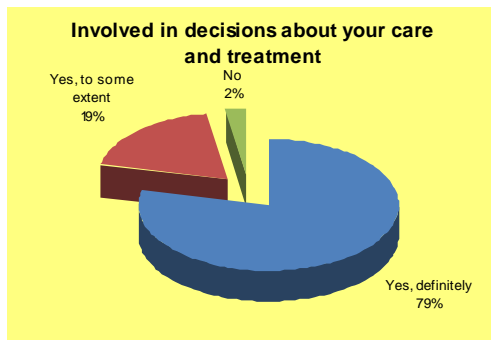
**1.1 Outcomes**

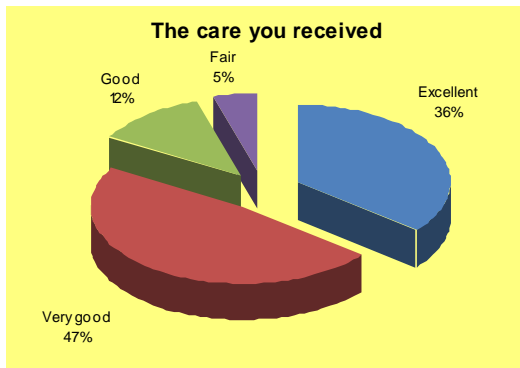
- We remain on course to achieve against the national access targets at year end. This is especially pleasing given the challenges around the cancer targets experienced by a number of Trusts.
- The 12 month rolling average for corrected Neonatal mortality rate remained at 3.3 per thousand deliveries at the end of February. Our still birth rate rolling average also fell to 2.8 per 1000 deliveries not including IUTs. This is again a step in the right direction and comes on the back of continued improvement in the
- Clinical Pathology Accreditation (CPA) inspections took place for all four pathology disciplines in March. I am pleased to report that subject to dealing with some minor compliance matters all disciplines will once again achieve unconditional accreditation. I would like to thank all team members for their fantastic efforts.

**1.2 Processes**

As reported at the February Board meeting we have commenced our formalised process of collecting patient feedback. This system links an on line survey, text message survey and hand-held computer tablet survey. The following charts show the results of the tablet data 31/01/11-25/02/11 for 6 main themes.

**Outpatients**





- In April the Board will receive the first formal report using the kind of information above as part of a new quality and safety dashboard.
- We have been informed by the Care Quality Commission (CQC) that they intend to carry a planned unannounced visit to assess our compliance against their registration framework. At the time of writing the visit had not yet taken place. CQC expect that each provider will be visited at least once in every two years for planned visits.

## 2. Organisational Development (OD) Strategy and Human Resource matters

### 2.1 Results of the Annual Staff Survey 2010

The final Care Quality Commission Staff Survey report was made available to the Trust on Monday the 21<sup>st</sup> March 2011.

This sizeable report and analysis now needs to be shared with staff and managers over the next month. It is then proposed, as in previous years, that there will be a fuller report with recommendations and an action plan for the May 2011 Board of Directors. This will enable extensive consultation on the results and priorities for the next year through the Joint Negotiating Committee, Local Negotiating Committee, Management Board, the Equality and Diversity Committee and LiA events.

Generally, the Trust has seen significant improvement in the overall survey results in comparison with previous years. Compared with last year's survey the Trust has seen 10 areas of improvement, 19 areas of no change and only two areas with worsened perception. Similarly we have seen a 30% improvement in the number of areas were staff rate the Trust lower than average in comparison with other acute specialist Trusts.

In summary, we have seen improvements on our overall staff engagement scores generally and also in the following notable areas:

- The quality of job design
- The % of staff appraised in last 12 months
- The % of staff have well structured appraisals in last 12 months
- The % of staff appraised with PDPs in last 12 months
- Support staff receive from immediate managers
- The % of staff receiving health and safety training in last 12 months
- How staff rate the fairness and effectiveness of incident reporting procedures
- The % of staff reporting good communications between senior managers and staff
- How staff rate their job satisfaction
- The % of staff having equality and diversity training in last 12 months

Specifically the **top four** key ranking areas are as follows:

1. The % of staff receiving Health and Safety training in the last 12 months
2. The % of staff experiencing physical violence from patients, relatives or the public in the last 12 months
3. The % of staff reporting errors, near misses or incidents witnessed in the last month
4. The % of staff using flexible working options.

The **bottom four** ranking areas are as follows:

1. Staff job satisfaction (although this has improved over last year's score)
2. The % of staff feeling pressure in the last 12 months to attend work when feeling ill
3. The % of staff feeling satisfied with the quality of work and patient care they are able to deliver
4. The % of staff feeling valued by their work colleagues (although this has also improved over last year's score)

Interestingly, the **top four areas of improvement** are as follows:

1. The % of staff having equality and diversity training in the last 12 months
2. The % of staff appraised with personal development plans in the last 12 months
3. The % of staff appraised in the past 12 months
4. The % of staff reporting good communication between senior management and staff

Finally, the only two areas to experience deterioration are:

1. The % of staff saying hand washing materials are always available
2. The work pressure felt by staff

Clearly we will need to understand more fully why staff opinion has deteriorated with both of these and agree clear actions to encourage improvements.

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

## **2.2 Service Line Reporting & Management**

Patient level cost data for the Trust has now been entered and reconciled back to the financial ledger for 2009/10. The work on the tables to populate the SLR structure and the income side of the Trust's financial information will be complete by the first week in April. This means we remain on course to have the 'click view' reports available to Directorates in May which will be using 2011/12 data.

Having created the database with appropriate reporting we clearly then need to explore how the reporting will become embedded at Directorate and Board level.

## **2.3 Listening Into Action**

### **Staff Engagement Update**

*"I came along to the first meeting thinking that nothing could or would be done to change the Norton Court Reception area. Now it is a challenge to prove we can and will change things. The more negative attitudes surface, the more we decide we CAN and will do something".*

Joyce Perks, Accommodation Officer

## Overall context

The Trust has been seeking to implement change that creates a culture where staff consistently put people first, act quickly to remedy bad practice, feel more empowered, gather and use knowledge and expertise. Organisations changing their culture in the private sector expect the change activity supporting the change to take anything between 2 – 5 years. The Trust should see lasting outcomes from the context of a similar time frame.

The journey to change culture started with the introduction of Executive Walkabouts at the beginning of 2010. We then commenced using the Listening into Action (LiA) methodology and started fuller engagement with staff in August 2010 – two months before the annual staff survey was launched.

At the time the Chief Executive wrote to staff to remind them that this was not a one-off initiative with quick wins but a longer term journey:

*“we are rolling out Listening into Action ... it’s about creating a culture where you feel there are opportunities to be listened to by visible leaders, to be involved in decision-making and to be recognised for the part you play in making a real difference to the care and treatment of those we serve. The journey won’t always be easy and it won’t happen overnight but together I genuinely believe we can make substantial improvements for our patients, ourselves and our colleagues. This is not ‘just another initiative’ I feel very strongly that it needs to lead to ‘this is the way we do things around here’ because ultimately it has to stem from what you have said will make the most difference to the quality and safety of our services. Please get involved.”*

## Where are we now with LiA

The new staff survey is a snapshot in time and therefore can only reflect the initial impact of the cultural change programme. Timing is everything. At the time of the staff survey (September to November 2010) it was clear that the inputs of LiA have resulted in a positive correlation with areas of staff improvement where progress has been good. For example:

The CEO Conversations (September) which included 20% of staff (gaining momentum over the two-week period as staff belief in the communication and engagement process spread virally across the Trust. Given these events, together with CEO letters and subsequent feedback sessions, were the only thing that was different and must provide a positive correlation for the significant improvement in the percentage of staff reporting good communication between senior management and staff.

As the staff survey was a snapshot in time it therefore can’t reflect the staff led initiatives and quick wins that were implemented subsequently, or which are coming to fruition now, and which will have an impact on future staff surveys. For example:

At the Conversations, staff said they wanted:

- **more recognition for the personal and team effort that goes on day in day out.** Now the monthly staff recognition awards give you the chance to celebrate the efforts of teams and colleagues and there are also more categories in the annual staff awards. The first colleague recognition scheme came into effect in December 2010 and the new annual recognition awards were a great success in January 2011.

- **more opportunities to socialize.** An Eid event and a well attended staff Christmas function were organized with another social event planned for late Spring with a further one being scoped for Autumn.
- **more opportunities to meet with the CEO.** A CEO surgery was set up so any member of staff can talk to the CEO personally. From one of these surgeries, prayer room facilities were reviewed and a larger, more appropriate area has been identified and is now in use.
- **more recycling opportunities.** Recycling has always been important but because of your comments there are extended facilities to recycle bras, batteries, office paper waste; aluminium cans, plastic containers, printer cartridges and mobile phones and stamps. Not to mention the extensive recycling that the catering and facilities teams already do. These are being re-publicised week commencing 20<sup>th</sup> March as part of the Trust's commitment to Climate Week.
- **better car parking facilities.** An almost inevitable gripe but based on comments, Facilities worked with the police and now all our car parks are accredited under the Safer Parking Scheme. The Trust also teamed up with Q-Park to review passes to ensure that only those working here have access to our car parks and established a late starter car park.
- **better signage around the hospital.** We collected staff concerns and those of our patients and the CEO, together with a number of staff, spent more than two hours walking around the hospital. The new signage went up in January.
- **better personal protection.** The portering staff discussed what was required and acting on their feedback protective kit was purchased. Further personal safety alarms are also available to staff.

In addition there have been a number of organisational and staff led initiatives which couldn't be implemented until the end of the year or which inevitably took longer than some of the quick wins but will have a positive correlation on future staff surveys if momentum is maintained particularly with many of these in the worst performing areas. Among the many examples are the following categories:

**Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver/Staff ability to contribute towards improvements at work** – the ante natal pathway project will adopt a Kaizen methodology for staff at all levels from receptionists/HCAs to consultants and other professionals.

**Tackling sickness absence groups** – currently exploring a range of good practice interventions and approaches to maximise attendance at work.

**Staff job satisfaction** – anecdotal evidence to date already shows that feedback from those involved in LiA projects such as Our Brief newsletter for staff, by staff and about staff, The Commitment ( a set of customer and colleague care values) and the Norton Court reception makeover team – are returning to day to day roles motivated and energised.

**Staff pledge 4 (To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services) -** this will be affected by a number of LiA initiatives that weren't complete at the time of the survey, for example:

- The IT User Group – discusses and determines day to day IT related issues
- The Intranet project – to assist staff with the frustration of IT
- Tackling bureaucracy

**Percentage of staff feeling valued by their work colleagues**

- Staff social events, colleague recognition schemes and broadening of categories in Trust award scheme

The new staff survey results show that there is strong evidence that the first few months of LiA activity had a positive impact on the results of the staff survey. Evidence from other trusts where staff engagement has been implemented across the region and nationally also provides concrete evidence for improving organisational performance, staff engagement and staff/patient surveys.

## **Conclusion**

We've made good progress with staff engagement through LiA. We now need to double up and persist in our efforts to ensure that the momentum is not lost as we enter more challenging times.

LiA *per se* should not be the only or exclusive 'brand' of staff engagement required for the future but its guiding principles should continue to be embedded in the Trust's behaviours and processes.

Given cultural change is not realistically delivered and embedded within 12 months, and given the irrefutable improvements that have been made strongly against some survey criteria, it is essential that commitment and dedication to continuing staff engagement is maintained.

## **2.4 Service Improvement through Lean Methodologies**

### **2.4.1 Productive Theatre**

The Productive Theatre Module was launched on the 18<sup>th</sup> February 2011. There is a scheduled Human Factors Workshop on 29<sup>th</sup> March to scope the delivery timescales. I will share agreed timescales for the project as a whole in my April report.

## **2.5 Reward & recognition**

### **2.5.1 Monthly award**

The monthly colleague award winner for February was Robyn Chase. Robyn received two nominations from colleagues with the following citation supporting her nomination:

*“.. for running the neonatal unit during a very challenging time when a set of triplets and 26/40 all arrived at the same time. Robyn put good logistics plans in place and the staff worked effectively as part of a team during an extremely busy time when there were numerous admissions”*

## **2.6 Annual Equality and Diversity Report 2010-2011**

Attached to this report is the annual equality and diversity report. The report outlines four recommendations:

1. The development of the Equality Delivery Scheme (EDS) as the successor to the Trust's current Single Equality Scheme which is due to expire in May 2011. The EDS will provide the strategic direction for the development of Trust's Equality and Diversity Committee and the resultant actions both in terms of employment and service provision. Timeframe: 1 June 2011.
2. Wider roll out of equality and diversity training to ensure full compliance with the Trust's agreed Mandatory and Statutory Training policy. Timeframe: 30 September 2011.
3. Continuation with the implementation of the Stonewall's Healthy Lives programme. Timeframe: on-going throughout 2011/12.

4. Undertake a recruitment project to better analyse and understand why non-white candidates are less successful in obtaining employment with the Trust than white applicants. This project to make recommendations for ways in which the odds for success may be made more comparable. Timeframe: 30 September 2011.

The Board of Directors is asked to **support** the above recommendations.

### **3. Communication matters**

#### **3.1 Intranet and website Development**

The intranet group are in the final stages of developing a business case for the intranet for an Enterprise Content Management System, this would take on board the Intranet, the Document Management System and a system to manage Board Papers and Committee Papers for external users such as NEDS and Governors. We have confirmation that we have access to licenses for Microsoft Sharepoint which will be of considerable saving to the Trust.

Once completed the Business Case will be put forward for Management Board approval.

The new website continues to be built alongside the current system, the aim will be to share this with the Board and with colleagues across the organisation. The 'Go Live' will be during the Summer.

#### **3.2 Listening into Action**

Communications forms a large part of LiA and is currently working with two groups. The Core Brief project has published their first 'Our Brief' and the next one will be produced at the beginning of April. The second group is working together to look at the development of a better Intranet facility.

#### **3.3. Media**

##### **Neonatal Documentary**

Adam Wishart's documentary '23 weeks - The Price of Life' was transmitted on Wednesday 9<sup>th</sup> March. The programme received national publicity before and after it was aired. Articles appeared in many of the national newspapers as well as on BBC Online. Adam Wishart was interviewed on BBC WM, Radio 4 as well as featuring on BBC's 'The Big Question' and also on various news/magazine programmes.

Feedback from the documentary has been very positive and reflected the very reason why the Trust agreed to take part.

##### **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 has met with the 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. Content has so far been provided for the Fertility Centre's Sperm Bank and the Trust's Milk Bank.

##### **ITV 1 Series on Maternity care**

Maverick TV has met with Maria Mcleod to discuss the possibility of making a series with BWH about our Trust. It will be by the same team behind ITV's 'Children's Hospital'. It was stressed at the meeting that we would be keen to feature the specialist areas of the Trust, covering Fetal Medicine, Neonates, Genetics, pioneering Gynaecology initiatives alongside Maternity.

### **Milk Bank Publicity**

The Milk Bank is currently undergoing a shortage of supplies for our own Unit and to provide for other Trusts across the region. Therefore the team have been involved in publicising the Bank and recently took part in a feature on Radio WM. Posters are being developed in house to raise awareness of the need for donors and it is hoped to film with Central News for a further feature.

### **BBC 2 Reel History of Britain**

As part of this series with Melvyn Bragg, the BBC will be filming at the old QE looking at the birth of the NHS. They are also keen to film at a Maternity Unit and have asked to come to the Women's and interview some Midwives; this is due to take place in May.

## **4. Other matters**

- To report that Helen Hemberg and I met up with our counterparts at Liverpool Women's Hospital to discuss matters of mutual interest. Specifically we discussed the implications of the tariff and how we can jointly work together to highlight this issue nationally. We also discussed how we might form an alliance with providers who have a significant maternity practice to meet regularly to explore issues affecting us all.

## **5. Challenges**

The key challenges for the Trust over the coming months are:

- To continue to work and consult with staff groups and individuals in relation to the range of proposals to deliver our productivity objectives. This is proving to be a significant task and one that is clearly raising much concern within the organisation.
- To complete directorate level financial plans that set out clearly our cost improvement schemes to allow monitoring arrangements at Directorate and Board levels to commence.

**Steve Peak**  
**Chief Executive**

<b>Subject:</b>	Equality and Diversity in the Workplace Report 2010-2011
<b>Report by:</b>	Neil Savage, Director of Workforce & Organisational Development
<b>Authors:</b>	Estelle Carmichael, Deputy Director of Workforce & OD Neil Savage, Director of Workforce & Organisational Development

**Context and background for report**

This report informs the Board of the Trust's current performance and activity in relation to Equality and Diversity. It also suggests areas for further development and action.

**Key issues for the Board's consideration and decision:**

The keys issues for the Board of Directors to consider are highlighted in the Conclusions section of this report.

**Recommendations:**

The Board is asked to **NOTE** the contents of the report and **SUPPORT** the four recommended priorities suggested in section 9.

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# Equality and Diversity in the Workplace Report

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2010 - 2011

## 1. Introduction

- 1.1 This paper informs the Board of the Trust's performance in relation to Equality and Diversity measures during the 2010-2011 year and recommends areas for future development.

## 2. Background

- 2.1 Birmingham Women's NHS Foundation Trust (BWNFT) approved its current Single Equality Scheme (SES) in May 2008. The SES took into account the current legislation that reflected BWNFT's duty to promote equality and diversity.
- 2.2 The SES sets out BWNFT's approach to meeting the general and specific duties for Race, Disability and Gender Equality.
- 2.3 In October 2010, the Equality Act (2010) came into force and brought a more consistent approach across the range of 'protected characteristics'<sup>1</sup> covered by UK equality legislation.
- 2.4 At a national level, NHS Employers are leading the development of an Equality Delivery Scheme (EDS) which will provide NHS organisations with an alternative model to the previous Equality Schemes. This is currently being piloted and as soon as it is nationally launched the Trust will implement the model.

## 3. Reporting

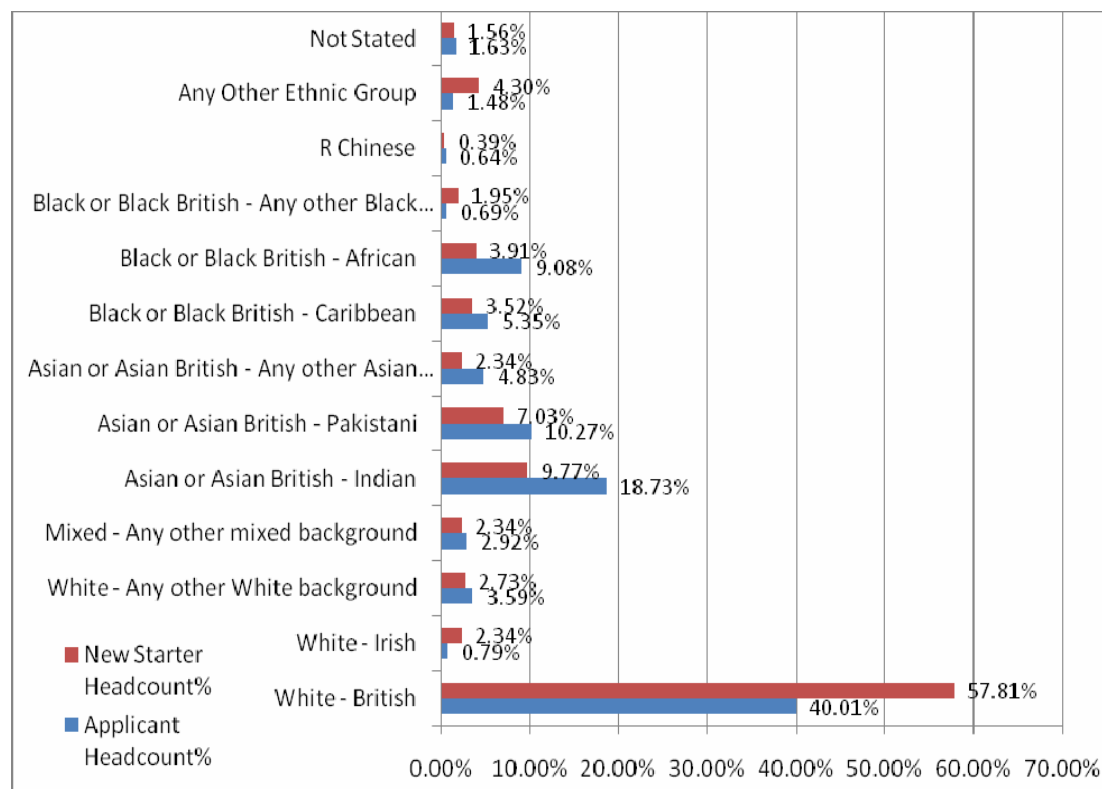
- 3.1 This report provides the Board with information about the staff currently employed by BWNFT. The provision of this information aims to inform the Board of our current performance in relation to Equality and Diversity measures and to highlight areas for future development and actions.
- 3.2 Information is provided on the following categories:
  - Recruitment Diversity
  - Existing Workforce Diversity
  - Leavers Diversity

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<sup>1</sup> Gender; Disability; Age; Marital or Civil Partnership Status; Sexual Orientation; Race or Ethnic Origin; Religion and Belief; Gender Reassignment; Pregnancy and Maternity.

## 4. Recruitment and Pre-Employment Diversity

### 4.1 Ethnicity Profile



The diversity of job applicants for posts within the Trust demonstrates broad interest in posts from all sections of the community. However, in common with other trusts, for the second year it is clear that a higher percentage of White-British candidates are successful in securing posts, with comparatively lower percentages of minority ethnic groups being recruited into Trust posts.

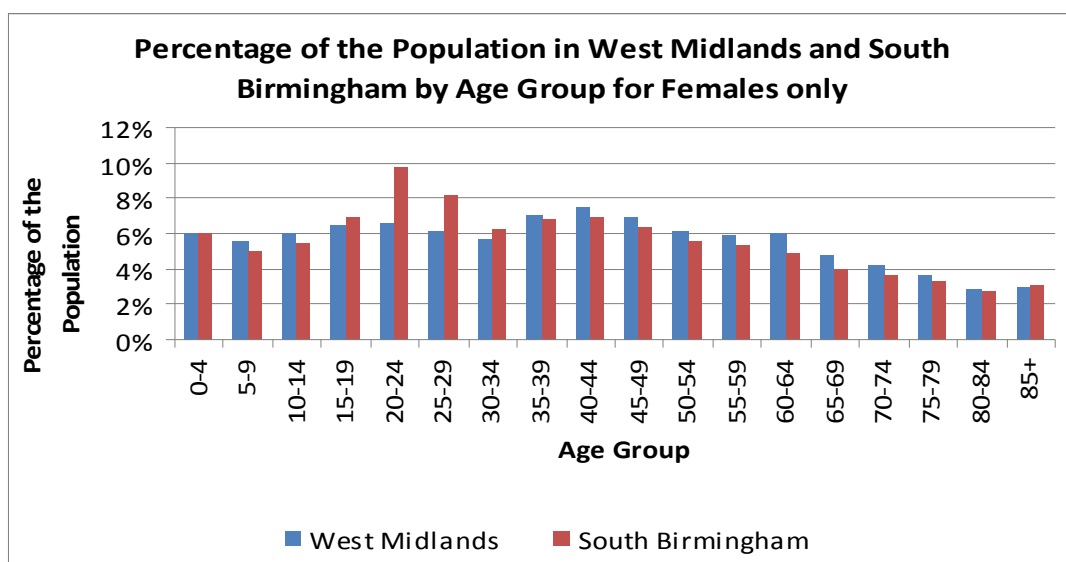
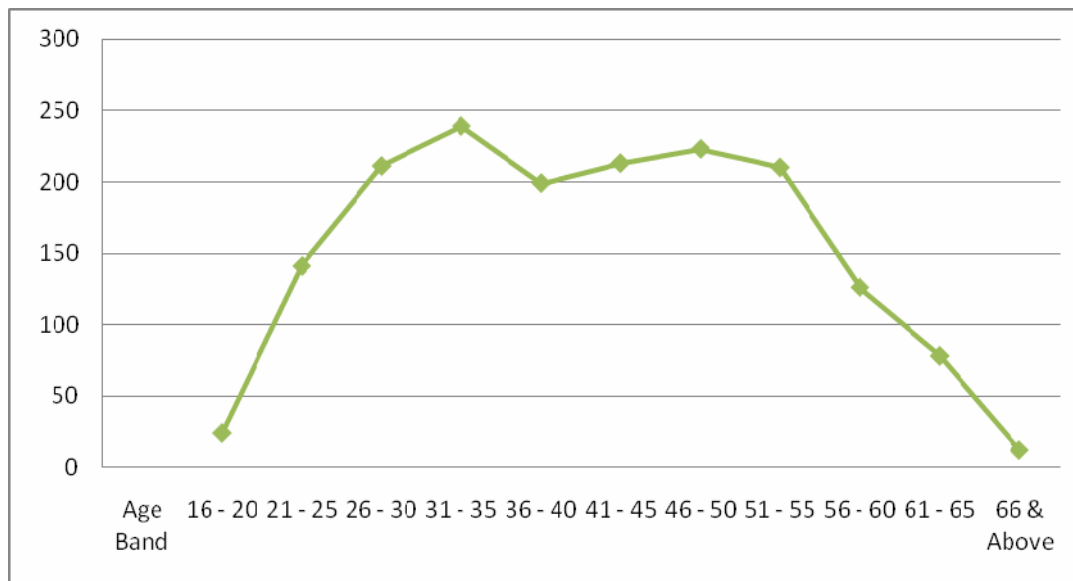
### 4.2 Gender Statistics

The Trust experiences a high proportion of applications from women for advertised posts. The main focus of services for the Trust is in the provision of women's healthcare and as a result, this attracts a larger proportion of female applicants, particularly into roles such as specialist gynaecology nurses, neonatal nursing, midwifery and administrative staff.

In 2010, over 82% of new staff were women, with men accounting for just fewer than 18% of new starters.

## 5. Workforce Equality and Diversity Profile

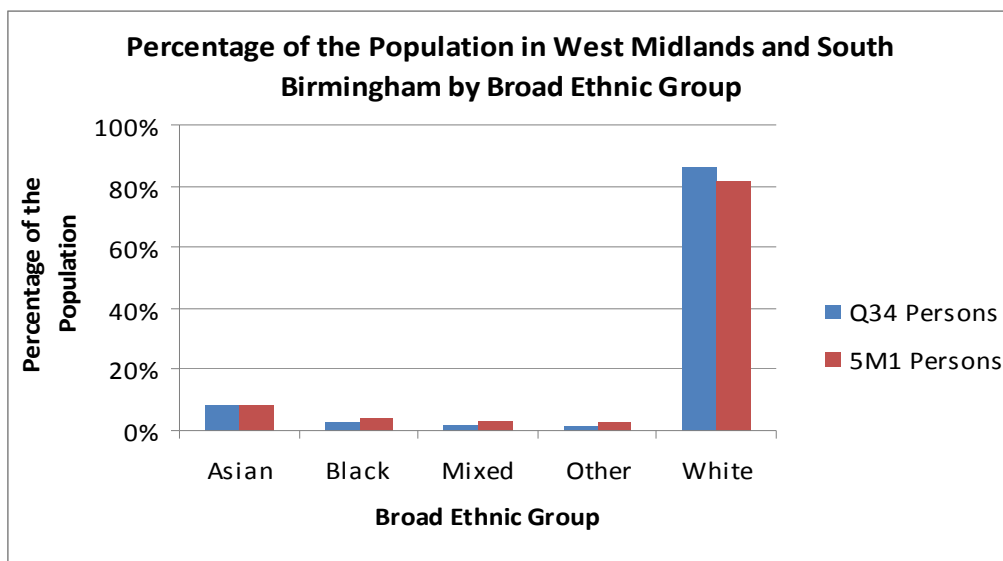
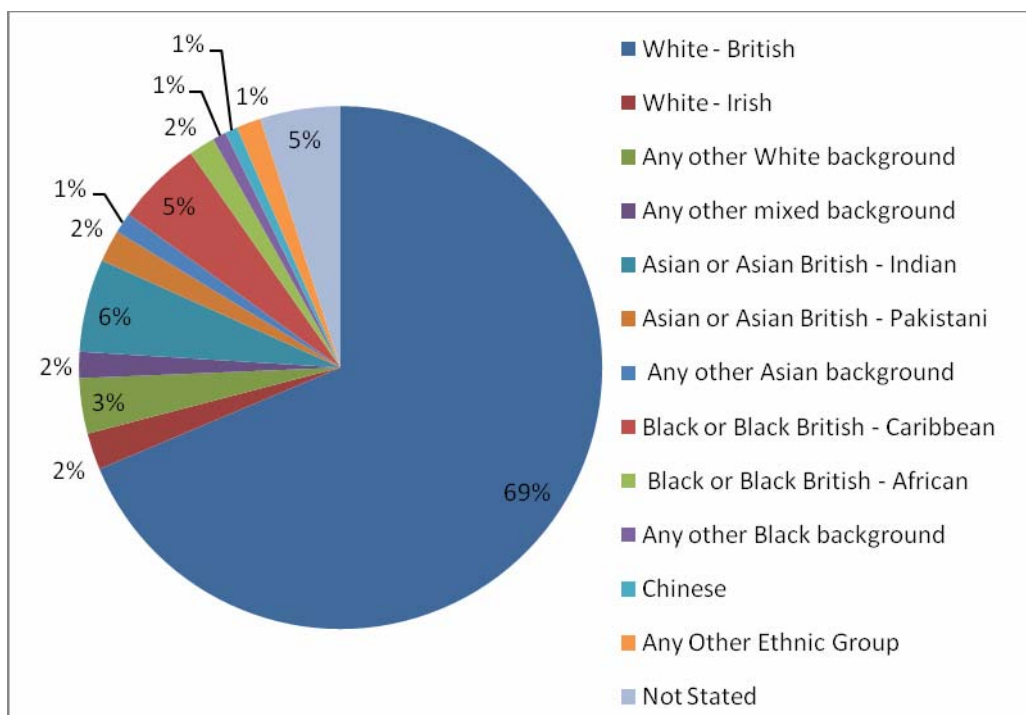
### 5.1 Age Profile



BWFT employs over 1600 staff (1400 wte). Over 50% of our workforce is aged between 36 and 55. However, with the removal of the Default Retirement Age (currently 65) on 6<sup>th</sup> April 2011, and an increasing number of staff expressing interest in continuing to work beyond 65, the Trust is able to continue to employ experienced staff, who are willing to pass on their skills and experience to support the development of services and more junior staff. The Trust is also able to continue offering and expanding its flexible retirement options for staff.

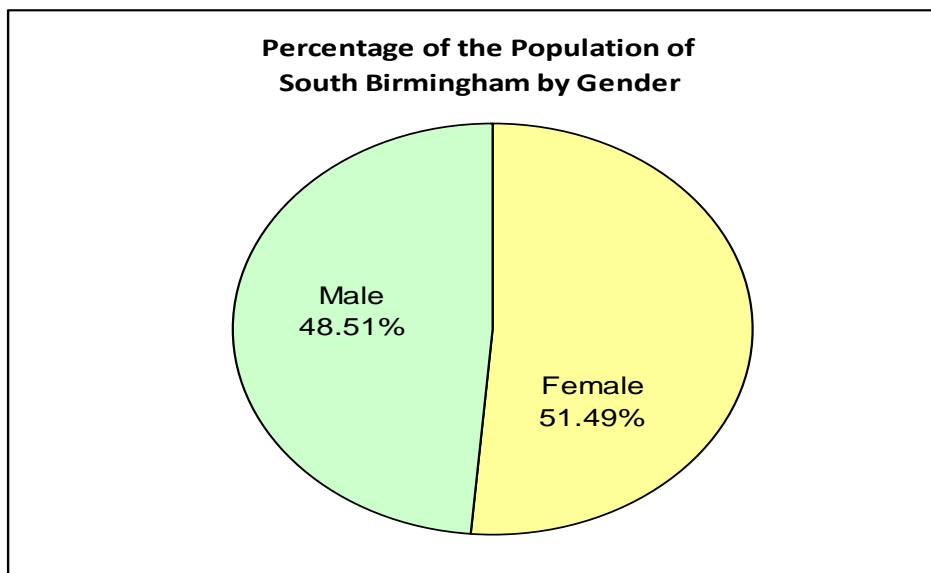
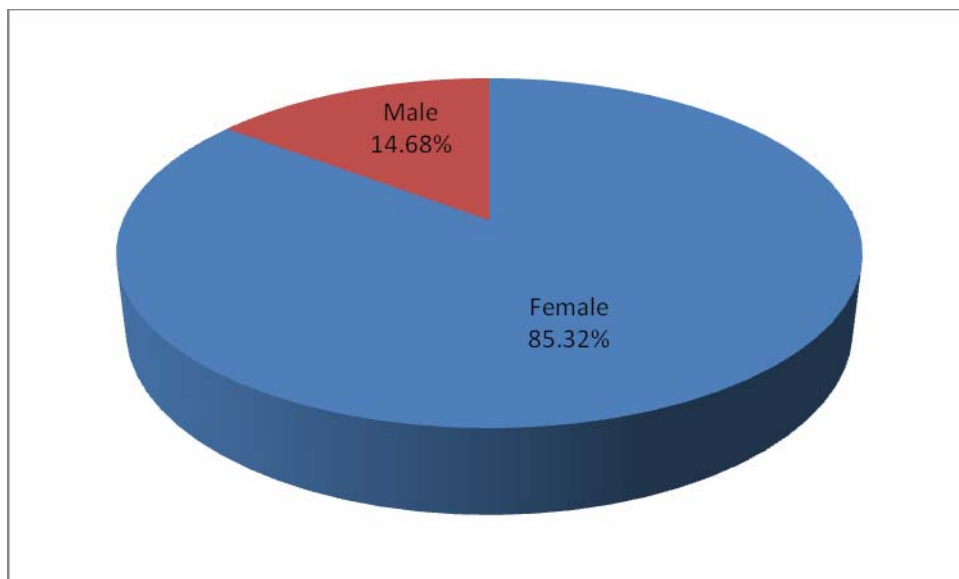
Whilst the age bands are slightly different from those provided in the regional profile, it is evident that the workforce's age distribution broadly reflects that of both the local and regional communities.

## 5.2 Workforce Ethnic Diversity



The Trust employs staff from a wide range of ethnic groups and the workforce profile remains similar to that shown in 2009, with a slight increase in the number or Asian or Asian British staff employed by the Trust. There is a slight reduction in the number of staff who have not indicated their ethnic origin from 6% in 2009 to 5% in 2010. In common with many other trusts, BWNFT's staff profile remains significantly richer and more diverse than that of the local or national population.

### 5.3 Workforce Gender Profile



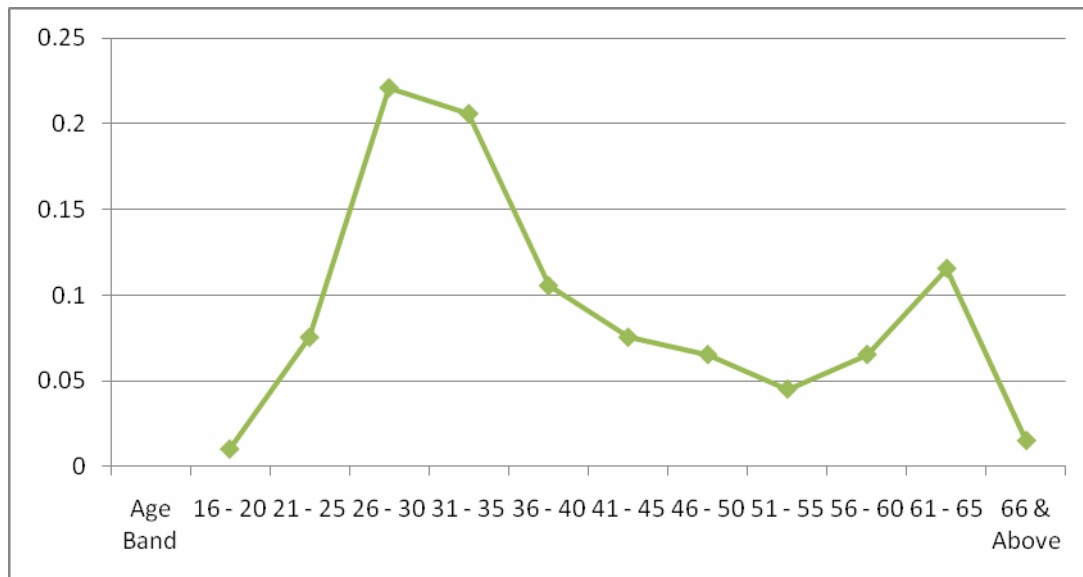
The Trust continues to employ a significantly greater number of females than males. A significant reason for this is the nature of the services provided by the Trust. However, it is important to recognise that some of the Trust's services such as those provided by the Genetics, Corporate and Clinical Support directorates apply equally to men and women and as such there are higher percentages of men employed in these directorates. The Trust's gender profile is comparable with many other NHS trusts.

### 5.4 Full-Time to Part-Time Ratio

Within the current workforce establishment, 60.08% of staff are employed in full-time roles with 39.92% of staff in part-time roles. This provides a good balance for the workforce to provide the flexibility required for the services the Trust provides. The 2009 and 2010 Staff Surveys supported the view that the Trust offers more flexible working practices than other similar Trusts.

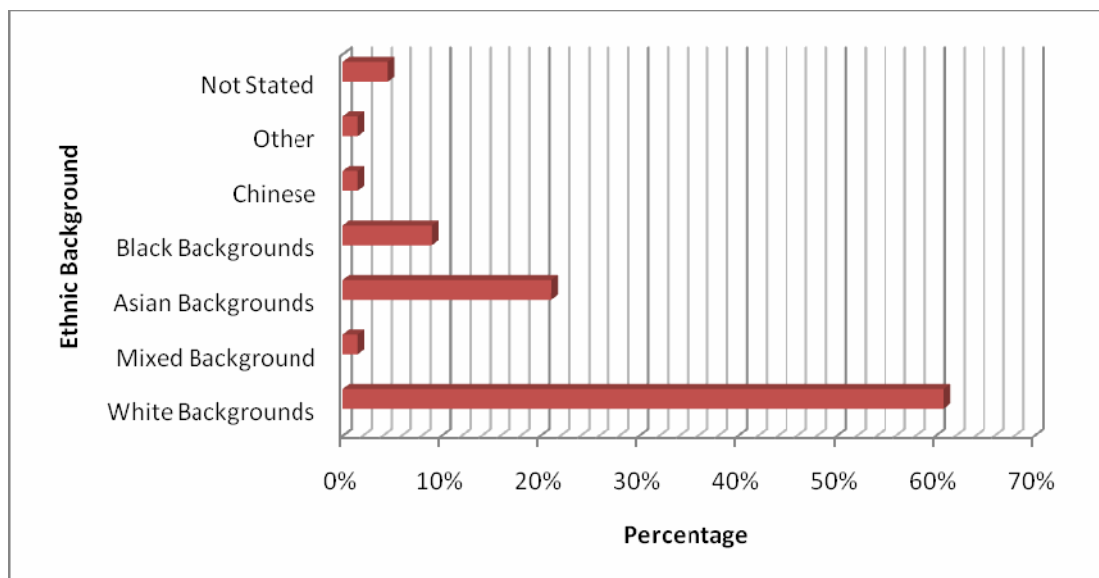
## 6. Leavers Equality Report

### 6.1 Age Profile



The above graph shows the age profile of leavers in the last 12 months and clearly demonstrates that over 53% of leavers during the last year were aged between 26 and 40. Arguably this is not an issue to cause concern; we would expect staff in these age ranges to be developing their careers through moving to new roles and at times to different employers.

### 6.2 Ethnic Diversity



The above graph demonstrates that the ethnic diversity of Trust leavers during 2010 is broadly similar to the overall diversity of the Trust's workforce. In total 199 staff left the Trust in 2010. It should be noted that the ethnic groupings for this chart are consolidated into 7 categories to enable analysis of the overall statistics.

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### **6.3 Gender Profile**

The gender profile of leavers is equivalent to the overall workforce gender profile with just under 75% of leavers being female and over one quarter of leavers are male. Therefore, proportionally more males have left than females.

## **7. The Equality and Diversity Committee**

The Trust continues to develop its Equality & Diversity Committee that meets on a bi-monthly basis to consult with and consider equality matters on behalf of the workforce.

During the past 12 months the group has considered a wide number of issues and has been instrumental in progressing and number of important equalities areas. These have included but are not limited to:

- consulting on policies and developing of the Trust's new Equality of Opportunity in Employment Policy
- working in partnership with Stonewall on its Healthy Lives Programme which aims to improve equality of opportunity, consultation with and support for Lesbian, Gay and Bi-sexual (LGB) staff and the community. This has included supporting the setting up of a LGB staff group
- piloting the Equality and Diversity training leaflet and e-learning package, recommending their roll-out within the Trust. This means that all Trust staff have now received a briefing about their rights and responsibilities for equality and diversity. Similarly over 90 percent of BWFNT managers have successfully completed the Respect for People e-learning package. These improvements in training have been reflected by a 30% increase in our staff's rating of this in the 2010 staff survey.
- reviewing the Trust's Equality and Diversity Training Needs Analysis
- reviewing the new equality requirements in the Care Quality Commission's registration
- supporting the Community Outreach Programme for health promotion and employment opportunities
- supporting the Patient Information Audio Tools project
- supporting Trust representation at the Alternative Families conference
- considering the implications for policy and practice of the Equality Act 2010

## **8. Conclusions**

During 2010 to 2011, the Trust has continued to work towards maintaining a diverse workforce profile which broadly reflects the community we serve. We recognise that

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we perform well on broad representation but need to understand why ethnic minority candidates are less successful in obtaining employment with the Trust.

The Trust has made improvements to the overall diversity profile of the workforce, particularly in relation to employing younger staff (increase in the number of staff between 18 and 25) and minor increases to the percentage of staff from non-white backgrounds. We have also specifically reduced the number of staff who do not state their ethnic origin, hence improving the accuracy of our equalities data.

The Trust has also made steady progress with implementing the Stonewall Health Lives programme to improve the experience of LGB staff and patients.

There are some areas of concern identified which will need actions taken over the next 12 months. These are identified in the following section.

## **9. Recommendations and Next Steps**

We recommend that the main focus of activity for equality and diversity during 2011 to 2012 should be as follows:

1. The development of the Equality Delivery Scheme (EDS) as the successor to the Trust's current Single Equality Scheme which is due to expire in May 2011. The EDS will provide the strategic direction for the development of Trust's Equality and Diversity Committee and the resultant actions both in terms of employment and service provision. Timeframe: 1 June 2011.
2. Wider roll out of equality and diversity training to ensure full compliance with the Trust's agreed Mandatory and Statutory Training policy. Timeframe: 30 September 2011.
3. Continuation with the implementation of the Stonewall's Healthy Lives programme. Timeframe: on-going throughout 2011/12.
4. Undertake a recruitment project to better analyse and understand why non-white candidates are less successful in obtaining employment with the Trust than white applicants. This project to make recommendations for ways in which the odds for success may be made more comparable. Timeframe: 30 September 2011.

The Board of Directors is asked to **support** the above recommendations.

## Birmingham Women's



NHS Foundation Trust

<b>SUBJECT :</b>	Integrated Performance Report February 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 decreased this month to 77% .However, this is a good result as the planned theatre shut down for maintenance was carried out in month.

#### Complaints

As from April the target for responding on time is set at 80%. Performance this month has improved significantly to 88% which equates to 1 late response. 17 new complaints were received in February with response times in March.

#### Cancer referral to treatment target times

All cancer waiting times have been achieved for the month

#### 18RTT

Performance against the admitted % has been achieved though remains close to the target. Further work is being undertaken to validate this data.

#### *Workforce*

# ENCLOSURE 5

## Contracted WTE

Helped by the continued close Executive vacancy approval scrutiny and the directorates working differently this has reduced further to 1449.54 and again remains below our in month target.

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

Again this has reduced to from 2.68% to 2.48% in month and is within the monthly target range.

## Pay as a % of Trust Income

This has increased from 63.22% to 65.8% which is just above target.

## Sickness Absence

Attendance has improved for the second consecutive month with sickness reducing by over one percent to 3.95%. Developing an attendance culture enabled by Trust policies and continued improvements on proactively managing absence must remain a management priority.

## Staff Appraisal

Appraisal uptake has improved again to 76.77%. Some directorates have achieved significant improvements over the past months but the improvements must be maintained and supported.

## *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 February 2011.

**Birmingham Women's NHS foundation Trust - Trust Board Dashboard Indicators**

01-Feb Data

Month 11

Patient Activity					
	Target YTD	Actual YTD	Move	Status Vrs Target	Year End Forecast
<a href="#">Elective Spells</a>	3,489	3,193	▼		3,483
<a href="#">Gynae Emergency Spells</a>	1,599	1,463	▼		1,596
<a href="#">Obstetric Spells</a>	9,999	9,369	▼		10,221
<a href="#">Outpatient Follow up</a>	51,415	55,567	▲		60,619
<a href="#">Outpatient Procedures</a>	8,998	8,855	▼		9,660
<a href="#">Total Deliveries</a>	6,727	6,766	▼		7,381

Demand & Waiting Lists					
	Target Month	Actual Month	Move	Status Vrs Target	Year End Forecast
<a href="#">Referral Rates - Gynae</a>	1586	1869	▲		n/a
<a href="#">Referral Rates - Maternity</a>	1894	1905	▼		n/a
<a href="#">Referral Rates - Genetics</a>	691	730	▲		n/a
<a href="#">Admitted within 18 weeks</a>	90%	91.0%	▶		n/a
<a href="#">Non-admitted within 18 weeks</a>	95%	97.0%	▲		n/a

Finance					
	Target Month	Actual Month	Move	Status Vrs Target	Year End Forecast
<a href="#">Year to date I&amp;E position</a>	£422k				£397k
<a href="#">Year to date I&amp;E normalised</a>	No longer reported				
<a href="#">In month run rate</a>	£42k				N/A
<a href="#">In month run rate normalised</a>	No longer reported				
<a href="#">Year to date Ebitda</a>	£4,080k				£4,939k
<a href="#">Year to date Ebitda margin</a>	5.60%				5.60%
<a href="#">Year to date CIP performance</a>	£3,001k				£2,847k
<a href="#">CIP recurrent/non-recurrent delivery</a>	60/40				53/47

Workforce					
	Target Month	Actual Month	Move	Status Vrs Target	Year End Forecast
<a href="#">Contracted WTE</a>	<1476.81	1449.54	▼		n/a
<a href="#">Agency/Bank spend as a % of directorate payroll</a>	<2.85%	2.48%	▼		n/a
<a href="#">Sickness Absence Rate %</a>	<4%	3.95%	▼		n/a
<a href="#">Staff Turnover Rate %</a>	<14.10%	11.36%	▲		n/a
<a href="#">Employee Investigations</a>	<4 weeks	5	▶		n/a
<a href="#">KSF - Staff groups with Job Outlines %</a>	No longer reported				
<a href="#">Staff Appraisal%</a>	>80%	76.77%	▲		n/a
<a href="#">Pay as a % of Trust Income</a>	<65.48%	65.80%	▲		n/a
<a href="#">Staff Grievances</a>	1	3	▶		n/a
<a href="#">Harassment and Bullying</a>	1	1	▶		n/a
<a href="#">NHS Staff Satisfaction</a>	>70%	70%	▶		n/a

CQC Targets					
	Target Month	Actual Month	Move	Status Vrs Target	Year End Forecast
<a href="#">Cancer 2 week wait</a>	93%	98.6%	▲		96.7%
<a href="#">Cancer 1 month to treatment standard</a>	96%	100.0%	▶		97.7%
<a href="#">Cancer 1 month subsequent treatment standard</a>	94%	100%	▶		100.0%
<a href="#">Cancer 2 month GP urgent referral to treatment</a>	85%	100.0%	▶		87.8%
<a href="#">Cancer 2 month Cervical Screening Report RTT</a>	90%	100.0%	▶		100.0%
<a href="#">Cancer 2 month from upgrade to treatment</a>	-	100%	▶		100.0%
<a href="#">Cancelled Operations on day of surgery</a>	1	0	▶		4
<a href="#">Cancelled Operations not admitted within 28 day</a>	0	0	▶		0
<a href="#">Maternity HES data quality indicator</a>	<15%	8.4%	▲		7.3%

Efficiency					
	Target Month	Actual Month	Move	Status Vrs Target	Year End Forecast
<a href="#">Theatre utilisation</a>	80%	77%	▼		80%
<a href="#">Outpatient DNA Rate - Gynaecology</a>	-	14.4%	▼		n/a
<a href="#">Outpatient DNA Rate - Maternity</a>	-	9.2%	▼		n/a
<a href="#">Outpatient DNA Rate - Neonatology</a>	-	27.7%	▼		n/a
<a href="#">Outpatient DNA Rate - Genetics</a>	-	17.1%	▲		n/a
<a href="#">New to Follow up ratio</a>	1.54	1.26	▲		1.3

Clinical Quality					
	Target Month	Actual Month	Move	Status Vrs Target	Year End Forecast
<a href="#">Written Complaints</a>	9	17	▲		n/a
<a href="#">Responded to within agreed timescale</a>	80%	88%	▲		60%
<a href="#">MRSA Bacteremia</a>	0	0	▶		
<a href="#">Cdiff</a>	0	0	▶		1
<a href="#">BreastFeeding initiated</a>	67%	62%	▲		
<a href="#">Smoking during pregnancy</a>	11%	14%	▲		
<a href="#">% of Women seen by 12 weeks</a>	90%	92%	▲		



# **Finance Report**

**April 2010 to February 2011  
Month 11**

## 1. Overview

The Trust's financial position at the end of February is a surplus of £346k, which is £118k behind plan.

The summary £118k variance is broken down as follows:-

- A favourable £380k income variance;
- An adverse £354k expenditure variance;
- An on plan EBITDA position of 5.6%;
- A nil variance for depreciation;
- A favourable variance for interest received of £8k;
- An adverse variance on dividend payable of £152k.

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 11 position for 2009/10.

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

	Month 11 (10/11)		Month 10 (10/11)		Month 11 (10/11)		Month 11 (09/10)	
	Actual	Variance Fav/(Adv)	Actual	Variance Fav/(Adv)	Actual	Variance Fav/(Adv)	Actual	Variance Fav/(Adv)
	£ 000's	£ 000's	£ 000's	£ 000's	£ 000's	£ 000's	£ 000's	£ 000's
Total Income	7,681	(50) ▼	7,716	158	7,681	(50) ▼	7,256	105
Total Operating Costs	(7,232)	91 ▼	(6,984)	167	(7,232)	91 ▲	(6,963)	(223)
EBITDA	449	41 ▼	732	324	449	41 ▲	293	(118)
EBITDA % Margin	5.8%	0.6% ▼	9.5%	4.1%	5.8%	0.6% ▲	4.0%	-1.7%
Depreciation (-)	(281)	0 ►	(283)	(2)	(281)	0 ▼	(259)	22
Interest (+/-)	1	(3) ►	1	(4)	1	(3) ▲	2	(32)
Dividend (-)	(103)	(14) ▲	(228)	(138)	(103)	(14) ▼	(6)	108
Surplus / (Deficit) cfd	66	24 ▼	222	180	66	24 ▲	30	(20)

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

	Month 11 (10/11)		Month 10 (10/11)		Month 11 (10/11)		Month 11 (09/10)	
	Actual	Variance Fav/(Adv)	Actual	Variance Fav/(Adv)	Actual	Variance Fav/(Adv)	Actual	Variance Fav/(Adv)
	£ 000's	£ 000's	£ 000's	£ 000's	£ 000's	£ 000's	£ 000's	£ 000's
Total Income	81,267	380 ▼	73,586	430	81,267	380 ▲	77,918	261
Total Operating Costs	(76,753)	(354) ▲	(69,521)	(445)	(76,753)	(354) ▼	(73,184)	(58)
EBITDA	4,514	26 ▲	4,065	(15)	4,514	26 ▼	4,734	203
EBITDA % Margin	5.6%	0.0% ▲	5.5%	-0.1%	5.6%	0.0% ▼	6.1%	0.2%
Depreciation (-)	(3,089)	(0) ►	(2,809)	(0)	(3,089)	(0) ▼	(2,893)	196
Interest (+/-)	54	8 ▼	53	12	54	8 ▲	38	(321)
Dividend (-)	(1,133)	(152) ▼	(1,030)	(138)	(1,133)	(152) ▼	(981)	275
Surplus / (Deficit) cfd	346	(118) ▲	280	(142)	346	(118) ▼	898	353

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 11 with that of Month 10, the main drivers for the change in the Trust's position are:

- £65k adverse movement on healthcare income;
- £23k favourable movement on private patient income;
- £9k adverse movement on other income;
  
- £9k favourable movement on pay costs;
- £83k favourable movement on non pay costs.

NB – when comparing the current position with that of the previous year, factors such as tariff changes, pay awards, development funding etc. need to be taken into account.

### 1.1. Year End Forecast

The target year end 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 11, is a surplus of £275k.

Table 1.3 - Forecast Year End position compared to previous month

	Month 11 (10/11)		Month 10 (10/11)	
	Forecast	Variance	Forecast	Variance
	Actual £ 000's	Fav/(Adv) £ 000's	Actual £ 000's	Fav/(Adv) £ 000's
Total Income	88,512	397 ▼	88,410	440
Total Operating Costs	(83,690)	(505) ▼	(83,470)	(396)
EBITDA	4,822	(108) ▼	4,939	43
EBITDA % Margin	5.4%	-0.1% ▼	5.6%	0.0%
Depreciation (-)	(3,370)	(0) ►	(3,370)	(0)
Interest (+/-)	59	9 ▼	64	14
Dividend (-)	(1,236)	(166) ▼	(1,236)	(166)
Surplus / (Deficit) cfd	275	(265) ▲	397	(109)

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 position it should be noted that a proportion of the Trust's reserves have been released. For Month 11 this equates to:

- General reserve £29k
- NCA Contingency £222k
- NNU Contingency £103k

Also contained within the Month 11 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. Any benefit from the early adopter incentive programme, however, is currently excluded.

## 1.2. Financial Risk Rating

The Trust's Financial Risk Rating (FRR) at Month 11 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 11			FRR as at Month 10			Year End Forecast As at Month 11		Annual Plan Submission	
<b>Metric</b>										
EBITDA margin	5.6%	3	▶	5.5%	3		5.4%	3	5.6%	3
EBITDA, % achieved	100.6%	5	▲	99.6%	4		98.5%	4	100.6%	5
ROA	2.0%	2	▶	2.0%	2		1.9%	2	3.9%	3
I&E surplus margin	0.4%	2	▶	0.4%	2		0.3%	2	0.6%	2
Liquid ratio	21.1	3	▶	20.4	3		32.4	4	26.6	4
<b>Weighted Average</b>		<b>2.8</b>	▶		<b>2.7</b>			<b>3.0</b>		<b>3.3</b>
<b>Financial Criteria</b>										
Underlying Performance		3	▶		3		3			3
Achievment of Plan		5	▲		4		4			5
Financial Efficiency		2	▶		2		2			3
Liquidity		3	▶		3		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 11 is £81.3m, which is £380k 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 (£311k) but this is offset in full by a favourable expenditure variance.

- Healthcare Income

At Month 11 healthcare income is ahead of plan, showing a surplus of £407k.

Neonatal income levels have worsened slightly but are still over-performing against contract targets. The income position for Maternity Services shows under-performance for the month of February but the cumulative position is a surplus of £368k. Gynaecology income, however, has worsened again in February with a cumulative under-performance year to date of £183k.

Table 2.1 - Contract activity by specialty

		Activity to date - Month 11			Activity to date - Month 10			Full Year Target
		Target	Actual	Variance	Target	Actual	Variance	
Maternity	Normal spells inc. excess bed days	10,144	9,369	(775) ▼	9,219	8,601	(618)	11,063
	Outpatients (New & Follow up)	53,020	58,600	5,580 ▲	48,196	53,502	5,306	57,837
Gynaecology	Elective spells	3,490	3,193	(297) ▼	3,171	2,928	(243)	3,807
	Non elective spells	1,603	1,463	(140) ▼	1,453	1,339	(114)	1,745
	Outpatients (New & Follow up)	27,944	29,015	1,071 ▼	25,397	26,861	1,464	30,477
	Outpatient procedures	9,002	8,855	(147) ▲	8,179	7,848	(331)	9,816
Neonatal	Intensive Care cot days	2,373	2,312	(61) ▲	2,156	2,043	(113)	2,587
	High Dependency cot days	1,697	1,874	177 ▲	1,542	1,703	161	1,851
	Special Care cot days	9,499	9,167	(332) ▼	8,634	8,376	(258)	10,362
Genetics	Laboratory tests	35,042	32,964	(2,078) ▼	31,852	30,276	(1,576)	38,225
	Clinical referrals	6,822	8,154	1,332 ▲	6,199	7,424	1,225	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 11 totals £971k, which is £285k ahead of plan. It is expected that this over-performance will continue with a current full year forecast for income of £1,038k 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 11 there is an adverse variance of £551k across all directorates.

Table 3.1 - Directorate variances from plan compared with previous month

	Cumulative position to date									
	as at Month 11					as at Month 10				
	Pay	Non Pay	Directorate	Healthcare	Total	Pay	Non Pay	Directorate	Healthcare	Total
	£'000	£'000	Income* £'000	Income £'000	£'000	£'000	£'000	Income* £'000	Income £'000	£'000
Maternity	-93 ▼	-170 ▼	-218 ►	368 ▼	-113 ▼	-52	-141	-218	415	4
Gynaecology	-86 ▼	-260 ▼	338 ▲	-183 ▼	-192 ▼	-74	-216	311	-134	-114
Genetics	-210 ▲	27 ▲	67 ▼	44 ►	-72 ▲	-249	-50	74	44	-181
Neonatal	-63 ▼	-100 ▼	-174 ▼	115 ▼	-222 ▼	-26	-63	-163	136	-116
Clinical Support	-416 ▼	-157 ▼	-291 ►	-28 ▼	-891 ▼	-403	-109	-292	-14	-818
Facilities	-77 ►	126 ▲	86 ►	0 ►	135 ▲	-77	55	87	0	65
R&D	-20 ▼	464 ▲	-311 ▼	0 ►	133 ▲	-8	415	-307	0	100
Corporate Services	389 ▲	-73 ▲	264 ►	91 ▲	671 ▲	308	-77	262	25	518
Hosted Organisations	0 ►	0 ►	0 ►	0 ►	0 ►	0	0	0	0	0
<b>TOTAL</b>	<b>-577 ▲</b>	<b>-142 ▲</b>	<b>-239 ▲</b>	<b>407 ▼</b>	<b>-551 ▼</b>	<b>-582</b>	<b>-186</b>	<b>-246</b>	<b>472</b>	<b>-542</b>

- Maternity Services

The directorate's current position is a deficit of £113k, a deterioration of £117k. 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 achieved year-to-date.

The directorate has calculated estimated income levels using the booking information for the remainder of the year 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 £88k 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 10 and 11 as a result of using the high cost drug immunoglobulin, together with a general increase in consumable and drug costs. The directorate has raised the issue of funding for high cost drugs with the PCT.

- Gynaecology

The directorate's current position is a deficit of £192k inclusive of over-performance on private patients, and taking into account the performance on healthcare income contracts. The deterioration is being driven by increased non-pay costs (Fertility consumables) and the performance against healthcare contract income targets has worsened by £49k. The income associated with outpatient procedures has improved but the activity relating to inpatient spells, both elective and non-elective, and normal outpatients is below target again for the month of February.

- Neonatal

The directorate's current position is a deficit of £222k, which has worsened from Month 10 by £106k. The drivers for the deficit are across all categories of pay, non-pay and income. The higher pay costs appear to be linked to high levels of enhancements which are being investigated. Non-pay expenditure is in line with previous months and is forecast to continue. The underperformance against the additional out-of-area activity target the directorate set as part of its efficiency programme for the year is reflected in the directorate income position. There has been some activity from outside the region but a much higher level of repatriation has meant that this income can no longer be guaranteed.

The directorate is also now showing over-performance against the contract with the West Midlands Specialised Commissioner with activity levels having increased since the move into the new unit. Activity was forecast to drop in February as it was a shorter month but it has dropped further than expected. The year end forecast is now a deficit of £263k.

- Genetics

The directorate's current position is a deficit of £72k, 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. There has been an improvement in the non-pay position within the month, a proportion of which has altered the year end forecast, but the majority of it had already been included in the forecast as it relates to a contribution from the National Genetics and Education Centre towards the directorate's efficiency programme.

The directorate is forecasting a year end deficit of £210k which is slightly 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 specialist commissioners to discuss the possibility of additional funding for the "send aways" and this has now been agreed.

- Clinical Support

The directorate's current position is a deficit of £891k across pay, non pay and income.

The pay position has overspent within the month by £13k and is overspent year-to-date by £416k. The deterioration in-month has been across several departments but mainly in Radiology and Theatres. Known elements of these movements have been factored into the forecast. The non pay position has over-spent within the month by £48k and is overspent year-to-date. This relates predominantly to Clinical Chemistry consumables and ordering/receipting processes in the department are being investigated to understand the fluctuations that have been occurring throughout the year. The year end forecast is a deficit of £945k.

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 10 for comparison.

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

	Forecast End of Year position									
	as at Month 11					as at Month 10				
	Pay	Non Pay	Directorate	Healthcare	Total	Pay	Non Pay	Directorate	Healthcare	Total
	£'000	£'000	Income*	Income	£'000	£'000	£'000	Income*	Income	£'000
Maternity	-102 ▼	-197 ►	-190 ▲	401 ▼	-88 ▼	-84	-196	-252	498	-34
Gynaecology	-77 ▲	-279 ▼	325 ▲	-200 ▼	-231 ▼	-87	-226	312	-161	-162
Genetics	-243 ►	-64 ▲	48 ▲	48 ▼	-210 ▲	-243	-103	40	52	-254
Neonatal	-70 ▼	-128 ▼	-192 ▲	126 ▼	-263 ▼	-25	-103	-199	163	-165
Clinical Support	-428 ▲	-180 ▼	-307 ▲	-31 ▼	-945 ▼	-432	-150	-329	-16	-927
Facilities	-91 ▲	153 ▼	91 ▼	0 ►	154 ▼	-101	175	101	0	174
R&D	-17 ▼	521 ▼	-370 ▲	0 ►	134 ▼	4	528	-395	0	137
Corporate Services	423 ▲	-127 ▲	243 ▲	258 ►	797 ▲	389	-139	170	258	678
Hosted Organisations	0 ►	0 ►	0 ►	0 ►	0 ►	0	0	0	0	0
<b>TOTAL</b>	<b>-604 ▼</b>	<b>-300 ▼</b>	<b>-351 ▲</b>	<b>602 ▲</b>	<b>-653 ▲</b>	<b>-580</b>	<b>-215</b>	<b>-553</b>	<b>794</b>	<b>-553</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 February savings of £2,611k have been identified as achieved against a target of £3,302k which is £691k 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 11		Month 12		Total		
	Plan	Actual	Plan	Forecast	Plan	Forecast	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Maternity	659.1	660.8	59.9	80.2	719	741	22
Gynaecology	345.6	196.7	31.4	20.1	377	217	(160)
Neonatal	324.5	351.5	29.5	11.8	354	363	9
Genetics	526.2	213.1	47.8	19.4	574	233	(342)
Clinical Support	511.5	224.6	47.5	31.4	559	256	(303)
Corporate	935.3	964.6	84.7	87.7	1,020	1,052	32
<b>Total</b>	<b>3,302</b>	<b>2,611</b>	<b>301</b>	<b>251</b>	<b>3,603</b>	<b>2,862</b>	<b>(741)</b>

The current end of year forecast is £2,862k against the target of £3,603k, which when compared with the Month 10 forecast (£2,847k) represents a small improvement.

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

- Red        £758k
- Amber    £618k
- Green    £2,228k

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 11 is showing a current split of 52/48%.

## 5. Balance Sheet

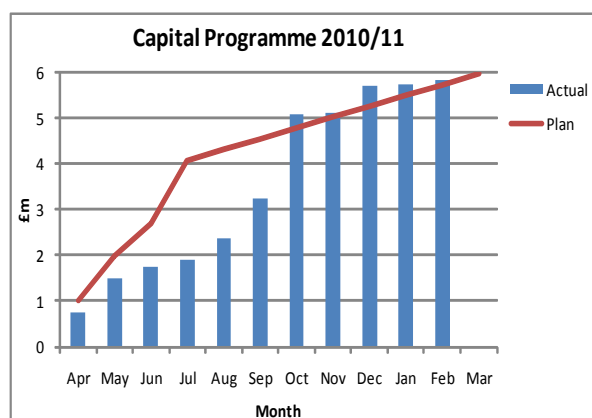
### 5.1. Capital

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 Plan £'000	Month 11 Actual £'000	Month 10 Actual £'000
Neonatal Unit Upgrade / Decant	3,130.0	3,243.0	3,241.0
Replacement PCs/Servers/PC equipment	200.0	321.0	298.0
Capital Equipment Replacement	1,371.8	1,237.0	1,273.0
Backlog Maintenance	960.2	727.0	703.0
Other	300.0	313.0	205.0
<b>Total</b>	<b>5,962.0</b>	<b>5,841.0</b>	<b>5,720.0</b>

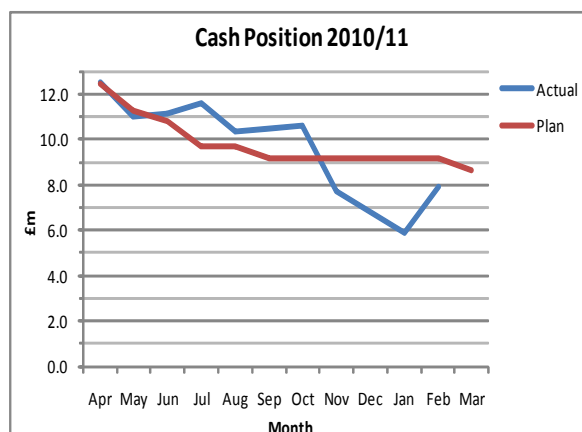


### 5.2. Cash Position

The Trust's cash balance at the end of February was £7.9m. Deferred income and accruals are recorded as £6.4m.

Table 5.2 - Cash position

	Month 11 Actual £'000	Month 10 Actual £'000
Cash held	7,932	5,865
Deferred income & accruals	6,364	5,092



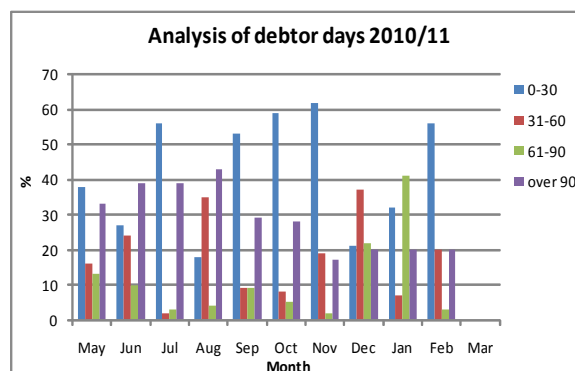
### 5.3. Debtors (Receivables)

Debtors at the end of February valued £4.8m, of which £3.4m relates to trade debtors and £1.4m to accrued income.

The value of debts over 90 days is £558k at Month 11.

Table 5.3 - Debtors

	Month 11 %	Month 10 %
0-30 days	56	32
31-60 days	20	7
61-90 days	3	41
over 90 days	20	20

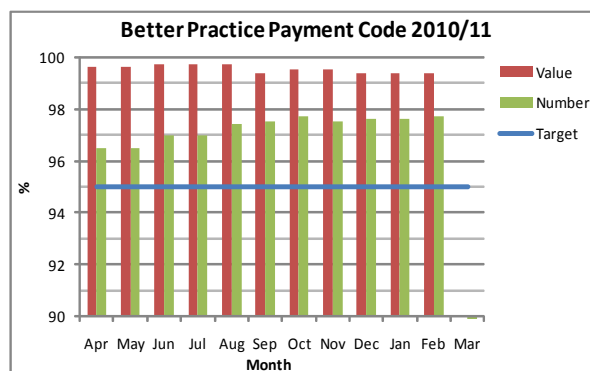


### 5.4. Creditors (Payables)

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 11 remains above target with 99.4% of invoices, by value, paid within the 30 day target and by number 97.7%.

Table 5.4 - Better practice payment code

	Month 11 Actual %	Month 10 Actual %
Performance by value of invoices paid	99.4	99.4
Performance by number of invoices paid	97.7	97.6



## 6. Conclusion

The Board is asked to note the Trust's financial position as at Month 11 (February 2010), which in summary is:

- |                               |       |                      |
|-------------------------------|-------|----------------------|
| ○ In month surplus            | £66k  | - £24k ahead of plan |
| ○ Year to date surplus        | £346k | - £118k behind plan  |
| ○ Forecast year end surplus   | £275k | - £265k behind plan  |
| ○ FRR as at Month 10          | 3     | - on plan            |
| ○ Forecast FRR as at Month 12 | 3     | - on plan            |

**BIRMINGHAM WOMEN'S NHS FOUNDATION TRUST**  
**INCOME & EXPENDITURE**  
**REPORTING PERIOD : - February 11 (Period 11)**

Form F1	This Month			Year To Date			Full Year Forecast		
	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	5,569	(65)	61,968	62,376	407	67,602	68,204	603
Private Patient Income	62	86	23	686	971	285	749	1,038	289
Other Income	2,035	2,027	(9)	18,232	17,920	(313)	19,730	19,270	(461)
<b>Total Income</b>	<b>7,731</b>	<b>7,681</b>	<b>(50)</b>	<b>80,887</b>	<b>81,267</b>	<b>380</b>	<b>88,081</b>	<b>88,512</b>	<b>431</b>
<b><u>Operating Costs (-)</u></b>									
Pay Costs	(5,062)	(5,054)	9	(54,247)	(54,795)	(548)	(58,981)	(59,553)	(572)
Non Pay Costs	(2,261)	(2,178)	83	(22,151)	(21,957)	194	(24,203)	(24,137)	66
<b>Total Operating Costs</b>	<b>(7,323)</b>	<b>(7,232)</b>	<b>91</b>	<b>(76,399)</b>	<b>(76,753)</b>	<b>(354)</b>	<b>(83,184)</b>	<b>(83,690)</b>	<b>(505)</b>
<b>EBITDA</b>	<b>408</b>	<b>449</b>	<b>41</b>	<b>4,488</b>	<b>4,514</b>	<b>26</b>	<b>4,896</b>	<b>4,822</b>	<b>(74)</b>
<b>EBITDA % Margin</b>	<b>5.3%</b>	<b>5.8%</b>	<b>0.6%</b>	<b>5.5%</b>	<b>5.6%</b>	<b>0.0%</b>	<b>5.6%</b>	<b>5.4%</b>	<b>-0.1%</b>
Depreciation (-)	(281)	(281)	0	(3,089)	(3,089)	(0)	(3,370)	(3,370)	(0)
Interest (+/-)	4	1	(3)	46	54	8	50	59	9
<b>Surplus / Deficit before dividend</b>	<b>131</b>	<b>169</b>	<b>37</b>	<b>1,445</b>	<b>1,479</b>	<b>34</b>	<b>1,576</b>	<b>1,511</b>	<b>(65)</b>
Dividend (-)	(89)	(103)	(14)	(981)	(1,133)	(152)	(1,070)	(1,236)	(166)
<b>Surplus / (Deficit) cfd</b>	<b>42</b>	<b>66</b>	<b>23</b>	<b>464</b>	<b>346</b>	<b>(118)</b>	<b>506</b>	<b>275</b>	<b>(231)</b>

# 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 have now agreed the indicators for next year and this will incorporate 2 changes. These new data will be published from the beginning of the new financial year.

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.

This month's data show a statistically significant decrease in the NND rate and hence the mean has been recalculated. This is discussed in more detail on page 3.

### RECOMMENDATIONS

To note and discuss the findings of the report

## Weekly Safety indicators

Please find this week's patient safety indicator results 18/03/2011.

Indicator	Number of weeks since last occurrence (start date 7/1/2010)	Number of occurrences year to date
MRSA bacteraemia *	8 years 9 months	0
Clostridium Difficile	31	0
Inadvertent bowel damage during surgery	2	1
Unexpected returns to gynaecology theatre †	0	4
Caesarean sections for placenta praevia where the consultant anaesthetist and obstetrician were not present	18	0
Intrapartum stillbirth after 25 weeks and 6 days gestation where the fetus was considered viable at the onset of labour	1 year 10 weeks	0
Ventilated inborn babies below 28 weeks gestation where administration of surfactant within 1 hour of birth was not achieved	0	2
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	11	0
Incorrect laboratory report released by genetics laboratories	16	0

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

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

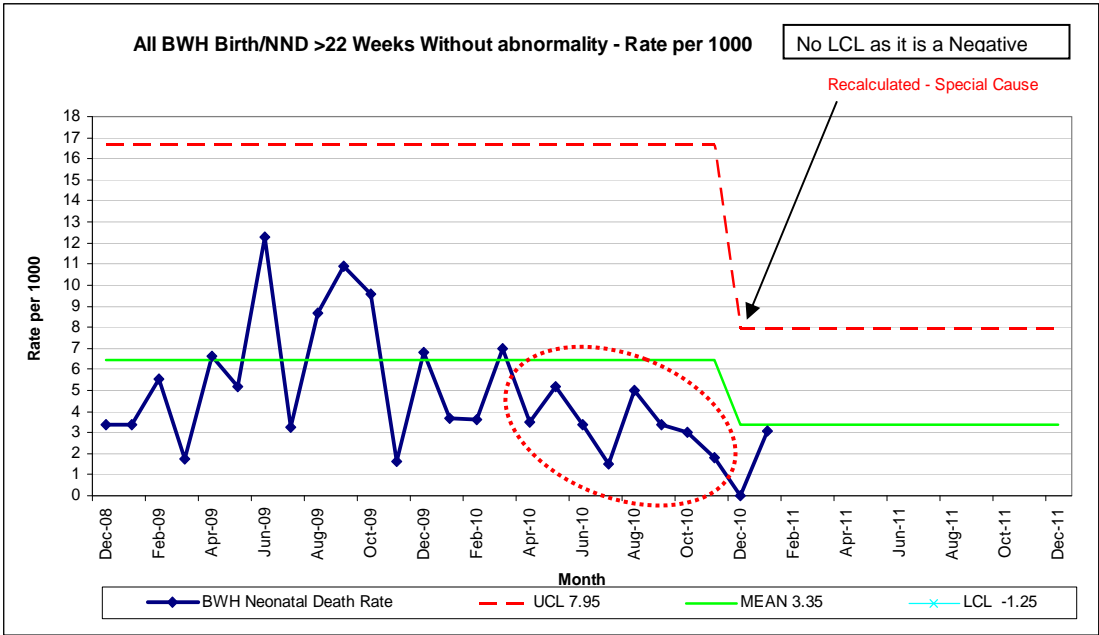
**1. Mortality Rates**

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.

After last months report we had 8 consecutive months where the NND rate was below the mean. In light of this we have recalculated the mean and expressed this on the SPC below. Strictly speaking this recalculation should only occur if we understand the reason why this has occurred. However, in a complex system such as neonatal intensive care, determining a single factor is not easy. The mean NND rate calculated from historical data was 6.42/1000 births and the new mean is 3.35/1000 births. This month's corrected NND rate is also below the previous mean value and the new mean.

Corrected Neonatal Mortality Rate

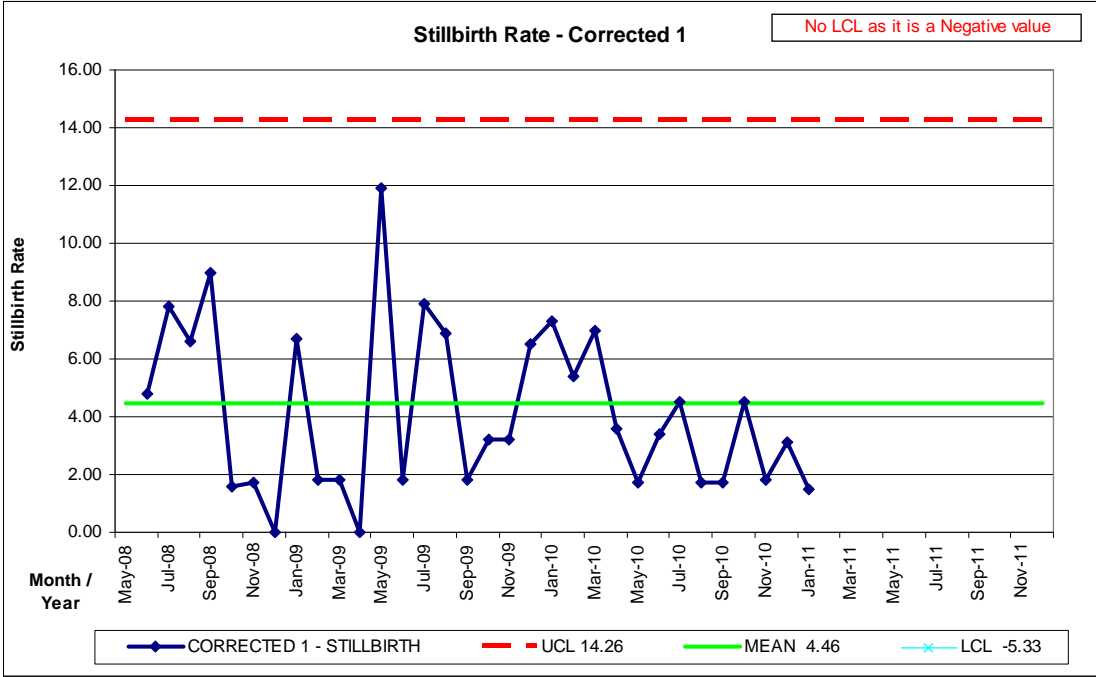
Rolling annual rate corrected for lethal congenital abnormalities, delivery <22 weeks gestation and birth weight <500g up to end of January 2011 is 3.3/1000.



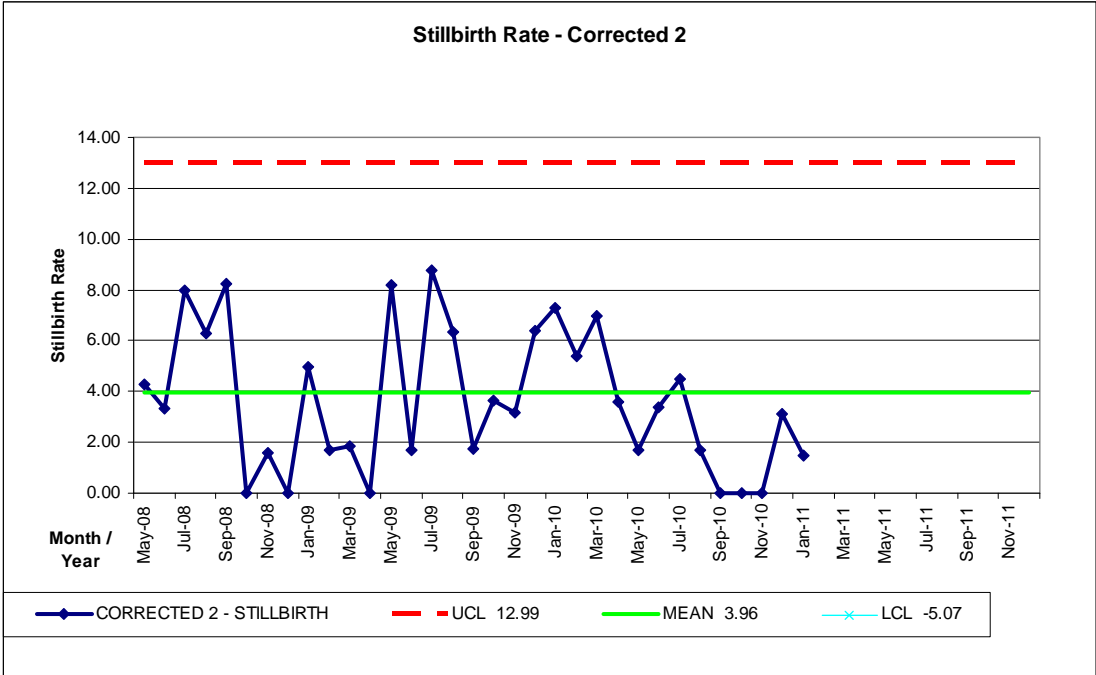
UCL = Upper control limit  
LCL = Lower control limit

Corrected Stillbirth Rates

Rolling annual rate, up to and including January 2011, corrected for lethal congenital abnormalities and birth weight <500g is 3.2/1000.



Rolling annual rate, up to and including January 2011 corrected for lethal congenital abnormalities, birth weight <500g and intrauterine transfers is 2.8/1000.



## Patient Safety Initiative

### Board and Governor's Walkabouts

The schedule for these visits around the hospital was for April 2011 is shown below.

Date & Time	Executive Director	Non Executive Director (NED) / Governor	Department to be Visited
Wed 13 <sup>th</sup> April 10.00 am	Jane Owen (Director of Nursing & Midwifery)	Helen Hemberg (Chair)	Finance & Informatics
Mon 18 <sup>th</sup> April 11.30 am	Steve Peak (Chief Executive)	Micheala Revel-Maton (Governor)	Histopathology & Mortuary
Mon 18 <sup>th</sup> April 2.00 pm	Jason Burn (Director of Finance & Information)	Robin Rison (NED) Sarah Francis (Governor)	HR Department
Thu 21 <sup>st</sup> April 10.00 am	Peter Thompson (Medical Director)	Nigel Gardner (NED)	Medical Records Dept
Wed 27 <sup>th</sup> April 10.00 am	Neil Savage (Director of Workforce & OD)	Robin Rison (NED) Dominic McMullan (Governor)	Medical Physics Dept

### Serious Untoward Incidents (SUI)

Table of the occurrence of SUIs in the month of February 2011

Directorate	Number of SUI s January
Clinical support	0
Genetics	0
Gynaecology	0
Maternity	1
Neonatology	0

PJ Thompson  
Medical Director  
March 2011



<b>SUBJECT :</b>	Statements under the <i>Code of Governance for NHS Foundation Trusts</i>
<b>REPORT BY :</b>	Steve Parsons, Head of Corporate Affairs
<b>AUTHOR :</b>	

### CONTEXT AND BACKGROUND FOR REPORT

A revision of the *Code of Governance for NHS Foundation Trusts* was issued by Monitor in mid-March 2010, for implementation on 1<sup>st</sup> April 2010. The new *Code* introduced several requirements for the Trust (either via Council or the Board) to make statements of approach in respect of defined areas.

Council agreed a number of the required statements in September 2010, and agreed the remaining statements that fell within their responsibility at the meeting on 8<sup>th</sup> March 2011. There are three statements that the Board is required to make:

- a. How the Trust will involve members, patients and the local community, including a description of classes of issues that they will consult on (G.1.1)
- b. How the public interests of patients and the local community will be represented in the Trust, including addressing the overlap between Governors and other consultative forums such as Overview and Scrutiny Committee, LINKs and staff groups (G.1.2)
- c. A schedule of the specific third-party bodies with which the Trust has a duty to co-operate (G.2.1)

The statements under a and b above have been included in one, as they are closely related.

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

- The draft statements have been circulated to Directors for comment, and comments received have been incorporated in the documents
- The proposals recognise the roles of Members' Council, the Women's Council and user groups, the Overview and Scrutiny Committee, and the staff forums
- A broad list of issues on which consultation would be expected has been set out in the statements

## ENCLOSURE 8

- The schedule of third parties sets out a range of bodies with whom the Trust has a duty (regulatory, statutory or contractual) to co-operate

### RECOMMENDATIONS

The Board is invited to:

- a. Approve the proposed statement of approach to the involvement of Members, patients and the local community (Appendix 'A')
- b. Approve the schedule of third-party organisations with which the Trust has a duty to co-operate (Appendix 'B')

## **Birmingham Women's NHS Foundation Trust**

### Statement of approach to the involvement of Members, patients and the community in the Trust

*“The Board of Directors should make available a public document that sets out its policy on the involvement of members, patients and the local community at large, including a description of the kind of issues it will consult on.”*

*Code of Governance, section G.1.1*

*“The Board of Directors should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between Governors and any local consultative forums already in place (e.g. Local Involvement Networks, the Overview and Scrutiny Committee, the local League of Friends, and staff groups.)”*

*Code of Governance, G.1.2*

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#### General approach

The Trust is committed to an open and transparent relationship with its members, its patients, and the communities that it serves. A number of groups have been in place for many years to assist the Trust in this endeavour.

As a Foundation Trust, we recognise that the main route of representation for our stakeholders is through the Governors that they elect to serve, and to collectively hold the Board to account as Member's Council. As outlined in the Trust's statement on the role and responsibilities of Governors, they are the first-level representative contact for members on matters relating to the development and future direction of the Trust.

The Trust also has a number of departmental and directorate-based user groups, and on a Trust-wide basis supports Women's Council as the main user group to feed back concerns and take soundings on possible developments. Links have been established between Women's Council and Members' Council, with the Patient and Carer Governors being allocated seats on Women's Council.

#### Consultation via Members' Council

An important part of the role of a Governor is to represent the community that has elected them into the Trust; in this respect, Members' Council replaces the community representation role previously exercised by the Strategic Health Authority on behalf of the Secretary of State.

Governors are invited annually to engage in formal consultations with their members, as part of the process of developing the Trust's Annual Plan. This consultation, supported by the Trust's membership office, encourages Governors to engage with their constituents regarding the Trust's future direction and priorities; and then to feed that information back to the Board through Members' Council, so that the plans and priorities within the Annual Plan can respond to the issues affecting the communities that we serve.

Governors are also encouraged to take other opportunities to consult with their members on the issues facing the Trust, and to feed back via Members' Council on those issues that are of concern to their constituents. The Trust seeks to enable Members' Council to act as a fully representative forum

for our stakeholders, including enabling Governors to use this forum to bring forward discussion on items referred by their constituents.

### User Groups

The Trust has a significant history of creating and using User Groups across the Trust to enable patients and other service users to contribute to the development of the Trust. These include groups at a Departmental and Directorate level, and feeds into a cross-Trust User Group, the Women's Council. Women's Council is supported by the Director of Nursing, Midwifery and Operations, and is now linked to the Member's Council through the attendance of the Patient and Carer Governors at its meetings. It is chaired by an independent person who has previously been a service user at the Trust.

Women's Council is regularly consulted on proposed service developments within the Trust, and members are encouraged to bring issues of concern arising from the various service user groups to the attention of the Trust's senior management through this forum. Through the attendance of the Patient and Carer Governors, Women's Council and the Members' Council are aware of the concerns being expressed in the other forum and the assurances being offered, together with the opinions on future developments.

### Issues the Trust will consult on

Below is a generic list of issues that the Trust would intend to consult on. A decision as to the type and extent on consultation for any individual item would be taken in light of all the circumstances then applying.

- Annual Plan process and potential changes to the strategic direction of the Trust
- Significant service developments for the Trust; this would include potential withdrawal from areas of service provision
- Changes to the Trust Constitution (consultation with Members' Council)
- The development of staffing and Human Resources policies (consultation with staff representatives)
- The Trust's responses to major NHS initiatives that could affect our future direction

### Inter-relationships between the Governors and external consultative forums

As a Foundation Trust, the Trust Board is responsible to Members' Council for its conduct of the Trust. However, there are also external bodies that the Trust reports to, some on a statutory basis, and it is acknowledged that there can be some overlap between these.

The Trust seeks to support its Governors in interacting with these groups, in order to better understand both the issues of concern to their constituents and to provide the groups with a channel of access to Members' Council to express any concerns that they may have.

*Local Involvement Networks (LINKs)*- The Trust relates to the LINKs for Birmingham, as it's 'home' local authority. The Trust has developed a relationship with this LINKs, and some Governors have been involved with its activities. In accordance with the statutory requirements, Birmingham LINKs are offered the opportunity to make a comment on the Trust's Quality Accounts.

As a Trust providing regional services, we recognise that Governors will be representing members

from outside the Birmingham area and may wish to work with other LINKs from the wider area that we serve. The Trust is committed to supporting our Governors to make contact with those LINKs and develop a relationship to enable the Trust to more fully understand the concerns of the patients and communities that we serve.

*Overview and Scrutiny Committee-* Like LINKs, the Trust formally relates to the Overview and Scrutiny Committee for Birmingham City Council as our 'home' local authority. The City Council also appoints one Governor, who to date has been an elected Member of the Council. The Overview and Scrutiny Committee is also offered an opportunity to insert a statement into the Trust's Quality Accounts prior to publication.

The Chief Executive of the Trust attends the Birmingham Overview and Scrutiny Committee on a regular basis to give evidence.

The Trust also acknowledges that Governors, in representing members from outside the Birmingham area, may wish to develop a relationship with the Overview and Scrutiny Committees in their areas. The Trust will support Governors in developing such links, whilst recognising that Parliament has provided that the primary link is with the Birmingham Overview and Scrutiny Committee.

*Staff Groups-* The Trust has established arrangements for consultation with staff over matters of mutual interest. These include a Local Negotiating Committee in respect of the Medical Staff and a Joint Negotiating Committee (JNC) for issues of concern to all staff. The management and staff representatives meet regularly in the JNC, and the staff-side representatives are consulted on all matters related to the terms and conditions of our employees.

The role of staff Governors, as representatives of the staff in the Trust, is separate and complementary to the role of the Trade Unions and Staff-side representatives in the employment context. The Trust recognises that, in representing the same groups, there may be overlap between the issues being raised in each forum; however, the focus for Governors is and should be holding the Board to account for its actions and having a strategic-level focus on the future, whilst employment issues are addressed through the staff consultation mechanisms.

## Birmingham Women's NHS Foundation Trust

### Schedule of third-party bodies with which the Trust has a duty to co-operate<sup>1</sup>

| Third-party organisation                     | Type of duty | Frequency                                  | Notes                                                                                                                           |
|----------------------------------------------|--------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Monitor                                      | Regulatory   | At least quarterly                         | Required to make regulatory returns.<br>Authorisation requires the Trust to be open, transparent and co-operative with Monitor. |
| Care Quality Commission                      | Regulatory   | Annual submission<br>As otherwise required | Registration to practice depends upon achieving satisfactory levels of service provision                                        |
| General Medical Council                      | Regulatory   | As required                                | Medical Re-validation<br>Other aspects of medical practitioner discipline                                                       |
| Nursing and Midwifery Council                | Regulatory   | As required                                | Supervision of Midwives<br>Other aspects of nurse and midwife practitioner discipline                                           |
| Health Professionals Council                 | Regulatory   | As required                                | Other aspects of practitioner discipline for staff required to register with HPC                                                |
| Human Fertilisation and Embryology Authority | Regulatory   | Annual review<br>As otherwise required     | Regulation of fertility work                                                                                                    |
| Human Tissue Authority                       | Regulatory   | Annual review<br>As otherwise required     | Regulation of work related to the Human Tissue Act                                                                              |
| Health and Safety Executive                  | Regulatory   | As required                                | Statutory Health and Safety at Work regime                                                                                      |
| Birmingham City Council                      | Regulatory   | As required                                | Food Hygiene regime                                                                                                             |

<sup>1</sup> *Code of Governance*, section G.2.1

| <b>Third-party organisation</b>           | <b>Type of duty</b> | <b>Frequency</b> | <b>Notes</b>                                                                                                                         |
|-------------------------------------------|---------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| (Environmental Services)                  |                     |                  |                                                                                                                                      |
| West Midlands Fire Service                | Regulatory          | As required      | Fire Safety regime                                                                                                                   |
| West Midlands Strategic Health Authority  | Contractual         | As required      | Provision of education services for medical training and related matters                                                             |
| South Birmingham PCT                      | Contractual         | Monthly at least | Main contract for the commissioning/ provision of a range of medical services<br>Right to make statement in Trust's Quality Accounts |
| West Midlands Specialised Services Agency | Contractual         | Monthly at least | Main contract for the commissioning/ provision of a range of specialised medical services                                            |
| University Hospitals Birmingham           | Contractual         | As required      | Immediate landlord<br>Provider of services to Trust under SLA's<br>Rents some space                                                  |
| Birmingham Children's Hospital            | Contractual         | As required      | Shared services                                                                                                                      |
| South West Midlands Newborn Network       | Contractual?        | As required      | Network for regulating NNU services in the region                                                                                    |
| The University of Birmingham              | Contractual         | As required      | Provision of post-qualification medical training<br>Research and Development<br>Academic-active staff                                |
| Birmingham City University                | Contractual         | As required      | Provision of Nursing and Midwifery training<br>Research and Development<br>Academic-active staff                                     |
| Birmingham City Council-                  | Statutory           | As requested     | Statutory oversight mechanism                                                                                                        |

| <b>Third-party organisation</b> | <b>Type of duty</b>    | <b>Frequency</b>                         | <b>Notes</b>                                                                                                                                   |
|---------------------------------|------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Overview and Scrutiny Committee |                        |                                          | Right to make statement in the Trust's Quality Accounts                                                                                        |
| Birmingham LINKs                | Statutory              | As requested                             | Statutory oversight mechanism<br>Right to make statement in the Trust's Quality Accounts<br>Right to enter and view provision of services      |
| Trade Unions/ staff groups      | Statutory              | Monthly                                  | Statutory requirement to consult with recognised Trade Unions                                                                                  |
| External Auditors (PwC)         | Statutory              | Annual Accounts<br>Otherwise as required | Statutory requirement to have the annual accounts audited and laid before Council                                                              |
| Internal Auditors (Parkhill)    | Statutory/ Contractual | As required                              | HM Treasury requires all FT's to appoint internal auditors to support Accounting Officer<br>Also requirement of Healthcare Provision contracts |
|                                 |                        |                                          |                                                                                                                                                |

## Birmingham Women's



NHS Foundation Trust

|                    |                                                 |
|--------------------|-------------------------------------------------|
| <b>SUBJECT :</b>   | Report of the Chairman to the Board, March 2011 |
| <b>REPORT BY :</b> | Helen Hemberg, Trust Chairman                   |
| <b>AUTHOR :</b>    | Steve Parsons, Head of Corporate Affairs        |

### CONTEXT AND BACKGROUND FOR REPORT

This report gives a summary of the main activities undertaken during March 2011 by the Chairman.

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

- Work has continued on the development of the Trust's Annual Plan, including a seminar session of the Board and a meeting of the Standing Finance Committee
- In conjunction with Liverpool Women's NHS FT and other maternity units, work is being developed to raise the profile of maternity services, with particular regard to the continuing downward pressure on the maternity tariff compared to tariffs for other procedures. We have made contact with policy-makers and local MP's and will be developing these discussions.
- Members' Council met on 8<sup>th</sup> March and a separate report of proceedings has been provided.
- The inaugural meeting of the reformed Standing Finance Committee has been held, and a regular meeting of the Audit Committee
- There was a useful meeting of the Chair's and Chief Executive's from across the SHA area, which gave further clarity as to the likely future shape of the system (subject to Parliamentary passage of the Health and Social Care Bill). The Board will wish to note that it appears that there will be a move from 3-year contracts with annual adjustments, to a system of annual contracts, on the transfer of responsibility to GP Commissioners in April 2013.
- I have continued a range of informal contacts with Governors to ensure that the Trust is aware of their and their constituent's concerns. Governors continue to be involved with the walkabout programme.

### RECOMMENDATIONS

## ENCLOSURE 9

The Board is invited to note the Chairman's report for March 2011.



|                    |                                                            |
|--------------------|------------------------------------------------------------|
| <b>SUBJECT :</b>   | Report of the Chairman of Council to the Board, March 2011 |
| <b>REPORT BY :</b> | Helen Hemberg, Trust Chairman                              |
| <b>AUTHOR :</b>    | Steve Parsons, Head of Corporate Affairs                   |

### CONTEXT AND BACKGROUND FOR REPORT

Member's Council met on 8<sup>th</sup> March 2011. This report is to formally update the Board on the proceedings and views of the Council.

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

- This was the first meeting of Council where new Governors were in office
- Dominic McMullan, Sharon Palmer and Satinder Kaur Tanuque were elected to the Standing Appointments Committee
- Council was divided into yearly classes to facilitate future elections, which will be held on the basis of (approximately) one-third of the elected members being subject to re-election each year
- Council was updated on the position of the Trust in discussions with BCH regarding the future use of this site
- Council received an update report from the Chief Executive, and also a report on performance and patient experience in the Trust; this included a discussion of the effects of the Trust receiving a red rating for 3 consecutive quarters of missed target, owing to the one *C Diff* case in Q2
- Council considered that, on that basis, it would not be proportionate to place the Trust in the red category and consider it for escalation. Council requested the Senior Governor to write to Monitor to advise them of Council's view and request re-consideration
- Council was updated on the current financial position of the Trust, and of the impairment charge issue in respect of the NNU building
- Consideration was given to the quality accounts target for 2011-2012, and Council considered which target it should select. Following clarification, Council has been asked to select by a circulation vote (result due shortly).
- Council received an update on membership, and agreed in principle to re-establish the Membership Committee
- The outstanding statements to be made by Council under the *Code of Governance* were considered and approved.
- Council approved, on the recommendation of the SAC, minor amendments

## ENCLOSURE 10

to the appraisal procedures for the Chairman and NED's

- Council also approved the re-appointment of Mr Rison as a Non-Executive Director for a further 3 years from 1<sup>st</sup> August 2011
- Council debated at some length the Trust's developing strategy and the annual plan priorities for the coming year. A full report of these discussions will be laid before the Board for consideration as part of the Annual Plan item in the private session.

### **RECOMMENDATIONS**

The Board is invited to note the proceedings of Council.