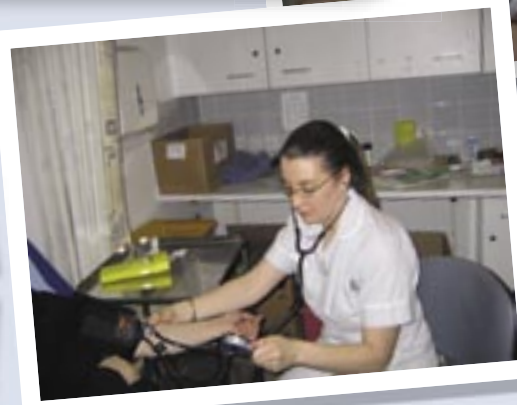


Annual Report and Accounts 2005/06

Birmingham Women's Health Care NHS Trust



From the Chairman



Welcome to the Annual Report and Accounts for 2005/06. The theme of this year's report looks at how we are taking steps to ensure a successful future.

One of our key successes for the year has been that the Trust has met the challenges of the national targets for waiting times, hospital cleanliness and infection control.

We have worked all year round to reduce waiting times and see more patients. All outpatients are seen within 13 weeks, whilst inpatients waited less than six months for their operations, the majority being seen even more quickly.

Once again, the Trust reported no cases of MRSA, making us

one of only four hospitals in the country to have a zero rating for MRSA bacteraemia. It has been a challenging year both financially and also in the decisions we have had to make to ensure the Trust is fit for purpose as we move towards becoming a Foundation Trust. We ended the year in financial surplus and by taking action now to make savings and a more efficient organisation, we are looking to achieve a healthy balance sheet in 2006/07. I have now been with Birmingham Women's Health Care NHS Trust for over five years and I am incredibly proud of the organisation. Our greatest asset is our staff, we have a fantastic reputation across the region and further afield and it's thanks to everyone who works for the organisation that we can uphold that reputation.

Ann Owen
Chairman

Our objectives for 2005/06

- Patients should be involved in what we do and feel their lives have been improved by contact with us.
- Appropriate care will be provided in the community, including genetics, freeing up the hospital for our specialist and tertiary services.
- Champion for women's health issues and more engagement with the local community.
- Employer of choice for women.
- To deliver a high quality service including making the most effective use of resources to improve patient care.

From the Chief Executive

I joined the Trust during 2005/06 and so have been with the Trust for a short time, however, it

has been easy to feel part of the organisation very

quickly due to the friendliness and support of staff across the Trust.

It has been a year of achievement for the Trust ending the financial year with a surplus and once again being one of the top scoring Trusts in the country for having no cases of MRSA bacteraemia. Our

strengths at controlling infection are testament to the staff both clinical and non clinical. Special mention must go to our diligent house keepers who enabled the Trust



to achieve an excellent score for hospital cleanliness from the Patient Environment Action Team (PEAT).

We also received an excellent score

for Hospital Food from PEAT and my thanks go to our Catering Team.

Another triumph has been to re-route a local bus service to serve the Trust which has been of benefit to our patients and visitors.

Challenges for 2006/07 include our preparation for

Foundation Trust of which you can read about in this report. We will be going through a period of planned re-organisation to further develop our role and services to our local

population and beyond. Our primary focus is to make the organisation more fit for purpose to give the best service to our patients as we move towards becoming a Foundation Trust. Modernisation Boards have been established to undertake a review of our services and to make recommendations on how these services can be delivered in the future.

This will also support our submission for Foundation Trust status.

I hope you enjoy reading this report which I feel demonstrates our abilities and expertise to provide first class healthcare to our communities.

Julie Burgess
Chief Executive

Birmingham Women's Health Care NHS Trust is totally committed to improving the health care needs of women, men and babies. Established in April 1993, the Trust is one of the premier healthcare providers for Maternity, Fetal Medicine, Neonatology, Gynaecology and Genetics in the country.

We are a teaching hospital with strong links to the University of Birmingham, the University of Central England and other academic institutions delivering high quality research and development as well as education and training. We provide services to the local population of South Birmingham and also act as a tertiary centre for patients from across the West Midlands and beyond. With an annual income of £68 million, we looked after over 55,000 thousand patients and delivered over 6,900 babies during the year. We have approximately 200 beds and over 1,500 staff.

The Trust comprises one hospital and offers local services in a wide range of locations across the West Midlands including at other hospitals and in the community. We host two region wide partnerships; The Cancer Intelligence Unit and the West Midlands Public Health Observatory as well as the NHS National Genetics Education and Development Centre.



Not forgetting Men

In the past the Trust has promoted itself on the basis that it is one of only two hospitals in the UK dedicated to care of women and babies. Whilst this is true we also offer services to men through Clinical Genetics and Fertility as well as involving all men who are supporting their wives, partners and family members under our care. The name of the Trust may be Birmingham Women's but the work of the Trust involves everyone.

Patient care on target

- All patients are seen within 13 weeks or less for their first appointment.
- All operations are carried out within 26 weeks or less. Waiting times have been cut for operations.
- All patients can choose and book their hospital appointment on a date and time to suit them, either via their GP or by ringing the hospital booking office direct.
- All patients are seen within 2 weeks of GP referral for cancer appointments.
- The Trust reported no cases of MRSA Bacteraemia, VRE Bacteraemia or Clostridium Difficile infection.
- Excellent cleanliness ratings.

A Firm Foundation

The Trust will be launching a public consultation later this year to seek the views of staff, patients, the public and our stakeholders on our proposals to become an NHS Foundation Trust. The Consultation is not a referendum of whether we should become an NHS Foundation Trust as the Government has suggested that all Trusts should become NHS Foundation Trusts by 2008, however, as an organisation, we think Foundation Trust Status will bring us advantages.

We are proud of our achievements in improving health care for the local community and beyond. We now want to build on this and give greater voice to our community by becoming a Foundation Trust. We will still remain fully part of the NHS and continue to provide services according to NHS principles – free care based on need and not ability to pay. The difference is that NHS Foundation Trusts will be run by the people it serves. They will be owned by their members, which can be people living in the West Midlands, patients, their carers and our staff. Foundation Status will deliver a health and social care model centred on our patients in the community.

NHS Foundation Trusts will:

- Be fully part of the NHS and continue to provide care free at the point of delivery.
- Have new freedoms to design and deliver local services that local people are involved in developing.
- Be accountable to local people who can become members and governors.
- Be authorised and monitored by an independent regulator.
- Be similar in structure and ethos to mutual organisations such as co-operative societies and housing associations.

Benefits of NHS Foundation Trusts are:

- The ability to determine our own health care priorities and develop services tailored to the diverse needs of our communities.
- The opportunity for ownership by patients and the public.
- The ability to raise additional finance to re-invest in health care services and facilities.
- The potential for us to form strong and enduring partnerships with other organisations.

Meeting the needs of our patients

During 2005/06, Maternity Services were strengthened with the appointment of three specialist midwives in Substance Misuse, Teenage Pregnancy and Mental Health and Domestic Violence.

Jo Lloyd is the Specialist Midwife for teenage pregnancy and her role is to provide support for teenage Mums and Dads as well as training and supporting midwives in caring for young parents. Jo helps young parents through the process of pregnancy, encouraging them to attend antenatal appointments by making them feel safe and happy to come into Hospital. She has set up a 'MumztoB' group for Mums of 18 years and under, which is very successful and the next step is to develop a text messaging system to send out health promotion messages, appointment reminders and contraception advice.

Sue Behan is the Specialist Midwife for Mental Health and Domestic Violence. She liaises with community psychiatric teams

and the Mother and Baby Unit at the Queen Elizabeth Psychiatric Hospital to improve communications between our services and to support vulnerable women affected by mental health problems. Sue supports midwives providing advice and training on issues around mental health and domestic violence. Her role is to ensure midwives have the skills to identify domestic violence, support the women they are caring for and refer them to the appropriate services. Domestic violence should be dealt with through a variety of agencies including Police, Social Services and Women's Aid depending on a woman's needs and wishes.

Heather Gray is the specialist midwife for Drugs/Alcohol Misuse and Smoking Cessation. Heather's main responsibilities are to liaise with her colleagues, clients, Primary Care Trusts, GPs and other agencies to reduce the incidences and impact of substance misuse in pregnancy. Many women with these problems may miss out on their important antenatal care so it's Heather's job to

try and get on board with them as early as possible and maintain contact ensuring these women get the support they need. Heather trains midwives to raise awareness of the issues of substance misuse and what agencies are available to provide support.

All these midwives have previous experience as Community Midwives. The next step is to set up a specialist clinic that will incorporate the needs of substance misuse, teenage pregnancy and domestic violence. They plan to have outside agencies working with them in order to provide more holistic care and improve communication.



Staff in spotlight



Midwives and staff were in the spotlight this year as they were filmed for the BBC 3 television series 'Desperate Midwives'.

The six part series focused on the work of midwives and the mothers and families they deal with. It was a positive portrayal of the role and it highlighted that a midwife's life is not restricted to the delivery suites but on the wards and in the community.

Championing the Midwifery Assistant role

The Trust was part of the 'National Rapid Roll' 'Out of Maternity Support Workers'. This centred on the new ways of working in Maternity in support of the National Service Framework for Maternity.

Our aim has been to develop support workers to work alongside midwives to enable them to develop basic clinical and clerical skills to free up midwifery time. The ten month project was completed in February 06. We were able to successfully demonstrate that a midwifery assistant working in a scanning clinic enabled us to free up one midwife for the day to provide antenatal and postnatal care to women.

Midwifery Assistant Caroline Hodder was trained to carry out this role and now carries out tasks such as blood taking, blood pressure recording, basic clinical tasks as well as administration work. The redesign of the assistant role in the community has meant that some tasks previously carried out by midwives can be provided by midwifery assistants instead. This has led to many benefits.

The project was so successful that we have continued the service in the community. There are now plans to further develop midwifery assistants with similar skills.



Caring for tiny babies



Parents brought their babies back for a special celebration in April. The Neonatal Unit held a party to mark the babies first year after spending the beginning part of their lives in special care on the Unit.

The Parents' Support Group at the hospital is run for parents whose babies are on the Neonatal Unit. The group meets every two weeks and many parents have stayed in touch, providing support for each other long after they have been able to take their little ones home.

Sister Sue Hodgson runs the Parent Support Group and she explained, "We are so proud of our support group and the mums and dads who provide friendship and help to each other. We wanted to thank them and also as many of the babies will be having their birthdays around this time of year, we wanted to have a party for them. The reason why we run the group is because babies are often on the unit for weeks if not longer, the support group gives parents the opportunity to meet others going through the same anxieties and reassure each other."



Developments over the year

A key development for the Neonatal unit has been the formulation of the Newborn Neonatal transport team who transfer sick neonates between any of the neonatal units in the southern West Midlands. The Trust hosts the team and has been working with the Newborn Network to establish this service. We form part of the Newborn Network for the South West Midlands which consists of five hospitals including ourselves, Heart of England Foundation, Sandwell and West Birmingham, Worcester and Redditch, Good Hope and Hereford NHS Trusts.

We are a designated level three centre, this means we can treat very small and seriously ill neonates as well as support other

units in managing high levels of activity or difficult cases.

As part of the network, the unit has been working on standardising clinical practice, policies and procedures, education and training and clinical benchmarking across the region. Future developments include increasing the number of Advanced Nurse Practitioners on the unit.

During the year, the unit welcomed Dr Debbie Derbyshire as the new Clinical Director for Neonatal services and thanked Dr Geoff Durbin who had been Clinical Director for approximately 20 years and has made a substantial contribution to the organisation.

Controlling Infection

For the third year running there were no infections in any of the categories subject to Department of Health mandatory surveillance. While this success is partly explained by the nature of the activity of the Trust, the place played by stringent infection control measures that have been in place for many years should not be overlooked.

Mandatory infection surveillance encompasses only a small proportion of the overall burden of healthcare associated infections (HCAs), and it is important to note that our much more extensive internal infection surveillance continues to show satisfactory performance in controlling a much broader range of HCAs.

There is growing recognition that

responsibility for Infection Control in hospitals rests with all staff. Important steps have been taken to innovatively develop the Infection Control Liaison Worker role at the Trust as a means of developing robust Infection Control provision within clinical teams. We look forward to further developing this structure in the year ahead to ensure the highest possible standards of safety for our patients and staff.

We want to know what you think of our service, whatever your views, you can help us to put things right.

During 2005/06 we received hundreds of compliments and 36 formal complaints. This is 18 less complaints than the previous year. 88.9 per cent of these complaints were responded to within 20 working days, an improvement on 84 per cent last year.

There were five requests for an Independent Review of which four reviews are still ongoing

As a result of suggestions and concerns raised, the Trust has

made a number of changes and improvements including:

- Epidural monitoring alarms and responsibility for changing the bags has previously been with the anaesthetic staff, but this has led to a number of delays. In order to rectify this situation it is now the midwives' responsibility and they are being trained in the skills required to replace the bags and re-set the pump. This has also been included in the annual update sessions on epidurals for midwives.
- Better support is now available

for breast and bottle feeding all year round with the addition of the Post Natal Ward Manager to the Feeding Support Team.

- Review of guidelines for post-operative care recommended to ensure they are in line with best practice and are evidence based.
- Review of systems in place to advise patients of positive test results for Beta-Haemolytic Streptococcus.
- Echocardiography performed on babies who have had an x-ray.

Patient and Public Involvement

During the year Rebecca Dutneall has been a valued member of the Women's Council and the Patient Information Group.



She explained, "As a disabled service user I can bring my experiences and suggestions to both groups. There needs to be more work done on communicating with patients with disabilities and the techniques involved to communicate with people who have sensory impairments. I have enjoyed attending both the Women's Council and Patient Information Group and hope my input has been of use. As a patient I have been well supported across the services and access to the chaplaincy has been very helpful."

Through patients like Rebecca and other users who attend our patient groups and forums, we can get the patients perspective and by involving patients we can in turn make improvements to our services.

PALS Service goes from strength to strength

The hospital PALS service continues to help patients and visitors who have queries or concerns about any aspect of their care.

The Patient Advice and Liaison Service (PALS) also guides patients, their family and friends through the different services available within the hospital and outside.

The complaints service is still available, but many patients often choose to speak to the PALS team first. Here they have the benefit of a clinically trained, hospital familiar team, working in an informal confidential atmosphere, in relaxed premises within the main hospital foyer.

PALS Manager, Sue Sargeant and Jane Harkin, now a permanent asset to the team as PALS Officer have seen a huge increase in the number of cases they have dealt with. This is almost certainly due to both wards and office being covered simultaneously and with one PALS person in the Trust any day Monday to Friday.

The PALS team are based in a highly visible area. They are available from 8.00 a.m. to 5.00 p.m. each weekday and by direct line on 0121 627 2747. Sue Sargeant also manages the Trust Interpreting Service ensuring equity of access to all support services for all our diverse

population.

Speaking Your Language

The hospital strives to ensure patients whose first language is not English have access to an interpreting service. A Link worker service is available in the community and within the Trust at times during the normal working day, and supports Bengali, Punjabi, Hindi, Arabic and Gujarati.

The service has now developed and expanded with the provision of a direct telephone interpreting service covering 160 languages available to all Trust patients, 7 days a week, 24 hours a day. This service is available both within the Trust and the Community.

The Trust also has access to a dedicated sign language service which is available 24 hours a day, 7 days a week which after a telephone call ensures that a clinically qualified signer is available at the hospital to provide translations on a one to one basis.

We hope to ensure equity of access through the services we provide across all aspects and all cultures of our diverse population ensuring that all patients have the availability of impartial, qualified, high quality service delivery to ensure that all their communication needs are met.

Gynaecological Services include both inpatient and outpatient services. Outpatient specialist clinics include colposcopy, outpatient hysteroscopy, urogynaecology, infertility, oncology, preoperative assessment as well as general gynaecology clinics. All Gynaecological cancers including cancer of the ovary, cervix, uterus, vulva and vagina requiring surgical intervention are treated at the Trust.

Better care for pregnancy loss

Sadly, not all pregnancies are successful but our aim is to be supportive and make the journey for patients experiencing early pregnancy loss as straightforward as possible.

Women who miscarry in early pregnancy are now benefiting from faster care and less time spent in hospital thanks to a care package developed by the Early Pregnancy Assessment Unit for the medical management of miscarriage.

Previously women admitted were having to wait longer to see a member of the medical staff and would often have to stay in overnight. Now it is standard practice that nurses are able to administer medication to women during the morning of their admission and they are able to go home the same day, thus helping to reduce further anxieties by not having to stay in hospital longer than necessary.

'One Stop Service' is one of a kind

The Hysteroscopy Service at the Trust is an innovative 'One Stop Service' which enables women with gynaecological conditions to receive diagnostic and therapeutic treatment in one outpatient visit without the need for anaesthetic. These conditions include abnormal bleeding, HRT/menopause related problems, reproductive medicine and fertility control.

Mr Justin Clark and Professor Janesh Gupta have developed this service which is the most advanced of its kind nationally. During the year they published the 'Handbook for Outpatient Hysteroscopy' a guide to modern practice which is the first ever publication in this area which will be a valuable resource for gynaecological practitioners in both primary and secondary care. This is a fantastic achievement and is yet another example of how the Trust is leading the way in medical and

technological advances.

Consultant Gynaecologist, Justin Clark explained, "Our Hysteroscopy Service offers women the most up to date options in the diagnosis and treatment of many common gynaecological problems in a convenient, safe and friendly environment. We provide an efficient and high quality service, allowing women choice regarding their care and the setting for their treatment. Our research demonstrates high levels of patient satisfaction in all aspects of the service and our innovative clinical and research work has established a national and international reputation in this area."



New Clinic reduces waiting times

Women with post menopausal bleeding are finding out in under a month of urgent GP referral if pre cancer or cancer is the cause of their bleeding, thanks to a new Nurse Led Endometrial Biopsy Clinic.

Siobhan O'Connor is a Gynaecology Nurse Practitioner and she leads the Endometrial Biopsy clinic. The aim of the clinic is to speed up the diagnostic process, confirming the presence or not of abnormal cells. When an abnormality is found, patients can be triaged promptly into an appropriate consultant led clinic for treatment. The Clinic also aims to reduce the pressure on already full Consultant led clinics.

The clinic forms part of the care pathway for women who experience post menopausal bleeding. Women who are referred urgently by their GP for investigation have an ultra sound scan within two weeks of referral. If an abnormality is found in the lining of the womb, the woman is referred straight to Siobhan's clinic where an endometrial biopsy is generally taken on the same day. Patients and GPs are usually informed of normal results within 10 days. Prompt appointments are made for those women who require further diagnostic assessment or gynaecological oncology opinions.

Siobhan explains, "Diagnosis of abnormal cells is now taking place

within 28 days of GP referral. Prior to the nurse led clinic, the process was taking up to 40 days. Women are now benefiting from faster diagnosis and quicker treatment. We are looking for endometrial pre cancer and cancer, so a quick diagnosis is really important to patients. In addition the clinic aids the Trust in achieving the National Cancer Waiting Time Targets".

In six months the clinic has seen over 200 women and has achieved its aim by providing an efficient patient centred service.

It is hoped to carry out a patient satisfaction survey shortly to establish patient's views and ascertain whether the service could be improved further.



The Assisted Conception Unit has been providing a high standard of care to couples experiencing fertility problems for the last 25 years. It is the only unit of its type in Birmingham which is based in a NHS hospital. The Unit is licensed by the Human Fertilisation and Embryology Authority.

We provide a full range of fertility, gynaecology and obstetrics services

from the diagnosis of infertility, right through to the delivery of your baby (if fertility treatment is successful). The unit has strong links with the University of Birmingham, and is actively involved at the cutting edge of the development of fertility treatment. It has a strong national profile in respect of a number of research programmes.

£500K Embryology Laboratory opens its doors

Developments in the Assisted Conception Unit has seen the opening of new laboratories for IVF treatments this year. The first £500,000 Laboratory, which opened in Summer 06, is one of the most advanced facilities in the country with the ultimate conditions for processing eggs and sperm for the purpose of fertilisation.

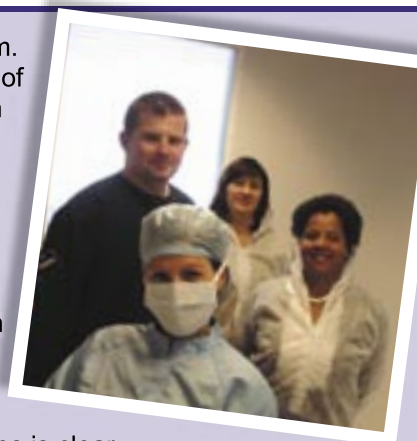
Due to specialist air filtration, the 'air quality' in the new laboratory is approximately 1000 times cleaner than in a conventional laboratory. This will be of real benefit for patients undergoing fertility treatment, with the best possible conditions for growing embryos.

These new facilities will also enable the Unit to be involved in the cutting edge of embryonic stem cell research in partnership with the

University of Birmingham.

Dr Sue Avery, Director of the Assisted Conception Unit said: "The new laboratories are a stride into the future in terms of standards placing us ahead of most other centres in the UK. The advantages of having an ultra-clean environment for IVF procedures when moving human eggs, sperm and embryos is clear, and will allow us to provide our patients with the best treatment possible."

Dr Kirkman-Brown, Research and Development Manager of the Unit explained: "In many cases when completing their fertility treatment, patients have a number of embryos spare that may otherwise be



disposed of, we are lucky in Birmingham to be able to offer patients the opportunity to donate these embryos to various research projects instead of disposing

of them. In collaboration with the University of Birmingham we have secured funding from the Medical Research Council (MRC) to support us in delivering these especially 'clean' embryos to our collaborators for derivation into stem cells suitable for human therapy."

ACU and University pioneer DIY fertility test



A new sperm testing kit has been developed by Scientists from the Assisted Conception Unit and the University of Birmingham's Reproductive Biology and Genetics Department. The sperm testing kit called 'Fertell' has been

developed for men to use at home.

The thinking behind the development of the kit is that if men need to produce a sample for testing, they would be much more comfortable doing this at home rather than in a clinical environment. Jackson Kirkham Brown, Research and Development Manager for the ACU as well as a research fellow at the University has been involved in the development of the kit and he explained, "If men are going to test their sperm themselves, then we needed to develop a kit that was accurate. The kit tests a concentration of motile human sperm (this means that they can move by themselves) to give an indication of whether the sperm is suitable to fertilise an egg naturally."

The kit counts for 10 million motile sperm as the World Health Organisation's definition for a low amount is under 10 million. Once the sperm sample has been placed in the kit it mixes with a liquid which replicates the fluid in the female reproductive tract, if the number of motile sperm is over 10million and the test has worked, then two positives lines are indicated in red. The results of the test appear in less than an hour, so it's easy and convenient to use. If the test results are not positive, then men will be able to seek further guidance.

It is estimated that 20% of the UK population have a fertility problem. This product has now been launched on the open market and will certainly help to reduce the anxieties for those men who have to have this test.

The Trust provides the West Midlands Clinical Genetics Service which offers a family based service in clinics across Birmingham and throughout the region.

At least 1 in 20 individuals under the age of 25 develops a serious disease with an important genetic component. Clinical genetics is concerned with the cause, course, diagnosis and treatment of genetic

and part-genetic disorders.

Individuals and families use the service for information about genetic risks. For some disorders, presymptomatic diagnosis is possible which allows surveillance for complications. Individuals and families are becoming increasingly aware of the genetic contribution to disease. Many wish to have information so that they can seek to prevent complications in someone

who is already affected or to reduce the risk of recurrence within the family.

We aim to meet this need by providing diagnosis, information, risk estimation, genetic counselling, management and support to individual patients and families with genetic disorders, through a family based diagnostic approach and specialised counselling skills.

NHS National Genetics Education and Development Centre

The NHS National Genetics Education and Development Centre, also at the Trust, works with a wide range of groups throughout the UK to:

- Identify the genetics knowledge, skills and attitudes useful for clinical roles
- Facilitate the integration of genetics into curricula and courses.
- Develop a framework for competencies in genetics.
- Identify and develop resources appropriate to the needs of health professionals.

Using sound educational theory and practice, we are currently working with dietitians, medical practitioners, the nursing professions, pharmacists, and service development projects to provide specialty specific information about attitudes towards genetics and delivery of educational initiatives, and to identify learning needs and skill requirements. We are also asking patients what they want their health professionals to know about genetics.

The Centre holds seminars and conferences on genetic education to promote and disseminate good practice from around the UK. It also has a role in supporting, encouraging, and disseminating learning from services being developed for genetics in the NHS.

Taking Genetics into the Community

Specialist Genetic Counsellors are providing a successful service in the community. Genetic Counsellors work in health clinics and community centres providing a drop in facility for people to access the service. There is a much better attendance rate than asking people to attend the hospital. There is no appointment system and drop in sessions are very informal. We have two ethnic minority counsellors who offer information and advice on issues which affect black and minority ethnic families. They also provide training sessions to health professionals on accessing and referring to the Clinical Genetics Service, offering;



- Information and advice
- Family list clinic
- Training and education sessions.

Breast Cancer Gene testing results in target time

The West Midlands Regional Genetics Laboratory is part of the Trust and provides a comprehensive genetic testing service to the population of the West Midlands and many other healthcare and medical institutions in the United Kingdom and Europe. Over 27,000 samples are processed annually.

The Laboratory carries out breast cancer gene testing for the whole of the region. The Department of Health Genetics White Paper set an 8 week turnaround time objective for breast cancer gene screening to be in place by June 2006. In response to this Department of Health funding was used to purchase robotics and other high throughput laboratory equipment. In addition a novel screening strategy was developed by the staff in the Genetics unit to

drastically improve testing efficiency. The high throughput strategy has resulted in the screening of more than 349 patients since September 2005.

All new breast cancer patients referred to the Genetics laboratory since January 2006 have been reported within the 8 week turnaround time objective set by the Department of Health and 80% of patients have been reported within 6 weeks. For a third of families results are now available within a month. The new efficient service provided by the Regional Genetics laboratory means that the current waiting list for breast cancer gene screening will be completed before the end of August 2006, 8 months sooner than originally proposed to the Department of Health.

Helping women to achieve a natural birth

THE Birth Centre has been open since February 2004 and more than 1,500 babies have been born there. This midwife led centre is one of the only purpose built centres in the UK. Women have their babies in a homely environment with the knowledge that medical care is next door if needed.

Women are encouraged to move around during labour and the centre houses a birth pool and bedrooms that wouldn't look out of place in a five star hotel. The facilities are available to help them to feel calm, relaxed and at ease. Midwives on the birth centre support women's natural ability to cope, encouraging women to adopt different positions for comfort, and to use water, birth balls, mats and hammocks.

The Birth Centre is managed by midwives and care assistants and is

the perfect place for women who have had no problems during their pregnancy and hope for a normal birth. Women who have had their first baby with us are now returning for their second birth in the centre.

The centre is very popular with women and the Trust is now promoting it for the majority of women booked under the care of a midwife. The number of midwives working there has also increased to support the increasing numbers.

Sandra Reed Scott and Neil Rogerson were the proud parents of baby Shaun recently when he was born in the Birth Centre. Having had a daughter 12 years ago, Sandra said that her experience this time was very different.



"It has been a lovely experience, the midwife really listened to what we wanted, I wasn't confined to a bed and was free to move around as much as I wanted. As soon as Shaun was born we had skin to skin contact. The midwives are really nice and we have felt very comfortable here"

The Right Plan for Care

The Natural Birth Care Pathway is a document based on the most up to date evidence of best practice for natural birth. Midwives complete the document for women in labour on the Birth Centre. The pathway supports midwives to ensure the woman's journey is clinically safe and at the same time nurtures the natural birth process. It acts as a guide for

midwives to document information about the woman and the care provided.

The care pathway has since been further developed to produce a 'Normal Birth Care Pathway'. This new development will continue to support care on the birth centre in addition to supporting women on the delivery suite who may have a more complex history. Midwifery

support will be accentuated with the aim of minimalising intervention.

All of the guidelines supporting this midwifery approach have been updated with the latest evidence and best practice. We have set up information collection systems to capture the care provided in order to demonstrate improvements and identify where subsequent improvement should be focused.

The Fetal Medicine Centre at the Trust is the referral centre for the West Midlands and in some cases nationally

The centre provides the diagnosis and treatment of high risk pregnancy, fetal abnormality and pregnancy loss.

Specialities include the management of Rhesus disease and Twin Twin Transfusion Syndrome.

A development in Fetal medicine during the year has been the training of Fetal medicine in Ultrasound to support the service.

The Centre is just one of a small number of units across the country with a Laser Fetoscopy Service. Laser Fetoscopy can help to treat conditions such as

Twin Twin Transfusion Syndrome (TTTS) which can occur in multiple pregnancies where identical twins share the placenta. The survival rate for babies using the treatment is between 60-70% and is the it is treatment of choice for TTTS.

Research and development/Risk management



Birmingham Women's Health Care NHS Trust is committed to supporting research to provide the best possible care for our patients. Through research we can determine which method of treatment is the best.

Many of the medical staff at the Trust are involved in research, but without the voluntary involvement of patients many of these studies could not go ahead.

The number of research trials at Birmingham Women's Hospital is growing each year, and we are also increasing the number of patients recruited into these studies, giving access to new treatments in a range of disease areas.

Government funding for research at the Trust increased to £522,000 in 2005/06, with external income from charities, research councils and foundations reaching over £2 million during the financial year.

A grant in excess of £700,000 from the NHS Health Technology

Assessment Programme was awarded to the Group B Strep research team. Group B Strep is a germ that can be passed from mothers to babies at the time of delivery and can cause babies to become seriously unwell during the first few days of life. Led by Dr James Gray, the team aim to assess the accuracy of testing mothers for the bacteria during the early stages of labour. Results are known within two hours and if the mother tests positive, they will be given antibiotics to reduce the risk of serious infection in eight out of ten babies.

After nine years of leading the R&D agenda at the Trust, Professor Martin Whittle has retired from his role as R&D Director. Professor Khalid Khan has stepped in to set out the goals for research and development in the Trust and to create a vibrant research environment that contributes to the health and wealth of the community.

Managing Risk

Being able to identify and manage any type of risk is a core task for the Trust. Risk management is assessing the process of what could go wrong, the probability of an incident and taking steps to reduce or maintain risk.

The Trust has a live risk register which identifies the risks which the Trust faces and this is reviewed monthly. The purpose of the Risk Register is to record, reduce and control risk across the Trust. During 2005/06, there have been significant developments within the risk management process.

The Trust participated in the National NHS Staff Survey in 2005. There was a selection of questions regarding the risk management process. Overall, the results were positive, demonstrating that the Trust had an open/fair culture and the processes are supported Trust-wide.

We were in the top 20 per cent of Trusts in the country where there were low numbers of staff not suffering work related injuries in the previous 12 months. We also scored well with low numbers of staff witnessing potentially harmful errors, near misses or incidents.

Safe and Sound

The management of health and safety is integral to the business of the Trust and all staff members are actively encouraged to report all health and safety issues through the Trust's incident reporting system.

Health and safety meetings are held monthly and involve each of the Directorates. All of the health and safety objectives for 2005/06 were met. Main objectives for the new year will focus on stress management, manual handling, control of infection and policies in place for CNST.

The Staff Health Suite provides an Occupational Health Service as well as a Staff Support Advisor. Counselling and stress management training is available to all.

Equal Opportunities

Birmingham Women's Health Care NHS Trust is an equal opportunities employer and has policies and procedures in place to ensure equality of opportunity. The Trust's revised Race Equality Scheme was implemented during the year to ensure that the Trust meets its obligations to our black and minority ethnic (BME) workforce. The Race Equality Scheme aims to address the imbalance in the disparity in opportunities for BME staff.

The beacon leadership, Career and Personal Development Programme is aimed at developing

BME junior and middle managers. This course is supported by Trust and a number of BME staff have completed the leadership programme.

The Trust's Disability Equality Policy supports staff in the provision and delivery of health services to patients. It also promotes equality of opportunity in relation to employment, training and promotion for disabled staff. Our aim is to take all reasonable steps to remove barriers that prevent disabled people from accessing services and employment opportunities.



In November 2005, the then Lord Mayor of Birmingham, Councillor John Hood, paid a special visit to the Women's Hospital to officially open the new Bereavement rooms, The Abby Suite.

Becoming Baby Friendly

It's got to be one of the most baby friendly places in the city, so, how it is possible for the Trust to become any more baby friendly?

This year the Trust received its certificate of commitment from UNICEF UK Baby Friendly Initiative.

Infant Feeding Coordinator, Helena Stopes-Roe explained;

"As a Baby Friendly hospital we give mothers the best possible help with caring for their babies. We encourage mums and dads to make informed choices about baby feeding and will support their choices. We believe breastfeeding to be the healthiest option so will ensure mums are given the help they need with getting breastfeeding going. New mums are given their baby straight after the birth for essential skin to skin contact. Then Midwives and other staff can help women with breastfeeding throughout their stay in hospital and in the early days after they get home.

Women are welcome to breastfeed in all public areas of the hospital or can request privacy if they prefer. We must now work towards achieving full accreditation."

The Abby Suite has been a facility on the Delivery Suite since 1996. However, during the year the rooms have been moved and upgraded thanks to essential funds from the Women's Campaign and donations from bereaved parents. The rooms have been designed for women who are sadly experiencing a pregnancy loss. There are two rooms with en suite facilities, and soft furnishings to help create a home from home environment for women and their partners.

£85,000 has been invested which created a dedicated Triage area and the Abby Suite. It is with thanks to the Eveson Charitable Trust, the Garfield Weston Trust and the Saintbury Trust for their donations to the Campaign. These donations

have gone towards creating the new rooms and bereaved parents have purchased essential items to create a more comfortable environment.

Chairman, Ann Owen explained "We are delighted that the Lord Mayor has chosen the Campaign and this was the perfect opportunity for him to see where the fundraising is being invested. We are very grateful to the Trusts who have so generously donated to the campaign and also to the bereaved parents who have bought items for the rooms."

Special thanks should also be given to Mr David and Mrs Deborah Faulkner, the Suite is named in memory of their daughter Abby, and it is with thanks to their fundraising that the original Abby Suite was created.

Victory on the buses

This year Patients were encouraged to 'Take the bus to the Trust' and climb aboard a new bus route to serve Birmingham Women's Hospital.

After being approached by a number of patients and visitors across the hospital site, Chief Executive, Julie Burgess, realised that the nearest bus stops were around a quarter of a mile walk away from the hospital. As a result of this, the Women's Hospital had detailed discussions with Travel West Midlands and Centro to look at options to help our patients and visitors.

Following these discussions, the 636 service was re-routed to serve the Women's Hospital site.

The 636 drops bus passengers outside the Women's Hospital and close to the Queen Elizabeth Hospital whilst also linking to the University Station. The service, which operates



every 15 minutes, crosses a number of major bus services including the 21 and 46.

Julie Burgess said, "I am delighted with this new service which will not only help our patients, visitors and staff but also users of the Queen Elizabeth Hospital. It is with thanks to Travel West Midlands for working with us to rectify this issue. We are also keen for our staff along with patients and visitors to use public transport to access the hospital and this service will help people to do just that."

Connecting for Health



As part of the South Birmingham health community, our staff are amongst the first in the country to use modern information systems to transform patient care.

Hospitals and Primary Care Trusts in South Birmingham in conjunction with Birmingham and the Black Country Strategic Health Authority (SHA) and Computer Sciences Corporation (NYSE:CSC) have successfully completed the roll out of a new Patient Administration System (PAS) in the first phase of the NHS Care Records Service.

More than 3,500 NHS staff in acute trusts and community settings across South Birmingham are now using the new PAS to manage inpatient and outpatient activities. This is the first step in enabling NHS Staff to enjoy easier access

to up to date information, greater support in diagnosis, reduced administration and better communication between healthcare professionals, leading to higher quality of care for patients.

Birmingham Women's Health Care NHS Trust went 'Live' with the new IPM Lorenzo PAS system during April 2006. The project was considered a success and was hailed as the best PAS implementation in the West Midlands region so far. This was due to the hard work of the project team, Trust and CSC staff, who planned and co-operated to a very high degree.

The Trust is now looking to follow Connecting for Health's plans in its implementation of other Trust clinical systems over the following years.

Celebrating the BEST

In December, the Trust was represented at the Celebrating the BEST Conference in Birmingham. The Conference brought together NHS Trusts, Primary Care Trusts and Foundation Trusts from across Birmingham, Solihull and the Black Country.

The aim of the event was to celebrate and learn from innovative approaches to improving health and health services locally. Every Trust was invited to put forward an area of good practice for an award in one of the seven categories which are the key priorities for the Strategic Health Authority. These included, Establishing a healthy start to life; Improving capacity and investment planning; Tackling health inequalities; Supporting people with long term conditions; Promoting choice; Promoting race equality; Delivering a five star health economy.

We were successful in having two areas of good practice shortlisted for an award, these were:

Tackling health inequalities – Health and Domestic Violence Project by Elaine Giles, Lead Nurse for Safeguarding Children. This looked at improving service provision for women and their children living with domestic violence around the time of childbirth.

Promoting race equality – Knowledge and Awareness of Genetic Services by Shagufta Khan, Genetic Counsellor for Ethnic Minorities. The focus here was on raising awareness of the clinical genetics service in the community and to health professions. Breaking barriers by taking the genetics service out into the community.

This was a great achievement as these two projects, although not overall winners, were shortlisted from many down to three of the best in their category.

Trust becomes Smoke Free

The Government target stated that all NHS Hospitals will be smoke free by April 2006. The Trust achieved this target and patients and staff are no longer allowed to smoke within any of the hospital buildings.

There are smoking cessation courses available to patients and staff, offering information, advice and Nicotine Replacement Therapy.

Did you know that During 2005/06?

- We looked after 44,241 patients.
- There were 6,780 deliveries and 6,908 babies born.
- We carried out over 5,700 operations.

Clinical Governance is the framework which Trusts use to ensure safe, high quality, patient centred care.

It can also be thought of as 'Improvement'. Among its components are the Patient Experience, Patient and Public Involvement, Evidence Based Practice, Clinical Audit, Research and Development, Risk Management, Use of Information, Staff Focus and Strategic Capacity. Over the last year we have continued to progress in all of these areas. Development of clinical governance is guided by the Trust's Clinical Improvement Group and assessed through the national planning and reporting process by the Birmingham & Black Country Strategic Health Authority (SHA).

The Trust is creating a new directorate of clinical governance to help integrate and co-ordinate these components.

Evidence based clinical practice continues to be adopted from various sources from National Institute of Clinical Excellence (NICE) guidance implementation to Integrated Care Pathways (ICPs) via the clinical audit improvement process. The Clinical Audit annual report detailed over 100 audits performed across the Trust and the Clinical Audit and Information Group organised another successful Hospital Annual Clinical Report assessment day featuring research projects and the annual audit competition presentations.

Risk Management continues to develop via the Risk Register and Incident Reporting systems. Progress was reflected in achievement of appropriate levels for the Core CNST assessment and the Maternity Standards. The Trust has become a pilot site for the new CNST Maternity Standards.

The Women's Council continues to provide a valuable forum for patient feedback and involvement under its established Chair, Andrea Gordon. The outcomes for patients would appear to justify the considerable effort put into clinical governance. The last National Outpatient Survey demonstrated a consistently high level of patient satisfaction.

Integrated Care Pathways

An integrated care pathway determines an agreed outline of care which has been developed by a multi-disciplinary team for specific patient or client group. It forms all or part of the clinical record, documents the care given and helps us to evaluate and improve the clinical services we provide.

The development of an ICP is a positive way of bringing together a multidisciplinary team of staff with patients to challenge the way they work and why they have to do things a certain way. Communication improves between staff groups and departments who rarely meet in normal circumstances. By comparing what we should be doing with what we actually do, a better understanding develops of each part of the patient journey; who provides what part of the service at what time and how it can be improved. The ICP document specifies achievable best practice for most patients. However, it is not a 'one size fits all' approach. Patients are all different and have varying needs. The ICP supports decision making and allows for variation so that care can be adjusted to individual needs.

The ICP also helps give clinical staff greater confidence in what they are doing and helps patients understand what will be happening. It helps to solve the communication problem where patients are receiving one answer from one clinician and maybe a different answer from another member of staff involved in their care.



The requirements of ICPs are all different depending on what condition they cover but the philosophy behind each ICP is the same: embedding clinical governance in the routine delivery of care.

Care Pathway Developments

A care pathway is now being developed for Elective Caesarean Section as a result of an audit which demonstrated variation in practice and issues with documentation. The pathway will focus on what observations should be done and by whom during the whole procedure from admission through to discharge. The process will start in antenatal care and go right through to the delivery, care on the wards and then back into the community. A multidisciplinary team are developing the ICP including a Consultant Obstetrician, a Consultant Midwife, Midwifery Assistants, Practice Educator Midwife, Specialist Midwives as well as Anaesthetists, the Blood Transfusion Service and the Clinical Governance team. The Specialist Midwives for domestic violence and mental health, teenage pregnancy and substance misuse have also helped with the ICP in terms of identifying the risk factors and child protection issues.

Openness through freedom of information

The Freedom of Information Act took full effect in January 2005. The Trust continues to work hard to ensure that requests for information are dealt with in an open and timely fashion. During the year a total of 33 requests were received. We met the maximum 20 working days response time for all these requests. The Trust's publication scheme can be accessed through our website. www.bwhct.nhs.uk

Information Governance

The NHS Information Governance framework ensures that personal information is dealt with legally, securely, efficiently and effectively in order to deliver the best possible care. The Trust's Information Governance Group has responsibility for maintaining and improving performance in this area.

Further details on Information Governance can be found on the Trust's Website: www.bwhct.nhs.uk

Developing services and staff



The Trust recognises the importance of spiritual care for both patients and staff. During the year, the Trust welcomed a new Hospital Chaplain, Denise Jones.

Denise provides a full time service to the Trust with a team of Chaplains who work between University Hospital

Birmingham NHS Foundation Trust and ourselves. The Chaplaincy Team comprises of Denise Jones, Anglican Chaplaincy Manager, Rehannah Sadiq, Muslim Chaplain, Fr Jeremy Howard, Catholic Chaplain, Pam Turner, Free Church Chaplain and Rakesh Bhatt, Hindu Chaplain.

Expanding Religious and Spiritual Care Services

The Chaplaincy now has two new voluntary members to the team, Amanda Butler; a licensed Christian Minister and a qualified counsellor; joins the team as a part time Volunteer Christian Chaplain. The team has also welcomed Sameena Kauser a Student Muslim Chaplain. Sameena will be spending some sixty hours with the trust from June to September and is hoping to continue her work here as a Volunteer Muslim Chaplaincy Visitor. The Chaplaincy department are in the process of exploring further expansion of religious representation and diversity within the Trust through the appointment of an Assistant Sikh Chaplain.

Stephen Barton

During the year, the Trust bade farewell to Hospital Chaplain, Stephen Barton. Stephen had been the Chaplain for seven years offering spiritual support to patients and staff alike. In March 2006, Stephen undertook a Trek across the Jordan Desert in aid of the charities WellBeing of Women and Prostate Research Campaign UK. WellBeing of Women supports many projects related to women's health and maternity. In total Stephen raised over £9000 for both charities.

Improving Working Lives Practice Plus

The Trust was awarded Improving Working Lives Practice Plus status during the year. This is the national audit instrument which every NHS Trust is encouraged to attain and develop in future years as best practice. It challenges NHS employers to prove that they are making a significant difference to the working lives of their employees. Reaching this standard means that we are demonstrating, through effective partnership working, and through staff involvement, that the working lives of staff have improved.

Investing in our staff

Our staff are our greatest asset and as a Trust we make it our priority to ensure that staff have access to training and development opportunities.

The Trust commenced its newly developed Foundation Human Resources Management Development programme in October 2005. The programme is designed to run once every two months and is aimed at staff who have line management responsibility or staff aspiring to management roles. The principles upon which the programme are built are to assist the ongoing development of managers and to ensure best management practice is followed at all times.

Originally the programme was developed with five half day modules covering Leadership Skills, Recruitment and Retention, the Knowledge, Skills Framework, Managing Absence and Employee Relations. The evaluation from the first programme was very

encouraging and feedback indicated the need to cover additional areas. A further module was designed on the topic of Dignity at Work and added to the programme.

The programme now runs over three consecutive days and is proving to be a great success. The programme has been a sell out since the beginning and is fully booked until December 2006. It is planned to run the programme over a three year period. Over seventy managers have so far attended the programme.

Ongoing feedback from attendees tells us that Managers now feel more confident in undertaking their management duties and the benefits are being felt by staff in general.

Plans are being formulated to develop an extended management programme which will build on the Foundation programme and support the Trust in succession planning for the future.

Agenda for Change

The Trust achieved the Department of Health targets of assimilating all staff except Doctors, to the Agenda for Change new Employment Terms and Conditions and associated pay scales. All eligible members of staff were assimilated to the new pay bands by the national target of January 2006. This means that all staff now have the same conditions of service and the anomalies that existed under the previous Whitley Council terms have now come to an end. This has allowed Managers to have the opportunity of developing new roles in order to further develop the service to meet the needs of the community.

The Trust performed well in 2005/06 financially and achieved its four financial performance targets.

By the end of the year the Trust had posted an income and expenditure surplus of £50,000.

The Trust therefore:

- Achieved and Income and Expenditure Surplus.
 - Remained within its External Financing Limit.
 - Remained below its Capital Resource Limit. *
- Achieved the 3.5% return on assets employed target.

*The Trust under spent against its capital resource limit target in 2005/06. It is anticipated that this under spend will be added to the 2006/07 capital programme for the Trust.

The main source of income for the organisation was Primary Care Trusts within the Birmingham and the Black Country area.

On the following pages you will find a summary of the Trusts financial results for 2005/06 taken from the Annual Accounts. If you would like to see these in full, you can either obtain a free electronic copy at the web address: www.bwhct.nhs.uk or by writing to:

The Director of Finance, Birmingham Women's Healthcare NHS Trust, Edgbaston, Birmingham, B15 2TG or Tel: 0121 472 1377

Income and expenditure as at 31st March 2006

	2005/06 £000	2004/05 £000
Income from activities	54,890	51,480
Other operating income	13,115	11,977
Operating expenses	(66,515)	(62,371)
Surplus before interest	1,490	1,086
Interest receivable	98	159
Surplus for the Financial year	1,588	1,245
Public Dividend Capital Dividends payable	(1,538)	(1,509)
Retained surplus/(Deficit) for the year	50	(264)

Summary of performance since the Trust was formed

	1998/99 £	1999/00 £	2000/01 £	2001/02 £	2002/03 £	2003/04 £	2004/05 £	2005/06 £
Total income	36,261	40,147	43,232	50,618	52,219	56,029	63,457	68,005
Surplus/(deficit)	(468)	(608)	48	372	282	4	(264)	50
Culmulative position	(90)	(698)	(650)	(278)	4	8	(256)	(206)

Balancing the books

Balance sheet as at 31st March 2006

	2005/06 £000	2004/05 £000
Fixed Assets		
Tangible assets	44,184	43,592
Current Assets		
Stocks and work in progress	317	64
Debtors	5,218	3,170
Cash at bank and in hand	123	123
	5,658	3,357
Creditors: Amounts falling due within one year	(6,599)	(5,981)
Net Current (Liabilities)	(941)	(2,624)
Total Assets Less Current Liabilities	43,243	40,968
Creditors: Amounts falling due after more than one year	0	0
Provisions for liabilities and charges	423 mm (58)	(292)
Total assets employed	43,185	40,676
Financed by:		
Taxpayers Equity	38,399	37,052
Revaluation reserve	2,498	1,617
Donated asset reserve	1,205	1,122
Income and expenditure reserve	1,083	885
Total taxpayers equity	43,185	40,676

Cash flow statement for the year ended March 31st 2006

	2005/06 £000	2004/05 £000
Operating Activities		
Net cash inflow from operating activities	2,393	4,891
Returns on Investments and Servicing of Finance:		
Interest received	108	153
Net cash inflow (outflow) from returns on investments and servicing of finance	108	153
Capital Expenditure		
Payments to acquire tangible fixed assets	(2,454)	(4,273)
Net cash (outflow) from capital expenditure	(2,454)	(4,273)
Dividends Paid	(1,538)	(1,509)
Net cash (outflow) before management of liquid resources and financing	(1,491)	(738)
Management of Liquid Resources	0	0
	(1,491)	(738)
Financing		
New public dividend capital received	1,347	488
Other capital receipts	144	250
Net cash inflow from financing	1,491	738
Increase/(decrease) in cash	0	0

Remuneration

Name and Title	Salary (Bands of £5000) £000	Other remuneration (Bands of £5000) £000	Benefit in kind (Bands £100) £000
Executive Directors			
J Burgess – Chief Executive (started 03/10/05)	45 - 50	0	0
C Wigley – Chief Executive (left 05/06/05)	15 - 20	0	0
J Phillips – Director of Operations (left 31/12/05)	50 - 55	0	100
J Owen – Director of Nursing & Midwifery and Operations	65 - 70	0	0
P Jarvis – Director of Finance & Information (started 16/01/06)	15 - 20	0	0
P Elliot – Director of Finance (left 31/12/05)	65 - 70	0	0
A McMenemy – Director of Workforce Information & Facilities	55 - 60	0	0
H Gee – Medical Director ('consent to disclose other remuneration withheld)	20 - 25	*	0
Non Executive Directors			
A Owen - Chairman	15 - 20	0	0
B Miller	5 - 10	0	0
J Mackay	5 - 10	0	0
J Brooks	5 - 10	0	0
P Gallimore (left 31/08/05)	0 - 5	0	0
E Nicholls (left 31/10/5)	0 - 5	0	0
I Booth (started 01/11/05)	0 - 5	0	0

During the year the Trust had a new Chief Executive and Finance Director.

* Consent to disclose withheld

From April 2005 a single payment has been introduced that consolidates performance, pay and benefits into a base salary. Salaries are based on median market rates.

Director's Pension Benefits

Name and Title	Real increase in at age 60 Bands of £2500	Total accrued pension related lump sum at age 60 (bands of £2500)	Total accrued pension at age 60 as at 31/3/06 (bands of £5000)	Total accrued pension related lump sum at age 60 at 31/3/06 (bands of £5000)	Cash Equivalent Transfer value at 31/3/06	Cash Equivalent Transfer value at 31/3/05	Real increase in Cash Equivalent Transfer value	Employers Contribution to Stakeholder pension
	000	000	000	000	000	000	000	000
J Burgess Chief Executive	2.5 - 5.0	5 - 7.5	30 - 35	95 - 100	450	379	35	n/a
C Wigley Chief Executive (left 05/06/05)	0 - 2.5	2 - 2.5	30 - 35	95 - 100	527	412	21	n/a
J Phillips Director of Operations (left 31/12/05)	2.5 - 5.0	2.5 - 5	15 - 20	55 - 60	273	232	28	n/a
J Owen Director Nursing & Midwifery	2.5 - 5	7.5 - 10.0	25 - 30	80 - 85	467	370	96	n/a
P Jarvis Director of Finance	0 - 2.5	0 - 2.5	10 - 15	30 - 35	124	98	5	n/a
P Elliot Director of Finance	7.5 - 10.0	(7.5) - (10)	20 - 25	80 - 85	*	505	*	n/a
A McMenemy Director of Workforce and Facilities	0 - 2.5	5 - 7.5	5 - 10	15 - 20	56	37	20	n/a
H Gee Medical Director	2.5 - 5	10 - 12.5	5 - 10	20 - 25	135	72	64	n/a

* Not applicable as the director has drawn their pension.

Director's interests

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

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

Pay

The Trust board complied with directions on senior managers pay contained in the letter from the Chief Executive of the NHS Trust. The Chief Executive was the highest paid Director.

Balancing the books

Remuneration Report

The Remuneration Committee members in 2005/06 comprise of all the Non Executive Directors and the Chairman of the Trust. One of the roles of the Remuneration Committee is to determine the various elements of remuneration for members of the Board. The Chief Executive and the Executive Directors are appointed under open competition. An appointment panel comprising Non Executive Directors and external assessors appoints to Director's positions. The performance of the Chief Executive is monitored by the Chairman. Executive Directors performance is monitored by the Chief Executive. The Chief Executive and Executive Directors are subject to the Trust's disciplinary procedure.

Executive Remuneration Policy

In order to ensure optimum performance, it is necessary to have a competitive pay and benefits structure. The committee recognises that there is a highly competitive market and that the provision for appropriate rewards for superior performance is vital to the continued growth of the business.

Executive Directors are on a continuing contract and have a three month notice period. The Chief Executive has a six month notice period. Each Director has annual objectives which are agreed by the Chief Executive. Reviews on performance are quarterly and the Chairman agrees the objectives of the Chief Executive and associated performance measures.

One termination payment was made outside of the terms of contract, this was a one off non-contractual payment of £33,212.21 to Judith Phillips.

Pension Disclosures

As Non Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non Executive members.

Pension Liabilities

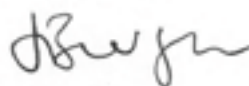
Employees both past and present are covered by the NHS Pensions Scheme. Full details are available in the Annual Accounts on page 23.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.



Julie Burgess
Chief Executive

Date 5th July 2006

Statement of total recognised gains and losses

	2005/06 £000	2004/05 £000
Surplus (deficit) for the financial year before dividends payments.	1,588	1,245
Unrealised surplus/(deficit) on fixed asset revaluation/indexation.	1,049	(826)
Increases in the donation reserve due to receipt of donated and government grant financed assets.	144	250
Total gains and losses recognised in the financial year.	2,781	669

Meeting our targets

Management Costs

During the year we spent some £2.5m, 3.75% of our overall budget on management costs. The Trust will

continue to review its organisational structure and processes as part of our aim to deliver value for money. The Trust's costs for the last two years were:

	2005/06 £000	% of total income	2004/05 £000	% of total income
Management costs	2,534		2,103	
Income	67,548	4.0	63,045	3.3

Better Payment Practice Code – measure of compliance

	2005/06 £000	2004/05 £000
Total Non NHS trade invoices paid in the year	11,097	23,322
Total Non NHS trade invoices paid within target	10,888	23,052
Percentage of Non-NHS trade invoices paid within target	98%	99%
Total NHS trade invoices paid in the year	879	12,071
Total NHS trade invoices paid within target	778	11,917
Percentage of NHS trade invoices paid within target	89%	99%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

Audit Committee

The Audit Committee members in 2005/06 comprised of: Chair of the Committee - Jim Brooks, Non Executive Director, Elaine Nicholls, Non Executive Director, Judith Mackay, Non Executive Director, Brian Miller, Non Executive Director, Professor Ian Booth, Non Executive Director.

Statement of Internal Control 2005/06

The board is accountable for internal control. As accountable officer and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisations policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

The Birmingham Women's Health Care NHS Trust has various processes in place to work in partnership with the Strategic Health Authority in achieving National Targets and delivery of its main objectives.

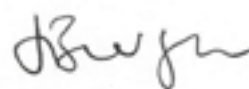
As accountable officer, I have ensured the Organisation maintains, strengthens and develops partnerships with

PCTs, Social Services, Higher Education and Further Education, Scrutiny Committees, Voluntary Sector, patient Forums and the Strategic Health Authority. A great deal of work on developing links with leaders of black and minority ethnic communities has taken place. This list is not exhaustive

The full statement of internal control can be found in the Trust's 2005/06 Annual Accounts and includes information on:

- The purpose of the system of Internal Control
- Capacity to handle risk
- Risk Control and Framework
- Review of Effectiveness

A copy of the Statement of Internal Control can be requested by contacting the Director of Finance, Birmingham Women's Health Care NHS Trust, Metchley Park Road, Edgbaston, Birmingham, B15 2TG or Tel: 0121 472 1377.



Julie Burgess
Chief Executive

Date 5th July 2006

Balancing the books

Major Incidents

The Trust has in place a major incident plan which is fully compliant with 'Handling Major incidents; An Operational Doctrine' and accompanying NHS guidance on major incident preparedness and planning.

Major Incident Response Team (MIRT)

Birmingham and the Black Country have developed a Major Incident Response Team to give strategic management framework to Acute Trusts and Primary Care Trusts. This will help to manage the effects of a major incident which has or threatens to impact greater than a single NHS organisation. This impact will require the activation of mutual aid arrangements across the organisations. The Trust has an up to date Major Incident Plan which allows escalation in to the MIRT arrangements.

Civil Contingencies Act 2004

This Act requires all Category 1 Responders, including Acute Trusts, to have an effective Major Incident and Business Continuity Plan. A key feature is the

requirement for maintaining business continuity in any events, whether it is a staff resources issue or a facilities failure. The Trust is required to have a fully developed business continuity plan and we have developed plans which are reviewed annually. This year we have taken external advice and involved West Midlands Ambulance services in the development and approach to business continuity.

External Auditors

The Trust's external auditors are KPMG and the total charge for work undertaken in 2005/06 was £99,200 (exclusive of VAT).

Independent auditors' report to the Directors of the Board of Birmingham Women's Health Care NHS Trust.

We have examined the summary financial statements set out on pages 15 to 16 and 18 to 24.

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

Respective responsibilities of directors and auditors

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

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditors Practices Board.

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2006.



KPMG
Chartered Accountants
Birmingham

15 September 2006

Operating and Financial Review

Business Profile

Birmingham Women's Health Care NHS Trust is a leading provider of healthcare to women, babies and their families in South Birmingham. We are also a centre of excellence in the fields of Maternity, Gynaecology, Neonatology and Clinical Genetics to men and women throughout the West Midlands and beyond. Birmingham Women's Health Care NHS Trust was established in 1993.

As a teaching hospital, we have strong links to the University of Birmingham, the University of Central England and other academic institutions and deliver high quality research and development and education training. Our facility is based adjacent to the Queen Elizabeth Medical Centre. We have approximately 200 beds, over 1,500 staff and an annual income of £70 million. We host three region wide partnerships; The Cancer Intelligence Unit, the West Midlands Public Health Observatory and the NHS National Genetics Education and Development Centre.

In 2006/07, the Trust will have an annual turnover of £65m of which £37m (57%) related to the provision of Maternity and Gynaecology Services; £18 million (28%) is for Specialised Services including Neonatal Intensive Care and Genetics; £9m (14%) for non Healthcare Services (mainly income for training and education of Medical, Nursing and Midwifery Staff) and £1m (1%) is for cost per case for NHS and private patient infertility treatments.

The Trust's main commissioners are South Birmingham Primary Care Trust (£17m) and West Midlands Specialised Services Agency (£17m). The Trust also receives income from other Primary Care Trusts across Birmingham and the surrounding area as well as from across the country for specialised services such as Fetal Medicine and Genetics.

The Trust is the main provider of Maternity and Gynaecology Services to the local population with the nearest alternatives being City and Sandwell Hospitals to the west and Heart of Birmingham Foundation Trust to the east.

Genetics Services are provided by the Trust to the West Midlands region and beyond and there are currently no other local providers of these services.

Our Community

South Birmingham hosts a variety of communities combining leafy suburbs as well as deprived housing and high rise estates. Some communities have high proportions of older people, large ethnic minority populations and significant socio economic issues associated with pockets of deprivation. Although the population is slightly younger than the national average, they are generally less healthy and there are high levels of low birth weight and perinatal mortality.

In Birmingham there will be a much higher proportion of the working populations from ethnic minority

communities by 2010 with the white working population falling by 60,000. Currently non-white groups as a whole account for 40% of Birmingham's School population with young people from Pakistani and Bangladeshi communities accounting for 20%. Current demographic trends indicate that a significant proportion of the future working population of Birmingham will come from black and minority communities by 2010. Both of these communities tend to be under represented in the workforce. This population profile will impact on how we develop our services especially as 30% of our patients are from black and minority communities and this will increase.

Performance in 2005/06

During 2005/06 the Trust performed extremely well and achieved its financial and non financial targets. The Trust ended the year with a financial surplus of £50,000 and in addition also managed its cash and capital within the respective financial targets set by the Department Of Health.

We continued to invest in capital equipment during the year and in particular made further investment in the Trust's Regional Genetics Services.

National tariffs were rolled out for all elective activity this year and for NHS Trusts including this Trust this was the first year of a four year transition from local prices to tariff prices. This is discussed more fully in the next section of this report.

In addition to its financial targets the Trust also achieved the following :

- Outpatient & inpatient waiting times
- Cancer waiting times
- The Trust remained MRSA free for the third year in succession.
- The Trust has maintained its reputation for

food quality and the general state of the environment by achieving 'excellent' scores for both food and environment following the Patient Environment Action Team (PEAT) inspection in February 06

Looking forward to 2006/07 and beyond

Corporate Objectives

The organisation has a robust and challenging set of Corporate Objectives to work against for 2006/07. Included in these are the development of strategies for Service; Finance; Workforce; Marketing and Performance Management. Ongoing objectives focus on improving clinical care and achieving performance targets. Our long term goal will be improving the health of the local population. Further details are on the following page.

Risk management is a key priority for the Trust and the assessment and implementation of effective risk management arrangement form part of the Corporate Objectives, further details of risk management are included on page 11 of this Report. Objectives and targets for 2005/06 are included on pages 2 and 3 of this Report.

Balancing the books

■ Development of Robust Service Strategy

In early 2006-7 the Trust is focusing on developing a robust clinical service strategy which will be supported by strategies for Workforce, Research and Development and Estates as well as a long term financial plan to ensure that the organisation remains financially viable. The Clinical Strategy will set out the vision and core values for the organisation for the next 5-10 years for all its services. This vision will be translated into a year on year plan and objectives to ensure that the Trust continues to grow and develop its services. Progress on developing our services in 2005-6 is illustrated within the Annual Report. Key messages from the emerging strategy include the need for the Trust to make the most efficient and effective use of all its available resources as well as looking at opportunities for business development and expansion of services in line with demand. The strategy will be shared and agreed with all our key stakeholders including our commissioners, partner organisations, patients and staff.

■ Development of a supporting Financial Strategy and Establishment of Sound Financial Governance

We are developing a financial strategy which supports and underpins the clinical service strategy and as part of the process of moving towards Foundation Trust status the Trust is building up a five year financial plan which will enable it to achieve the following objectives.

- To ensure the Trust has a healthy Income and Expenditure position to enable the Trust to develop services in accordance with the service strategy.
- Management processes that maintain and improve the Trust's sound cash position.
- To identify and manage business risks to ensure that the Trust's objectives are progressed unhindered.
- To ensure that there is a sound performance management framework in place to enable the Trust to monitor progress against its financial objectives and to take early corrective action should problems arise.
- To ensure that the Trust's assets are protected and managed appropriately to enable the ongoing delivery of services.
- To maintain and develop a strong finance function within the Trust which is fit for purpose and capable of supporting the organisation both now and in the future as a Foundation Trust.

■ Development of a Marketing Strategy

As both an aspiring Foundation Trust and a patient centred organisation, it is essential that the Trust has a thorough understanding of the market it serves and tailors its services to meet the need of our users. The Trust has an excellent record of listening and involving its users and, as illustrated within the latest patient survey, is within the top 25th percentile of Trusts nationwide for patient satisfaction. Building on this within 2006/7 the Trust will focus on developing a Marketing Strategy which will include a detailed understanding of the market for each of services, for example our referral base, collaborators and competitors and changes in activity trends. The strategy will then focus on how the Trust can increase its market share and respond better to its users including patients and their families, staff and other health professionals.

■ Assessment of the Organisational Capacity and Capability

2005/6 saw significant change within the Executive Team with the appointment of a new Chief Executive and Finance Director. In early 2006/7 this change was consolidated with the implementation of a new management, directorate and meeting structure to ensure optimal support to the clinical services and senior clinical involvement within the management team. In addition the responsibilities of the Executive Team have been realigned with the responsibility for operations and performance coming under the remit of the Director of Nursing and Midwifery and the creation of a new Director of Development and Marketing post to focus on the creation of effective clinical, marketing and communication strategies to take forward the Trust's development and aspirations as a Foundation Trust. 2006/7 will also see work with the non Executive and Executive members of the Trust Board to ensure that as a team they can work effectively and demonstrate the skills and capabilities required to optimally manage the organisation.

■ Effective systems to ensure performance targets achieved. Assessment and implementation of effective performance management arrangements

In 2005/6, the Trust successfully maintained compliance with all key performance indicators. Of particular note is the Trust's continued success, recording no cases of MRSA bacteraemia for the third year running. Key challenges for 2006/7 will include the effective implementation of Choose and Book (direct booking) for all our patients and moving toward the 18 week target for referral to treatment. Responsibility for performance management now falls under the remit of the Director of Nursing & Midwifery ensuring that appropriate Executive focus is provided for the important issues of performance. Bi-monthly performance meetings involving key members from finance, informatics, directorates and the Executive Team have been implemented to highlight any risks and to take early and preventative action if required.

■ Established successful external relationships/partnerships

The Trust continues to benefit from positive working relationships with its key commissioners including specialist commissioners. 2006/7 will see further work to ensure that the key aims and objectives of the organisation through the clinical strategy and marketing strategy is aligned with our partners. Particular areas of joint working will include the continued development of an effective neonatal network in which the Trust plays a pivotal role as a Level 3 provider of services and the Trust playing an active role within the Birmingham Regeneration Partnership which includes work streams on health and wellbeing.

■ Improving the health of the population

The Trust remains committed to improving the health of its population. In 2006/7 we will continue to working closely with our partners to improve public health including smoking cessation, improving breast feeding initiation rates and reducing perinatal mortality.

Position of the Business

The organisation is an Acute NHS Trust and as such in terms of its capital structure is financed by Public Dividend Capital provided by the Department of Health.

Each year Trust's must achieve a 3.5% return on this level of investment, this return is paid back to the Department of Health. This is thus a circular flow within the overall NHS budget and the process is in place to ensure that when business decisions are taken they reflect that there is a cost to investment in the same way that there is a cost to any investment within the private sector.

Treasury Policy

As an NHS Trust the organisation is required to manage within a cash limit. This limit is set by the Department of Health and is known as the external financing limit. To manage within the limit set the Trust must conduct its business, including making capital investments whilst ensuring that its cash position remains balanced from one year to the next.

Deposits and other investments that are readily convertible into known amounts of cash at or close to their carrying amounts are treated as liquid resources. The Trust does not hold any investments with maturity dates exceeding one year from date of purchase.

The Trust manages its creditors within the public sector payments policy code ensuring that 95% of invoices are paid within 30 days.

The Trust's cash position was healthy in 2005/06 and is predicted to remain stable.

Financial Issues – Balancing the Books

The next twelve months will be a financially challenging year for the NHS as a whole. It will be one of financial realignment as organisations work to ensure that they are able to deliver services within the tariff funding envelope and provide good value for money.

As part of the process of ensuring value for money, the NHS is being tasked next year with delivering a 2.5% efficiency target. We will therefore be working hard to deliver the necessary efficiencies to ensure that the books are balanced in year and that the Trust is in good shape financially to move forward as a Foundation Trust applicant in the Autumn.

Foundation Status

This year will also see the Trust proceed with its application to become a Foundation Trust. In order to succeed with our application, we will be working hard in 2006/07 to develop a clear Clinical Strategy to move the Trust forward and to ensure we are able to meet the needs of our patients both locally and beyond. This strategy will be underpinned by sound financial and business plans that demonstrate how the Trust can operate successfully as a Foundation Trust. We believe wholeheartedly in this philosophy of working in partnership with patients, staff, local community, commissioners, other health and non health organisations

in developing services to meet the needs of our population.

Service Developments

In 2006/07 the Trust will undertake a major investment in new maternity theatres as well as commencing a potential development of Neonatal Intensive care facilities which would see a significant increase in our capacity to look after babies that require these facilities building on our current service and confirming our position as the Regional Centre for Neonatal Care.

The Trust invests on average £2m per annum in maintaining, replacing and developing facilities and equipment.

Information Technology

As part of the National Program for IT the Trust implemented a new Patient Administration System early in the year which is referred to in the Annual Report on page 12.

Environmental Issues

The Trust is also currently exploring options for developing its energy use and energy management systems. Further work has commenced to assess these but if successful these could reduce the organisation's consumption of energy, yielding both financial and environmental benefits. Other than fuel consumption there are no other significant environmental factors which the Trust is currently aware of which would impact on the organisation next year.

Staffing Issues

During the latter part of last year the Trust commenced an organisational restructuring. The Executive team realised that the management structure of the organisation required a review in order to meet the demands of the modern NHS. In order to reach a consensus on an appropriate way forward the Management Board took some time to discuss the strategic direction of the organisation and attempt to develop a suitable and efficient management structure.

A consultation document was prepared that provided a revised senior management structure that we felt would better meet the demands of the services both in the short and long term.

The proposals were communicated throughout the Trust and constructive debate took place regarding the revised proposal that sometimes resulted in modifications being provided.

The new senior management structure is an exciting development within the organisation and we will be able to see the benefits of this project as we develop our clinical services in the future.

Balancing the books

Regulatory Issues

The Trust has recently submitted its assessment known as the Annual Health Check to the Healthcare Commission. This assessment replaces the star ratings process and covers all aspects of the organisation's performance. The outcome of this will be known in the Autumn but the Trust currently anticipates a successful report.

Emergency Preparedness (see page 20)

Strategic Direction

As a leading provider of healthcare, we wish to continue to be the hospital of choice for obstetrics, reproductive health, gynaecology, genetics and neonatology for our local South Birmingham population as well as throughout the West Midlands and beyond. In 2006, the Trust will be reviewing its Clinical Strategy to ensure that the hospital continues to provide excellent health care to its patients, recruits and retains high quality staff and is seen as a leading provider of services. This work will be complemented by workforce plans and an estates strategy. The Trust is keen to apply for Foundation Trust status in 2006 and will look to involve patients, key stakeholders and commissioners in the development of its strategic direction.



Chief Executive
Julie Burgess



Chairman
Ann Owen



Director of Finance
& Information
Paul Jarvis



Director of Nursing
& Midwifery and
Operations
Jane Owen



Director of Workforce
Information & Facilities
Andrew McMenemy



Director of
Development &
Marketing
Anne Gibbs



Non Executive
Director
Brian Miller



Non Executive
Director
Judith Mackay



Non Executive
Director
Jim Brooks



Non Executive
Director
**Professor Ian
Booth**

During 2005/06 the following Directors held positions on the Trust Board:

Caroline Wigley
Phil Elliot
Judith Phillips
Elaine Nicholls

Chief Executive
Finance Director
Director of Operations
Non Executive Director

June 2000 – June 2005
February 2001 – December 2005
April 2003 – December 2005
November 1997 – October 2005

Trust Board Meetings

As part of the Trust's commitment to openness and accountability, members of the public are invited to attend any public board meeting. All public Trust Board meetings start at 3.30pm and are held in the Education Resource Centre at Birmingham Women's Health Care NHS Trust.

2006

4 October
1 November
6 December

2007

3 January
7 February
7 March
4 April
2 May
6 June

4 July
(No meeting in August)
5 September
3 October
7 November
5 December

