ENCLOSURE 1

Ref: 3/09/public/A4

Birmingham Women's NHS
NHS Foundation Trust

Unconfirmed Minutes of the
MEETING OF THE FOUNDATION TRUST BOARD
HELD IN PUBLIC
in the Seminar Room, Birmingham Women's Hospital,
on Thursday 26th February 2009

PRESENT:	Judith Mackay (in the Chair)	Trust Chairman
	Professor Ian Booth	Deputy Chairman
	Julie Burgess	Chief Executive
	Jason Burn	Interim Finance Director
	David Draycott	Non-Executive Director
	Nigel Gardner.	Non-Executive Director
	Helen Hemberg	Non-Executive Director
	Jane Owen	Director of Nursing & Midwifery
	Robin Rison	Non-Executive Director
	Peter Thompson	Medical Director
IN ATTENDANCE:	Steve Parsons	Head of Corporate Affairs

ACTION

FTP/0209/1 WELCOME AND APOLOGIES

FTP/0209/1.1 There were no apologies for absence.

FTP/0209/2 QUESTIONS FROM THE PUBLIC ON MATTERS RELATING TO THE AGENDA

FTP/0209/2.1 No questions relating to the business of the meeting were asked by the members of the public attending.

FTP/0209/3 DECLARATIONS OF INTEREST

FTP/0209/3.1 No interests were declared in any item on the agenda for the meeting.

FTP/0209/4 MINUTES OF MEETING HELD ON 29th JANUARY 2009

FTP/0209/4.1 The minutes of the meeting held on 29th January 2009 were **APPROVED** and signed as a correct record subject to the following amendment:

FTP/0109/8.11- 'counselling' should read 'coaching'

FTP/0209/5 MATTERS ARISING FROM THE MINUTES OF THE MEETING HELD ON 29th JANUARY 2009

FTP/0209/5.1 No matters arising were mentioned.

FTP/209/6 TRUST CHAIR'S REPORT

Chief Executive

FTP/0209/6.1 The Chairman noted that the Remuneration Committee had been advised of the notice of resignation submitted by the Chief Executive and duly accepted it on behalf of the Board. The Board wished her well at her new Trust. A process for the recruitment of a new Chief Executive had been agreed, with a timeline that would involve as many stakeholders in the Trust as possible.

FTP/0209/6.2 Neil Savage noted that the timeline had been circulated to Members' Council and to staff-side representatives, and that the advertisement would be placed on *NHS Jobs* and *The Times* web-sites; a hard-copy advertisement, as well as on-line, would go into the *Health Service Journal.* The closing date would be 18th March, with selection on the 24th and 25th March. There had already been some interest expressed.

FTP/0209/6.3 The Chairman noted that the Selection Panel would include a Governor (to be elected) and an advisor from the Strategic Health Authority.

FTP/0209/7 MEETING OF THE BOARD IN PRIVATE SESSION

FTP/0209/7.1 The Chairman reported that the Board had met earlier in the day in private session, and had considered a number of items including developments in the bid for Academic Health Science Centre status, progress on the 2009-2010 Annual Business Plan, the conclusions of the Clinical Excellence Award Committee, a review of non-Maternity Root Cause Analyses, methods of improving private patient income, and the proposed appraisal system for the Chairman and Non-Executive Directors.

FTP/0209/8 ORAL REPORT BY THE CHIEF EXECUTIVE

FTP/0209/8.1 The Chief Executive drew the Board's attention to the following items:

Healthcare Commission Report

FTP/0209/8.2 The Chief Executive reported that the report from the recent HCC Hygiene Code inspection had been received, and the Trust had received a clean bill of health with no code breaches identified. She expressed her thanks to Jane Owen for her leadership of the process, and the Chairman confirmed that the Board offered its congratulations to all staff who were involved in achieving this result; she asked that this message was **JB**

conveyed to them. In response to a question, it was confirmed that the successful outcome was recorded on the Trust web-site.

Healthcare Commission Appeal

FTP/0209/8.3 The Chief Executive confirmed that the appeal to the Healthcare Commission regarding the 'Good' score for the Annual Health check was still outstanding, and the Trust was pursing a resolution with the Commission. **JB**

National Staffing Survey

FTP/0209/8.4 The first results of the survey had been received, and a full report would be presented to the Board when available; however, the headlines were generally good. The full report would enable benchmarking to be undertaken. **NS**

National Patient Survey

FTP/0209/8.5 The results for this survey had also been received; Jane Owen reported that the Trust had improved its position on last year, being significantly better than average on 33 questions, average on 47, and below average on 3 Again, national benchmarking data was awaited. **JO**

FTP/0209/8.6 It was noted that the below-average scores had focussed on food and mixed-sex provision. It was noted that the report only related, to Gynaecological work. It is thought that the answers concerning mixed sex wards related to patients who completed the questionnaire concerning their experience in other trusts.

PEAT inspection

FTP/0209/8.7 Jane Owen reported that the annual PEAT inspection had been carried out on 6th February, and had included Governors and Infection Control representatives. All clinical areas had been visited, and the relevant self-assessment had been made and submitted.

FTP/0209/8.8 There had been good feedback, particularly about Governor involvement in the process; the only area identified as a weakness was one comment on food. The process had raised issues about menus being more widely available, which were being addressed. **JO**

New beds

FTP/0209/8.9 75 new beds had been delivered to the Trust, and replaced 75 old ones in one day without significant interruption to care. Most replacements had taken place in maternity, with some being in gynaecology. Robin **RR**

Rison noted that this had also been reported to the Estates and Environment Committee, and he would emphasise the achievement at its next meeting; the Chief Executive noted the positive impact on quality given by the new beds.

National Safe Guarding Review - Self-Assessment of Care **JO**

FTP/0209/8.10 The self-assessment, arising from the 'Baby P' case, was still pending as guidance required from the Healthcare Commission had not yet been received; however, the HCC had given an update on timetable.

National Patient Safety Agency- data release

FTP/0209/8.11 Peter Thompson referred to the discussion held previously at the Board regarding Standards C01a, and reported that the NPSA intended to release data over the first six months of the year on the following Monday. It had not been possible to gain access to the NPSA database, owing to technical failures on their system, and therefore it was not known whether the late submission of data would affect what was proposed to be published. Julie Burgess noted that a number of organisations were uncomfortable with the proposed publication, owing to concerns on data accuracy, and there was a possibility that West Midlands Trusts might withdraw their data from the publication. **JB/ PT**

WHO Surgical Checklist

FTP/0209/8.12 Peter Thompson advised the Board that this was being introduced under the Department of Health's advice, and a lead Executive Director (Mr Thompson) and lead clinician (Professor Gupta) had been identified. There was a long timetable for the introduction of the Checklist, but meetings to set out the process were being arranged at relatively short notice, giving difficulties for clinicians to attend because of clinical commitments. **PT**

World Class Commissioning

FTP/0209/8.13 The Chief Executive noted that the scores for the recent review exercise had now been published, and she undertook to circulate them to the Board. South Birmingham PCT had averaged a score of about 2, with a commentary that showed potential to develop, but a need to work on strategic development and links to financial plans. The review had particularly noted risks to the PCT from the financing of the UHB development and the impact of economic slowdown. She and the Chairman would be meeting the Chair and Chief Executive of South Birmingham PCT the following day, **JB/ JM**

when this would be one of the topics for discussion.

Clinical Visits

FTP/0209/8.14 The Chief Executive had not undertaken any clinical visits during the month, but had undertaken a number of mentoring sessions, including an aspiring BME Director candidate.

FTP/0209/8.15 The Chief Executive's report was **NOTED** with thanks.

PATIENT EXPERIENCE AND IMPROVING CLINICAL PERFORMANCE

FTP/0209/9 Red Risk Register and Assurance Framework

FTP/0209/9.1 The Head of Corporate Affairs presented paper 2/09/public/A9/v1, the Red Risk Register report. He drew the Board's attention to the following:

- Maternity had made positive progress in their recruitment plans to meet the European Working Time Directive, but Neo-Natal were still experiencing recruitment difficulties;
- Risk 0148 had now been addressed, and would be retired from the Red Risk Register **SIP**

FTP/0209/9.2 Peter Thompson noted that the limited number of trainees indicated that there would not be sufficient people available for recruitment to meet EWTD, and training places were not being filled: the lower-level rota for neo-natal was compliant with EWTD, whilst the higher-level rota was not. The Trust currently had one Advanced Neonatal Nurse Practitioner on the middle grade rota and others were being trained, to enable the Trust to meet the requirements; bids for additional training were being submitted. The Board noted that the Trust was required to make all reasonable efforts to meet the August deadline. **NS/ PT**

FTP/0209/9.3 Robin Rison enquired whether Commonwealth recruitment was being considered, and it was confirmed that changes to work permit regulations made this ineffective. Mr Rison also drew attention to the difficulty if there were simply insufficient qualified people available to be recruit to the posts, and Neil Savage noted that some tentative discussions had been held with the Strategic Health Authority against that eventuality. **NS**

FTP/0209/9.4 The Board **NOTED** the Red Risk Register.

ASSURANCE

FTP/0209/10 Update on registration with the Care Quality Commission

FTP/0209/10.1 Jane Owen reported that an application for registration had been submitted within the required timescale, and had been acknowledged. No request for further information had yet been received.

FTP/0209/10.2 The Board **NOTED** the position on the application.

FTP/0209/11 Policy approvals process

FTP/0209/11.1 Steve Parsons presented paper 2/09/public/A11/v1, outlining a proposal to change the way in which policies were approved in the Trust. This arose from the regular review of the 'policy for policies', and was intended to ensure that policies were approved at an appropriate level. Most of the work would now be done by ORAG and the Clinical Governance Committee; the Board would only be asked to approve policies that were strategic. **SIP**

FTP/0209/11.2 Julie Burgess supported the proposals, noting that they would streamline the process and ensure that the Board only considered policies appropriate for that level. In response to a question, it was confirmed that local (class 'C') policies would still be required to comply with the Trust format, which would be set out in the 'policy for policies'.

FTP/0209/11.3 The Board **SUPPORTED** the proposals for reforming the policy approval process.

FTP/0209/12 Quarterly Report on Infection Control (Matron's Reports)

FTP/0209/12.1 Jane Owen presented paper 2/09/public/A12/v1, noting that the Infection Control Committee and the Clinical Governance Committee had received the quarterly infection control report for October to December 2008. The highlights from the quarter were:

- A successful HCC inspection, assisted by efforts to improve infection control;
- Audits being reported back to clinical colleagues;
- Improved results in hand hygiene; and
- A successful migration to BBraun, which was resulting in an improvement in service.

FTP/0209/12.2 Professor Booth noted the neo-natal report indicated poor performance by medical staff; Jane Owen confirmed the improvement in other areas, and noted that this was quite a subjective measure that depended on the person doing the assessment. More frequent audits were being undertaken in this Directorate; Peter Thompson noted that the general view was that 95% compliance was needed to significantly reduce risk, and

the Trust was doing very well in that regard and almost reached that level.

FTP/0209/12.3 Julie Burgess commented that these were good reports, which should now be extended to include Clinical Support and outpatient areas; Jane Owen noted that the monitoring of outpatient areas was under discussion. **JO**

The Board:

FTP/0209/12.4
- **NOTED** the reports for the third quarter; and
- **REQUESTED** that these should be extended to include Clinical Support and outpatient areas. **JO**

ORGANISATIONAL PERFORMANCE

FTP/0209/13 INTEGRATED PERFORMANCE REPORT (paper 2/09/public/A13/v1)

Dashboard

FTP/0209/13.1 Jane Owen presented the dashboard to the Board, and noted the following points:
- The response rate to complaints continued to underperform, but the 25-day deadline would drop out with a change of legislation in April; it might be necessary to review the deadlines being set;
- Following the late announcement of the application of national waiting times to genetics by the Department of Health, outpatient waiting in genetics continued to be greater than 13 weeks: there were no further improvements available without further investment and the Trust were in negotiation with the Specialist Commissioners to achieve the resources that would enable us to meet the 13 week target..

FTP/0209/13.2 The Chairman enquired how many patients were affected by the last point, and it was confirmed that a noticeable number of patients were affected.

Finance

FTP/0209/13.3 Jason Burn noted the following main points from the finance report:
- The surplus for January was £64k, and the cumulative surplus was £1.3 million;
- There was a favourable income driven by performance, which did have linked expenditure; EBITDA was above plan;
- The expected range for the year-end surplus was £1.4 million to £1.9 million, but this was dependent on the accounting treatment of CNST rebates across 2008-9 and 2009-10;
- Pay and Non-Pay expenditure had both improved in

January, some being off-set by timing issues on other matters;
- Directorates had done well on CIP's, which were on plan to the end of January; no plans were on red and those on amber were expected to achieve by the year-end;
- There was a strong cash balance of £10.8 million; the surplus indicated a Monitor risk rating of 4.

FTP/0209/13.4 Robin Rison noted that debtors included £631k from non-NHS sources, and suggested that this should be closely examined for non-payment risk. He also enquired whether the figures included penalties for failure to comply with the 13-week target in genetics: it was confirmed that there was no financial penalty for this year. Finally, it was agreed that the £5 million shown as 'Other' would be clarified.

FTP/0209/13.5 Helen Hemberg enquired whether the full capital allowance for the Neo-Natal decant (£700k) would be spent in the year; it was confirmed that plans were on track for this. Peter Thompson noted that if the CNST rebate was carried over the CIP's would fall back; it was confirmed that this should not affect the Monitor risk rating. The Chairman noted the likely carry-forward; it was confirmed that the Trust was looking to bring spending forward to enable the most flexibility, rather than being carried over under requirements to be allocated to specific projects.

FTP/0209/13.6 Robin Rison noted the available information on service-line reporting, and suggested that the Board should be using this to explore the area in more detail, including making time for this in the agenda. This would be reviewed for the March Board meeting.

FTP/0209/13.7 The Board:
- **NOTED** the progress towards meeting CIP's;
- **NOTED** the risk of challenge to income by PCT's was included in the range of year-end prediction; and
- **NOTED** that certain variations in HRG4 were out of the control of the Trust.

Workforce

FTP/0209/13.8 Neil Savage drew the Board's attention to the following points:

- Absence figures for December had been revised downwards to 5.46%; Human Resources had focussed on working with managers, and some improvement was being seen;
- West Midlands benchmarking data had shown the

Trust at 4.26% against an average of 4.7%; As a comparator, UHB was showing 4.61%;

- Performance on KSFs was still disappointing, with the link to reported PDR's; 52 meetings were planned with managers to chase up. The Staff Survey indicated a 50% completion rate, which needed to be reflected in official figures.

FTP/0209/13.9 Robin Rison referred to the increase in headcount, and Neil Savage noted that this largely related to recruiting additional midwives. Julie Burgess noted that the key indicator was pay as a percentage of income, where the Trust was on plan and that this figure benchmarked well with efficient organisations. It was confirmed that the favourable pay variance was related to timing issues.

FTP/0209/13.10 The Board discussed whether certain lines on the dashboard were informative, and whether changes should be made in the dashboard. Julie Burgess noted that the Board had previously agreed that the dashboard would not be subject to *ad-hoc* changes; therefore it would be appropriate to give a full review for the new financial year.

FTP/0209/13.11 The Board:

- **NOTED** the Integrated Performance Report; and
- **REQUESTED** that the contents of the dashboard be reviewed for report to the Board in May 2009.

FTP/0209/14 Freedom of Information Annual Report

FTP/0209/14.1 Jason Burn presented paper 2/09/public/A14/v1, noting that this was presented for the information of the Board and operational reports would be presented to the Management Board on a half-yearly basis. He drew the Board's attention to the increase in the number of requests, which might have a resource implication if it continued. **D Harris**

FTP/0209/14.2 Helen Hemberg welcomed the report, and enquired whether requests could be categorised; this would be examined. David Draycott noted that the legislation had a cost limitation and enquired whether this was used by the Trust; Jane Owen noted that this was expressed as hours needed to answer the question, and was used if appropriate. It was suggested that similar requests should be offered answers already prepared, but it was noted that this might generate further requests. **D Harris**

FTP/0209/14.3 The Board:

- **NOTED** the Freedom of Information report for 2008;
- **REQUESTED** that possibilities for dealing with similar requests were considered; **D Harris**

JaB

- **NOTED** the need to manage the resource implications of requests; and **D Harris**
- **REQUSTED** that future reports identify themes in requests.

FTP/0209/15 **Six-monthly update from the Cancer Intelligence Unit**

FTP/0209/15.1 The Board **NOTED** the 6-monthly report (paper 2/09/public/A15/v1) and noted that the contact for hosting the unit in 2008-2009 had now been signed. The Chief Executive had requested the 2009-2010 contract be available for consideration before the financial year started. **JB**

FTP/0209/16 **Six-monthly update from the National Genetics Education and Development Centre**

FTP/0209/16.1 The Board **NOTED** the 6-monthly report (paper 2/09/public/A16/v1) and Julie Burgess noted for the minutes that a commercial in confidence item had been withheld from the public report.

MEMBERS' COUNCIL MATTERS

FTP/0209/17 **Report from Members' Council Chair**

FTP/0209/17.1 The Chairman reported that Council had met on 16th February, and there had been good feedback on the joint Council/ Board session. The formal meeting had received a counter-fraud session, had commented on the Annual Plan and Standards for Better Health, and had noted the need for some guidance for Governors to shape the formal comment to the Board. The meeting had also discussed Governors who were not attending, and had noted the expected constitutional review which would include this. The Council had also approved the role outlines for the Chairman and Non-Executive Directors. **SIP**

FTP/0209/18 **Trust Policies for approval**

Safeguarding Children Training Strategy (paper 2/09/public/A18a/v1)

FTP/0209/18.1 Jane Owen reported that this was an update, which had been discussed by Management Board and had the Clinical Governance Committee Chairman's approval. There was a misprint in the circulated document on page 13, where the table had been changed; the revised version would be circulated. **JO**

FTP/0209/18.2 The Board **APPROVED** the policy, subject to the correction noted above.

Surrogacy (paper 2/09/publicA18b/v1)

FTP/0209/18.3 Jane Owen confirmed that this policy had been considered twice by the Clinical Governance Committee, including substantial re-drafting and review by the Trust's solicitors. The Committee had now given approval to the policy.

FTP/0209/18.4 The Board **APPROVED** the policy.

Dates of next meetings
Thursday 26 March 2009
Thursday 23 April 2009
Thursday 28 May 2009
Thursday 4 June 2009 (Annual Accounts)
Thursday 25 June 2009