Birmingham Women's NHS Foundation Trust

Minutes of a meeting of the Board of Directors, held on Wednesday 30th January 2013 at 9.15am in the ERC Seminar Room, Birmingham Women's Hospital.

Present:	Elisabeth Buggins	in the Chair
	Anita Bhalla	
	Ros Keeton	
	Stella Layton	
	Robin Rison	
	Neil Savage	
	Marianne Skelcher	
	Peter Thompson	
	Tim Woodhead	
In attendance:	Steve Parsons	Head of Corporate Affairs

FT/0113/1 Welcome and Apologies

FT/0113/1.1 The Chairman welcomed colleagues to the meeting, extending a particular welcome to the Governors attending and to the representative of South Central Birmingham CCG. She also welcomed the patient who would be sharing her experiences with the Board, supported by her father.

FT/0113/1.2 Apologies for absence were received from Chris Ainslie and Helen Young.

FT/0113/2 Patient Story

FT/0113/2.1 Supported by a presentation, the patient took the Board through her experience of the Trust and the wider care she received, noting the following points:

- The patient was the mother of twin girls who were now about 20 months old; she had submitted a complaint regarding part of her experience, but did not intend to go over that specifically. Rather, she would be looking at all aspects of her journey
- She had attended a range of departments at the Trust, with a wide variation in their approach, experience and quality
- Gynaecology had been a very poor experience, with no eye-contact or understanding of the patient's position from the reception staff. The bed-side manner of a Registrar giving bad news had also been very distressing. Professor Gupta had been a shining light, however.
- The Fertility Clinic had, in contrast, been a fantastic experience with a real feeling of caring for the patient and supporting them through their treatment, in a really professional way
- Whilst it was good that the Trust provided specific antenatal classes for those expecting twins, they had been very difficult to book onto, increasing the frustration; eventually the midwife had arranged this for the patient. The support from the group had been very useful and had continued for them all after birth
- The antenatal classes had focussed on the period directly leading up to birth, and the patient suggested that it might be helpful to have some time on the period after, particularly the first few days when the children

were at home and the parents needed to learn to deal with the new situation

- She had attended the antenatal clinics fortnightly, and had received fantastic care from Dr Knox and the team, feeling very looked after at all points. However, the logistics of the physical space were confusing and unhelpful to those attending for the first time. Of particular relevance for the Board were:
    - Staff not waiting for the patient after the name was called, so that when they had sorted themselves out they didn't know where to go
    - A failure to explain the process at the start, so that patients could understand the sequence of places that they would need to attend
    - Arrangements where the pregnant patients were left to stand in queues, which some would not be able to manage without difficulty or distress
- There had not been significant midwife support for twin births, and the patient had been left feeling that she had missed out on this element of care
- She suggested that 'Triage' should be referred to as 'Assessment' in order to help patient understanding; she had waited in this area to attend Theatre for Caesarean Section surgery. Due to more complex cases, the patient had waited for eight hours in this inappropriate space
- When admitted ante-natally to Ward 1, she had been left alone for too long a period, without having staff checking on her emotional (as opposed to physical) status during a stressful period
- Experience of Theatre had been much as expected, with Dr Knox having managed the patient's expectations based on the case. However, the Trust might wish to look at whether the reflections on the light in the Theatre could effectively be blocked out by the screens
- The recovery area had been very poor; owing to clinical reasons related to other patients, 4 to 5 hours had elapsed before skin to skin could be established, and whilst the apologies received were appreciated, this had not actually made up for the delay
- The patient had been unexpectedly re-admitted post-natally, and had been placed in a side-ward; again, she had been distressed as being away from her babies and the checking regime had not supported her in alleviating this, as she had been alone for significant periods. There had also been a question of her staying in two nights based on normal prescribing patterns when this was not necessary, and she was not offered the choice of a 'double-dose' and going home. She had to make this suggestion to staff, so that she only had a one-night stay.
- The patient had wanted to express milk for the babies whilst in hospital, and had asked for a double-pump; but she had been told that it was not available. For a specialist Women's Hospital, this was not acceptable
- The support provided by the PALS service when the patient had wanted to express her concerns had been excellent, and had given the confidence to write the letter of complaint
- The hardest part of the experience, and that which had led to the complaint, was that the staff had not followed the jaundice guidance and therefore the babies had been admitted to the Children's Hospital for three nights, where it had not been possible for the parents to stay with them. This had been very traumatic and in the opinion of the patient

could have been avoided.

- Consequently from the stress and anxiety, the patient had also lost the ability to express and breastfeed the babies, which had been very important to her after a highly medicalised journey of care and represented a permanent loss of experience
- The Board needed to note that there had not been any information available to parents as to the symptoms to look for in the case of jaundice, which was a common occurrence, and so the parents were not able to flag concerns. This was something that the Trust should address.
- Overall, it was important for the Trust, its staff and management to remember that whilst they dealt with these issues day to day, it was for patients an experience that was unusual and confusing, and that they would need to be actively supported through.

FT/0113/2.2 The Chairman thanked the patient for sharing her experiences with the Board, and noted that they would be explored further and used to improve the service.

[The patient withdrew from the meeting.]

FT/0113/2.3 The Chairman suggested, and the Board agreed, to turn to some formal business before reflecting on the points made by the patient.

FT/0113/3 Declarations of Interest

FT/0113/3.1 No Director present declared an interest in the business scheduled to be considered at the meeting.

FT/0113/4 Minutes of the meeting held on 29th November 2012

FT/0113/4.1 The minutes of the public meeting of the Board of Directors held on 29th November 2012 were approved, subject to the following corrections:

- Minute FTP/1112/11.2, 5th bullet, 9th line, 'end of treatment' should read 'beginning of treatment'
- FTP/1112/12.2, 8th bullet, 'NICE' should read 'NICU'
- FTP/1112/12.4, 3rd bullet, 'ethic' should read 'ethnic'
- Same minute, 4th bullet, should read '...but lower-level staff, when under greater pressure of time...'

FT/0113/5 Matters Arising from the minutes

Action List

FT/0113/5.1 The Board considered the actions from the previous meeting, and the following points were noted:

- Professor Keeton advised the Board that the Trust had been awarded a little over £233,000 capital as part of the recently announced £25 million investment fund from the Department of Health. This was a significant opportunity to enhance the patient experience; however, the money had been awarded against specific projects, and the Trust was awaiting confirmation from DoH as to which projects had been supported. It was

understood that this included additional birthing pools, and enhancements to rooms in the Delivery Suite and the Birth Centre.

- Mr Savage reported that the position in respect of car parking for longer-stay families had been reviewed, reminding the Board that all parking on campus was managed by Q-Park under the agreed arrangements. There were a range of options available, including discounted season tickets; also parents with babies within NICU could benefit from free parking. Unfortunately, it was not possible to extend this to parents in the antenatal phase. There was also a shuttle bus service available, and there were a range of national support schemes for those on lower incomes
- Ms Buggins referred to the recent presentation to Governors on transport options to the Queen Elizabeth site, and queried how patients could become aware of the support schemes for parking; Mr Savage advised that there was some information in appointment letters to patients, and also on the web-site, together with that available from other agencies for national schemes. The information provided, and how it could be accessed, would be reviewed and updated to ensure that it was appropriately accessible by patients.
- The Secretary noted that, following discussions with Governors, the item on Committee Terms of Reference would be postponed to allow consultation with Council on the proposed terms of reference. The expected reporting date was now May 2013.
- A session on the newly-proposed standards for NHS Boards would be included within the February seminar discussions
- In respect of the Trust's comments on the proposed Data Protection Regulation (EU), interest had been registered with the FTN and a draft submission for comment was awaited.
- Mr Thompson advised that consideration had been given to zero targets, which had been adjusted where appropriate.
- Mr Thompson referred to the query around NNMR data, noting that it could be adjusted to reflect the wider spectrum of Perinatal data. The timing of data availability meant that January's data, which would be the first on the new arrangements, would be reported in March.
- On behalf of Miss Young, Mr Savage advised the Board that there had been discussions with operational managers about adjusting breakfast times to avoid ward rounds, and a number of options were being considered. It was expected that this would be resolved for the March meeting of the Board.
- Professor Keeton updated the Board regarding use of the escalation policy; Miss Young was currently undertaking a full review of the demands for nursing and midwifery staffing, which would then inform the Board for decision-making. Although the end-date for the review was not certain, it would be completed prior to the Board's March meeting.
- Arising from the previous meeting's discussion on supporting parents, Mr Thompson noted that the figures for patient support in the Quality Report were fairly good; although they were not uniform across the piece, the trend was encouraging. Professor Keeton noted that this was an area being given a higher profile and being actively discussed; Ms Skelcher advised that the Patient Outcomes Committee had also discussed the question, and had requested that trend data was provided for review.
- Mr Rison advised the Board that he had been in contact with both internal and external auditors regarding the way in which risks on the

BAF were expressed; both would support a move to a more negative expression of the risk. He suggested that this was implemented from the 'new' BAF in April 2013.

FT/0113/6 Discussion on the patient story

FT/0113/6.1 The Board resumed discussion of the patient story heard earlier in the meeting, and the following points were noted:

- Professor Keeton noted that the story had been a powerful presentation; however, it was important that the Board appreciated that these experiences had been approximately 2 years previously, since when the capital investment into the new Maternity Unit had been made to improve the patient experience.
- She noted that 'Triage' was now called 'Assessment'; however, the terminology might still be in daily use, which would be something to look into. Other work, such as customer service training for reception staff, had been discussed by the Board and was now underway.
- The issues around the antenatal pathway were being addressed by the Directorate with Dr Knox taking a leading role; some parts had been changed, although some items were still to be reviewed.
- The perception of patients might be very different to those of staff who worked in areas on a day-to-day basis and got used to where items/ clinics were located; staff should be reminded of the patient's perspective.
- Ms Buggins suggested that the Trust put a brief video on the website to show a typical experience for first-time patients; Ms Bhalla suggested that further information or maps should be included within patient letters. Professor Keeton would look into the possibilities of videos, and review further what was included within the letters as part of the regular process of updating.
- Ms Skelcher referred to the importance of ensuring all areas of the Trust gave a good first impression to patients and carers through the reception staff; she was also concerned that the patient experienced difficulty in accessing the antenatal classes, which had clearly been an important support. Mr Savage noted that the customer care training would be focusing on first-line staff, should improve Trust performance in this area
- Amy Maclean, a Governor attending, noted that there were separate arrangements in place regarding antenatal classes for mothers expecting twins or greater numbers of babies; these should be revisited to see if they were still appropriate
- Diana Reeves, from South Central Birmingham CCG, suggested that the IV antibiotics could have been administered in the community, thereby reducing the need to separate mother and babies; and that the post-natal provision seemed to be the focus of dissatisfaction, which the Board could focus onto. She also noted that the Commissioners might have to look at their approach for pathways that crossed between provider institutions, such as this example crossing between this Trust and the Children's Hospital; and how commissioning ensured that there was support for the emotional side of care in these cases.
- Ms Buggins enquired whether there was a cut-off point for cases of jaundice, before which this Trust would treat them; Mr Thompson confirmed that the current arrangements involved any baby who had

been discharged from our care being treated subsequently at Birmingham Children's Hospital. He also noted that BCH's policy was that it was a Trust for treating children, and adults would need to address any medical conditions separately.

- Ms Maclean suggested that the MSLC might wish to look into the processes within Theatre given the reported delay in skin-to-skin contact, and the information that was being given to patients prior to surgery in that regard
- Jenny Henry, attending the Board as the Professional Head for the Maternity Directorate, noted that the Directorate had now introduced Care Rounds for nursing staff to ensure that the emotional needs of patients were identified and met, as well as physical care; she would be feeding back the issues identified in this area immediately so that they could be addressed. She also advised that greater information on jaundice, including symptoms, was now available on the Trust's web-site

FT/0113/6.2 The Chairman brought the discussion to a close by inviting, on behalf of the Board, the Patient Outcomes Committee to take forward the concerns that had been expressed, monitor progress, and advise the Board what assurance was available that appropriate measures had been taken.

FT/0113/7 Matters Arising from the minutes (resumed)

Membership Strategy

FT/0113/7.1 The Secretary presented the revised and final Membership Strategy, which had been considered by Council; the Council had no comments, and had warmly welcomed the approach set out. The Board noted the proposed priorities for implementation, as set out in the covering paper.

FT/0113/7.2 Ms Bhalla enquired how the proposed target of about 5,000 members compared to other Trusts; it was reported that this was not believed to be out of line with the aspirations of other Trusts of a similar size. Ms Bhalla also enquired about how it was intended to develop the number of members; Professor Keeton noted that the aim was rather to increase the engagement, than to seek to increase numbers as an aim; however, numbers could be expected to increase organically as a focus was placed on the Patient and Carer category. The Board also needed to be aware that there was a cost implication in terms of servicing a growing membership base.

FT/0113/7.3 The Board then approved the Membership Strategy.

FT/0113/8 Reports of private Board sessions

FT/0113/8.1 The Board noted the reports of the business conducted in the private sessions of the Board on 29th November 2012 and 20th December 2012.

FT/0113/9 Questions from the public

FT/0113/9.1 No member of the public attending raised any questions on matters appearing on the agenda for the meeting.

FT/0113/10 Reports from Committees

Patient Outcomes Committee

FT/0113/10.1 Ms Skelcher, who had chaired the January meeting in the absence of Mr Ainslie, reported the following matters:

- The meeting had been productive, and had reviewed the BAF risks; the outcomes were as reported later in the meeting
- The Committee had identified a need to see and challenge patient experience data on a trend basis, which was being taken forward
- The plan for Clinical Audit had been considered and approved
- Several Root Cause Analyses had been received and reviewed in depth; the main points were in the Patient Safety report later on the agenda

FT/0113/10.2 Ms Skelcher also suggested that it was important that the Board had a deeper understanding of the Clinical Audit process and plan, to ensure that it was fully engaged in the available assurances for clinical quality in the Trust. The Board agreed that this should form part of the discussion on the governance of quality to be undertaken at the February Seminar session.

Finance, Performance and Business Development Committee

FT/0113/10.3 Ms Layton reported on the following points that had been considered by the Committee:

- The Committee had reviewed the financial reports, and also the position as disclosed by the developing Service-Line Reporting reports; the Directors would be discussing the use of the SLR reporting, and what it was revealing about the Trust's position, at the April seminar
- The Key Performance Indicators were developing and the reporting of them was a work in progress; the Committee had requested that appropriate commentary was included for all that were red-rated to give a brief flavour of context and actions
- Given other challenges around energy costs, the Committee had agreed to a proposal that the end-of-project review of the Combined Heat and Power plant investment should be revisited to better understand the current situation
- The Committee had closely looked at how the Trust should be investing to meet its strategic goals, including at significant capital investments.

Management Board

FT/0113/10.4 Professor Keeton reported the main items discussed at Management Board, as follows:

- The regular performance papers, including the in-depth performance report, had been received and interrogated
- The Management Board had considered a draft of the business case for an Ambulatory Care development; at this stage, the case needed further work before being presented for consideration at the Board level. It was expected to come to Finance, Performance and Business Development Committee shortly
- The Management Board had discussed the grading of the operational risks on the Risk Register, and commissioned further work to ensure that there was a consistency of approach undertaken
- The Management Board's focus would now move into the 2013-14 year, with an additional meeting scheduled in February to review budgets for

that year.

Audit Committee

FT/0113/10.5 Mr Rison reported the following points from the Committee's quarterly meeting:

- The Committee suggested to the Board that the following two risks were considered for inclusion on the Board Assurance Framework:
    - Risks around Business Continuity and Disaster Recovery planning
    - Risks around the Trust's regulatory ratings arising from Monitor's proposed changes to the calculation base, in transiting to the *Risk Assessment Framework* from the *Compliance Framework*
- The Committee had formally noted the appointment of RSM Tenon to be the Trust's internal Audit provider from April 2013, for a period of three years
- Four internal audit reports have been received, all of which provided Substantial Assurance for the area under review
- The Committee had been mildly concerned, in the context of the points recently identified by Monitor on a national review of self-certifications, as to whether the Finance, Performance and Business Development Committee should be reviewing the quarterly returns prior to Board consideration. The Terms of Reference would be reviewed to ensure that the proper process was followed.
- A question of whether the minutes of all Committees gave assurance through identifying sources of assurance, debate and challenge, and reasons for decisions had also been identified; this was being reviewed further by the several Chairs of Committees.

FT/0113/10.6 The Board deferred consideration of the two potential BAF entries to the relevant item on the agenda.

Charitable Funds Committee

FT/0113/10.7 Ms Bhalla updated the Board, as the Board of the Charity Trustee, on the following items:

- The Annual Report and Accounts for the year ended 31st March 2012 had been reviewed; this would be considered later during the Trustee business
- The financial position had been reviewed, and was satisfactory
- The Committee had agreed an investment policy, subject to further consideration of an appropriate level of risk appetite
- The arrangements for dealing with a fund related to the Cancer Intelligence Unit, following the CIU's transfer to Public Health England, had been considered; as PHE would not have an associated charity, it had been agreed to retain the fund and designate it to use for cancer-related projects
- The ongoing work on fundraising was substantial, and the Committee would be discussing how to balance up between direct fundraising and making applications for grants and to trusts. Both were important and both were time-consuming.

Update from Members' Council, December 2012

FT/0113/10.8 At the request of the Chairman, the Secretary noted that Council had considered the following points:

- Council had received a presentation on the review of transport methods undertaken by Dr Mautner; this had been very warmly received and had led to an interesting debate on ways forward
- Professor Keeton, as part of the series of presentations on BAF risks, had updated Council regarding the strategic risks in the IT area
- Governors had fed back about the various events that they had participated in, and from the groups they were involved with
- The Council had received the latest performance reports, as presented to the Board, for holding the Board to account for performance
- As noted earlier, Council had considered the Membership Strategy
- A Governor item regarding how Governors were involved in the strategic planning process had been discussed

FT/0113/10.9 The Chairman took the opportunity to update the Board regarding the discussions at the recent away-day for Governors; the discussions had been upbeat and useful, with a focus on how the Governors could continue and improve their involvement to discharge their responsibilities. The group had identified a number of areas where they felt they should undertake greater or differently-arranged activity in this regard.

FT/0113/11 Chief Executive's Brief

FT/0113/11.1 Professor Keeton referred the Board to the circulated brief, and the following points that arose were discussed:

- The Board noted the recent awards made to the Trust's staff, and congratulated those involved on their efforts and achievements
- The new intranet- EVE- had been launched successfully; Mr Woodhead drew the Board's attention to this having initially been a staff suggestion, which had now come to fruition
- The 'flu vaccination programme had been successful, with the Trust fourteenth within the Region for the percentage of staff who had been vaccinated
- Work was continuing on updating the IT infrastructure and equipment, as part of a programme of investment in this area
- The preliminary results from the national staff survey were positive, with a dramatic improvement in the results in important areas such as the percentage of staff who would recommend the Trust to their relatives for treatment; equally, there were some areas with less good results and which would be the focus of action. The full results were expected in March 2013 and the Trust would then be developing an action plan that was staff-led.
- The Board noted the proposed transfer of the Cancer Intelligence Unit and the Public Health Observatory to Public Health England; the necessary steps to provide for employees who would be transferred were being taken, together with any legal steps necessary.
- The guidance issued by the National Commissioning Board, and which would underlie the new Standard Contract, had been the subject of work

to ensure that the Trust was ready to meet these challenges.

- The proposed Risk Assurance Framework, which Monitor was consulting on, would represent a significant change for all Foundation Trusts and there would be a need to support Directors and Governors to understand its impacts. The challenges would be across the changes in both finance and governance rating approaches, as outlined in the paper
- Professor Keeton advised the Board that arrangements for Monitor to meet with the Board were still being worked on; at this stage, it appeared that Monitor were not pressing for the meeting to be held on an early date.

FT/0113/12 Integrated Performance Report

FT/0113/12.1 Mr Savage presented the dashboard and coversheet, and the Board considered the following matters related to the performance of the Trust to the end of month 9 (December 2012):

- Maternity was now expecting to fully reach and slightly out-perform the target for the year to March 2013. However, it seemed likely that there would again be a slow start to the following year; work was being undertaken to phase the planned deliveries to reflect this
- Gynaecology emergency spells were shown as red as the numbers were below target; however, from the patient's perspective this was better and the reporting would be reviewed. Elective spells were still running above target and were expected to fully catch up in the last two months of the year.
- All national cancer targets had been met; one local target had been missed, with one patient in the quarter who had a shared breach. There had been no non-medical cancellations in the course of the month.
- Referrals in Genetics were very high, and continued to demonstrate the need to move this area off block contract arrangements
- The performance in appraising staff was improving, as was the agency spend. However, the Trust had experienced increased sickness in December, which was likely to reflect in the January numbers for agency spending
- Compulsory training in all Directorates had exceeded the 75% target, with many Directorates exceeding the stretch target of 85%.
- Ms Buggins enquired what steps were being taken to ensure and assure the quality of appraisals; was there a plan in place? Professor Keeton advised that a plan had not yet been developed, and Mr Savage noted that ensuring the quality of appraisal would be an objective for the HR team in 2013-14. Professor Keeton also noted that the preliminary information from the staff survey indicated that staff felt appraisals were largely well-conducted. Ms Skelcher stressed the importance of ensuring that all staff received not just an appraisal but a good appraisal, and of this linking into the management development work of the Trust.
- Ms Skelcher also referred to the significant rate of Genetics referrals ahead of target; was this impacting on the staff team? Mr Savage advised that the current capacity of the Directorate was being reviewed in light of the referrals rate; the revenue issues related to this being a block contract arrangement which was significantly over-referring were being discussed with the Commissioners, with a view to move to a cost and volume arrangement. Ms Buggins enquired whether the contracts for

2013-14 had been signed for this area, and it was confirmed that they had not yet been concluded; final decisions were awaiting both the authorisation of CCG's in the area, and final decisions nationally about what would be retained as specialised services.

Finance Report

FT/0113/12.2 Mr Woodhead referred the Board to the circulated report on the financial position of the Trust at the end of December 2012, and the following points were discussed:

- The Trust maintained the FRR3 rating for Q3, and was expected to retain that level through to the end of the year
- The areas that had caused some concern earlier in the year were now improving, and expected to reach target by the year-end
- There was some detailed work being undertaken around the position in respect of areas of activity; the report had been prudent, and further work had identified at least £40k improvement with a feel that there was further upside available
- The distribution of activity though the course of the year, reflecting previous experiences, was now looking like a trend and would be taken into account in budgeting
- Ms Buggins noted that the main variations appeared to be in the non-pay lines, which could be a concern; Ms Layton noted that the Committee had also identified this and asked for further work to be undertaken, to have a better understanding of the detail. Mr Woodhead outlined some of the drivers for these changes; for future budgeting, it was intended to more clearly set out these areas so that they could be closely monitored
- The various efficiency schemes were continuing to progress satisfactorily; the Maternity Directorate had caught up with the planned position, and other areas were running ahead of expectations
- The cash position had improved, including the lowering of the level of debtors; if the new structure of metrics proposed by Monitor were brought into effect, this would be a more important regulatory measure
- Looking at capital programmes, a number of investments had been brought forward to compensate for schemes that had suffered slippage. The Board noted that the significant investment in Genetics equipment was now moving forward to completion.
- It was confirmed that approximately £200k of the in-year reserve remained uncommitted
- Mr Rison enquired whether the upside referred to in the paper included the uncommitted reserve; Mr Woodhead commented that it did, but that there was further upside available which he was moderately confident could be achieved.

FT/0113/13 Quality and Safety report

FT/0113/13.1 Mr Thompson presented the report, drawing the Board's attention to the following matters:

- There had been good progress with the Net Performer Score ('Friends and Family test') which was now above the target for the year-end
- The figures for the detection of Inter-Uterine Growth Restriction were still significantly below target, and this was an area of continuing focus; the

Board would remember that they had been identified as a priority area in the Quality Report

- The dashboard showed a red performance in respect of the 62-day referral to treatment pathway for cancer; this reflected the very small numbers in the pathway, as the single patient in the month had suffered a shared breach
- The Board's attention was drawn to the metric on unexpected NCIU admissions; this was a new metric which was still 'settling in', and the Board were advised to await a few more months data to see if any trends could be identified. At this stage, Mr Thompson was not unduly concerned by the position
- There had been four serious incidents during the month, all of which arose in Maternity; of the RCA's considered at the January meeting of the Patient Outcomes Committee, 2 had been similar, and three had been ranked at Grade 3 which indicated that different decisions could have made a difference to outcomes. Both of the similar cases had involved failure to diagnose potential breech delivery: if this had been identified, the likelihood was that the patient would have undergone Caesarean section, and the other consequences would not have arisen.
- Amy Maclean, a Governor attending, queried whether it was possible to utilise hand-held scanning for detecting these breeches; a discussion ensured, during which it was noted that this was a relatively rare occurrence, and to move to all patients being scanned for this might be disproportionate to the risk currently being seen. The practice adopted at this Trust was in line with that for other UK units, although in their different contexts overseas units might take a different approach.
- It was suggested that the number of cases and detection rates could be reviewed through a clinical audit process; Mr Thompson would discuss this possibility with the Directorate and take a view. He also noted that both midwives involved had been given Supervisor of Midwives involvement as a result of the incidents.
- Ms Buggins commented that it was very encouraging to see the progress reported regarding maintaining patient's dignity; she also noted that work had been initiated to support and improve the perception of cleanliness.
- Professor Keeton requested further detail regarding the Trust's performance on the WHO Surgical Checklist; Mr Thompson reported that this issue had also been discussed with the Directorates in the Performance meetings earlier in the week. The issue appeared to be with the full completion of the form, with several examples missing a signature or name; there was also a practical issue for midwives appropriately leaving Theatre early, which meant that they were not present for the sign-off. The failures to meet target could lead to a failure to achieve a CQUIN for the year.
- Professor Keeton noted that this was a high-profile measure of quality, and that there was also a reputational risk around under-performance in this area. Mr Thompson noted that, in general, the performance in Gynaecology was better than in Obstetrics, although both areas had some improvements that could be made; there was a continued focus with colleagues in improving performance, and representations were being made to address the practical points around midwives.
- Mr Savage expressed some concern that this was the same issue, in terms of form completion, as had arisen during the CQC themed visit; he noted that the approach from the CQC was that any one field missed on

the form meant that the entire form was regarded as failed. Mr Thompson acknowledged that this tended to be the issue and that forms were being internally reviewed on that basis.

- Ms Skelcher referred the Board to the public recognition for Colleague Recognition awards, and advised that the pictures on display appeared to relate to last September; Professor Keeton advised that there had been issues with obtaining the cheques to present, which had meant that the presentations had been delayed. The underlying problem had now been addressed, and it was expected that these would move up-to-date swiftly.
- Ms Buggins referred to the noticeable drop in reporting of patient safety incidents, and queried if this was a cause for concern. After discussion, and a clarification, it was confirmed that the figures were effectively behind by two months as cases were only reported when they were closed off on the logging system. Looking at the back data, the Trust appeared to be maintaining a consistent level and was likely to retain that to the year-end; there would be a discussion outside of the meeting as to how the reporting could better reflect the position.

FT/0113/14 Board Assurance Framework

FT/0113/14.1 Mr Parsons presented the Board Assurance Framework update to the Board, noting the following points:

- The various risks had been considered by the delegated Committees during the January meeting cycle
- As outlined in the paper, the Patient Outcomes Committee reported for the consideration of the Board a potential risk regarding changes to how Genetics services will be commissioned from April 2013
- As previously reported, the Audit Committee reported risks for consideration and possible inclusion on the BAF, related to (i) Business Continuity/ Disaster Recovery (ii) changes to regulatory assessment in the proposed *Risk Assessment Framework*
- The Chairman noted that the systems in place appeared to be working and providing the Board with a greater basis for assurance. It was noted that the annual review of the process by the Internal Audit function, to support the Annual Governance Statement by the Accounting Officer, was being arranged.

FT/0113/14.2 The Board noted the matters reported, and asked the Management Board to consider and report on whether the risks around Business Continuity/ Disaster Recovery should be added to the BAF.

FT/0113/15 Corporate Objectives, Q3 (October to December 2012)

FT/0113/15.1 Mr Savage presented the progress paper, and the following points were considered:

- Following discussion with Directorates, the progress against objectives for Maternity had been revised to 75% achieved, which gave a green rating
- The Board noted that the CIP's for the Maternity Directorate were now red-rated, as they were considered unachievable by the year-end
- The Corporate Directorate's under-performance on CIPs related to

anticipated income generation on car parking, which would not be resolved in discussion with UHB by the year-end; and energy costs
- The Board was reminded that this was a summary of a considerably more detailed report, which was considered by the Management Board
- Ms Buggins queried how much this report added to the understanding of the Board; Professor Keeton commented that this was the only report where the Board or Committees saw progress against the Directorate objectives, although the Nomination and Remuneration Committee would see some of that indirectly through the progress of Executive Directors against their objectives. Mr Savage commented that it might be useful to include a short commentary on the red-rated areas for the Board, and this would be included for the next report.
- Ms Layton requested that each Directorate's objectives should be circulated to the Board; this would be arranged.

FT/0113/16 Quarterly return to Monitor, Q3 (October to December 2012)

FT/0113/16.1 Mr Parsons presented the return to the Board, and the following points were noted:

- The return included some shadow indicators that Monitor was trialling in Q3 and Q4, for potential inclusion in the returns for 2013-14. There had been some challenges in obtaining the information, and feedback would be given to Monitor.
- There were no breaches of targets for the quarter.
- Following the review of the financial performance, and the discussion earlier in the Board, it was recommended that the Board could give positive declarations regarding the achievement of targets, the financial position for the following 12 months, and no exception reports.
- The changes to the membership of Members' Council had been notified to Monitor in accordance with their requirements.

FT/0113/16.2 After careful consideration, and having in mind the discussions on performance held earlier in the meeting, the Board agreed:

a. That the Board make 'Confirmed' declarations to the three statements on the Governance section of the return
b. That the Chairman and Chief Executive be authorised to sign the return on behalf of the Board
c. That the Secretary arrange for the submission of the return to Monitor by the deadline prescribed.

FT/0113/17 Update on Estates planned and preventive maintenance

FT/0113/17.1 Mr Savage presented the update paper to the Board, noting the following points of interest:

- This report was presented in accordance with the Board's request for a six-month update on progress; it was pleasing that it gave significant assurance as to the progress made in the strategy approved by the Board
- He noted that new national reporting standards were being rolled out across the NHS, under the title 'PAM', and that in 2013-14 the Board was likely to receive reporting supplemented by national benchmarks under

that scheme.

- Mr Rison enquired whether management had a feel for the level of external asbestos within the Trust's built estate; Mr Savage confirmed that the Trust maintained the necessary register which showed an extensive presence of asbestos; there were robust processes in place to monitor and manage these risks
- Ms Skelcher enquired about the balance being struck between preventive and reactive maintenance within the Trust; Mr Savage advised that it was an area that was carefully reviewed and was currently felt to be appropriately balanced. He recognised that it might be necessary to be clearer about this through future reporting.

FT/0113/17.2 The Board welcomed the update report, which was felt to be useful in understanding the risks and mitigations in this area.

FT/0113/18 Sustainable Development Management Plan

FT/0113/18.1 Mr Savage presented this item for the Board's consideration, following consideration and recommendation by the Management Board. The following points were noted in discussion:

- The proposals brought together a number of areas of current activity, giving more of a focus and plan to meet some national expectations in this area. The proposals were quite ambitious, but they were already in a process of implementation.
- In both the context of these proposals, and more generally, Ms Buggins expressed some concerns about the quality of procurement and procurement support available to the Trust. Mr Woodhead noted that this had been identified in other discussions, and that the Executive team were considering a number of options in this area
- Ms Buggins also shared with the Board her experience of a recent visit to a Community Midwifery centre, which had shown that the current informal arrangements could be significantly more effective in ensuring care and continuity than more remote practices; this was an important point not to lose.

FT/0113/18.2

The Board approved the Sustainable Development Management Plan.

The Board then proceeded, as Trustee, to consider business related to the Birmingham Women's NHS Foundation Trust Charities. This consideration has been separately minuted.

FT/0113/19 Time for Reflection

FT/0113/19.1 The Chairman invited Directors and others attending to identify ways in which the meeting could have been better arranged:

- Professor Keeton commented that the Board had heard a painful patient story, which had identified many areas where the service provided by the Trust had been less than satisfactory.
- However, changes had already been made to address some of the concerns raised. Mr Thompson agreed, noting that there were issues of time-lag and placing the comments in context for the Board, in that the patient's treatment had been approaching two years' previously.

FT/0113/20 Exclusion of the public

FT/0113/20.1 *Resolved*, That representatives of the press and other members of the public be excluded from the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Members of the press and the public accordingly withdrew.

Action List from Board meeting

30th January, 2013

Minute	Action	Responsible	Due Date
FT/0113/5.1	Review and update information on support schemes for parking, so that patients can access it easily	N Savage	March 2013
FT/0113/5.1	Consult with Council on the Terms of Reference for Board Committees;	S Parsons	May 2013
	Yearly review to come to Board with the benefit of comments from Council	S Parsons	July 2013
FT/0113/5.1	Resolve issue of clash between breakfast times and ward rounds	H Young	March 2013
FT/0113/5.1	Complete review of escalation policy use	H Young	March 2013
FT/0113/5.1	State BAF risks in terms of potential outcomes for the 2013-2014 BAF	S Parsons	May 2013
FT/0113/6.1	Review possible videos guides to units on the Trust web-site	R Keeton	May 2013
FT/0113/6.1	Review the information in patient letters as to the location of various sections they can be expected to attend	R Keeton	May 2013
FT/0113/6.1	MSLC to consider whether to review delay in Theatre re skin-to-skin contact, and information available to patients	H Young	March 2013
FT/0113/6.1	Patient Outcomes Committee to monitor progress in addressing the concerns from the Patient Story, and to advise the Board re assurance available	C Ainslie	May 2013
FT/0113/10.2	Include education about the Trust's Clinical Audit process as part of the seminar discussions on quality	E Buggins	February 2013

Minute	Action	Responsible	Due Date
FT/0113/10.3	Discussion on service-line reporting as implemented, and what it revealed, at the April Seminar	E Buggins	April 2013
FT/0113/10.5	Review FP&BD Terms of Reference to confirm whether Monitor returns require their review prior to Board consideration	S Parsons	March 2013
FT/0113/11.1	Make arrangements for educational events to support Directors and Governors in understanding the new *Risk Assessment Framework*	S Parsons	March 2013
FT/0113/12.1	Review how reporting reflects those items that, although financially disadvantageous, are to be preferred for patient experience reasons	N Savage	March 2013
FT/0113/13.1	Review whether to clinically audit the number of cases and detection rate for breech presentation	P Thompson	March 2013
FT/0113/13.1	Ensure updating of public information on the Colleague of the Month awards	R Keeton	February 2013
FT/0113/13.1	Review reporting base for patient safety incidents	P Thompson	March 2013
FT/0113/14.1	Review whether Business Continuity/ Disaster Recovery should be added to the BAF	Management Bd	February 2013
FT/0113/15.1	Short commentary on red-rated areas from Directorate objectives to be included in Board report	N Savage	April 2013
FT/0113/15.1	Circulate the Directorate Objectives to all Directors	N Savage	February 2013
FT/0113/16.1	Submit Q3 return to Monitor	S Parsons	31st Jan 2013