Birmingham Women's NHS
NHS Foundation Trust

Chief Executive Briefing – March 2013

This briefing brings to the Board's attention, items of interest not covered elsewhere in the Trust Board papers.

Media Activity

The Trust is involved with the new series of 'Embarrassing Bodies Live' and filming has taken place with Dr Raji Ganesan. The programme will look at the pathology behind certain gynaecological conditions.

Filming with The Garden Productions for 'Midwives II' is going well with some interesting cases already filmed. The crew are now based in the hospital and will be filming with us until the end of June.

2012 Round for Local Clinical Excellence Awards

The Board is likely to be aware that the 2012 Round for Consultant Clinical Excellence Awards was initially delayed, on a national basis, by Ministers in order for a review of the process to take place. This resulted in the process for national and local awards being undertaken much later than usual.

The Trust's Local Clinical Excellence Awards Committee met on Friday 25th January 2013 in order to allocate the 2012 Award Round. Membership comprised:

Chair of Committee - Chief Executive	Ros Keeton
Medical Director	Peter Thompson
Associate Director of Workforce & Educational Development	Gerry Dryden
Chair of Trust	Elisabeth Buggins
Deputy Director of Finance (CO-OPTED MEMBER)	Jane Davidson
Lay Representative – Governor	Louise Toner
Lay Representative - Governor	Amy Maclean
Medical School Representative	Professor David Adams, Head of School of Immunity & Infection
Neonatal Directorate	Imogen Morgan
Maternity Directorates	Tracey Johnston
Gynaecology Directorate	Phil Toozs-Hobson
Genetics Directorate	Kai Ren Ong
Medical Staff Governor	Lyn Hirschowitz

LNC Representative	Moji Balogun
Medical Staff Committee Representative	Phil Cox
Non-Award Holder/Observer	Ruchira Singh

The Committee received 18 applications which were scored by each of the members and then a rank/rank score list was produced. It was against this list that the awards were allocated commencing with the applicant who was ranked top and working through the list until the monies were exhausted.

The following awards were made :

Consultant	**Current Award Level**	**New Award Level**
BEDFORD-RUSSELL Alison	6	7
EWER Andy	7	8
PRETLOVE Sam	-	1
SHARIF Saba	-	1
SHEHMAR Manjeet	-	1
WILLIAMS Denise	2	3
Total Expenditure		

The Trust had a minimum investment of £24,839, spending a total of £23,065, leaving £1,774 for reinvestment for the 2013 Round.

All applicants who submitted an application have been notified of the outcome of their application. These awards are payable from 1st April 2012.

Progress in reviewing the Francis Report

The Board will be aware of the publication of the Report by Mr Robert Francis from the Public Enquiry into care given at Staffordshire Hospital, which has identified a range of failings at Mid-Staffordshire NHS Foundation Trust, together with other regulatory and oversight bodies. The report was published shortly before the last meeting of Members' Council, and during a short debate Council was assured that the Board would be carefully considering the recommendations and producing an action plan.
We have been actively reviewing the impact of the report's recommendations on the Trust;

- The Directors have held a full discussion at the February seminar session, supported by an initial gap analysis
- The Patient Outcomes Committee has held an initial discussion on the gap analysis and potential impact, although this will need to be re-visited in more detail later dependent on decisions by others
- We have engaged in active discussion with other groups, such as staff side, about the impact of the recommendations
- Colleagues have been actively learning about the proposals and how they could be implemented; this has included both clinical and governance recommendations and

Governors have attended briefings including a presentation by Mr Francis at the Foundation Trust Governors' Association.

Importantly, the Trust has already begun to address a number of the matters identified in the second Francis report. For example, we undertook an exercise during 2011/2012 to refresh our strategy and develop detailed clinical ambitions which have subsequently been approved by the Board of Directors. These were done through a significant staff engagement process using our established Together We Can methodology for which the Trust was a finalist for in the National Health Service Journal Awards in 2012.

Many of the recommendations will affect the Trust and how it seeks to deliver excellent care to our patients and the services that our communities want, but require decision by Government or other national/ local agencies. At the time of writing, we understand that the response of Government is likely to be announced on Monday 25th April, and other organisations will then announce their acceptance or otherwise of recommendations over a period of time following that. In order that the Board's consideration can be appropriately informed by the Government's proposals, we now anticipate that a paper and action plan will come forward to the public Board meeting at the end of April; this should still support Member's Council engaging in a discussion at their May meeting.

The Budget Key Points for the NHS

The funding allocated to the NHS remains the same and health budgets will be protected until 2016.

The NHS will receive 106.9 billion pounds in revenue expenditure 2013/14 and 4.4 billion pounds in capital funding, the same figures as set out in the Chancellor's last Budget. The NHS will continue therefore to face a challenging financial situation. The Chancellor announced that the Department of Health under spent by 2.2 billion pounds this year, the highest of any department, as part of a total 11.5 billion under spend across government.

Changes to national terms & conditions of service

2013/14 is likely see significant changes to national terms and conditions of service. Subject to the outcome of the on-going national consultations, NHS employers will be able to negotiate for those employed under Agenda for Change (AfC) terms and conditions local agreements which enable a link to be establish between incremental pay progression and the achievement of locally determined performance requirements.

In addition they can set up alternative pay arrangements for more senior AfC staff (Band 8(c) and above). The proposed package also includes the removal of the requirement to pay enhancements to those absent as a result of ill health (the payment of enhancements – if appropriate was introduced with AfC in 2004).

Consultations over changes to Medical & Dental terms and conditions are also on going. A number of changes have been proposed which are now being considered at a national level.

Changes are also expected in the junior doctors (those in training) contract, proposal here include new overtime and patterns of working hours, which are consistent with the European Working Time Directive (EWTD).

Agreement has been reached on further changes to the NHS Pension Scheme from 1st April 2015. At this time all members of the NHS Pension Scheme will be moved into one single career average scheme. However, those staff who have previously elected to remain in the pre 2008 Scheme (final salary) will have their benefits in the old scheme protected. In

addition to this, those over the age of 50 as at the 1st April 2012 will have preserved rights to retire with no actuarial reduction at age 60. Those under 50 at that date will be able to access their pension at 60 on an actuarially reduced basis. The retirement age under the new 2015 Scheme has been set initially at 65. The average contribution rate to the 2015 scheme is expected to be around 9.5%.

In addition the government has announced a continuation of pay restraint in the public sector with increases of no more than 1 per cent in 2014/15 and also for 2015/16. The Chancellor also announced that he expected the public sector to make further savings by reducing the cost of incremental pay allowances.

New regulations for the operation of Health Overview and Scrutiny Committees (OSC).

As part of a wider revision of related secondary legislation Ministers have introduced new regulations regarding the operation and powers of Local Authorities in undertaking their overview and scrutiny functions for health. The Board may wish to note the following points:

Local Authorities continue to be under a duty to scrutinise health for their area, which may be done in association with other local authorities. Whilst the Trust will mainly relate to the Birmingham City arrangements, we are also subject to those arrangements made by authorities throughout the West Midlands region.

Although they may continue the traditional OSC arrangements, this is no longer mandatory and the Authority can decide for itself the best way to arrange the discharge of this function. As part of its scrutiny role, an Authority must respond to any matter related to the planning, provision and operation of the health service in its area that is referred through Local HealthWatch. If the Authority makes, in its scrutiny role, recommendations regarding the Trust's provision of services, the Trust must respond to those in writing within 28 days.

If the Trust proposes to engage in a substantial development or variation of the provision of health services in a local authority's area, there is an obligation to consult the Authority; and the Authority has powers to refer the proposals to the Secretary of State. There are complicating provisions regarding whether the responsibility for making the submission lies on the Trust or the Commissioner, in some instances.

There is an obligation (subject to limitations regarding confidential information) to provide an Authority with the information that it reasonably requires to discharge its health scrutiny functions
The Authority may require Directors, Governors and Trust employees to attend before them and answer questions (subject to limitations regarding confidential information or such matters as would not require an answer in court) as necessary to discharge its health scrutiny functions; a requirement to physically attend does require reasonable notice, but attendance is compelled. The Trust continues to work closely with the City's Health and Social Care Overview and Scrutiny Committee, and the Board will be aware that Governors are keen to develop their links with the arrangements further afield. We hope that these will continue to be productive arrangements for both the Trust and the local Authorities.

Clinical Reference Groups

The strategic planning of specialised services for the NHS Commissioning Board (NHS CB) will be informed by bringing specialised clinical expertise and advice together with the views of patients and their carers in the form of service-specific Clinical Reference Groups (CRGs).

During February and March 2013, the process of selecting new members for vacant Chair and clinical positions for a variety of Clinical Reference Groups was undertaken and was open to all consultants throughout the country.

These groups will be influential and four of our consultants have been successful in their applications.

Peter Thompson - Specialised Maternity Services
Trevor Cole - Medical Genetics (MGS)
Mark Kilby – Fetal Medicine
Phil Toozs-Hobson - Complex Gynaecological Services (CGS)

Membership of the group is voluntary and is for a three year period. The Clinical Reference Groups will be tasked with the overall responsibility of ensuring that service specifications and clinical commissioning policies are delivered on time and to a high quality standard and our clinicians will be keeping us in touch with progress.

National arrangements for the 'Friends and Family test'

The Board will be aware that the Government has announced that all Trusts will be required to undertake the 'Friends and Family' test for all patients within a short time-frame. The National Commissioning Board have confirmed that providers will be required to invite all in-patients to complete the test from April 2013, and all maternity patients (including community patients) must be invited from October 2013.

The Department of Health has now published final details of how the results will be publicised, nationally and locally. The Board will wish to note the following points:

- The test has been confirmed as a single question, 'How likely are you to recommend our ward/ [A&E department] to friends and family if they needed similar care or treatment?' With the question to be asked at or within 48 hours of discharge. Responses will be on a 6-point scale:

1- Extremely likely
2- Likely
3- Neither likely nor unlikely
4- Unlikely
5- Extremely unlikely
6- Don't know

- The calculation will be similar to that currently utilised by NHS Midlands and East- *Extremely Likely* will count as positive, *Likely* will be neutral, and *Neither Likely nor Unlikely* to *Extremely Unlikely* will count as negative (*Don't know* will not be counted). This will give a score ranging from -100 (worst) to +100 best.
- There is a requirement that the formal score is presented in the format:

  "The Friends and Family Test score for [month] for this [unit- ward/ hospital/ trust] is X. This is based on Y responses."

- There is a clear expectation (which may be enforced through the Standard Contract) that the information will be calculated and made available at ward/ unit level, as well as Hospital and across Trusts (for those with several hospitals/ units). It appears to be expected (although not required) that this information will be made conveniently available for staff and patients in those areas.
- Local publication, in the prescribed format and in line with the set methodology, is stated to be a requirement from July 2013. Locally, there will be an opportunity to give contextual information to explain the results and compare to other Trusts/ hospitals/ units.
- National publication will start from July 2013, and continue on a rolling monthly basis. The information for the first three months (April, May and June 2013) will be published *en bloc* in July 2013. Information will be published at Trust, Hospital and ward level.
- There will be statistical publication on the Department of Health web-site, supported (in line with Government policy) by the availability of a data-file to all which gives the underlying data on which they are based, down to the ward level returns.
- NHS Choices will be the major public portal for the data, classifying returns as:
    - Amongst the best- top 20% performers
    - In normal range- middle 60% performers
    - Amongst the worst- bottom 20% performers

There will also be a more detailed break-down of the results available; and results are expected to be mapped, on a weighted basis, against CCG's.

- NHS Choices is also expected to break down the results by:
    - Site (Hospital or unit for those Trusts with several sites)
    - Sites within a given location (such as a post area) for comparison
    - Ward level against speciality, by site
    - Specialities within a given location (such as post area) for comparison

The Board will recognise that there will be a continuing and intense focus on this area, as a proxy measure for patient experience; and that Commissioners and the public are likely to be looking for the Board to continue to drive improvements into the future. The Trust continues to invest in delivering these areas, and we look forward to continuing to support the Board in considering the results of the test and using it to identify areas for improvement.

National Reviews

The health secretary has announced two national reviews ahead of the government's official response to the Francis report and recommendations.

The first is a review of how complaints are dealt with and the second will look at how healthcare assistants are trained and educated across the NHS.

International Women's Day

On Friday 8th March, the Trust celebrated International Women's Day. Plans for the day included giving a flower to women entering the hospital, a tradition at BWH, as well as a tea party for women, their families and staff.

There were stalls, poster displays showing the work of our departments and other women's organisations that we work with. The aim was to highlight what we do to serve the women of

Birmingham and to empower and educate by offering information and advice on ways we support and serve them. The event was supported by the Volunteers.

"Tiny Babies Friends of NICU" at Birmingham Women's Hospital Afternoon

On Tuesday 28 February, the first Tiny Babies Friends of NICU" at Birmingham Women's Hospital.

The afternoon was well-attended by a wide range of supporters of the NICU.
Councillor Anita Ward, Deputy Lord Mayor, also attended and presented a cheque to Elisabeth Buggins for £25,000.

This was the sum raised for the Neonatal Unit during Councillor Ward's mayoral year. Many of the supporters were also presented with thank you certificates during the event. Some of the parents whose babies had spent time on the NICU spoke about their personal experiences as well as their gratitude to the staff and hospital during this difficult time. The afternoon was also used as a platform to launch "The Friends" group.

The first newsletter was distributed and those in attendance were asked to join the group. All members will receive a 6 monthly newsletter and be invited to an annual "Friends" event. A minimum annual subscription fee of £5 was recommended.

Feedback from the afternoon was very positive with many of the supporters commenting that it had inspired them to go on and do more fundraising to support the NICU.

Abseil:

Recruitment is well under way for the Charity Abseil on Saturday 13th July. Approximately 40 individuals have registered their interest including Deputy Lord Mayor. There are still lots of spaces available.

Free Radio Walk for Kids:

The full- launch for the Free Radio Walk for Kids was launched on Monday 11th March. In the weeks ahead, soundbites will be heard from past NICU parents who tell their stories. Nursing and Medical staff will also be heard explaining about the work of the unit. Lots of publicity is now currently being arranged.

BWH Charity Quiz Night

The first charity quiz night of 2013 was held on Thursday 7th February. Approximately 80 people attended on the night and the quiz entry and raffle raised the sum of £406.00. Team "The Guvnors" retained their title.

Bupa Great Run 2012

All 50 charity places for Bupa Great Run Birmingham 2013 have now been filled. These places have gone to individual fundraisers, staff members, corporate supporters, and community groups.

Health & Well-being Fair

Last month we held, what is hoped will become an annual health and well-being event; this consisted of a range of stalls and activities covering, for example:

- Back care
- Health Checks
- Mental Health Promotion
- Quit smoking
- Military Fitness
- Zumba
- Relaxation

Outcomes

- Over 120 people attended.
- 11 staff signed up to quit smoking. A weekly quit smoking group will now take place here.
- Over 40 people signed up for Zumba. Two classes to start mid February 2013 with a weight management group prior to the exercise class
- Over 35 people signed up for the BWH Choir. Choir practice to start mid February 2013
- 29 staff entered the cyclethon reaching a grand 85.43 miles /137.49 Km cycling past Oxford and nearly reaching Bristol, Manchester, Peterborough or Welshpool
- 122 people signed up for Balance Magazine
- 13 people requested a copy of the relaxation CD
- 8 people signed up for health insurance