

## **Summary report of the meeting of the Board of Directors held on Friday 7 October 2011**

This report presents a brief summary of the issues discussed at the October 2011 meeting of Liverpool Women's NHS Foundation Trust Board of Directors.

### **1. Election of governors**

Three governors had been elected to the Council of Governors following the recent by election. Tina Reid had been elected to the public seat for the rest of England and Wales, Gail Mannion to the staff seat for scientists, allied health professionals and technicians, and Maureen Kelly had been re-elected to the public seat for Sefton.

### **2. Medicine for Members**

The Trust's first Medicine for Members session would be held on Thursday 13 October 2011 from 1800 hours, in the Blair Bell lecture theatre, Liverpool Women's Hospital. The topic for discussion was Preparing for Pregnancy.

### **3. The role of Boards in quality, safety and improvement**

Members of the Board had attended an event hosted by the NHS North West Leadership Academy and facilitated by the Institute for Healthcare Improvement and Advancing Quality Alliance (AQuA). At its November 2011 meeting the Board would be asked to ratify an action plan that was being prepared setting out targets for quality, safety and improvement at the Trust following attendance at the event. The importance of the Board hearing patient stories was emphasised at the event (Liverpool Women's Board of Directors has been hearing a patient story at each of its meetings for past year).

### **4. Clinical audit strategy 2011-2014**

The Trust's clinical audit strategy for 2011-2014 was approved, subject to the inclusion of a strengthened focus on patient involvement together with clear linkages to other related Trust strategies.

### **5. Trust's response to Stockport incident**

Following the incident of alleged drug tampering at Stockport NHS Foundation Trust, an audit of procedures at the Trust had been undertaken. A good level of medicines storage measures had been found together with good compliance in authorised tablet, injection and external storage areas. A further, unannounced re-audit was planned.

### **6. Maternity services update**

An update report in respect of the Trust's maternity services focused on the provision of support for women in choosing the place they wish to give birth, increasing the number of home births and increasing the number of normal births whilst reducing the number of caesarean sections.

More than half of women receiving care through the Trust's maternity services now had an extended antenatal visit at thirty six weeks with their Community Midwife. Place of birth was discussed at length during this visit in conjunction with a risk assessment which identifies the most suitable place for each women to deliver. The intention was to make this thirty six week visit available to all women, which would be facilitated by the recent introduction of newly aligned community teams.

The home birth rate had not increased as hoped though audit had demonstrated that it was routinely offered to women for whom it was suitable. The newly configured community teams each had an identified homebirth champion who would work with the Trust's Consultant Midwife to develop strategies to increase the rate. The Board was assured that the Trust's home birth service continued to be based on robust risk assessments, and sought assurance that the risks of choosing either a home or hospital delivery were clearly set out in the information provided to expectant women.

The Trust's caesarean section rate was currently just above 24%, a small decrease from the previous year. The vaginal birth after caesarean section (VBAC) pathway had been finalised and a VBAC clinic would commence in October 2011, predominantly led by midwives. It was anticipated that the introduction of this pathway would have a positive impact on the Trust's overall caesarean section rate.

A number of changes to the maternity services workforce had been implemented following the Trust-wide Rising to the Challenge review of earlier in 2011. A skill mix review across all areas in maternity services would be undertaken shortly hence it was anticipated to alter considerably over the coming months. This would facilitate an increase in the level of one to one care provided to women in labour.

**7. Domestic violence**

Following publication of the Department of Health document 'Improving services for women and child victims of violence' earlier in 2011, domestic abuse training was being incorporated into the Trust's safeguarding training strategy for 2012 – 2015, which was currently being consulted upon across the organisation. The Trust's domestic abuse policy also now included provision for staff who had been affected by domestic abuse.

**8. Organisational development**

A leadership development framework was being implemented, part of which included a leadership development programme which 55 of the Trust's clinical and non-clinical leaders were participating in. A team coaching programme was being introduced which was solidly based on improving outcomes for patients. Senior leadership development which had also been held included training in respect of leading change and resilience, and thinking differently (effective chairing of meetings).

**9. Operational plan 2011/12 mid-year review**

The Board received a mid-year review of its operational plan for 2011/12 which demonstrated good progress.

**10. Performance and assurance as at August 2011**

Directors reviewed the Trust's performance and assurance report.

**11. Annual report of the Audit Committee**

The Board received the annual report of the Audit Committee for 2010/11.

**A note about Liverpool Women's Board of Directors**

Liverpool Women's Board of Directors comprises seven Non-Executive Directors (including the Chair) and six Executive Directors. The Board is responsible for determining the Trust's strategy and business plans, budgets, policy determination, audit and monitoring arrangements, regulations and control arrangements, senior appointment and dismissal arrangements and approval of the Trust's annual report and accounts. It acts in accordance with the requirements of its Foundation Trust terms of authorisation. These are available on Monitor's website at <http://www.monitor-nhsft.gov.uk/>.

Members of the Board are:

<i>Non-Executive Directors</i>	<i>Executive Directors</i>
Mr Ken Morris (Chair)	Mrs Kathy Thomson (Chief Executive)
Mr Dave Carbery (Senior Independent Director)	Mrs Vanessa Harris (Director of Finance)
Ms Liz Cross	Mr Jonathan Herod (Medical Director)
Mr Ian Haythornthwaite	Mrs Gail Naylor (Director of Nursing, Midwifery & Patient Experience)
Dr Pauleen Lane	Ms Caroline Salden (Chief Operating Officer)
Mr Roy Morris (Vice Chair)	Mrs Michelle Turner (Director of Human Resources & Organisational Development)
Mr Hoi Yeung	

The Trust's Council of Governors is responsible for appointing the Chair and Non-Executive Directors (NEDs) of the Board. In April 2011 the Council agreed succession plans in respect of two of the three NEDs whose term of office is due to end early in 2012. It will confirm plans in respect of the third upcoming vacancy before the Autumn of 2011.

If you have any queries on this summary report, please contact in the first instance Julie McMorran, Trust Secretary, at [julie.mcmorran@lwh.nhs.uk](mailto:julie.mcmorran@lwh.nhs.uk) / 0151 702 4033.