Sandwell and West Birmingham Hospitals NHS
NHS Trust

AGENDA

Trust Board – Public Session

Venue Churchvale/Hollyoak Rooms, Sandwell Hospital **Date** 25 June 2009 at 1430h

Members

Mrs S Davis	(SD)	[Chair]
Mr R Trotman	(RT)	
Miss I Bartram	(IB)	
Dr S Sahota	(SS)	
Mrs G Hunjan	(GH)	
Prof D Alderson	(DA)	
Miss P Akhtar	(PA)	
Mr J Adler	(JA)	
Mr D O'Donoghue	(DO)	
Mr R Kirby	(RK)	
Mr R White	(RW)	
Miss R Overfield	(RO)	

In Attendance

Mr G Seager	(GS)
Miss K Dhami	(KD)
Mr C Holden	(CH)
Mrs J Kinghorn	(JK)
Miss J Whalley	(JW)
Mr J Cash	(JC)

Guests

Mr R Banks	(RB)
Mrs D Talbot	(DT)

Secretariat

Mr S Grainger-Payne (SGP) [Secretariat]

Item	Title	Reference No.	Lead
1	**Apologies for absence**	**Verbal**	**SGP**
2	**Declaration of interests** *To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting*	**Verbal**	**All**
3	**Chair's opening comments**	**Verbal**	**Chair**
4	**Minutes of the previous meeting** *To approve the minutes of the meeting held 28 May 2009 as true and accurate records of discussions*	**SWBTB (5/09) 111**	**Chair**
5	**Update on actions arising from previous meetings**	**SWBTB (5/09) 111 (a)**	**Chair**
6	**Questions from members of the public**	**Verbal**	**Public**
	PRESENTATIONS		
7	**Sustainability**	**Presentation**	**GS/RB**
	MATTERS FOR APPROVAL		
8	**Amendment to bank mandate**	**SWBTB (6/09) 114**	**RW**
9	**Single tender action – Urgent Care Centre – Locum GP service**	**SWBTB (6/09) 113**	**RK**
10	**Delivering single sex accommodation**	**SWBTB (6/09) 123** **SWBTB (6/09) 123 (a)**	**RK**

MATTERS FOR INFORMATION/NOTING			
11	**Strategy and Development**		
11.1	'Right Care, Right Here' programme: progress update	SWBTB (6/09) 119 SWBTB (6/09) 119 (a)	RK
11.2	New acute hospital project: progress update	SWBTB (6/09) 124 SWBTB (6/09) 124 (a)	GS
12	**Performance Management**		
12.1	Monthly performance monitoring report	SWBTB (6/09) 122 SWBTB (6/09) 122 (a)	RW
12.2	Monthly finance report	SWBTB (6/09) 115 SWBTB (6/09) 115 (a)	RW
12.3	Foundation Trust service performance report	SWBTB (6/09) 116 SWBTB (6/09) 116 (a)	RW
13	**Governance and Operational Management**		
13.1	Single Equality Scheme update	To follow	RO
13.2	Report back from Sandwell Mental Health Trust Governor's report	SWBTB (6/09) 117 SWBTB (6/09) 117 (a)	DT
13.3	Quarterly integrated risk and complaints report	SWBTB (6/09) 121 SWBTB (6/09) 121 (a)	KD
13.4	Update on maternity services	Verbal	JA
14	**Update from the Board Committees**		
14.1	Finance and Performance Management Committee		
▶	Minutes from meeting held 21 May 2009	SWBFC (5/09) 049	RT
15	**Any other business**	**Verbal**	**All**
16	**Details of next meeting** *The next public Trust Board will be held on 30 July 2009 at 1430h in the Anne Gibson Boardroom, City Hospital*	**Verbal**	**Chair**
17	**Exclusion of the press and public** *To resolve that representatives of the Press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).*	**Verbal**	**Chair**

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Sandwell and West Birmingham Hospitals NHS
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Trust Board (Public Session) – Version 0.2

Venue Anne Gibson Boardroom, City Hospital **Date** 28 May 2009 at 1430 hrs

Present:	Mrs Sue Davis	Dr S Sahota	Mr Donal O'Donoghue
	Mr Roger Trotman	Miss Parveen Akhtar	Mr Richard Kirby
	Miss Isobel Bartram	Miss Rachel Overfield	
	Mrs Gianjeet Hunjan	Mr John Adler	
	Professor Derek Alderson	Mr Robert White	
In Attendance:	Mr Graham Seager	Miss Kam Dhami	Mr Colin Holden
	Miss Judith Whalley		
Guests:	Mrs Sally Fox [Item 7]	Mr Philip Thomas-Hands	[Item 8]
	Mrs Elaine Newell [Item 9]	Ms Dawn Hicklin	[Item 8]
	Dr Beryl Oppenheim [Item 14.1]		
Secretariat:	Mr Simon Grainger-Payne		

Minutes	**Paper Reference**
1 Apologies for absence	**Verbal**
There were none.	
2 Declaration of interests	**Verbal**
No declarations of interest in connection with any agenda item were made.	
3 Chair's opening comments	**Verbal**
The Chair congratulated the relevant members of the Trust Board on the recent award of the Health and Social Care prize for leadership improvement, in recognition of the Trust's widespread and successful adoption of the Listening into Action approach. The Chair noted that a nomination for a Board level champion for carbon reduction had been requested. It was agreed that this nomination should be Mr Graham Seager, given that energy utilisation falls within his current remit.	
AGREEMENT: Mr Seager to be nominated as the Board champion for carbon reduction	

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4 Minutes of the previous meeting	**SWBTB (4/09) 095**
The minutes of the meeting held on 30 April 09 were approved, subject to minor amendment of the attendance list.	
AGREEMENT: The minutes of the previous meeting on 30 April 09 were approved as a true and accurate reflection of discussions held	
5 Update on actions from previous meetings	**SWBTB (4/09) 095 (a)**
The updated action list was reviewed. There were noted to be no outstanding actions.	
6 Questions from members of the public	**Verbal**
There were no members of the public in attendance.	
7 Listening into Action update	**Presentation**
Mr Adler introduced Mrs Sally Fox, the Trust's Listening into Action Facilitator. Mrs Fox advised that Listening into Action (LiA) had been introduced in April 2008, with the aim of putting staff at the centre of organisational change. Nine key themes were identified as part of the initial work, including putting patients first; getting the basics right; valuing staff; cross team working; and working smarter. The LiA process starts with a staff conversation, which generates a number of quick wins. In the past, these have included addressing the Trust's Top 10 Eyesores and improving car parking capacity. Enabling projects have also been set up to support the work and include customer care and valuing people initiatives. Long service awards have been introduced as a result of this work. The optimal wards exercise was noted to be a particular success, where thirteen wards are using the LiA philosophy to improve the clinical environment. It was reported that a number of other clinical areas have implemented LiA, including Imaging and Pathology. Facilities and Medical Records have also now introduced the approach into their area. An Executive Sponsor Group is in place to oversee all LiA workstrands, chaired by the Chief Executive and attended by the majority of the Executive Directors. Regular corporate events are also organised, which have included a session concerning the outputs of the staff survey. The session in this instance revealed an improvement in satisfaction across a number of key areas in the Trust. A major outcome of the LiA approach has been an improvement in patient experience. For instance, on the basis of feedback from service users, Saturday morning clinics have been introduced for mothers-to-be; protected beds for stroke patients have been identified; there is now improved access to CT scanning facilities; improved patient information is available; and open sessions whereby patients are invited for tea to discuss any issues of concern with a matron have been implemented. Thought to be as a consequence of some of these initiatives, an improvement in a number of areas has been reported within the recent national inpatient satisfaction survey, most notably that greater confidence and trust in the nursing staff has been seen.	

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The Trust's success with its use of the LiA approach has attracted both national and international interest from other healthcare providers. The future plans for LiA concern integrating the philosophy with other work underway by means of adopting a rigorous project management approach in the first instance. Dr Sahota asked whether the positive feedback on LiA had been received from managers or whether frontline staff had registered opinions. Mrs Fox advised that feedback had been received from both frontline staff and managers. Mr Holden added that staff engagement at all levels had been a significant reason for the success of the work. Mr Adler reported that the LiA approach did not work successfully in areas where there is poor leadership. Professor Alderson asked whether there were particular areas which were not engaged fully with the work. Mr Holden advised that there have been areas where engagement has been difficult, however the number of people unwilling to participate is reducing. Mr Kirby asked what plans were in place to ensure that the momentum of the work was maintained. Mrs Fox advised that there is a need to be honest with staff, in terms of what may be delivered. Equally, when promises are made, then they must be delivered. Mr Adler added that a 'Message to our Leaders' bulletin is issued on a regular basis, which reinforces the need to ensure momentum is maintained, even through any difficult circumstances. The Chair thanked Mrs Fox for her informative presentation.	
8 Progress with Stroke Services	**Presentation**
Mr Philip Thomas-Hands joined the meeting to provide the Board with an update on progress with developing stroke services. He introduced Ms Dawn Hicklin, a senior physiotherapist involved with the work. Mr Thomas-Hands advised that in 2006, the Trust exceeded the national average in few of the key stroke service indicators.. By 2008 however, the situation was much improved , with the only indicator below par concerning assessment of patient's mood on discharge. This was reported to be as a consequence of a lack of psychologists available to undertake this at the time. Further work has been undertaken more recently, which has raised the profile of stroke and in particular the need to act quickly should an individual be suspected of having a stroke. A three-hour timeframe has been identified within which thromobolysis may be given. This procedure however is only suitable for circa 10% of patients. An additional requirement has been set that 80% of patients should be moved to a stroke unit within four hours of assessment in Accident and Emergency. CT scans should also be undertaken within 24 hours of assessment. A Listening into Action event was undertaken around stroke, whereby staff and patient opinion on stroke services was canvassed. The exercise provided the necessary framework for Phase 1 developments in stroke. It revealed that cross site working was thought to be a necessary improvement to the service; improved access to thrombolysis was also suggested, including the implementation of a 24 hour thrombolysis rota and extra staff should be recruited to handle the additional work. Protected beds for stroke patients requiring assessment were also proposed.	

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The second phase of the stoke services development involves resolving the out of hours cover for thrombolysis and introduction of radiography services on a round the clock basis. By the summer of 2009, the Emergency Assessment Unit and the Medical Assessment Unit will be equipped to handle the transfer of up to 24 patients within 24 hours. There is expected to be a challenge presented by the need to train middle grade doctors and to establish the rotas for thrombolysis. Protection of stroke resources on the Stroke Units is also to be arranged and in particular nursing resources. Phase three of the stroke development work includes implementing an on site out of hours radiography resource to reduce the admittance to scan time. Increased nursing resources on the stroke units are also to be arranged. Other areas for attention include an improved management of TIA cases; developing a holistic integrated service pathway; improved rehabilitation and discharge pathway; and establishing a robust data system for performance monitoring. Phase four of the work includes improving the patient flows out of the stroke units. Mr Trotman reported that he had visited ward D11 and the clinicians had expressed their enthusiasm for the introduction of round the clock thrombolysis. A particular interest concerned the use of telemedicine to link sites together to create more effective cross-site working. Mr White asked, given the small number of patients suitable for thrombolysis, how clear the decision was in terms of whether to undertake this procedure. He was advised that there is very clear information which guides the clinician through a series of assessments that determine whether an individual should be thrombolysed. Mr Thomas-Hands highlighted that these guidelines are newly introduced and it is probable that the current three hour window for thrombolysis may be amended once they are better embedded. Mr Kirby reported that there had been careful consideration as to whether the current arrangements in Accident and Emergency could support a thrombolysis service at both sites, however, given the difficulty with co-ordinating the existing rotas this is presently not practical. Mr Thomas-Hands reported that the recent media campaign concerning stroke appears to be increasing awareness of the condition and the action to take. Miss Bartram asked whether there was a risk of a patient occupying a bed needlessly when admitted as potentially having had a stoke. She was advised that these patients are usually transferred to a general medical ward, although with the improvements that have been put into place, the assessment process is now much more efficient. The Chair thanked Mr Thomas-Hands and Ms Hicklin for the presentation and congratulated them on the progress made with developing stroke services.	
9 Business case for a maternity birthing centre	**SWBTB (5/09) 106** **SWBTB (5/09) 106 (a)** **SWBTB (5/09) 106 (b)**
Mrs Elaine Newell joined the meeting to present a business case for the development of a midwifery-led birthing centre, co-located to the main Delivery Suite at City Hospital. Mrs Newell advised that the provision of a midwife led unit would provide a greater	

opportunity to give women a choice of where to give birth. At present the only options are either a home birth or a consultant led service. A midwifery-led service however provides a less clinical environment that is known to be attractive to women. The co-located model of care proposed means that the facility is adjacent to the consultant-led unit, which may need to be accessed, should any complications arise with the birth. It is anticipated that the midwifery-led model will provide a service to approximately 1000 women per year. In addition, the development of the model is anticipated to alleviate the current issues with recruitment and retention of good calibre midwives and students. Mrs Newell highlighted that there would be additional cost to running the co-located unit. A capital investment of £689k and a revenue cost of £777k is required, although the additional activity relating to the additional women using the service would moderate the investment to some degree. It was noted that the plans do not compromise any plans which may arise from the current review of the consultant-led service. Mr Kirby was asked whether consultation on the plans was needed. He advised that this was not the case. The Chair asked that this requirement be confirmed. Miss Bartram asked whether the proposed staffing levels for the model are in line with national recommendations. She was advised that they were. Miss Bartram enquired whether there would be additional costs for any training required. Mrs Newell advised that this expense would be managed as part of the overall maternity budget and there would not be any bids submitted for additional training expenditure. Mrs Hunjan asked what other locations in the region delivered a midwifery-led service. She was informed that midwifery-led service is offered from very few sites across the region. Mrs Hunjan suggested that, given the paucity of midwifery-led services offered elsewhere, a higher number of women may be treated than currently forecast. She was advised that the estimate was conservative, however any additional activity above that anticipated could be handled by the Trust. The Chair noted that in terms of the base expenditure, there was a variance between the three options proposed. Mr Adler advised that the base expenditure for the 'do nothing' option is lower than the other two options, as this assumes a loss of births and a small loss of market share. The Trust Board unanimously approved the business case.	
ACTION: **Mr Kirby to confirm that consultation is not required for the introduction of a midwifery-led birthing centre** **AGREEMENT:** **The Trust Board approved the business case for the implementation of a midwifery-led birthing centre**	
10 Deprivation of liberty safeguards	**SWBTB (5/09) 099** **SWBTB (5/09) 099 (a)** **SWBTB (5/09) 099 (a)**
Miss Overfield presented a proposal to approve the delegation of the Managing Authority deprivation of liberty safeguard responsibilities to staff of Agenda for	

Change Band 6 and above. She advised that the deprivation of liberty safeguards are an amendment to the mental Capacity Act 2005 and came into being from 1 April 2009. Miss Overfield advised that there are occasions where vulnerable patients need to be deprived of their liberty for their own safety, yet are unable to consent to this deprivation. A safeguarding steering group will be convened to oversee the management of the responsibilities and there will be close links made with the relevant parties in the PCTs, which acts as the Supervisory Body. Mrs Davis asked what the process would be, should there be a need to challenge and review the actions taken. She was advised that any challenges would be referred to the PCT, as the Supervisory Body. Mr Adler summarised the process, whereby a proforma is to be completed by the nursing staff advising of the potential deprivation of liberty, which is then sent for consideration to the PCT, to assess the situation and advise if this would constitute an actual deprivation of liberty. An annual report into deprivation of liberty is to be included within the usual safeguarding report.	
AGREEMENT: The Trust Board approved the proposal to delegate Managing Authority responsibilities for deprivation of liberty safeguards, to staff of Band 6 and above with relevant training	
11 Plans for the Annual Report	**SWBTB (5/09) 099** **SWBTB (5/09) 099 (a)** **SWBTB (5/09) 099 (b)**
Mrs Kinghorn reported that the national guidance on the production of the annual report had been revised. She discussed the planned contents of the 2008/09 Annual Report, some of which are mandatory elements for inclusion. Some feedback from a survey on the Annual Report is to be considered as part of the production of this year's publication, including ensuring that an audio version of the report is included on the Trust's internet site and versions of the report are available in the most regularly requested languages. Mr White reported that there had been slight amendments to the Statement on Internal Control (SIC), following the recent review by the Strategic Health Authority. The most significant of the revisions, includes the declaration of non-compliance against all core standards within the section of the SIC discussing major breaches in control. The revised version is due to be presented to the Audit Committee on 11 June 2009. Mr Trotman suggested that in terms of the Annual Report, the possibility of translating an executive summary of the report should be considered, with any further translation being met at the requester's own expense. It was recommended that full versions of the Annual Report be sent to Foundation Trust members. The Trust Board approved the overall approach to developing the Annual Report.	

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AGREEMENT: The Trust Board approved the overall approach to developing the Annual Report	
12 Strategy and Development	
12.1 'Right Care Right Here' programme: progress report	**SWBTB (5/09) 102** **SWBTB (5/09) 102 (a)**
Mr Kirby asked the Board to receive and note the 'Right Care Right Here' progress report, which now reports progress with the second stage transition projects. There are two major areas of work, requiring focus at present: implementation of community beds, where continued input to care is needed, although not in a hospital environment and demand management, which concerns the way in which the Trust and the PCTs will work together the achieve a more balanced level of activity.	
12.2 New acute hospital project: progress report	**Verbal**
Mr Seager reported that approval of the Outline Business Case (OBC) was still awaited from the Department of Health, pending an assessment concerning the impact of the introduction of the International Financial Reporting Standards (IFRS). A workshop on regeneration has been held which was reported to be a successful event. Voluntary acquisition of the Grove Lane land is being pursued, although there are ongoing issues with determining the titleholders of a number of properties.	
13 Performance Management	
13.1 Monthly performance report	**SWBTB (5/09) 109** **SWBTB (5/09) 109 (a)**
Mr White highlighted that the performance report had been revised to include five months of historic data, information relating to the most recent months being reported by site. Good performance was noted in relation to accident and emergency waiting times, GU medicine and infection control targets. Performance against delayed transfers of care targets was noted to have deteriorated and work is underway to address this trend. It was noted that activity against plan continues to be at a high level and discussions are underway with PCTs to analyse the underlying reasons for this level of work. Mr Kirby reported that work is underway to address the requirement to eliminate mixed sex accommodation, by the introduction of partitions within wards at Sandwell Hospital where separation of patients is required. It was noted that there is an apparent discrepancy between the performance information cited in the Trust's corporate report and that produced by the PCTs. Mr White was asked to establish the reason for this mismatch.	

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ACTION: **Mr White to check the discrepancy between performance information cited within Trust reports and those prepared by the PCTs**	
13.2 Monthly finance report	**SWBTB (5/09) 100** **SWBTB (5/09) 100 (a)**
Mr White reported that an in-month surplus of £162k had been achieved; £14k above plan. The underperformance of a number of divisions during April however, is attributed to pressures arising from the higher than planned level of activity and the challenging CIP. Actions are underway to rectify the situation.	
13.3 Foundation Trust service performance report	**SWBTB (5/09) 101** **SWBTB (5/09) 101 (a)**
Mr White presented the Foundation Trust service performance report. The report highlighted that the Trust's governance risk rating has been maintained as green status. The score against the core standards element has reduced due to the fewer number of core standards against which non-compliance is to be declared from April 2009.	
14 Governance and Operational Management	
14.1 Infection Control annual report	**SWBTB (5/09) 105** **SWBTB (5/09) 105 (a)**
Dr Beryl Oppenheim joined the meeting to present an annual report on infection control in the Trust. Performance continues to be good against the national trajectories and the infection control operational committee is functioning well. A number of innovations have been pioneered within Sandwell PCT. During 2008/09, 15 bacteraemia cases were reported against a target of 33. The MRSA screening programme continues, with elective screening now in place on a routine basis. An exercise to determine the effectiveness of undertaking MRSA screening of non-elective patients is being piloted for the Department of Health at present. *C difficile* infection rates have been below trajectory for the year, with 163 having been reported against a target of 301. The use of antibiotics in relation to *C difficile* infections is currently being investigated. In terms of other infections, work has been undertaken in relation to *E coli*, whereby a promising trend in the reduction of resistance to cephalosporins and fluoroquinolones has been seen. Miss Bartram suggested that infection control information for visitors should be expanded on the Trust's internet site. Mrs Kinghorn advised the Board that plans are in progress to update the internet site and add national guidance to the material current included.	

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It was suggested that the figure detailing the number of infections reported in the last 30 days should be included within future versions of the saving lives highlights report, issued by the Chief Executive to key managers. Mr Adler noted the encouraging trend in the reduction in the use of antibiotics considered to impact adversely on infection control rates. He asked whether the reduction would lead to a commensurate decline in resistance rates of key infectious agents. Dr Oppenheim advised that the most significant reduction has been seen in hospitalised patients. The Chair asked whether the PCTs had been as successful in the reduction in the use of antibiotics. She was advised that this is not the case yet, however work is underway to achieve this reduction. Professor Alderson congratulated Dr Oppenheim on the infection control performance, however remarked that there was an expectation to further reduce infection rates. He asked whether there was sufficient resource available to ensure rates decrease further. Miss Overfield assured the Board that much investment and effort has been put into plans to tackle infection control rates in the future and the full year effect of these measures is still to be seen. Dr Oppenheim was asked whether there were new infections that needed to be monitored. She advised that there are community infections and resistant bacteria, all of which pose a potential threat and future challenges. Dr Oppenheim was thanked for her informative report.	
ACTION: **Mr Adler to include the diagram showing the number of infections reported in the last 30 days within future editions of Saving Lives Data Highlights**	
14.2 Infection control assurance framework	**SWBTB (5/09) 103** **SWBTB (5/09) 103 (a)**
Miss Overfield presented the update against the gaps in control and assurance within the Infection Control assurance framework. She advised that considerable work has been undertaken to address the amber issues. In relation to action 2g, it was reported that the changes underway to ensure mixed sex accommodation compliance are to be used as an opportunity to install handwash stations at the entrance to wards.	
14.3 Cleanliness report	**SWBTB (5/09) 110** **SWBTB (5/09) 110 (a)**
Miss Overfield reported that cleaning standards have improved significantly across the Trust. A PEAT related inspection at Sandwell Hospital is planned by the LINKS group shortly. Dr Sahota reported that during a recent ward visit, a gap between the flooring and the door jam had been noted which could potentially trap matter. Mr Seager took note of the details and assured Dr Sahota that this issue would be picked up as part of the ongoing minor works programme.	
14.4 Patient experience update	**Hard copy paper**
Miss Overfield reported that a new inpatient survey has been introduced in line with the requirement to conduct surveys as part of the CQUIN targets. The results of the	

first set of results was presented, although the Board was asked to note that the group surveyed did not include a full cross section of patients, therefore measures will be taken to ensure future audits include a more representative sample of patients. Miss Overfield asked the Trust Board to note that the results of the survey indicate that considerable progress had been made in the patients' perception of care. Nutritional assessment needs to be given further attention however, which will be addressed by initiatives such as the ward review process and optimal wards work. Mr Kirby asked if the results were available by division and speciality. He was advised that this was the case and these reports would be issued shortly. The Chair asked if there was a mechanism of identifying discrepancies between the national patient survey and the Trust's local inpatient survey. Mrs Kinghorn advised that such matters are discussed as part of the Patient Experience Action Team. Mr Adler noted that the survey did not question the patients' view of food. Miss Overfield highlighted that there was a need to restrict the number of questions to a sensible number however offered to add this into the survey if required. She reported that work was underway across the region to devise a standardised set of questions for Trusts to use, however this is yet to be implemented. Mr Adler asked that a more formal update of progress against the patient experience action plan is presented to the Trust Board at a future meeting to ensure that the Trust Board has adequate oversight of the work underway. Mrs Kinghorn added that the minutes of the Patient Experience Action Team may be useful for the Board to consider. Miss Bartram suggested that it may be useful to see where reports such as the patient experience update have been considered prior to presentation to the Trust Board. It was agreed that Mr Grainger-Payne should add this information to the Board report cover sheets.	
ACTION: **Miss Overfield to present an update on progress against the Patient Experience Action Plan at a future meeting of the Trust Board** **ACTION:** **Mr Grainger-Payne to amend the Board report cover sheet to include information concerning where reports have been considered prior to presentation to the Trust board**	
14.5 National inpatient survey 2008	**SWBTB (5/09) 098** **SWBTB (5/09) 098 (a)**
Mrs Kinghorn presented those results of the national inpatient survey 2008, which are applicable to the Trust. She advised that performance had improved against a number of indicators compared to 2007. The survey reveals that patients put the Trust in the best 20% of trusts in England for 'operations and procedures' and 'leaving hospital'. Mixed sex accommodation issues were highlighted as an area of weakness for the Trust. This was reflected in the Trust's declaration of non-compliance with the relevant Core Standard. The Chair remarked that the results are encouraging.	

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14.6 Freedom of Information requests update	**SWBTB (5/09) 097** **SWBTB (5/09) 097 (a)**
Mr Grainger-Payne presented an overview of Freedom of Information requests received from October 2008 to March 2009. During this period 108 requests had been received, all of which were answered within the statutory 20 working day timeframe required by the Freedom of Information Act 2000. It was highlighted that the majority of the requests had been answered in full, given that there are very few exemptions within the Act, that would justify withholding the information. A Freedom of Information policy is under development, which will set out the Trust's responsibilities under the Act and the internal processes for managing requests. Mrs Kinghorn asked whether there was any significance in the peak of requests in January 2009. She was advised that there was no known reason for the high number of requests during this period.	
15 Update from the Committees	
15.1 Finance and Performance Management	**SWBFC (4/09) 040**
The Board noted the minutes of the Finance and Performance Management Committee meeting held on 21 April 2009.	
16 Any other business	**Verbal**
Mr Kirby reported that there had been an outbreak of Swine 'Flu at a school local to the Trust. Fifty cases have been confirmed, making this the biggest cluster of the infection in the UK. Most of the actions to address the infections are the responsibility of Primary Care, which mainly consists of prophylactic measures at present. Nationally, the Swine 'Flu outbreak is still within the containment phase, although there is a risk that there will be a need to invoke the mitigation phase should the situation deteriorate further. Miss Bartram asked whether patients treated by the Trust are asked whether they have visited Mexico. Miss Overfield advised that patients are asked if they have any 'flu-like symptoms. On a separate matter, Mr Kirby reported that the Trauma and Orthopaedics service had been successfully reconfigured, without any significant issues.	
17 Details of the next meeting	**Verbal**
The next meeting is scheduled for Thursday 25 June 2009 at 14.30pm in the Churchvale/Hollyoak Rooms, Sandwell Hospital.	
18 Exclusion of the press and public	**Verbal**
The Board resolved that representatives of the Press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1 (2) Public Bodies (Admission to Meeting	

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Act 1960).	

Signed .....

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Date .....

Next Meeting: 25 June 2009, Churchvale/Hollyoak Rooms @ Sandwell Hospital

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

28 May 2009 - City Hospital

Members: Mrs S Davis (SD), Mr R Trotman (RT), Ms I Bartram (IB), Mrs G Hunjan (GH), Prof D Alderson (DA), Ms P Akhtar (PA), Mr J Adler (JA), Mr D O'Donoghue (DO), Mr R White (RW), Mr R Kirby (RK), Dr S Sahota (SS), Miss R Overfield (RO),

In Attendance: Miss K Dhami (KD), Mr G Seager (GS), Mr C Holden (CH), Miss J Whalley (JW), Mrs J Kinghorn (JK)

Apologies: None

Secretariat: Mr S Grainger-Payne (SPGP)

Last Updated: 19 June 2009

Reference	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status	Review Date
SWBTBACT. 085	New acute hospital: progress report	Verbal	30-Apr-09	Present the process for consultation on the name of the new hospital at the next Trust Board meeting	GS	28-May-09	Deferred to a future meeting. Suggest revisiting in July	Review Next Meeting	30-Jul-09
SWBTBACT. 091	Business case for a maternity birthing centre	SWBTB (5/09) 106 SWBTB (5/09) 106 (a) SWBTB (5/09) 106 (b)	28-May-09	Confirm that consultation is not required for the introduction of a midwifery-led birthing centre	RK	30-Jul-09		Review next meeting	
SWBTBACT. 095	Patient Experience update	Hard copy papers	28-May-09	Amend the Board report cover sheet to include information concerning where reports have been considered prior to presentation to the Trust Board	SGP	25-Jun-09	Draft of Board report cover sheet prepared including this information. Due to be implemented at start of July.	Review next meeting	
SWBTBACT. 084	MRI business case	SWBTB (4/09) 093 SWBTB (4/09) 093 (a)	30-Apr-09	Present a post implementation review of the City Hospital MRI scanner	RK	29-Apr-10	**ACTION NOT YET DUE**	Future	
SWBTBACT. 094	Patient Experience update	Hard copy papers	28-May-09	Present an update on progress against the Patient Experience Action Plan at a future meeting of the Trust Board	RO	24-Sep-09	Next report due at the September meeting	Future	
SWBTBACT. 087	Reform of the NHS complaints procedure	SWBTB (4/09) 084 SWBTB (4/09) 084 (a)	30-Apr-09	Circulate complaint information that is accessible by people with learning difficulties	KD	28-May-09	available for patients with learning difficulties. Discussions are underway, which include the Trust lead for vulnerable adult protection to develop this material.	Completed since last meeting	
SWBTBACT. 092	Monthly Performance Monitoring Report	SWBTB (5/09) 109 SWBTB (5/09) 109 (a)	28-May-09	Check the discrepancy between performance information cited within the Trust reports and those prepared by PCTs	RW	25-Jun-09	Discrepancy now resolved, as PCTs were still to include ethnic monitoring information in reports	Completed since last meeting	
SWBTBACT. 093	Infection Control annual report	SWBTB (5/09) 109 SWBTB (5/09) 109 (a)	28-May-09	Include the diagram showing the number of infections reported in the last 30 days within future editions of Saving lives Data Highlights	JA	25-Jun-09	Will be included when next report issued	Completed since last meeting	

Next Meeting: 25 June 2009, Churchvale/Hollyoak Rooms @ Sandwell Hospital

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

28 May 2009 - City Hospital

Members: Mrs S Davis (SD), Mr R Trotman (RT), Ms I Bartram (IB), Mrs G Hunjan (GH), Prof D Alderson (DA), Ms P Akhtar (PA), Mr J Adler (JA), Mr D O'Donoghue (DO), Mr R White (RW), Mr R Kirby (RK), Dr S Sahota (SS), Miss R Overfield (RO),

In Attendance: Miss K Dhami (KD), Mr G Seager (GS), Mr C Holden (CH), Miss J Whalley (JW), Mrs J Kinghorn (JK)

Apologies: None

Secretariat: Mr S Grainger-Payne (SPGP)

Last Updated: 19 June 2009

Reference No	Item	Paper Ref	Date	Agreement
SWBTBAG.092	Minutes of the previous meeting	SWBTB (4/09) 095	28-May-09	The minutes of the previous meeting were approved as a true and accurate record of discussions held
SWBTBAG.093	Business case for a maternity birthing centre	SWBTB (5/09) 106 SWBTB (5/09) 106 (a) SWBTB (5/09) 106 (b)	28-May-09	The Trust Board approved the business case for the implementation of a midwifery-led birthing centre
SWBTBAG.094	Deprivation of liberty safeguards	SWBTB (5/09) 107	28-May-09	The Trust Board approved the proposal to delegate Managing Authority responsibilities for deprivation of liberty safeguards, to staff of Band 6 and above with relevant training
SWBTBAG.095	Plans for the annual report	SWBTB (5/09) 099 SWBTB (5/09) 099 (a) SWBTB (5/09) 099 (b)	28-May-09	The Trust Board approved the overall approach to developing the annual report

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

REPORT TITLE:	Amendment to the Trust's Bank Mandate
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Jeff Creba, Chief Technical Accountant
DATE OF MEETING:	25 June 2009

KEY POINTS:

In accordance with the Trusts Scheme of Delegation, the Director of Finance and Performance Management has responsibility for managing and operating the Trust's banking arrangements, which include the provision of banking services and the operation of bank accounts.

The Trust has recently been notified by National Westminster Bank that it intends to withdraw the Trusts access to its Bankline dial-up service and transfer the Trust to the new internet-based Bankline service with effect from 1st June 2009. This has now been extended to 31st July 2009. There is no extra cost to the Trust for this new service, which currently stands at £20 per month.

The Bankline service provides Technical Accounts staff with access to the Trusts commercial and Charitable Funds bank accounts in order that we may view up-to-date balances and individual transactions, plus the ability to print statements.

The operation of the National Westminster Bank account mandate indicates that formal Trust Board approval is required for the Director of Finance & Performance Management to sign the new Bankline Mandate in order for this transfer to take place.

PURPOSE OF THE REPORT:

◉ **Approval** ○ **Noting** ○ **Discussion**

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is requested to approve the completion and signing of the National Westminster Bank Plc's Bankline Mandate for the provision of internet banking services to the Trust and to accept the Bankline terms on behalf of the Trust.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

None specifically

IMPACT ASSESSMENT:

FINANCIAL	☑	
ALE	☐	
CLINICAL	☐	
WORKFORCE	☐	
LEGAL	☐	
EQUALITY & DIVERSITY	☐	
COMMUNICATIONS	☐	
PPI	☐	
RISKS		

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

REPORT TITLE:	Single Tender Action – Locum GP Service
SPONSORING DIRECTOR:	Richard Kirby, Chief Operating Officer
AUTHOR:	Simon Grainger-Payne, Trust Secretary
DATE OF MEETING:	25 June 2009

KEY POINTS:

To request authorisation to raise a requisition for £500k to cover a locum GP service, supporting Medicine A division.

The urgent care centre at City Hospital is staffed by approximately 20 GPs who submitted individual invoices for the hours that they work. It is proposed that the total cost is covered by one purchase order so that separate orders do not need to be raised for individual invoices.

These costs are fully funded by HoB tPCT as part of the 2010 urgent care exemplar project.

PURPOSE OF THE REPORT:

◉ **Approval** ○ **Noting** ○ **Discussion**

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Board is asked to approve the single tender arrangement.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

None specifically

IMPACT ASSESSMENT:

FINANCIAL	☑	Value of the call off order to be raised is £500k.
ALE	☐	
CLINICAL	☐	
WORKFORCE	☐	
LEGAL	☐	
EQUALITY & DIVERSITY	☐	
COMMUNICATIONS	☐	
PPI	☐	
RISKS		

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

REPORT TITLE:	Delivering Single-Sex Accommodation at Sandwell and West Birmingham Hospitals NHS Trust
SPONSORING DIRECTOR:	Richard Kirby, Chief Operating Officer
AUTHOR:	Richard Kirby, Chief Operating Officer
DATE OF MEETING:	25 June 2009

KEY POINTS:

Delivering single-sex accommodation is a key priority for the NHS in 2009/10.

In recent years SWBH has made considerable progress in improving patient privacy and dignity but due to the age and condition of some of our inpatient accommodation faces significant challenges in fully delivering single-sex accommodation.

The report presents the Trust's plan for delivering single-sex accommodation in 2009/10 based on four key areas of work:

1. Awareness, bed management and escalation
2. Ward privacy and dignity work (Sandwell Hospital and Sheldon Block)
3. Specialist areas at City
4. Single-sex wards at City

PURPOSE OF THE REPORT:

◉ **Approval** ○ **Noting** ○ **Discussion**

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

1. APPROVE the Trust's approach to delivering single-sex accommodation;

2. REQUEST a further report for the September meeting of the Trust Board.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

Annual objective 1.3 – Improve patient privacy and dignity by increasing compliance with single sex accommodation standards.

IMPACT ASSESSMENT:

FINANCIAL	☑	£710k allocated from Dept of Health. Further £150k included in Trust capital programme.
ALE	☐	
CLINICAL	☐	
WORKFORCE	☐	
LEGAL	☐	
EQUALITY & DIVERSITY	☐	
COMMUNICATIONS	☐	
PPI	☑	Seeks to respond to key issue arising from national patient survey.
RISKS		Failure to deliver single-sex accommodation may present a risk of: - damage to the reputation of the Trust - financial penalties in 2010/11

Sandwell and West Birmingham Hospitals NHS
NHS Trust

DELIVERING SINGLE-SEX ACCOMMODATION AT SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

PROGRESS REPORT FOR TRUST BOARD JUNE 2009

INTRODUCTION

Delivering single-sex accommodation was set as a priority for the NHS in the Operating Framework 2009/10. This was reinforced in January 2009 through further Department of Health (DH) guidance:

> *"The Department's guidance to trusts is that men and women should not have to share sleeping accommodation or toilet facilities. From 2010-11 hospitals who fail to deliver this will face serious financial consequences – unless there is an overriding clinical justification.*

SWBH has made significant progress in improving standards of privacy and dignity in recent years including reducing mixed-sex accommodation but due to the age and configuration of some of our estate the Trust faces significant challenges in fully delivering single-sex accommodation. This paper provides a progress report on the current position and the Trust's plans to make further progress during 2009/10.

SINGLE-SEX ACCOMMODATION

Recent guidance from the DH has provided updated definitions of what constitutes single-sex accommodation. In summary the guidance states:

> *"There are no exemptions from the need to provide high standards of privacy and dignity. This applies to all areas, including when admission is unplanned.*
>
> *High standards usually involve a presumption that men and women do not have sleep in the same room, nor use mixed bathing and WC facilities. These presumptions are intended to protect patients from unwanted exposure, including casual overlooking and overhearing. Patients should not have to pass through opposite sex areas to reach their own facilities."*

The guidance acknowledges that there may be circumstances when patients need to be admitted to a bed next to a patient of the opposite sex in an emergency or where there is a clear clinical need (e.g. in a critical care unit) but is clear that these circumstances should be exceptional, justified by clinical need and, in the case of emergency admissions, for as short a period as possible.

CURRENT POSITION

SWBH operates c. 1,000 beds from three hospitals.

- City Hospital, Birmingham. c. 570 beds. Much of the estate including the main inpatient facilities dates back to the 1880s. The Birmingham and Midland Eye Centre and the Birmingham Treatment Centre provide more modern accommodation.

- Sandwell General Hospital. c. 430 beds. The main clinical facilities at Sandwell were redeveloped in the 1970s. The most modern accommodation on the site is the Emergency Services Centre.

- Rowley Regis Hospital. c. 50 beds. Opened in 1994 this community hospital has the most modern inpatient accommodation of the Trust's three sites.

The Trust undertook an audit of our 39 main inpatient wards in February 2009 against the standards in the NHS Institute's "Good Practice Guidance and Self Assessment Checklist" (2008). The position based on this audit and subsequent work is as follows.

- *Sandwell and Rowley Hospitals*. The wards at these hospitals have fixed partition bays enabling patients to be managed in single-sex bays. At Sandwell, however, the ends of the bays are not separated from the ward corridor. Adding additional partitions across the ends of the bays, improving signage and use of privacy curtains would significantly improve the privacy arrangements for patients

- *City Hospital*. The Victorian nightingale wards at City present a more significant challenge. Although some are currently single-sex (D17 male surgery, D25 female surgery, D27 gynaecology / gynae-oncology), the majority are specialty-based. These wards are organised with men at one end and women at the other, separate washing / toilet facilities at either end and a privacy screen dividing the ward. However, patients have to pass members of the opposite sex as they enter / leave the ward. The size and configuration of the wards means that there is not a practical physical solution to this issue. City also has a number of smaller specialist areas which do not currently operate on a single-sex basis.

The national inpatient survey 2008 (undertaken with patients discharged June – August 2008) asked a number of questions about single-sex accommodation.

Q No.	Question	SWBH % answered Yes	National % answered Yes
14	When you were first admitted . . . did you share a sleeping area . . .with patients of the opposite sex?	38%	23%
15	When you were first admitted did you mind sharing a sleeping area . . .with patients of the opposite sex?	24%	33%
17	After you moved to another ward did you ever share a sleeping area . . . with patients of the opposite sex?	31%	17%
18	After you moved to another ward did you mind sharing a sleeping area . . . with patients of the opposite sex?	32%	35%
19	While staying in hospital did you ever use the same bathroom or shower area as patients of the opposite sex?	26%	30%

Although the Trust's responses compare well with the national position on use of shared bathrooms (Q19), a greater percentage of SWBH patients reported that they shared sleeping areas with patients of the opposite sex than in the overall national results (Q14 and Q17). The issue of single-sex accommodation was the only area of the 2008 patient survey in which the Trust's results were in the bottom 20% of trust's nationally.

More recently, the Trust has begun to survey inpatients on discharge. Results from the April / May 2009 surveys showed only 8% of those surveyed answering yes to the question "On admission to this ward was your bed next to a member of the opposite sex?" It is not clear why this survey shows a much more positive position than the national survey but it may relate to differences in the question asked: the trust survey asks about admission to a particular ward but the national survey asks about admission to any ward during the whole hospital stay.

In the light of the tighter standards for delivering single-sex accommodation, the Trust has declared non-compliance for 2009 with the national Core Standard C20b: *The healthcare organisation provides services in environments that are supportive of patient privacy and confidentiality including the provision of single-sex facilities and accommodation.*

The Trust was a site for pilot visit from the national single-sex accommodation support team. The feedback from the team recognised the strong commitment to issues of patient safety, privacy and dignity from the Trust senior management. They also identified some potential "quick wins" but recognised that delivering single-sex accommodation in the nightingale wards at City Hospital was likely only to be fully achieved through moving to single-sex wards which would represent a major undertaking for the Trust.

APPROACH TO DELIVERING SINGLE-SEX ACCOMMODATION

The Trust's long-term strategy (developed jointly with our main commissioners through the Right Care, Right Here Programme) is to replace our two current acute hospitals with a new acute hospital. The design process for the new acute hospital will deliver single-sex accommodation – the OBC is based on 50% single rooms with en-suite facilities with the remainder of the beds in 4 bed bays again with en suite facilities. According to the current project plan the new acute hospital will open in 2015..

In the shorter-term, the Trust's approach to eliminating mixed-sex accommodation is based on the following four areas of work.

Area of Work	***Progress to Date***
1. Awareness, Bed Management and Escalation The Trust will reinforce the importance of single-sex accommodation to overall patient privacy and dignity. This will include a revised bed management policy and escalation process if patients have to be admitted to a bed next a patient of the opposite sex as well as a communications plan.	• Initial bed management policy and escalation process drafted. • Policy and escalation process to be presented to TMB in July 2009. • Implementation with communications plan from September 2009.
2. Ward Privacy and Dignity Work (Sandwell and Sheldon)	• Schedule of work agreed for

On the Trust's more modern wards we will improve privacy and dignity through partitions across the end of currently open bays and improving signage of bathrooms. This applies to all the wards at Sandwell Hospital and D43 and D47 in the Sheldon block at City Hospital. This work is funded by a £710k allocation from the Department of Health's Privacy and Dignity Challenge Fund.	wards. • Work commenced at Sandwell: 3 wards completed. All wards to be completed by early September 2009. • Exact dates to be confirmed but Sheldon block wards to be completed by end October 2009.
3. Specialist Areas at City As described above most of the main block wards at City separate men and women and provide separate bathroom facilities but patients have to pass patients of the opposite sex when entering / leaving the ward. There are a number of specialist areas where even this level of single-sex accommodation is not currently provided. Plans are being developed to address these areas. £150k has been allocated in the capital programme for 2009/10 to support this work.	• Plans being developed for 4 areas in Medicine: D8 (Poisons Unit), Medical Assessment Unit, D5 (Coronary Care Unit / post-CCU) and D7b and for 2 areas in Surgery: Surgical Assessment Unit and BTC Surgical Unit. • Detailed implementation plans to be confirmed by September 2009.
4. Single-Sex Wards at City Full delivery of single-sex accommodation at City may only be possible with a move away from single-specialty wards to single-sex but mixed-specialty wards. Moving to single-sex wards raises significant issues that are considered in more detail in the section below.	• Initial outline proposal for allocation of wards if single-sex developed. • Detailed option appraisal to be undertaken, consulted on internally, shared with stakeholders and presented to September Trust Board for decision.

Taken together these four areas are designed to ensure that the Trust has taken all reasonable action in 2009/10 to improve privacy and dignity through delivering single-sex accommodation.

SINGLE-SEX WARDS AT CITY HOSPITAL

There are a number of issues and risks associated with moving to single-sex wards at City Hospital which will form part of the option appraisal in advance of the September Trust Board. The most significant of these are summarised below.

Advantages	***Disadvantages***
• Single-sex wards enable full separation of the sexes on admission to the hospital.	• Would require mixing of specialities on single-sex wards thereby diluting levels of specialty expertise in the ward team.

Advantages

- Meets patient expectations of single-sex accommodation.
- Avoids the financial penalties which the Department of Health is planning to introduce for poorly performing trusts in this area from April 2010.

Disadvantages

- May require opening of additional wards to provide sufficient space. Initial work on options suggests this could require 2-3 extra wards for optimum combination of specialties / wards.
- Moving to new model will be a major organisational change significantly disrupting ward teams that will require significant project management.

CONCLUSION AND RECOMMENDATIONS

This paper has summarised the Trust's current position on delivering single-sex accommodation and our approach to making further progress in this area. Fully delivering single-sex accommodation through the development of a new acute hospital with significant single-room provision is a key part of the Trust's future service strategy. In the shorter-term this paper has set out a programme of work designed to ensure that all practical steps towards delivering single-sex accommodation are taken during 2009/10.

The Trust Board is recommended to:

1. APPROVE the Trust's approach to delivering single-sex accommodation;

2. REQUEST a further report for the September meeting of the Trust Board.

Richard Kirby
18th June 2009

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

RIGHT CARE RIGHT HERE PROGRAMME: PROGRESS REPORT JUNE 2009

INTRODUCTION

The Right Care Right Here Programme is the partnership of S&WBH, HoB tPCT, Sandwell PCT and Birmingham and Sandwell local authorities leading the development of health services within Sandwell and Western Birmingham. This brief paper provides a progress report for the Trust Board on the work of the Programme as at the end of May 2009.

This report is in three sections:

a) Overview of the work of the Right Care Right Here Programme;
b) Programme Director's report as presented to the Right Care Right Here Partnership and the Boards of Sandwell and HoB PCTs (Appendix 1).

OVERVIEW

This section provides an overview of the work of the Right Care Right Here Programme. This work is set out in more detail in the Programme Director's report in Appendix 1. The work of the Right Care Right Here Programme and involvement of the Trust in this is also discussed on a monthly basis at the Right Care Right Here Implementation Board meetings. The most significant issues arising this month are as follows:

Project Performance – Due to the usual delays in activity reporting for the first month of the financial year the May report does not included any project performance data. The June meeting report will therefore, include performance data for April 2009 for each project and a final 2008/09 position.

Service Redesign Activity - The Strategic Model Of Care Steering (SMOC) Groups continue to make progress and will present their outputs on the agreed timescale. The Programme's Clinical Group will hold an all day session in September to review the deliverables from the groups.

Third Wave Exemplar Projects - In order to develop further momentum for service redesign within the Programme a set of third wave exemplar projects are to be established. A further wave of projects will then be identified in the autumn from the output of the SMOCS groups. A formal request for ideas for projects, in line with agreed criteria (outlined in Appendix 1 below) was issued on 22nd May 2009. These will be reviewed by the Programme in June with a shortlist of proposed options being presented to the Partnership Board for approval in July.

Care Pathways – As part of the development of the work of the SMOCS Groups, the Programme Team has been working to identify a means, ideally electronically of recording and developing care pathways, which describe fully the patient journey . The Programme Team has also been reviewing the availability of best practice data, to use to challenge the pathways developed locally and as part of this the Clinical Group received a presentation on the Map of Medicine, which appears to fulfil these criteria and requirements. The Map of Medicine is a medically-based collection of care pathways; there are currently 390 care pathways and these are evidence-based, having been agreed with Royal Colleges and NICE, along with other authoritative clinical bodies. The Clinical Group agreed that the Map of Medicine appears to be a powerful means of meeting these needs and an evaluation will be undertaken with clinical leads in all partner organisations, to ensure they believe current pathways identified would be sufficiently authoritative and useful to be used in the ways suggested. This will return to Clinical Group for final decision in June or July.

Regeneration Workshop - The Programme hosted a Regeneration workshop event on Friday 8th May 2009. This was well attended by key decision-makers and influencers. The outcome of the event is being written up and circulated to all attendees and it was agreed to establish a time-limited small

working group to review all the issues raised and to develop appropriate methods of taking forward joint and collaborative working in pursuit of the Programme's and the local authorities' regeneration, objectives.

RECOMMENDATIONS

The Trust Board is recommended to:

1. NOTE the progress made with the Right Care Right Here Programme.

Jayne Dunn
Redesign Director – Right Care Right Here
18th June 2009

APPENDIX 1

Sandwell and the Heart of Birmingham Health and Social Care Community

RIGHT CARE RIGHT HERE PROGRAMME

Report to:	**Partnership Board,**
Report of:	**Programme Director**
Subject:	**Programme Director's Report PG(09)P222**
Date:	**Tuesday, 26th May 2009**

1. Summary and Recommendation

This paper summarises the main issues and developments in the Programme since the previous report. There are no items requiring Board decision

The Partnership Board is recommended to:

- Note the content of the report.

2. Project Performance

There is no detailed report this month for project performance.

The Programme Manager has undertaken the agree process for gathering data, but as a result of the usual time delay in reporting in the first month of the financial year, it has not been possible to obtain data on a sufficient number of projects to present a viable report.

From the reports submitted, there were full data for two projects, partial data for four projects and no data for six projects.

The June meeting report will include activity data for April or May 2009 for each project and a final 2008/09 position.

The Partnership Board is asked to note this position.

3. Service Redesign Activity

Eight of the nine Strategic Model of Care Steering Groups are now working, with the ninth group (Long Term Conditions) beginning its activity with an all day workshop in June.

As previously reported, it is anticipated that all the SMOCS Groups will meet the original timeframes for delivering the outputs (clinical strategies, overall models of care, service redesign priorities, clinical quality metrics and patient benefits), although they are indicating that they wish to deliver these as a package rather than as a series of separate outputs. This has been discussed and agreed at the Clinical Group on Wednesday 6th May 2009. It was also agreed that the Clinical Group would hold an all day session in September to review the deliverables from the groups. This was felt to be the most effective method of undertaking this review and approval process. A date for this day is now being canvassed.

4. Development of Ideas for Third Wave Projects

Members of the Partnership Board will be aware that the SMOCS Groups will identify priorities for service redesign in the autumn, from which further projects will be established.

The first and second waves were established in summer and autumn of 2007 and there is a need to develop further momentum for service redesign. As previously identified, it is the intention to establish a third wave of projects in the Programme. The basis for these has been discussed and agreed in the Programme Delivery Group and Strategy Group in April and May. The agreed basis is as follows:

- There is an expectation that service redesign will need to be developed within existing resources, with a minimum of pump-priming financial support, given the overall economic position and the announced restrictions on NHS funding.
- Third wave projects will need to reflect the main themes for delivering the Programme's objectives. These are:

    - Provision of services in community and primary care which produce a demonstrable reduction in referrals to acute sector
    - Alternative approaches to dealing with people making frequent or repeated use of acute care, especially hospital admission
    - Alternatives to hospital admission, encompassing intermediate care, rehabilitation, admissions avoidance, respite care and others
    - Providing alternatives to attendance at Accident and emergency departments, particularly for less severe conditions
    - Exploring treatment options in community and primary care settings for conditions where referral (by clinician/practitioner or self-referral) to outpatients or A&E is the response
    - Redesigned services will provide an equivalent or higher level of quality of care to patients than existing services
- All ideas for third wave projects must be able to demonstrate:

    1. Contribution to Programme Objectives, specifically saving lives and providing expanded services in primary and community settings which either:
        - Reduce the need for referral to or admission to the acute hospital or
        - Deliver transfer of activity from secondary to community settings
    2. Willingness of key clinicians and professionals to redesign services and achieve change
    3. Widespread and effective clinical and professional engagement
    4. Consistency with World Class Commissioning priorities of PCTs
    5. Impact of significant scale, eg affecting a substantial proportion of a service, specialty or population served
    6. Willingness to explore new ways of working, including development of different models and new roles of clinicians/practitioners/professionals
    7. Understanding of capacity and capability required in primary and community care to deliver service changes
    8. Potential for practical delivery, specifically through:
        - Appropriate project management support and management capacity available in partner organizations to deliver
        - Accommodation and equipment for alternative provision available or planned to be available to house services in community settings
        - Agreement to operate the project in accordance with the Programme Project Methodology

- The agreed process for identifying and confirming third wave projects is by formal request to all partner organisations, through Chief Executives, and to other key individuals within organisations to propose areas for project development. These will include:
    - Practice Based Commissioning Leads in each PCT
    - PEC Chairs
    - Adult and Communities Directorates in Sandwell MBC and Birmingham City Council

  - Chidren's Trusts in Birmingham and Sandwell
  - The Mental Health Foundation Trusts in the Programme
  - Programme Board in Sandwell PCT
  - Out of Hospital Programme Board in Heart of Birmingham PCT
  - 2010 Implementation Board in SWBH
  - Medical Director and Clinical Directors in SWBH
  - Chairs of SMOCS Groups
  - Directors for Community Provider arms in PCTs
  - West Midlands Ambulance Service
- A template has been agreed to identify the ideas for projects and as the basis for deciding on projects for the third wave, by the Programme Delivery Group, for report to the Strategy Group.
- The formal request was issued on 22nd May 2009, for response by Thursday 11th June to enable discussion and agreement at the Programme Delivery Group meeting on Monday 15th June 2009.
- The recommended list of third wave projects will be sent to Chief Executives of partner organisations to ensure each organisation supports their establishment.
- The Strategy Group will agree third wave projects to be established in early July 2009, for report to Partnership Board in July.

5. Map of Medicine

As part of the development of the work of the SMOCS Groups, the Programme Team has been working to identify a means of recording and developing care pathways, which describe fully the patient journey. This is important to capture the pathways developed through the SMOCS Groups themselves and to provide consistency of approach to those pathways already developed by first and second wave projects. Ideally, pathways should be held electronically, for ease of access, should enable the development of locally based versions of pathways, and over time be capable of being embedded into clinical systems to work as decision support systems, ensuring that clinical decisions taken are evidence-based, reflect best practice and are auditable.

In addition, the Programme Team has been reviewing the availability of best practice data, to use to challenge the pathways developed locally. Members will recall that this was one of the tasks given to SMOCS groups, to avoid pathways being developed on the basis of local preferences, or vested interests. At its meeting on Wednesday 6th May 2009, the Clinical Group received a presentation on the Map of Medicine, which appears to fulfil these criteria and requirements.

The Map of Medicine is a medically-based collection of care pathways, which can be used in various ways. There are currently 390 care pathways included in the Map of Medicine and these are evidence-based, having been agreed with Royal Colleges and NICE, along with other authoritative clinical bodies.

The care pathways are shown in a clear and linear style and are designed to offer a simple, easy to follow route through the patient pathway. The stages in the pathway are annotated to provide further local information, including locally relevant details, and further clinical advice on symptoms to look for, potential referral routes and possible treatment options. The care pathways assume medical training.

The pathway is colour coded to identify the location in which the stage of the pathway takes place:

- **Green** – primary care
- **Blue** – acute

The pathways are updated regularly. They are designed to offer authoritative guidance on the care pathway to be followed and have been developed with national and international expert medical input.

Each pathway includes a statement of the provenance for each pathway, so there is a direct access to the evidence underlying the pathway. On a local basis, they can be amended, or entirely local care pathways can be developed, which reflect local needs and approaches. These can be maintained on the Map of Medicine, but it is important to acknowledge that the local health and social care economy would have to meet a number of conditions to ensure that appropriate governance is in place for such pathways.

Some of the pathways have been incorporated into the NHS Choices web site, www.nhs.uk/Pages/homepage.aspx and are therefore accessible to members of the public.

The West Midlands SHA Programme for IT advises that nationally there are developments in train with GP system suppliers and the Connecting for Health Programme consortia to include the availability of Map of Medicine through those systems, giving the longer-term potential for embedding care pathways as decision-support tools.

The Map of Medicine is free to NHS organisations, although there would be some cost in maintaining and developing local use of the Map, if this is agreed as a way forward. Attached at Appendix 1 is a copy of the material available on the Map of Medicine web site www.mapofmedicine.com

Potential Uses in the Programme

The Map of Medicine could potentially be used in several ways in the Programme to:

- Provide evidence-based reference material for colleagues working on care pathways in the Programme

  As a Clinical Group, in the establishment of the SMOCS Groups, we have acknowledged the need to support colleagues looking at care pathways with independent advice to enable the development of the most appropriate pathways. It seems Map of Medicine may be capable of providing some of that support

- Offer challenges to the care pathways generated, to ensure they meet best national and international practice

  In setting up the SMOCS, we agreed that we would identify means of challenging the care pathways produced by the Projects and the SMOCS. The Map may provide one route to do this, backed up by evidence nationally and internationally, endorsed by leading medical bodies in this country and beyond.

- Provide an electronic means of maintaining care pathways, to provide easy access for clinicians and professionals, with longer term potential to be embedded in GP and Connecting for Health national IT systems

  We have previously agreed that it will be essential to ensure that care pathways developed are maintained and made accessible to clinicians, professionals and all interested parties working in the local economy. This was seen as a first step, to ensure relevance and use, prior to developing embedding of care pathways into clinical systems in use locally. Again, Map of Medicine may have the potential to meet some of these needs.

The Clinical Group agreed that this appears to be a powerful means of meeting these needs and an evaluation will be undertaken with clinical leads in all partner organisations, to ensure

they believe current pathways identified would be sufficiently authoritative and useful to be used in the ways suggested. This will return to Clinical Group for final decision in June or July.

6. Regeneration Workshop Outcome

As members will be aware, the Programme hosted a Regeneration workshop event on Friday 8th May 2009 at Sandwell Council House, Oldbury. This was well attended by key decision-makers and influencers, including senior representation from Sandwell PCT, Heart of Birmingham PCT, Sandwell and West Birmingham Hospitals NHS Trust, Sandwell Mental Health and Social Care NHS Foundation Trust, Sandwell MBC and Birmingham City Council. The local authority representation included colleagues from Urban Development, Regeneration, Employment and Skills, and Housing Directorates. In addition, RegenWM attended and presented, and representatives also attended from a range of education and training providers as well as the Midlands Health Academy. Pam Jones and John Cope from Sandwell LINk and Patient Experience Forum also attended.

The Programme included presentations on the Right Care, Right Here Programme, the current regeneration initiatives in Sandwell and Birmingham (North West area) and on the economic and health benefits from regeneration activities.

Colleagues then worked in three workshops to look in particular at gearing up to meet labour market requirements for infrastructure projects and continuing health services, what issues arise in procurement of new projects, good and services and in more detail at health benefits.

The outcome of these workshop sessions is being written up and circulated to all attendees.

The day appeared to go well, with a great deal of enthusiasm and energy generated for addressing this complex and difficult area across all participating organisations. It was agreed to establish a time-limited small working group to review all the issues raised and to develop appropriate methods of taking forward joint and collaborative working in pursuit of the Programme's and the local authorities' regeneration, objectives. I am convening this meeting and a report, including proposed actions, will be made to a future Partnership Board meeting.

7. Partnership Board Workshop on Risks

A reminder that the Partnership Board is holding its workshop on risks on Friday 29th May 2009, from 9.30am to 11.30am in Room G19, Hilda Lloyd House, City Hospital.

8. Recommendation

The Partnership Board is recommended to:

- Note the content of the report.

Les Williams
Programme Director

2009-05-19 – prog dir report - lnw

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

REPORT TITLE:	Right Care Right Here Progress Report
SPONSORING DIRECTOR:	Richard Kirby, Chief Operating Officer
AUTHOR:	Jayne Dunn, Redesign Director – Right Care Right Here
DATE OF MEETING:	25 June 2009

KEY POINTS:

The paper provides a progress report on the work of the *Right Care Right Here Programme* as at the end of May 2009 and includes a copy of the Right Care Right Here Programme Director's report to the Right Care Right Here Partnership.

The report covers:

- Progress of the Programme including process for identifying third wave exemplar projects, process for identifying a method of recording care pathways and outcome of the Regeneration Workshop.

PURPOSE OF THE REPORT:

○ **Approval** ◉ **Noting** ○ **Discussion**

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

1. NOTE progress made with the Programme.

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

3.1 - Deliver new models of care through the first wave exemplar projects and begin to deliver new models of care for community-based outpatients in the second wave of exemplar specialties.

IMPACT ASSESSMENT:

FINANCIAL	☐	
ALE	☐	
CLINICAL	☑	The Right Care Right Here Programme sets the context for future clinical service models.
WORKFORCE	☑	
LEGAL	☐	
EQUALITY & DIVERSITY	☐	
COMMUNICATIONS	☐	
PPI	☐	
RISKS		.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

REPORT TITLE:	Right Care, Right Here Programme Acute Hospital Development
SPONSORING DIRECTOR:	Graham Seager, Director of Estates and New Hospital Project
AUTHOR:	Andrea Bigmore, Acute Hospital Development Project Manager
DATE OF MEETING:	25 June 2009

KEY POINTS:

The paper provides a progress report on the work of the Right Care, Right Here Programme Acute Hospital Development Project.

The report outlines:

- Reasons for delay to Outline Business Case approval
- Resultant impact on the land acquisition programme
- The work being done to prepare for procurement once approval has been granted

PURPOSE OF THE REPORT:

○ **Approval** ◉ **Noting** ○ **Discussion**

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

1. Note the progress made with the Right Care, Right Here Programme.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

Annual objective 5.1 – Continue to deliver New Hospital project as planned

IMPACT ASSESSMENT:

FINANCIAL	☑	The Outline Business Case presents a case for investment assuring affordability and value for money.
ALE	☐	
CLINICAL	☑	Delivery of future clinical service models depend on approval of the Outline Business Case
WORKFORCE	☐	
LEGAL	☐	
EQUALITY & DIVERSITY	☐	
COMMUNICATIONS	☐	
PPI	☐	
RISKS		The project risk management process manages risks throughout the life of the project.

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

TRUST BOARD

25 JUNE 2009

RIGHT CARE, RIGHT HERE PROGRAMME – ACUTE HOSPITAL PROJECT UPDATE

1.0 Outline Business Case

The Board will recall that the Outline Business Case (OBC) for the acute hospital component of the Right Care Right Here Programme was submitted to the Department of Health (DH) in January with approval anticipated in February / March 2009. This followed approval for submission from the Trust Board and the Primary Care Trust (PCT) Boards in December. The West Midlands Strategic Health Authority (SHA) also approved the OBC in January.

The Project Team responded to all queries raised by the DH and was able to close down all issues in the timescale agreed. Feedback from the DH team was that the OBC document is of good quality and the scheme is a good one.

Since then the DH, in common with other Government departments, has had to respond to a number of issues including the implications of new International Financial Reporting Standards (IFRS) and the resultant accounting treatment for Private Finance Initiative (PFI) projects; and, of course, potential changes in long term public spending plans in the light of changing finances..

These issues have to date, prevented the approval of the OBC; the issues affect on all schemes currently seeking approval for business cases. In week commencing 15 June the Treasury issued new guidance on how Government departments should deal with the accounting issues referred to above. It is not yet clear how long it will take for the Department of Health to assimilate this guidance and therefore be in a position to take forward consideration of the outstanding business cases. Feedback is being sought on this and a verbal update will be provided to the meeting.

We have made approaches to the DH through various routes to stress the importance of the new hospital for the people in this area. All involved fully support the principle that the development is essential to deliver the planned improvements to healthcare through the Right Care, Right Here Programme.

2.0 Land Acquisition

The delay in OBC approval means that we are unable to initiate a compulsory purchase order (CPO) to acquire land for the development. CPO will be required if voluntary acquisition is not fully successful.

Some progress is being made with land owners who would wish to sell their land on a voluntary basis and the Trust is preparing to move forward quickly once OBC approval is secured.

3.0 Team Preparation

The Project Team is using the additional time pending OBC approval to ensure we are as prepared as possible.

The Team is currently preparing a suite of documents to specify our requirements in the new hospital. The additional time gives us the opportunity to ensure that these documents are very well developed so that we can run an effective procurement process.

We are undertaking careful testing processes and developing a great deal of clarity and detail in our documents to ensure that the new hospital will be fit for purpose for state of the art healthcare. The work will also ensure that we obtain the best possible value for money from the PFI procurement approach.

The Team will also be using the additional time to engage with the public. We will be providing feeding back on our response to things the public have asked for in the new hospital. We will also be involving the public and staff in the development of an approach to arts in the new hospital.

In summary the Project Team is using the additional time to ensure that:

- We can deliver the very best healthcare environment ensuring best value
- The views of the public and staff have been taken into proper consideration

4.0 Future Updates

The Project Director will provide regular updates on the progress of the OBC to the Board.

Graham Seager
Project Director

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

REPORT TITLE:	Monthly Performance Monitoring Report
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance
AUTHOR:	Mike Harding, Head of Planning and Performance Mgt
DATE OF MEETING:	25 June 2009

KEY POINTS:

The report is designed to inform the Trust Board of the summary performance of the Trust for April – May 2009.

PURPOSE OF THE REPORT:

☐ **Approval** ☉ **Noting** ☐ **Discussion**

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to NOTE the report and the associated commentary.

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

None specifically. Satisfies compliance with NHS Plan and other locally agreed targets.

IMPACT ASSESSMENT:

FINANCIAL	☑	
ALE	☐	
CLINICAL	☑	
WORKFORCE	☑	
LEGAL	☑	
EQUALITY & DIVERSITY	☐	
COMMUNICATIONS	☐	
PPI	☑	
RISKS		

EXECUTIVE SUMMARY

<table>
<tr><th>Note</th><th>Comments</th></tr>
<tr><td>a</td><td>Cancelled Operations during the month of May increased to 0.8% heavily influenced by cancellations in Ophthalmology and Dermatology.</td></tr>
<tr><td>b</td><td>Delayed Transfers of Care increased on both sites during May. Delays attributable to Sandwell and Birmingham Social Services were similar in number.</td></tr>
<tr><td>c</td><td>The national (Vital Signs) definition of Stroke indicator which assesses the percentage of time patients admitted with Stroke spend on a stroke unit has been modified. The number of ICD10 (diagnosis) codes has been reduced from 10 to 3 and the definition is now more specific on admission method. As a consequence performance against this indicator during April is reported as 53.6%. (For reference performance as measured against the previous definition is 47.7%).</td></tr>
<tr><td>d</td><td>Accident & Emergency 4-hour wait performance remains in excess of the target of 98.0%. Performance during April and May has exceeded 99.0% and is reported as 99.40% for the year to date.</td></tr>
<tr><td>e</td><td>The percentage of patients contacting the GU Medicine service offered an appointment within 48-hours was 100% during May. Of these 81.8% were seen within 48-hours.</td></tr>
<tr><td>f</td><td>The number of C Diff and MRSA Bacteraemia cases reported during May were 11 and 1 respectively. Numbers of both during the month , and for the year to date remain within national and local trajectories.</td></tr>
<tr><td>g</td><td>Patient Access - A breach of the national maximum outpatient waiting time of 13 weeks was reported at the end of May. The patient, awaiting an appointment within Endocrinology, was reported as waiting 14 weeks. The circumstances of the breach have been reported to the Strategic Health Authority.</td></tr>
<tr><td>h</td><td>Referral to Treatment Time - RTT targets for Admitted and Non-Admitted patient care were both met during May. A total of 18 patients were reported as waiting in excess of 6 weeks for a diagnostic test / procedure - all were in Audiology. 99.7% of patients in Audiology were seen within 18 weeks of referral.</td></tr>
<tr><td rowspan="6">i</td><td>CQUIN:</td></tr>
<tr><td>Outpatient source of Referral - During the month of April 2.35% of new outpatients seen had a source of referral recorded as 'Other', this is well within the agreed trajectory.</td></tr>
<tr><td>Caesarean Section Rate - For the year to date the rate is reported as 22.6%.</td></tr>
<tr><td>Brain Imaging - Internal monitoring systems for this indicator are in the process of being set up.</td></tr>
<tr><td>Hip Fracture - Overall 89.7% of patients admitted as an Emergency with a Fractured Neck of Femur received an operative procedure within 48 hours of admission during the month of April.</td></tr>
<tr><td>Smoking Cessation Referrals - Systems internally to record the number of referrals to the smoking cessation service are in the process of being set up.</td></tr>
<tr><td>Inpatient Patient Satisfaction Survey - an initial survey has been undertaken with 1380 completed returns received. During the process 36 wards were surveyed, representing approximately 90% of wards (excluding Paediatrics and Obstetrics).</td></tr>
<tr><td>j</td><td colspan="2">Total Income per spell for the month of May is 1.18% greater than the Total Cost per spell. For the year to date Total Income per spell is 0.9% greater than Total Cost per spell. Both comparisons are influenced positively by the level of Clinical Income.</td></tr>
<tr><td>k</td><td>
Activity to date is compared with the contracted activity plan for 2009 / 2010.
<table>
<tr><th></th><th>Sandwell</th><th>City</th><th>Trust</th></tr>
<tr><td>IP Elective</td><td>-1.2%</td><td>9.7%</td><td>5.3%</td></tr>
<tr><td>Day case</td><td>5.4%</td><td>1.7%</td><td>3.4%</td></tr>
<tr><td>IPE plus DC</td><td>4.1%</td><td>3.5%</td><td>3.8%</td></tr>
<tr><td>IP Non-Elective</td><td>5.1%</td><td>4.5%</td><td>4.8%</td></tr>
<tr><td>OP New</td><td>5.0%</td><td>-1.1%</td><td>1.2%</td></tr>
<tr><td>OP Review</td><td>2.1%</td><td>11.8%</td><td>8.1%</td></tr>
</table>
When activity to date is compared with 2008 / 09 for the corresponding period
<table>
<tr><th></th><th>Sandwell</th><th>City</th><th>Trust</th></tr>
<tr><td>IP Elective</td><td>-2.5%</td><td>-1.0%</td><td>-1.6%</td></tr>
<tr><td>Day case</td><td>-0.9%</td><td>-1.0%</td><td>-0.9%</td></tr>
<tr><td>IPE plus DC</td><td>-1.2%</td><td>-1.0%</td><td>-1.1%</td></tr>
<tr><td>IP Non-Elective</td><td>7.0%</td><td>3.4%</td><td>4.9%</td></tr>
<tr><td>OP New</td><td>14.9%</td><td>7.4%</td><td>10.2%</td></tr>
<tr><td>OP Review</td><td>8.4%</td><td>23.1%</td><td>17.4%</td></tr>
</table>
</td><td>Performance against contracted activity plans for the year to date are reflected in the table opposite.

Overall Elective activity undertaken for the first two months of 2009 / 10 is approximately 1.0% less than the corresponding months last year. An increased number of Bank Holidays and Weekend days falling in the 2009 / 10 period meant that there were 3 'fewer working days'.</td></tr>
<tr><td>l</td><td colspan="2">The percentage of ambulances turned around in excess of 30 minutes remains stable at 17%, compared with a West Midlands average for the same period of 20%.</td></tr>
<tr><td>m</td><td colspan="2">Bank & Agency Use - The number of Nurse Bank & Agency shifts worked, and the actual costs incurred remain within the profiles for the period. Medical Locum costs and Medical & Other Agency Costs have all reduced during the month of May and have contributed to a reduction of the overall Agency spend, expressed as a percentage of the Total Pay Spend.</td></tr>
<tr><td>n</td><td colspan="2">A total of 332 PDRs have been reported to Learning and Development during the period April - May inclusive, whilst a total of 457 have been recorded as receiving training in Conflict resolution. Mandatory training data was not available for inclusion within the report.</td></tr>
</table>

SANDWELL AND WEST BIRMINGHAM HOSPITALS CORPORATE QUALITY AND PERFORMANCE MONITORING REPORT - MAY 2009

Exec Lead	NATIONAL AND LOCAL PRIORITY INDICATORS			January	February	March	April			May			To Date	TARGET		Exec Summary Note	THRESHOLDS			06/07 Outturn	07/08 Outturn	08/09 Outturn
				Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	09/10							
RW	Net Income & Expenditure (Surplus / Deficit (-))		£000s	134	120	-117	→		162	→		357	518	504	2269		0%	0 - 1%	>1%	3399	6547	2535
RK	Cancer	2 weeks	%	96.4	94.0	96.0	→		93.0	→			93.0	=>93	=>93		No variation		Any variation	100	97.1	98.6
		31 Days	%	100	100	100	→		100	→			100	=>98	=>98		No variation		Any variation	99.9	99.9	100
		62 Days	%	91.7	94.0	93.0	→		92.6	→			92.6	=>86	=>86		No variation		Any variation	99.3	99.7	98.6
RK	Cancelled Operations	Elective Admissions Cancelled at last minute for non-clinical reasons	%	1.3	0.6	0.9	0.2	0.8	0.5	0.4	1.1	0.8	0.6	<0.8	<0.8	a	<0.8	0.8 - 1.0	>1.0	0.9	0.9	1.0
		28 day breaches	No.	0	0	0	→		0	→		0	0	0	0		3 or less	4 - 6	>6	4	0	0
	Delayed Transfers of Care	Total	%	3.2	2.8	1.5	1.7	2.7	2.2	3.0	3.4	3.2	2.6	<3.0	<3.0	b	<3.0	3.0 - 4.0	>4.0	4.0	2.7	3.1
	Coronary Heart Disease	Primary Angioplasty (<90 mins)	%	50	61	62	45	67	53				53	80	80		>80	75-80	<75	n/a	63.0	70.5
		Rapid Access Chest Pain	%	100	100	100	100			97.4				=>98	=>98		>99	98 - 99	<98	99.7	99.6	100.0
		Revascularisation >13 weeks	No.	0	0	0	→		0	→			0	0	0		0		>0	0	0	0
		Thrombolysis (60 minutes)	%	no pts	0	no pts	no pts	no pts	no pts				no pts	80	80		>80	75-80	<75	57	50	0
DO'D	Stroke Care	>90% stay on Stroke Unit	%	38.5	34.4	32.4	→		53.6	→			53.6	65	70	c	+>70	65 - 70	<65	n/a	n/a	36.5
RK	A/E 4 Hour Waits		%	98.4	99.2	99.6	99.5	99.3	99.3	99.7	99.4	99.5	99.40	=>98	=>98	d	=>98		<98	98.20	98.28	98.16
	GUM 48 Hours	Patients seen within 48 hours	%		84.5	85.2	→		90.2	→		81.8	86.3	=>95	=>95	e	No variation	0 - 10% variation	>10% variation	n/a	n/a	81.0
		Patients offered app't within 48 hrs	%	99.7	99.5	100	→		99.8	→		100	99.9	100	100		No variation	0 - 10% variation	>10% variation	35.8	80.7	98.3
R0	Infection Control	C. Diff - EXTERNAL (DH) TARGET	No.	17	15	15	6	8	14	3	8	11	25	46	264	f	No variation		Any variation	n/a	355	163
		C. Diff - INTERNAL (LHE) TARGET	No.	17	15	15	6	8	14	3	8	11	25	38	220		No variation		Any variation	n/a	355	163
		MRSA - EXTERNAL (DH) TARGET	No.	2	0	2	1	1	2	0	1	1	3	6	33		No variation		Any variation	61	43	15
		MRSA - INTERNAL (LHE) TARGET	No.	2	0	2	1	1	2	0	1	1	3	4	23		No variation		Any variation	61	43	15
RK	Data Quality	Valid Coding for Ethnic Category (FCEs)	%	86	88	94	→		94	→			94	90	90		>/=90	89.0-89.9	<89	90.0	89.0	87.0
RO	Infant Health & Inequalities	Maternal Smoking Status Data Complete	%	→		100	→			→				=>99.0	=>99.0		>99	98 - 99	<98	99.9	99.5	99.9
		Breast Feeding Status Data Complete	%	→		100	→			→				=>99.0	=>99.0		>99	98 - 99	<98	98.3	99.8	97.8
		Maternal Smoking Rates	%	→		10.6	→			→				<12.0	<12.0		<12.0	12-14	>14.0	13.2	13.1	12.6
		Breast Feeding Initiation Rates	%	→		57.7	→			→				>57.0	>57.0		>57.0	55-57	<55.0	52.5	55.0	54.2
RK	Patient Access	Inpatients >26 weeks	No.	0	0	0	→		0	→		0	0	0	0	g	0		>0	1	0	0
		Outpatients >13 weeks	No.	0	1	0	→		0	→		1	1	0	0		0		>0	4	0	5
RK	RTT Milestones	Admitted Care (RTT <18 weeks)	%	95.6	96.8	98.6	→		98.2	→		98.5	98.5	=>90.0	=>90.0	h	=>90.0		<90.0	52.0	90.6	98.6
		Admitted Care - Data Completeness	%	99.6	98.4	100.4	→		102.5	→		101.3	101.3	90-110	<90 or >110		90-110		<90 or >110	n/a	n/a	100.4
		Non-Admitted Care (RTT <18 weeks)	%	97.6	98.5	98.8	→		98.2	→		98.7	98.7	=>95.0	=>95.0		=>95.0		=<95.0	n/a	95.5	98.8
		Non-Admitted Care - Data Completeness	%	101.9	104.4	98.1	→		96.2	→		108.0	108.0	90-110	<90 or >110		90-110		<90 or >110	n/a	n/a	98.1
		Audiology Direct Access Waits (<18 wks)	%	100	100	99	→		100	→		99.7	99.7	=>95	=>95		=>95		<95	n/a	n/a	99.0
		Audiology Data Completeness	%	107	106	96	→		102	→		97.0	97	90-110	<90 or >110		90-110		<90 or >110	n/a	n/a	96.0
		Diagnostic Waits greater than 6 weeks	No.	48	33	26	→		23	→		18	18	0	0		0		>0	996	25	26
DO'D	Mortality in Hospital	Hospital Standardised Mortality Rate	HSMR	102.0 (Oct '08)	104.9 (Nov '08)	103.5 (Dec '08)	→		104.2 (Jan '09)	→		96.8 (Feb '09)	99.8 (08/09)	Rate only	Rate only					101.1	100.2	
		Peer (SHA) HSMR	HSMR	95.1	96.6	102.6	→		101.1	→		95.5	97.5 (08/09)	Rate only	Rate only					110.7	106.1	
RK	CQUIN	OP Source of Referral Information	%				→		2.35	→			2.35	9.5	5.0	i	No variation		Any variation	n/a	n/a	10.0
DO'D		Caesarean Section Rate	%	19.6	21.6	22.1	20.9	23.8	22.5	20.9	24.1	22.7	22.6	26.8	26.0		=<26.0		>26.0	n/a	27.7	27.0
		Brain Imaging for Em. Stroke Admissions	%											72.0	72.0		=>72.0		<72.0	n/a	n/a	72.0
		Hip Fracture Op's <48 hours of admission	%	84.0	82.1	85.2	→		89.7	→			89.7	78.0	87.0		No Variation	0 - 2% Variation	>2% Variation	63.6	70.1	77.8
		Smoking Cesssation Referrals	No.												1000		=>83		<83	n/a	n/a	7
RO		IP Patient Satisfaction (Survey Coverage)	%												90		=>90		<90	n/a	n/a	n/a

Exec Lead	CLINICAL QUALITY			Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust	To Date	YTD	09/10	Summary Note				06/07 Outturn	07/08 Outturn	08/09 Outturn
RK	Readmission Rates	(Within 28 days of discharge)	%	11.4	12.0	12.3	8.5	8.5	8.5				8.5	No. Only	No. Only					10.1	n/a	11.6
		(Within 14 days of discharge)	%	7.8	8.3	8.9	6.4	6.2	6.3				6.3	No. Only	No. Only					n/a	n/a	7.3
R0	Infection Control	Savings Lives Compliance	%	99	99	99	→		99	→		99	99	>95	>95		< YTD target		> YTD target	n/a	n/a	99.0
		Phlebitis Rate	%	0			→			→				<5	<5		< YTD target		> YTD target	n/a	1.77	
		Phlebitis Compliance	%	86.2			→			→				>95	>95		>95%	75-95%	<75%	n/a	78	
		MRSA Screening (Elective)	No.	708	608	1184	→		1822	→		1692	3514				0 - 10%	10 - 15%	>15%	n/a	n/a	6495
		MRSA Screening (Non-Elective)	No.				→		1074	→		527	1601				0 - 10%	10 - 15%	>15%	n/a	n/a	n/a
DO'D	Obstetrics	Post Partum Haemorrhage (>2000 ml)	No.	2	0	1	1	0	1	1	2	3	4	8	48		=<2	3 - 4	>4	n/a	n/a	
		Admissions to Neonatal ICU	%	6.2	5.5	6.5	3.5	8.9	6.6	2.2	9.4	6.3	6.5	=<6	=<6		=<6	6.1-7.9	=>8	n/a	9.6	
		Adjusted Perinatal Mortality Rate	/1000	4.0	2.0	9.8	9.1	9.9	9.5	4.3	9.8	7.5	7.5	<8.0	<8.0		<8	8.1 - 10.0	>10	n/a	n/a	
	FINANCE & FINANCIAL EFFICIENCY																					
RW	Gross Margin		£000s	2235	2237	1267	→		2361	→		2569	4930	4903	29805		0%	0 - 1%	>1%	26429	33250	26436
	CIP		£000s	837	829	829	→		2542	→		949	3507	3711	15075		0 - 2.5%	2.5 - 7.5%	>7.5%	19679	14027	11084
	In Year Monthly Run Rate		%	-25	-29	-202	→		9.5	→		0.3	2.8	0	0		NO or a + variation	0 - 5% variation	>5% variation	329	45	1.4
RK	Income / WTE		£s	5043	5013	5521	→		4955	→		4991	4973	5127	5127	j	No variation	0 - 5% variation	>5% variation	5460	4924	5014
	Income / Open Bed		£s	29492	29946	34214	→		29321	→		32944	31973	31184	31184		No variation	0 - 5% variation	>5% variation	24774	29065	30498
	Income per Spell	Total Income	£s	2724	2925	2858	→		2714	→		2836	2789	2762	2762		No Variation	0 - 4% Variation	>4% Variation	2635	2740	2701
		Clinical Income	£s	2435	2624	2402	→		2456	→		2561	2521	2454	2454		No Variation	0 - 4% Variation	>4% Variation	2317	2449	2400
		Non-Clinical Income	£s	289	301	456	→		258	→		275	268	308	308		No Variation	0 - 4% Variation	>4% Variation	318	291	301
	Cost per Spell	Total Cost	£s	2713	2914	2868	→		2700	→		2803	2765	2742	2742		No Variation	0 - 4% Variation	>4% Variation	n/a	2643	2682
		Total Pay Cost	£s	1810	1993	1904	→		1788	→		1882	1844	1825	1825		No Variation	0 - 4% Variation	>4% Variation	1772	1737	1785
		Medical Pay Cost	£s	532	594	556	→		517	→		547	535	544	544		No Variation	0 - 4% Variation	>4% Variation	543	517	532
		Nursing Pay Cost (including Bank)	£s	626	685	676	→		619	→		666	646	639	639		No Variation	0 - 4% Variation	>4% Variation	609	615	625
		Non-Pay Cost	£s	903	921	963	→		912	→		921	921	917	917		No Variation	0 - 4% Variation	>4% Variation	n/a	906	897
		Mean Drug Cost / IP Spell	£s	125	119	123	→		114	→		110	112	123	123		No Variation	0 - 4% Variation	>4% Variation	n/a	95	120
		Mean Drug Cost / Occupied Bed Day	£s	44	44	49	→		56	→		44	46	48	48		No Variation	0 - 4% Variation	>4% Variation	n/a	35	47
	PATIENT EXPERIENCE																					
KD	Complaints	Number Received	No.	→		206	→			→				No. Only	No. Only					673	697	789
		Response within 25 days	%	→		75	→			→				85	85		80%+	70 - 79%	<70%	77.4	81.2	81.1
	Thank You Letters		No.	→		328	→			→				No. Only	No. Only					6026	3491	2912
RK	Elective Access Contact Centre	Number of Calls Received	No.	14821	13378	13245	→			→				No. Only	No. Only					n/a	n/a	190434
		Average Length of Queue	mins	1.14	1.23	0.44	→			→				0.5	0.5		No variation	0 - 10% variation	>10% variation	n/a	n/a	0.44
		Maximum Length of Queue	mins	12.0	24.5	17.4	→			→				6.0	6.0		No variation	0 - 10% variation	>10% variation	n/a	n/a	17.4
RK	Telephone Exchange																			n/a	n/a	n/a
	STRATEGY																					
RK	Referrals	Total By Site	No.	14862	14217	16975	→		15358	→			15358	15492	178070		No Variation	0 - 2% Variation	>2% Variation	138580	151755	178070
		Total GP Referrals	No.	10047	9517	11309	→		10403	→			10403	10332	120138		No Variation	0 - 2% Variation	>2% Variation	98476	95857	120138
		Total Other Referrals	No.	4815	4700	5666	→		4955	→			4955	5160	57932		No Variation	0 - 2% Variation	>2% Variation	40104	55898	57932
		By PCT - Heart of B'ham	No.	4136	4112	4854	→		4431	→			4431	4188	49859		No Variation	0 - 2% Variation	>2% Variation	40394	41628	49859
		By PCT - Sandwell	No.	7359	6957	8283	→		7488	→			7488	7549	87779		No Variation	0 - 2% Variation	>2% Variation	72580	77592	87779
		By PCT - Other	No.	3368	3150	3842	→		3439	→			3439	3755	40453		No Variation	0 - 2% Variation	>2% Variation	25606	32535	40453
		Conversion (all referrals) to New OP Att'd	%	90.2	84	83	→		90.8	→			90.8	No. Only	No. Only					91.5	87.0	85.9

Exec Lead	ACTIVITY			Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust	To Date	YTD	09/10	Summary Note				06/07 Outturn	07/08 Outturn	08/09 Outturn
RK	Spells	Elective IP	No.	1009	988	1167	426	658	1084	403	677	1080	2214	2103	13077	k	No Variation	0 - 2% Variation	>2% Variation	13887	13395	13106
		Elective DC	No.	4339	4052	4468	2093	2300	4393	1877	2185	4062	8253	7981	49636		No Variation	0 - 2% Variation	>2% Variation	45831	46304	50873
		Total Elective	No.	5348	5040	5635	2519	2958	5477	2280	2862	5142	10467	10084	62713		No Variation	0 - 2% Variation	>2% Variation	59718	59699	63979
		Non-Elective - Short Stay	No.	1039	778	988	698	886	1584	659	664	1323	2907	2217	13745		No Variation	0 - 2% Variation	>2% Variation	12414	11575	12770
		Non-Elective - Other	No.	4728	4501	5051	1823	2432	4255	1823	2630	4453	8708	8834	54971		No Variation	0 - 2% Variation	>2% Variation	52662	55163	56226
		Total Non-Elective	No.	5767	5279	6039	2521	3318	5839	2482	3294	5776	11615	11051	68716		No Variation	0 - 2% Variation	>2% Variation	65076	66738	68996
	Outpatients	New	No.	13399	11943	14094	5456	8492	13948	4805	7716	12521	26469	26153	159666		No Variation	0 - 2% Variation	>2% Variation	127449	131941	152923
		Review	No.	32573	29092	34697	13525	23532	37057	12070	21844	33914	71242	65913	385680		No Variation	0 - 2% Variation	>2% Variation	370970	361113	374867
	A/E Attendances	Type I (Sandwell & City Main Units)	No.	14140	12950	17110	7146	9504	16650	7365	7619	14984	31634	34654	197122		No Variation	0 - 2% Variation	>2% Variation	200561	195093	191141
	A/E Attendances	Type II (BMEC)	No.	2340	2222	3079		2885	2885		3197	3197	6082	5406	30749		No Variation	0 - 2% Variation	>2% Variation	31373	29803	30800
PATIENT ACCESS & EFFICIENCY																						
RK	Length of Stay	Average Length of Stay	Days	5.1	5.5	4.9	4.6	4.5	4.6				4.6	5.0	5.0		No Variation	0 - 5% Variation	>5% Variation	5.7	5.0	5.0
		All Patients with LOS > 14 days	No.	361	328	312	143	163	306	142	163	305	305	No. Only	No. Only					n/a	345	312
		All Patients with LOS > 28 days	No.	203	185	152	87	92	179	68	93	161	161	No. Only	No. Only					190	174	152
		Min. Stay Rate (Electives (IP/DC) <2 days)	%	92.6	91.7	91.8	93.2	90.5	91.8	92.9	91.0	91.8	91.8	92.0	92.0		No Variation	0 - 5% Variation	>5% Variation	88.3	90.5	91.6
	Admissions	Day of Surgery (IP Elective Surgery)	%	81.7	79.4	82.3	81.0	83.2	82.4	81.8	83.2	82.6	82.5	82.0	82.0		No Variation	0 - 5% Variation	>5% Variation	63.2	76.5	79.4
		Day of Surgery (IP Non-Elective Surgery)	%	70.7	68.9	73.2	68.8	74.6	72.6	66.2	67.1	66.2	69.9	No. Only	No. Only					n/a	68.3	70.2
		With no Procedure (Elective Surgery)	%	10.3	9.2	7.6	9.5	9.0	9.2				9.2	No. Only	No. Only					10.6	n/a	10.6
		Per Bed (Elective)	No.	5.77	4.92	5.23	5.91	6.22	6.07	4.46	5.29	4.89	5.48	5.90	5.90		No Variation	0 - 5% Variation	>5% Variation	4.66	4.87	5.33
	Discharges	Pt's Social Care Delay	No.	30	7	8	10	5	15	6	8	14	14	<18	<18	b	No Variation	0 - 10% Variation	>10% Variation			
		Pt.'s NHS & NHS plus S.C. Delay	No.	8	10	6	3	5	8	4	8	12	12	<10	<10		No Variation	0 - 10% Variation	>10% Variation			
	Beds	Occupied Bed Days	No.	31130	27686	29282	10288	12810	23098	12279	14907	27186	54418	56488	342000		No Variation	0 - 5% Variation	>5% Variation	378060	348676	342793
		Occupancy Rate	%	92.9	90.3	88.5	83.8	88.3	86.2	82.56	84.5	83.57	85.0	86.5 - 89.5	86.5 - 89.5		86.5 - 89.5	85.5-86.4 or 89.6-90.5	<85.5 or >90.5	88.6	90.8	90.3
		Open at month end (exc Obstetrics)	No.	1027	1008	975	469	517	986	444	496	940	940	975	975		No Variation	0 - 2% Variation	>2% Variation	1039	1007	975
	Day Case Rates	All Procedures	%	80.5	80.0	78.8	84.3	74.0	78.7	82.2	76.4	79.0	78.8	80.0	80.0		No Variation	0 - 5% Variation	>5% Variation	76.0	76.9	79.0
		BMEC Procedures	%	82.2	79.4	78.3		76.4	76.4		79.5	79.5	78.0	80.0	80.0		No Variation	0 - 5% Variation	>5% Variation	71.5	77.2	79.7
	Non-Admitted Care	New : Review Rate	Ratio	2.40	2.40	2.46	2.48	2.77	2.66	2.51	2.83	2.71	2.69	2.30	2.30		No Variation	0 - 5% Variation	>5% Variation	2.91	2.74	2.45
		DNA Rate - New Referrals	%	12.6	12.3	11.7	10.8	12.4	11.8	15.1	17.0	16.3	13.9	9.0	9.0		No Variation	0 - 5% Variation	>5% Variation	10.8	10.9	12.0
		DNA Rate - Reviews	%	13.5	14.0	12.4	15.0	14.3	14.5	15.2	14.1	14.5	14.4	9.0	9.0		No Variation	0 - 5% Variation	>5% Variation	12.8	13.5	13.5
	Pathology	Cervical Cytology Turnaround	Weeks	1.4	1.5	2.7	→		3.8				3.8	<4.0	<4.0		<4.0	4.0-6.0	>6.0	1.7 - 4.0	1.5 - 2.9	2.7
	Ambulance Turnaround	In Excess of 30 minutes	%	23	20	19	13	21	17	16	19	17	17	<10.0	<10.0	l	<10	10 - 12.5	>12.5	n/a	29.1	19.0
		(West Midlands average)	%	27	22	21			20			20	20	No. Only	No. Only					n/a	31.1	21.0
		In Excess of 60 minutes	No.	30	13	13	3	4	7	5	4	9	16	0	0		0	1 - 5	>5	n/a	n/a	
THEATRE UTILISATION																						
RK	Sitrep Declared Late **Cancellations** by Specialty	General Surgery	No.	6	4	2	4	2	6	3	2	5	11	10	60	a	0-5% variation	5 - 15% variation	>15% variation	n/a	75	104
		Urology	No.	12	6	1	1	2	3	0	1	1	4	8	48		0-5% variation	5 - 15% variation	>15% variation	n/a	67	102
		Vascular Surgery	No.	1	0	0	0	0	0	0	0	0	0	1	3		0-5% variation	5 - 15% variation	>15% variation	n/a	1	7
		Trauma & Orthopaedics	No.	11	6	13	0	3	3	0	0	0	3	12	72		0-5% variation	5 - 15% variation	>15% variation	n/a	100	75
		ENT	No.	6	1	2	0	0	0	0	0	0	0	2	12		0-5% variation	5 - 15% variation	>15% variation	n/a	19	23
		Ophthalmology	No.	6	7	14	0	9	9	3	16	19	28	18	108		0-5% variation	5 - 15% variation	>15% variation	n/a	139	153
		Oral Surgery	No.	8	0	5	0	2	2	0	0	0	2	2	8		0-5% variation	5 - 15% variation	>15% variation	n/a	10	19
		Cardiology	No.	1	4	0	0	0	0	0	1	1	1	4	21		0-5% variation	5 - 15% variation	>15% variation	n/a	28	31
		Gynaecology	No.	11	2	6	1	2	3	1	0	1	4	9	54		0-5% variation	5 - 15% variation	>15% variation	n/a	69	71
		Plastic Surgery	No.	7	0	1	0	1	1	0	0	0	1	2	12		0-5% variation	5 - 15% variation	>15% variation	n/a	17	21
		Dermatology	No.	4	0	8	0	0	0	0	10	10	10	4	24		0-5% variation	5 - 15% variation	>15% variation	n/a	4	24
		TOTAL	No.	73	30	52	6	21	27	7	30	37	64	72	422		0-5% variation	5 - 15% variation	>15% variation	n/a	529	630

Exec Lead	WORKFORCE			Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust	To Date	YTD	09/10	Summary Note				06/07 Outturn	07/08 Outturn	08/09 Outturn
RK	WTE in Post	Total	No.	6006 ▲	6021 ▼	6042 ▼	→		6178 ▲	→		6232 ▼	6232	6356	6241		No Variation	0 - 1% Variation	>1% Variation	6000	5875	6042
		Medical and Dental	No.	755 ▲	756 ▼	755 ▲	→		759 ▼	→		756 ▲	756	773	761		No Variation	0 - 1% Variation	>1% Variation	822	736	755
		M'ment, Admin. & HCAs	No.	1836 ▼	1844 ▼	1852 ▼	→		1966 ▼	→		1972 ▲	1972	2005	1952		No Variation	0 - 1% Variation	>1% Variation	1806	1765	1852
		Nursing & Midwifery (excluding Bank)	No.	2252 ▲	2255 ▲	2259 ■	→		2317 ▼	→		2346 ▼	2346	2576	2547		No Variation	0 - 1% Variation	>1% Variation	2481	2255	2259
		Scientific and Technical	No.	911 ▲	912 ▲	913 ▲	→		935 ▲	→		942 ▼	942	1000	981		No Variation	0 - 1% Variation	>1% Variation	891	869	913
		Bank Staff	No.	248	251	260	→		201	→		216	216	No. Only	No. Only					n/a	250	260
		Gross Salary Bill	£000s	20116 ■	20561 ■	22232 ▼	→		20168 ■	→		20556 ■	40724	40265	243342		No Variation	0 - 1% Variation	>1% Variation	220244	219667	238674
RK	Bank & Agency	Nurse Bank Fill Rate	%	75.3	76.0	84.3	→		86.3	→		87.7	87.0	No. Only	No. Only	m				n/a	87.6	81.8
		Nurse Bank Shifts covered	No.	5704 ▲	5480 ▲	6524 ▼	→		5140 ■	→		5109 ▲	10249	10306	61836		0 - 2.5% Variation	2.5 - 5.0% Variation	>5.0% Variation	67330	68707	69675
		Nurse Agency Shifts covered	No.	411 ▲	371 ▲	362 ▲	→		279 ▲	→		229 ▲	508	829	4972		0 - 5% Variation	5 - 10% Variation	>10% Variation	2879	5524	4765
		Nurse Bank AND Agency Shifts covered	No.	6115 ▲	5851 ▲	6524 ▼	→		5429 ■	→		5338 ▲	10757	11135	66808		0 - 2.5% Variation	2.5 - 5.0% Variation	>5.0% Variation	70209	74231	74440
		Nurse Bank Costs	£000s	465 ■	600 ■	699 ▼	→		472 ■	→		536 ▼	1008	1070	6423		0 - 2.5% Variation	2.5 - 5.0% Variation	>5.0% Variation	6883	6980	6844
		Nurse Agency Costs	£000s	97 ▼	40 ■	106 ■	→		66 ■	→		24 ▲	90	165	992		0 - 5% Variation	5 - 10% Variation	>10% Variation	474	1078	832
KD		Medical Agency Costs	£000s	208 ▼	192 ▲	309 ▼	→		119 ▲	→		109 ■	228	199	1192		0 - 5% Variation	5 - 10% Variation	>10% Variation	693	1296	2026
RK		Other Agency Costs	£000s	354 ▼	348 ▲	773 ▼	→		239 ▲	→		198 ▲	437	235	1410		0 - 5% Variation	5 - 10% Variation	>10% Variation	1661	2223	3759
KD		Medical Locum Costs	£000s	202 ▲	183 ■	225 ■	→		256 ▼	→		200 ▲	456	375	2250		0 - 2.5% Variation	2.5 - 5.0% Variation	>5.0% Variation	2566	2445	2747
RK/KD		Agency Spend cf. Total Pay Spend	%	3.28 ▼	2.82 ▲	5.35 ▼	→		2.10 ■	→		1.61 ■	1.85	<2.00	<2.00		<2	2 - 2.5	>2.5	1.50	2.15	2.77
CH	Sickness Absence	Long Term	%	3.23 ▲	3.04 ▲	2.85 ■	→		2.50 ▲	→			2.50	<3.00	<3.00		<3.0	3.0-3.35	>3.35	2.50	3.52	3.16
		Short Term	%	1.38 ■	1.23 ■	1.10 ▲	→		1.09 ▲	→			1.09	<1.25	<1.25		<1.25	1.25-1.40	>1.40	2.17	1.26	1.22
		Total	%	4.61 ■	4.27 ▲	3.95 ■	→		3.59 ▲	→			3.59	<4.25	<4.25		<4.25	4.25-4.75	>4.75	4.67	4.78	4.38
	Recruitment & Retention	Permission to Recruit	wte	119	69	87	→		83	→		72	155	No. Only	No. Only					n/a	1143	1124
		New Starters	wte	104	71	102	→		85	→		69	154	No. Only	No. Only					n/a	855	1066
		Leavers	wte	53	66	82	→		36	→		57	93	No. Only	No. Only					n/a	1004	999
		Inductions	No.	54	85	72	→		59	→		88	147	No. Only	No. Only					n/a	442	896
	Learning & Development	PDRs (includes Junior Med staff)	No.	121 ▲	144 ▲	248 ▲	→		184 ▼	→		148 ▼	332	890	5341	n	0-5% variation	5 - 15% variation	>15% variation	n/a	1963	4518
		Mandatory Training	No.	225 ▼	337 ▲	341 ▲	→			→					5163		0-5% variation	5 - 15% variation	>15% variation	4313	2770	4044
		Conflict Resolution Training	No.	134 ▲	204 ■	87 ■	→		159 ■	→		298 ▲	457	333	2000		0-5% variation	5 - 15% variation	>15% variation	1441	1712	1050

KEY TO PERFORMANCE ASSESSMENT SYMBOLS

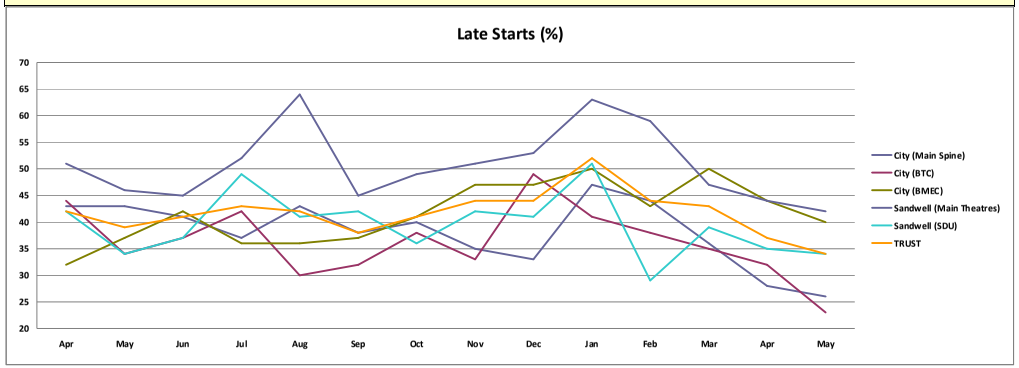
▲	Fully Met - Performance continues to improve
■	Fully Met - Performance Maintained
▼	Met, but performance has deteriorated
▲	Not quite met - performance has improved
■	Not quite met
▼	Not quite met - performance has deteriorated
▲	Not met - performance has improved
■	Not met - performance showing no sign of improvement
▼	Not met - performance shows further deterioration

Please note: Although actual performance within the period may have improved, this may not always be reflected by a symbol which reflects this, if the distance from trajectory has worsened

SUPPLEMENTARY DATA THEATRE UTILISATION

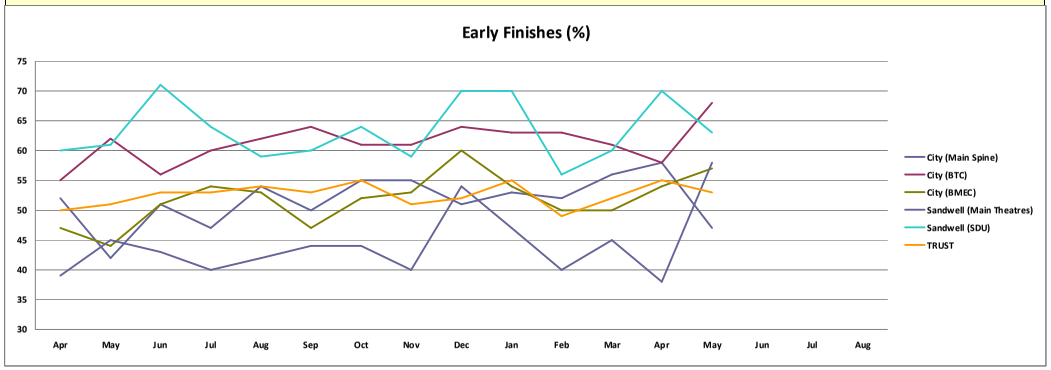
LATE STARTS (%)	2008 / 2009												2009 / 2010				
Theatre Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
City (Main Spine)	43	43	41	37	43	38	40	35	33	47	44	36	28	26			
City (BTC)	44	34	37	42	30	32	38	33	49	41	38	35	32	23			
City (BMEC)	32	37	42	36	36	37	41	47	47	50	43	50	44	40			
Sandwell (Main Theatres)	51	46	45	52	64	45	49	51	53	63	59	47	44	42			
Sandwell (SDU)	42	34	37	49	41	42	36	42	41	51	29	39	35	34			
TRUST	42	39	41	43	42	38	41	44	44	52	44	43	37	34			

KEY: GREEN = <5.1% deviation from target, AMBER = 5.1 - 15.0% deviation, RED = >15.0% deviation



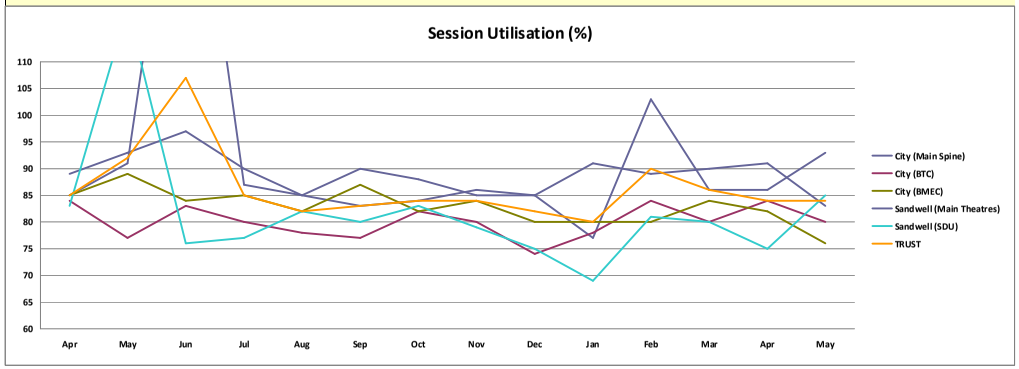
EARLY FINISHES (%)	2008 / 2009												2009 / 2010				
Theatre Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
City (Main Spine)	52	42	51	47	54	50	55	55	51	53	52	56	58	47			
City (BTC)	55	62	56	60	62	64	61	61	64	63	63	61	58	68			
City (BMEC)	47	44	51	54	53	47	52	53	60	54	50	50	54	57			
Sandwell (Main Theatres)	39	45	43	40	42	44	44	40	54	47	40	45	38	58			
Sandwell (SDU)	60	61	71	64	59	60	64	59	70	70	56	60	70	63			
TRUST	50	51	53	53	54	53	55	51	52	55	49	52	55	53			

KEY: GREEN = <5.1% deviation from target, AMBER = 5.1 - 15.0% deviation, RED = >15.0% deviation



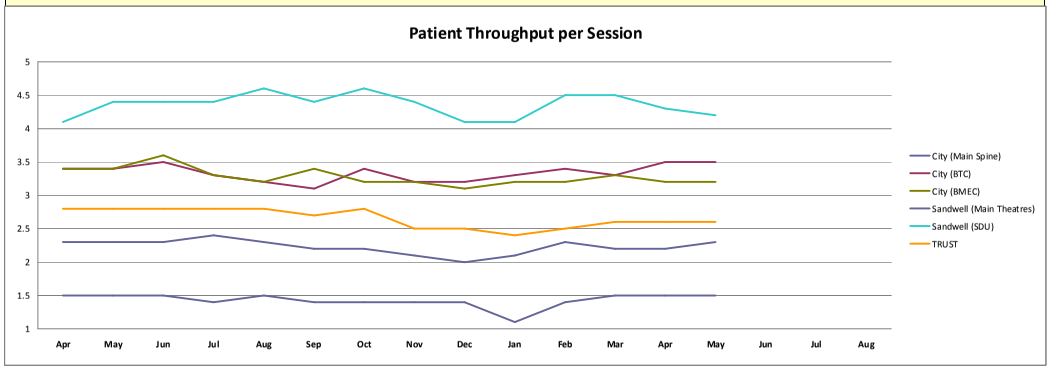
SESSION UTILISATION (%)	2008 / 2009												2009 / 2010				
Theatre Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
City (Main Spine)	85	91	165	87	85	83	84	86	85	77	103	86	86	93			
City (BTC)	84	77	83	80	78	77	82	80	74	78	84	80	84	80			
City (BMEC)	85	89	84	85	82	87	82	84	80	80	80	84	82	76			
Sandwell (Main Theatres)	89	93	97	90	85	90	88	85	85	91	89	90	91	83			
Sandwell (SDU)	83	120	76	77	82	80	83	79	75	69	81	80	75	85			
TRUST	85	92	107	85	82	83	84	84	82	80	90	86	84	84			

KEY: GREEN = <5.1% deviation from target, AMBER = 5.1 - 15.0% deviation, RED = >15.0% deviation



THROUGHPUT / SESSION	2008 / 2009												2009 / 2010				
Theatre Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
City (Main Spine)	1.5	1.5	1.5	1.4	1.5	1.4	1.4	1.4	1.4	1.1	1.4	1.5	1.5	1.5			
City (BTC)	3.4	3.4	3.5	3.3	3.2	3.1	3.4	3.2	3.2	3.3	3.4	3.3	3.5	3.5			
City (BMEC)	3.4	3.4	3.6	3.3	3.2	3.4	3.2	3.2	3.1	3.2	3.2	3.3	3.2	3.2			
Sandwell (Main Theatres)	2.3	2.3	2.3	2.4	2.3	2.2	2.2	2.1	2.0	2.1	2.3	2.2	2.2	2.3			
Sandwell (SDU)	4.1	4.4	4.4	4.4	4.6	4.4	4.6	4.4	4.1	4.1	4.5	4.5	4.3	4.2			
TRUST	2.8	2.8	2.8	2.8	2.8	2.7	2.8	2.5	2.5	2.4	2.5	2.6	2.6	2.6			

KEY: GREEN = <5.1% deviation from target, AMBER = 5.1 - 15.0% deviation, RED = >15.0% deviation



Sandwell and West Birmingham Hospitals NHS
NHS Trust

FINANCE AND PERFORMANCE MANAGEMENT COMMITTEE

REPORT TITLE:	Financial Performance – Month 2
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Robert White/Tony Wharram
DATE OF MEETING:	18 June 2009

KEY POINTS:

The report is provided to update the Trust Board on financial performance for the two months to 31st May 2009.

In-month surplus is £357k against a target surplus of £356k; £1k above plan but with significant variation among divisions.

In-month WTEs are 124 below plan.

Cash balance is £3.5m ahead of plan.

PURPOSE OF THE REPORT:

☐ **Approval** ☉ **Noting** ☐ **Discussion**

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

To receive and note the monthly finance report.

To endorse any actions taken to ensure that the Trust remains on target to achieve its planned financial position.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

4.1- Deliver the financial plan including achieving a financial surplus of £2.269m and a CIP of £15m.

IMPACT ASSESSMENT:

FINANCIAL	☑	Trust has a target surplus for the year of £2.269m in line with requirement to repay the residue of its working capital loan.
ALE	☐	
CLINICAL	☐	
WORKFORCE	☐	
LEGAL	☐	
EQUALITY & DIVERSITY	☐	
COMMUNICATIONS	☐	
PPI	☐	
RISKS		

Sandwell and West Birmingham Hospitals NHS

NHS Trust

Financial Performance Report – May 2009

EXECUTIVE SUMMARY

• For the first two months of the financial year, the Trust generated an overall I&E surplus of £518k which is £14k ahead of plan.

• Fully coded and priced activity information is available for April and patient related SLA income included within this report is based on this position.

• At month end WTE's (whole time equivalents) were 124 below plan.

• The cash balance is £3,556k above plan at the month end.

•Performance among operational divisions continues to be very variable although the overall performance of the Trust is in line with plan, in part due to ongoing better than planned performance in corporate areas.

Financial Performance Indicators

Measure	Current Period	Year to Date	Thresholds		
			Green	Amber	Red
I&E Surplus Actual v Plan £000	1	14	> Plan	> = 99% of plan	< 99% of plan
EBITDA Actual v Plan £000	14	27	> Plan	> = 99% of plan	< 99% of plan
Pay Actual v Plan £000	-281	-459	< Plan	< 1% above plan	> 1% above plan
Non Pay Actual v Plan £000	-77	99	< Plan	< 1% above plan	> 1% above plan
WTEs Actual v Plan	124	150	< Plan	< 1% above plan	> 1% above plan
Cash (incl Investments) Actual v Plan £000	3,556	3,556	> = Plan	> = 95% of plan	< 95% of plan
CIP Actual v Plan £000	-110	-198	> 97½% of Plan	> = 92½% of plan	< 92½% of plan

Note: positive variances are favourable, negative variances unfavourable

Performance Against Key Financial Targets

Target	Year to Date Plan £000	Year to Date Actual £000
Income and Expenditure	504	518
Capital Resource Limit	800	236
External Financing Limit	---	14,691
Return on Assets Employed	3.50%	3.50%

2009/2010 Summary Income & Expenditure Performance at May 2009	Annual Plan £000's	CP Plan £000's	CP Actual £000's	CP Variance £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's
Income from Activities	329,011	27,499	27,964	465	55,134	55,670	536
Other Income	36,662	3,096	3,003	(93)	6,059	5,910	(149)
Operating Expenses	(337,010)	(28,040)	(28,398)	(358)	(56,290)	(56,650)	(360)
EBITDA	28,663	2,555	2,569	14	4,903	4,930	27
Interest Receivable	150	13	0	(13)	25	12	(13)
Depreciation & Amortisation	(17,246)	(1,437)	(1,437)	0	(2,874)	(2,874)	0
PDC Dividend	(9,258)	(772)	(772)	0	(1,543)	(1,543)	0
Interest Payable	(40)	(3)	(3)	0	(7)	(7)	0
Net Surplus/(Deficit)	**2,269**	**356**	**357**	**1**	**504**	**518**	**14**

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – May 2009

Divisional Performance

• For the month and the year to date, performance among operational divisions remains variable ranging from an in month surplus of £143k within Pathology (£163k on a year to date basis) to a deficit of £158k (£167k for the year to date) for Surgery A.

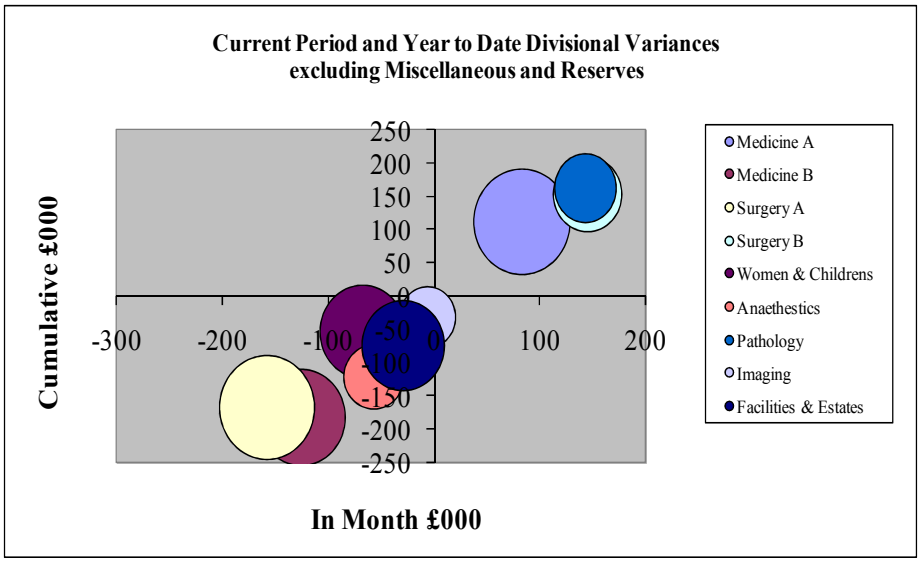
• The number of divisions with material year to date deficits has grown from that reported in April with Anaesthetics & Critical Care, Imaging, Medicine B, Surgery A, Womens & Children and Nursing – Facilities all reporting significant deficits.

• The cause of deficits does vary among divisions although increased pay costs, including the continuing use of bank and agency staff is a major feature in many cases. For Surgery A, however, income shortfalls are a major contributory factor.

•For Surgery A where the main driver is shortfalls in income, initial work is being undertaken to better analyse the areas and causes of the shortfall before targeted action can be implemented. However, it does need to be recognised that at this point, performance is being assessed using only one month's costed activity data.

•For most other divisions with deficits, the biggest contributory factor is higher than planned staff costs, particularly among medical and nursing/HCA groups (including bank and agency spend). In these instances, work is being undertaken to control these costs, particularly in areas where short term changes can be made (i.e. bank and agency) along with development of alternative CIP schemes where existing schemes are failing to deliver the planned level of savings.

•The overall performance for the Trust continues to be supported by better than planned performance across corporate divisions with the largest contributions coming from Finance & Performance Management and IM&T Divisions.



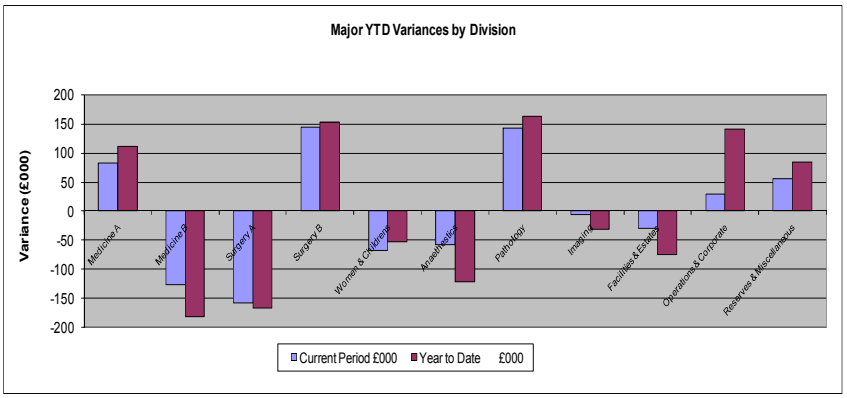
The tables adjacent and overleaf show a mixed position across divisions. A significant number of operational divisions have generated both an in month and year to date performance which is worse than plan.

Sandwell and West Birmingham Hospitals NHS

NHS Trust

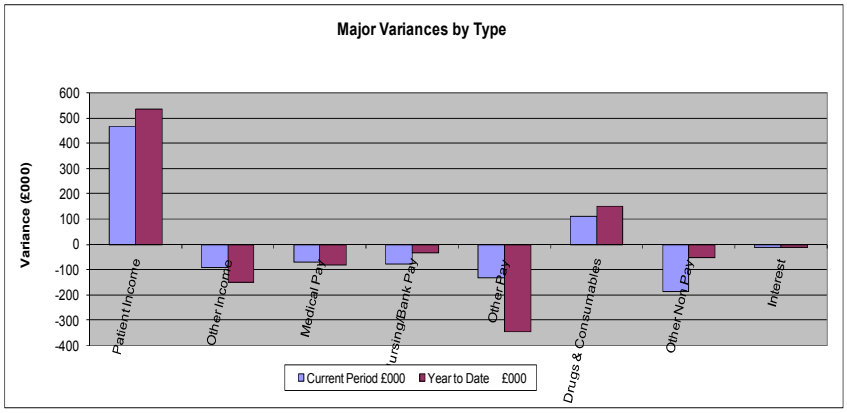
Financial Performance Report – May 2009

Divisional Variances from Plan	Current Period £000	Year to Date £000
Medicine A	83	112
Medicine B	-126	-182
Surgery A	-158	-167
Surgery B	145	153
Women & Childrens	-68	-53
Anaethestics	-57	-121
Pathology	143	163
Imaging	-6	-31
Facilities & Estates	-29	-74
Operations & Corporate	30	142
Reserves & Miscellaneous	56	85



The tables below illustrate that overall income has performed better than plan for the year to date and particularly for patient related SLAs (based only on one month's data). Pay expenditure remains significantly higher than plan (largely driven by bank and agency expenditure) while overall non pay expenditure for the year to date remains below plan.

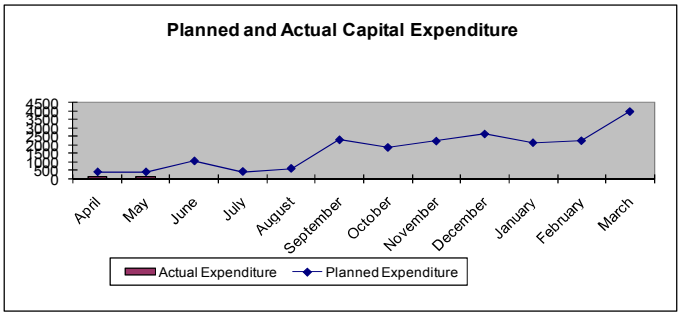
Variance From Plan by Expenditure Type	Current Period £000	Year to Date £000
Patient Income	465	536
Other Income	-93	-149
Medical Pay	-71	-80
Nursing/Bank Pay	-79	-34
Other Pay	-131	-345
Drugs & Consumables	111	150
Other Non Pay	-188	-51
Interest	-13	-13



Capital Expenditure

• Planned and actual capital expenditure by month is summarised in the adjacent graph. Expenditure of £127k was incurred in May relating to statutory standards and the completion of 08/09 schemes. This brings total capital expenditure for the year to date up to £236k.

•As in previous years, it is expected that capital expenditure will be skewed towards the second half of the year.



Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – May 2009

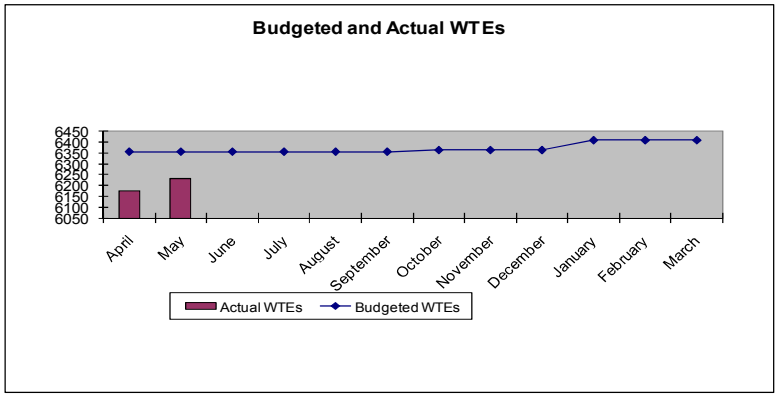
Paybill & Workforce

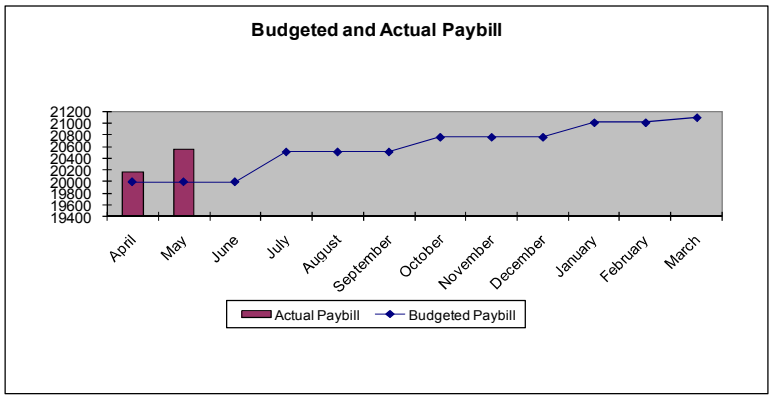
• Overall workforce numbers (wte's) are 124 below plan for May, a significant reduction on the position in April.

•Paybill (including agency staff) is £281k above budgeted levels for the month, primarily driven by bank and agency spend.

•Excluding the cost of agency staff, the paybill would be approximately in line with plan.

•Agency spend in month was £331k which is lower than the levels being incurred in the latter part of the previous financial year. However, general pay expenditure levels have risen over the same period thus eliminating the capacity to fund agency staff.





Pay Variance by Pay Group

• The table below provides an analysis of all pay costs by major pay group by removing both bank and agency costs and allocating these into the appropriate main pay group.

•The table demonstrates that the major areas of pay overspend lie within medical staffing and healthcare assistants and support staff, the latter group being broken down primarily into two sub groups: healthcare assistants in clinical divisions and support staff (primarily domestics) within Facilities.

Analysis of Total Pay Costs by Staff Group

	Year to Date at May					
		Actual				
	Budget £000	Substantive £000	Bank £000	Agency £000	Total £000	Variance £000
Medical Staffing	11,755	11,806		229	12,035	-280
Management	2,304	2,154			2,154	150
Administration & Estates	4,466	4,412		175	4,587	-121
Healthcare Assistants & Support Staff	1,987	1,941	302	204	2,447	-460
Nursing and Midwifery	14,224	13,248	708	90	14,046	178
Scientific, Therapeutic & Technical	5,513	5,381		57	5,438	75
Other Pay	16	17			17	-1
Total Pay Costs	40,265	38,959	1,010	755	40,724	-459

Sandwell and West Birmingham Hospitals NHS Trust

Financial Performance Report – May 2009

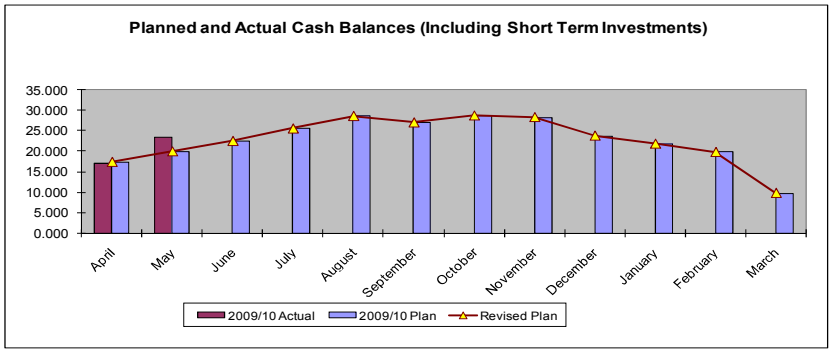
Balance Sheet

• The opening balance sheet for the year at 1st April reflects the final audited accounts for 2008/2009.

•Cash balances have again increased significantly in month and are now over £3.5m higher than planned, primarily driven by the receipt of cash relating to over performance agreed at the end of the 2008/09 financial year.

Sandwell & West Birmingham Hospitals NHS Trust
BALANCE SHEET

		Opening Balance as at March 2009 £000	Balance as at May 2009 £000	Forecast at March 2010 £000
Fixed Assets	Intangible Assets	547	525	522
	Tangible Assets	255,007	252,369	260,039
	Investments	0	0	0
Current Assets	Stocks and Work in Progress	3,295	3,347	3,300
	Debtors and Accrued Income	20,242	16,088	18,500
	Investments	0	0	0
	Cash	8,752	23,443	9,750
Current Liabilities	Creditors and Accrued Expenditure Falling Due In Less Than 1 Year	(27,328)	(34,750)	(24,752)
	Loan Repayments Due in Less Than 1 Year	0	0	(2,049)
Long Term Liabilities	Creditors Falling Due in More Than 1 Year	0	0	(2,049)
Provisions for Liabilities and Charges		(7,633)	(7,622)	(5,500)
		252,882	253,400	257,761
Financed By				
Taxpayers Equity	Public Dividend Capital	160,231	160,231	160,661
	Revaluation Reserve	60,699	60,699	63,199
	Donated Asset Reserve	2,531	2,531	2,391
	Government Grant Reserve	1,985	1,985	1,805
	Other Reserves	9,058	9,058	9,058
	Income and Expenditure Reserve	18,378	18,896	20,647
		252,882	253,400	257,761



Sandwell and West Birmingham Hospitals NHS

NHS Trust

Financial Performance Report – May 2009

Cash Flow

• The table below shows actual cash receipts and payments for May 2009 and a forecast of expected flows for the following 12 months.

Sandwell & West Birmingham Hospitals NHS Trust

CASH FLOW

12 MONTH ROLLING FORECAST AT May 2009

ACTUAL/FORECAST	May-09 £000s	June-09 £000s	July-09 £000s	Aug-09 £000s	Sept-09 £000s	Oct-09 £000s	Nov-09 £000s	Dec-09 £000s	Jan-10 £000s	Feb-10 £000s	March-10 £000s	April-10 £000s	May-10 £000s
Receipts													
SLAs: Sandwell PCT	**13,013**	**13,040**	13,040	13,040	13,040	13,040	13,040	13,040	13,040	13,040	13,040	13,236	13,236
HoB PCT	**7,195**	**7,198**	7,198	7,198	7,198	7,198	7,198	7,198	7,198	7,198	7,198	7,306	7,306
South Birmingham PCT	**1,274**	**1,264**	1,264	1,264	1,264	1,264	1,264	1,264	1,264	1,264	1,264	1,282	1,282
BEN PCT	**1,909**	**1,732**	1,732	1,732	1,732	1,732	1,732	1,732	1,732	1,732	1,732	1,757	1,757
Pan Birmingham LSCG	**1,213**	**1,213**	1,213	1,213	1,213	1,213	1,213	1,213	1,213	1,213	1,213	1,231	1,231
Other PCTs	**3,076**	**2,581**	2,581	2,581	2,581	2,581	2,581	2,581	2,581	2,581	2,581	2,620	2,620
Over Performance Payments	**1,991**											1,000	
Education & Training	**1,110**	**1,220**	1,220	1,220	1,220	1,220	1,220	1,220	1,220	1,220	1,220	1,238	1,238
Loans											4,098	0	0
Interest	**5**	**10**	12	13	15	15	15	16	14	13	11	11	8
Other Receipts	**2,256**	**2,073**	2,073	2,073	2,073	2,073	2,073	2,073	2,073	2,073	2,073	2,090	2,090
Total Receipts	**33,042**	**30,330**	30,332	30,333	30,335	30,335	30,335	30,336	30,334	30,333	34,429	31,771	30,768
Payments													
Payroll	**12,107**	**12,077**	12,077	12,077	12,077	12,218	12,218	12,218	13,067	13,067	13,067	13,361	13,361
Tax, NI and Pensions	**3,738**	**8,137**	8,137	8,137	8,137	8,256	8,256	8,256	8,973	8,973	8,973	8,970	8,970
Non Pay - NHS	**3,514**	**1,843**	1,843	1,843	1,843	2,093	2,787	2,787	2,787	2,787	2,977	3,036	3,036
Non Pay - Trade	**6,543**	**4,513**	4,513	4,513	4,513	5,124	6,555	6,555	6,555	6,555	6,900	6,000	6,000
Non Pay - Capital	**331**	**981**	481	481	481	722	722	4,797	722	722	6,223	500	500
PDC Dividend					4,629						4,629		
Repayment of Loans													
Interest											3		
BTC Unitary Charge	**284**	**375**	375	375	375	375	375	375	375	375	375	386	386
Other Payments	**47**	**350**	350	350	350	350	350	350	350	350	350	355	355
Total Payments	**26,564**	**28,275**	27,775	27,775	32,404	29,139	31,263	35,338	32,829	32,829	43,497	32,608	32,608
Cash Brought Forward	**16,965**	**23,443**	25,498	28,054	30,612	28,543	29,739	28,812	23,809	21,314	18,818	9,750	8,913
Net Receipts/(Payments)	**6,478**	**2,055**	2,556	2,558	(2,069)	1,197	(928)	(5,002)	(2,495)	(2,497)	(9,067)	(837)	(1,840)
Cash Carried Forward	**23,443**	**25,498**	28,054	30,612	28,543	29,739	28,812	23,809	21,314	18,818	9,750	8,913	7,073

Actual numbers are in bold text, forecasts in light text.

Risk Ratings

Measure	Description	Value	Score
EBITDA Margin	Excess of income over operational costs	8.7%	3
EBITDA % Achieved	Extent to which budgeted EBITDA is achieved/exceeded	100.6%	5
Return on Assets	Surplus before dividends over average assets employed	0.9%	2
I&E Surplus Margin	I&E Surplus as % of total income	0.8%	2
Liquid Ratio	Number of days expenditure covered by current assets less current liabilities	5.2	1
Overall Rating			**2.3**

Risk Ratings

•The adjacent table shows the Monitor risk rating score for the Trust based on performance at May.

•Currently, the only significant weak area is the liquid ratio which will only be improved by the introduction of a working capital facility under FT status or sizeable net inflows of cash from another source.

Sandwell and West Birmingham Hospitals NHS

NHS Trust

Financial Performance Report – May 2009

Conclusions

For the year to 31st May 2009, the Trust has generated an overall income and expenditure surplus of £518k which is £14k ahead of plan. For the current month, the surplus was approximately in line with plan.

Capital expenditure in month remains low although low levels of spend were planned for the early months of the financial year.

At 31st May, cash balances are approximately £3.5m higher than planned and represent an increase over the position as at 31st March 2009.

Although the Trust's overall performance is satisfactory, there are an increasing number of divisions which have posted significant in-month and/or year to date deficits.

There is clear pressure on divisional pay budgets. Whereas some of this pressure may relate to activity related costs in May (for which no additional income is yet reflected) it cannot be assumed that a positive contribution is forthcoming. Both bank and agency expenditure continue to be lower than the latter part of 2008/2009, but are at levels which if continued will not be fully offset by underspending elsewhere (e.g. general vacancy savings).

Although it is still relatively early in the financial year to make predictions based on limited data, there are clear signs of budgetary pressures within operational divisions, particularly in the area of pay. The offsetting effect within corporate divisions and reserves should not be assumed for the remainder of the year. Although income, particularly from patient related SLAs, remains buoyant, again it is not advisable to assume this will continue (especially given that it is based on limited data). It is therefore, essential that performance is closely managed and monitored to ensure the Trust remains on course to deliver its financial targets. The Chief Operating Officer and Director of Finance will be meeting with Divisions shortly to work through the financial position of each and to confirm and agree mitigating actions.

Recommendations

The Finance & Performance Management Committee is asked to:

i. NOTE the contents of the report; and

ii. ENDORSE any actions taken to ensure that the Trust remains on target to achieve its planned financial position.

Robert White

Director of Finance & Performance Management

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

REPORT TITLE:	Foundation Trust Compliance Report
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Mike Harding, Head of Performance Management and Kam Dhami, Director of Governance
DATE OF MEETING:	25 June 2009

KEY POINTS:

Part of the calculation of the Trust's Governance Risk Rating under Monitors Compliance Framework is dependent on a Service Performance Report.

The Governance Risk Rating is based on a combination of self certification, information from the Trust, exception reports and reports from third parties.

It is important both to the prospects for authorisation as an NHS FT and to the level of monitoring which will be applied subsequently.

The current status of the Trust's Governance Risk Rating is Green.

PURPOSE OF THE REPORT:

☐ **Approval** ☉ **Noting** ☐ **Discussion**

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to NOTE the report

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

Compliance with the Foundation Trust application process

IMPACT ASSESSMENT:

FINANCIAL	☑	
ALE	☑	
CLINICAL	☐	
WORKFORCE	☐	
LEGAL	☑	
EQUALITY & DIVERSITY	☐	
COMMUNICATIONS	☐	
PPI	☐	
RISKS		

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST - KEY PERFORMANCE INDICATORS - 2008 / 2009 (May 2009)

INDICATOR	MEASUREMENT	WEIGHT		Q1 2008 / 09	Q2 2008 / 09	Q3 2008 / 09	Q4 2008 / 09	April 2009 / 10	May 2009 / 10	NARRATIVE
Clostridium Difficile	No. of Infections	1.0	Actual	45	33	38	47	14	11	The number of C Diff cases reported during May fell slightly when compared with April. Actual numbers for the month and year to date remain within trajectory.
			[Target]	[81]	[80]	[78]	[78]	[23]	[23]	
				■	▲	▼	▼	▲	▲	
MRSA Bacteraemia	No. of Infections	1.0	Actual	2	6	3	4	2	1	There was one case of MRSA Bacteraemia reported during May. Actual numbers reported for the month and the year to date remain within trajectory.
			[Target]	[9]	[9]	[9]	[6]	[3]	[3]	
				■	▼	▲	▼	■	▲	
18-weeks RTT (Admitted)	% patients	1.0	Actual	94.6	95.0	94.5	98.6	98.2		Admitted patients commencing treatment with 18 weeks of referral has been maintained in excess of 90% throughout the period since April 2008 and is projected to be so for the month of May 2009.
			[Target]	[90]	[90]	[90]	[90]	[90]	[90]	
				■	▲	▼	▲	▼	■ (projected)	
18-weeks RTT (Non-Admitted)	% patients	1.0	Actual	93.3	95.7	96.2	98.8	98.2		Non-admitted patients commencing treatment with 18 weeks of referral has now been in excess of 95% since Quarter 2 (2008 / 09) and is projected to be maintained at this level for the month of May 2009.
			[Target]	[95]	[95]	[95]	[95]	[95]	[95]	
				■	■	▲	▲	▼	■ (projected)	
A/E Waits less than 4-hours	% patients	0.5	Actual	98.4	98.1	96.3	99.6	99.3	99.5	Performance during each month since January 2009 has remained in excess of 98%.
			[Target]	[98.0]	[98.0]	[98.0]	[98.0]	[98.0]	[98.0]	
				■	▼	■	■	▼	▲	
Cancer - 2 weeks	% patients	0.5	Actual	99.1	99.9	99.8	96.0	93.0		Operational Standards for performance assessment are unlikely to be published until Summer 2009. Actual performance for May 2009 is projected to exceed an indicative target of 93.0%.
(Urgent GP Referral to first OP App't)			[Target]	[98.0]	[98.0]	[98.0]	[93.0]	[93.0]	[93.0]	
				■	▲	▼	■	▼	■ (projected)	
Cancer - 31 days	% patients		Actual	100	100	100	100	100		Operational Standards for performance assessment are unlikely to be published until Summer 2009. Actual performance for May 2009 is projected to exceed an indicative target of 98.0%.
(Diagnosis to Treatment)		0.5 (Apr-Dec '08)	[Target]	[98.0]	[98.0]	[98.0]				
(Decision to treat to commencement)		1.0 (Jan-Mar '09)	[Target]				[98.0]	[98.0]	[98.0]	
				■	■	■	■	■	■ (projected)	
Cancer - 62 days	% patients		Actual	99.6	100	100	93.0	92.6		Operational Standards for performance assessment are unlikely to be published until Summer 2009. Actual performance for May 2009 is projected to exceed an indicative target of 86.0%.
(Urgent Referral to Treatment)		0.5 (Apr-Dec '08)	[Target]	[95.0]	[95.0]	[95.0]				
(Referral to Treatment - All)		1.0 (Jan-Mar '09)	[Target]				[86.0]	[86.0]	[86.0]	
				■	▲	■	■	▼	■ (projected)	
National Core Standards	No. Not Met	0.4	Actual	2	2	0	2	1	1	Non-compliance identified relates to Core Standard C20b *'Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy* and *confidentiality'*.
			[Target]	[0]	[0]	[0]	[0]	[0]	[0]	
				▲	■	■	■	▲	■	
Overall Score for Period				1.8	0.8	0.5	0.8	0.4	0.4	
Overall Governance Rating (after trend assessment)				■	▲	▲	▼	▲	■	

Basis of RAG rating:
Indicators with a weighting of 1.0 will be either GREEN or RED, while those with a weighting of 0.5 / 0.4 will be either GREEN or AMBER. If there are 3 successive AMBER ratings, the third will be shown as RED. For the incomplete quarter, the projected risk rating is based on the months to date. Overall RAG is based on Monitor Compliance Framework.

Trends are shown as:	▲	Improving
	■	Staying the same
	▼	Getting worse

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

REPORT TITLE:	Governor Role – Sandwell MHSCFT
SPONSORING DIRECTOR:	Rachel Overfield, Chief Nurse
AUTHOR:	Debbie Talbot, ADNS - Quality
DATE OF MEETING:	25 June 2009

KEY POINTS:

Debbie Talbot is the nominated representative as a stakeholder governor for Sandwell Mental Health and Social Care Foundation Trust .

This is a progress report to date.

The role formally commenced in 2009 with a welcome event in February and an induction and two meetings of the assembly to date.

The key themes discussed to date include:

- Definition of a FT, structures and monitoring systems
- Role and responsibilities of a governor.
- Constitution
- Annual plan 2009/10

The next meeting is scheduled for July.

PURPOSE OF THE REPORT:

◉ Noting

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to note the report as a stakeholder organisation.

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

None specifically

IMPACT ASSESSMENT:

FINANCIAL		
ALE	☐	
CLINICAL	☐	
WORKFORCE	☐	
LEGAL	☐	
EQUALITY & DIVERSITY	☐	
COMMUNICATIONS	☑	Partnership working
PPI	☐	
RISKS		

SWBTB (6/09) 117 (a)

Sandwell and West Birmingham Hospitals NHS

NHS Trust

Report to : **Trust Board**
Report from: **Debbie Talbot, Assistant Director of Nursing – Quality**
Dated: **17th June 09**
Subject: **Sandwell Mental Health and Social Care NHS FT Governor**

Introduction / Background

Organisations operating as Foundation Trusts (FT) are mandated to hold an Assembly of Governors consisting of:

- 21 Public Governors representing Sandwell (17), Dudley (1), Walsall (1) & Birmingham (1)
- 6 Staff Governors representing medicine, nursing, social care, professional, administrative/management and support staff
- 10 Stakeholder Governors representing Sandwell MBC, Sandwell PCT, SWBH, Changing Our Lives, Service User Reference Group, Sandwell Children's Trust, Sandwell Agewell, Sandwell CARES, Sandwell Multi-faith Network.

As NSF lead in Mental Health (Learning Disabilities) I was elected to represent SWBH as a stakeholder governor in December 2008.

Initial requirements included formal Declaration of Interests and provision of a personal profile.

Welcome Event February 2009

The welcome event in February 2009 consisted of four key themes:

- Formal welcome by the Chair and Chief Executive
- Presentations - overview FT structure, function
- Introductions of TB and stakeholders
- Provision of an information folder including key contacts, structures, constitution, vision, roles & responsibilities ….

Meeting March 2009

Key themes:

- Discussion regarding application of responsibilities as a governor /constitution
- Requirement for two 'task & finish' groups to develop a communication strategy and recruitment of Non- executive director post.
- HCC (CQC) Annual Health Check

- Meeting frequency /dates
- Code of Conduct
- Deadlines
    - Annual Plan to Monitor (May)
    - Annual accounts (July)
    - Planning priorities meeting (Nov)
    - Risk rating (Monitor) (May)
    - Regulator annual plan (2010/11) submission and sign off (March 2010)

Induction Programme April 2009

Key themes:

- The NHS –structure, key national/local drivers
- SMHSCFT- Care Trust, services provided, future developments
- Foundation Trust Status- structure, regulation of services, risk management
- Role of Governors- appointments, promoting the Trust , training & development

Meeting May 2009

Unable to attend.

Key themes:

- Renumeration
- Appointments
- Annual Plan for 2009/10
- Membership Development Strategy

Other:

' Guide for the NHS foundation trust governors: meeting your statutory responsibilities'- a draft document for consultation.

Comments:

Governors expressed concerns regarding the urgency of timeframes to comment, inform and validate recruitment to key posts, and 2009/10 Annual Plan so early in their appointment as governors.

Next Meeting

July 2009

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

REPORT TITLE:	Integrated Risk and Complaints Report: 2008/09 Quarter 4
SPONSORING DIRECTOR:	Kam Dhami, Director of Governance
AUTHOR:	Ruth Gibson, Head of Risk Management Dally Masaun, Head of Health & Safety Debbie Dunn, Head of Complaints & Litigation
DATE OF MEETING:	25 June 2009

KEY POINTS:

This revised report combines information on risk, incidents, complaints and claims in line with integrated governance principles.

Key incident statistics:

- There were 1945 reported incidents (1705 in Q4 2007/8).
- Reported clinical incidents rose from 1029 in Q4 2007/8 to 1195 in Q4 2008/9.
- Reported health & safety incidents rose from 676 in Q4 2007/8 to 750 in Q4 2008/9.
- There were 46 incident forms received relating to red incidents (2.4% of the total), compared with 64 in Q4 2007/8 (3.7% of the total).
- RIDDOR – 2 major injuries (down from 3 in Q4 2007/8) 13 over 3 day injuries (up from 5 in Q4 2007)
- Top 3 incident types
    - Patient accident
    - Aspects of clinical care
    - Admissions/discharge/transfer/missing patient

Key complaints statistics:

- Total complaints: 206 (197 in Q4 2007/08), an increase of 5%
- Red complaints: 3 (2 in Q4 2007/8)
- Top 3 categories of complaint
    - Dissatisfied with clinical treatment (48%)
    - Delays/cancellations (18%)
    - Communication (15%)

Key claims statistics:

20 clinical negligence claims and 9 personal injury claims were received in Q4 (compared to 19 clinical negligence and 12 personal injury claims in Q3).

PURPOSE OF THE REPORT:

○ **Approval** ◉ **Noting** ○ **Discussion**

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Board is recommended to NOTE the contents of the report.

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

Relevant to the following 2009/10 corporate objectives:

2.8 Achieve NHSLA standards Level 2 (general) by December 2009 and new Level (maternity) by March 2010

6.2 Continue to achieve Healthcare Commission Health Check standards

IMPACT ASSESSMENT:

FINANCIAL	☐	
ALE	☐	
CLINICAL	☑	
WORKFORCE	☐	
LEGAL	☑	
EQUALITY & DIVERSITY	☐	
COMMUNICATIONS	☐	
PPI	☐	
RISKS		

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

Integrated Risk, Complaints and Claims Report: Quarter 4 2008/9

1. Overview

This report highlights key risk activity including:

- Summary incident data and details of lessons learned
- Summary complaints data and details of lessons learned
- Summary of claims data

2. Introduction

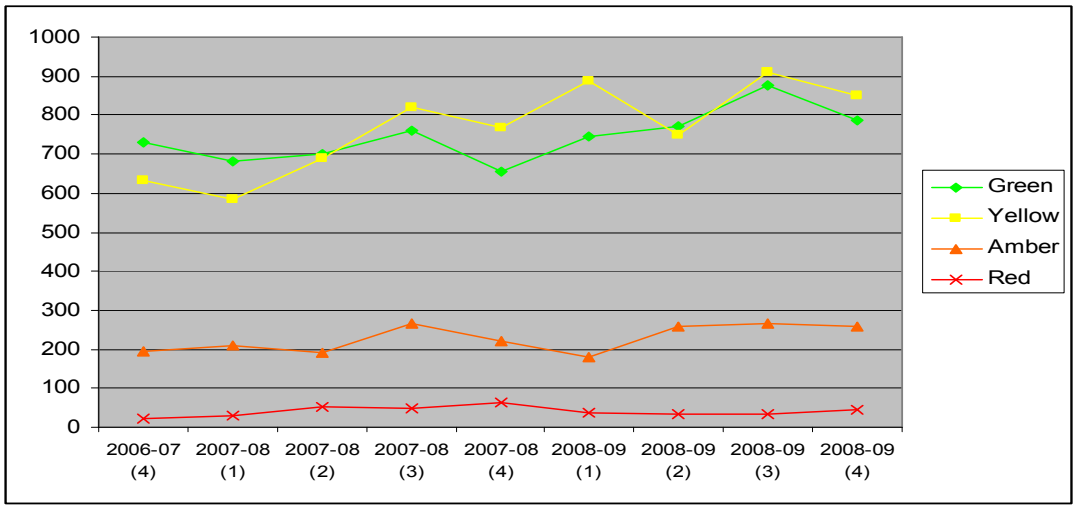
This report combines previous quarterly reports on incident/risk, claims and complaints to implement the Policy for the Investigation, Analysis and Learning of Lessons from Adverse Events and meet NHS Litigation Authority assessment requirements. Where possible, comparisons across these areas of activity will be made to try to identify common trends and actions.

3. Key Issues

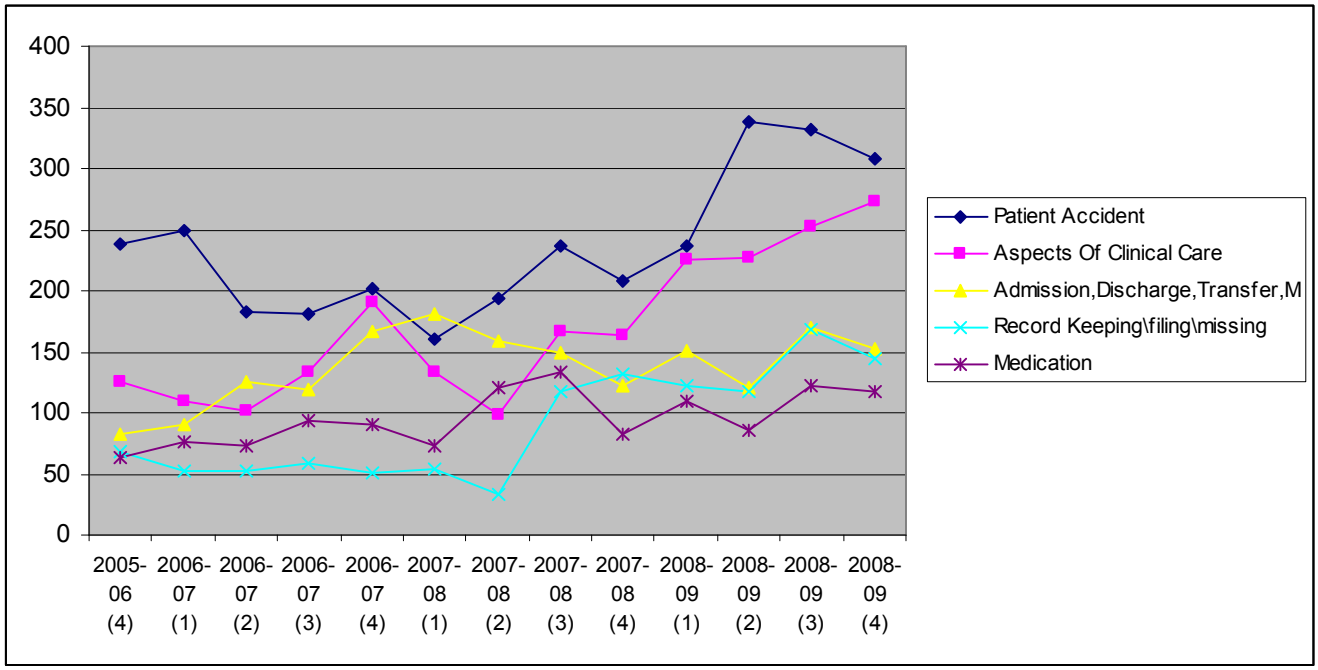
3.1 Review of Quarter 4 Incident Data

- There were 1945 reported incidents (1705 in Q4 2007/8).
- Reported clinical incidents rose from 1029 in Q4 2007/8 to 1195 in Q4 2008/9.
- Reported health & safety incidents rose from 676 in Q4 2007/8 to 750 in Q4 2008/9.
- There were 46 incident forms received relating to red incidents (2.4% of the total), compared with 64 in Q4 2007/8 (3.7% of the total).
- RIDDOR – 2 major injuries (down from 3 in Q4 2007/8 13 over 3 day injuries (up from 5 in Q4 2007)

Graph 1 - Incident Trends by risk score 1/1/07 – 31/3/09

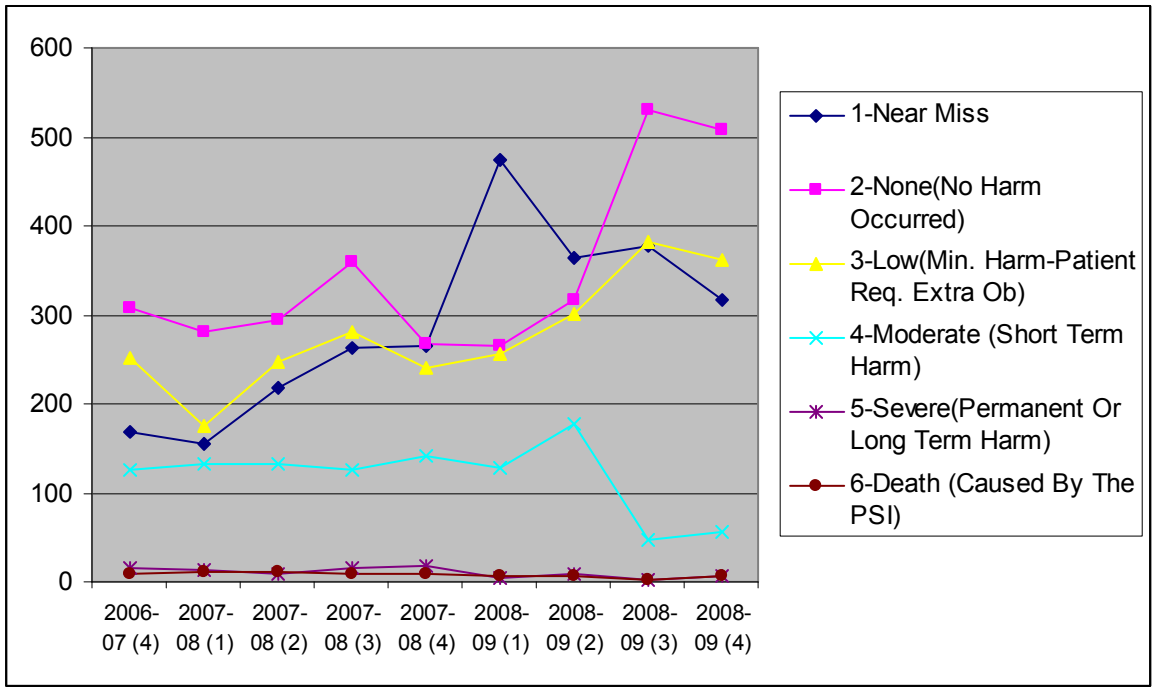


Graph 2 – Top 5 reported incidents by quarter (1/1/07 – 31/3/09)



3 of the top 5 most frequently reported categories (patient accident, admission etc and aspects of clinical care) are the same as in Q4 2007/8. In Q4 2007/8 verbal abuse and organisational issues (ie staffing) were also in the top 5, instead of record keeping and medication. Numbers of verbal abuse incidents have dropped to almost half the level reported in Q4 2008/9. "Organisational issues" was the 6th most frequently reported category during Q4 2009/10. A detailed analysis is still provided for this category in appendix 1 as this has featured consistently in the most frequently reported categories.

Graph 3 Patient Safety incidents by actual impact by quarter (1/1/07 – 31/3/09)



Graph 3 is included for the first time to provide an analysis by the actual harm suffered by the patient. This also allows benchmarking against the six monthly feedback reports provided by the National Patient Safety Agency (NPSA) from its National Reporting and Learning System (NRLS). The NRLS is a national database to which SWBH, along with

almost all Trusts, reports patient safety incidents on a regular basis. The last report covered April – September 2008. The NPSA indicated that nationally around 66% of incidents result in no harm (ie categories 1 and 2). Categories 5 and 6 nationally make up just over 1% of incidents each. Work to align with NPSA category definitions has taken place during Q3 and 4 to ensure the figures reflect the position more accurately. In Q4 65.6% of incidents were in categories 1 and 2 and less than 1% were in either category 5 or 6. This suggests the Trust harm profile is in line with national averages.

Examples of lessons learned from root cause analysis and incident reviews are attached at Appendix 1.

3.2 Complaints

The Trust received 206 complaints, compared with 197 in the same quarter in 2007/08, an increase of 5%. The target response time was achieved in 75% of complaints, compared with 84% in the same quarter in 2007/08.

The 206 complaints were graded as follows:-

Grade	January - March 2009	January – March 2008
Red	3 (1%)	2 (1%)
Amber	28 (14%)	20 (10%)
Yellow	102 (49%)	63 (32%)
Green	74 (36%)	113 (57%)

To date, 4% of the complaints have been re-opened and either a further response has been sent or a meeting has been held. This is consistent with previous quarters.

The main areas of concern are:-

Area of concern	January – March 2009	January – March 2008
Clinical treatment	48%	46%
Delays/cancellations	18%	20%
Staff attitude	4%	13%
Communication	15%	5%
Hotel services/food	2%	4%

Key lessons learned for complaints during Q4 are attached at Appendix1.

3.3 Claims

20 clinical negligence claims and 9 personal injury claims were received in Q4 (compared to 19 clinical negligence and 12 personal injury claims in Q3).

The allegations made against the Trust for the claims received in Q4 fall into the following main categories:

Category	Medical Negligence	Personal Injury
Failure/Delay in Diagnosis	7	0
Fall/Slip	0	3
Moving/Falling Objects	0	2
Operation Carried out Negligently	4	0
Treatment Carried out Negligently	3	0

At present the Trust has 222 clinical negligence claims and 84 personal injury claims at various stages of the legal process:

Status of Case	Medical Negligence	Personal Injury
Disclosure of Records	142	0
File in Abeyance	1	0
Interim Payment	1	0
Letter of Claim	26	42
Letter of Response	6	1
Liability Admitted	5	12
Liability Being Assessed	6	2
Liability Denied	5	9
Negotiate Settlement	8	0
Part 36 Offer	3	0
Proceedings Issued/Served	3	4
Settlement Made	16	14
Total	222	84

The ongoing claims fall into the following main categories:

Category	Medical Negligence	Personal Injury
Delay in Treatment	13	0
Dissatisfied with Treatment	52	0
Failure or Delay in Diagnosis	71	0
Failure to Recognise Complication	15	0
Fall/Slip	2	40
Moving/Falling Objects	0	8
Needlestick	0	12
Operation Carried Out Negligently	29	0
Treatment Carried out Negligently	15	0

Comparisons with other Trusts of a similar size for claims reported to the NHS Litigation Authority in 2007/8 are shown in Appendix 2.

3.3 Aggregated analysis

As with previous quarters, the second most reported incident category (aspects of clinical care) correlates with the most frequently recorded complaint category (dissatisfaction with clinical treatment). In Q4 48% of all complaints related to clinical treatment, however this made up only 14% of reported incidents.

There is no clear correlation between claims received during Q4 2008/9 and incidents/complaints. The new claims in general relate to medical management (ie diagnosis, complications, operations, treatment). It may, however, be possible to focus on any incidents/complaints received in these areas in future as these may be more likely to be potential claims.

Incidents and complaints are categorized using the same grading system. 2.6% of incidents and 1% of complaints received during Q4 were red.

Details of key lessons learned are included at Appendix 1.

5. Recommendations

The Board is recommended to NOTE the contents of the report.

Appendix 1

Lessons Learned Q4 2008/9

1. Incidents

46 red incidents were reported via incident forms during this period. Table top reviews are held for each and action plans developed, which are monitored through the Adverse Events Committee, chaired by the Chief Executive.

All amber incidents should be monitored at Divisional Groups, with green and yellow incidents being reviewed and fed back at a local level.

Examples of some of the red incidents and key actions taken/lessons learned:

Incident type	**Lessons Learned/ Improvements/Actions taken**
Patient self-harm following absconding from A&E after request for psychiatric review	**Root cause** – no causative actions **Good practice** Accurate time recording of referral made and bloods sent. Psychiatric Liaison nurse belongs to Self Harming network Group and many other hospitals do not have any policies or formal processes in place **Action taken / lessons learned:** Screening self-assessment tool being piloted Tool to be incorporated into junior doctor training
Delay in reviewing patient with cardiac symptoms triaged as "very urgent"	**Root cause** – lack of awareness of management of cardiac patients **Good practice** – accurate record of investigations made **Action taken/lessons learned :** Casualty card to be modified Medical handover to be improved Chest pain proforma to be used more widely Staff training
AAA patient admitted with ruptured aneurysm following 2 cancelled operations	**Root cause** – lack of ring fenced critical care beds **Action taken/lessons learned:** DDs of Surgery and Anaesthetics/CCS to agree policy which enables high risk patients to be identified for ring fencing after 1 cancellation Feasibility of scheduling major surgeries on different days to relieve the demand on ITU beds to be explored Feedback to/follow up of patients
Needlestick injuries to non-clinical staff	**Root causes** - local Infection risk assessment (wrt these particular incidents), quality of local sharps safety induction and provision of safer generic sharps **Good practice** – prompt A&E/OH support **Action taken/lessons learned:** Dedicated OH project to address root causes headed by Consultant Physician P Verow Local risk assessment reviews Local induction reviews
Violence & Aggression	**Causes** – predominantly individual's behaviour related to mental health issues

	Action taken/lessons learned: Med A/B Governance group to discuss risks arising from psychiatry as a specialism in Medicine
Baby Monitor failures (NNU City)	**Root causes** – software failure and user error **Action taken/lessons learned:** Reconfiguration of NNU alarms to prevent prolonged override Experience to be shared with NNU Sandwell

2. Complaints

The complaints received cover a wide range of issues and are spread over many wards/departments. Following investigation, the complaints are reviewed to identify any required action. Examples of actions arising from upheld complaints are as follows:-

- Doctor made aware of missed diagnosis and scenario to be used as a learning case for junior doctors

- Senior nursing team on the ward reorganised and clear responsibilities allocated to each nurse; staff meeting held to discuss attitudes towards relatives; letter sent to staff outlining the improvements required

- Clinical Director to discuss consent issues with doctor

- Learning points discussed at risk education meetings

- Leaflets re-issued to GP practices with details of locations/times for taking blood for fasting patients

- Trial started of nurse handover sheet; customer care training booked; documentation audits arranged; discharge checklist to be introduced

- Missed fracture discussed with the junior doctor and regular review of x-rays with junior doctors

APPENDIX 2

COMPARISON WITH OTHER TRUSTS OF CLAIMS REPORTED TO THE NHS LITIGATION AUTHORITY IN 2007/8

Name of Trust	No. of medical negligence claims reported	No. of personal injury claims reported
Sandwell and West Birmingham Hospitals	43	48
Barking, Havering & Redbridge Hospitals	67	22
Barts and the London NHS Trust	41	12
Central Manchester & Manchester Children's	54	46
Guys & St Thomas	51	24
Hull & East Yorkshire Hospitals	60	44
Imperial College Healthcare	78	15
Mid Yorkshire Hospitals	45	32
Newcastle Upon Tyne Hospitals	41	32
Nottingham University Hospitals	53	36
Pennine Acute Hospitals	82	40
Sheffield Teaching Hospitals	56	69
Southampton University Hospitals	39	19
The Leeds Teaching Hospitals	67	32
The Oxford Radcliffe Hospitals	54	12
University Hospitals of Leicester	94	27

Source – NHS Litigation Authority website

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Finance and Performance Management Committee – v0.2

Venue Executive Meeting Room, City Hospital **Date** 21 May 2009; 1430h – 1630h

Members Present		In Attendance	Apologies
Mr R Trotman	[Chair]	Mr J Adler	Miss R Overfield
Mrs S Davis		Mr R White	Mr D O'Donoghue
Mrs G Hunjan		Mr R Kirby	Prof D Alderson
Ms I Bartram		Mr T Wharram	Miss P Akhtar
Dr S Sahota		Mr M Harding	

Secretariat		Guests			
Mr S Grainger-Payne	[Minutes]	Mr S Clarke	[Item 3.1 only]	Mr B Higgins	[Item 3.1 only]
		Mr A Brown	[Item 4 only]	Ms S Tyler	[Item 4 only]

Minutes	Paper Reference
1 Apologies for absence	**Verbal**
Apologies were received from Professor Derek Alderson, Miss Parveen Akhtar, Miss Rachel Overfield and Mr Donal O'Donoghue.	
2 Minutes of the previous meeting – 21 April 2009	**SWBFC (4/09) 040**
The minutes of the previous meeting were agreed as an accurate reflection of discussions held on 21 April 09.	
AGREEMENT: The minutes of the previous meeting were approved	
3 Matters arising from the previous meeting	**SWBFC (4/09) 040 (a)**
The Committee noted the updated action log. It was noted that the report concerning the ophthalmology areas performance against the recommendations of the KPMG review had been circulated, however Mr Grainger-Payne was asked to invite Kathy Olley to present the paper to the Committee at its next meeting.	
ACTION: Simon Grainger-Payne to invite Kathy Olley to present the ophthalmology performance against the KPMG review recommendations at the next meeting of the Finance and Performance Management Committee	
3.1 Accommodation	**SWBFC (5/09) 047** **SWBFC (5/09) 047 (a)**
Mr Clarke and Mr Higgins presented an update on the physical and financial	

position of the Trust's residential accommodation. A decline in the occupancy of accommodation has been seen, as Foundation Year 1 doctors are now required to pay for any accommodation required; less than 20% is now occupied. The physical condition of the accommodation requires attention, with Hallam Close residences being a particular issue. A number of recommendations to address the accommodation issues were presented, including utilising nursing home accommodation at Sandwell Hospital for office accommodation, training and conference rooms. It was noted that this has the benefit of relocating clinical managers from ward environments to release space for storage and ward staff rooms. It was proposed that the current occupants of the nurses home be relocated to the Hallam Close accommodation. A further recommendation proposed a review of accommodation protocols to allow greater flexibility to give tenants the option of renting a flat as opposed to a room only, which may be used for personal or family use. 'Mothballing' Hallam Close was recommended, with non-medical staff being accommodated onsite at Sandwell and City Hospitals, until the sites are disposed of on completion of the Right Care Right Here project, leaving only one block occupied by Occupational Health. This proposal was noted to reduce revenue costs by c. £52k per annum. In terms of the Overton Place accommodation at Sandwell Hospital, the Committee was advised that only four flats remain, all of which are currently unoccupied. It was proposed therefore that these residences be sold. A small investment would be needed to improve the accommodation to a saleable state, although it is anticipated that this would be returned on the sale of the flats. It was recommended that the Ellis House accommodation at City Hospital be offered for rental to a wider group of staff than at present. Similarly, it was proposed that consideration be given to exploring options of preferential letting of the Mill Court accommodation near City Hospital. Mr Clarke was asked whether there was any local interest in the Hallam Close accommodation. He advised that there was very little at present. Mrs Davis noted that the plans for the new hospital do not appear to include residential accommodation. Mr Kirby advised that residential accommodation may not be necessary due to enhanced cover and on-call arrangements and the plan to house any staff within local hotel accommodation if required. Mr Adler offered to clarify the options with Graham Seager. The Finance and Performance Committee supported the recommendations proposed. The investment required is to be presented to the Strategic Investment Review Group at a future meeting for ratification.	
ACTION: **John Adler to clarify residential accommodation options as part of the new hospital plans with Graham Seager** **AGREEMENT:** **The Finance and Performance Management Committee supported the recommendations concerning the Trust's residential accommodation**	
4 Presentation by Medicine A and Emergency Care	**SWBFC (5/09) 044** **SWBFC (5/09) 044 (a)**
Mr Andrew Brown attended the meeting with Ms Sharon Tyler to present an update on the financial position and performance of the Medicine A and Emergency Care division. The division's CIP is £1.6m for 2009/10 and includes a number of schemes carried	

forward from 2008/09. The CIP is on track for delivery at present. The most significant scheme in the CIP concerns the transfer of the poisons unit to ward D41. Mrs Davis asked how this ward would be configured to meet the elimination of the mixed sex accommodation requirements. Mr Brown advised that on D41 there is a segregation into male and female areas, each of which has a separate bathroom facility. Mixed sex issues will still be applicable to this configuration however if it is regarded that walking through the different bays to access and egress the ward is a breach of the Department of Health stipulations. Mrs Davis asked whether the team currently supporting the poisons unit would also move to D41. She was advised that with a small number of exceptions, all staff would move to the new location, however this relocation would also be used to give staff the opportunity to work on an alternative ward if they wish.

The position as at the end of April in terms of activity against the contracts with the PCTs was discussed. A breakeven position as at the end of March 2010 is assumed. The current slight shortfall in income was reported to relate to the termination of a Service Level Agreement with Heart of Birmingham tPCT for five sessions per week provided by a consultant geriatrician. The SLA was terminated in February 2009, however the consultant remains in post and the job plan has been reorganised to provide increased support for MAU. The additional income from increased short stay non-elective admissions is anticipated to cover this shortfall in future months.

In terms of underspend on pay, it was reported that this relates to consultants in dermatology, geriatrics and general medicine, nursing and scientific staffing. The nursing staffing shortfall was noted to be largely offset by spend on agency and bank staff. It was reported that there are a number of vacancies in the division, which are due to be filled in due course as a result of the recruitment programmes currently underway. Mr Trotman remarked that there will be a significant delay in filling consultant posts, given the complex and lengthy recruitment processes for these members of staff. Mr Brown reassured the Committee that consultant locums are currently covering the positions and the posts are likely to be filled by substantive staff by September 2009.

Non-pay expenditure was discussed and it was noted that expenditure is being incurred in connection with the community dermatology service, however the level of income received from this service does not yet match this level.

Key issues for the division were reported to centre on control of expenditure; the need to maximise income, which will be addressed by the introduction of a deputy Divisional General Manager; and development of a longer term financial plan.

Regarding capacity, there is a current focus on recruitment of acute physicians, which will reduce Length of Stay. Sickness will also be managed rigorously, with a robust escalation process to be put into place involving the area managers, matrons and DGM, according to the number of sickness episodes.

Mrs Davis asked what plans were being put into place to reduce reliance on agency and bank staff. She was advised that there is a drive to fill vacancies as rapidly as possible and the recruitment of student nurses will be expedited. Poor leadership issues will also be addressed, which will improve staff retention.

Measures are being developed to address the need to maximise income. Time has been spent visiting key local practices to understand reasons for referral to other healthcare providers. The 'Right Care, Right Here' programme was also reported to present a number of challenges in the future in terms of income.

Mr Trotman asked whether the CIP presented included the additional 1% now required. He was advised that this was the case and that the 1% equates to £444k.

Dr Sahota asked whether there was an issue with reporting ethnicity of patients treated. Mr Kirby responded that the situation was not excessively poor, although there are improvements still to be made. It is the responsibility of the admitting clerk to record this information. Miss Bartram asked whether the division manages any follow up patients within community locations. Mr Brown reported that dermatology outpatients are managed in the community. The DNA rate has noted to be less for patients being treated in these locations. Mrs Davis asked what steps were being taken to ensure that the current remodelling of the Accident and Emergency Department at City Hospital was not impacting on patient experience and disability access. She was advised that until recently there had been little effect on clinical areas, however the children's room has now been moved to the post resuscitation area to ensure that this area is sealed off from any disruption. There is also good signage in place to ensure that patients understand why there is disruption at present. Mrs Hunjan returned to the division's sickness absence escalation process and asked whether this was proving efficient. Mr Brown reported that the system had only recently been introduced so the full impact is not yet understood. Mrs Hunjan suggested that the system should be extended to other areas should it prove an efficient way of managing sickness absence levels. Mr Adler advised that similar systems are already in place in a number of other areas. Dr Sahota asked whether the turnover of staff in the division was high. Mr Brown reported that turnover is currently c. 10% and as such is not an outlier compared with other areas. Previous recruitment issues in A and E have now been addressed, therefore vacancies in the area are being filled much more efficiently. Mr White remarked that the division's performance against the four hour A and E waiting time target was very good. Mr Brown responded that performance had been consistently good throughout 2008/09, although the winter pressures and ward decants in Quarter 3 had been a challenge. Mr Brown was congratulated on the division's performance and thanked for the informative presentation.	
5 Trust Board performance management reports	
5.1 2009/10 month 1 financial position and forecast	**SWBFC (5/09) 043** **SWBFC (5/09) 043 (a)** **SWBFC (5/09) 043 (b)**
Mr Wharram presented the month 1 financial performance report, highlighting that the overall performance was good, with a surplus of £162k achieved, £14k ahead of plan, however the underspend in corporate areas was needed to offset the underperformance of a number of divisions during the month. In terms of activity, the Trust is performing ahead of contract, although the split between long term and short term work is not yet clear. Capital spend in-month was negligible, as was expected for the early stage in the financial year. Mr Wharram was asked to explain the position concerning the adverse variance in energy and utilities spend during the month, given that there is an expectation that these costs should decline. Mr Wharram agreed to investigate the reasons behind this position. Mr Grainger-Payne was asked to obtain an update on energy costs	

from the Estates department. Mrs Hunjan noted that reserves were set at £24m and asked what proportion of this remains after allocation. Mr Wharram reported that the allocations made did not differ significantly from the level of reserves set. Miss Bartram noted that WTEs had increased significantly in March and asked for an explanation for this increase. Mr Wharram reported that this position had occurred due to a fluctuation in the use of bank staff during the month. All other pay groups remained static however. Mr Adler added that although the use of bank staff has now declined the fill rate has increased. Mr White advised that a summary of budgeting for agency and bank staff had been piloted for each cost centre. Locums are not to be included in this information. Further work will be undertaken over the next few months to determine why bank and agency staff are used, with a view to reducing the Trust's reliance on these resources. This is to be included as part of future divisional reviews. Mr Kirby is to advise divisions that this information is to be challenged and monitored as part of these reviews.	
ACTION: **Tony Wharram to determine the reasons for the adverse negative variance related to energy and utility expenditure during April** **ACTION:** **Simon Grainger-Payne to request an update on plans to address energy and utility costs from the Estates department**	
5.2 Performance monitoring report	**SWBFC (5/09) 042** **SWBFC (5/09) 042 (a)**
Mr Harding presented the Trust's summary performance during April 2009. The Committee noted that the format of the report had been refreshed, with data being presented for the previous two months on a site-specific basis and the prior three month performance being presented on a Trust-wide basis. The report also includes performance against national priority indicators and national targets including those assessed by the Care Quality Commission (CQC), in addition to those monitored as part of the CQUIN targets. Theatre utilisation information has been consolidated into the main report. All were asked to provide any comments on the revised format to Mr Harding. The Committee noted that cancelled operations had decreased to 0.5% with the reduction across a number of areas. Delayed Transfers of Care have increased, mostly relating to Sandwell residents. Good performance against the four-hour Accident and Emergency waiting time was maintained, with c. 99% of patients being seen within this timeframe. Performance against the GU medicine targets and infection control rates were good. Activity was observed to be good and was noted to be at a higher level than the previous year. There has been a gradual improvement in performance against ambulance turnaround targets. Mr Trotman noted that there had been an improved performance with theatre utilisation and asked for further detail. Mr Kirby reported that there has been a significant reduction in late starts, although addressing the overall performance is a medium term issue. He agreed to share the detail of the enabling workstream concerning theatre utilisation at the next meeting. Mrs Davis asked how the financial implications of performance against the CQUIN targets would be measured. Mr White advised that each target is mutually exclusive, although the cash implications of performance would be monitored for each. It was agreed that a report showing this relationship should be presented at a	

future meeting of the Committee. Mr Adler noted that there was concern over the timing of the 18-week waiting time target, although consideration is being given to circulating this before the meeting.	
ACTION: **Mr White to present a report showing the relationship between CQUIN income and CQUIN targets at a future meeting of the Finance and Performance Management Committee**	
5.3 Foundation Trust compliance report	**SWBFC (5/09) 045** **SWBFC (5/09) 045 (a)**
As the information presented was noted to be a subset of the monthly performance management information, the Committee noted the report. It was highlighted that performance against the core standards indicator has improved, as a result of the fewer number of core standards against which non compliance is declared from 1 April 2009. The Governance Risk Rating remains green.	
5.4 NHS performance framework	**Tabled paper**
Mr Harding reported that development of the NHS performance framework is currently underway. The framework was issued in April 2009 and is aimed at providing a single definition of success against which all non-Foundation Trust organisations will be measured. There are plans to roll out the framework to mental health trusts and PCTs in due course. Data from quarter one will be published in August 2009. The framework categorised the performance of Trusts as performing; performance under review; underperforming; or challenged. Measures including financial performance, operational standards and targets, quality, safety and user experience are assessed. An internal assessment undertaken using these measures suggests that the Trust is 'performing' in all areas. Delayed transfers of care and stroke performance present concerns within the operational standards and targets area, although not sufficiently to reduce the rating in this area to 'performance under review'. If a Trust is categorised as 'underperforming' or 'challenged', it may not proceed with its application for Foundation Trust status.	
6 Cost improvement programme (2009/10)	
6.1 CIP delivery report	**SWBFC (5/09) 048** **SWBFC (5/09) 048 (a)** **SWBFC (5/09) 048 (b)** **SWBFC (5/09) 048(c)**
Mr Wharram presented the monthly 2009/10 CIP delivery report, which it was noted had been reviewed in detail at the Financial Management board meeting. In April, underperformance to the value of £106k was reported, spanning six divisions and attributed to 23 schemes. It was noted that the situation in part reflects that some CIP schemes had not yet commenced, as of the 23 schemes underperforming, substitutions for only two of the schemes had been submitted. The correlation between the divisional financial performance and the CIP underperformance was noted.	

Sandwell and West Birmingham Hospitals NHS
NHS Trust

7 Minutes for noting	
7.1 Minutes of the Strategic Investment Review Group	**SWBSI (5/09) 001**
The Committee noted the minutes of the SIRG meeting held on 14 April 09.	
7.2 Actions and decisions from the Strategic Investment Review Group	**SWBFC (5/09) 046**
The Committee noted the actions and decisions arising from the meeting of SIRG meeting held on 12 May 09.	
7.3 Minutes of the Financial Management Board	**SWBFM (4/09) 033**
The Committee noted the minutes of the FMB meeting held on 21 May 09.	
8 Any other business	**Verbal**
Mr White reported that the work of external audit had commenced. The Committee was advised that a recent communication from the Audit Commission suggested that the increased premium in 2009/10 and in particular that element that the Trust regards as relevant to the 2008/09 financial year should feature as part of costs recognised in 2009/10. The situation is still to be clarified, however the Committee was asked to note that this may be an issue raised within the ISA 260 report due to be considered by the Audit Committee and Trust Board on 11 June 2009.	
9 Details of next meeting	**Verbal**
The next meeting is to be held on 18 June 2009 at 1430h in the Executive Meeting Room at City Hospital.	

Signed .....

Print .....

Date .....