

AGENDA

Trust Board – Public Session

Venue Churchvale/Hollyoak Rooms, Sandwell Hospital

Date 26 February 2008 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)	
Ms 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 S Grainger-Payne	(SGP)	[Secretariat]

Item	Title	Reference No.	Lead
1	Apologies for absence	Verbal	SGP
2	Declaration of interests <i>To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting</i>	Verbal	All
3	Chair's opening comments	Verbal	Chair
4	Minutes of the previous meeting <i>To approve the minutes of the meeting held 26 January 2009 as true and accurate records of discussions</i>	SWBTB (1/09) 033	Chair
5	Update on actions arising from previous meetings	SWBTB (1/09) 033 (a)	Chair
6	Questions from members of the public	Verbal	Public
MATTERS FOR APPROVAL			
7	Single tender agreements		
▶	Sandwell MBC Child Development staff salaries	SWBTB (2/09) 045	RW
▶	Project management services for community ophthalmology project	SWBTB (2/09) 044	RK
▶	Purchase of Optical Coherence Tomography equipment	SWBTB (2/09) 043	RK
▶	Purchase of Electro Diagnostic Testing equipment	SWBTB (2/09) 042	RK
▶	Payment for use of private hospital facilities	SWBTB (2/09) 046	RK
8	Amendment to the Trust's bank account signatory list	SWBTB (2/09) 039	RW
9	Bid for Department of Health Energy and Sustainability Fund	SWBTB (2/09) 037	GS

MATTERS FOR INFORMATION/NOTING			
10	Strategy and Development		
10.1	'Towards 2010' programme: progress report	SWBTB (2/09) 047 SWBTB (2/09) 047 (a) SWBTB (2/09) 047 (b)	RK
10.2	New acute hospital project: progress report	To follow	GS
11	Performance Management		
11.1	Monthly performance monitoring report	SWBTB (2/09) 048 SWBTB (2/09) 048 (a)	RW
11.2	Monthly finance report	SWBTB (2/09) 035 SWBTB (2/09) 035 (a)	RW
11.3	Foundation Trust service performance report	SWBTB (2/09) 038 SWBTB (2/09) 038 (a)	RW
12	Governance and Operational Management		
12.1	State of Healthcare 2008	SWBTB (2/09) 036 SWBTB (2/09) 036 (a)	JA
13	Update from the Board Committees		
13.1	Finance and Performance Management		
▶	Minutes from meeting held 22 January 2009	SWBFC (1/09) 010	RT
13.2	Governance and Risk Management Committee		
▶	Minutes from the meeting held 22 January 2009	SWBGR (1/09) 009	IB
14	Any other business	Verbal	All
15	Details of next meeting <i>The next public Trust Board will be held on 26 March 2009 at 1430h in the Anne Gibson Boardroom, City Hospital</i>	Verbal	Chair
16	Exclusion of the press and public <i>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).</i>	Verbal	Chair

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Trust Board (Public Session) – Version 0.2

Venue Anne Gibson Boardroom, City Hospital

Date 29 January 2009 at 1430 hrs

Present:

Mr Roger Trotman	[Vice Chair]	Ms Parveen Akhtar	Mr Richard Kirby
Ms Isobel Bartram		Mr John Adler	Mrs Rachel Stevens
Mrs Gianjeet Hunjan		Mr Robert White	
Dr Sarindar Sahota		Mr Donal O'Donoghue	

In Attendance:

Mr Graham Seager	Miss Kam Dhami
Mr Colin Holden	Mrs Jessamy Kinghorn

Apologies:

Mrs Sue Davis	Miss Judith Whalley
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Minutes	Paper Reference
1 Apologies for absence	Verbal
The Vice Chair noted apologies for absence from Mrs Sue Davis and Mrs Judith Whalley.	
2 Declaration of interests	Verbal
No interests were declared in connection with any agenda item.	
3 Chair's opening comments	Verbal
The Chair welcomed all to the meeting and especially Miss Parveen Akhtar, the Trust's new Non Executive Director, who attended the meeting for the first time since her appointment.	
4 Minutes of the previous meeting	SWBTB (1/09) 007
The minutes of the meeting held on 8 January 09 were approved.	
AGREEMENT: The minutes of the previous meeting on 8 January 09 were approved as a true and accurate reflection of discussions held	
5 Update on actions from previous meetings	Verbal
The updated action list was reviewed.	
Dr Sahota, as the Non Executive Director with responsibility for Patient Safety, provided an update on the Patient Safety Walkabout pilot. He advised that Ward	

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D11 had been visited before Christmas and staff had been very receptive to the visit. Further visits are planned as part of the pilot.	
6 Questions from members of the public	Verbal
There were no questions from members of the public. A representative from the Express and Star newspaper was present.	
7 Trust Board reporting cycle for 2009	SWBTB (1/09) 031 SWBTB (1/09) 031 (a)
<p>Mr Grainger-Payne presented the Trust Board reporting cycle for 2009 for approval, which he advised was broadly similar to that of 2008. The cycle is based on guidelines provided by the Appointment Commission's 'Intelligent Board', together with a number of items specific to the Trust.</p> <p>New items added into the cycle include the standard reports needed to be submitted to Monitor after authorisation as a Foundation Trust; Safeguarding children and adult updates; an update on handling Freedom of Information requests; presentations by the Directors of Public Health from the Trust's two main commissioners; an annual report from the Trust's nominated Sandwell Mental Health governor. Matters requiring urgent attention will continue to be handled outside of the Trust's reporting cycle.</p> <p>A number of refinements to the cycle were proposed: addition of the communications strategy; clarification that the audit plan approval in March relates to the external audit plan; realign the timing of the presentation of the annual report from the Audit Committee to be consistent with the Audit Committee reporting cycle and; change the frequency of reporting to Monitor to monthly.</p>	
<p>ACTION: Simon Grainger-Payne to amend the Trust Board reporting cycle with suggestions made at the meeting</p> <p>AGREEMENT: Subject to incorporation of the amendments suggested, the Trust Board approved the Trust Board reporting cycle</p>	
8 Single tender agreements	
Instrument repair by BBraun	SWBTB (1/09) 015
<p>Mr Seager presented a single tender action for approval in respect of payment for outstanding repairs carried out by BBraun during 2008. The cost of the repairs is £44,409 plus VAT.</p> <p>The Trust Board approved the single tender arrangement.</p>	
AGREEMENT: The Trust Board approved the single action arrangement in respect of instrument repair by BBraun	
Purchase of washer/disinfector for bowel cancer screening	SWBTB (1/09) 029
Mr Seager presented a single tender action for approval in respect of the purchase of a washer/disinfector for the bowel cancer screening programme.	

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<p>The Board was advised that the equipment is to be purchased from the only supplier of the make of washer/disinfector used within the Trust. The cost of the equipment is £51,113.</p> <p>The Trust Board approved the single tender arrangement.</p>	
<p>AGREEMENT: The Trust Board approved the single action arrangement in respect of the purchase of a washer/disinfector for bowel cancer screening</p>	
<p>9 Strategy and Development</p>	
<p>9.1 'Towards 2010' programme: progress report</p>	<p>SWBTB (1/09) 025 SWBTB (1/09) 025 (a) SWBTB (1/09) 025 (b)</p>
<p>Mr Kirby presented the standard monthly progress report on progress with the Towards 2010 programme.</p> <p>The Trust Board was advised that the dermatology project was experiencing some difficulty, as a consequence of consultant vacancies remaining unfilled. Some of the dermatology clinics have been suspended until the positions have been filled and there is a risk that the end of year activity targets may not be met. Advertisements have been issued to recruit into the vacancies.</p>	
<p>9.2 New acute hospital project</p>	<p>SWBTB (1/09) 024 SWBTB (1/09) 024 (a)</p>
<p>Mr Seager reminded the Board that the Outline Business Case (OBC) had been approved by the Trust Board at its December meeting and subsequently by the Strategic Health Authority (SHA). Mr Trotman read out the press statement released following the approval of the OBC by the SHA. He expressed his congratulations and appreciation of the success of the project to date.</p> <p>The foundation work for the land acquisition is underway, with work being undertaken to establish the identity of all land and property owners. It is not anticipated that the purchase of the land will be achieved solely by means of a voluntary acquisition exercise.</p> <p>A gateway review of the project has been completed and has given a green status. The review has proposed a number of recommendations, which are being addressed.</p>	
<p>10 Performance Management</p>	
<p>10.1 Monthly performance monitoring report</p>	<p>SWBTB (1/09) 024 SWBTB (1/09) 024 (a)</p>
<p>Mr White reported that there has been an improvement against the cancelled operations target, although there has been deterioration against the delayed transfers of care target. Performance against the stroke target is currently poor due to the recently widened scope of this target. Work is underway to ensure performance is improved over future months.</p> <p>The Accident and Emergency target remains a challenge due to the continuing operational pressures, although performance has improved on previous months.</p>	

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<p>Infection control rates remain low, with <i>C difficile</i> cases reported as being the lowest level since the target was set.</p> <p>Referral to treatment targets for admitted and non-admitted patients were met for the month. Further improvement against the maximum wait for diagnostic tests is expected in future months as the issue regarding the shortage of isotope to support the Imaging MPI technique is now resolved.</p> <p>The Board noted that a subset of indicators from the Maternity Dashboard is now incorporated into the performance report and will be populated as information becomes available.</p> <p>There are ongoing pressures on ambulance turnaround targets as a result of the rise in medical admissions and associated bed pressures.</p> <p>There has not been a significant change in sickness absence levels. The annual push for staff to complete PDRs is underway.</p> <p>It was noted that the high activity levels experienced before Christmas have settled and there has been a much more collaborative working practice between the two sites to alleviate the pressures. Both the ambulance turnaround and accident and emergency waiting time targets have been impacted by this higher demand. Having said that, the Trust's performance is relatively good compared to the a number of other West Midlands hospitals.</p> <p>Professor Alderson remarked that there is still a concern around theatre utilisation performance. Mr Kirby acknowledged that this remains an issue, however provided assurance that work is underway to address the situation. Mr O'Donoghue advised that this was a complex issue, however progress was being made as swiftly as practically possible.</p>	
<p>10.2 Monthly finance report</p>	<p>SWBTB (1/09) 013 SWBTB (1/09) 013 (a)</p>
<p>Mr White reported that the Trust was still on course to deliver the planned £2.5m surplus by the end of March 09. A small deficit was made during December as a result of a dip in activity and associated income during November. Three divisions have been impacted by this situation in particular: Medicine A, Medicine B and Surgery A. Discussions have been held with the relevant divisions to ensure that performance is recovered.</p> <p>Discussions to agree the LDP have commenced.</p> <p>The cash position is back on plan, being only £0.1m below the revised plan as at 31 December 2008.</p>	
<p>10.3 Foundation Trust service performance report</p>	<p>SWBTB (1/09) 017 SWBTB (1/09) 017 (a)</p>
<p>Mr White presented the first Foundation Trust service performance report.</p> <p>Part of the calculation of the Trust's governance risk rating under Monitor's compliance framework is dependent on the service performance report.</p> <p>The report presented the Trust's governance risk rating as green. This rating is based</p>	

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on assessment of several elements, including infection control rates, waiting times and compliance with the Healthcare Commission's core standards.	
10.4 Corporate Objectives progress report: Quarter 3	SWBTB (1/09) 010 SWBTB (1/09) 010 (a)
<p>Mr Kirby presented progress against the Trust's corporate objectives. Overall progress is as planned, although the objective to achieve Foundation Trust authorisation was reported to be at red status due to the delay in the timetable. Progress with this objective is now as planned against the revised programme however.</p> <p>The objective concerning establishment of a community dermatology service was noted to be rated as amber, in reflection of the current recruitment issues. Mr O'Donoghue advised that the situation regarding unfilled vacancies in dermatology is a national issue.</p>	
11 Governance and Operational Management	
11.1 Assurance Framework quarterly update	SWBTB (1/09) 016 SWBTB (1/09) 016 (a)
<p>Mr Grainger-Payne presented the updated Assurance Framework.</p> <p>Progress with the actions to address the gaps in control and assurance was reported to be good, with the exception of actions against objectives to achieve national targets and improvement of productivity. The amber status of these targets is reflective of the recent operational pressures.</p>	
11.2 Annual Planning Framework	SWBTB (1/09) 012 SWBTB (1/09) 012 (a)
<p>Mr Kirby presented the updated planning framework for 2009/10, which incorporates the effect of the recently published operating framework. There have been significant changes to the payment by results element of the framework, including the effect of the move to the new HRG4 which introduced a new short stay elective tariff and a wider range of outpatient with procedure tariffs.</p> <p>The tariff uplift has been split into an uplift of 1.7% with a further 0.5% being available through local Commissioning for Quality and Innovation (CQUIN) agreements in return for quality improvements. The list of indicators on which quality improvement will be judged is due to be agreed with Commissioners shortly.</p> <p>Suggested medium term goals for the Trust were reviewed, which include the achievement of CNST Level 2 standards, which is now seen as an imperative given the sharp uplift in premiums payable to the NHS Litigation Authority from 2009/10.</p> <p>Mr Trotman asked what effect the new mixed sex accommodation requirements would have on the Trust. He was advised that although further clarification was being sought, it was a matter that would need careful consideration and planning. The age and layout of the wards within the Trust's hospitals do not readily lend themselves to complete single sex accommodation. The requirements have, however been built into the design for the new hospital.</p> <p>It was noted that the service priorities within the framework have not changed.</p>	

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11.3 Trust's response to the Baby 'P' case	SWBTB (1/09) 012 SWBTB (1/09) 012 (a)
<p>Mrs Stevens presented an overview of events around the Baby 'P' case in Haringey Council. A position statement against the recommendations arising from the review was presented and an opportunity has been taken to look at the safeguarding arrangements in place within the Trust.</p> <p>An action plan to address the recommendations will be developed, with all actions rated red amber or green dependent on progress.</p> <p>Mr White noted that there had been a number of safeguarding cases reported in the press, which were associated with Birmingham City Council. He asked whether there has been any increased focus on the Trust as a result of this coverage. Mrs Stevens advised that the Trust had not been central to any of these cases but was reviewing their implications in any event. The safeguarding arrangements were however different between Sandwell and Birmingham areas. Miss Akhtar reported that Sandwell Council has a safeguarding policy but not a specific action plan. Future plans propose to keep safeguarding children and adults separate, overseen by an overarching committee. The Trust is represented within the safeguarding structures in both Sandwell and Birmingham, albeit differentially due to the complexity of the arrangements.</p> <p>Ms Bartram asked for an explanation of the term 'a looked after child'. She was advised that this was a child in social care.</p> <p>Mr Trotman asked how often the Board would see progress against the safeguarding action plan. Mrs Stevens reported that an update had been built into the Trust Board reporting cycle and would also be shared with the Governance and Risk Management Committee.</p>	
11.4 Registration with the Care Quality Commission for HCIA	SWBTB (1/09) 027 SWBTB (1/09) 027 (a)
<p>Mrs Stevens reported that regulation of activities relating to health care associated infections (HCAIs) that is planned to come into force from 1 April 2009.</p> <p>The Trust Board was asked to approve the statement of compliance proposed in connection with the proposed registration documentation, noting that it built on assessments which were regularly reported to the Board as part of the annual cycle.</p> <p>Ms Bartram challenged the 'part met' status against the element 'the Trust provides and maintains a clean and appropriate environment that facilitates the prevention and control of HCIA'. Mr Adler noted that this reflected the results of internal cleanliness audits and the anticipated conclusions from the recent Hygiene Code inspection.</p> <p>There was unanimous approval of the statement proposed as part of the CQC registration.</p>	
<p>AGREEMENT: The Trust Board approved the statement proposed as part of the CQC registration for HCIA</p>	
11.5 Organ Donation	SWBTB (1/09) 030 SWBTB (1/09) 030 (a)

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	SWBTB (1/09) 030 (b)
<p>Mr O'Donoghue outlined the developments underway to satisfy the requirements of the Department of Heath's 'Organs for Transplant' report.</p> <p>In connection with the Department of Heath's report, a letter was received from the NHS Blood Service, requiring that a number of posts be implemented. In response, the Trust has now appointed an organ donation champion and a donor transplant co-ordinator has been appointed for the Trust by the NHS Blood Service.</p> <p>There is currently a national shortage of donors, which is in excess of waiting recipients. There is a specific concern around donors from black and ethnic minority groups. The Trust's performance is better than average in this area, although further improvement is still required.</p> <p>A Committee has been established to oversee the requirements of organ donation and its terms of reference were reviewed. Dr Sahota suggested that the membership of the Committee could include representatives from the community. Mr O'Donoghue was asked to amend the title of the terms of reference to '<u>Organ</u> Donation Committee Terms of Reference'.</p> <p>Professor Alderson asked what resources the Trust was expected to provide to satisfy the organ donation requirements, such as emergency operating facilities to cope with organ retrievals. Mr O'Donoghue responded that the requirements were not dissimilar to those of other Trusts. The Trust is also equipped to cope with the existing relatively high levels of retrieval. Professor Alderson highlighted that there is a new category of donor, known as a non-heart beating donor, therefore encouraged Mr O'Donoghue to consider the practicalities of handling these requirements on top of the service the Trust already provides. He was assured that this was under consideration by the Organ Donation Committee. Mr Adler advised that in terms of establishing any facilities over and above those already in place to cope with organ retrievals, the justification would be subject to the usual investment appraisal process. Mr Trotman suggested that an amendment could be made to the terms of reference to reflect this responsibility of the Committee.</p>	
<p>ACTION: Donal O'Donoghue to amend the terms of reference for the Organ Donation Committee to incorporate suggestions made at the meeting</p>	
<p>11.6 Progress with the Auditors' Local Evaluation (ALE) submission</p>	SWBTB (1/09) 018
<p>Mr White reported that in preparation for the ALE submission, draft responsibilities have been assigned against the elements of the three themes due to be assessed: Value For Money, Internal Control and Financial Management. The remaining two themes, Financial Standing and Financial Reporting will be assessed following the submission of the annual accounts in June 09.</p> <p>The Board was advised that the evidence collection was underway in preparation for the submission at the beginning of February 2009.</p>	
<p>11.7 Updated Register of Interests</p>	SWBTB (1/09) 026 SWBTB (1/09) 026 (a)
<p>Mr Trotman presented the revised register of directors' interests, which has been updated to reflect recent declarations and changes to the composition of the Trust</p>	

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Board. The register of interests was agreed to be accurate.	
12 Update from the Committees	
12.1 Finance and Performance Management	SWBFC (11/08) 066 SWBFC (12/08) 073
The Board noted the minutes of the Finance and Performance Management Committee meetings held on 27 November and 18 December 2008.	
12.2 Audit Committee	SWBAC (12/08) 055
The Board noted the minutes of the Audit Committee meeting held on 12 December 2008.	
12.3 Governance and Risk Management Committee	SWBGR (11/08) 045
The Board noted the minutes of the Governance and Risk Management Committee meeting held on 20 November 2008. It was noted that the terms of reference for the Committee are to be amended to ensure that a clinician attends as part of the quorum.	
12.4 Charitable Funds	SWBCF (11/08) 023
The Board noted the minutes of the Charitable Funds Committee meeting held on 12 November 2008.	
13 Any other business	Verbal
There was none.	
14 Details of the next meeting	Verbal
The next meeting is scheduled for Thursday 26 February 2009 at 14.30pm in the Churchvale/Hollyoak Rooms, Sandwell Hospital.	
15 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 Act 1960).	

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Signed

Print.....

Date

TRUST BOARD

REPORT TITLE:	Single Tender Approval – Payment of salaries for Child Development staff
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Helen Grindulis, Divisional Director for Women and Children's Heath
DATE OF MEETING:	26 February 2009

KEY POINTS:

The Trust Board is requested to support a single quotation arrangement for the payment of salaries for staff working within the local child development centre in Sandwell MBC.

The Trust has had a SLA in place with Sandwell MBC for the provision of this service for a number of years and is usually invoiced over several months of the year. In this instance, payment has been requested to cover the entire year, therefore raising the cost to a level requiring Trust Board approval.

The cost of the salaries amounts to £54,600.

PURPOSE OF THE REPORT:

☒ **Approval**
☐ **Noting**
☐ **Discussion**

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

Approve a single quotation arrangement for the payment of the salaries.

Sandwell and West Birmingham Hospitals



NHS Trust

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

None specifically

IMPACT ASSESSMENT:

FINANCIAL	<input checked="" type="checkbox"/>	Cost is £54,600
ALE	<input type="checkbox"/>	
CLINICAL	<input checked="" type="checkbox"/>	
WORKFORCE	<input type="checkbox"/>	
LEGAL	<input type="checkbox"/>	
EQUALITY & DIVERSITY	<input type="checkbox"/>	
COMMUNICATIONS	<input type="checkbox"/>	
PPI	<input type="checkbox"/>	
RISKS		

TRUST BOARD

REPORT TITLE:	Single Tender Approval – Payment of project management fees
SPONSORING DIRECTOR:	Richard Kirby, Chief Operating Officer
AUTHOR:	Jackie Cooper, DGM for Surgery B
DATE OF MEETING:	26 February 2009

KEY POINTS:

The Trust Board is requested to support a single quotation arrangement for the payment of fees in respect of project management services provided to support the South Birmingham Community Ophthalmology Project.

In Autumn 2008, the Trust won a business opportunity for ophthalmology services, requiring the first clinic to be running by 21 January 2009, expanding to 30 clinics per week in four different locations in South Birmingham by December 2009. A project manager was therefore recruited to ensure that the project met the challenging deadlines, and identifying venues for and the general set up of the clinics. It has been the responsibility of the project manager to identify the patients in the region that would benefit from the service.

The value is £63,508.

PURPOSE OF THE REPORT:

☒ **Approval**
☐ **Noting**
☐ **Discussion**

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

Approve a single quotation arrangement for the payment of the fees.

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

3.1 - Deliver new models of care through the first wave 2010 exemplar projects (urgent care, intermediate care, dermatology and diabetes) and begin to deliver new models of care for community-based outpatients in the second wave 2010 exemplar specialties (cardiology, orthopaedics, rheumatology, ophthalmology, respiratory and gynaecology).

IMPACT ASSESSMENT:

FINANCIAL	<input checked="" type="checkbox"/>	Cost is £63,508
ALE	<input type="checkbox"/>	
CLINICAL	<input checked="" type="checkbox"/>	
WORKFORCE	<input type="checkbox"/>	
LEGAL	<input type="checkbox"/>	
EQUALITY & DIVERSITY	<input type="checkbox"/>	
COMMUNICATIONS	<input type="checkbox"/>	
PPI	<input type="checkbox"/>	
RISKS		

TRUST BOARD

REPORT TITLE:	Single Tender Approval – Purchase of Optical Coherence Tomography equipment
SPONSORING DIRECTOR:	Richard Kirby, Chief Operating Officer
AUTHOR:	Jackie Cooper, DGM for Surgery B
DATE OF MEETING:	26 February 2009

KEY POINTS:

The Trust Board is requested to support a single quotation arrangement for the purchase of a replacement Heidelberg Spectralis machine to support Optical Coherence Tomography work undertaken within Surgery B. This service examines the macular, the part of the retina used for detailed vision.

The quote for the equipment is the most cost effective quote, meeting the desired specification. The kit is compatible with existing equipment in the department and has been trialled successfully by clinicians.

The cost of the equipment is £58,000+ VAT @ 15%.

PURPOSE OF THE REPORT:

☒ **Approval**
☐ **Noting**
☐ **Discussion**

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

Approve a single quotation arrangement for the purchase of the equipment.

Sandwell and West Birmingham Hospitals



NHS Trust

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

None specifically

IMPACT ASSESSMENT:

FINANCIAL	<input checked="" type="checkbox"/>	Cost is £58,000+ VAT @ 15%
ALE	<input type="checkbox"/>	
CLINICAL	<input checked="" type="checkbox"/>	
WORKFORCE	<input type="checkbox"/>	
LEGAL	<input type="checkbox"/>	
EQUALITY & DIVERSITY	<input type="checkbox"/>	
COMMUNICATIONS	<input type="checkbox"/>	
PPI	<input type="checkbox"/>	
RISKS		

TRUST BOARD

REPORT TITLE:	Single Tender Approval – Purchase of Electro Diagnostic Testing Equipment
SPONSORING DIRECTOR:	Richard Kirby, Chief Operating Officer
AUTHOR:	Jackie Cooper, DGM for Surgery B
DATE OF MEETING:	26 February 2009

KEY POINTS:

The Trust Board is requested to support a single quotation arrangement for the purchase of a replacement Medelec Synergy T5 VEP system to support Electro Diagnostic Testing undertaken within Surgery B. This service provides an indication as to the functioning of the eye's optic nerves.

The quote for the equipment is the most cost effective quote, meeting the desired specification. The kit is compatible with existing equipment in the department and has been trialled successfully by clinicians.

The cost of the equipment is £86,071.50+ VAT @ 15%.

PURPOSE OF THE REPORT:

☒ **Approval**
☐ **Noting**
☐ **Discussion**

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

Approve a single quotation arrangement for the purchase of the equipment.

Sandwell and West Birmingham Hospitals



NHS Trust

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

None specifically

IMPACT ASSESSMENT:

FINANCIAL	<input checked="" type="checkbox"/>	Cost is £86,071.50+ VAT @ 15%.
ALE	<input type="checkbox"/>	
CLINICAL	<input checked="" type="checkbox"/>	
WORKFORCE	<input type="checkbox"/>	
LEGAL	<input type="checkbox"/>	
EQUALITY & DIVERSITY	<input type="checkbox"/>	
COMMUNICATIONS	<input type="checkbox"/>	
PPI	<input type="checkbox"/>	
RISKS		

TRUST BOARD

REPORT TITLE:	Single Tender Approval – Payment for general orthopaedic services
SPONSORING DIRECTOR:	Richard Kirby, Chief Operating Officer
AUTHOR:	Yvette Moore, Deputy DGM for Surgery A
DATE OF MEETING:	26 February 2009

KEY POINTS:

The Trust Board is requested to support a single quotation arrangement for the payment for general orthopaedic services provided by local private hospitals.

All Trust Trauma and Orthopaedics consultants have operating rights at the hospitals. Nine patients will need to have procedures undertaken in these facilities. The small scale use of these private sector facilities assists the Trust in achieving the national target to ensure that all required patients commence treatment within 18 weeks of referral.

The value amounts to £65,000.

PURPOSE OF THE REPORT:

☒ **Approval**
☐ **Noting**
☐ **Discussion**

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

Approve a single quotation arrangement for the payment for the use of the hospitals' facilities.

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

None specifically

IMPACT ASSESSMENT:

FINANCIAL	<input checked="" type="checkbox"/>	Cost is £65,000
ALE	<input type="checkbox"/>	
CLINICAL	<input checked="" type="checkbox"/>	
WORKFORCE	<input type="checkbox"/>	
LEGAL	<input type="checkbox"/>	
EQUALITY & DIVERSITY	<input type="checkbox"/>	
COMMUNICATIONS	<input type="checkbox"/>	
PPI	<input type="checkbox"/>	
RISKS		

TRUST BOARD

REPORT TITLE:	Amendment of the Signatory List for National Westminster Bank Account
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Jeff Creba, Chief Technical Accountant
DATE OF MEETING:	26 February 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.

In conjunction with our portfolio manager at Nat West, a recent review of the current signatory list has highlighted that there are officers on the list who either no longer work for the Trust or whose roles are not conducive to them being a signatory. The three officers are:-

- Pauline Werhun
- Paul Wilkinson
- Hugh Bradby

The operation of the National Westminster Bank account mandate indicates that formal Trust Board approval is required for the addition / removal of authorised signatories.

PURPOSE OF THE REPORT:

For Approval

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is requested to APPROVE the removal of the above officers from the panel of authorised signatories for the National Westminster Bank accounts.

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

None specifically

IMPACT ASSESSMENT:

FINANCIAL	<input checked="" type="checkbox"/>	Amendment to the Trust's bank account signatory list
ALE		
CLINICAL		
WORKFORCE		
LEGAL		
EQUALITY & DIVERSITY		
COMMUNICATIONS		
PPI		
RISKS		

TRUST BOARD

REPORT TITLE:	Stage 2 of Department of Health (DH) Energy and Sustainability Fund
SPONSORING DIRECTOR:	Graham Seager, Director of Estates/ New Hospital Project
AUTHOR:	Rob Banks, Head of Estates
DATE OF MEETING:	26 February 2009

KEY POINTS:

- Purpose of the report is to seek Board approval to proceed with bids against the DH Energy and Sustainability Fund.
- Prior to seeking Board approval a Paper was presented to SIRG (10 February 2009, copy available from Graham Seager, Director of Estates) seeking support to proceed to bidding Stage 2 and recommendation to obtain Trust Board approval
- Total funding required from the fund is £429,500 for three energy savings schemes, funding to be via new Public Dividend Capital (PDC) to cover required capital expenditure.
- Total revenue savings are anticipated to be in the region of £200,000/annum.
- Total carbon dioxide emissions savings are estimated to be in the region of 2100 tonnes/annum (CO₂).

PURPOSE OF THE REPORT:

☒ **Approval**
☐ **Noting**
☐ **Discussion**

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

- Approval of the Trust Board is sought to proceed to bidding at Stage 2 of the process to secure £429,500 of Capital, via the issue of new PDC, from the DH Energy and Sustainability Fund in order to implement Energy Saving Schemes. Should PDC funding not be made available, the Trust may then choose not to proceed with the schemes.
- NOTE: SIRG approval has been obtained and recommendation to seek Trust Board approval.

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

Consistent with reducing expenditure on revenue costs through improved efficiency.

IMPACT ASSESSMENT:

FINANCIAL	<input checked="" type="checkbox"/>	Revenue Savings in the region of £200K, part of Estates CIP for 2009/10
ALE	<input type="checkbox"/>	
CLINICAL	<input type="checkbox"/>	
WORKFORCE	<input type="checkbox"/>	
LEGAL	<input type="checkbox"/>	
EQUALITY & DIVERSITY	<input type="checkbox"/>	
COMMUNICATIONS	<input type="checkbox"/>	
PPI	<input type="checkbox"/>	
RISKS		Trust Board approval is a requirement to proceed to stage 2 of the DH bidding process. Failure to approve will result in loss of £429,500 of central funding and inability to achieve revenue savings of circa £200,000 as identified in Estates CIP for 2009/2010.

TRUST BOARD

REPORT TITLE:	Towards 2010 Programme Progress Report October 2008
SPONSORING DIRECTOR:	Richard Kirby, Chief Operating Officer
AUTHOR:	Jayne Dunn, 2010 Implementation Director
DATE OF MEETING:	26 February 2009

KEY POINTS:

The paper provides a progress report on the work of the Towards 2010 Programme as at February 2009 and includes a copy of the 2010 Programme Director's report to the 2010 Partnership. It covers:

- Progress of exemplar and second stage transition projects with delivering 2008/09 targets;
- Expected completion dates for capital facilities;
- SHA visit to the Programme.

PURPOSE OF THE REPORT:☐ Approval☐ Noting☐ Discussion**ACTIONS REQUIRED, INCLUDING RECOMMENDATION:**

1. NOTE the progress made with the Towards 2010 Programme.

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

3.1 Deliver new models of care through the first wave 2010 exemplar projects and begin to deliver new models of care for community-based outpatients in the second wave 2010 exemplar specialties.

IMPACT ASSESSMENT:

FINANCIAL	<input type="checkbox"/>	
ALE	<input type="checkbox"/>	
CLINICAL	<input checked="" type="checkbox"/>	The 2010 Programme sets the context for future clinical service models.
WORKFORCE	<input checked="" type="checkbox"/>	
LEGAL	<input type="checkbox"/>	
EQUALITY & DIVERSITY	<input type="checkbox"/>	
COMMUNICATIONS	<input type="checkbox"/>	
PPI	<input type="checkbox"/>	
RISKS		

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

**TOWARDS 2010 PROGRAMME: PROGRESS REPORT
FEBRUARY 2009**

INTRODUCTION

The Towards 2010 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 February 2009.

This report is in two sections:

- a) overview of the work of the Towards 2010 Programme;
- b) Programme Director's report as presented to the 2010 Partnership and the Boards of Sandwell and HoB PCTs (Appendix 1).

OVERVIEW

This section provides an overview of the work of the Towards 2010 Programme. This work is set out in more detail in the Programme Director's report in Appendix 1. The work of the Towards 2010 Programme and involvement of the Trust in this is also discussed on a monthly basis at the Trust's 2010 Implementation Board meetings. The most significant issues arising this month are as follows:

Project Performance – The latest project performance report for the Towards 2010 Programme's exemplar and second stage transition projects is included within Appendix 1. Following a review of each project by the 2010 Programme team and representatives from partner organisations there is a clearer view of progress including resolution of many of the issues relating to information reporting. Two projects are rated as green with the majority of the others rated as amber. Only two projects are now rated as red, Ophthalmology and Dermatology, on the basis that they are unlikely to meet the year end targets for 2008/09. The project reviews also considered activity targets for 2009/10 and these will be presented to the Partnership Board at its meeting in March.

Service Redesign - The Strategic Model of Care Steering Groups have held their first meetings in February. A Staff Engagement Event has been planned for 3rd April to involve front line staff in thinking about the service redesign issues being looked at by the SMOCS.

Planned Dates for Completion of Capital Facilities – A revised schedule of planned completion dates for the completion of capital facilities are included in the Programme Director's report (in Appendix 1). A number of these dates are still to be formally agreed by the PCT Boards.

Updating External Stakeholders – The Programme will be visited by the SHA Non Executive Directors on 24th February. The purpose of the visit is for them to gain a greater understanding of what the Programme is planning and delivering.

RECOMMENDATIONS

The Trust Board is recommended to:

1. NOTE the progress made with the Towards 2010 Programme.

Jayne Dunn
2010 Implementation Director
20th February 2009

Sandwell and the Heart of Birmingham Health and Social Care Community

TOWARDS 2010 PROGRAMME

Report to: 2010 Partnership Board
Report of: Les Williams, Programme Director
Subject: Programme Director's Report
Date: Monday, 23rd February 2009

1. Summary and Recommendation

This paper summarises the main issues and developments in the Programme since the previous report.

The Partnership Board is recommended to:

- Agree to the use of the schedule of completion dates for capital schemes in public and stakeholder engagement (Item 5, Appendix 2) subject to any change required as a result of a final national decision on the accounting treatment of LIFT
- Note the content of the remainder of the report.

2. Project Performance – Appendix 1

The report indicating the performance of projects to January 2009 is attached at Appendix 1.

Reviews of each of the projects have now been undertaken and these have identified substantial information about the progress of projects, and have enabled a much clearer focus on issues preventing delivery. In addition, the process appears to have forced the resolution of many of the information issues which had hampered effective monitoring of actual performance against target. As can be seen, this means that data is available now for all of the projects, with the exception of Cardiology (the issue here appears to relate to the capacity of the Project Lead, and this is being addressed by Sandwell PCT, with agreement to provide a Project Support post, which is currently being recruited).

It has also become clear from the review process that there remain some clinics whose activity is not included, even though redesign activity has taken place, but which are not currently able to transfer location. In the approach to counting activity agreed by the Partnership Board last year, this activity may be capable of being legitimately counted, and further work is being undertaken to define this. This activity will be included where appropriate for next month's report. This applies to the projects for Ophthalmology, Respiratory, Gynaecology and Diabetes.

There are now only two projects where the judgement is that year end targets will not be met, Dermatology and Ophthalmology.

Several projects have performed well in excess of target, either overall or in particular aspects of the project. These include:

- Urgent Care Heart of Birmingham – expected to exceed target by 10%
- Rehab beds Sheldon Block – expected to achieve target
- Rehab beds Rowley – step up/down beds – expected to exceed target by 15%
- Musculoskeletal (Community Rheumatology and Orthopaedics) – expected to exceed target by 57% and 20% respectively
- ENT – expected to exceed target by 50%

In aggregate, the projects will exceed the total year end targets.

The project reviews have also identified that for some services, such as Rehab beds Sheldon block, and Urgent Care Centre, Heart of Birmingham, there will be no further development required after the end of March. Consideration will therefore be given to closing these projects, in accordance with the approach agreed in the Programme Project Methodology, and mainstreaming these services, while retaining updates on activity delivered through these services.

For 2009/10 targets, the outcomes of the project reviews are being collated and confirmed, so that the Strategy Group will receive the proposed 2009/10 deliverable targets at its next meeting, with a recommendation for agreement to come to the Partnership Board on 23rd March 2009.

The Partnership Board is asked to note this position.

3. Overall Programme Plan

There is no further version of the High Level Summary Report this month as no changes have been made. The Programme Team has put in place a series of consultations with partner organisations about the potential for extending the use of Activeplan across the Programme. These indicate that while the need for the use of Activeplan by the Programme Team is clear, to ensure co-ordination and effective management of varying workstreams, individual organisations may have differing needs. Further work is being done on defining these needs and concurrently, the Programme Team is preparing a business case for continuing use of the Activeplan system at Programme level.

4. Service Redesign Activity

Most of the Strategic Model of Care Steering Groups have commenced in February, with administrative and managerial support from members of the Programme Team. This has been a more complex task than originally thought, but initial meetings have now been held. There is no intention to amend the overall timeframe for completion of the deliverables.

The Staff Engagement Event, planned for Friday 3rd April 2009, will be used to involve front line staff in thinking about service redesign issues being looked at by the SMOCS. This event is being organised along the lines of the Listening into Action approach used successfully by Sandwell and West Birmingham Hospitals Trust. This will allow opportunities for debate by front line staff on ideal care pathways, as a means of providing their contribution to the process of redesign at an early and formative stage. The event will cover six of the areas, with similar events for Children's services, End of Life Care, and Long Term Conditions being picked up at a later date. This is because of issues in establishing the chairs of these groups. It has now been agreed that the chair of Children's Services will be John Lees, Associate Director of Commissioning, Heart of Birmingham tPCT, and for End of Life, Dr Nigel Page, Consultant Gastroenterologist, SWBH. The chair of the Long Term Conditions group, Dr Felix Burden, has resigned from his post and therefore will no longer operate as the chair. A replacement is being urgently sought.

5. Planned Dates for Capital Facilities – Appendix 2

Colleagues will recall that one of the outcomes of the first iteration of the Overall Programme Plan was that it identified that the formally agreed completion dates for capital schemes were those which were proposed in the public consultation process from November 2006 to February 2007. Since then, there has been no explicit decision made by the Partnership Board to acknowledge any change in completion dates that have become necessary as a consequence of capital planning or service redesign planning issues. As is known from presentations made to the Board, the timeframes for the completion of the New Acute Hospital Project have changed, as have the completion dates for the capital schemes for community and primary care developments.

Both Sandwell and Heart of Birmingham PCTs have recently reviewed the expected completion dates for each of their schemes and while these may still be awaiting formal adoption by the PCTs, they are as shown on the attached Appendix 2.

As the Programme prepares for offering a general update to local people and stakeholders, from April to July 2009 (within which the new branding will be promoted), there is an opportunity to identify that these are the currently planned completion dates for the remaining capital schemes. This will help to give reassurance to the public that progress has been made (with the completion of 15 schemes for primary and community services) as well as being planned ahead in detail.

There are two caveats to this proposal:

- The final outcome of the debate around whether or not the PCT LIFT schemes will be on or off balance sheet and therefore the accounting treatment should be known soon. As the indications are that such schemes may be on balance sheet, if this is confirmed, PCTs will also need the opportunity to assess the affordability of delivering all these schemes, and therefore the shape of provision planned may change further.
- The dates given on Appendix 2 (which may need to be amended) should be formally agreed by each of the PCTs before adoption by the Partnership Board

At this stage, therefore, it is proposed that the Partnership Board should note the current planned completion dates and agree that these should be adopted for use in the planned engagement process. If necessary, depending on the outcome of the national decision on how LIFT is handled in accounting terms, a schedule of revised schemes and completion dates will be received by the Partnership Board, prior to use in any public and stakeholder engagement process.

6. Updating External Stakeholders

As well as supporting the New Acute Hospital Outline Business Case with the Treasury, the Programme has also been involved in updating external stakeholders.

The Chair, Doug Round, Jon Dicken and I attended the Health Working Group of the Sandwell Overview and Scrutiny Management Board on 12th February and gave a general update on the Programme, the progress being made with sites in Sandwell and the New Acute Hospital. This included an outline of the services currently being delivered within the Programme from community locations in Sandwell, and this was generally well received.

Specific questions were raised and concerns expressed about progress with the schemes at Langley/Rood End and Great Barr, and questions around the New Acute Hospital centred on the adequacy of public transport services to the Grove Lane site and car parking charges.

In addition, following the presentation of the OBC at the SHA Board meeting on 27th January 2009, the SHA have asked that the Programme is visited by the SHA Non Executive Directors, so that they can achieve a greater level of understanding of what we are planning and delivering. While it was anticipated that they would visit North Staffs first, our colleagues are unable to accommodate them and we were asked to provide a visit on Tuesday 24th February 2009. Although this is short notice, we have agreed to undertake this and therefore the SHA Non Executives, accompanied by some of the SHA Executives, will visit for the whole day.

The visit commences at Sandwell DGH, and colleagues will see wards and departments, view the Grove Lane site, see wards and departments at City Hospital, and have lunch at a health centre in Heart of Birmingham. This will include a short presentation on the Programme, after which they will tour the health centre, before moving on to see the Rehab beds project at Rowley Regis

Hospital. The visit will end with a tour of the Lyng Health and Social Care Centre in West Bromwich, including an opportunity to see the community orthopaedic and respiratory services.

While there will not be significant time spent at each site, it is intended that the Non Executive Directors get a sense of the scale and ambition of the Programme and the progress we are currently making.

Chairs and Chief Executives of the Boards of Partner organisations have been invited to attend the lunch, and other members of the Partnership Board are also welcome.

I am grateful to colleagues within the partner organisations to responding so readily to this short notice request.

7. Recommendation

The Partnership Board is recommended to:

- Note the content of the report.

Les Williams
Programme Director

2009-02-17 – prog dir report - lnw

TOWARDS 2010 PROGRAMME

Project Performance Report April - January 08/09

PROJECT	April	May	MONTH (2008/09)		June	July	Aug	Sept	Oct	Nov	Dec	Jan	Total YTD	% Over/ Under YTD	2008/09 Yearend Target	Status	PROJECT LEAD	Comments
URGENT CARE - SANDWELL																		
Target (Attendances)	720	720	720	792	1,500	700	859	859	859	859	0	7,729			10,303			Project Lead reported expected yearend shortfall of 1% (116 patients) at recent project performance review. New project lead being identified.
Actual	838	913	774	763	631	704	810	856	994	n/a	7,283						Matthew Dodd SWBH	
Variance											-446			-6				
URGENT CARE - HoB																		
Target (Attendances)	2,083	2,083	2,083	2,083	2,992	897	2,037	2,037	2,037	0	18,332				24,442			No report submitted. Project Lead reported expected yearend activity to exceed target by 10% recent project performance review. Work continuing to agree UCC 4th tariff.
Actual	2,350	2,470	2,359	2,279	2,114	1,879	1,991	2,341	2,328	n/a	20,111						Mark Curran HOB PCT	
Variance											1,779			10				
REHAB BEDS - SHELDON																		
Targets:																		
Community - D43 (OBDs)	646	646	646	646	647	647	647	647	647	647	6,466				7,760			Project lead confirmed D43 yearend target will be delivered. This element of the project to be reviewed at yearend with a view to proposing closure until the period immediately before the Stroke Unit will re-locate.
Actual	646	650	650	650	650	650	650	660	654	682	6,542						Angela Young HOB PCT	
Variance											76			1				
Care Centres (OBDs)	382	382	382	382	382	382	382	382	382	0	3,438				4,581			Care Centre performance to be reviewed at yearend with a view to this element of the project being recommended for closure.
Actual	0	0	0	0	0	0	0	0	0	557	n/a							
Variance											557							
Community Alternatives (Av Admits)	43	43	43	43	43	43	43	43	43	43	430				525			Intermediate care attendances with OBD equivalents now being reported but not the number of patients whose admissions have been avoided. Programme to commission a piece of work to define and codify community alternatives.
Actual	0	0	0	0	0	0	0	0	0	0	0							
Variance											-430			-100				
REHAB BEDS - ROWLEY																		
Targets:																		
Community Step Up/Down (OBDs)	360	372	360	365	365	2,120	657	657	657	657	6,570				7,884			Project lead reported that the yearend target for OBDs will be delivered but expects there to be a shortfall for the STAR service owing to the build up period in relation to this new service. Role of therapeutic input of social care staff to be built into the review of the STAR pilot.
Actual	685	600	564	463	782	869	911	920	907	871	7,572						Wendy Godwin SPCT	
Variance											1,002			15				
STAR (Av Admits)		0	0	0	85	85	85	85	85	0	425				680			
Actual		0	0	0	37	32	49	52	48	n/a	218							
Variance											-207			-49				
MUSCULOSKELETAL (includes Orthopaedic beds & outpatients, Rheumatology outpatients & Pain Management)																		
Targets:																		
HoB Orthopaedics Triage (Atts)	553	553	553	553	553	553	553	553	553	0	4,977				6,640			Project lead has reported that yearend outpatient targets will continue to be exceeded. For the triage services, Sandwell activity expected to be on target but HoB activity is likely to be approximately 12% below target.
Actual	196	334	399	605	487	614	564	453	445	n/a	4,097						Paul Hazle SWBH	
Variance											-880			-18				
Sandwell Orthopaedics Triage (Atts)	573	574	574	574	573	574	574	574	574	0	5,164				6,885			MSK pathway/clinic pilot to commence during February 2009. Proposed start dates for Rheumatology community outpatient clinics at Aston and Ashfurlong delayed until April 2009.
Actual	547	544	525	633	570	602	611	497	557	n/a	5,086							Nurse Consultant/ESP clinics for pain management commenced January 09. Stakeholder event delayed until March 2009. Workforce plan remains outstanding.
Variance											-78			-2				
Community Rheumatology (OPs)	380	380	380	381	380	380	380	381	380	0	3,422				4,564			
Actual	715	557	575	660	592	719	518	517	523	n/a	5,376							
Variance											1,954			57				
Community Orthopaedics (OPs)	62	61	62	62	62	62	62	62	62	0	557				743			
Actual	83	66	111	69	46	109	39	70	76	n/a	669							
Variance											112			20				
Note: Sandwell Triage now includes COS injections actual activity Apr-July																		
OPHTHALMOLOGY																		
Target (Outpatients)	122	123	123	122	123	123	122	123	123	123	1,227				1,472			Project lead has reported that yearend target will not be met, with the shortfall expected to be in the region of 50%.
Actual	0	0	0	0	46	96	84	106	154	122	608						Wendy Godwin SPCT	Project Lead to identify clinics at Sandwell that have been redesigned and are in final location as there may be additional activity that can be identified to set against the 08/09 target. Optometrist training has commenced.
Variance											-619			-50				

TOWARDS 2010 PROGRAMME

Project Performance Report April - January 08/09

PROJECT	MONTH (2008/09)										Total YTD	% Over/ Under YTD	2008/09 Yearend Target	Status	PROJECT LEAD	Comments
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan						
DERMATOLOGY																
Targets:											3,660		4,880		Kayode	Project lead has confirmed that yearend targets will not be met despite including community clinics currently being held at Sandwell Hospital. Yearend forecast indicates a shortfall of 17% (1,155 outpatients).
Community Virtual (Outpatients)	406	407	406	407	406	407	407	407	407	0	3,114				Odetayo	
Actual	326	278	289	334	297	377	485	402	326	n/a	-546	-15			HOB PCT	
Variance																
Primary Care - GPwSI (Outpatients)	175	175	175	175	175	175	175	175	175	0	1,575		2,100			Oldbury clinic recommencing in February 2009. Lyng clinic will not recommence nor Neptune commence until appointments are made to the vacant Dermatologist posts.
Actual	26	114	148	131	134	168	206	172	149	n/a	1,248	-21				
Variance											-327					Infection control inspection at Wednesbury has resulted in further Estates work being required
																No physical space identified for clinics to commence at Rowley.
Note: complete data included for GPwSI for August 2008																
RESPIRATORY																
Target (Nurse Led Attendances)	40	40	40	60	60	60	80	80	80	150	690		1,000			Project Lead has confirmed that the Sandwell element of the yearend target will be exceeded and work is being undertaken to check out whether all HoB community activity is being counted. If BTC clinics that have been redesigned and are in their final location have not been included in the actual activity data to date, the Project Lead believes the yearend target will be met.
Actual	76	82	64	74	89	81	94	72	76	35	743				Sally Sander	
Variance											53	8			SPCT	
																Spirometry LES developed, for implementation on completion of Spirometry training (6 months). Project reviewing extent its work will address COPD NSF expected February 2009.
ENT																
Target (Outpatients)	715	715	715	715	715	715	715	715	715	715	7,150		8,580		Jane Clark	Project Lead has provided the total YTD actual activity and has developed the data reporting to show where services are being provided 'closer to home', the only project to have done this. Monthly breakdown of actual activity by location has been requested. Location to provide clinics for patients in Tower Hill/Hampstead/Perry Barr still to be identified.
Actual	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	9,702	1,053	10,755				SWBH	
Variance											3,605	50				
Note: January actual data is incomplete - to be corrected for February performance report																
CARDIOLOGY																
Targets:											399		800			Project Lead has forecast that the yearend target will be delivered at recent project performance review. Evidence required.
Community (Outpatients)	66	67	66	66	67	67	0	0	0	0	0				Ruth Westerby	
Actual	0	0	0	0	0	0	n/a	n/a	n/a	n/a	0				SPCT	No report submitted owing to other work commitments of the Project Lead (term-time and now part-time)
Variance											-399	-100				
Community (Attendances)	233	234	233	233	234	233	0	0	0	0	1,400		2,800			
Actual	331	331	333	309	309	309	n/a	n/a	n/a	n/a	1,922					
Variance											522	37				
Note: Includes Sandwell CVD, HoB& Sandwell HF Nurse clinics & GP practice diagnostics																
GYNAECOLOGY																
Target (Outpatients)	8	23	150	150	458	90	147	147	147	146	1,466		1,759		Therese	Project lead confirmed at recent project performance review that no Gynaecology clinics would be transferring to the new hospital i.e. all activity to be undertaken in community clinics. Project lead checking to ensure all clinics that have been redesigned and are in the final locations are being counted to establish the expectation that the yearend target will be achieved.
Actual	2	15	86	44	42	82	113	112	83	170	749				McMahon	
Variance											-717	-49			HOB PCT	
																SWBH costs to provide diagnostics at Aston now considered more affordable but decision remains to be taken. Work underway to establish the viability of re-establishing the BWH clinic. Workforce plan is under development and will be supported by the outcome of the skills audit commissioned. Draft communications & engagement plan circulated for comment.
DIABETES																
Target (Outpatients)	400	400	400	400	400	400	400	400	400	400	4,000		4,800			Project Lead has reported that the project is on target to deliver 3,000 outpatients by yearend. Issues remain with being able to report actual performance for Sandwell PCT. Project lead to check whether all community clinics are being counted i.e. redesigned and in final location clinics held at Sandwell, Rowley and BTC to be able to confirm actual position expected at yearend.
Actual	337	204	314	339	320	276	311	289	281	n/a	2,671				Olivia Amartey	
Variance											-1,329	-33			HOB PCT	
																The number of patients that can divert from UHB to Greet HC are in the process of being agreed.

TABLE SHOWING COMPLETION PLANS FOR CAPITAL SCHEMES

FACILITY	Postcode	Organisation	Level of Model of care	2008/09	2009/10	2010/2011	2011/12	2012/13	2013/14	2014/15	2015/16
New Acute Hospital		SWBH	4								Sept'15
Community Hospitals - BTC (inc. Sheldon Block on interim basis) - Rowley Regis - West Bromwich	B18 7QH B65 8DA B71 4HJ	SWBH SPCT SPCT	3 3 3							Nov'14 Dec'14	Mar'16
Outpatient & Diagnostic Centres - Percy Road - Community Treatment Centre (OBC Greet) - Aston - Community Treatment Centre - Handsworth Wood (Care Centre) - Bordesley Green (Care Centre) - Newtown Extra Care Village - inc. sheltered housing) - Handsworth Wood	B33 3NG B19 B20	HoBiPCT HoBiPCT BCC/HoBt BCC/HoBt HoBt/BCC HoBiPCT	2 2 3 3 3 2		Apr'09						
Town Centres Wednesbury Smethwick Oldbury Tipton - Neptune (Extension) Tipton - Great Bridge	 B69 2AJ DY4 8PX	SPCT SPCT SPCT SPCT SPCT	2 2 2 2 2				Dec'11 Jan'12 May'11 Dec'11 Dec'11				
Primary Care/Neighbourhood Centres											
Yew Tree Health Living Centre	WS5 4LB	SPCT	1								
Oakeswell Health Centre	WS10 9HP	SPCT	1								
Holly Lodge Health Centre		SPCT	1				Dec'11				
Friar Park Health Centre		SPCT	1				Dec'11				
Hilltop Health Centre (W)		SPCT	1				Nov'11				
Birmingham Road Health Centre	B70 6JX	SPCT	1								
The Lyng Care Centre	B70 7AW	SPCT	1								
Great Barr Health Centre		SPCT	1				Dec'11				
Stone Cross Health Centre		SPCT	1				Oct'11				
Greets/Carters Green Care Centre	B11 3ND	SPCT	1				Dec'11				
Cape Hill Medical Centre	B66 3NR	SPCT	1				Dec'11				
North (West) Smethwick Health Centre		SPCT	1				July'11				
Warley Medical Centre	B68 0RT	SPCT	1								
Hill Top Medical Centre (O)	B68 9DU	SPCT	1				Dec'11				
Portway Lifestyle Centre (Oldbury Leisure Centre)	B69 1HE	SPCT	1		Mar'10						
Langley/Rood End Neighbourhood Centre		SPCT	1				Sep'11				
Glebefields Health Centre	DY4 0UB	SPCT	1			June'10					
Dudley Port Health Centre		SPCT	1				Oct'11				
Great Bridge Neighbourhood Centre		SPCT	1				Dec'11				
Oakham Medical Centre	B69 1RZ	SPCT	1								
Whiteheath Health Centre	B69 1EJ	SPCT	1								
Cradley Heath Health Centre		SPCT	1				Oct'11				
Sherwood House Medical Centre	B17 8DP	SPCT	1								
Sparkhill Health Centre	B11 4BS	HoBiPCT	1				May'11				
Small Heath Health Centre	B10 0PG	HoBiPCT	1				June'11				
Farm Road Health Centre	B11 1LS	HoBiPCT	1				Nov'11				
Balsall Heath Health Centre	B12 9LP	HoBiPCT	1				May'11				
Bloomsbury Health Centre (Minor Extension)	B7 5DT	HoBiPCT	1								
Aston Health Centre (Extension)	B6 6JA	HoBiPCT	1								
Finch Road Health Centre	B17 1HS	HoBiPCT	1								
Laurie Pike Health Centre	B6 6BB	HoBiPCT	1								
Boots the Chemist - Phase 1	B4 7TA	HoBiPCT	1								
Boots the Chemist - Phase 2	B4 7TA	HoBiPCT	1			April'10					
Colston Health Centre	B15 1LZ	HoBiPCT	1				May'11				
Broadway Health Centre	B18 7BA	HoBiPCT	1		Mar'10						
Jewellery Quarter Health Centre	B3	HoBiPCT	1								
Summerfield Health Centre	B18 7AG	HoBiPCT	1								
Soho Health Centre - Phase 1	B21 0RY	HoBiPCT	1								
Soho Health Centre - Phase 2	B21 0RY	HoBiPCT	1		Mar'10						
St James Health Centre	B21	HoBiPCT	1								
Handsworth Wood	B19, B20, B42	HoBiPCT	1								
Aston Pride	B6 5HA	HoBiPCT	1								
Newtown	B19	HoBiPCT	1								
Heathfield	B19 1HS	HoBiPCT	1								
Perry Barr	B42	HoBiPCT	1								
NEW Health Centres (various X 5)	B9, B11, B12	HoBiPCT	1								
Total				0	4	2	23	0	0	2	2

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:	26 February 2009

KEY POINTS:

The report is designed to inform the Trust Board of the summary performance of the Trust for the period April 2008 – January 2009.

PURPOSE OF THE REPORT:

For Noting

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The 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	<input checked="" type="checkbox"/>	
ALE		
CLINICAL	<input checked="" type="checkbox"/>	
WORKFORCE	<input checked="" type="checkbox"/>	
LEGAL	<input checked="" type="checkbox"/>	
EQUALITY & DIVERSITY		
COMMUNICATIONS		
PPI	<input checked="" type="checkbox"/>	
RISKS		

TRUST BOARD

REPORT TITLE:	Financial Performance – Month 10
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Robert White/Tony Wharram
DATE OF MEETING:	26 February 2009

KEY POINTS:

The report is provided to update the Trust Board on financial performance for the period to 31st January 2009.

In-month surplus is £134k against a target surplus of £179k; £45k below plan.

Year to date surplus is £2,531k, £315k ahead of plan.

In-month WTEs are 200 below plan.

Cash balance is £0.2m above revised plan at 31st January.

PURPOSE OF THE REPORT:

☐ **Approval**
☒ **Noting**
☐ **Discussion**

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

To receive and note the monthly finance report.

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

4.1- Deliver the financial plan including achieving a financial surplus of £2.5m and a CIP of £11m.

IMPACT ASSESSMENT:

FINANCIAL	<input checked="" type="checkbox"/>	Trust has a target surplus for the year of £2.5m in line with requirement to repay the residue of its working capital loan.
ALE	<input type="checkbox"/>	
CLINICAL	<input type="checkbox"/>	
WORKFORCE	<input type="checkbox"/>	
LEGAL	<input type="checkbox"/>	
EQUALITY & DIVERSITY	<input type="checkbox"/>	
COMMUNICATIONS	<input type="checkbox"/>	
PPI	<input type="checkbox"/>	
RISKS		

Financial Performance Report – January 2009

EXECUTIVE SUMMARY

- At the end of January, the Trust had a surplus of £2,531k, £315k ahead of plan and £31k ahead of the target for the year end.
- The in-month surplus is £134k against a target surplus of £179k, £45k lower than plan.
- Amendments to case mix activity plans have resulted in improvements in medical specialties as offset by income changes in other divisions
- At month end WTE's (whole time equivalents) were 200 below plan.
- The cash balance is £0.2m above revised plan at 31st January.
- Divisional performance was variable in-month, in part caused by a re-alignment of case mix activity and income plans. Medicine A and B and Surgery A all remain in year to date deficit but with improved positions in month and are on target to deliver break even or better at the year end.
- CIP performance is slightly better than plan for January and the programme remains on course to deliver the required savings by the year end.

Financial Performance Indicators					
Measure	Current Period	Year to Date	Thresholds		
			Green	Amber	Red
I&E Surplus Actual v Plan £000	-45	315	> Plan	> = 99% of plan	< 99% of plan
EBITDA Actual v Plan £000	16	304	> Plan	> = 99% of plan	< 99% of plan
Pay Actual v Plan £000	-160	-85	< Plan	< 1% above plan	> 1% above plan
Non Pay Actual v Plan £000	-644	-2,417	< Plan	< 1% above plan	> 1% above plan
WTEs Actual v Plan	200	176	< Plan	< 1% above plan	> 1% above plan
Cash (incl Investments) Actual v Plan £000	181	181	> = Plan	> = 95% of plan	< 95% of plan
CIP Actual v Plan £000	18	5	> 97 1/2% of Plan	> = 92 1/2% of plan	< 92 1/2% of plan

Note: positive variances are favourable, negative variances unfavourable

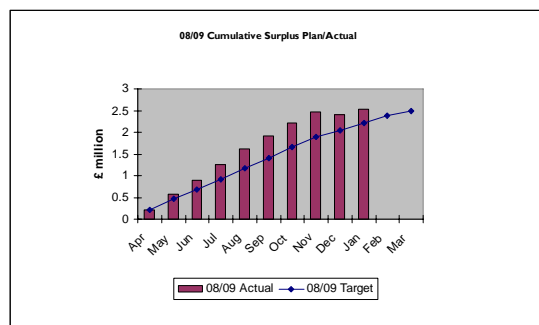
Performance Against Key Financial Targets				
Target	Year to Date		Forecast	
	Plan £000	Actual £000	Plan £000	Outturn Forecast £000
Income and Expenditure	2,216	2,531	2,500	2,500
Capital Resource Limit	14,036	10,014	16,843	15,863
External Financing Limit	---	---	(3,894)	(3,894)
Return on Assets Employed	2.70%	2.70%	3.50%	3.50%

2008/2009 Summary Income & Expenditure Performance at January 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	Forecast Outturn £000's
Income from Activities	314,258	26,321	27,070	749	261,875	264,033	2,158	317,340
Other Income	36,715	3,147	3,218	71	30,921	31,569	648	37,883
Operating Expenses	(323,928)	(27,249)	(28,053)	(804)	(270,170)	(272,672)	(2,502)	(328,279)
EBITDA	27,045	2,219	2,235	16	22,626	22,930	304	26,943
Interest Receivable	1,164	99	39	(60)	1,019	1,030	11	1,116
Depreciation & Amortisation	(16,343)	(1,362)	(1,362)	0	(13,619)	(13,619)	0	(16,193)
PDC Dividend	(9,258)	(771)	(772)	(1)	(7,715)	(7,715)	0	(9,258)
Interest Payable	(108)	(6)	(6)	0	(95)	(95)	0	(108)
Net Surplus/(Deficit)	2,500	179	134	(45)	2,216	2,531	315	2,500

Financial Performance Report – January 2009

External Perspective

- Both Sandwell and Heart of Birmingham PCTs continue to report strong financial positions with HoB now reporting that its forecast surplus has reduced to its target level of £9.68m.
- StHA wide data collection continues to reconcile commissioner and provider views of forecast outturn and the completion of the Q3 reconciliation of balances exercise provides further certainty on common positions. The reconciliation exercise did not reveal any major problems between SWB and its major commissioners.
- Heart of Birmingham PCT continues to experience over performance against its acute Service Level Agreements for all providers now amounting to approximately £2.3m. The PCT is expecting to manage this over performance within its contingencies.



Performance of Major Commissioners

- Fully coded activity data is available up to 31st December and this, and its related income, is incorporated into the financial position reported this month. A summary of key admitted care and out-patient data is shown in the table below. However, it should be noted that there is significant SLA activity and income not covered by these categories.
- In month (December) activity has improved in many areas and across most commissioners although plans are set at a relatively low level to reflect the reduction in elective work over the holiday period.
- The high level of over performance in new out-patients continues although it is weighted more towards the Sandwell site rather than City.
- Agreement of activity data via the CBSA has led to an increasingly certain income position for the year to date. As the year progresses and more output from the CBSA becomes available, the Trust will be in a better position to firm up views on outturn income levels.

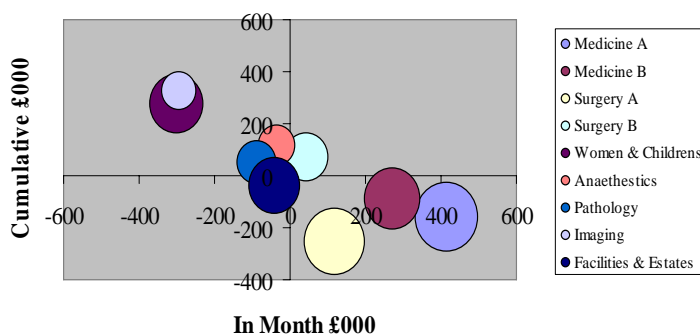
Year to Date Key Activity Performance Performance Against SLA						
ACTIVITY UP TO DECEMBER	Activity			Value of Variance		
	Sandwell PCT	Heart of Birmingham PCT	Overall	Sandwell PCT	Heart of Birmingham PCT	Overall
				£000	£000	£000
Admitted Care						
Elective	4.4%	-10.6%	-3.4%	234	-390	-638
Non Elective	2.4%	3.2%	2.4%	-1,402	875	-676
Day Case	7.5%	1.2%	4.7%	687	29	1,016
Out-Patients						
New	13.7%	4.5%	13.8%	1,158	192	1,590
Follow Ups	0.4%	-5.5%	0.5%	309	-233	551

Financial Performance Report – January 2009

Divisional Performance

- Overall performance in-month has worsened slightly against plan although the Trust generated a surplus and has now, albeit marginally, exceeded its year end target surplus of £2.5m.
- On a year to date basis, Medicine A and Medicine B as well as Surgery A continue to show year to date deficits. However, for all three divisions, the position in month has improved and all are now on course to deliver a year end position of break even or better. This will require concerted financial management in the last two months of the year.
- A re-alignment of SLA activity and income levels between divisions has been undertaken this month. This has reflected the movement in medical activity which is evident on both sites towards more short stay and assessment patients. The result of this is to improve the financial position of both Medicine A and Medicine B with offsetting adjustments made to the income positions in the Women and Childrens Division. This change only affects patient related income and does not change the core performance of divisions against expenditure budgets.
- A degree of prudence continues to be reflected in Miscellaneous and Reserves Divisions reflecting uncertainties towards the year end.
- Overall income performance has improved significantly in month with a rise in activity levels during December, albeit against a relatively low plan which reflects reduced elective services during the holiday period.
- Expenditure on pay exceeded planned levels by £160k during January reflecting ongoing agency spend not wholly offset by savings in permanent workforce costs.
- The Energy and utility cost line includes a “one off” charge of £272k in respect of the BTC unitary charge which reflects lower capitalised costs resulting from a reassessment of residual value as part of the IFRS restatement exercise.
- In part, the ongoing high levels of expenditure on medical and equipment consumables reflects higher activity levels (including orthopaedic implants and reagents) as well as generally increasing spend on medical equipment.

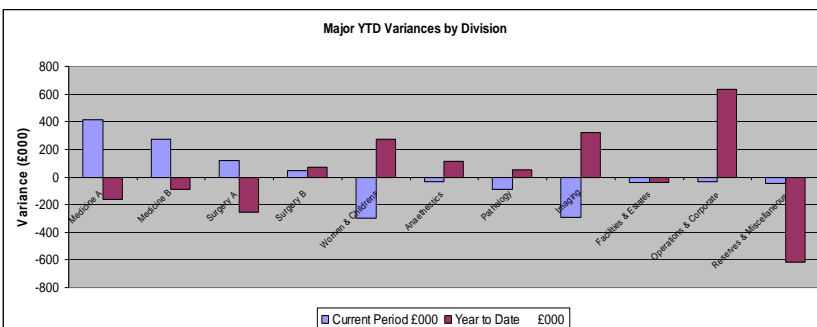
Current Period and Year to Date Divisional Variances
excluding Miscellaneous and Reserves



The tables adjacent and overleaf show a more widespread distribution of performance than has been seen in earlier months. In month deficits posted by Women & Childrens and Imaging are technical in nature rather than real, relating to restatement on SLA income targets and do not fundamentally change their strong ongoing performance.

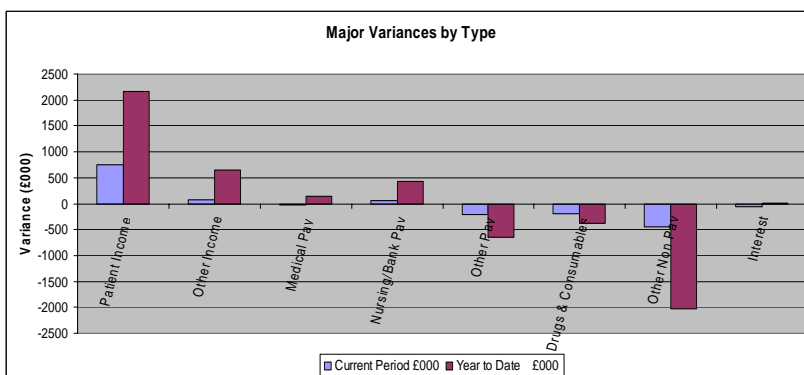
Financial Performance Report – January 2009

Divisional Variances from Plan		
	Current Period	Year to Date
	£000	£000
Medicine A	415	-160
Medicine B	271	-91
Surgery A	118	-253
Surgery B	43	69
Women & Childrens	-300	274
Anaesthetics	-33	113
Pathology	-86	50
Imaging	-293	323
Facilities & Estates	-42	-40
Operations & Corporate	-31	637
Reserves & Miscellaneous	-43	-616



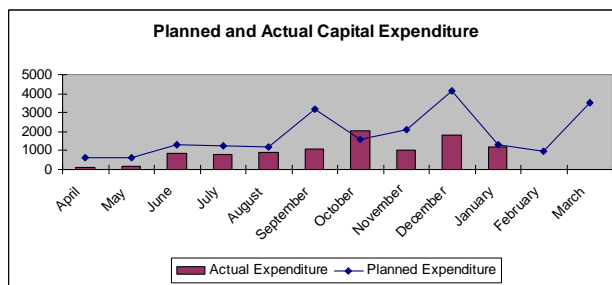
The tables below illustrate that income continues to perform better than plan for the year to date. Pay and non pay are above plan and although interest remains marginally better than plan for the year to date, sharp falls in earnings have occurred over the last few months as interest rates have fallen dramatically.

Variance From Plan by Expenditure Type		
	Current Period	Year to Date
	£000	£000
Patient Income	749	2158
Other Income	71	648
Medical Pay	-18	137
Nursing/Bank Pay	67	426
Other Pay	-209	-648
Drugs & Consumables	-202	-386
Other Non Pay	-442	-2031
Interest	-60	11



Capital Expenditure

- Planned and actual capital expenditure by month is summarised in the adjacent graph. Year to date expenditure by January has risen to £10,014k, an increase in month of £1,174k, with a significant spend on statutory standards and medical equipment.
- The forecast outturn for capital expenditure for the year remains almost £1m below plan.



Financial Performance Report – January 2009

Paybill & Workforce

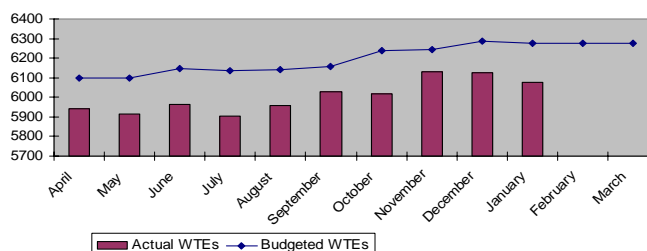
- Overall workforce numbers (wte's) are 200 below plan for January with absolute numbers in post decreasing by 46 wtes to 6077.

- Paybill (including agency staff) is £160k above budgeted levels for the month.

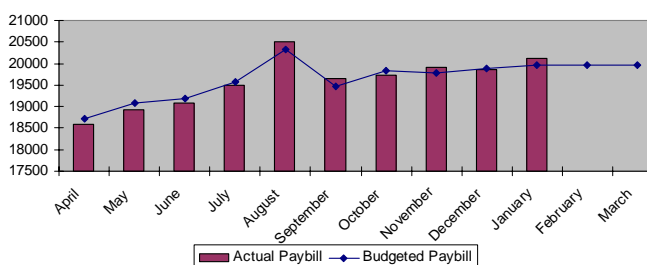
- Excluding the cost of agency staff, the paybill would be £483k below budget in month and £3,821k year to date.

- Agency spend in month was £659k with the monthly average for the year rising to £485k. The biggest users of agency staff in month continue to be Facilities (mainly domestic staff connected with patient environment improvements), Women & Childrens (various cover for vacancies) and Medicine Divisions.

Budgeted and Actual WTEs



Budgeted and Actual Paybill



Balance Sheet

- The opening balance sheet for the year at 1st April reflects the final audited accounts.
- Changes in fixed asset values are largely a consequence of the estimated value of indexation of existing assets at 1st April 2008 along with depreciation charged between April and January. New capital expenditure in 2008/2009 continues to progress and now adds over £10m to the fixed asset values.
- There has been a further small improvement in cash balances in month compared with the revised forecast with cash balances at the month end being approximately £0.2m above revised plan. The forecast outturn cash position remains consistent with the revised plan.
- Cash balances are expected to remain reasonably positive throughout the next 12 months although the planned falls in March 2009 (in part linked with payment of dividends and loan repayment) will mean that balances for much of the next financial year are expected to be at lower levels than experienced in 2008/09. This forecast will be updated as further information becomes available particularly through the forthcoming financial planning process.
- Forecast interest earnings continue to be reduced as a result of the ongoing significant recent reduction in base rates and this downturn in performance is reflected in earnings for the current month.

Sandwell and West Birmingham Hospitals

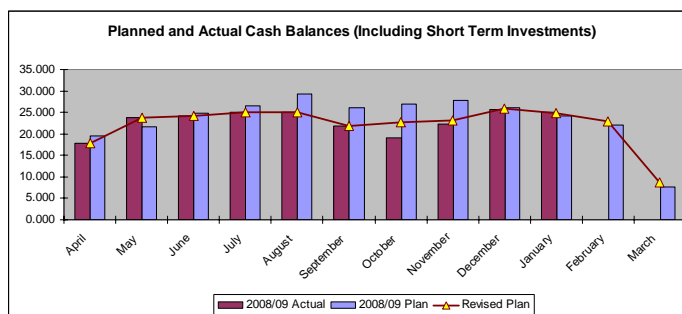


NHS Trust

Financial Performance Report – January 2009

Sandwell & West Birmingham Hospitals NHS Trust BALANCE SHEET

		Opening Balance as at March 2008 £000	Balance as at January 2009 £000	Forecast at March 2009 £000
Fixed Assets				
	Intangible Assets	373	310	325
	Tangible Assets	274,392	281,419	285,674
	Investments	0	0	0
Current Assets				
	Stocks and Work in Progress	3,649	3,503	3,550
	Debtors and Accrued Income	19,508	12,692	16,500
	Investments	0	0	0
	Cash	8,285	25,681	8,714
Current Liabilities				
	Creditors and Accrued Expenditure Falling Due In Less Than 1 Year	(27,172)	(36,813)	(28,715)
	Loan Repayments Due in Less Than 1 Year	(2,500)	(1,250)	0
Long Term Liabilities				
	Creditors Falling Due in More Than 1 Year	0	0	0
Provisions for Liabilities and Charges		(5,571)	(3,480)	(3,750)
		270,964	282,062	282,299
Financed By				
Taxpayers Equity				
	Public Dividend Capital	162,296	160,231	161,331
	Revaluation Reserve	83,147	93,779	93,779
	Donated Asset Reserve	2,669	2,669	2,500
	Government Grant Reserve	2,163	2,163	1,500
	Other Reserves	9,058	9,058	9,058
	Income and Expenditure Reserve	11,631	14,162	14,131
		270,964	282,062	282,299



Risk Ratings			
Measure	Description	Value	Score
EBITDA Margin	Excess of income over operational costs	8.4%	3
EBITDA % Achieved	Extent to which budgeted EBITDA is achieved/exceeded	101.3%	5
Return on Assets	Surplus before dividends over average assets employed	3.7%	3
I&E Surplus Margin	I&E Surplus as % of total income	0.9%	2
Liquid Ratio	Number of days expenditure covered by current assets less current liabilities	1.7	1
Overall Rating			2.5

Risk Ratings

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

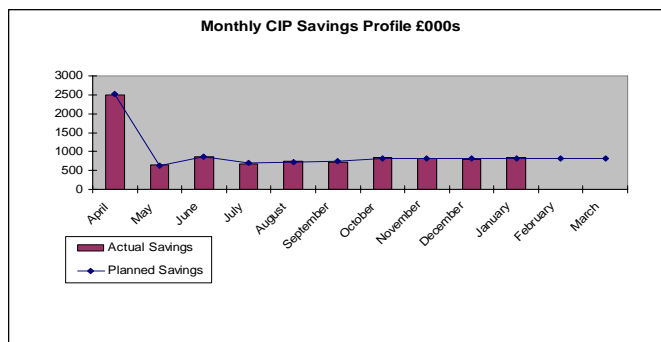
Financial Performance Report – January 2009

The tables below shows the summary forecast cash position over the next 12 months, including the remainder of the current financial year. The position at January reflects actual cash balances held by the Trust.

Sandwell & West Birmingham Hospitals NHS Trust													
CASH FLOW													
12 MONTH ROLLING FORECAST AT January 2009													
ACTUAL/FORECAST	January 2009 £000s	February 2009 £000s	March 2009 £000s	April 2009 £000s	May 2009 £000s	June 2009 £000s	July 2009 £000s	August 2009 £000s	September 2009 £000s	October 2009 £000s	November 2009 £000s	December 2009 £000s	January 2010 £000s
Receipts													
Patient Related Income	25,540	26,359	26,359	26,722	26,722	27,222	26,722	26,722	26,722	26,722	26,722	26,722	26,722
Education & Training	1,385	1,326	1,326	1,356	1,356	1,356	1,356	1,356	1,356	1,356	1,356	1,356	1,356
Loans	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest	47	40	20	68	49	72	79	83	87	79	67	43	28
Other Receipts	3,861	2,850	2,850	2,800	2,800	2,800	2,800	2,800	2,800	2,801	2,802	2,803	2,804
Total Receipts	30,833	30,575	30,555	30,946	30,927	31,450	30,957	30,961	30,965	30,958	30,947	30,924	30,910
Payments													
Payroll	19,559	20,168	20,555	20,866	20,866	20,866	20,866	20,866	20,866	20,866	20,866	20,866	20,866
Non Pay	11,873	10,928	19,702	9,689	10,339	8,889	10,339	9,139	10,589	10,589	10,589	9,139	9,139
PDC Dividend	0	0	4,629	0	0	0	0	0	4,700	0	0	0	0
PDC Repayment	0	0	0	0	0	0	0	0	0	0	0	0	0
Repayment of Loans	0	0	1,250	0	0	0	0	0	0	0	0	0	0
Interest	0	0	34	0	0	0	0	0	0	0	0	0	0
Other Payments	31	100	100	100	100	100	100	100	100	100	100	100	100
Total Payments	31,463	31,196	46,270	30,655	31,305	29,855	31,305	30,105	36,255	31,555	31,555	30,105	30,105
Cash Brought Forward	25,681	25,051	24,430	8,714	9,005	8,628	10,223	9,876	10,732	5,443	4,846	4,238	5,058
Net Receipts/(Payments)	(630)	(621)	(15,715)	291	(377)	1,595	(347)	856	(5,290)	(597)	(608)	820	806
Cash Carried Forward	25,051	24,430	8,714	9,005	8,628	10,223	9,876	10,732	5,443	4,846	4,238	5,058	5,863

Cost Improvement Programme

- The adjacent table shows actual performance of CIP schemes against plan.
- In January, actual performance was slightly above plan delivering an in month performance of £837k and a year to date actual of £9,431k which is £5k above plan.
- The forecast outturn is that the programme will be fully delivered at the year end.



Financial Performance Report – January 2009

Forecast Outturn and Forward Look

- The forecast outturn position for the Trust currently remains at £2.5m which is in line with its target required to repay the residue of the working capital loan.
- Activity and income performance continues to be mixed across commissioners, specialties and patient types. As expected, activity has picked up in December compared with planned levels although it should be noted that planned activity in December is relatively low reflecting the reduction in elective activity over the holiday period. However, this is an area which can be volatile from one month to another and it does have the potential to significantly change the financial performance of the Trust. The Trust will continue to monitor its referral data.
- Performance against pay budgets has deteriorated in month and year to date spend is now higher than planned levels. Although wte numbers continue to be significantly lower than planned, ongoing high levels of spend on bank and agency has resulted in an erosion of the pay under spend experienced during the early part of the year. Agency expenditure alone is growing and, whilst on some occasions employment of agency staff is the most cost effective solution, expenditure in excess of under spending on substantive posts is not sustainable for any material length of time. A significant amount of actual and potential volatility exists in pay with the use of bank and agency staff and the Trust will need to continue to closely monitor and manage all pay spend both for the remainder of the year and for future years.
- Non pay expenditure in month is significantly higher than plan although almost half of this over spend relates to a one off technical adjustment in relation to the change in capitalisation levels for the unitary payment for the BTC. Nevertheless, significant pressure on non pay budgets still exists and is likely to intensify as winter pressures and delivery of performance targets push expenditure levels upwards.
- Expectations across and outside the NHS for settlements in future years are not optimistic and the Trust, along with the whole of the NHS, will find itself operating in an environment which has even tighter financial targets and potentially greater expectations of the ability to deliver ongoing efficiency gains. To this end, the Health Secretary has said that the NHS, along with the rest of the public sector, will have to make its contribution to delivering greater efficiency.
- Significant pressure on the Trust's financial position will be exerted by the assumptions in the 09/10 Operating Framework, the level of inflation assumed in 09/10 prices and the dramatic increases in clinical negligence premiums. A review of the projected financial position for 09/10 is considered in a separate report.

Financial Performance Report – January 2009**Conclusions**

Overall, the Trust has delivered a bottom line year to date surplus of £2,531,000 which is £315,000 ahead of plan for the 10 months to 31st January. The Trust continues to forecast a bottom line surplus of £2.5m at the year end. There has been an improvement in income levels (based on December data) in month although this does remain an area of volatility and will need to be closely monitored over the remainder of the year.

Although capital expenditure continues to be lower than plan, a further £1.1m of expenditure was incurred in month. The forecast year end capital position is an undershoot of almost £1m.

Cash balances have remained close to planned levels for the month and expected cash flows over the remainder of the year confirms the revised plan of delivering a balance of £8.7m at 31st March 2009.

Recommendations

The Trust Board is asked to:

- i. NOTE the contents of the report.

Robert White

Director of Finance & Performance Management

TRUST BOARD

REPORT TITLE:	Foundation Trust Service Performance 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:	26 February 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:

For Noting

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Board is asked to receive and NOTE the report.

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

Compliance with the Foundation Trust application process

IMPACT ASSESSMENT:

FINANCIAL	<input checked="" type="checkbox"/>	
ALE	<input checked="" type="checkbox"/>	
CLINICAL		
WORKFORCE		
LEGAL	<input checked="" type="checkbox"/>	
EQUALITY & DIVERSITY		
COMMUNICATIONS		
PPI		
RISKS		

TRUST BOARD

REPORT TITLE:	State of Healthcare 2008 – Healthcare Commission Report
SPONSORING DIRECTOR:	John Adler, Chief Executive
AUTHOR:	Simon Grainger-Payne, Trust Secretary
DATE OF MEETING:	26 February 2009

KEY POINTS:

A summary of the Healthcare Commission's report 'State of Healthcare 2008' is presented.

The Board is asked to note that the following Trust workstreams and action plans address the issues raised in the report:

- **Experience of patients** - Patient Experience Action Plan
- **Value for money** - Cost Improvement Programme and the Quality Management Framework
- **Performance** - Performance management and reporting system
- **Meeting standards** - Core Standards self-assessment and action plans
- **Providing safer care** - Patient Safety Action Plan
- **Tackling healthcare-associated infections** - HCAI Assurance Framework and Action Plan
- **The picture for mothers** - Maternity Integrated Development Plan
- **The picture for children and young people** - follow-up action plan from HCC children's services review, Safeguarding action plan
- **The picture for people with a learning disability** - Vulnerable Adults workstream

PURPOSE OF THE REPORT:

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

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

To receive and note the summary of the report and the workstreams and actions underway to address the issues raised in the report.

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

Aligns to a number of the Trust's corporate objectives, including the development of a patient safety culture; reducing infection rates; and achieving compliance with Healthcare Commission's core standards.

IMPACT ASSESSMENT:

FINANCIAL	<input checked="" type="checkbox"/>	Undertaking a cost improvement plan in response to the issues raised concerning value for money
ALE	<input type="checkbox"/>	
CLINICAL	<input checked="" type="checkbox"/>	Implementing a patient safety culture in response to issues concerning providing safer care; development and monitoring of an infection control assurance framework
WORKFORCE	<input checked="" type="checkbox"/>	
LEGAL	<input type="checkbox"/>	
EQUALITY & DIVERSITY	<input type="checkbox"/>	
COMMUNICATIONS	<input type="checkbox"/>	
PPI	<input checked="" type="checkbox"/>	Implementation of patient experience action plan in response to issues concerning experience of patients
RISKS		

State of Healthcare 2008

Summary



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In this final report from the Commission on the state of healthcare, we are pleased to identify sustained improvement in the healthcare provided to patients. There have been improvements in health and life expectancy, reductions in deaths from the 'big killers' – stroke, heart disease and cancer – reductions in rates of infection and dramatic improvements in waiting times. These are things to be celebrated.



“

This is the right time to reflect on the progress that has been made in healthcare over the past five years, and to think about the challenges that remain.

”

Anna Walker CB
Chief Executive

The Healthcare Commission

The Healthcare Commission works to promote improvements in the quality of healthcare and public health in England and Wales.

In England, we assess and report on the performance of healthcare organisations in the NHS and independent sector, to ensure that they are providing a high standard of care. We also encourage them to continually improve their services and the way they work.

In Wales, the Healthcare Commission's role is more limited. It relates mainly to national reviews that include Wales and to our yearly report on the state of healthcare. In this work, we collaborate closely with the Healthcare Inspectorate Wales, which is responsible for the NHS and independent healthcare in Wales.

The Healthcare Commission aims to:

- Safeguard patients and promote continuous improvement in healthcare services for patients, carers and the public.
- Promote the rights of everyone to have access to healthcare services and the opportunity to improve their health.
- Be independent, fair and open in our decision making, and consultative about our processes.

The state of healthcare in 2008

This is our final report to Parliament on the state of healthcare in England and Wales. We have used the opportunity to look afresh at our findings over the last five years, and what they tell us about healthcare as it is provided, and experienced, in 2008.

This summary, and our report as a whole, has been organised to reflect the balance of our work over the past year. The topics that we have selected present a good overview of where we are in health and healthcare today. Some issues cut across these topics however, and so are highlighted in our summary.

The backdrop for this report is a health service that is receiving more money than ever before, that employs more staff than ever before and is providing more care than ever before. There is much about the NHS that is very positive. This is recognised by those who use it and reflected in the satisfaction they express through our surveys.

Our assessments show that the NHS as a whole is getting better at using and managing its resources, and that it is performing better against the wide range of national targets it has to deliver and the core standards it has to meet.

Over the last few years, the NHS has made some dramatic progress. The work towards meeting the maximum waiting time of 18 weeks from referral by a GP to treatment in hospital has been particularly significant. This is a considerable achievement. We have also seen improvements in the speed with which ambulance services are able to respond to people in emergencies. Community mental health services such as 'crisis resolution home treatment' and 'assertive outreach' are now in place across the country and are delivering care to thousands of people.

SWBTB (2/09) 036 (a)





We can also see falling rates of death from the big killers such as cancer and heart disease and a continuing improvement in life expectancy. Good progress has been made in tackling some of the major challenges to public health, for example levels of smoking have decreased and rates of teenage pregnancy continue to fall.

Importantly, we are starting to see a real shift in the attention given by healthcare organisations to the safety of care. Safety is now on the agenda, arguably as never before. This is shown by, for example, the concerted effort to tackle the problem of healthcare-associated infections, such as those caused by MRSA and *C. difficile*.

All of this is good news, and we do not underestimate the effort it has taken. Staff working in healthcare should be congratulated.

Alongside this picture of improvement, however, there are inevitably areas of concern.

While overall measures of life expectancy and premature deaths are heading in the right directions, inequalities in health status between those in the richest and the most deprived parts of England are persistent and, in some cases, growing wider. Obesity, excessive alcohol consumption and sexually transmitted infections remain a major concern and are storing up health problems for the future.

While we are pleased to report that the safety of healthcare has a higher profile than in previous years, we continue to have concerns about the ability of healthcare providers to collect good information on the safety of care and to use it to improve their services and to protect patients. Stronger leadership in this area is still needed in all healthcare organisations to ensure that safe care is their first priority. More attention needs to be given to a wider range of matters relating to patients' safety: better reporting of incidents; more systematic learning from incidents and implementation of improved practices; and better information to compare performance in the provision of safe care. Everyone needs to recognise that improved safety is the first step towards a better health service.

While we have seen improvements in the performance of healthcare organisations, there remains a need for better information on the outcomes that people experience from the care they receive. This is the case across all sectors of care, from acute to primary, and all groups of patients. There is a great deal of work underway, often led by the Government, that seeks to address this shortage of information. We look forward to seeing it have an impact on the quality of healthcare.



While we are pleased to report that the safety of healthcare has a higher profile than in previous years, we continue to have concerns about the ability of healthcare providers to collect good information on the safety of care and to use it to improve their services and to protect patients.



We are concerned by the variable picture of quality that our in-depth reviews and studies have revealed. Our national reviews of maternity services, mental health services and of urgent care all showed a wide variation in performance. They provide a benchmark against which organisations can measure their progress and test the quality of their services against that of other providers. To do this successfully, healthcare organisations need to collect, analyse and disseminate information of good quality on the care they provide. Too often, we have found that the systems in place locally to gather and use information about care are either not there or not good enough.

One of the biggest challenges facing the NHS in England is getting the purchasing (commissioning) of healthcare right. Our work has given us a limited view of the quality of commissioning, but enough to suggest that more attention is needed.

We have continuing concerns about the ability of healthcare organisations to meet the needs of the more vulnerable in our society. Our work, and the work of others, show that too often people with learning disabilities are not well provided for. There are clear barriers to them gaining access to mainstream services for both physical and mental health problems.

Our work looking at services for children provides a mixed picture. While we have found evidence of very good practice, particularly in specialist hospital services, we have concerns about care in more general settings. We also have concerns about the care received by children and young people with complex needs. Finally, we have concerns about the arrangements in healthcare for the safeguarding of children.

We continue to have concerns about care for older people. Our work has highlighted the importance of dignity and respect, but we are yet to see substantial improvement in the experiences that people report to us.

Looking more broadly at the experience of patients and users of services, it is clear that levels of satisfaction are high, but further progress is needed to ensure that patients really are at the centre of care. Patients tell us that they want to be able to make meaningful choices, be fully involved in decisions about their care, and have the information they need, when they need it.

The big picture

Health

The overall picture is positive, with targets relating to the health of the population either met or on the way to being met:

- Life expectancy is increasing.
- Rates of premature death due to cancer and circulatory disease are falling.

However, there are underlying concerns. Inequalities in health status are persistent and, in some cases, are widening, despite targets aimed at reducing inequality.

The experience of patients

While overall satisfaction remains high, we have seen little change in the scores that trusts get for the experience of patients.

Finance

Funding has increased substantially in recent years, and the NHS receives a level of funding comparable to that in other similar countries.

NHS organisations are managing their resources better. The Audit Commission's annual assessments (reflected in our annual health check) show year-on-year improvements in this area.

Activity and workforce

The NHS in both England and Wales is busier than ever before. There have been major increases in consultations in primary care, admissions to hospital, visits to A&E, the use of community mental health services, and take-up of newer services such as NHS Direct and walk-in centres.

The NHS is also employing more people than ever before, with an increase of around 26% between 1997 and 2007.



Value for money

The available measures of value for money do not yet include enough information on quality of care and outcomes for patients to allow any robust view of how the NHS is doing. Better information on quality and outcomes is vital, if in future we are to have good measures of value for money.

Performance

Our annual health check of NHS organisations in England has shown year-on-year improvement in performance in meeting core standards and national targets.

Policy and reform

The NHS in England is in the middle of a period of extensive reform, aimed at radically improving commissioning, giving organisations more local flexibility and developing 'patient choice'. It will take time for the full impact of these changes to work through. Significant changes are also planned in Wales, including the ending of the split between commissioning and provision of care.

Assurance & reassurance

Meeting standards

- The NHS in England has made year-on-year improvements in meeting the national standards set by the Government.
- Relatively high levels of compliance with core standards are good news ahead of the new system of registration for the NHS in England in 2010.
- However, more than a third of trusts still only achieve a score lower than “fully met”, and more work is needed, particularly in the domains of ‘safety’ and ‘governance’.
- We have adopted a new approach to inspecting independent providers of healthcare, which allows us to focus our attention on those establishments which cause us the greatest concerns. Our work suggests that there has been some improvement overall.

Providing safer care

- Our work shows that the safety of patients has noticeably moved up the agenda for providers of healthcare and that there are some examples of good practice.
- Only around half of trusts in England comply with all of the Government’s core standards relating to safety.
- There is a growing body of evidence about what works to improve safety. Our work shows the importance of leadership and of making safe care the core of the organisation’s activity. Wider agreement is needed on what ‘good’ safety looks like.
- Our assessments show that effective systems are not always in place to understand safe care and risk, report and act on individual incidents, and analyse and act on wider lessons. The new registration requirements for health and social care should include such systems.
- Organisations still need to do more to encourage a culture of openness in identifying and reporting in the case of untoward events.
- More systematic reporting is needed particularly from GPs.

- Better comparative information about safe care needs to be generated at national, organisation and service level, to give confidence that good practice is being followed and risks are being addressed.
- A national database of serious untoward incidents should be compiled with clear responsibilities as to who should take what action in relation to them.

Tackling healthcare-associated infections

- The NHS has made a major impact on reducing MRSA infections, and the national target for reducing infections has been met. But almost half of trusts did not meet their individual targets for reducing or minimising MRSA infections during 2007/08.
- *C. difficile* is still a major problem for the NHS, but there are encouraging signs of recent improvement in dealing with it.
- Trusts are clearly tackling infection prevention and control vigorously. However, few trusts fully comply with the hygiene code, but we have found few breaches of the code that posed an immediate risk to patients. Trusts do need to ensure they have comprehensive systems in place to maintain the decrease in infection rates.
- Healthcare providers need to ensure that they improve their systems to tackle all infections, and not just focus on MRSA and *C. difficile*. This should be underpinned by agreement at a national level on what infections should be measured and how.



The NHS has made a major impact on reducing MRSA infections, and the national target for reducing infections has been met. *C. difficile* is still a major problem for the NHS, but there are encouraging signs of recent improvement in dealing with it.



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Six pictures of healthcare

A picture of health and healthcare in the community

- A greater focus on commissioning is evident from both Government and PCTs. We welcome the work that is underway, but all would recognise that there is some way still to go. This is very important for local people, because in our in-depth reviews we have often found that where services are poor, this is because commissioning is poor. Our reviews have also identified many high-performing organisations, showing that progress is possible.
- It is clear that people trust and value their GPs, but also want more flexible access to them. We welcome both the Government's proposed introduction of regulation for GP's practices, and their efforts to resolve issues of access in primary care.
- We have seen progress in some areas of public health including smoking, teenage pregnancy and access to sexual health clinics. However, progress has been more limited in other areas, such as obesity, alcohol misuse and sexually transmitted infections such as chlamydia. The greatest progress has been made where there are clear objectives and targets.
- Our annual health check has highlighted some improvement in the ability of PCTs to understand and meet the needs of people with long-term conditions. But too many organisations have not delivered all that they planned in this area.
- There is a lack of robust information about how well community services are performing.



A picture of urgent care and care in hospital

- The level of activity in A&E departments is increasing.
- The ability of the NHS to respond quickly to urgent need has improved.
- Both NHS acute hospital trusts and ambulance trusts have shown year-on-year improvements in our assessments of the quality of their services.
- However, more work is needed on measuring outcomes for patients.
- Our review of urgent and emergency care has highlighted a lack of integration between the services provided locally by a wide range of organisations.

The picture for mothers

- The number of births in England and Wales has risen by 16% since 2001, putting additional pressure on maternity services. Providers and commissioners face real challenges in meeting the needs of a growing, mobile and diverse population.
- Most women are satisfied with their maternity care, but we have found wide variations in the quality of services offered by the NHS in England and women do not always get the level of care to which they are entitled.
- In the least well-performing organisations, we have found a pattern of lower levels of staff, poorer access to training for staff, poor relationships between professional groups and problems in collating and using information about maternity services.
- Essential data about maternity services is not always routinely collected, making it difficult for local health services and national bodies to assess the quality of care provided, and to make the right changes to improve services. We welcome and support efforts by the Department of Health to make the national minimum dataset for maternity services a reality.
- During 2008, the Government has announced additional funding for the improvement of maternity services, and new standards for maternity services have been issued by the relevant Royal Colleges. Both of these developments are to be welcomed.

The picture for children and young people

- While children are generally healthy, inequalities in health linked to deprivation persist, including death in infancy. Other key challenges in relation to children and young people include obesity and sexual health.
- While death in childhood is uncommon, there are too many cases involving avoidable factors.

- Although the overwhelming majority of NHS organisations declare that they comply with the core standard for child protection, we have some underlying concerns about the priority given, in some organisations, to issues relating to children, the levels of essential training in child protection among clinicians, and lines of accountability and responsibility for child protection. At the Government's request, we will carry out a national review of arrangements in the NHS for the safeguarding of children.
- Children and young people with complex needs, including children with disabilities or those in situations that make them vulnerable, do not always get the attention and care from healthcare services that they need.
- Our work on acute hospital services has shown that children receive better care in settings where they are the main focus (such as inpatient paediatric units) than in more general settings.
- However, our work in acute hospitals also found some evidence of failure to recognise serious illness in children, due to a lack of training in paediatrics or a lack of supervision.
- Services for children with mental health needs have improved, but are still patchy.
- As for other services, there is a lack of good data with which to measure children and young people's access to services, and the outcomes they get.

The picture for people with mental health needs

- Compared with other trusts, specialist mental health trusts have tended to perform best in our annual health check.
- Good progress has been made towards the national target for reducing suicide.
- Substantial progress has been made in expanding the range of community-based services. People using these services report high levels of satisfaction.



- We have seen progress in inpatient services, helped by national initiatives.
- However, the quality and safety of both community and inpatient services vary enormously from area to area.
- There continues to be a greater representation of inpatients from black and minority ethnic groups than in the wider population, suggesting the need for better understanding of what could be done to avoid admissions for this group.
- Major work is underway to expand access to talking therapies for people who experience depression and anxiety, but access to a range of therapies for all with mental health needs could still be improved.
- There are major gaps in the availability of information about the quality of mental health care.

The picture for people with a learning disability

- We have concerns about the commissioning of health services for people with learning disability. We are carrying out further work in this area and will report on this in 2009.
- Specialist healthcare services for people with learning disabilities are generally safe. However, they do not always adequately meet the wider needs of those people using them.
- There are still barriers for people with a learning disability in gaining access to mainstream services, and so their physical health needs are too often poorly addressed. Within mainstream services, staff lack an awareness of how to respond to someone with a learning disability.
- We have too little information about care for people with both a learning disability and mental health needs, but we have concerns and so we have included in the annual health check for 2008/09 a measure of performance in this area.

“

Patients and users of healthcare services are generally very positive about the care they receive from the NHS, but they also want more flexible access to their GPs, better information, greater involvement in decisions about their care and respect for their dignity.

”



How does it feel for patients?

- Patients and users of healthcare services are generally very positive about the care they receive from the NHS, but they also want:
 - More flexible access to their GPs
 - Better information
 - Greater involvement in decisions about their care
 - Meaningful choice
 - Respect for their dignity.
- Waiting times for acute hospital care have fallen in both England and Wales.
- We continue to have concerns about access to mental health services, particularly access to talking therapies and out-of-hours crisis care.

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Albanian

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Arabic

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Yoruba

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Finance and Performance Management Committee – v0.1

Venue Executive Meeting Room, City Hospital

Date 22 January 2009; 1430h – 1630h

Members Present

Mr R Trotman [Chair]
 Dr S Sahota
 Mrs G Hunjan
 Ms I Bartram
 Mr J Adler
 Mr R White

In Attendance

Mr M Harding
 Mr S Clarke [Item 2 only]
 Mr B Higgins [Item 2 only]
 Mr P North [Item 2 only]

Secretariat

Mr S Grainger-Payne [Minutes]

Apologies

Mrs S Davis
 Mr T Wharram
 Prof D Alderson

Minutes	Paper Reference
1 Apologies for absence	Verbal
The Committee received apologies from Mrs Sue Davis, Professor Derek Alderson and Mr Tony Wharram.	
2 Presentation by the Facilities Division	SWBFC (1/09) 002 SWBFC (1/09) 002 (a)
<p>Mr Clarke advised the Committee that the Facilities Division incorporates hotel services; catering; transport; and security.</p> <p>The Committee noted that the Division has a high usage of agency staff, which had increased recently due to the introduction of ward services officers and discharge teams. The high turnover of staff in some areas of the division also means that it is more efficient to use agency staff rather than employ permanent members. A significant proportion of the overall agency spend was reported to be commission.</p> <p>Mr North presented the trading report for the Facilities division. As at 31 December 08, the division had incurred a deficit of £28k. Overall income, year to date, was noted to be £180k above budget, which was reported to be reflective of the division's share of the Medicine and Surgery overperformance. The deficit associated with catering was reported to be £218k year to date, although this performance is an improvement on recent years. Investment in three retail outlets is underway. Mr Trotman asked whether the cost of this investment was reflected in the division's position. He was advised that as the spend was capital, this was not included in the trading report for the division. Mr Clarke reported that there has been some delay in making the cook chill facility at Rowley operational, although the issues are currently being resolved. Income from accommodation has dipped significantly as less Junior Doctors than planned have taken the opportunity to take accommodation during the year. Miss Akhtar asked for an explanation of the decline in income. Mr Higgins reported that the accommodation used to be</p>	

Sandwell and West Birmingham Hospitals

NHS Trust

<p>available free of charge, although a charge is now made. In addition many Junior Doctors already have accommodation provided by Birmingham University. Miss Akhtar suggested that a strategy to make the accommodation more attractive was needed and thought should be given to an appropriate charging strategy. Mrs Davis suggested that a report should be presented at the next meeting of the Finance and Performance Management Committee which discusses accommodation strategy and financing.</p> <p>In terms of pay costs, the Committee noted a deficit of £117k, mainly attributable to the delayed introduction of the ward service managers. Portering is also responsible for a significant portion of this negative variance, where sickness has been a major pressure. A focus has been given to this area recently, resulting in reduced sickness levels in this area. Mr Trotman remarked that the portering arrangements for Sandwell and City sites differ and asked whether they should be harmonised. He was advised that plans were in place to discuss and agree this proposal. Mr North agreed to check whether security was paid from the portering budget.</p> <p>Regarding the patient transport service, the contract with Good Hope Hospital has been extended until 30 September 2009. The Birmingham Children's Hospital contract terminated on 30 September 2008, however there are no TUPE implications. New staff rotas are to be implemented to cover this work and minimise costs. Mr Trotman asked whether there had been any local pressure to adjust car parking charges. Mr Adler advised that the matter had recently been considered by the Executive Team and a revised charging structure will be introduced when the financial climate is more stable. It is notable that there have not been any complaints regarding car parking for a significant period.</p> <p>The replacement of the Trust's fleet was discussed. Leasing charges are likely to increase, given the decline in the residual value of cars finishing a hire agreement, however the current fleet is ageing and maintenance costs are high. In the light of the IFRS plans, there may be a need to charge car leases to the capital budget, with a portion of the rental costs paid in advance. The leasing of equipment at Sandwell was discussed. Mr Kirby offered to determine the leasing arrangements for the MRI at Sandwell which is within the remit of the Imaging division.</p> <p>Mr Clarke and his team were thanked for the informative presentation.</p>	
<p>ACTION: Steve Clarke to present a paper discussing the accommodation income strategy at the next meeting</p> <p>ACTION: Paul North to check whether security is paid for from portering budgets</p> <p>ACTION: Richard Kirby to determine the leasing arrangements for the MRI at Sandwell Hospital</p>	
<p>3 Minutes of the previous meeting</p>	<p>SWBFC (12/08) 073</p>
<p>The minutes of the last meeting were agreed as an accurate reflection of discussions held on 18 December 08.</p>	
<p>AGREEMENT: The minutes of the previous meeting were approved</p>	
<p>4 Matters arising from the previous meeting</p>	<p>SWBFC (12/08) 073 (a)</p>
<p>The Committee noted the updated action log.</p> <p>Mr Harding reported that the issue concerning the diagnostic waits in excess of six</p>	

Sandwell and West Birmingham Hospitals

NHS Trust

<p>weeks, caused by a shortage of isotope to support the MPI technique, was due to be reported to the Healthcare Commission. Over 400 instances of waiting times in excess of six weeks have been seen in connection with this shortage.</p>	
<p>5 Trust Board performance management reports</p>	
<p>5.1 2008/09 month 9 financial position and forecast</p>	<p>SWBFC (1/09) 003 SWBFC (1/09) 003 a) SWBFC (1/09) 003 (b)</p>
<p>Mr White reported that the original forecast surplus of £2.5m is still expected to be achieved. The cash position is broadly in line with plan at £0.1m below as at 31 December 08.</p> <p>The Committee was asked to note that a small deficit was incurred in December, mainly due to lower than expected levels of activity in November, affecting in particular the medical divisions and Surgery A. The position is expected to reverse next month due to recovered levels of activity in December. Quarterly reviews are also underway to monitor the position.</p> <p>In relation to the WTE position, it was noted that the difference between the budget and actual costs relates to bank and agency costs. Filling substantive positions is underway, therefore a downward trend in staff costs should be seen, as there is less reliance on agency and bank staff. Current staff turnaround was reported to be c. 7-8% for non-medical staff. Miss Akhtar asked whether the agency costs included sickness cover. She was advised that this was the case.</p> <p>Mr White advised that any flexibility in the financial position towards the year-end would be used to alleviate the cost pressure caused by the increased CNST premiums for 2009/10.</p> <p>Detailed work has been undertaken to forecast capital spend as much expenditure occurs in the final quarter of the financial year. There is a potential for an underspend against the year-end capital position, therefore work is underway to determine if there is any spend that may be brought forward. Expenditure associated with equipment and consumables continues to increase due to non-recurrent flexibility initiatives.</p>	
<p>5.2 Performance monitoring report</p>	<p>SWBFC (1/09) 004 SWBFC (1/09) 004 (a) SWBFC (1/09) 004 (b)</p>
<p>Mr Harding presented the Trust's summary performance.</p> <p>The performance against the cancelled operations target was noted to have improved, with a big reduction in Ophthalmology cancellations having been seen.</p> <p>A deterioration has been seen against the delayed transfers of care target, with a significant portion of these being Sandwell patients. Sandwell Social Services has been approached to discuss the poor performance and has been advised that punitive measures may be taken should the situation not be resolved. Miss Akhtar suggested that a SLA with the Local Authorities may be needed.</p> <p>Performance against the stroke target fell as a consequence of the wider range of diagnoses now included in this target. Dr Situnayake, the Deputy Medical Director is working to address this situation.</p> <p>Accident and Emergency waiting times performance improved during January, with an average of 98.2% being achieved month to date, lifting the year to date</p>	

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<p>performance to 97.68%. It was agreed that it would be operationally very challenging to meet the required 98% target from an operational perspective. It was noted that the performance does not include benefit from the walk-in centres, although this is not expected to contribute to the target to any significant degree. Performance related to City Hospital A and E department is largely back on track due to significant effort made and all available beds have been opened at Sandwell Hospital to assist with the circumstances.</p> <p>The Trust's performance against Infection Control targets remains good.</p> <p>New indicators are due to be added to the performance report, which have been lifted from the Maternity Dashboard. Mr Harding was asked to provide a baseline against the targets.</p> <p>Mr Harding was asked to explain why nurse bank fill rates had decreased, yet associated costs had increased. He advised that this was due to fill rates being estimated over the Christmas period, but would be adjusted in figures reported next month.</p> <p>Sickness was reported to be 4.35% year to date. The Committee was pleased to learn that there has been a steady decline in sickness absence.</p> <p>Diagnostic waits in excess of six weeks were noted to be largely a consequence of the residual effects of the shortage in isotope to support the MPI procedure performed by the Imaging division. Endoscopy waiting times were also noted to be high due to the sickness of one key consultant in this area. There were no breaches of the maximum 13-week waiting time for inpatients and outpatients.</p> <p>Ambulance turnaround times continue to be poor regionally. Delays in excess of 30 minutes were noted to be 33% for the month, which is comparable with the Strategic Health Authority average performance. There has been some recovery in recent weeks however which is due to be reflected in the next performance report.</p> <p>Mrs Hunjan observed that PDR levels appear to be low. She was advised that the majority of managers perform PDRs in the summer months, although the Chief Executive has issued a reminder to all managers to ensure the momentum with completing appraisals is maintained.</p> <p>Mr Harding was asked to ensure all responsibilities currently assigned to the previous Chief Operating Officer, are amended to reflect that Mr Kirby now occupies this position.</p>	
<p>ACTION: Mike Harding to provide a baseline assessment against the Maternity indicators included within the performance report</p> <p>ACTION: Mike Harding to remove reference to Tim Atack and replace with Richard Kirby</p>	
<p>5.3 Foundation Trust performance report</p>	<p>SWBFC (1/09) 005 SWBFC (1/09) 005 (a)</p>
<p>Mr White presented the draft FT performance report, which will be considered as a regular item should the Trust be authorised as a Foundation Trust. The report is required to demonstrate the Trust's position in terms of governance risk rating and the report presented shows the current position if there was a requirement to report on this risk rating now. Production of the report is a stipulation set by the Strategic Health Authority as a condition of the Trust's application for FT status.</p> <p>Dr Sahota asked for clarification on the weightings applied to the various aspects. He was advised that the weightings reflect the severity of the consequences should</p>	

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<p>a target be breached.</p> <p>It was noted that the contents of the report will be integrated into other reports currently produced and will not replace the standard performance report.</p>	
<p>6 Cost improvement programme (2008/09)</p>	
<p>6.1 CIP delivery report</p>	<p>SWBFC (1/09) 006 SWBFC (1/09) 006 (a) SWBFC (1/09) 006 (b) SWBFC (1/09) 006 (c)</p>
<p>Mr White reported that an exception report had been considered for the Surgery A CIP, where the division has been unable to close bed capacity as planned, as a consequence of the current number of medical outliers. Mitigations to address this situation are being considered.</p>	
<p>7 Financial planning framework 2009/10</p>	<p>SWBFC (1/09) 007 SWBFC (1/09) 007 (a) SWBFC (1/09) 007 (b)</p>
<p>Mr White reported that the financial planning framework comprises two main aspects: the 2009/10 CIP and the high-level financial forecast and budget. The increase in NHS Litigation Authority premiums has now been factored into the position, given that this represents a significant material increase in costs to the value of c. £3.4m. An early assessment of the published tariff for 2009/10 suggests that the proposed uplift is insufficient to cover the premium increase. The possibility of spreading the cost pressure between the current and next financial years is being investigated, which should alleviate the situation to some degree. The increased premium relates largely to the apparent rise in the cost of medics, therefore work is underway to ensure the data being used to calculate the premium is fully cleansed. Birth rates are an additional factor that determines the NHSLA levy.</p> <p>The CIP plans were considered in detail and represent just above £12m. Some of the schemes are already underway. Mrs Hunjan remarked that she was pleased that the overall programme contained very few non-recurrent schemes. The dehosting of Accident and Emergency was highlighted to relate to the need to bill the respective PCT for patients presenting at the Accident and Emergency Department. Miss Akhtar asked where the cost of homeless people presenting was picked up. She was advised that this was determined by where the patient was located immediately before admission to the Accident and Emergency Department.</p> <p>The capital programme was reviewed, which is based on an amended version of the entry in the Integrated Business Plan. The programme was noted to be tight due to the proposed Land Acquisition scheme.</p>	
<p>8 Working capital facility</p>	<p>SWBFC (1/09) 008 SWBFC (1/09) 008 (a)</p>
<p>Mr White reported that it was necessary to adopt a working capital facility as part of the authorisation for Foundation Trust status. The facility is to be in place to manage any short-term cash shortfalls.</p> <p>The value of the working capital facility is to be £27m. A number of commercial banks will be asked to tender for the provision of this facility, although current indications suggest that this could be costly to obtain. Dr Sahota recommended</p>	

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that mutual banks should be considered as part of the process.	
9	Minutes for noting
9.1	Minutes of the Financial Management Board
The Committee noted the minutes of the FMB held on 18 December 08.	
9.2	Minutes of the Strategic Investment Review Group
The Committee noted the minutes of the SIRG on 16 December 08.	
9.3	Actions and decisions from the Strategic Investment Review Group
The Committee noted the actions and decisions arising from the meeting of SIRG held on 13 January 09.	
10	Any other business
There was none.	
11	Details of next meeting
The next meeting is planned for 19 February 2009 at 1430h in the Executive Meeting Room, City Hospital.	

Signed

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Date

MINUTES

Governance and Risk Management Committee – Version 0.1

Venue Executive Meeting Room, City Hospital **Date** 22 January 2009; 1030h – 1230h

Members Present

Ms I Bartram [Chair]
Mr J Adler
Mr R White
Ms K Dhami
Mr D O'Donoghue

Apologies

Mr R Trotman
Prof D Alderson
Mrs R Stevens
Ms D McLellan [HoB tPCT]

In Attendance

Mrs R Gibson

Secretariat

Mr S Grainger-Payne [Minutes]

Minutes	Paper Reference
1 Apologies for absence	Verbal
The Committee received apologies from Roger Trotman, Derek Alderson, Rachel Stevens and Denise McLellan.	
2 Minutes of the previous meeting	SWBGR (11/08) 045
The Committee approved the minutes of the meeting held on 20 November 2008 as a true and accurate reflection of discussions held.	
AGREEMENT: The minutes of the previous meeting were approved	
3 Matters arising from the previous meeting	SWBGB (11/08) 045 (a)
The updated actions list was noted by the Committee. There were no overdue actions.	
4 Trust risk register update	SWBGR (1/09) 002 SWBGR (1/09) 002 (a) SWBGR (1/09) 002 (b)
Mrs Gibson presented the updated Trust risk register, which had been considered by the Governance Board and had been discussed at divisional governance meetings. Actions plans were reported to be underway to mitigate the majority of risks. New red risks have been identified and need to be moderated and assessed for suitability for addition to the Trust risk register. A discussion ensued during which suggestions were made as to the process needed to bring greater scrutiny of and	

SWBGR (1/09) 009

<p>challenge to the new red risks identified. It was agreed that Miss Dhami should undertake the scrutiny and moderation exercise, assessing the relativities of the risks identified, before presentation of the outcome to the Governance Board. Miss Dhami advised that queries relating to specific risk would be escalated to the Executive Team on an exceptional basis. Mr White highlighted the requirement of the Auditors' Local Assessment (ALE), where assessment of the risk register should be demonstrated as featuring in the Trust's business planning process.</p> <p>It was noted that although much work has been put into addressing the improvement of maternity services, the risks identified have not been formally entered onto the Trust risk register. It was agreed that a separate risk concerning these should join the risk register and be rated 25 pre-mitigation and 16 post-mitigation.</p>	
<p>ACTION: Kam Dhami to undertake the red risk moderation and assessment exercise before presentation to the Governance Board</p> <p>ACTION: Ruth Gibson to amend the Trust risk register to add a red risk around maternity services</p>	
<p>5 Corporate Objectives risk register update</p>	<p>SWBGB (1/09) 003 SWBGB (1/09) 003 (a)</p>
<p>Ms Dhami presented the updated corporate objectives risk register. It was noted that there is a degree of duplication between this risk register and the Trust risk register, given that all red corporate objective risks are included on the Trust risk register.</p> <p>The Committee received and noted the updated risk register.</p>	
<p>6 Assurance Framework update</p>	<p>SWBGR (1/09) 004 SWBGR (1/09) 004 (a)</p>
<p>Mr Grainger-Payne presented the updated Assurance Framework.</p> <p>Progress with the actions to address the gaps in control and assurance was reported to be good, with the exception of actions against objectives to achieve national targets and improvement of productivity. The amber status is reflective of the recent operational pressures.</p> <p>Ms Dhami reported that a recent Internal Audit report had provided a good view of the Trust's Assurance Framework. The recent historical due diligence review has however suggested that the Assurance Framework should include the relevant risk scores.</p>	
<p>7 Patient safety development plan</p>	<p>SWBGR (1/09) 005 SWBGR (1/09) 005 (a)</p>
<p>Mrs Gibson presented the updated progress with the patient safety development plan.</p> <p>Since the last meeting, a number of key actions have been completed. Training in patient safety is underway and work is in progress to review the risk structures concerning patient safety. Workforce managers are considering whether to adopt the NPSA Incident Decision Tree, in line with the aim of ensuring HR investigations following incidents adhere with national good practice around 'fair blame'. KPIs are being developed to assess performance with patient safety. These KPIs will link in</p>	

<p>with the quality management framework being developed by the Medical Director. It is intended to pilot reporting against the KPIs with five divisions. Falls data is now included within the set of KPIs. It was agreed that care needed to be taken to ensure that there is not duplication between the patient safety KPIs and other information currently being monitored as part of the performance management framework. Mr Grainger-Payne was asked to ensure that the Executive Team discusses this matter.</p> <p>Ownership of the patient safety development at divisional level is good and draft strategies are in place.</p> <p>An electronic system of incident reporting is being developed, although the final timescale for the implementation of this system is yet to be finalised.</p> <p>It was noted that the process for execution of actions following an incident is improving.</p> <p>Patient safety walkabouts have now been introduced and involve Dr Sarindar Sahota as the Non-Executive Director with responsibility for patient safety. Feedback from staff concerning these walkabouts has been good.</p>		
<p>ACTION: Simon Grainger-Payne to schedule a discussion by the Executive Team concerning the potential duplication between patient safety KPIs, ward reviews and the Quality Management Framework</p>		
8	CNST update	Verbal
<p>Ms Dhimi reported that there had been an interim visit from the CNST assessor. There is due to be a significant increase in premiums, reinforcing the need for a good performance in the assessment planned for September 2009. The Finance and Performance Committee is due to be appraised of the change in premiums at a future meeting.</p>		
9	Red incident report	SWBGR (1/09) 006 SWBGR (1/09) 006 (a)
<p>Mrs Gibson reported that eleven red incidents were reported in December, one of which was a 'red flag' incident. Two MRSA bacteraemia cases were reported, both of which were pre-48 hours incidents. It has been agreed that <i>C difficile</i> cases will now be featured in the monthly red incident report to the Board, instead of MRSA cases given that these are now at a very low level.</p> <p>The Committee was pleased to note that there has been a significant reduction in Maternity-related incidents.</p> <p>Risk management meetings and the Adverse Events Committee remain in place to review the detail of the red incidents reported.</p>		
10	Clinical audit forward plan monitoring	SWBGR (1/09) 007 SWBGR (1/09) 007 (a)
<p>Ms Dhimi presented the latest position concerning progress with the clinical audit forward plan. The plan had been considered in detail by the Governance Board.</p>		
11	ALE improvement plan – progress to date	SWBGR (1/09) 008

<p>Mr White reported that in preparation for the ALE submission, draft responsibilities have been assigned against the elements of the three themes due to be assessed: Value For Money, Internal Control and Financial Management. The remaining two themes, Financial Standing and Financial Reporting will be assessed following the submission of the annual accounts in June 09.</p> <p>The Committee noted the timetable set out to ensure evidence identification and collation is prepared in time for the submission at the beginning of February 2009.</p>	
<p>12 Minutes from the Governance Board</p>	<p>SWBGB (11/08) 107 SWBGR (12/08) 124</p>
<p>The Governance and Risk Management Committee noted the minutes of the Governance Board held on 7 November and 5 December 2008.</p>	
<p>13 Any other business</p>	<p>Verbal</p>
<p>Mrs Gibson reported that as part of the forthcoming CNST assessment, evidence of the attendance of the members of the Committee at meetings was due to be submitted.</p> <p>It was suggested that consideration should be given to amending the terms of reference for the Committee to ensure that the quorum includes a medic, therefore should Mr O'Donoghue be unable to attend, a deputy medical director should attend in his place. Mr Grainger-Payne was asked to ensure that this matter be given consideration by the Executive Team.</p> <p>Reporting arrangements between the Governance Board and the Governance and Risk Management Committee are also due to be considered as part of the CNST review. In particular, demonstration that the objectives of the Governance Board are reviewed by the Governance and Risk Management Committee is needed.</p>	
<p>ACTION: Simon Grainger-Payne to schedule a discussion by the Executive Team concerning the Governance and Risk Management Committee terms of reference</p>	
<p>14 Details of the next meeting</p>	<p>Verbal</p>
<p>The date of the next meeting is 19 March 2009 at 1030h in the Executive Meeting Room, City Hospital.</p>	

Signed

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Date