

AGENDA

Trust Board – Public Session

Venue Boardroom, Sandwell Hospital

Date 23 February 2012; 1530h - 1730h

Members

Mr R Trotman	(RT)	[Chair]
Dr S Sahota	(SS)	
Mrs G Hunjan	(GH)	
Prof D Alderson	(DA)	
Mrs O Dutton	(OD)	
Mr P Gayle	(PG)	
Mr J Adler	(JA)	
Mr D O'Donoghue	(DO'D)	
Mr R White	(RW)	
Miss R Barlow	(RB)	
Miss R Overfield	(RO)	
Mr M Sharon	(MS)	

In Attendance

Mr G Seager	(GS)
Miss K Dhami	(KD)
Mrs J Kinghorn	(JK)
Mrs C Rickards	(CR)
Mrs C Powney	(CP) [Sandwell LINKs]

Secretariat

Mr S Grainger-Payne (SGP) [Secretariat]

Guests

Mrs J Bayliss	(JB)	[Item 7]
Dr B Thomson	(BT)	[Item 11.1]

Item	Title	Reference Number	Lead
1	Apologies	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	Minutes of the previous meeting <i>To approve the minutes of the meeting held on 26 January 2012 as true and accurate records of discussions</i>	SWBTB (1/12) 290	Chair
4	Update on actions arising from previous meetings	SWBTB (1/12) 290 (a)	Chair
5	Chair's opening comments	Verbal	Chair
6	Questions from members of the public	Verbal	Public
PRESENTATION			
7	Organ Donation update	Presentation	JB

FOR APPROVAL			
8	Execution of contract as a Simple Contract - Pharmacy Automated Storage and Distribution system at City Hospital	SWBTB (2/12) 003	GS
9	Execution of Contract as a Simple Contract - Reconfiguration of Paediatric unit at Sandwell Hospital	SWBTB (2/12) 004	GS
10	Execution of Contract as a Simple Contract - Reconfiguration of Fracture Clinic at Sandwell Hospital	SWBTB (2/12) 005	GS
MATTERS FOR INFORMATION/NOTING			
11	Safety, Quality and Governance		
11.1	Radiation Protection update	SWBTB (2/12) 011 SWBTB (2/12) 011 (a)	BT
11.2	Quarterly Infection Control report (October – December 2011)	SWBTB (2/12) 013 SWBTB (2/12) 013 (a)	RO
11.3	Cleanliness update	SWBTB (2/12) 009 SWBTB (2/12) 009 (a)	RO
11.4	National Outpatient Department survey 2011	SWBTB (2/12) 014 SWBTB (2/12) 014 (a) SWBTB (2/12) 014 (b)	JK
12	Performance Management		
12.1	Monthly finance report	SWBTB (2/12) 008 SWBTB (2/12) 008 (a)	RW
12.2	Draft minutes from the Finance and Performance Management Committee meeting held on 16 February 2012	To follow	RT
12.3	Monthly performance monitoring report	SWBTB (2/12) 018 SWBTB (2/12) 018 (a)	RW
12.4	NHS Performance Framework/FT Compliance monitoring report	SWBTB (2/12) 019 SWBTB (2/12) 019 (a)	RW
13	Strategy and Development		
13.1	'Right Care, Right Here' programme: progress report including update on decommissioning	SWBTB (2/12) 015 SWBTB (2/12) 015 (a)	MS
13.2	Reconfiguration		
▶	Clinical reconfiguration update	SWBTB (2/12) 016 SWBTB (2/12) 016 (a)	MS
▶	Minutes of the Reconfiguration Board held on 2 February 2012	SWBTB (2/12) 024	GH

13.3	Foundation Trust application programme		
▶	Programme Director's report	SWBTB (2/12) 017 SWBTB (2/12) 017 (a)	MS
▶	Minutes of the FT Programme Board held on 26 January 2012	SWBFT (1/12) 010	MS
13.4	Midland Metropolitan Hospital project: Programme Director's report	Verbal	GS
14	Operational Management		
14.1	Sustainability update	SWBTB (2/12) 002 SWBTB (2/12) 002 (a)	GS
15	Update from the Trust Board Committees		
15.1	Update from the meeting of the Audit Committee held on 9 February 2012	Verbal	GH
15.2	Update from the meeting of the Charitable Funds Committee held on 9 February 2012	Verbal	SS
16	Any other business	Verbal	All
17	Details of next meeting <i>The next public Trust Board will be held on 29 March 2012 at 1530h in the Anne Gibson Boardroom, City Hospital</i>		

Sandwell and West Birmingham Hospitals



NHS Trust

MINUTES

Trust Board (Public Session) – Version 0.2

Venue Anne Gibson Boardroom, City Hospital

Date 26 January 2012

Present

Mr Roger Trotman (Chair)	Mr John Adler
Mrs Gianjeet Hunjan	Mr Robert White
Dr Sarindar Sahota OBE	Miss Rachel Barlow
Mr Phil Gayle	Miss Rachel Overfield
Mrs Olwen Dutton	Mr Mike Sharon
Prof Derek Alderson	Mr Donal O'Donoghue

In Attendance

Miss Kam Dhami
 Mrs Jessamy Kinghorn
 Mr Graham Seager
 Mrs Carol Powney [Sandwell LINKs]

Guests

Mrs Jayne Dunn [Item 11.4 only]
 Dr Deva Situnayake [Item 11.4 only]
 Dr Kamel Sharobeem [Item 11.4 only]

Secretariat

Mr Simon Grainger-Payne

Minutes	Paper Reference
1 Apologies for absence	Verbal
No apologies were received.	
2 Declaration of Interests	Verbal
There were no declarations of interest raised.	
3 Minutes of the previous meeting	SWBTB (12/11) 263
The minutes of the previous meeting were presented for approval and subject to minor amendment were accepted as a true and accurate reflection of discussions held on 15 December 2011.	
AGREEMENT: The Trust Board approved the minutes of the last meeting subject to minor amendment	

4	Update on actions arising from previous meetings	SWBTB (12/11) 263 (a)
The updated actions list was reviewed and it was noted that there were no outstanding actions requiring discussion or escalation.		
5	Chair's opening comments	Verbal
Mr Trotman did not wish to make any opening comments.		
6	Questions from members of the public	Verbal
There were no members of the public present.		
Items for Approval		
7	Updated register of interests	SWBTB (1/12) 265 SWBTB (1/12) 265 (a)
Mr Grainger-Payne presented an updated version of the Trust Board's register of interests which he advised had been amended to reflect a change in the Board membership and a number of changes to individuals' list of interests.		
The Trust Board was asked for and gave its approval to the revised register of interests.		
AGREEMENT: The Trust Board approved the revised register of interests		
8	Single Tender Action – Rowley Regis Catering Refrigeration	SWBTB (1/12) 270 SWBTB (1/12) 270 (a)
Mr Seager reported that although the catering equipment was working well at Rowley Regis, the refrigeration equipment contained a gas that was not legally acceptable. The Board was advised that additionally, the equipment was expected to require replacement in the near future as it would become more costly to maintain.		
Mr Gayle questioned why the expenditure was being requested using a Single Tender Arrangement. Mr Seager advised that the purchase would be undertaken through an agreed Government procurement framework which had already been subject to due process therefore tendering was not required.		
The Trust Board approved the Single Tender Action.		
AGREEMENT: The Trust Board approved the Single Tender Action in respect of catering equipment at Rowley Regis Hospital		
9	Safety, Quality and Governance	
9.1	Care Quality Commission (CQC) reports and action plans	SWBTB (1/12) 276 SWBTB (1/12) 276 (a)

<p>Miss Overfield presented the final report from the Care Quality Commission that detailed the findings of the visit made to Sandwell Hospital on 16 December 2011. The Board was informed that the Trust had been found to be compliant with Outcomes 5 and 1 concerning privacy, dignity and nutrition.</p> <p>The Board expressed its appreciation for the successful outcome to Miss Overfield and the staff involved with delivering the improved standards.</p> <p>Mrs Dutton highlighted the positive comments about the staff that had been cited in the report.</p> <p>Mr Sharon advised that one of the Board statements as part of the new Provider Management Regime monthly return related to compliance with CQC essential standards.</p>	
<p>9.2 Nursing update</p>	<p>SWBTB (1/12) 275 SWBTB (1/12) 275 (a) - SWBTB (1/12) 275 (c)</p>
<p>Miss Overfield presented an overview of key nursing activities and trends.</p> <p>The Board was advised that the Strategic Health Authority was giving greater scrutiny to rates of pressure sores and that trusts within the region would be performance managed on these in future.</p> <p>In terms of nutrition and hydration, the Board was pleased to learn that c. 90% of fluid balance charts were now being completed.</p> <p>The Board was informed that on two inpatient wards, the nurse staffing ratio had fallen to below one whole time equivalent (WTE) member of staff to one bed. On ward Priory 4, Miss Overfield reported that additional funding had been provided to the ward to address the position and on Lyndon 2, a recent closure of beds had created an improved ratio. The ratio of trained to untrained staff working on wards was reported to be an additional area of focus at present, where the desirable position was to be 60:40. It was highlighted however that there were some areas where the decision had been taken to not adopt this staffing model due to the nature of the patients being treated which was more suitable for delivery by Healthcare Assistants. The Board was asked to note that there had been a reduction in the use of bank and agency staff on wards.</p> <p>In terms of End of Life Care, Miss Overfield reported that the delivery against the CQuIN target to ensure patients die in their preferred place of death was challenging due to patients being readmitted after discharge. Closer attention was therefore reported to be planned on the reasons for the failure of the discharge packages.</p> <p>On quality audits, the Board was asked to note that there had been good improvement seen against a number of metrics. The areas of concern were noted to relate to promoting health and wellbeing in particular, although measures</p>	

were reported to be being built into smoking cessation initiatives. Patient identification compliance was also highlighted to be an area of concern, although this was reported to be reflective of a revised requirement to extend the target to documentation.

In terms of leadership, the Board was advised that national recommendations around releasing ward managers to lead their areas were reported to have been released, therefore Miss Overfield advised that options as to how this might be applied within the Trust were being considered.

Further guidance requiring each patient to be visited every hour by a registered nurse was reported to have been issued, with a requirement for these visits to be documented. The Board was asked to note that implementation of this guidance was expected to be challenging.

The Board was provided with an update on those wards currently of concern, which were highlighted to be D16/D18 at City Hospital and the Emergency Assessment Unit, Priory 4 and Lyndon 2 at Sandwell Hospital. The wards were reported to be under close scrutiny at present. A cycle of mock CQC inspections was reported to be underway, with 52 having been undertaken to date.

The Board's attention was drawn to the patient satisfaction survey results, where an increase in the number of ratings of 'excellent' and 'good' for quality of care was highlighted. The Board was informed that a more sophisticated version of the Net Promoter Score, as a measure of patient satisfaction, would be introduced shortly, consistent with the Strategic Health Authority's approach.

Returning to the wards of concern, Mr White asked after what period of monitoring would the decision be taken to place the ward in Special Measures. Miss Overfield advised that this decision could be taken immediately if needed.

Mr Gayle remarked that the plans for nurse leadership were of particular interest as it supported the work needed to maintain compliance with the CQC essential standards. Miss Overfield agreed and advised that at present, there were issues concerning the size and scope of the Ward Manager role, where little time within the weekly routine was currently available for leadership, with the majority of time being dedicated to clinical work. Mr Adler reported that an options paper was being prepared which would summarise the issues with leading a ward given the time constraints at present. Miss Overfield added that ward leadership would need to be given greater attention given the national initiatives that would need to be implemented. The Board was advised that the solutions to the ward leadership issues would be likely to attract a significant cost for the Trust.

Mr Gayle observed that the use of agency and bank staff had reduced, however he asked with what activity the peaks of usage reported were associated. Miss Overfield advised that this was reflective of the Heads of Nursing response to addressing nurse staffing ratios and to delivery of the CQC action plans. Mr Gayle suggested that quality of care might be compromised through high bank and

<p>agency usage. Miss Overfield advised that this would not likely to be the case, given that the majority of bank staff were current substantive employees of the Trust.</p> <p>Dr Sahota asked how the process regarding return to work following sickness absence was being embedded. Miss Overfield advised that a robust system was in place for return to work and a decline in sickness absence levels had been seen across the Trust. It was highlighted that wards of concern were often characterised by high sickness absence levels and poor leadership.</p> <p>Dr Sahota remarked that the Board had been advised previously that there was a wide selection of food available to patients, yet he noted that over 11% of patients suggested that there was too little choice. Miss Overfield reported that there was a higher rate of dissatisfaction in areas where turnover of patients was high, such as assessment units. Mr Trotman asked whether patients staying in hospital for longer periods might also experience a limited choice of food. Miss Overfield advised that any patients staying in hospital for over 10 days were able to access food from the canteens which provided additional choice to the catering menus.</p> <p>Mrs Dutton reported that in her experience, noise at night, particularly from the fire alarms, caused disturbance.</p>	
<p>8.3 Update on complaints handling</p>	<p>SWBTB (1/12) 284 SWBTB (1/12) 284 (a)</p>
<p>Miss Dhami advised as at 30 December 2011, the backlog of complaints had been cleared as planned, with the exception of five cases in which the complainants had requested meetings with the Trust. Of the meetings, it was reported that two had taken place, one was to be arranged to the convenience of the complainant and in another case the complainant was considering whether a meeting was necessary.</p> <p>In terms of compliance with the failsafe targets, the Board was advised that these would be amended from 1 February 2012 to ensure a more timely response to complaints was issued. Some of the green and yellow complaints were reported to be being processed using a fast track system. It was reported that an evaluation of the impact of the new targets would be made at the beginning of April 2012.</p> <p>Regarding the CQC action plan for Outcome 17, the Board was informed that the CQC wished to gain feedback from ten complainants before the concern could be closed.</p>	
<p>10 Performance Management</p>	
<p>10.1 Monthly finance report</p>	<p>SWBTB (1/12) 267 SWBTB (1/12) 267 (a)</p>

<p>Mr White reported that a positive variance against the planned surplus had been seen during December, with a year to date surplus of £771k having been achieved. The Trust's cash balance was reported to be at an acceptable position.</p> <p>The Board was advised that the majority of divisions had reported a positive position for December 2011, although it continued to be anticipated that a deficit would be reported in line with the targets agreed for the Medicine & Emergency Care, Surgery, Anaesthetics & Critical Care and the Women and Child Health divisions at the year end.</p> <p>It was highlighted that the Medicine and Emergency Care division had been removed from Special Measures.</p> <p>Amendments to the Capital Plan were reported to include the impact of the IT data storage business case that the Board was noted to have approved at its earlier session. The Board was asked to approve the changes proposed to the Capital Plan. Approval to the changes was given.</p>	
<p>AGREEMENT: The Trust Board approved the proposed changes to the Capital Plan</p>	
<p>10.2 Update from the meeting of the Finance and Performance Management Committee held on 19 January 2011</p>	<p>Verbal</p>
<p>Mr Trotman advised that at its meeting held on 19 January 2012, the Finance and Performance Management Committee had received a presentation from the Surgery B division, where it had been reported that the division was on target to deliver a balanced position by the year end. The division was also reported to have advised that it was on track to deliver the Cost Improvement Plan of £1.465m in full and was finalising the Transformation Savings Plans of £2.255m for 2012/13.</p> <p>The Committee was reported to have been advised that the Trust had delivered a favourable position in December, assisted to some degree by reserves. It was noted that in particular the Committee had been pleased to see that a positive variance against plan had been reported by the Medicine & Emergency Care and Women & Child Health divisions. The Board was informed that the Committee has been advised that the forecast outturn for the Trust indicated savings on payroll costs and a surplus in line with the Department of Health target. Mr White reminded the Board that in line with previously agreed targets, a number of the Trust's divisions were expected to report a deficit by the end of the year.</p> <p>Mr Trotman advised that the financial planning season had started and that the Committee had been appraised of the planning assumptions. Progress updates to the Committee were reported to be planned in February and March 2012, although it had been highlighted that the date of the March 2012 meeting was the same as that for the final financial plan to be submitted to the Strategic Health Authority. As such, the Board was advised that the Finance and</p>	

<p>Performance Management Committee would be asked to approve the budget on behalf of the Trust Board. Members not usually attending were offered the opportunity to attend the Committee meeting for this item if they wished.</p> <p>The Board was informed that the Committee had received the recovery plan for the Medicine & Emergency Care and Surgery, Anaesthetics & Critical Care divisions and the good progress with delivery of the actions had been welcomed. Against this background, the Committee endorsed the decision to remove the Medicine & Emergency Care division from Special Measures.</p> <p>Mr Trotman reported that an update on the current year's Cost Improvement Programme had been received where it had been highlighted that the position was currently 8.1% behind target. The Committee was reported to have been reassured that the planned target of £21.865m would be met by the year end.</p> <p>The Committee was reported to have received a report discussing the progress with the delivery of the Transformation Plan, where it had been noted that external advisers had been on site for two weeks and they were planning to assist the Trust with identifying the required savings plans.</p>	
<p>10.3 Monthly performance monitoring report</p>	<p>SWBTB (1/11) 273 SWBTB (1/11) 273 (a)</p>
<p>Mr White highlighted that performance to date against the stroke care target was flagged as being at amber status. Miss Barlow reported that there had been a great deal of focus on stroke care at present however, a revised escalation process had been implemented which had improved the performance against the high risk TIA target to 87.5% during January 2012 to date.</p> <p>Performance against the cancer services target was reported to be on target. Cancelled operations were noted to have increased and issues were reported to remain with Delayed Transfers of Care. It was reported that the Accident & Emergency Care waiting time target had not been met for the month, however performance against the clinical indicators for this area remained good. A heightened escalation process was reported to have been implemented for ambulance turnaround times.</p> <p>Mr Trotman advised that the performance summary had been presented to the Trust Board for the third month and asked for any opinions as to its effectiveness. Mr Adler remarked that some of the important performance information appeared to be omitted from the overview and that further consideration was to be given to the approach.</p> <p>Mrs Dutton asked what the implications of the reported lower level of referrals were likely to be. Mr Sharon advised that the reduced number of referrals appeared to be a common trend across the region and highlighted that the trend had been seen for a number of months and was concentrated in a discrete number of specialities. The impact of the reduced number of referrals was reported to include reduced outpatient waiting times. In terms of market share,</p>	

<p>the Board was advised that monitoring had revealed a decline in Sandwell and an increase in Heart of Birmingham areas.</p> <p>Dr Sahota asked whether the year end target for Accident and Emergency waiting times was expected to be met and questioned the action being taken to address the Delayed Transfers of Care position. Miss Barlow reported that Delayed Transfers of Care were reducing and an integrated office had been introduced to more effectively manage the turnaround of patients. It was noted that the number of delays within the remit of the Trust to address had reduced. Regarding Accident and Emergency waiting times, a four hour waiting time recovery proposal was reported to have been developed which would be built into the Integrated Development Plan for the Accident and Emergency areas. Mr Adler highlighted that the robust management of flexible beds at Sandwell Hospital was impacting on the position.</p>	
<p>10.4 NHS Performance Framework/FT Compliance monitoring report</p>	<p>SWBTB (1/12) 274 SWBTB (1/12) 274 (a)</p>
<p>Mr White presented the NHS Performance Framework/FT Compliance Framework update for receiving and noting.</p> <p>It was highlighted that the Trust remained classed as a 'performing organisation' against the NHS Performance Framework.</p> <p>The Trust was noted to be at amber/green status against the FT Compliance framework.</p>	
<p>10.5 Corporate Objectives progress report: Quarter 3</p>	<p>SWBTB (1/12) 266 SWBTB (1/12) 266 (a)</p>
<p>Mr Sharon presented an update on the progress with the delivery of the Trust's corporate objectives. It was noted that there had been an increase in the number of objectives where progress was reported to be difficult.</p> <p>A red status was highlighted to be reported against the delivery of the objectives concerning the progress with the Foundation Trust application and the delivery of the IT strategy. Mr O'Donoghue advised that a stabilisation plan had been developed to mitigate the issues relating to the IM & T area.</p>	
<p>11 Strategy and Development</p>	
<p>11.1 Update on the delivery of the Transformation Plan</p>	<p>SWBTB (1/12) 289 SWBTB (1/12) 289 (a)</p>
<p>Miss Barlow presented an update on the delivery of the key activities arising from the Transformation Plan.</p> <p>Mr Adler advised that it had been agreed at the recent meeting of the Transformation Steering Group that a specific update on the Plan would be presented at the private and public sessions of the Trust Board meetings in future.</p>	

Miss Dhami reported that the Quality and Safety Committee would be reviewing the Quality and Safety Impact Assessments of the schemes forming the Transformation Plan.	
11.2 Service Line Management strategy	SWBTB (1/12) 283 SWBTB (1/12) 283 (a)
<p>Mr O'Donoghue reminded the Board that the approach to Service Line Management had been previously considered and endorsed. The strategy was highlighted to have undergone a refresh and that it described the current position with the adoption of Service Line Management within the Trust.</p> <p>A set of work was reported to be underway to deliver an improved position regarding the implementation of the strategy within the Trust, using Monitor's self-assessment tool to gauge the degree to which the approach was embedded. The Board was informed that it was anticipated that Level 3 would be achieved by March 2013.</p> <p>Four workstreams were reported to be being monitored using a programme approach, which would be given due oversight by the Organisational Development Steering Group.</p> <p>It was highlighted that Service Line Management strategy had been discussed and approved by the Organisational Development Steering Group and by the Performance Management Board.</p> <p>Professor Alderson asked about the proposal to introduce cross charging. Mr White advised that it was felt that there was merit in some clinical resources being appropriately reimbursed. Mr O'Donoghue added that cross charging had been discussed in substantial detail and it had been agreed that a pilot should commence to assess the effectiveness of the approach. Mr Adler advised that although the initial application would be cautious, there was significant internal demand across the Trust for cross charging. The Board was advised that Service Line Management had previously formed one of the workstreams within the Quality and Efficiency Programme (QuEP), however it had been agreed that the profile would be raised through establishing the project as a standalone element within the Organising for Excellence framework.</p> <p>The Board was asked for and gave its approval to the strategy.</p>	
AGREEMENT: The Trust Board approved the Service Line Management strategy	
11.3 Organisational Development strategy	SWBTB (1/12) 268 SWBTB (1/12) 268 (a)
Mr Sharon presented the Organisational Development strategy for approval and asked the Board to note the terms of reference for the Organisational Development Steering Group (ODSG).	

<p>The Board was informed that a diagnostic exercise had been undertaken to determine the Trust's position in terms of Organisation Development and it had concluded that a programme management approach was needed to improve the position.</p> <p>An initial meeting of the ODSG was reported to have been held, however it was suggested that Non Executive Director representation would also be appropriate.</p> <p>Mrs Dutton suggested that the terms of reference should be reviewed to consider whether substitutes should be permitted to count towards the quorum and to include Non Executive Director representation.</p> <p>Dr Sahota asked how the strategy considered competition to the Trust. Mr Adler advised that this would be picked up through the marketing strategy as part of the 'Organising for Excellence' framework.</p> <p>Subject to the amendments to the terms of reference for the ODSG, the Trust Board approved the Organisational Development strategy.</p>	
<p>AGREEMENT: Subject to the amendments to the terms of reference for the ODSG, the Trust Board approved the Organisational Development strategy</p>	
<p>11.4 Stroke reconfiguration plans</p>	<p>SWBTB (1/12) 286 SWBTB (1/12) 286 (a)</p>
<p>Mrs Jayne Dunn, Dr Deva Situnayake and Dr Kamel Sharobeem joined the meeting to present a proposal for the reconfiguration of the Trust's stroke services.</p> <p>Mr Sharon advised that national and regional attention was being given the plans for stroke services in the wider sense. Dr Situnayake advised that a strong vision for stroke services had emerged and was exemplified in trusts in London where thrombolysis was being used routinely and mortality rates had improved. It was highlighted that the model currently in place within the Trust did not allow for the delivery of the highest quality care, a situation confirmed by an inspection by the West Midland Quality Review service (WMQRS) which had agreed that there would be great benefit in reconfiguring the services.</p> <p>The Board was reminded that currently stroke services were delivered from two sites and the practice of using thrombolysis was different between the sites. By reconfiguring services, the Board was informed that effort may be concentrated and the delivery of services would be more cohesive, with an expectation that this would impact positively on length of stay and mortality rates.</p> <p>The Board was informed that a robust process had been adopted for developing the options available for reconfiguration. The options proposed were noted to suggest the location of a hyperacute stroke unit on one of the Trust's sites, with different possibilities being offered regarding the link to the rehabilitation services. The Board was informed that the reconfiguration plans would also be</p>	

anticipated to deliver improvements in the TIA pathways. It was reported that the options had been presented to the Joint Overview and Scrutiny Committee.

Mrs Dunn advised that the plans for reconfiguration of stroke services had been reviewed by the National Clinical Advisory Group (NCAG), which had been supportive of the two service options. A Gateway review by the Office of Government Commerce (OGC) was reported to have also been undertaken which provided an assessment of the readiness for the next stage of the reconfiguration plans. The outcome of the review was reported to have given an amber status to the plans, where it was suggested that there was confidence that the plans could be delivered, although there was concern over the number of actions that needed to be delivered in preparation.

The shortlist of options for reconfiguration was noted to have been a subset of the seven options suggested through a stroke care 'Listening into Action' event which had involved patients and carers, together with representatives from the Clinical Commissioning Groups and GPs.

The Board's attention was drawn to a high level financial analysis of the reconfiguration options. In terms of income loss, work was reported to be underway with the West Midlands Ambulance Service to mitigate the risk of catchment loss as a result of the plans, particularly given that 82% of stroke patients were reported to arrive at the Trust by ambulance.

The implications for capital and facilities costs were reported to have been assessed. Capital cost evaluations were noted to assume a degree of refurbishment of existing facilities would be needed. The planned investment was reported to be £2.5m at City Hospital and £5m at Sandwell Hospital, given the need to purchase an additional CT scanner should the hyperacute unit be located at this site. Additional costs at City Hospital however were reported to offset this difference, meaning that neither option could be dismissed.

In terms of engagement, the Board was advised that the plans had been discussed with staff, patients, members of the public, Clinical Commissioning Groups and the Joint Overview and Scrutiny Committee, the latter being supportive of the plans to commence public consultation in February 2012. The final decision to initiate the consultation was highlighted to rest with the Black Country Cluster however. It was reported that the preferred option for reconfiguration would be presented at the May or June 2012 meeting of the Trust Board for approval.

Mrs Powney asked whether the plans could be discussed at the Health and Social Care Group on 5 March 2012. Mrs Dunn agreed to provide the contact details for Jayne Salter-Scott who was developing the consultation plans.

Mr Sharon advised that there was a risk that the Trust's plans for reconfiguration would not fit with the wider plans for the region, however to date local support had been received from the Clinical Commissioning Groups and the Primary Care Trusts.

<p>Professor Alderson questioned whether there would be sufficient out of hours provision in terms of neurologists, vascular services and interventional radiology. Dr Situnayake advised that out of hours CT imaging support was already in place and delivery of consultant ward rounds at weekends had been introduced. The Board was assured that there had been strong and positive engagement with stroke physicians and neurologists, however Dr Situnayake acknowledged that neuroradiology expertise was needed therefore a strategic alliance would need to be made to secure the provision of this service. In terms of clot retrieval, the Board was informed that work was at a research stage at present and the Trust had not the expertise to deliver this service currently, however only a small number of patients were suitable for this treatment.</p> <p>Mr Adler advised that the case for concentration of stroke service was very strong, however key considerations needed to be made concerning the significant capital investment required and the need to align the plans with those of the wider review of stroke services. It was highlighted that no approval of significant capital investment was being requested at present.</p> <p>Mrs Hunjan asked how many hyperacute units were proposed to be established across the region. Mrs Dunn advised that the position was not clear at present. Mrs Hunjan suggested that there was a need to better clarify the costs involved with the plans following consultation.</p> <p>Mr O'Donoghue advised that performance against the stroke care metrics had been improving however he advised that some of the challenges faced with further improving performance would be applicable regardless of whether the Trust retained an acute model or adopted a hyperacute model.</p> <p>The draft consultation document for the plans was circulated to Board members and was well received.</p>	
<p>The Trust Board:</p> <ul style="list-style-type: none"> • AGREED the clinical case for change of our acute stroke and TIA services and in particular the need to consolidate acute services in order to deliver improved patient outcomes and experience • NOTED the engagement to date including the process for short listing options • NOTED the proposed short listed options and AGREED that the activity, capacity and financial analysis to date does not exclude any of the short listed options at this stage • AGREED that a formal public consultation of the short listed options is undertaken • AGREED the consultation document • AGREED the decision making process to identify an approved preferred option 	
<p>11.5 Implications of the Innovation, Health and Wealth letter</p>	<p>SWBTB (1/12) 269 SWBTB (1/12) 269 (a)</p>

<p>Mr Sharon presented a summary of the letter issued from the Department of Heath concerning Innovation, Health and Welfare.</p> <p>The Board was advised that compliance with a number of high impact interventions would be made clear in a future update from the Department of Health.</p>	
<p>11.6 'Right Care, Right Here' programme: progress report including an update on decommissioning</p>	<p>SWBTB (12/11) 282 SWBTB (12/11) 282 (a)</p>
<p>Mr Sharon advised the Board that there had been minor alterations to the decommissioning trajectories.</p> <p>The Board was informed that progress with the care pathway review programme had slowed. In terms of the recommissioning programme, it was reported that contracting discussions for 2012/13 had commenced. Mr Adler advised that a key consideration concerned the implementation of redesigned pathways as part of this.</p>	
<p>11.7 Foundation Trust application: progress update</p>	
<p>Programme Director's report</p>	<p>SWBTB (1/12) 278 SWBTB (1/12) 278 (a)</p>
<p>Mr Sharon presented the Foundation Trust Programme Director's report for receiving and noting.</p> <p>The Board was informed that a first draft of the Historical Due Diligence report had been received and comments on factual accuracy had been returned.</p>	
<p>Minutes of the FT Programme Board held on 15 December 2011</p>	<p>SWBFT (12/11) 091</p>
<p>The Trust Board received and noted the minutes of the FT Programme Board held on 15 December 2011.</p>	
<p>11.8 Midland Metropolitan Hospital project: progress report</p>	<p>Verbal</p>
<p>Mr Seager reported that the Department of Heath continued to submit enquiries seeking confirmation of the affordability of the plans for the new hospital. A Treasury review of Private Finance Initiative was reported to be underway.</p>	
<p>12 Minutes from the meeting of the Audit Committee held on 1 December 2011</p>	<p>SWBAC (1/12) 068</p>
<p>Mrs Hunjan asked the Trust Board to receive and note the minutes from the meeting of the Audit Committee held on 1 December 2011.</p> <p>Mrs Dutton noted that her apologies needed to be recorded in the minutes.</p>	

13	Update from the meeting of the Quality and Safety Committee held on 19 January 2011	Verbal
	Professor Alderson reported that at the meeting of the Quality and Safety Committee there had been extensive discussion of the implementation of the World Health Organisation (WHO) surgical checklist and an action plan to better improve the compliance with its use had been requested.	
14	Any other business	Verbal
	There was none.	
15	Details of the next meeting	Verbal
	The next public session of the Trust Board meeting was noted to be scheduled to start at 1530h on 23 February 2012 and would be held in the Boardroom at Sandwell Hospital.	

Signed:

Name:

Date:

Next Meeting: 23 February 2012, Boardroom @ Sandwell Hospital

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

26 January 2012, Anne Gibson Boardroom @ City Hospital





Members present: Mr R Trotman (RT), Dr S Sahota (SS), Mrs G Hunjan (GH), Prof D Alderson (DA), Mrs O Dutton (OD), Mr P Gayle (PG), Mr J Adler (JA), Mr R White (RW), Miss R Barlow (RB), Mr M Sharon (MS), Miss R Overfield (RO), Mr D O'Donoghue (DO'D)

In Attendance: Miss K Dhami (KD), Mrs J Kinghorn (JK), Mr G Seager (GS), Mrs C Powney (CP) [Sandwell LINKs]






Apologies: None

Secretariat: Mr S Grainger-Payne (SGP)

Last Updated: 16 February 2012

Reference	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status
SWBTBACT.195	Update on complaints handling	Hard copy papers	28-Apr-11	Consider the suggestion made to organise a 'walk through' a complainant's experience and the complaints process	KD	31/07/2011 22/09/2011 15/12/2011 22/03/2012	Process flow of complaints process being developed as part of the revised Complaints Handling strategy which will be shared with the Trust Board Quality and Safety Committee in December-February March 2011-2012	
SWBACT.216	Integrated risk report - Quarters 1 & 2	SWBTB (11/11) 237 SWBTB (11/11) 237 (a)	24-Nov-11	Build in the suggested changes to the integrated risk report into future versions	KD	26/01/2012 23/02/2012 29/03/2012	Integrated risk report for Q3 due to be presented in March 2012	
SWBACT.218	Monthly performance monitoring report	SWBTB (11/11) 228 SWBTB (11/11) 228 (a)	24-Nov-11	Discuss the additional material needing to be included within the performance exceptions report with Mr White	JK	26/01/2012 23/02/2012	Wider discussion to be held including comments from Executive Directors not in attendance at F & PMC to include more detailed quality metrics	
SWBACT.215	Update on complaints handling	Tabled report	27-Oct-11	Present the proposals to reduce the failsafe targets for complaints once the current backlog is cleared	KD	26/01/12	Failsafe target reduced as follows: Red complaints from 75 to 60 days; Amber from 90 to 70 days; Yellow & Green from 120 to 20 (fast track) or 60 days. Included within the final summary profile of complaints update to the Trust Board in January 2012	

KEY:

	Outstanding action due for completion more than 6 months ago. Completion has been deferred more than once or there is no firm evidence that it is being progressed towards completion
	Outstanding action due for completion more than 6 months ago. Completion has been deferred more than once but there is substantive evidence that work is progressing towards completion
	Outstanding action raised more than 3 months ago which has been deferred more than once
	Action that is scheduled for completion in the future and there is evidence that work is progressing as planned towards the date set
	Action that has been completed since the last meeting

Next Meeting: 23 February 2012, Boardroom @ Sandwell Hospital**Sandwell and West Birmingham Hospitals NHS Trust - Trust Board****26 January 2012, Anne Gibson Boardroom @ City Hospital**

Members present: Mr R Trotman (RT), Dr S Sahota (SS), Mrs G Hunjan (GH), Prof D Alderson (DA), Mrs O Dutton (OD), Mr P Gayle (PG), Mr J Adler (JA), Mr R White (RW), Miss R Barlow (RB), Mr M Sharon (MS), Miss R Overfield (RO), Mr L O'Donoghue (DO'D)

In Attendance: Miss K Dhami (KD), Mrs J Kinghorn (JK), Mr G Seager (GS), Mrs C Powney (CP) [Sandwell LINKs]

Apologies: None

Secretariat: Mr S Grainger-Payne (SGP)

Last Updated: 16 February 2012

Reference No	Item	Paper Ref	Date	Agreement
SWBTBAGR.254	Minutes of the previous meeting	SWBTB (12/11) 263	26/01/2012	The Trust Board approved the minutes of the last meeting subject to minor amendment
SWBTBAGR.255	Register of Interests	SWBTB (1/12) 265 SWBTB (1/12) 265 (a)	26/01/2012	The Trust Board approved the revised register of interests
SWBTBAGR.256	Single Tender Action – Rowley Regis Catering Refrigeration	SWBTB (1/12) 270 SWBTB (1/12) 270 (a)	26/01/2012	The Trust Board approved the Single Tender Action in respect of catering equipment at Rowley Regis Hospital
SWBTBAGR.257	Monthly finance report	SWBTB (1/12) 267 SWBTB (1/12) 267 (a)	26/01/2012	The Trust Board approved the proposed changes to the Capital Plan
SWBTBAGR.258	Service Line Management strategy	SWBTB (1/12) 283 SWBTB (1/12) 283 (a)	26/01/2012	The Trust Board approved the Service Line Management strategy
SWBTBAGR.259	Organisational Development strategy	SWBTB (1/12) 268 SWBTB (1/12) 268 (a)	26/01/2012	Subject to the amendments to the terms of reference for the ODSG, the Trust Board approved the Organisational Development strategy
SWBTBAGR.260	Stroke reconfiguration plans	SWBTB (1/12) 286 SWBTB (1/12) 286 (a)	26/01/2012	<p>The Trust Board:</p> <ul style="list-style-type: none"> • AGREED the clinical case for change of our acute stroke and TIA services and in particular the need to consolidate acute services in order to deliver improved patient outcomes and experience • NOTED the engagement to date including the process for short listing options • NOTED the proposed short listed options and AGREED that the activity, capacity and financial analysis to date does not exclude any of the short listed options at this stage • AGREED that a formal public consultation of the short listed options is undertaken • AGREED the consultation document • AGREED the decision making process to identify an approved preferred option

TRUST BOARD

REPORT TITLE:	Pharmacy Automated Storage and Distribution system at City Hospital – Execution of contract as a Simple Contract
SPONSORING DIRECTOR:	Graham Seager, Director of Estates/New Hospital Project
AUTHOR:	Richard Kinnersley, Head of Capital Projects
DATE OF MEETING:	23 February 2012

KEY POINTS:

It is proposed to sign the construction contract for building works for the Pharmacy Automated Storage and Distribution system at City Hospital

The contract sum is **£119,740.80** inc VAT and the Tender Analysis report prepared by the Trust's Quantity Surveyor, Holbrow Brookes, which recommended Harrabin Construction as the preferred contractor, is appended to this report

There is an option for Construction Contracts to be executed as a simple contract or as a deed. Under the law of contract, the period within which an action of breach of contract may be brought is limited to 6 years from the time of accrual of the cause of the action for contracts executed as a simple contract and 12 years for contracts executed as a deed

It is recommended that all contracts over £1m are executed as a deed. This requires the use of the Trust seal, under the Trust's SO/SFIs the use of the Trust seal is a reserved matter for the Trust Board

This paper recommends the contract is signed as a simple contract

PURPOSE OF THE REPORT *(Indicate with 'x' the purpose that applies):*

Approval	Receipt and Noting	Discussion
X		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to:

- Approve the signing of the JCT IBC 2011 contract

Through the Trust Secretary, the Board is asked:

- Arrange for the contract to be signed at the indicated places
- Return the contracts and drawings to the Capital Projects department

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	21 st Century Facilities
Annual Priorities	To supply an Pharmacy Automated Storeage and Distribution system at City Hospital
NHS LA accreditation	
CQC Core Standards	
Auditors' Local Evaluation	

IMPACT ASSESSMENT *(Indicate with 'x' all those that apply in the second column):*

Financial	x	Capital expenditure of £119,740.80
Clinical	x	To supply an Pharmacy Automated Storeage and Distribution system at City Hospital
Workforce	x	To improve the working environment for the staff
Legal & Policy	x	No issues
Equality and Diversity	x	Improved patient privacy
Patient Experience	x	Improved clinical accommodation
Communications & Media		No issues
Risks		None

PRIOR CONSIDERATION:

The supply of a Pharmacy Automated Storeage and Distribution system at City Hospital was agreed as part of the annual capital programme.

TRUST BOARD

REPORT TITLE:	Reconfiguration of Paediatric unit at Sandwell Hospital - Execution of Contract as a Simple Contract
SPONSORING DIRECTOR:	Graham Seager, Director of Estates and New Hospital Project
AUTHOR:	Richard Kinnersley, Head of Capital Projects
DATE OF MEETING:	23 February 2012

KEY POINTS:

It is proposed to sign the construction contract for building works for the reconfiguration of the Paediatric unit in Lyndon 1, Lyndon ground, and Priory ground at Sandwell to provide improved clinical facilities.

The contract sum is **£433,221.56** Inc VAT and the Tender Analysis report prepared by the Trust's Quantity Surveyor, Holbrow Brookes, which recommended RFC Construction Ltd as the preferred contractor, is appended to this report

There is an option for Construction Contracts to be executed as a simple contract or as a deed. Under the law of contract, the period within which an action of breach of contract may be brought is limited to 6 years from the time of accrual of the cause of the action for contracts executed as a simple contract and 12 years for contracts executed as a deed

It is recommended that all contracts over £1m are executed as a deed. This requires the use of the Trust seal, under the Trust's SO/SFIs the use of the Trust seal is a reserved matter for the Trust Board

This paper recommends the contract is signed as a simple contract

PURPOSE OF THE REPORT *(Indicate with 'x' the purpose that applies):*

Approval	Receipt and Noting	Discussion
X		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to:

- Approve the signing of the contracts

Through the Trust Secretary, the Board is asked to:

- Arrange for contracts to be signed at the indicated places
- Return Contracts and drawings to Capital Projects department

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	21 st Century facilities.
NHS LA accreditation	To carry our refurbishment to Lyndon 1, Lyndon G and Priory G.
CQC Essential Standards of Quality and Safety	
Auditors' Local Evaluation	

IMPACT ASSESSMENT *(Indicate with 'x' all those that apply in the second column):*

Financial	x	To authorise the expenditure of £433,221.56
Clinical	x	To improve clinical space
Workforce	x	To improve the working environment for Staff
Legal & Policy	x	No issues
Equality and Diversity	x	Improved patient privacy
Patient Experience	x	Improved clinical accommodation
Communications & Media		No issues
Risks		None

PREVIOUS CONSIDERATION:

The Paediatric Reconfiguration was agreed as part of the annual capital programme

TRUST BOARD

REPORT TITLE:	Reconfiguration of Fracture Clinic at Sandwell Hospital – Execution of contract as a Simple Contract
SPONSORING DIRECTOR:	Graham Seager, Director of Estates/New Hospital Project
AUTHOR:	Richard Kinnersley, Head of Capital Projects
DATE OF MEETING:	23 February 2012

KEY POINTS:

It is proposed to sign the construction contract for building works for the reconfiguration of the Fracture Clinic to provide additional Plaster room facilities at Sandwell.

The contract sum is **£72,100.85** inc VAT and the Tender Analysis report prepared by the Trust's Quantity Surveyor, Holbrow Brookes, which recommended RFC Construction Ltd as the preferred contractor, is appended to this report

There is an option for Construction Contracts to be executed as a simple contract or as a deed. Under the law of contract, the period within which an action of breach of contract may be brought is limited to 6 years from the time of accrual of the cause of the action for contracts executed as a simple contract and 12 years for contracts executed as a deed

It is recommended that all contracts over £1m are executed as a deed. This requires the use of the Trust seal, under the Trust's SO/SFIs the use of the Trust seal is a reserved matter for the Trust Board

This paper recommends the contract is signed as a simple contract

PURPOSE OF THE REPORT *(Indicate with 'x' the purpose that applies):*

Approval	Receipt and Noting	Discussion
X		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to:

- Approve the signing of the JCT IBC 2011 contract

Through the Trust Secretary, the Board is asked:

- Arrange for the contract to be signed at the indicated places
- Return the contracts and drawings to the Capital Projects department

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	21 st Century Facilities
Annual Priorities	To carry out refurbishment to provide additional Plaster room facilities
NHS LA accreditation	
CQC Core Standards	
Auditors' Local Evaluation	

IMPACT ASSESSMENT *(Indicate with 'x' all those that apply in the second column):*

Financial	x	Capital expenditure of £72,100.85
Clinical	x	Improve Plaster room facilities
Workforce	x	To improve the working environment for the staff
Legal & Policy	x	No issues
Equality and Diversity	x	Improved patient privacy
Patient Experience	x	Improved clinical accommodation
Communications & Media		No issues
Risks		None

PRIOR CONSIDERATION:

The Fracture clinic reconfiguration was agreed as part of the annual capital programme

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Trust Radiation Safety Report
SPONSORING DIRECTOR:	Rachel Barlow, Chief Operating Officer
AUTHOR:	Bill Thomson, Consultant Physicist and Head of Department
DATE OF MEETING:	23 February 2012

SUMMARY OF KEY POINTS:

To note the regular programme of QA on the X-Ray and nuclear medicine equipment.

To note the regular review of staff radiation doses, both whole body dose and finger dose, including the requirement to denote certain staff as classified workers.

To note the training courses that continue to be provided within the Trust, some with continued success in attracting external applicants. Also to note the continued research and development areas progressed with the Physics and Nuclear medicine Department.

PURPOSE OF THE REPORT *(Indicate with 'x' the purpose that applies):*

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Board is asked to receive and note the update.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Supports the delivery of Safe, High Quality Care
Annual priorities	
NHS LA standards	
CQC Essential Standards Quality and Safety	Patient radiation exposure issues linked to the Ionising Radiations (Medical Exposure) Regulations , IRMER.
Auditors' Local Evaluation	

IMPACT ASSESSMENT *(Indicate with 'x' all those that apply in the second column):*

Financial		
Business and market share		
Clinical	Y	
Workforce	Y	
Environmental	Y	
Legal & Policy	Y	
Equality and Diversity	Y	
Patient Experience	Y	
Communications & Media		
Risks		

PREVIOUS CONSIDERATION:

Annual report to the Trust Board

Sandwell and West Birmingham Hospitals NHS Trust

Radiation Safety Report 2011

Imaging Equipment

As noted in last years report, SWBH has one of the largest inventories of ionising imaging equipment in the region. These are all subject to a regular programme of quality assurance by Physics staff, as required by the Ionising Radiations Regulations. The following summarises issues that were discovered during such surveys.

General x-ray rooms (inpatients, outpatients and A&E)

- exposure errors in one room leading to replacement of x-ray tube
- mechanical adjustments required in six rooms; reported to service engineers

General fluoroscopy rooms (barium studies):

- mechanical adjustments required; reported to service engineer
- dose rates reduced by engineer and checked by physicist
- damage to lead shielding; reported and replaced

Mobile fluoroscopy and X-ray equipment:

- an increased dose rate noted on one machine, reported to service engineer, adjusted and re-tested as satisfactory.
- minor mechanical adjustments needed

Computed tomography (CT) scanners

- mechanical adjustment and detector recalibration needed on one scanner

General angio suite and cardiac catheterisation suite:

- no problems detected.
- (testing only partially completed for the cardiac suite; awaiting further room availability)

Dental equipment

- several image plates used with the intra-oral machine were damaged; replacement was recommended
- following an image quality investigation a dose reduction strategy was implemented and the systems were reprogrammed

Computed radiography readers

- eight new cassettes received, tested and put into use

- a number of cassettes were found to be dirty, damaged or deteriorated. Most were cleaned, re-checked and returned to clinical use, but five were removed from clinical use.

Gamma Camera Systems

- several uniformity issues occurred with two of the older cameras which required the manufacturer to re-acquire correction maps.

Staff Doses

All staff doses (both whole body doses and also extremity doses) are reviewed centrally for any trends and for compliance with the Ionising Radiation Regulations.

The annual dose limits are outlined in the table below. For each limit there is a classified worker threshold value of 3/10ths the limit. Any member of staff whose dose records indicate that they exceed this value, or have the potential to exceed, need to be designated as a classified worker. This requires an annual medical check to be carried out by an HSE designated doctor, and a review of working practices to ensure doses are as low as reasonably practical.

	limit	classified worker threshold
Whole body	20 mSv	6 mSv
Extremities	500 mSv	150 mSv
Eyes	150 mSv	45 mSv

Monitoring is carried out routinely for staff working regularly with ionising radiation. The monitoring period is 2 months, and the dosimeters record a value above 0.2mSv. Where required, specialist dosimeters are used to record the dose to the fingertips and also to the eyes.

Designation of Classified Workers

Staff dose measurements from 2010 and early 2011 indicated that six additional members of staff should be designated as classified radiation workers.

The main issue in the Radiopharmacy is the radiation dose received by the fingers of staff. This is due to the required handling procedures during the preparation of the high activity stock radiopharmaceutical solutions prepared each morning for the hospitals supplied. Technologists and the radiopharmacist can receive finger radiation doses above the classified

threshold. Two of the four technologists were already classified (one of whom has now left the Trust). A review of staff dose measurements from 2010 and early 2011 indicated that doses were approaching levels which require designation as classified workers. The remaining two technologists and the radiopharmacist were registered with the Approved Dosimetry Service as classified workers in May 2011.

The doses received by each member of staff in radiopharmacy showed increases through 2011, due to a combination of staff shortages, sick leave and maternity leave, and an increase in workload.

The staffing situation has now improved, and a review of handling techniques highlighted some areas in which doses could potentially be reduced. Doses are still under close review but early indications suggest that they have fallen.

The other area where high activity levels are handled is the Krypton generator production laboratory at Birmingham University Cyclotron Unit. In this area, the situation relates to the whole body doses received by technologists during the generator production process. Following review, it was decided to classify all three krypton production technologists.

Other Staff monitoring

In total 399 staff are routinely monitored for whole body exposure. The number of recordable doses returned was 45. In addition, 46 staff were monitored for extremity and eye dose. The breakdown of the monitoring is as follows –

Radiology:

- Whole body dose:
- Number monitored 201
- Individuals with recordable doses 4
- Consisting of -
 - An interventional radiologist, dose 4.6mSv.
On investigation, due to monitor worn incorrectly
 - A radiographer, single 0.2mSv reading only
 - two angiography nurses one 0.2mSv reading , one 1.8mSv reading, believed to be due to monitor worn incorrectly.

Extremity dose:

- radiologists monitored: 10
- Individuals with recordable doses: 10
(all below classification threshold)

Nuclear Medicine:

Whole body dose:

- Number monitored 30

- Individuals with recordable doses 30
recordable doses are expected in Nuclear Medicine
(all below classification threshold)

Extremity doses:

- Number monitored: 13
- Individuals with recordable doses: 13
(all below classification threshold)

Radiopharmacy:

Whole body doses:

- Number monitored 7
- Individuals with recordable doses 6
recordable doses are expected in Radiopharmacy
(all below classification threshold)

Extremity doses:

- Number monitored: 7
- Individuals with recordable doses: 6
classified workers doses above classification threshold
non-classified workers doses below classification threshold

Krypton Generator service:

Whole body doses:

- Number monitored 3
- Individuals with recordable doses 3
 - all above or approaching classification threshold

Extremity doses:

- Number monitored: 3
 - all below classification threshold

Cardiology:

Whole Body Doses:

- Number monitored 42
- Individuals with recordable doses 4
three cardiologists, 0.2mSv or 0.3mSv readings
one nurse, single 0.2mSv reading only

Extremity doses:

- Number monitored: 13
Cardiologists, all below classification threshold

Others:

- coronary care ward
- theatres
- endoscopy
- minor procedures
- oral surgery

Whole body doses:

- Total number monitored 116
- Individuals with recordable doses 2
one nurse on CCU, single 0.2mSv reading
one HCA in endoscopy, single 0.2mSv reading

Other Aspects, training etc

- An inspection by the Environment Agency was made of the krypton production laboratory which was satisfactory, with no formal requirements.
- Two presentations were made at Imaging Clinical Governance meetings –
 1. "Identifying referrers"
 2. "IRMER Committee and Procedures"
- Six training courses have been run for Healthcare Professional staff to act as referrers for Xray investigations..
- The IRMER course on the radiation safety aspects within the cardiology theatres has been held on two occasions for cardiology medical staff This course attracts staff nationally, and 44 staff attended these courses.
- A cardiology course for nuclear medicine was also run attracting staff nationally to learn the optimal patient techniques for myocardial imaging.
- Dr Thomson continued his collaboration with the Cancer Treatment hospital in Cardiff (Velindre hospital) in examining optimum radiation protection for high energy beta emitting radionuclides. He was

supervisor for a clinical scientist at the centre who has now successfully completed her MPhil. It is hoped to continue this work to develop improved shielding systems.

- Dr Thomson completed his term of office on the national ARSAC committee, but continues as a member of the ARSAC group considering dose reduction software techniques.
- Dr Thomson presented development work on radiation protection calculators for radioiodine therapy restrictions which is coupled with a website detailing the background to the restrictions. In addition he has presented software to give radiopharmacies details of the daily eluted Tc99m generator levels and also software which optimises the supply and cost of Tc99m generators to radiopharmacies. This work was presented at the annual British Nuclear Medicine Society conference and also at the European Nuclear Medicine Congress.

Ms A Jefferies continued her role as secretary to the national Carestream CR
| User Group

WH Thomson
Consultant Physicist and RPA

TRUST BOARD

DOCUMENT TITLE:	Infection Control Quarterly Report (October – December 2011)
SPONSORING DIRECTOR:	Rachel Overfield – Chief Nurse & Director of Infection Prevention and Control
AUTHOR:	Rebecca Evans – Head of Infection Control Nursing Services Richard Anderson – Informatics Officer Dr Natasha Ratnaraja – Consultant Microbiologist/Infection Control Doctor
DATE OF MEETING:	23 February 2012

SUMMARY OF KEY POINTS:

Organisational structures continue to work well both within our own organisation and across the wider healthcare economy.

Numbers of cases of MRSA and CDI have remained within national and local stretch targets

Continued surveillance on a range of other healthcare associated infections to include MSSA and E. Coli bacteraemias, some of which will become mandatory during 2011.

Efforts regarding antibiotic stewardship continue and antibiotic utilisation data shows consistency of use and adherence to protocols

Continued monitoring and management of outbreaks of D&V and ward closures.

PURPOSE OF THE REPORT (Indicate with 'x' the purpose that applies):

Approval	Receipt and Noting	Discussion
	X	
To advise the Trust Board of the work undertaken by the Infection Control Service at Sandwell & West Birmingham Hospitals NHS Trust for the period October – December 2011		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to receive and note the Quarterly Report for the period October – December 2011.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	<ul style="list-style-type: none"> Compliance with Health Code and National Targets for MRSA and Ensure systems are in place for the prevention and control of healthcare associated infections. <i>C.difficile</i>, MRSA National Targets.
Annual priorities	
NHS LA standards	NHS LA Risk Assessment - 2.4.9 – Infection Control
CQC Essential Standards of Quality and Safety	Core Standards - C1- & C9
Auditors' Local Evaluation	

IMPACT ASSESSMENT (Indicate with 'x' all those that apply in the second column):

Financial	x	It needs to be recognised that there is an associated cost attached to the management and control of outbreaks. This is difficult to quantify and finances will vary dependent on the nature and extent of the outbreak.
Business and market share		
Clinical	x	Continual improvement and maintenance of infection control standards prevents and reduces HCAIs
Workforce		
Environmental	x	It is essential that systems are in place and maintained to ensure the cleanliness and integrity of the environment.
Legal & Policy		
Equality and Diversity		
Patient Experience	x	Continual improvement and maintenance of infection control standards contributes to a positive patient outcome and prevents and reduces HCAIs
Communications & Media	x	Compliance with infection control is high on the public agenda and can influence patient choice.
Risks		

PREVIOUS CONSIDERATION:

Routine quarterly report to the Trust Board.

1. Executive Summary

Organisational structures continue to work well both within our own organisation and across the wider healthcare economy.

Numbers of cases of MRSA and CDI have remained within national and local stretch targets

Continued surveillance on a range of other healthcare associated infections, some of which will become mandatory during 2011. Efforts regarding antibiotic stewardship continue and antibiotic utilisation data shows consistency of use and adherence to protocols

Continued monitoring and management of outbreaks, periods of increased incidence (PII) and ward closures. In addition this summaries other infection control related investigations are included.

Key to maintaining standards is continued commitment and compliance with infection control policies by divisions and healthcare personnel. Audit and training continue to be prioritised as a means of monitoring and delivering continuous improvements in clinical and non – clinical areas.

2. Management and Organisation

The Infection Control Operational Committee continues to work on reviewing and revising key policies, monitoring progress with the action plan against the Health and Social Care Act 2008 and receiving reports on infection control initiatives across the Trust. Partnership working with colleagues in the community is progressing well.

Since the 1st April 2011 SWBH has vertically integrated with the provider arm of Sandwell PCT. From an infection control perspective this has resulted in the inclusion of more services needing to be managed. As part of the vertical integrated 1wte staff member has been transferred. However, this does not afford cover for annual leave and sickness. As part of the integration the newly integrated team are working toward standardising practices across acute and primary care.

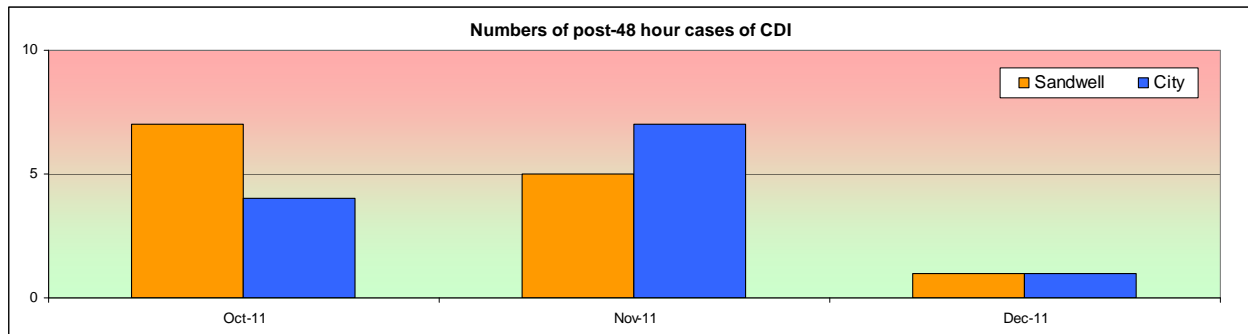
3. Surveillance

Microbiological surveillance is undertaken by the ICS identified from clinical specimens received in the hospital laboratory and focuses on organisms which are known to have the ability to cross-infect, or are multiple antibiotic-resistant and not normally present in high numbers in the patient population – Target organisms. An increase in numbers of these 'target organisms' isolated in a particular ward/department, or in similar clinical sites may indicate a problem in either the short or long term, requiring investigation and action. Monthly reports are circulated to clinical staff and relevant Executive Directors by the DIPC outlining progress against target organism surveillance and key actions required.

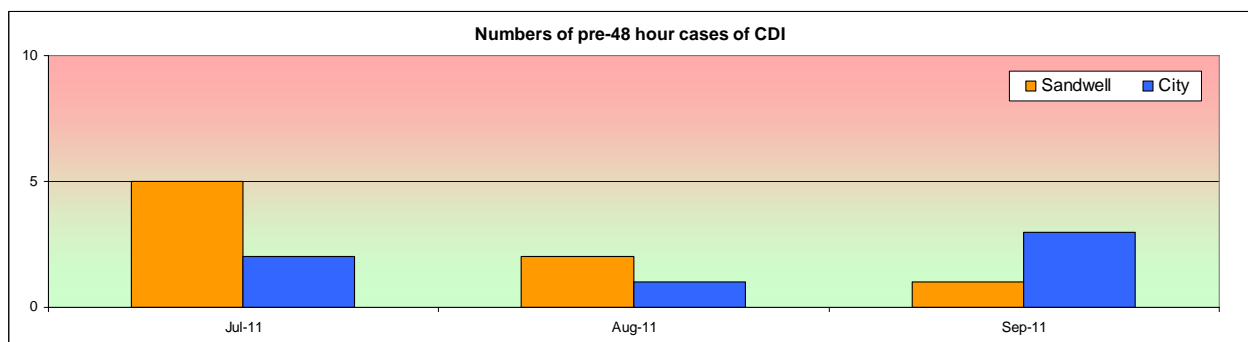
In addition to this the ICS focus on specific target organisms that are monitored against national targets i.e. MRSA, C.difficile and MRSA screening compliance. Outlined below is progress against key target organisms for the period Oct - Dec 2011

3.1 *Clostridium difficile* infections

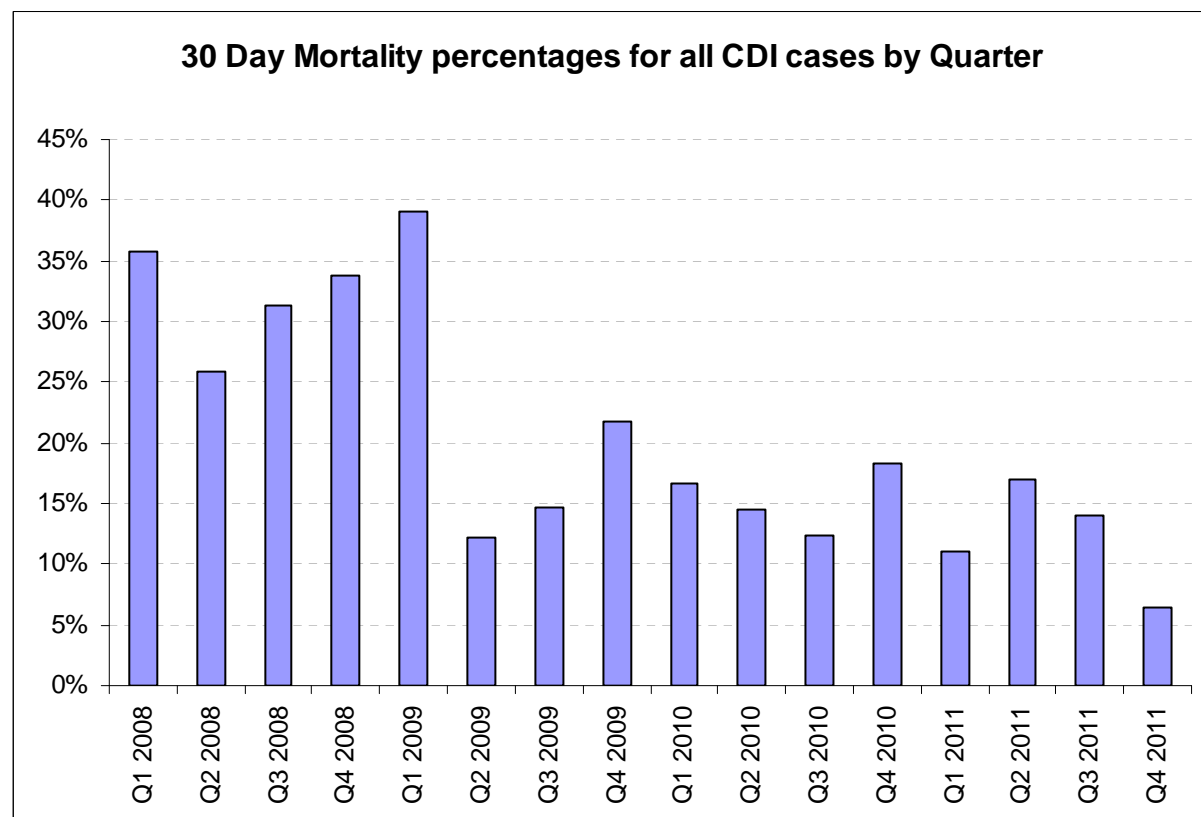
3.1.1 Number of Post 48hrs *Clostridium difficile* infections (CDI)



3.1.2 Number of Pre 48hrs *Clostridium difficile* infections (CDI)

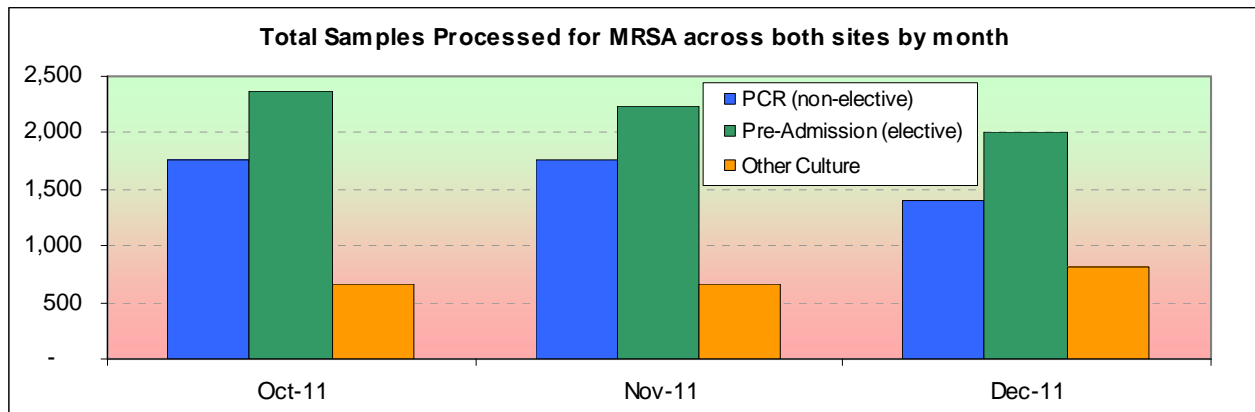


3.1.3 - *Clostridium difficile* 30 day Mortality

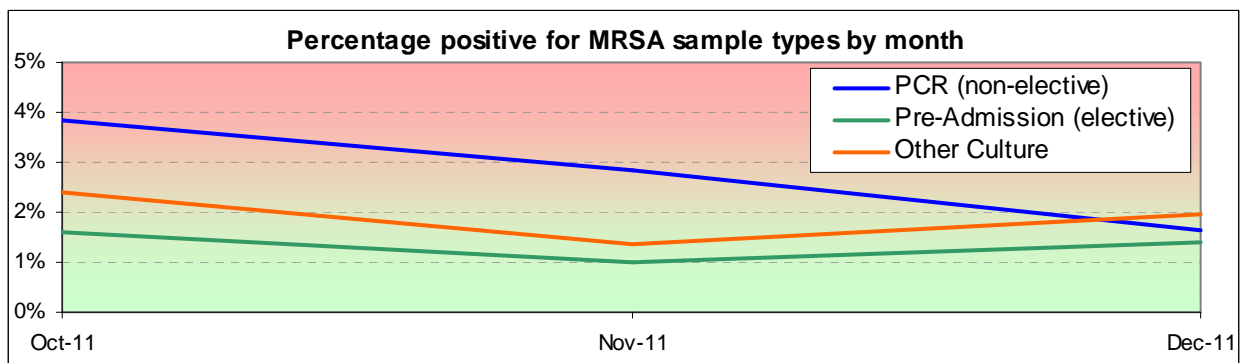


3.2 MRSA

3.2.1 Number of MRSA Screening undertaken

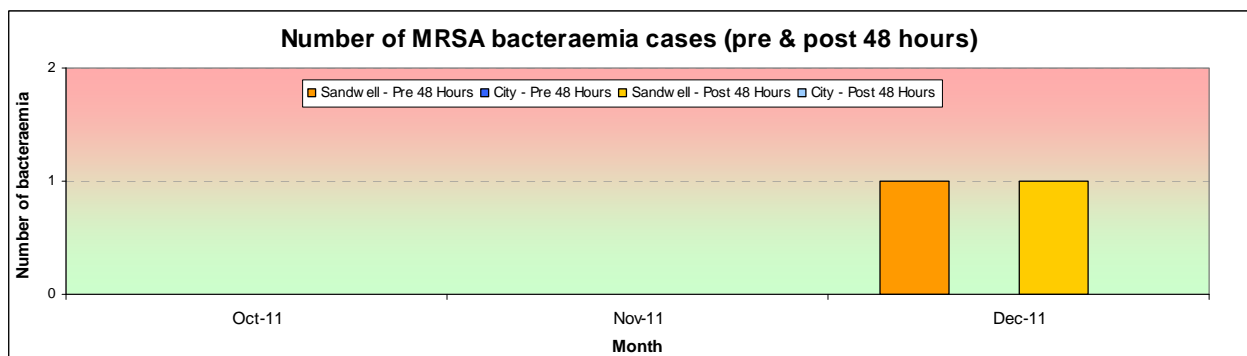


3.2.2 Graph to identify the percentage positively rate of MRSA screens by month

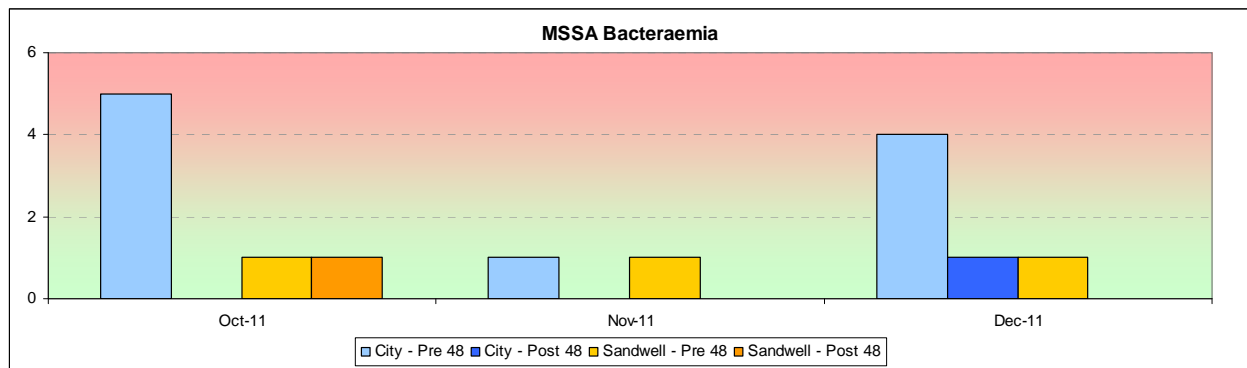


3.2.3 Number of MRSA Bacteraemias

3.1.1 Mandatory Reporting of MRSA bloodstream infections (pre and post 48hrs)



3.3 Number of MSSA bacteraemias



3.4 E. coli bacteraemias

Number of E. coli bacteraemias

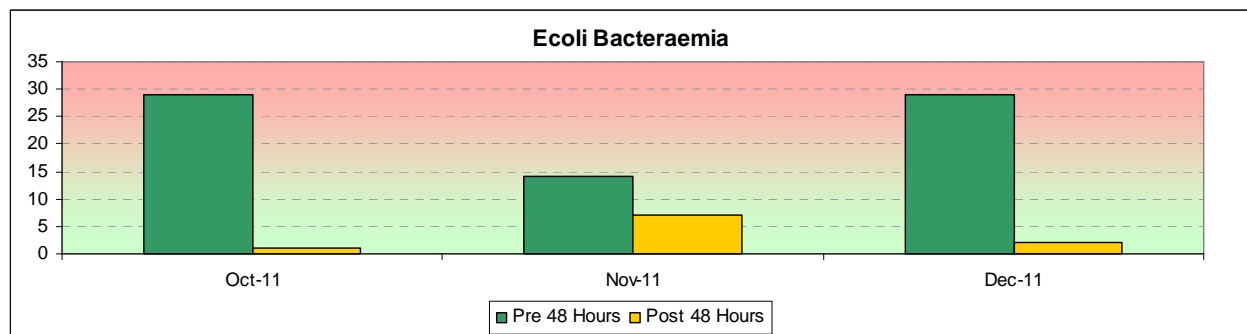
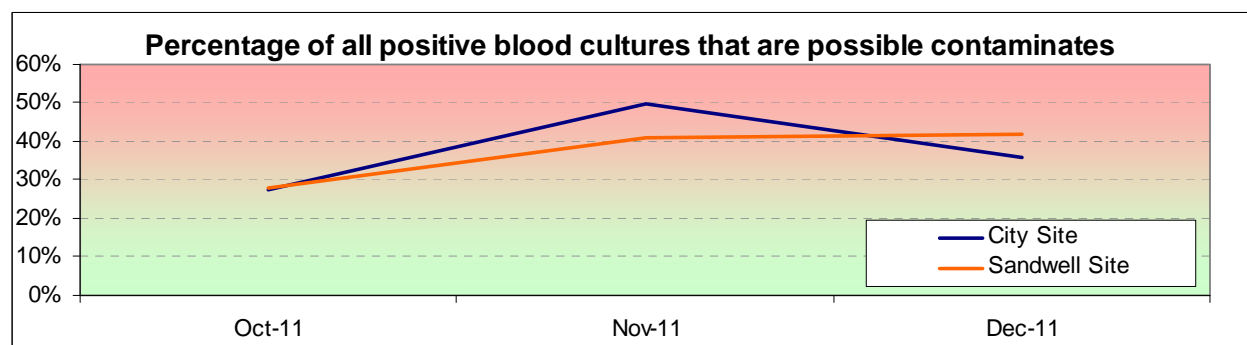


Figure 9: Numbers of E coli bloodstream infections

3.5 Percentage of possibly contaminated blood cultures.

The percentage of potentially contaminated blood cultures is monitored closely by the infection control team as a marker of compliance against the practice of taking blood cultures.

3.5.1 Percentage of all positive blood cultures that are possible contaminants



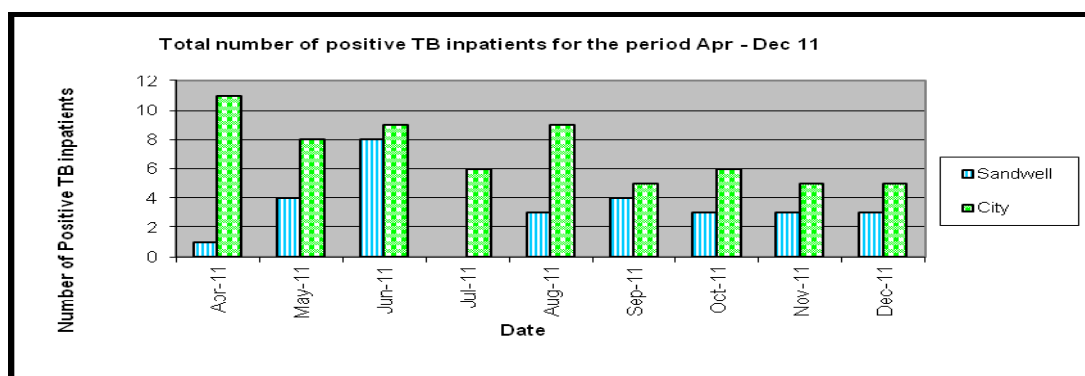
3.6 Tuberculosis

The West Midlands has the 2nd highest incidence of Tuberculosis (TB) in the United Kingdom (11%). SWBH is responsible for the care and management of a large proportion of those patients known to or suspected of having Tuberculosis (TB). In addition to drug sensitive TB, SWBH also sees a proportion of patients identified as Multi drug resistant tuberculosis (MDR-TB).

Patients with TB are identified to the ICS from either clinical specimen received in laboratory or by clinical diagnosis at ward/departamental level (i.e. imaging) or via the community chest clinics/GP's. All patients with TB are nursed in line with respiratory and infection control guidance. All patients suspected or known to have open TB should be nursed in isolation. The trust has in place a risk assessment tool to enable staff to determine risk and isolate appropriately.

There were a total of 30 inpatients diagnosed with TB for the period Oct - Dec 2011, compared to 27 for the previous quarter. Of those 30, 25 were diagnosed with pulmonary TB from positive laboratory isolates (e.g. Sputum specimens, bronchial washings).

3.6.1 Chart to identify the total number of positive TB inpatients for the period Apr – Dec 2011



Outlined below are a series of tables identifying: - the total number of patients diagnosed with TB as inpatients. The tables below do not identify the additional number of patients admitted with suspected TB, these may include patients for which results are subsequently negative or still under investigation at time of report. The number of specimens processed for TB can be used as a marker to identify the number of patients suspected of having TB. The Multi-drug resistant figures (MDR-TB) are those patients with confirmed MDR-TB, though their initial TB diagnosis may have been some time previous to the date when MDR-TB was confirmed.

3.6.2 Number of confirmed cases of drug Sensitive PTB as inpatients

PTB	Oct 2011	Nov 2011	Dec 2011	Total
Sandwell	3	3	3	9
City	6	5	5	16
Total	9	8	8	25

3.6.3 Number of confirmed cases of MDRTB as inpatients.

MDR TB	Oct 2011	Nov 2011	Dec 2011	Total
Sandwell	0	0	0	0
City	0	0	0	0
Total	0	0	0	0

3.6.4 Number of confirmed Non-Pulmonary TB or clinically diagnosed cases as inpatients.

NonPTB	Oct 2011	Nov 2011	Dec 2011	Total
Sandwell	1	1	1	3
City	0	0	2	2

Total	1	1	3	5
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4. Summary of Outbreaks/ Periods of Increased incidence of infection.

The management and investigations of outbreaks, periods of increased incidence (PII) and investigation of other potential breaches in infection control practices is an intrinsic part of the Infection Control Service's. The severity of an outbreak or investigation is dependent on the type of infective organism its virulence and potential to cause harm. Small outbreaks occur frequently requiring immediate investigation and control measures. On the other hand, large or protracted outbreaks to include investigation of incidence requiring look back exercises and contact tracing can be extremely time consuming, expensive and offsetting to the hospital. All outbreaks/investigations present an increased cost to healthcare settings and thus require quick action and a structured management approach to control their impact.

	Outbreak	Summary
4.1	Diarrhoea and/or vomiting	<ul style="list-style-type: none"> During the period Oct - Dec 2011 there were a total of 2 occasions where ward closures were required attributed to D&V. Of those 2 occasions, closures by site equated to City 2 and Sandwell 0. The outbreaks involved a total of 21 patients and 0 staff. Wards were closed for a total period of 12days with a range of between 2 and 10 days. Norovirus was confirmed from specimens taken from one ward.

5. Decontamination

Decontamination is a key function in reducing healthcare acquired infection. Each year a decontamination program is identified that is then monitored via the Infection Control operational committee and the medical device committee meetings.

Key progress against the program has been made in relation to,

5.1 A new Laundry facility on the Sandwell site.

5.2 Refurbishment of the Mortuary on the City site

5.3 Completion of Audits using the Infection Prevention Society (IPS) audit tool for

- General equipment
- Specialist equipment
- Environment
- Dental
- Endoscopy

5.4 Identifying equipment used within Sandwell PTC

TRUST BOARD

DOCUMENT TITLE:	Cleanliness/PEAT Report
SPONSORING DIRECTOR:	Rachel Overfield, Chief Nurse
AUTHOR:	Steve Clarke, Deputy Director - Facilities
DATE OF MEETING:	23 February 2012

SUMMARY OF KEY POINTS:

The report provides an update to the Board regarding the results from the National Standards of Cleanliness, PEAT audits and inspections for 2011.

The report provides an overview of the:

- National Standards of Cleanliness (NSoC) Guidelines
- Patient Environment Action Teams (PEAT) Assessments
- Environmental Issues

PURPOSE OF THE REPORT *(Indicate with 'x' the purpose that applies):*

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

To receive and note the report.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Continue to reduce hospital infection rates achieving national and local targets for MRSA and clostridium difficile including introducing MRSA screening in line with national guidance.
Annual priorities	
NHS LA standards	
CQC Essential Standards of Quality and Safety	To meet the National Standards of Cleanliness Guidelines.
Auditors' Local Evaluation	

IMPACT ASSESSMENT *(Indicate with 'x' all those that apply in the second column):*

Financial		
Business and market share		
Clinical	X	
Workforce		
Environmental	X	To help and assist in maintaining the patient environment.
Legal & Policy		
Equality and Diversity		
Patient Experience	X	To help and assist in maintaining the patient experience.
Communications & Media		
Risks		

PREVIOUS CONSIDERATION:

Routine quarterly update.

Sandwell and West Birmingham Hospitals

NHS Trust

TRUST BOARD REPORT

CLEANLINESS & PEAT

23rd FEBRUARY 2012

The report provides an update on cleanliness inclusive of the results from the National Standards of Cleanliness, PEAT audits and inspections and summary for the year to date April 2011 – January 2012.

PEAT

▪ External PEAT Audits

The information relating to the 2012 Patient Environment Action Team (PEAT) national programme has been issued. The nationwide audits will commence from the 3rd January 2012 and all audit scores are to be submitted by 2nd March 2012. Dates for this year's inspections are:

- City Hospital – Monday 13th February 2012
- Eye Hospital – Monday 13th February 2012
- Sandwell Hospital – Tuesday 14th February 2012
- Rowley Hospital – Thursday 16th February 2012

Following a review of the 2011 PEAT assessment round a number of changes have been made to the detail of the assessment form for 2012.

The sections of the assessment form are now:

- Cleanliness (excluding bathrooms/toilets);
- Condition/Appearance (excluding bathrooms/toilets);
- Cleanliness – Toilets/Bathrooms;
- Condition/Appearance – Toilets/Bathrooms;
- Additional Services;
- Access, Wayfinding and Information;
- Social Spaces and Facilities;
- Infection Prevention and Control (parts 1 and 2)
- Privacy and Dignity;
- Food/Nutrition/Hydration (parts 1 and 2)

The review sought the views and comments of a range of interested parties including all NHS PEAT contacts, the Department of Health and the Care Quality Commission. The changes made to the assessment reflect the views and comments of all respondents to the review wherever desirable/possible.

▪ PEAT Audits (Internal)

The audits are ongoing. Listed are some of the major schemes to date 2011/12:

- Dishwasher installation (all wards at Sandwell)
- Refurbishment of the Outpatient rooms (Sandwell)
- Replacement domestic service equipment
- Wheelchair corrals (City)
- Replacement furniture (waiting rooms)
- Furniture for 'Quiet Rooms'
- On-going decoration of public areas

- Upgrade of new CARES Office at City (Certificate and Bereavement Department Services)

NATIONAL STANDARDS OF CLEANLINESS AUDITS

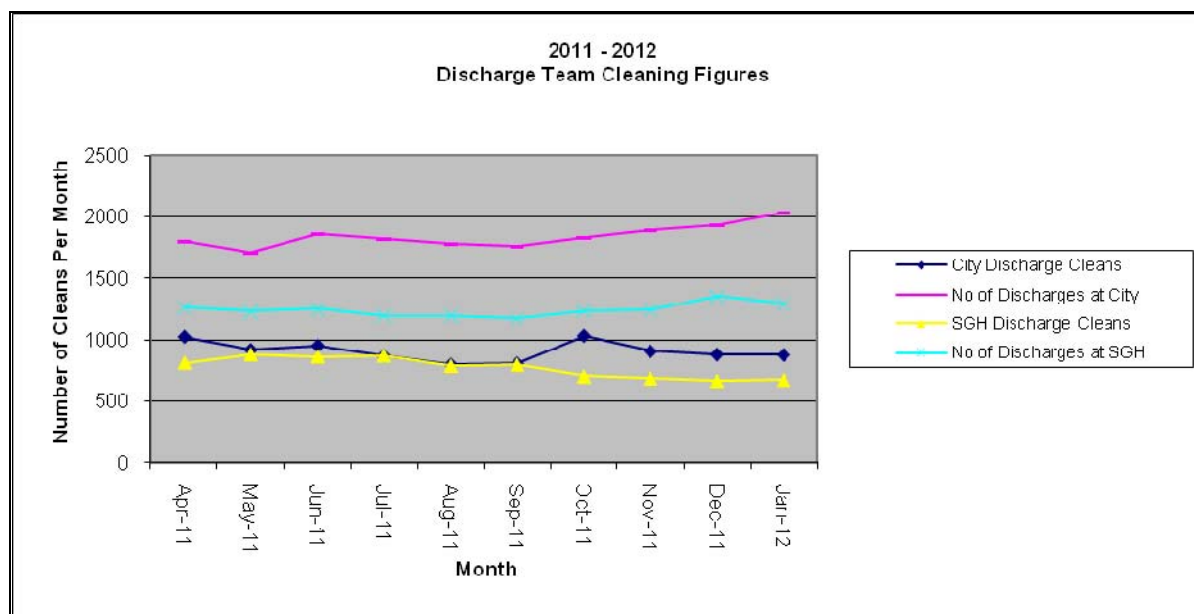
The Trust is continuing to maintain its performance from last year with the third quarter figures consistent with the previous year.

	April 11		May 11		Jun-11		Jul-11		Aug-11		Sep-11	
	V	High	V	High	V	High	V	High	V	High	V	High
	%		%		%		%		%		%	
City	96	95	96	96	96	95	95	94	96	93	96	94
Sandwell	96	97	97	96	97	95	97	97	96	97	97	97
Rowley	N/A	99	N/A	99	N/A	99	N/A	99	N/A	99	N/A	99
BTC	97	98	97	96	97	97	97	96	98	97	98	97
Target	98	95	98	95	98	95	98	95	98	95	98	95
Overall Average	96	97	97	97	97	97	96	97	97	97	97	97

	Oct-11		Nov-11		Dec-11		Jan-12	
	V	High	V	High	V	High	V	High
	%		%		%		%	
City	96	94	96	95	97	95	96	96
Sandwell	96	94	97	97	98	96	96	97
Rowley	N/A	99	N/A	99	N/A	98	N/A	97
BTC	98	97	98	98	98	97	98	97
Target	98	97	98	95	98	95	98	95
Overall Average	97	96	97	97	98	97	97	97

The level of performance has been verified with the pre inspections for the main PEAT audits all reporting very good standards throughout the Trust.

Discharge Cleaning Team – Performance 2011/12



- o % of cleans undertaken at City against the number of discharges 43%.
- o % of cleans undertaken at Sandwell against the number of discharges 52%.

The number of cleans at both hospitals has reduced following the cessation of the weekend service and staff shortages. Discussions are ongoing with Bed Management and a recruitment programme is currently being undertaken.

HOSPITAL SERVICES INITIATIVES

- **Bottled Water**

The bottled water has now been introduced at Sandwell and City, the feedback from the patients and staff questionnaire is very positive in terms of quality and accessibility.

The change of service provision has also created additional time for the Ward Service Officers (WSO's), this capacity has been reinvested in the wards with extra drink rounds and an additional toilet clean has been included in the WSO's daily work schedule, all ward toilets are now deep cleaned 3 times each day.

- **On Premises Laundry (Sandwell Hospital)**

The On Premises Laundry (OPL) is now complete and the machinery has been commissioned, the plant is currently processing the Trust 'Return to Sender' items and curtains.

- **Decontamination/Bed Store (Sandwell Hospital)**

The bed store installation is part complete, the delay is because this is part of an integrated scheme and to move forward is dependent on the completion of the laundry. There is also a requirement for automated doors to be put in place on both the corridor and the bed store area. Therefore the bed store will be complete by the end of February 2012.

- **Decontamination/Bed Store Areas (City Hospital)**

There are a number of options/locations; however they are currently all on hold subject to the Estates Rationalisation Programme.

- **Nightwear**

The design of the new range of Trust owned pyjamas and nightwear has been agreed and the first delivery will be late February. An implementation plan will have to be agreed with all users to ensure these garments are separately bagged and sent to the in-house laundry as opposed to the contractor's laundry.

- **Decontamination Equipment**

The Trust has replaced the equipment used for decontaminating ward/areas after they have been cleaned. The system enables the air and surface within a room to be disinfected automatically.

The new equipment (20 machines) have now been delivered; the staff are currently undertaking the relevant training and the COSSH risk assessments for the chemicals have been issued. Following the commissioning of the equipment all machines are now operational from week commencing Monday 13th February 2012.

STEVE CLARKE

DEPUTY DIRECTOR - FACILITIES

TRUST BOARD

DOCUMENT TITLE:	National Outpatient Department Survey 2011
SPONSORING DIRECTOR:	Jessamy Kinghorn, Head of Communications and Engagement
AUTHOR:	Jessamy Kinghorn, Head of Communications and Engagement
DATE OF MEETING:	23 February 2012

SUMMARY OF KEY POINTS:

The national Outpatient Survey was undertaken on behalf of the Care Quality Commission between June and October 2011 of outpatients who had attended between March to May 2011. The overall response rate for the Trust was 50% (426 usable responses from a final sample of 844).

Results were published on 14th February 2012. The Trust's Management report and CQC report, which shows the Trust's relative performance against other acute trusts, are attached. Verbatim patient comments made during the survey can be made available to Board members on request.

45% of patients said their overall care was excellent, compared to 36% in 2009. A further 36% said their care was very good, 14% good, 4% fair and 1% poor. No patients said their care was very poor.

The Trust was on the threshold of or in the best performing 20% of trusts nationally for:

- Length of wait for appointment from referral
- Before the treatment, a member of staff explained what would happen
- Patients were told about what side effects to watch for when they went home
- Patients told who to contact if they were worried after they left hospital

The Trust was on the threshold of or in the least well performing 20% of trusts nationally for:

- Appointment time changed by the hospital
- Cleanliness of toilets in the department
- Told about risks and benefits in a way they could understand before the treatment
- Staff introducing themselves
- Doctors or staff talking in front of patient as if they weren't there
- Privacy when discussing condition or treatment
- Understandable explanations about reason for changes in medication

Breakdowns of the results by division / directorate and demographics will be sent to the relevant clinical leads and managers for discussion and action.

PURPOSE OF THE REPORT (Indicate with 'x' the purpose that applies):

Approval	Receipt and Noting	Discussion
		X
To inform the Trust Board of the views of outpatients about their experiences		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to discuss the findings of the survey

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Accessible and Responsive care – waiting and access times High Quality Care – patient experience
Annual priorities	Does not directly link to specific priorities, but does provide information to support various objectives
NHS LA standards	Patient information
CQC Essential Standards of Quality and Safety	May be used as supporting evidence for compliance with several standards
Auditors' Local Evaluation	

IMPACT ASSESSMENT (Indicate with 'x' all those that apply in the second column):

Financial	x	There is a cost associated with conducting these surveys and potential actions that are generated following patient feedback
Business and market share	x	Nationally published results enable comparison with trusts. Patient satisfaction could affect market share
Clinical	x	Patient experiences should drive continual improvement
Workforce	x	Survey covers staff attitude and actions
Environmental	x	Survey covers environmental factors such as cleanliness
Legal & Policy	x	The national survey is mandatory
Equality and Diversity	x	The survey enables analysis by demographics to look for trends, best practice or concerns
Patient Experience	x	Based entirely on the views of patients about their experiences
Communications & Media	x	Published by CQC. Patient views being given increasing profile.
Risks		

PREVIOUS CONSIDERATION:Published by CQC on 14th February 2012

Patient survey report 2011



Outpatient Department Survey 2011

Sandwell and West Birmingham Hospitals NHS Trust

The national survey of outpatients in the NHS 2011 was designed, developed and co-ordinated by the Co-ordination Centre for the NHS Patient Survey Programme at Picker Institute Europe.



Making patients' views count

National NHS patient survey programme Outpatient department survey 2011

The Care Quality Commission

The Care Quality Commission is the independent regulator of health care and adult social care services in England. We also protect the interests of people whose rights are restricted under the Mental Health Act. Whether services are provided by the NHS, local authorities or by private or voluntary organisations, we focus on:

- **Identifying risks** to the quality and safety of people's care
- **Acting swiftly** to help eliminate poor-quality care.
- Making sure **care is centered on people's needs** and protects their rights.

Outpatient department survey 2011

To improve the quality of services that the NHS delivers, it is important to understand what patients think about their care and treatment. One way of doing this is by asking patients who have recently used their local health services to tell us about their experiences.

This report provides the results of the fourth survey of adult outpatients in NHS trusts in England, and shows how each trust scored for each question in the survey, compared with national benchmark results. It is designed to be used to understand the performance of individual trusts, and to identify areas for improvement.

Results for each trust are also displayed in the 'Care Directory' on our website, where it is possible to see whether a trust performed 'better' or 'worse' than the majority of other trusts.

You can also see national overall results for the 2011 survey compared with the 2009 survey, alongside a national summary highlighting the key issues. These documents were produced by the Surveys Co-ordination Centre at Picker Institute Europe.

Similar surveys of adult outpatients were carried out in 2003, 2004 and 2009. They are part of a wider programme of NHS patient surveys, which covers a range of topics including mental health services and maternity services. To find out more about our programme, please visit our website (see further information section).

About the survey

The survey of adult outpatient services involved 163 acute and specialist NHS trusts. We received responses from more than 72000 patients, a response rate of 53%. People were eligible for the survey if they were aged 16 years or older and attended an outpatients department(s) during any one month period (month chosen by the trust) in either April or May 2011. This included any outpatient clinics run with the emergency department (A&E/casualty) such as fracture clinics. Fieldwork for the survey took place between June and October 2011.

Interpreting the report

For each question in the survey, the individual responses were converted into scores on a scale of 0 to 100. A score of 100 represents the best possible response. Therefore, the higher the score for each question, the better the trust is performing.¹

¹Trusts have differing profiles of patients. For example, one trust may have more male outpatients than another. This can potentially affect the results because people tend to answer questions in different ways, depending on certain characteristics. For example, older respondents tend to report more positive experiences than younger respondents, and women tend to report less positive experiences than men. This could potentially lead to a trust's results appearing better or worse than if they had a slightly different profile of patients. To account for this, we 'standardise' the data. Results have been standardised by the age and sex of respondents to ensure that no trust will appear better or worse than another because of its respondent profile. This helps to ensure that each trust's age sex type profile reflects the national age sex type distribution (based on all of the respondents to the survey). It therefore enables a more accurate comparison of results from trusts with different profiles of patients.

Please note: the scores are **not percentages**, so a score of 80 does not mean that 80% of people who have used services in the trust have had a particular experience (e.g. ticked 'Yes' to a particular question), it means that the trust has scored 80 out of a maximum of 100. A 'scored' questionnaire showing the scores assigned to each question is available on our website (see further information' section).

Please also note that it is not appropriate to score all questions within the questionnaire for benchmarking purposes. This is because not all of the questions assess the trusts in any way, or they may be 'filter questions' designed to filter out respondents to whom following questions do not apply. An example of such a question would be Q1 "Have you ever visited this Outpatients Department before for the same condition?"

The graphs in this report display the scores for this trust, compared with national benchmarks. Each bar represents the range of results for each question across all trusts that took part in the survey. In the graphs, the bar is divided into three sections:

- the red section (left hand end) shows the scores for the 20% of trusts with the lowest scores
- the green section (right hand end) shows the scores for the 20% of trusts with the highest scores
- the orange section (middle section) represents the range of scores for the remaining 60% of trusts.

A white diamond represents the score for this trust. If the diamond is in the green section of the bar, for example, it means that the trust is among the top 20% of trusts in England for that question. The line on either side of the diamond shows the amount of uncertainty surrounding the trust's score, as a result of random fluctuation.²

Since the score is based on a sample of adult outpatients in a trust rather than all adult outpatients, the score may not be exactly the same as if everyone had been surveyed and had responded. Therefore a confidence interval³ is calculated as a measure of how accurate the score is. We can be 95% certain that if everyone in the trust had been surveyed, the 'true' score would fall within this interval.

When considering how a trust performs, it is very important to consider the confidence interval surrounding the score. If a trust's average score is in one colour, but either of its confidence limits are shown as falling into another colour, this means that you should be more cautious about the trust's result because, if the survey was repeated with a different random sample of patients, it is possible their average score would be in a different place and would therefore show as a different colour.

The white diamond (score) is not shown for questions answered by fewer than 30 people because the uncertainty around the result would be too great. When identifying trusts with the highest and lowest scores and thresholds, trusts with fewer than 30 respondents have not been included.

At the end of the report you will find the data used for the charts and background information about the patients that responded.

²If a score is on the 'threshold' for the highest scoring 20% of trusts (that is, the white diamond is on the line separating green and orange), this means that the score is one of the highest 20% of scores for that question. Similarly, trusts with scores on the threshold for the lowest scoring 20% of trusts are included in this lowest 20% of scores.

³A confidence interval is an upper and lower limit within which you have a stated level of confidence that the true mean (average) lies somewhere in that range. These are commonly quoted as 95% confidence intervals, which are constructed so that you can be 95% certain that the true mean lies between these limits. The width of the confidence interval gives some indication of how cautious we should be; a very wide interval may indicate that more data should be collected before making any conclusions.

Notes on specific questions

Q2 and Q3: Q2 “From the time you were first told you needed an appointment to the time you went to the Outpatients Department, how long did you wait for your appointment?” and Q3 “Did your symptoms or condition get worse while you were waiting for your appointment?”.

These questions were only answered by respondents who were attending a first appointment at the outpatients department. Responses are not included from all other respondents. The questions will not be comparable with previous years because of this.

Q2,Q3 and Q5: Q2 “From the time you were first told you needed an appointment to the time you went to the Outpatients Department, how long did you wait for your appointment?” and Q3 “Did your symptoms or condition get worse while you were waiting for your appointment?” and Q5 “Were you given a choice of appointment times?”. These questions exclude patients who were not referred for a planned admission to hospital by a GP or health professional in England (i.e. their care was not bought or ‘commissioned’ in England but in Northern Ireland, Scotland or Wales). This is because hospital choice and waiting time policies differ outside of England.

Q5: The information collected by Q5 (“Were you given a choice of appointment times”) has been filtered by first appointment only rather than on all appointments, as the choose and book policy around this is only applicable to first appointments. This means that the data for Q5 is not comparable to the previous years.

Further information

Full details of the methodology of the survey can be found at:

<http://www.nhssurveys.org/>

More information on the programme of NHS patient surveys is available at:

<http://www.cqc.org.uk/public/reports-surveys-and-reviews>

The results, questionnaire and scoring of the 2011 survey of outpatient departments can be found at:

www.cqc.org.uk/outpatientsurvey2011

The results, questionnaire and scoring from the 2009 outpatient department survey can be found at:

www.nhssurveys.org/surveys/486

The results, questionnaire and scoring from the 2003 and 2004 outpatient department surveys are available on request from the surveys team:

<http://www.nhssurveys.org/surveys/297>

You can also see the results for each trust by searching for that organisation on CQC's website:

www.cqc.org.uk

Outpatient Department Survey 2011

Sandwell and West Birmingham Hospitals NHS Trust

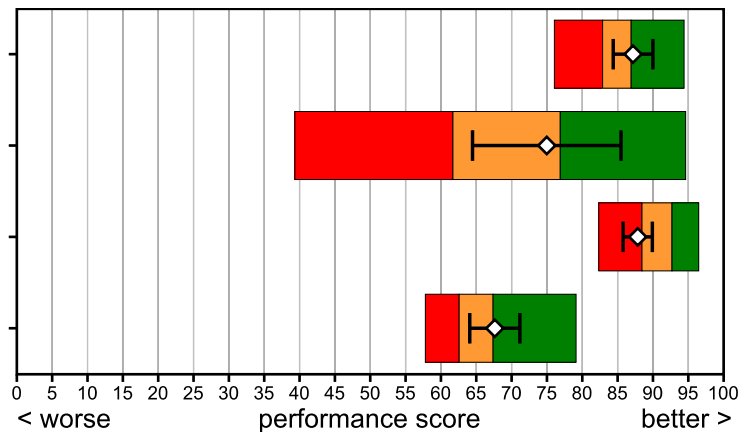
Before the appointment

From the time you were first told you needed an appointment, how long did you wait for your appointment?

Were you given a choice of appointment times?

Was your appointment changed to a later date by the hospital?

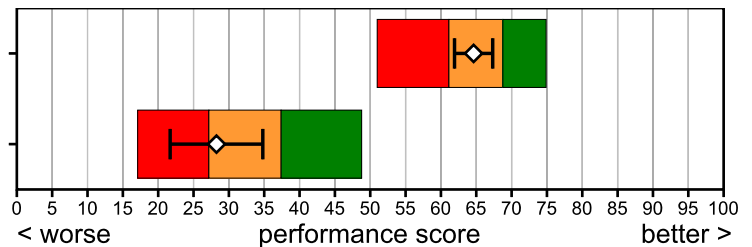
Before your appointment, did you know what would happen to you during the appointment?



Waiting

How long after the stated appointment time did the appointment start?

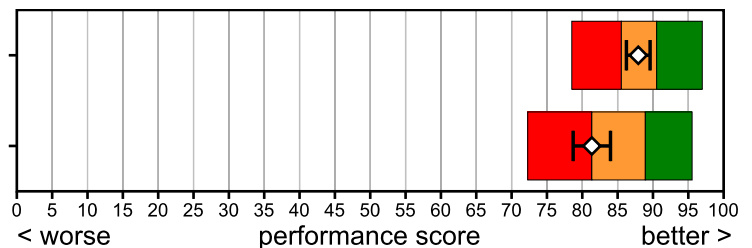
Were you told how long you would have to wait?



Hospital environment and facilities

In your opinion, how clean was the Outpatients Department?

How clean were the toilets at the Outpatients Department?



■ Best performing 20% of trusts
■ Intermediate 60% of trusts
■ Worst performing 20% of trusts
◇ This trust (vertical lines show amount of uncertainty as a result of random fluctuation)
 This trust's results are not shown if there were fewer than 30 respondents.

Outpatient Department Survey 2011

Sandwell and West Birmingham Hospitals NHS Trust

Tests and Treatment

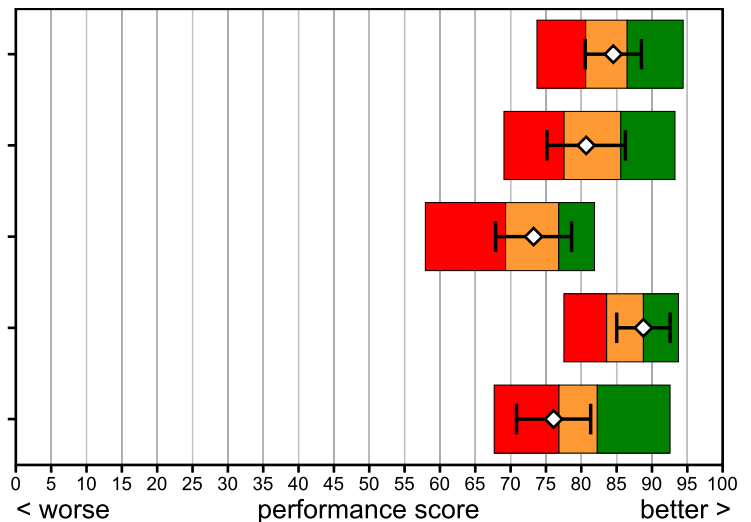
Did a member of staff explain why you needed these test(s) in a way you could understand?

Did a member of staff tell you how you would find out the results of your test(s)?

Did a member of staff explain the results of the tests in a way you could understand?

Before the treatment did a member of staff explain what would happen?

Were you told about any risks/benefits in a way you could understand before the treatment?



Seeing a doctor

Did you have enough time to discuss your health or medical problem with the doctor?

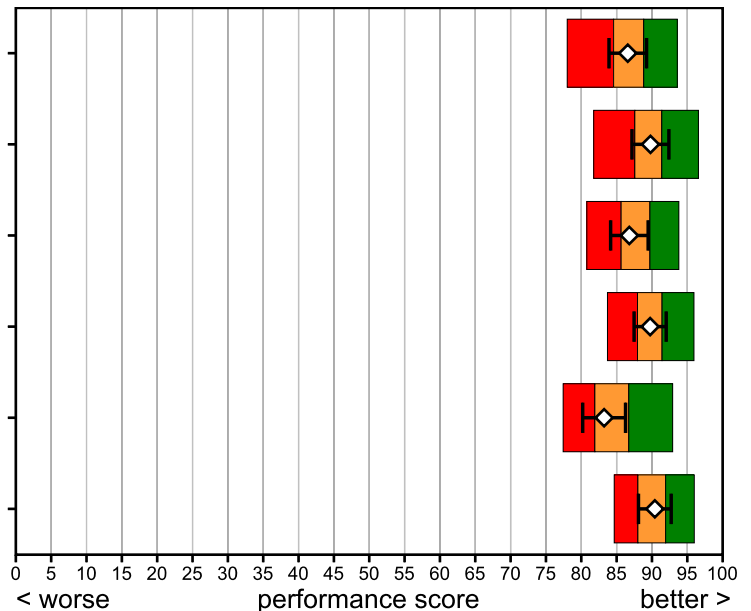
Did the doctor seem aware of your medical history?

Did the doctor explain the reasons for any treatment or action in a way that you could understand?

Did the doctor listen to what you had to say?

If you had important questions to ask the doctor, did you get answers that you could understand?

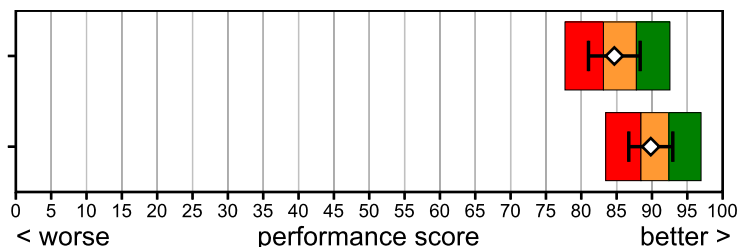
Did you have confidence and trust in the doctor examining and treating you?



Seeing another professional

If you had important questions to ask him/her, did you get answers that you could understand?

Did you have confidence and trust in him/her?



Best performing 20% of trusts

Intermediate 60% of trusts

Worst performing 20% of trusts

◇ This trust (vertical lines show amount of uncertainty as a result of random fluctuation)

This trust's results are not shown if there were fewer than 30 respondents.

Outpatient Department Survey 2011

Sandwell and West Birmingham Hospitals NHS Trust

Overall about the appointment

Did the staff treating and examining you introduce themselves?

Did doctors and/or other staff talk in front of you as if you weren't there?

How much information about your condition or treatment was given to you?

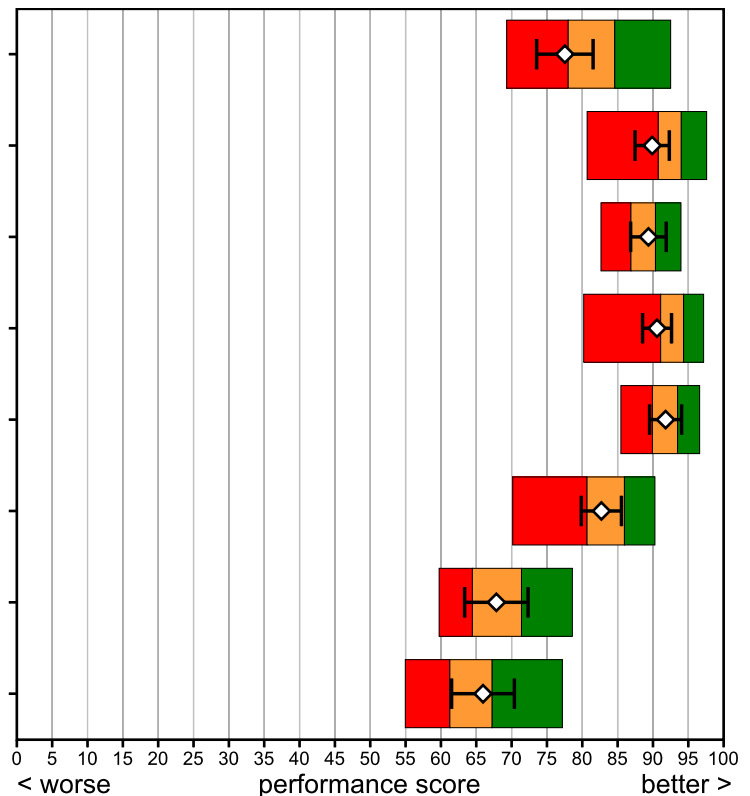
Were you given enough privacy when discussing your condition or treatment?

Did a member of staff say one thing and another say something different?

Were you involved as much as you wanted to be in decisions about your care and treatment?

Did doctors and/or staff ask you what was important to you in managing your condition or illness?

Did your appointment help you to feel that you could better manage your condition or illness?



Leaving the outpatients department

Did a member of staff explain to you how to take the new medications?

Did hospital staff explain the purpose of the medicines you were to take home?

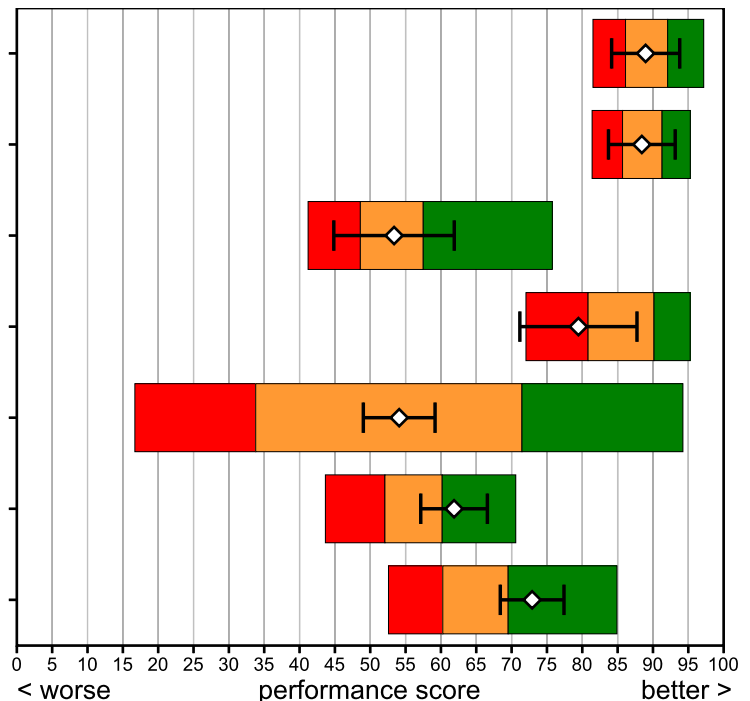
Did a member of staff tell you about medication side effects to watch for?

Was the reason for changing your medication explained in a way you could understand?

Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?

Were you told what danger signals to watch for after you went home?

Were you told who to contact if you were worried about your condition or treatment after you left hospital?



Best performing 20% of trusts

Intermediate 60% of trusts

Worst performing 20% of trusts

◇ This trust (vertical lines show amount of uncertainty as a result of random fluctuation)

This trust's results are not shown if there were fewer than 30 respondents.

Outpatient Department Survey 2011

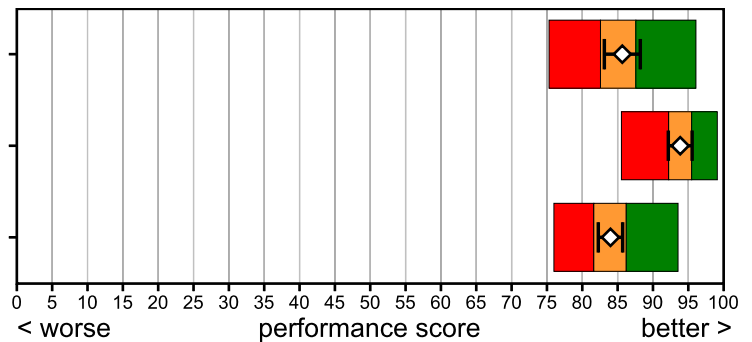
Sandwell and West Birmingham Hospitals NHS Trust

Overall impression

Was the main reason you went to the Outpatients Department dealt with to your satisfaction?

Were you treated with respect and dignity at the Outpatients Department?

Overall, how would you rate the care you received at the Outpatients Department?



Best performing 20% of trusts

Intermediate 60% of trusts

Worst performing 20% of trusts

◇ This trust (vertical lines show amount of uncertainty as a result of random fluctuation)

This trust's results are not shown if there were fewer than 30 respondents.

Outpatient Department Survey 2011
Sandwell and West Birmingham Hospitals NHS Trust

	Scores for this NHS trust	95% Confidence Interval		Threshold for the lowest scoring 20% of NHS Trusts	Threshold for the highest scoring 20% of NHS Trusts	Highest score achieved (all trusts)	Number of respondents (this trust)
		Lower	Upper				
Before the appointment							
Q2 From the time you were first told you needed an appointment, how long did you wait for your appointment?	87	84	90	83	87	94	113
Q5 Were you given a choice of appointment times?	75	64	85	62	77	95	68
Q6 Was your appointment changed to a later date by the hospital?	88	86	90	88	93	96	411
Q7 Before your appointment, did you know what would happen to you during the appointment?	68	64	71	63	67	79	409
Waiting							
Q8 How long after the stated appointment time did the appointment start?	65	62	67	61	69	75	403
Q9 Were you told how long you would have to wait?	28	22	35	27	37	49	158
Hospital environment and facilities							
Q10 In your opinion, how clean was the Outpatients Department?	88	86	90	86	91	97	412
Q11 How clean were the toilets at the Outpatients Department?	81	79	84	81	89	96	302
Tests and Treatment							
Q13 Did a member of staff explain why you needed these test(s) in a way you could understand?	85	81	89	81	86	94	214
Q14 Did a member of staff tell you how you would find out the results of your test(s)?	81	75	86	78	86	93	198
Q15 Did a member of staff explain the results of the tests in a way you could understand?	73	68	79	69	77	82	203
Q17 Before the treatment did a member of staff explain what would happen?	89	85	93	84	89	94	159
Q18 Were you told about any risks/benefits in a way you could understand before the treatment?	76	71	81	77	82	93	158

Outpatient Department Survey 2011
Sandwell and West Birmingham Hospitals NHS Trust

	Scores for this NHS trust	95% Confidence Interval		Threshold for the lowest scoring 20% of NHS Trusts	Threshold for the highest scoring 20% of NHS Trusts	Highest score achieved (all trusts)	Number of respondents (this trust)
		Lower	Upper				
Seeing a doctor							
Q20 Did you have enough time to discuss your health or medical problem with the doctor?	87	84	89	85	89	94	354
Q21 Did the doctor seem aware of your medical history?	90	87	92	88	91	97	333
Q22 Did the doctor explain the reasons for any treatment or action in a way that you could understand?	87	84	89	86	90	94	341
Q23 Did the doctor listen to what you had to say?	90	87	92	88	91	96	356
Q24 If you had important questions to ask the doctor, did you get answers that you could understand?	83	80	86	82	87	93	313
Q25 Did you have confidence and trust in the doctor examining and treating you?	90	88	93	88	92	96	352
Seeing another professional							
Q28 If you had important questions to ask him/her, did you get answers that you could understand?	85	81	88	83	88	93	216
Q29 Did you have confidence and trust in him/her?	90	87	93	88	92	97	218
Overall about the appointment							
Q31 Did the staff treating and examining you introduce themselves?	78	74	82	78	85	93	277
Q32 Did doctors and/or other staff talk in front of you as if you weren't there?	90	87	92	91	94	98	410
Q33 How much information about your condition or treatment was given to you?	89	87	92	87	90	94	415
Q34 Were you given enough privacy when discussing your condition or treatment?	91	89	93	91	94	97	412
Q35 Did a member of staff say one thing and another say something different?	92	90	94	90	93	97	416
Q36 Were you involved as much as you wanted to be in decisions about your care and treatment?	83	80	86	81	86	90	413
Q38 Did doctors and/or staff ask you what was important to you in managing your condition or illness?	68	63	72	64	71	79	250
Q39 Did your appointment help you to feel that you could better manage your condition or illness?	66	62	70	61	67	77	265

Outpatient Department Survey 2011
Sandwell and West Birmingham Hospitals NHS Trust

	Scores for this NHS trust	95% Confidence Interval		Threshold for the lowest scoring 20% of NHS Trusts	Threshold for the highest scoring 20% of NHS Trusts	Highest score achieved (all trusts)	Number of respondents (this trust)
		Lower	Upper				
Leaving the outpatients department							
Q41 Did a member of staff explain to you how to take the new medications?	89	84	94	86	92	97	115
Q42 Did hospital staff explain the purpose of the medicines you were to take home?	88	84	93	86	91	95	116
Q43 Did a member of staff tell you about medication side effects to watch for?	53	45	62	49	57	76	105
Q45 Was the reason for changing your medication explained in a way you could understand?	79	71	88	81	90	95	65
Q46 Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?	54	49	59	34	71	94	335
Q47 Were you told what danger signals to watch for after you went home?	62	57	67	52	60	71	314
Q48 Were you told who to contact if you were worried about your condition or treatment after you left hospital?	73	68	77	60	70	85	382
Overall impression							
Q49 Was the main reason you went to the Outpatients Department dealt with to your satisfaction?	86	83	88	83	88	96	408
Q50 Were you treated with respect and dignity at the Outpatients Department?	94	92	96	92	95	99	413
Q51 Overall, how would you rate the care you received at the Outpatients Department?	84	82	86	82	86	94	411

Outpatient Department Survey 2011

Sandwell and West Birmingham Hospitals NHS Trust

Background information

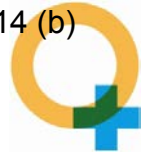
The sample	This trust	All trusts
Number of respondents	426	72779
Response Rate (percentage)	50	53

Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%)
Male	50	43
Female	50	57
Age group (percentage)	(%)	(%)
Aged 35 and younger	8	8
Aged 36-50	16	15
Aged 51-65	28	29
Aged 66 and older	49	48
Ethnic group (percentage)	(%)	(%)
White	75	91
Mixed	1	1
Asian or Asian British	13	3
Black or Black British	6	2
Chinese or other ethnic group	0	0
Not known	4	3

2011 Outpatient Survey Management Report

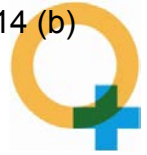
**Sandwell and West Birmingham
Hospitals NHS Trust**





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1. Introduction

The National Outpatient Survey was undertaken by Quality Health for the Sandwell and West Birmingham Hospitals NHS Trust between June and October 2011.

The survey required a sample of 850 outpatients to be drawn from those who had had an outpatient appointment during one month in the period March, April or May 2011. There were a number of categories of patients excluded from the survey e.g. psychiatric clinic patients, maternity clinic patients, those patients attending TOP or GUM clinics, private patients, those with non UK postal addresses, and day case or day surgery patients. Patients attending clinics held under the auspices of A&E (e.g. fracture clinics) were included in the sampling frame. Those patients who did not attend a scheduled appointment (DNA) were excluded from the survey.

Response Rate

The target response rate for the survey set nationally was to achieve at least 60% from the usable sample, with the number of usable responses being at least 500.

426 completed questionnaires were returned from the sample of 851 from the Trust. A group of 7 patients were excluded from the sample for the following reasons:

- | | |
|-------------------------------------|---|
| • Moved / not known at this address | 3 |
| • Ineligible | 2 |
| • Deceased | 2 |

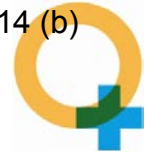
The overall response rate for the Trust was 50% (426 usable responses from a final sample of 844).

Report Contents

This Report contains sections that describe the results from the survey, and sets out the full results in the same format as they appear in the questionnaire. It provides an analysis of issues where the Trust is achieving good results as well as areas where management action is required.

It also provides comparisons of both the Trust results against those of other Trusts in the Quality Health database who undertook the National Outpatients Survey, and the 2011 Outpatients Survey results compared to those achieved in the 2009 Survey, where questions are comparable, and it provides longitudinal comparisons where applicable between Trust results and national scores

The questionnaire provided space for patients to write their own comments about any aspect of the service. The anonymised comments received are set out verbatim in a separate document.



2. Executive Summary

This section pulls together the action points from each section of the Report to give an overview of the Trust's results and areas for consideration for action planning.

Before the Appointment

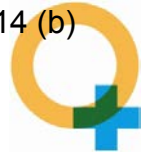
Actions:

- Assess the need for further action reducing waiting times for appointments in specialties where patient reported waits are the longest.
- Where possible, and certainly on second or subsequent OPD appointments, give patients choice as to the time when they would like to attend, within the clinical limits imposed by the Consultant's team.
- Minimise the number of date changes to clinic appointments, which waste resources and inconvenience patients, arising from avoidable events such as late booked holidays, failure to book training in clinic diaries, etc.

In the Clinic

Actions:

- Minimise long waits over 30 minutes in clinic by ensuring that clinics start on time and that over-booking is controlled.
- Ensure that where waits over 30 minutes are likely, information on reasons for the longer waits are given to patients.
- Ensure that clinic staff are trained to give apologies where necessary for excessive delays.
- Review cleaning arrangements in general areas and toilets in the light of patient scores.



Tests and Treatment

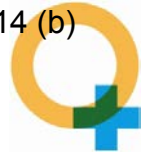
Actions:

- Ensure that staff are tasked to routinely give explanations of why tests and treatments are required to patients undergoing them.
- Ensure staff tell patients how they will find out the results of their tests.
- Ensure that informed consent is established clearly by explaining the risks and benefits of potential treatment in a way that can be comprehended by the patient.

Doctors and Other Staff

Actions:

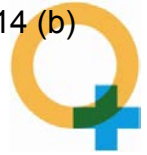
- Review reasons for some patients saying they do not have enough time to discuss their health with the doctor, including the apparent short length of some appointments.
- Refresh training for doctors and other members of staff in communicating complex clinical information to patients in ways that most patients can comprehend.
- Ensure that all doctors and staff seeing patients are aware of the patient's medical history.



About the Appointment

Actions:

- Look at ways of increasing the number of patients who see the same doctor or other member of staff on subsequent appointments.
- Ensure that all staff are trained to introduce themselves and say what role they are playing that day.
- Reassess training packages on communication for clinicians in the light of evidence that a continuing minority of patients say staff are talking in front of them as if they are not there; that they did not get the right amount of information about their condition and treatment; and that some patients are receiving information which appears contradictory to them. In particular, ensure that the correct atmosphere is created which enables patients to raise issues they are concerned about.
- Ensure that patients have the privacy they require during discussions about their condition and treatment.
- Ensure that patients are involved as much as they want to be in decisions about their care and treatment.
- Ensure that patients with long term conditions feel that staff are supporting them in the management of their condition.



Leaving OPD

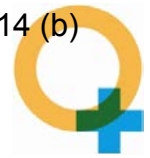
Actions:

- Ensure that all patients having new medications are given information about their purpose and any possible side effects.
- Ensure that patients whose medication is changed are given explanations as to why this has been done.
- Ensure that all clinical letters passing from the Consultants team to the patient's GP are copied to the patient.
- Plan for standardised "discharge" leaflets for use in OPD, giving contact places, phone numbers, link contacts, etc. to patients who need them.
- Ensure that all patients who need it are given information about potential danger signals to watch for.

Overall

Actions:

- In the light of scores for patient satisfaction that the main reason they went to outpatients had been dealt with, review whether consultants, doctors and other front line staff seeing patients should have further communication training. Specifically, encourage all those seeing patients to ask the patient if they have questions they want to raise.
- Investigate reasons for overall score from patients on the care received in outpatients.

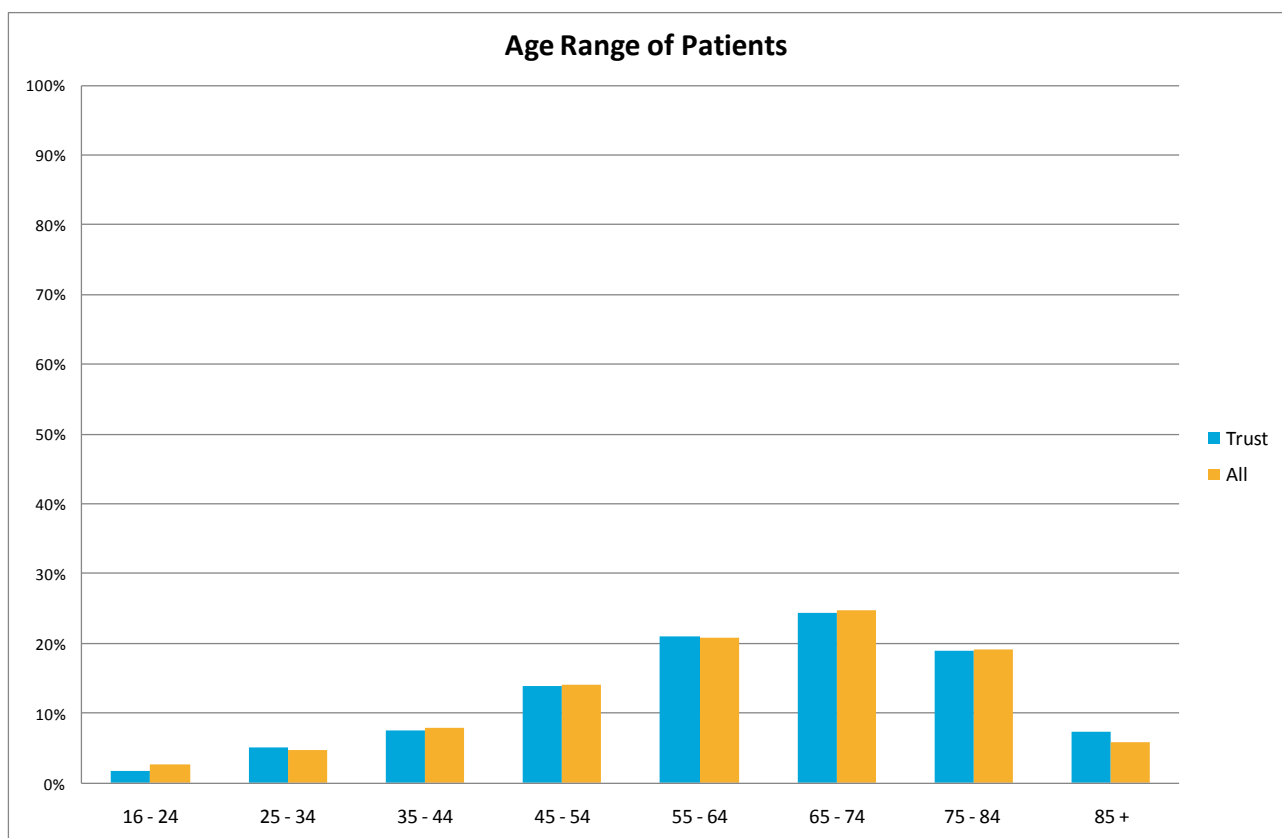


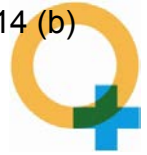
3. Respondents' Characteristics

This section of the report describes the results arising from the demographics section of the questionnaire which asked patients about themselves. Gender, age, and ethnic background breakdown is crucial, as it is clear from Quality Health's research into patient attitudes that there are significant variations in the views of patients because of demographic differences. There are also differences in the attitudes of patients related to the specialty of treatment. The Trust can analyse the survey data by these variables using Quality Health's extranet facility, where statistical testing (the T Test) is built in to the system.

1. GENDER AND AGE PROFILE

51% of patients were men, 49% were women. The survey asked patients to stipulate their year of birth. This information has been amalgamated into age groups. The chart shows the proportion of patients in each age group compared to last year and the national average.



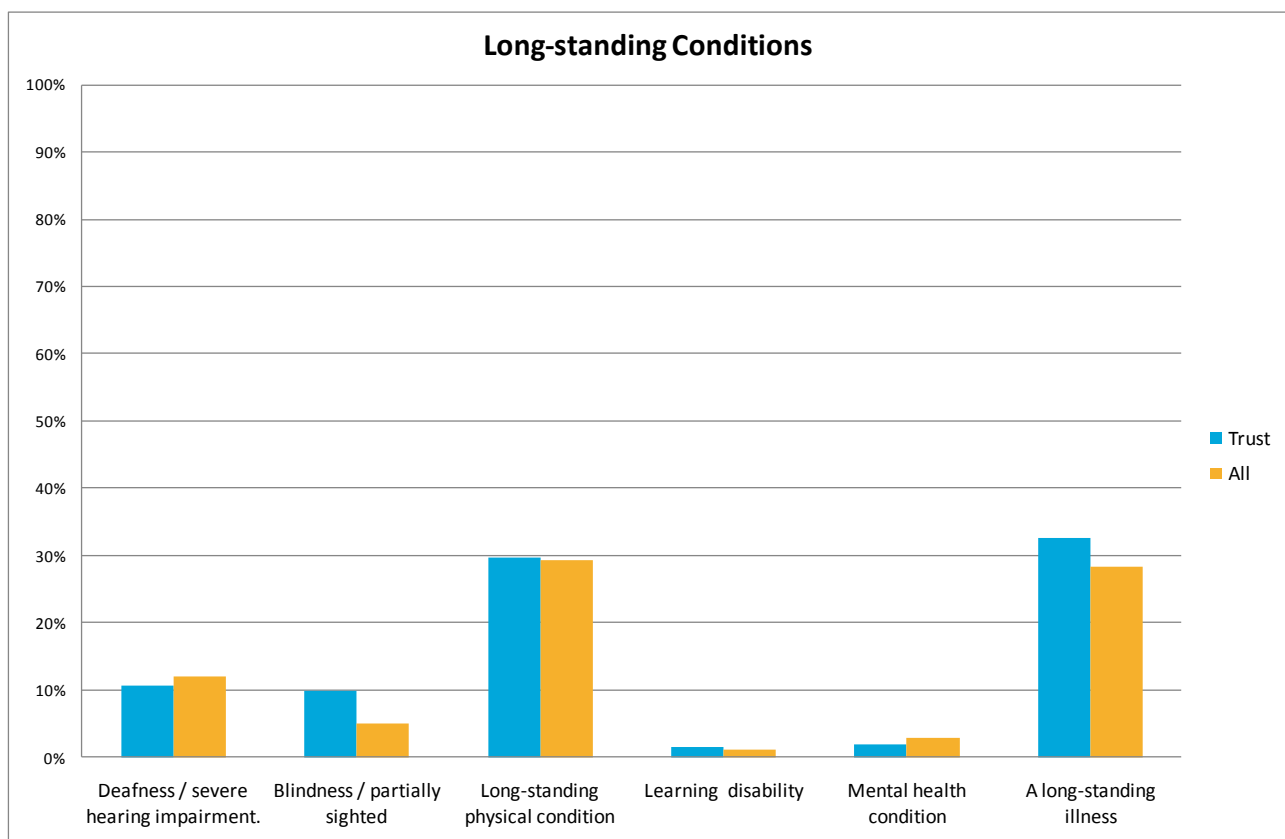


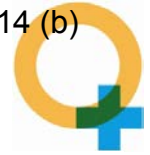
2. ETHNICITY

73% of patients classified themselves as White British; 6% described themselves as Black or Black British (African, Caribbean or other Black background) and 13% described themselves as Asian or Asian British (Indian, Pakistani, Bangladeshi or other Asian background).

3. LONG STANDING ILLNESS AND CO-MORBIDITIES

Patients were asked if they had any long standing health conditions. 28% said they had no such long standing conditions; 64% said they had at least one of 6 listed conditions. The chart below shows the proportion of patients who said they had each of the conditions listed.





4. Survey Results

This section of the report describes the results for each part of the questionnaire in the order in which it was read by the patient, starting with questions about the hospital and ward and ending with leaving hospital.

The results from each question in the survey are described in the following sections. The number of the question in the questionnaire is shown, and the text of the question is displayed. For each question, a chart shows the Trust score as well as the national score¹, for the purpose of comparison. For some questions, a second chart is displayed which shows the performance of the Trust compared to the national performance over time². This time period is determined by the amount of time that a comparative question has been asked in the survey, and the existence of data for your Trust.

At the end of each section, a scored dataset has been used to produce benchmark bar charts for key questions within that section. Each bar represents the range of results across all Trusts that took part in the survey for one question. The bar is divided into:

- a red section: scores for the lowest-scoring 20% of Trusts;
- a green section: scores for the highest-scoring 20% of Trusts;
- an amber section: scores for the remaining 60% of Trusts.

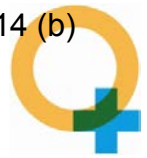
The black circle represents the score for this Trust. For example, if the circle is in the green section of the bar, it means that the Trust is among the top 20% of Trusts surveyed by Quality Health for that question. The line on either side of the circle shows the 95% confidence interval (the amount of uncertainty surrounding the Trust's score).

The table below each benchmarking chart shows the Trust score for the 2009 survey, where available, in the first column (not displayed on the benchmarking chart). The second column shows the Trust score for this year (represented by a black circle on the benchmarking chart). The third and fourth columns represent the upper threshold for the lowest scoring 20% and the lower threshold for the highest scoring 20% (i.e. the end of the red section and the beginning of the green section on the chart). The fifth column displays a “+” alongside any question where the Trust's score falls within the lowest 20% of Trust scores for that question.

Finally, there are a number of management recommendations at the end of each section for consideration when action planning.

¹ Scores displayed use raw data (data has not been scored or standardised).

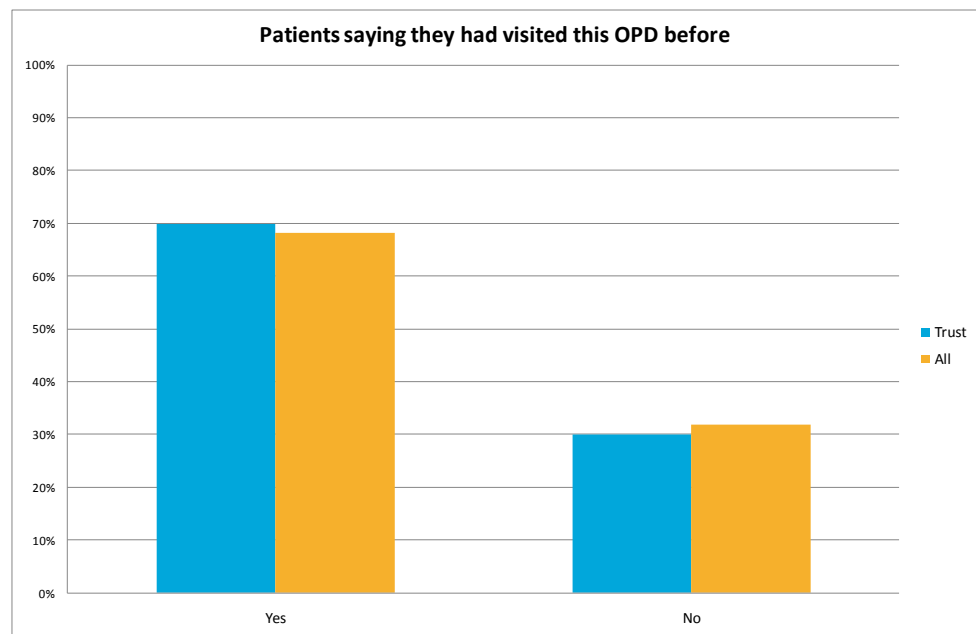
² National data has been taken from the CQC published datasets for 2003-9; the national figure for 2011 is taken from the QH national database, as the full national dataset has not yet been published.



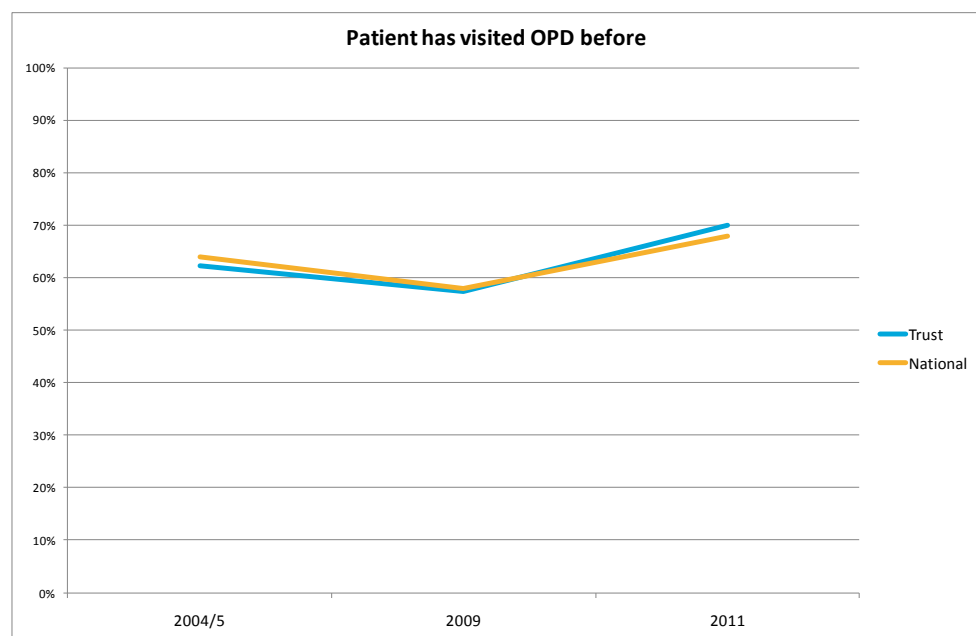
Before the Appointment

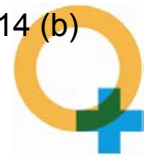
1. Have you ever visited this Outpatients Department before for the same condition?

VISITED OPD BEFORE



Comparison over time for this question:

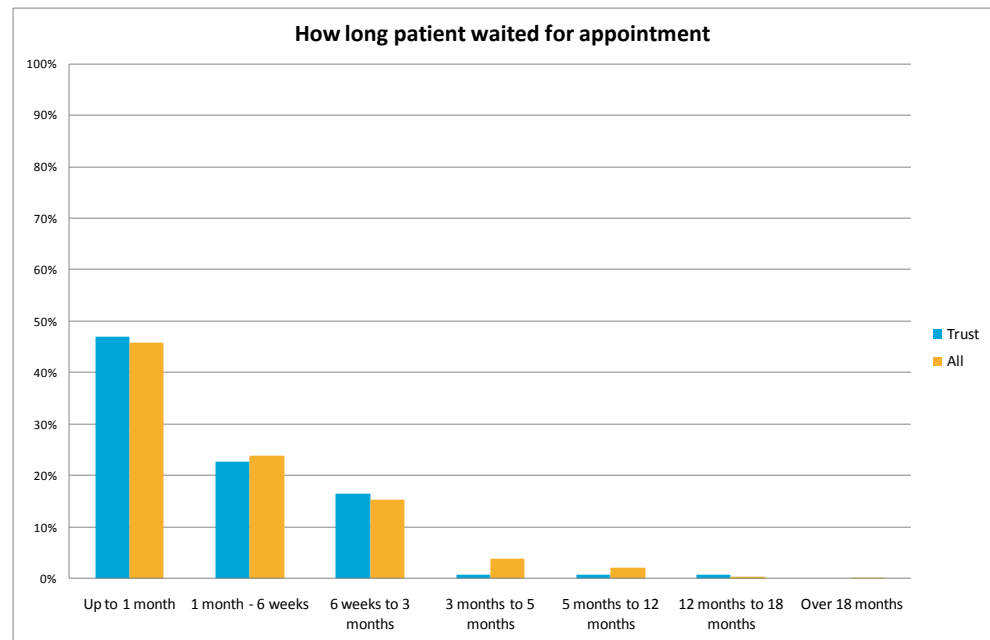




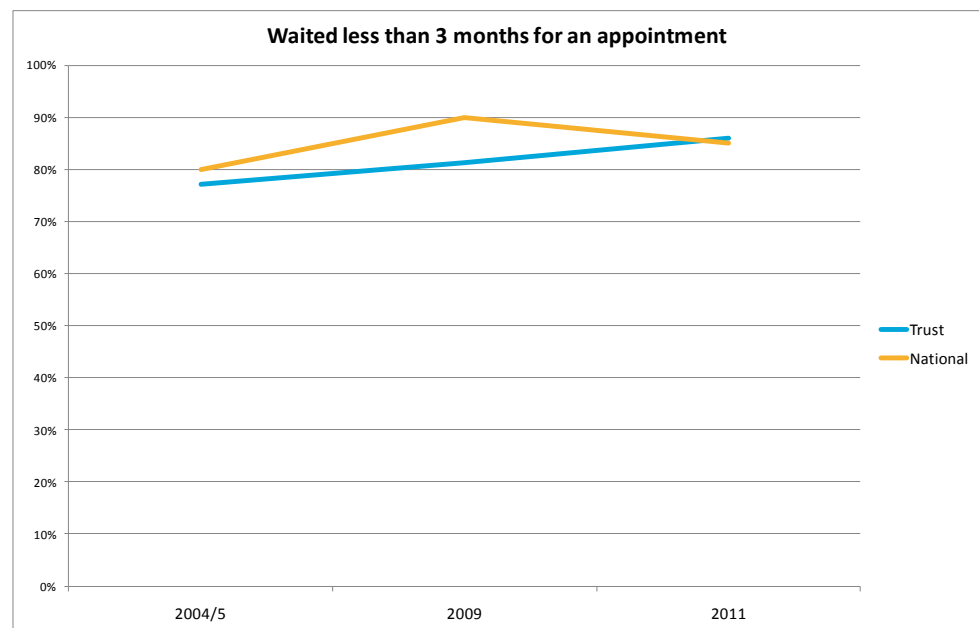
WAITING FOR AN APPOINTMENT

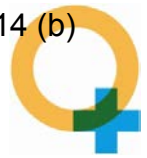
2. From the time you were first told you needed an appointment to the time you went to the Outpatients Department, how long did you wait for your appointment?

86% of patients said they waited 3 months or less; 2% said they waited for longer than 5 months. It is not possible to calculate waits approximating to 18 weeks from the survey.



Comparison over time for this question:

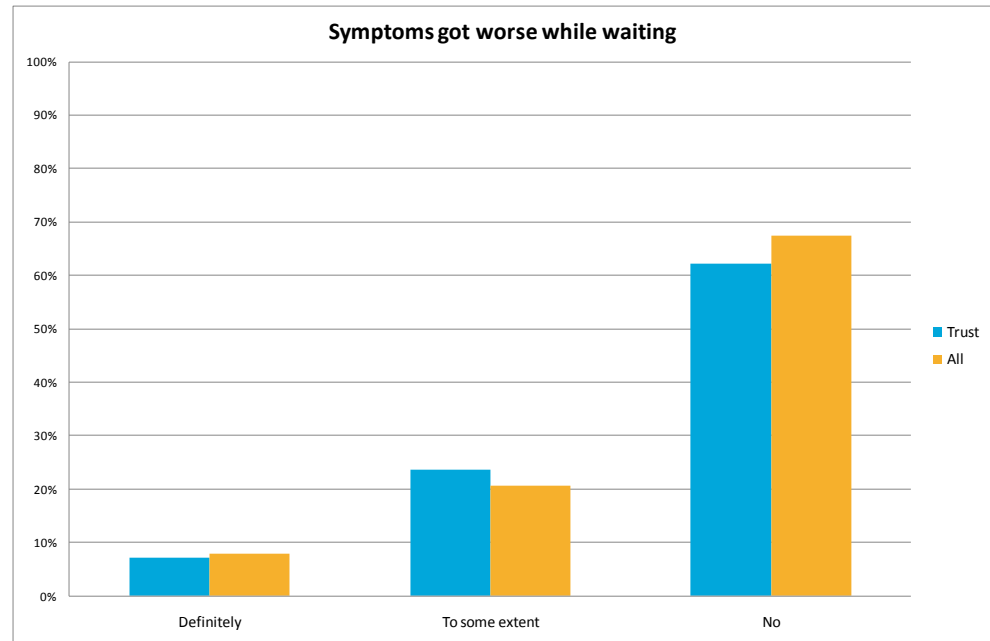


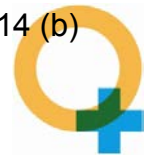


PATIENTS' HEALTH WHILE WAITING

3. Did your symptoms or condition get worse while you were waiting for your appointment?

7% of patients said that their symptoms or condition definitely got worse while they were waiting for their appointment. 24% said that they got worse to some extent and 62% said that they did not get worse.

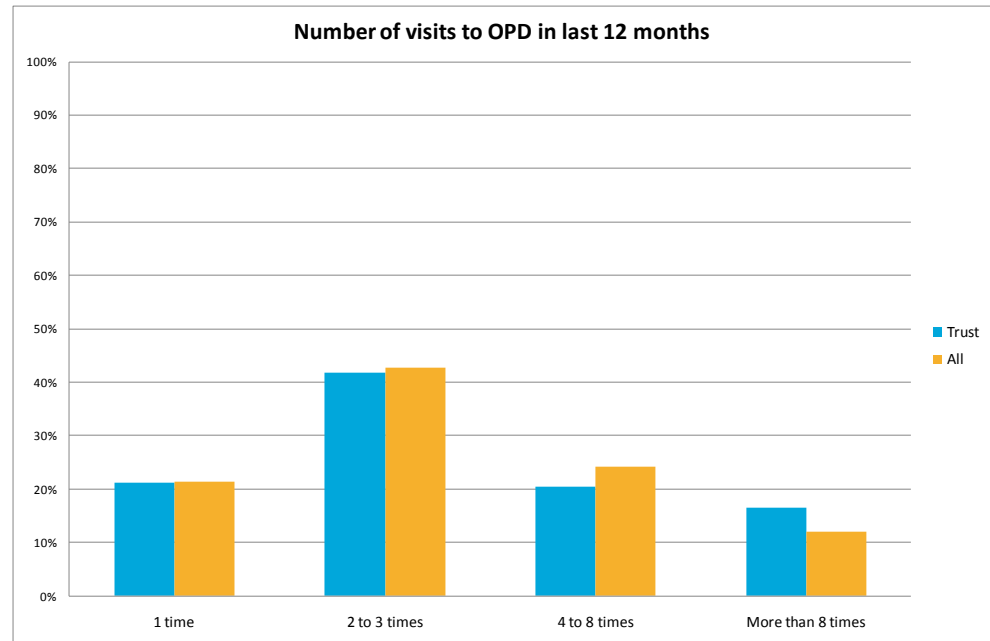


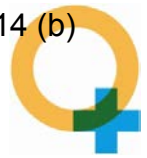


PREVIOUS VISITS

4. In the last 12 months, how many times (including this one) have you visited the Outpatients Department for any condition?

21% of patients said that this was the only time in the last 12 months that they have visited the Outpatients Department. 17% said that they had visited more than 8 times.

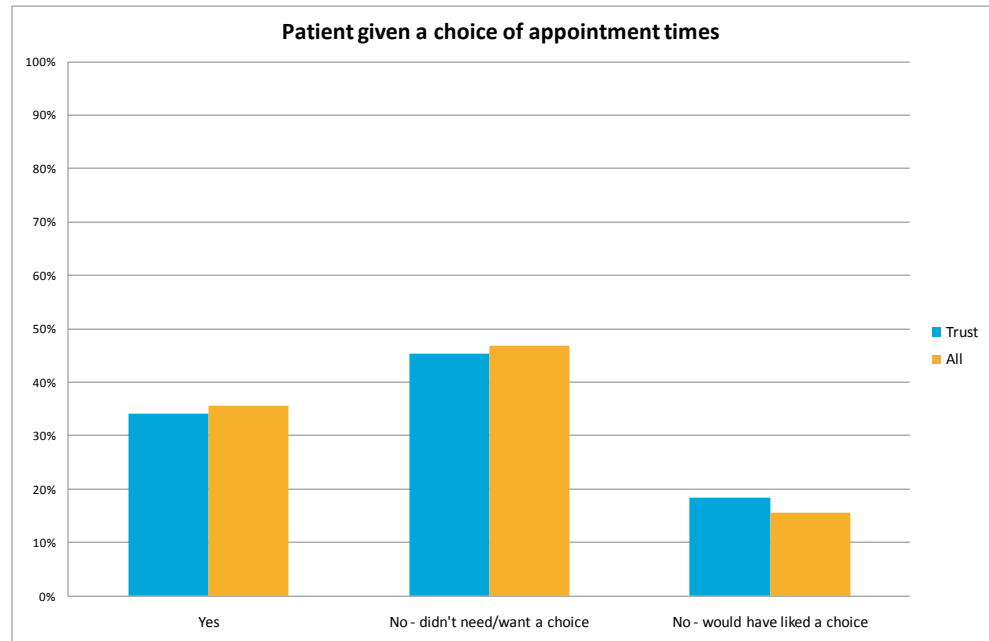




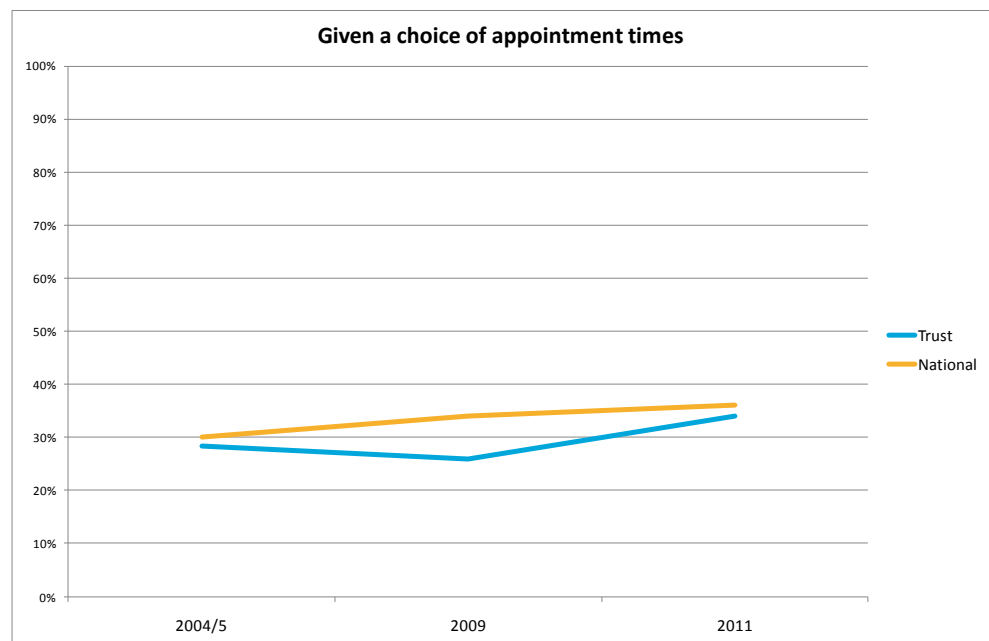
APPOINTMENT TIMES AND CHANGES

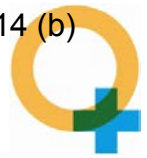
5. Were you given a choice of appointment times?

Patients were asked if they were given a choice of appointment times for their most recent visit: 34% said they were given a choice; 18% said they were not given a choice but would have liked a choice.



Comparison over time for this question:

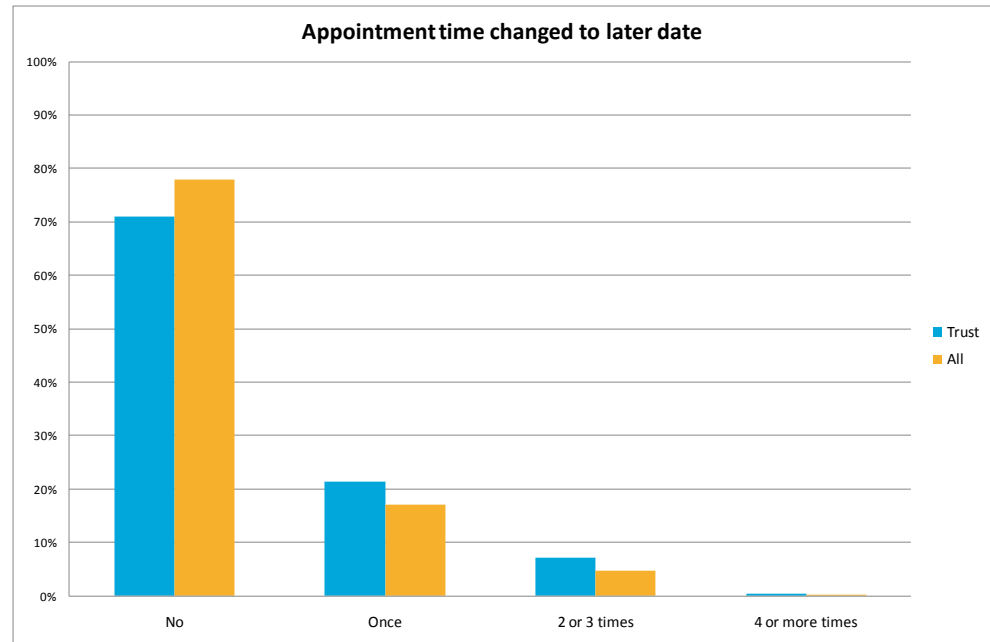




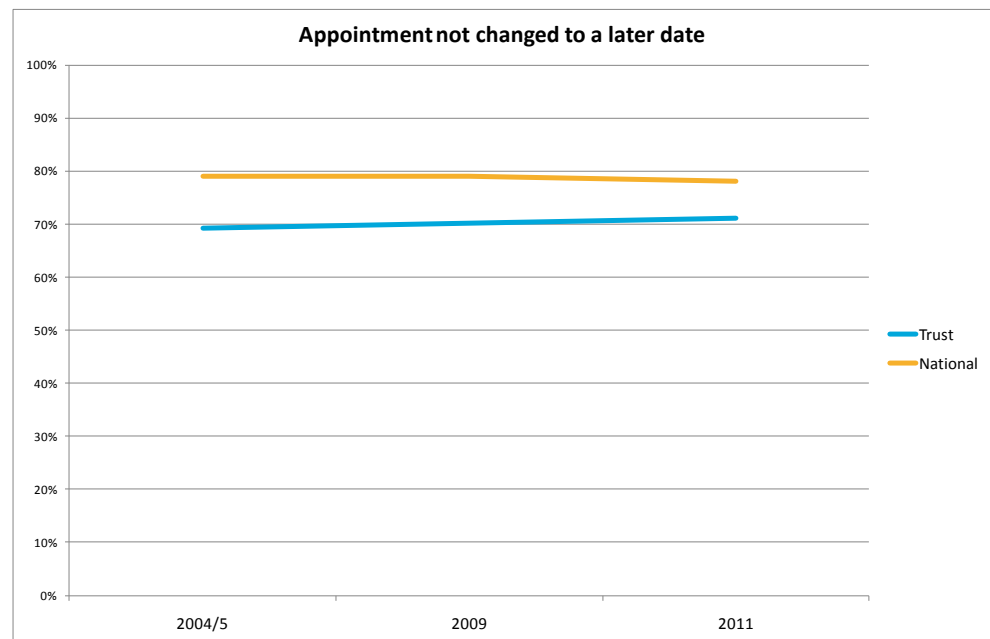
CHANGES TO APPOINTMENTS

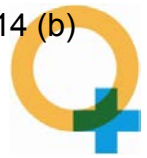
6. Was your appointment changed to a later date by the hospital?

71% of patients said that their appointment was not changed; 8% said it was changed 2 times or more, as the chart shows.



Comparison over time for this question:

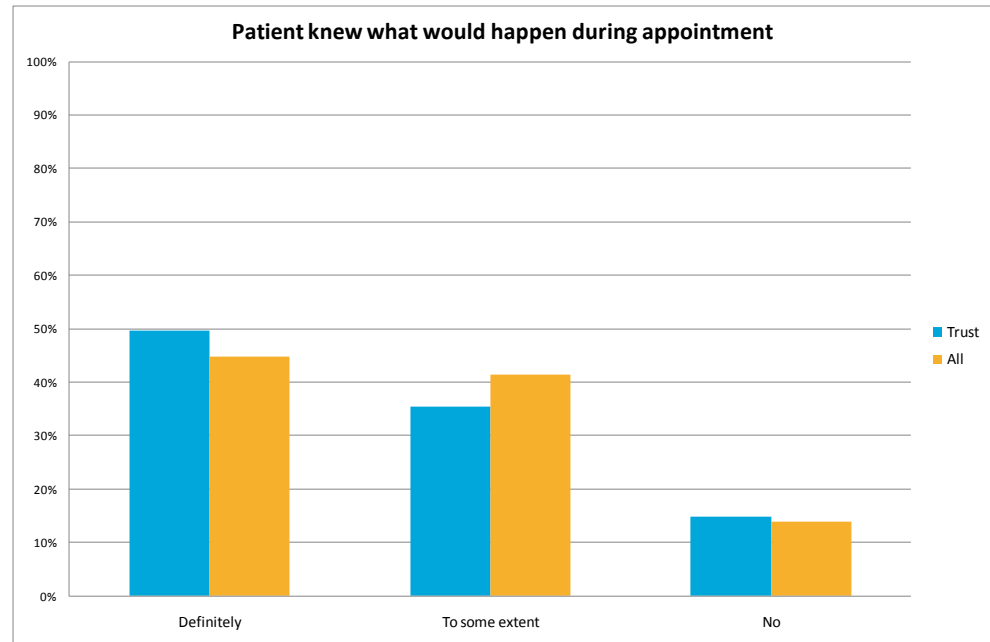




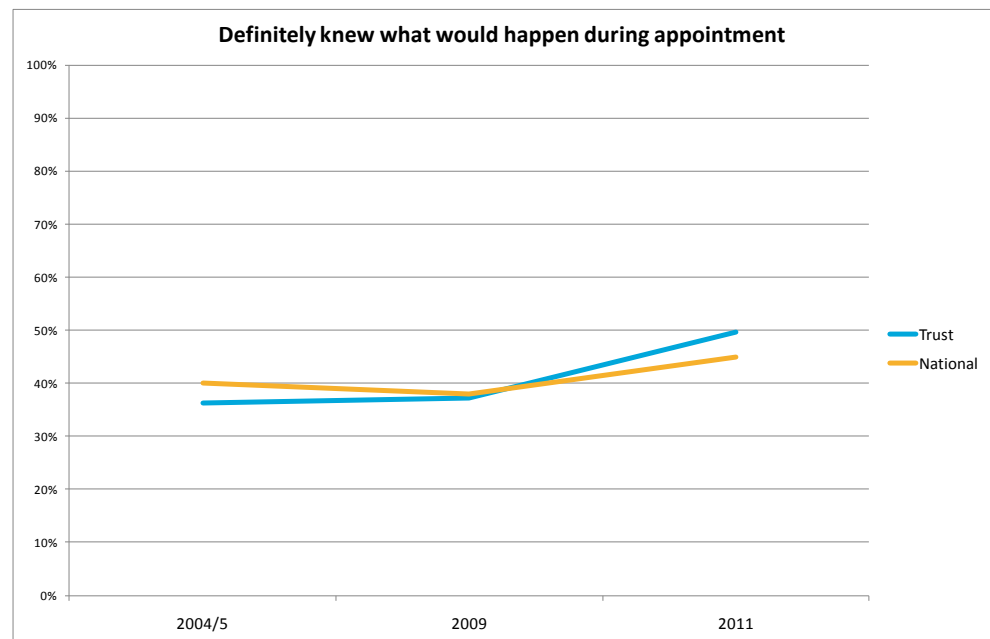
KNEW WHAT WOULD HAPPEN

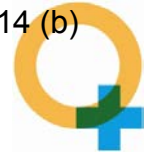
7. Before your appointment, did you know what would happen to you during the appointment?

50% of patients said that they definitely knew what would happen to them during their appointment; 15% did not know.

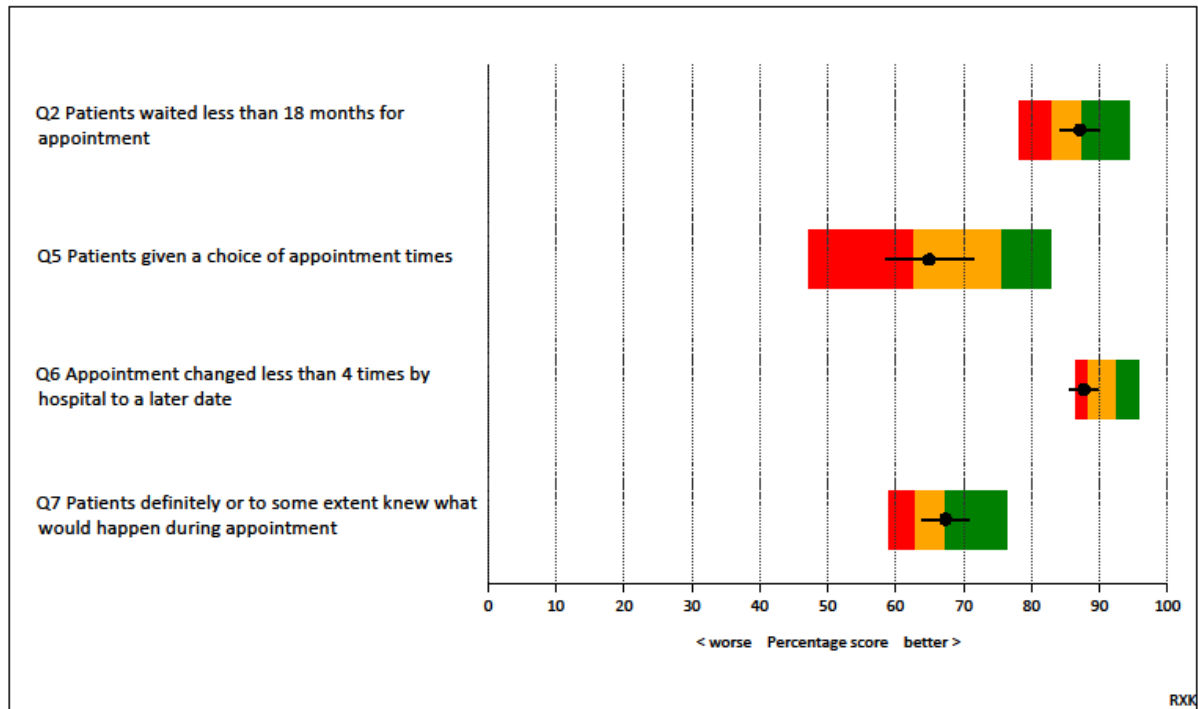


Comparison over time for this question:

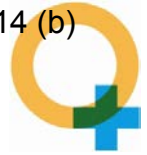




SUMMARY AND ACTIONS

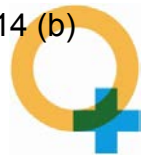


Question	2009 percentage for this Trust	2011 percentage for this Trust	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Scored % in lowest 20% of Trusts
Q2 Patients waited less than 18 months for appointment	84%	87%	83%	88%	
Q5 Patients given a choice of appointment times	61%	65%	63%	76%	
Q6 Appointment changed less than 4 times by hospital to a later date	87%	88%	88%	92%	+
Q7 Patients definitely or to some extent knew what would happen during appointment	59%	67%	63%	67%	



ACTIONS

- Assess the need for further action reducing waiting times for appointments in specialties where patient reported waits are the longest.
- Where possible, and certainly on second or subsequent OPD appointments, give patients choice as to the time when they would like to attend, within the clinical limits imposed by the Consultant's team.
- Minimise the number of date changes to clinic appointments, which waste resources and inconvenience patients, arising from avoidable events such as late booked holidays, failure to book training in clinic diaries, etc.

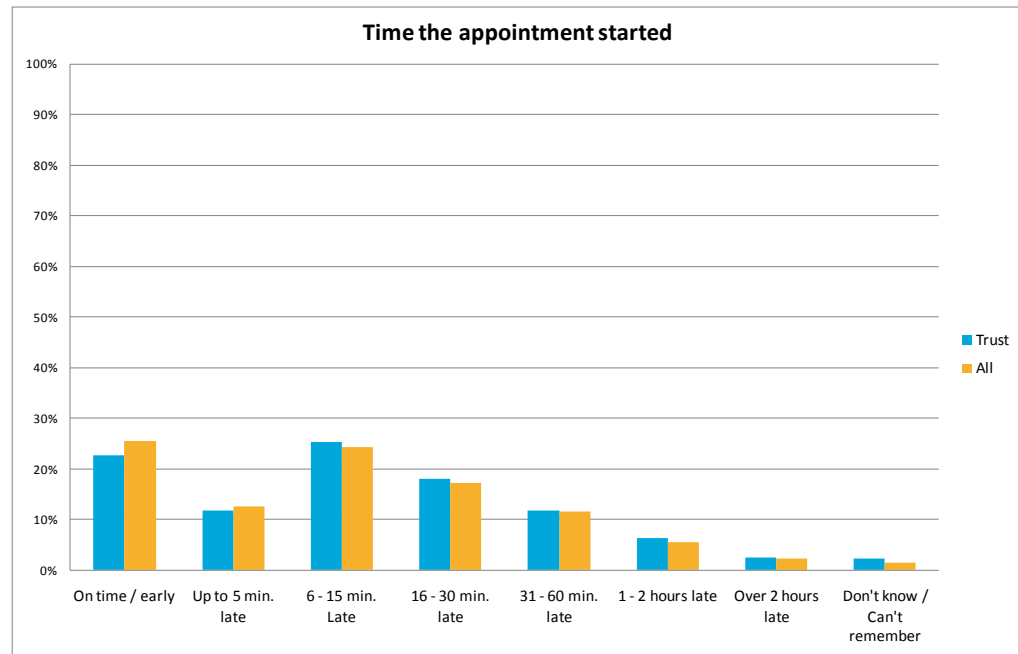


In the Clinic

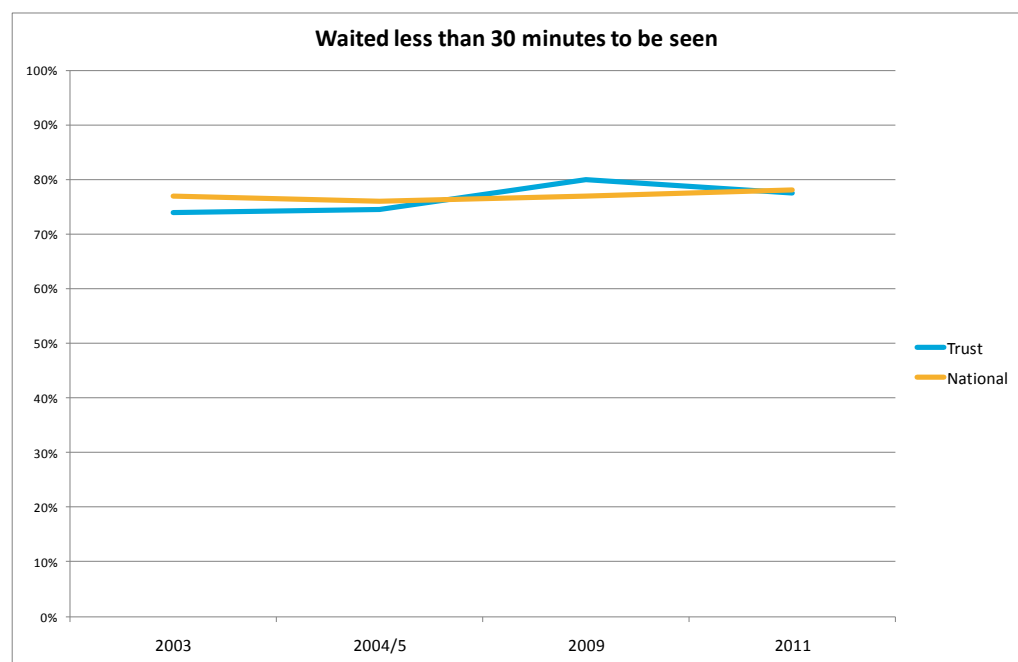
8. How long after the stated appointment time did the appointment start?

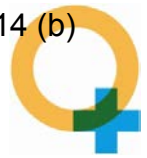
WAITING FOR THE APPOINTMENT TO START

23% of patients said they were seen early or on time; 20% said that they waited 31 minutes or more after the stated appointment time.



Comparison over time for this question:

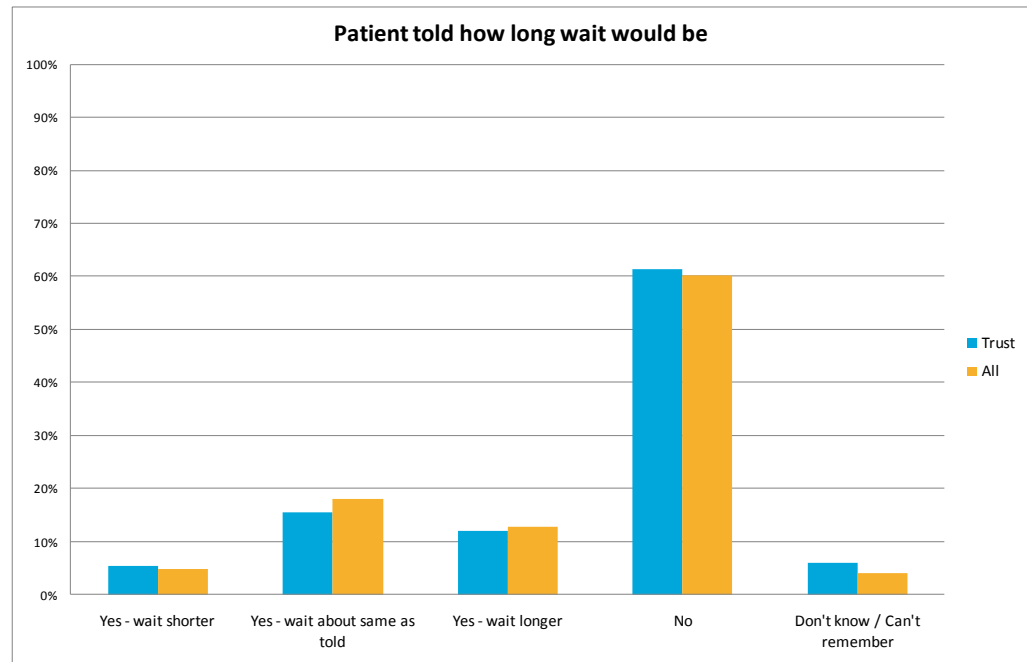




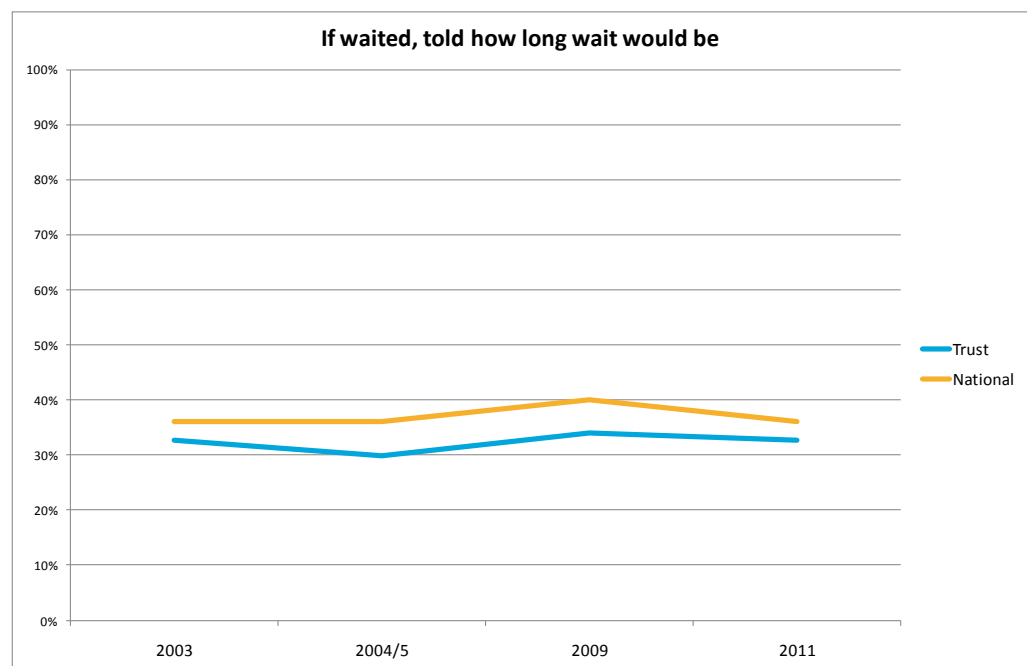
TOLD ABOUT LENGTH OF WAIT

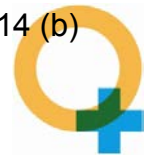
9. Were you told how long you would have to wait?

Patients who waited more than 15 minutes were asked if they were told how long they would have to wait; 61% said they were not told.



Comparison over time for this question:

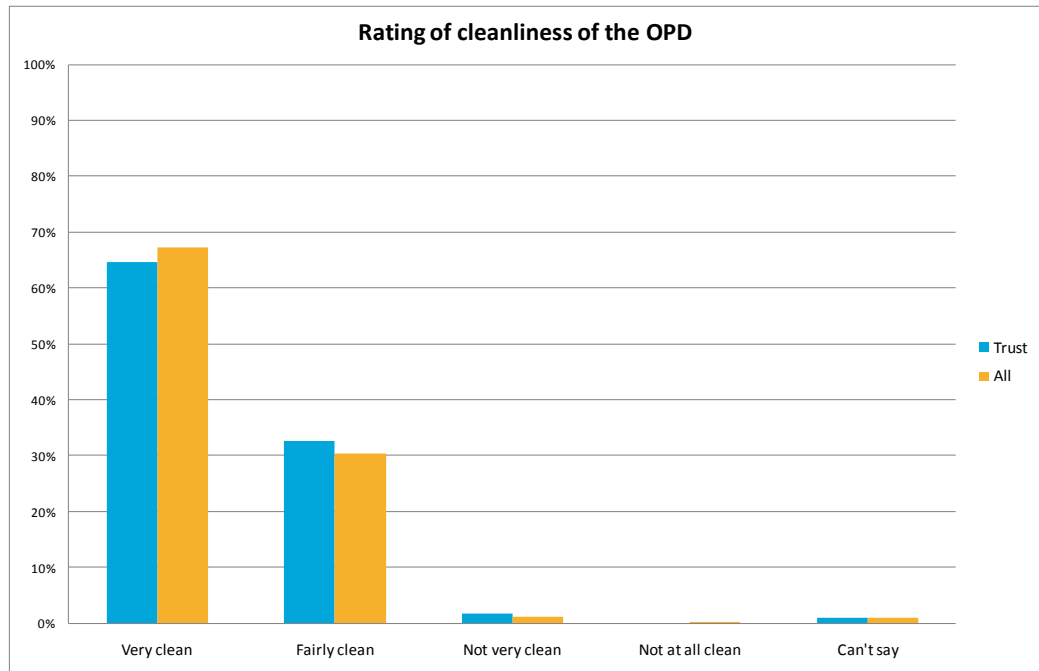




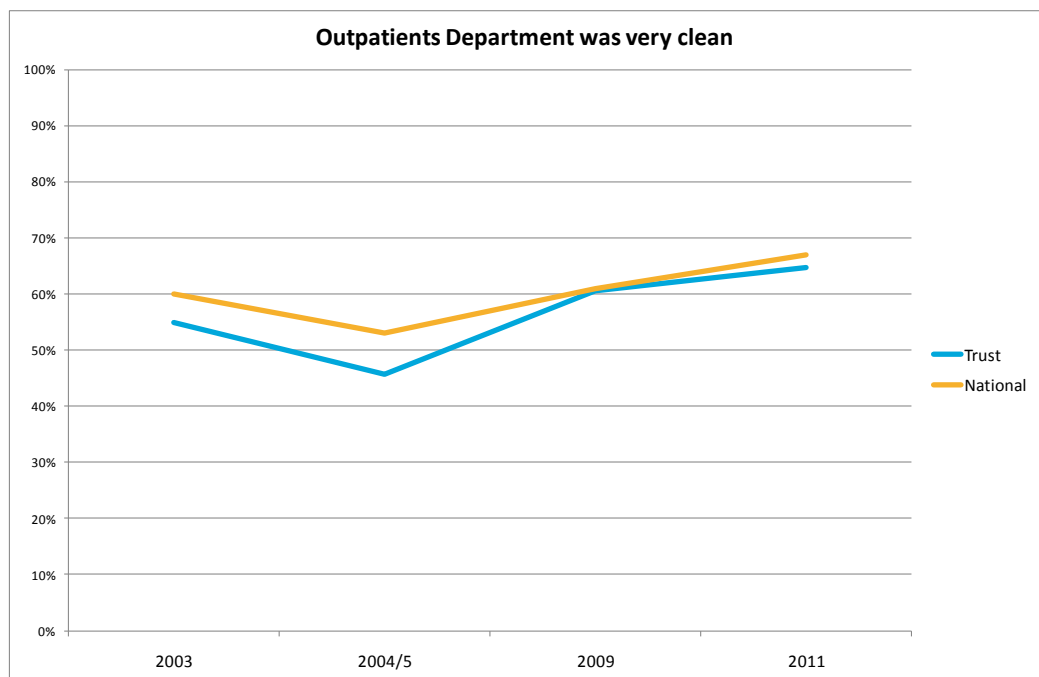
CLEANLINESS IN THE DEPARTMENT

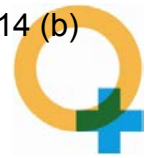
10. In your opinion, how clean was the Outpatients Department?

Patients were asked to rate the cleanliness of the Outpatients Department as a whole; 65% said it was very clean.



Comparison over time for this question:

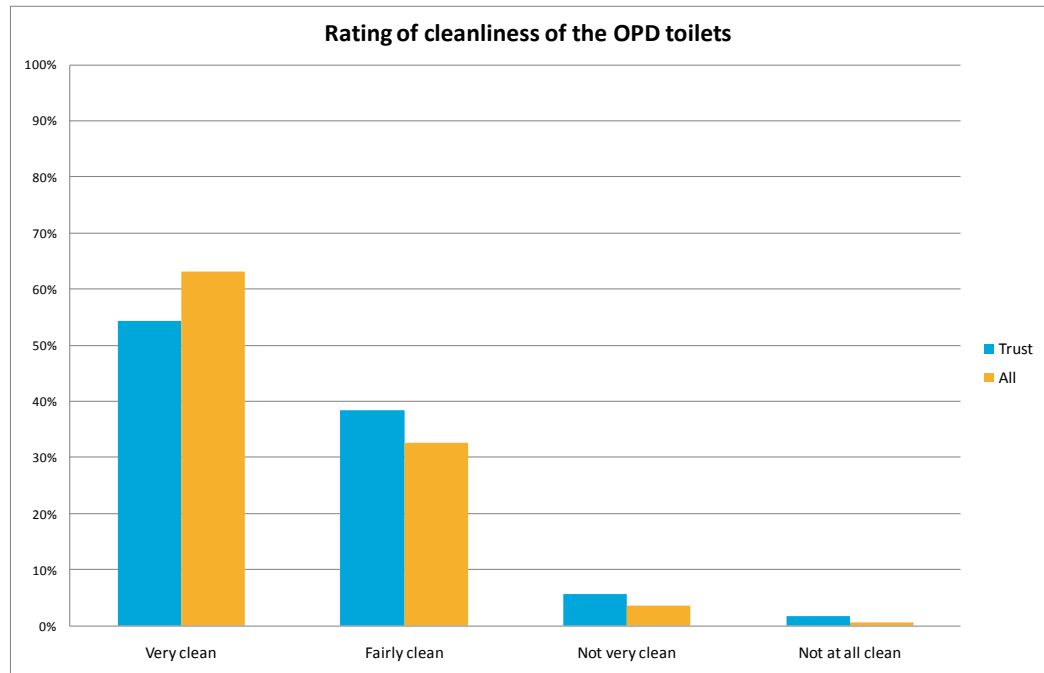




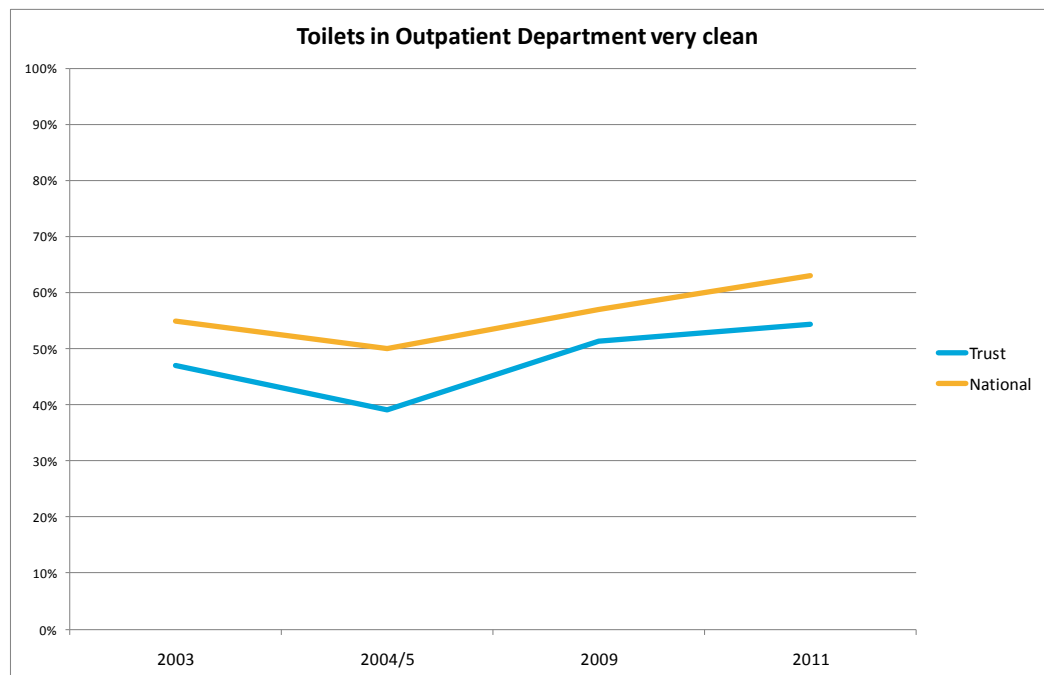
CLEANLINESS OF TOILETS

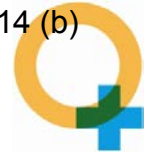
11. How clean were the toilets at the Outpatients Department?

Patients were also asked to rate the cleanliness of the toilets in OPD. Of those that used them, 54% said they were very clean.

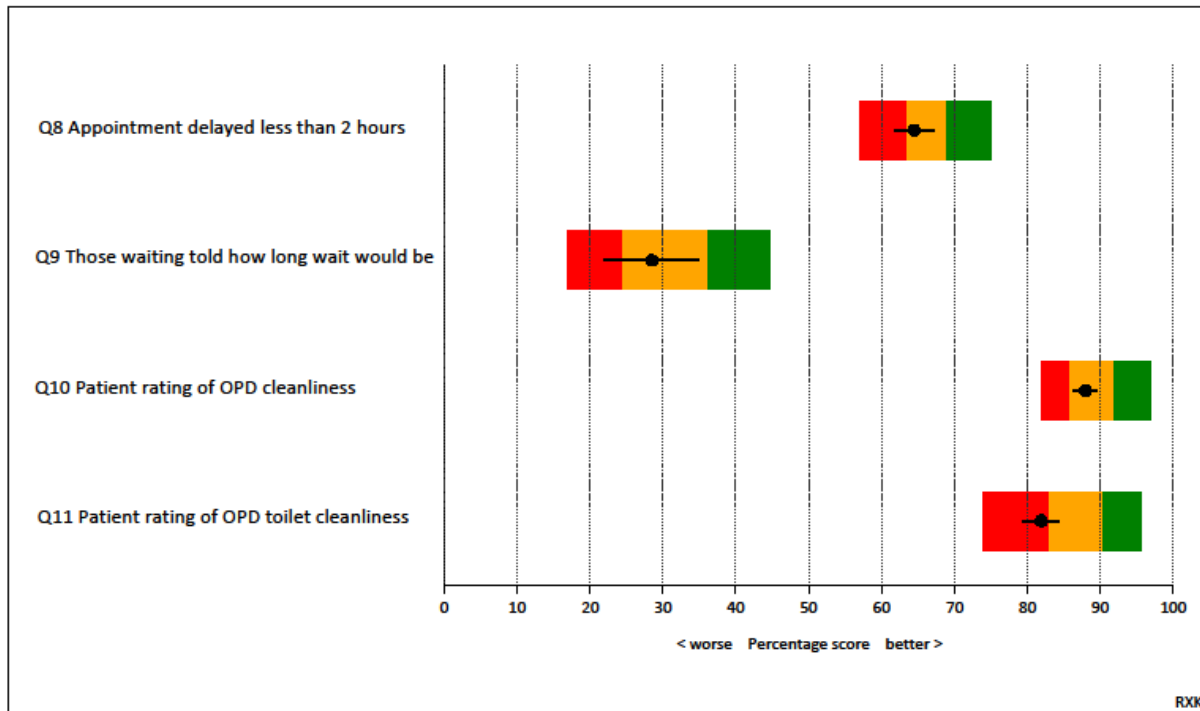


Comparison over time for this question:

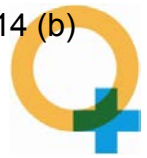




SUMMARY AND ACTIONS

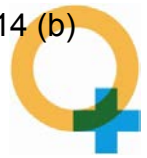


Question	2009 percentage for this Trust	2011 percentage for this Trust	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Scored % in lowest 20% of Trusts
Q8 Appointment delayed less than 2 hours	65%	64%	63%	69%	
Q9 Those waiting told how long wait would be	29%	28%	24%	36%	
Q10 Patient rating of OPD cleanliness	86%	88%	86%	92%	
Q11 Patient rating of OPD toilet cleanliness	81%	82%	83%	90%	+



ACTIONS

- Minimise long waits over 30 minutes in clinic by ensuring that clinics start on time and that over-booking is controlled.
- Ensure that where waits over 30 minutes are likely, information on reasons for the longer waits are given to patients.
- Ensure that clinic staff are trained to give apologies where necessary for excessive delays.
- Review cleaning arrangements in general areas and toilets in the light of patient scores.

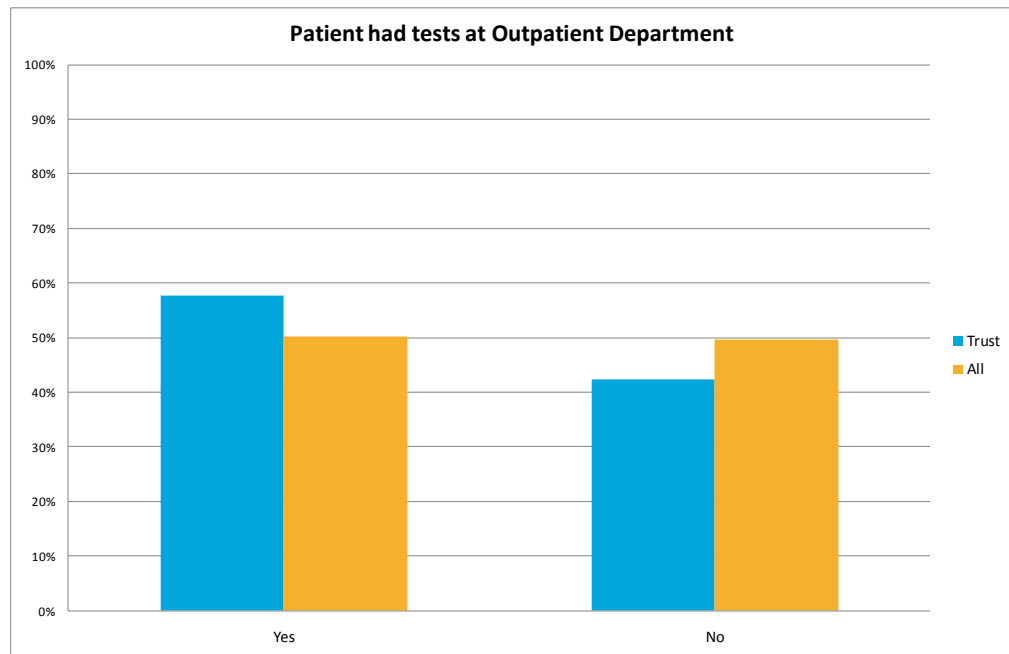


Tests and Treatment

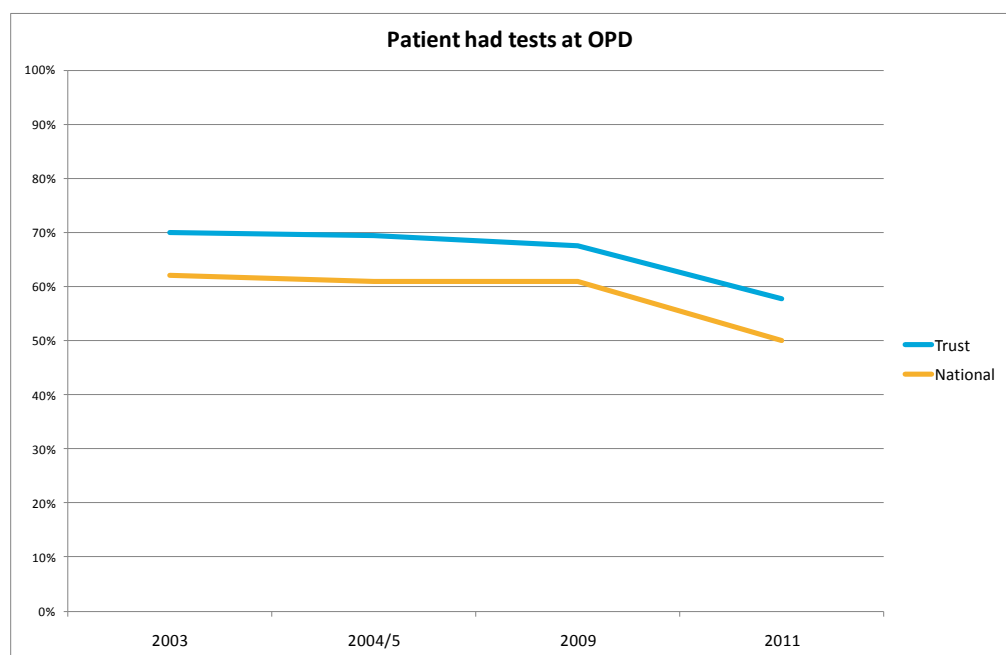
INCIDENCE OF TESTS

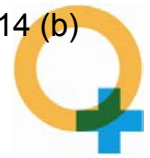
12. Did you have any tests (such as x-rays, scans or blood tests) when you last visited the Outpatients Department?

58% of patients said they had some kind of test (e.g. x-ray, scan, blood test) during their visit to OPD.



Comparison over time for this question:

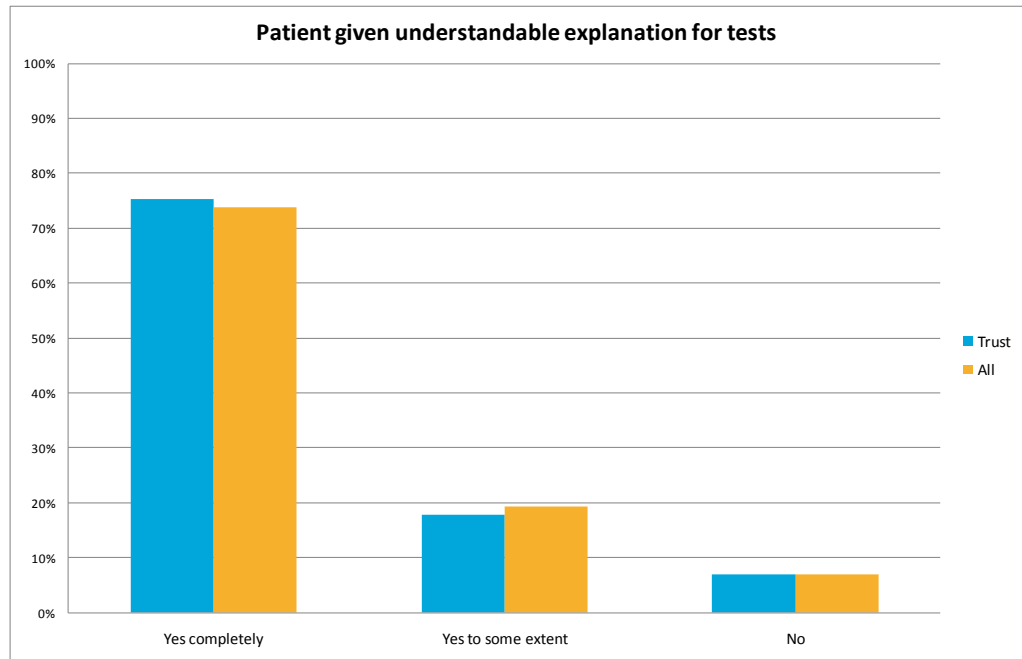


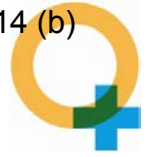


EXPLANATIONS FOR TESTS

13. Did a member of staff explain why you needed these test(s) in a way you could understand?

Patients having tests were asked whether they were told why they needed the tests in a way they could understand. 75% said they were told this completely, but 7% said they did not receive an explanation they could understand.

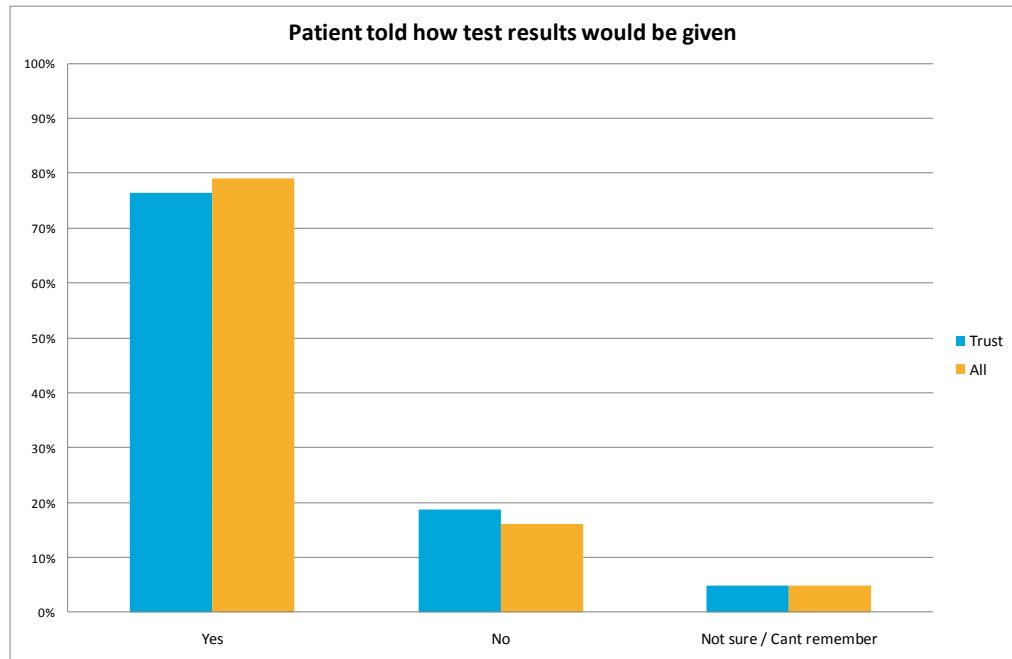


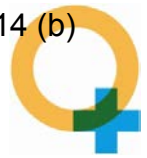


PATIENTS TOLD HOW THEY WOULD FIND OUT RESULTS

14. Did a member of staff tell you how you would find out the results of your test(s)?

76% of those having tests said they were told how they would find out about the results.

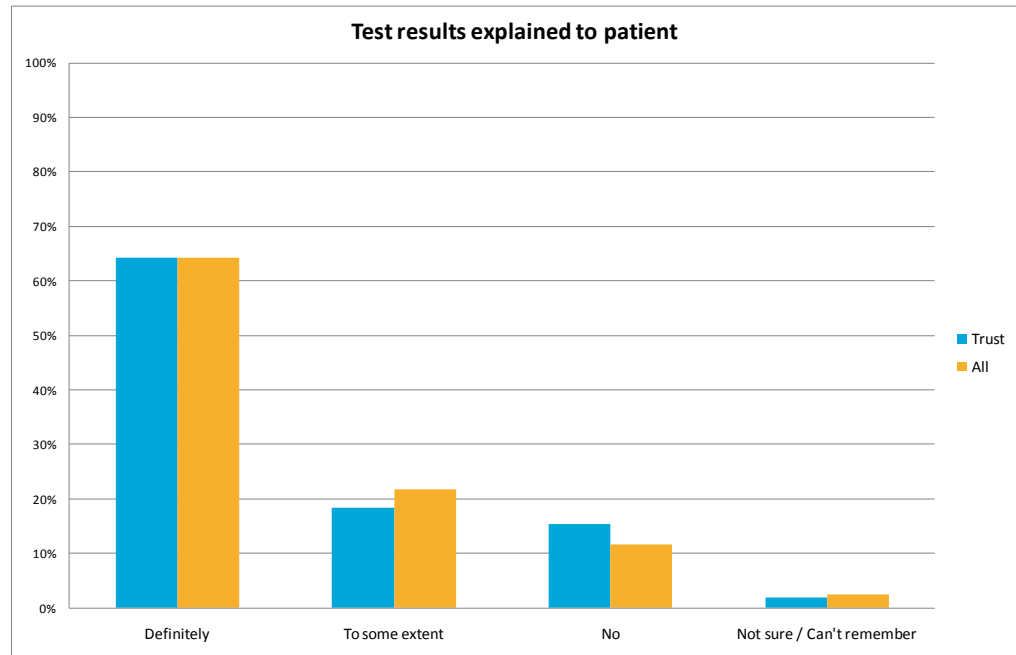




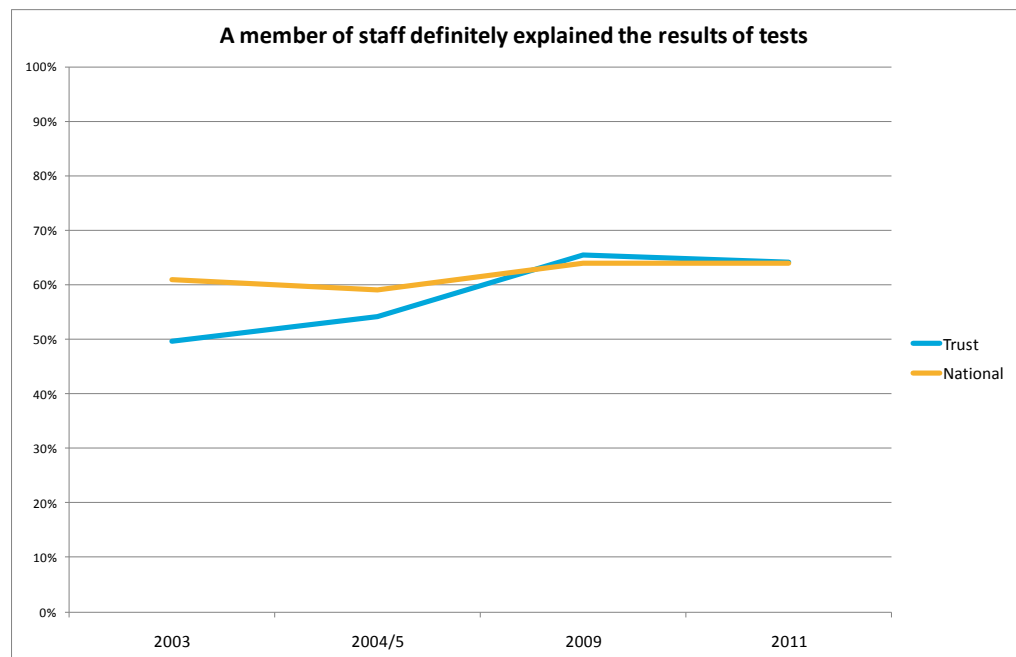
EXPLANATION OF RESULTS

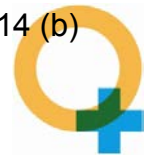
15. Did a member of staff explain the results of the tests in a way you could understand?

Of those patients who received the results from a member of staff, 64% said they were “definitely” given the results in a way they could understand.



Comparison over time for this question:

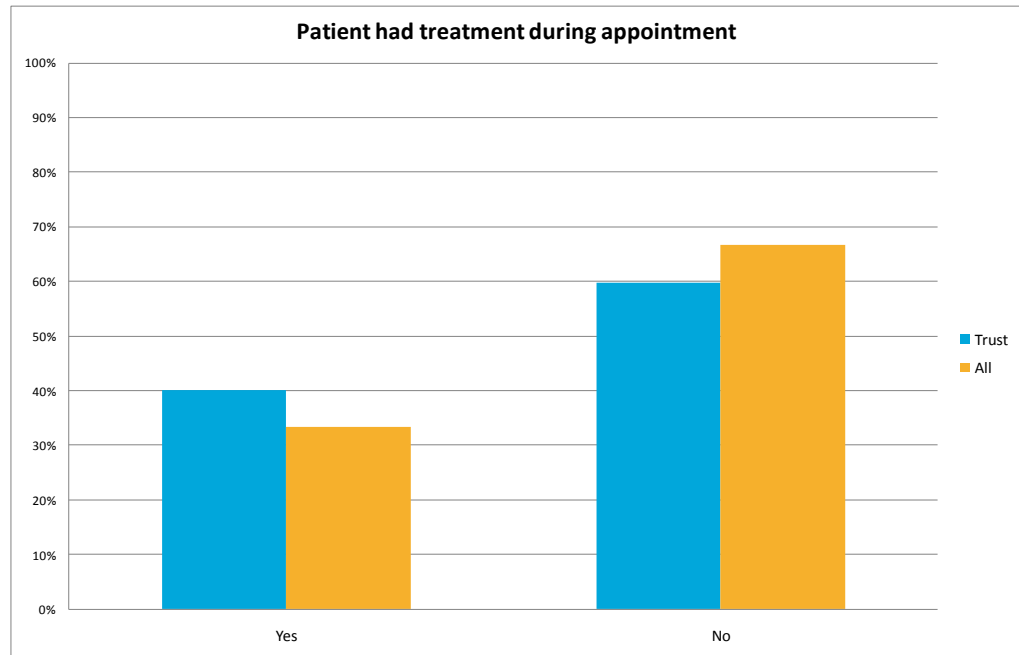




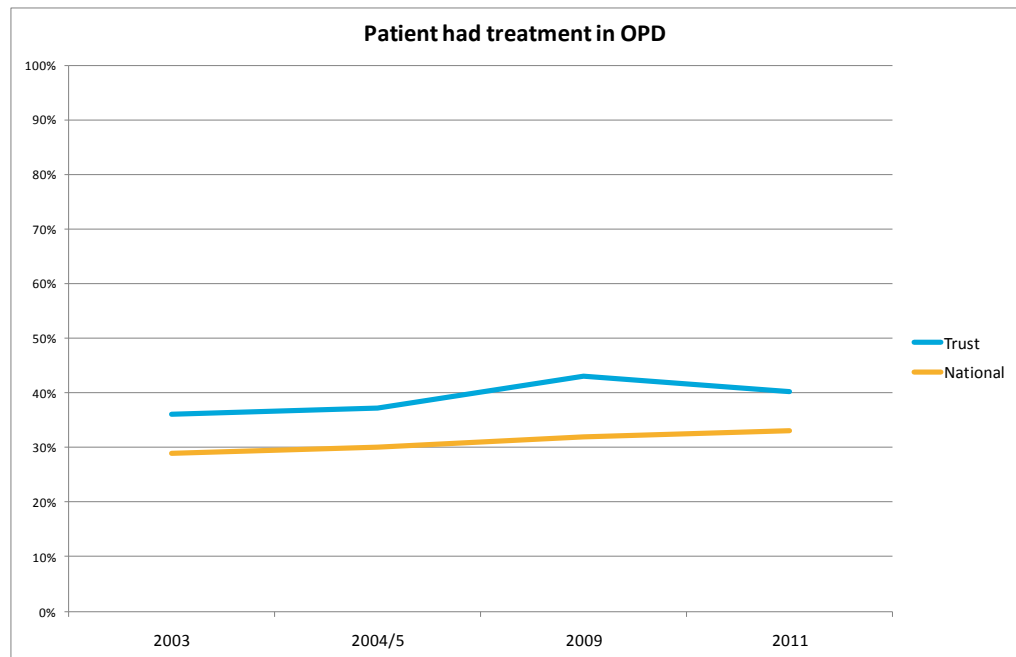
HAD TREATMENT IN OPD

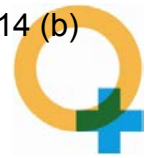
16. During your outpatient appointment, did you have any treatment for your condition?

40% of patients said they had had treatment of some kind whilst they were in OPD.



Comparison over time for this question:

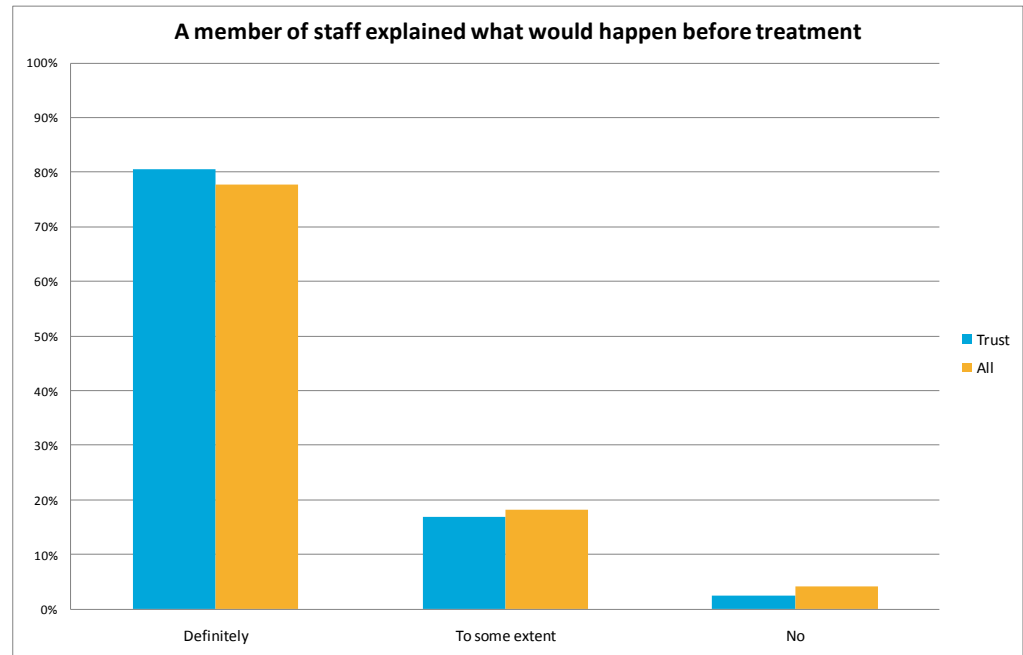




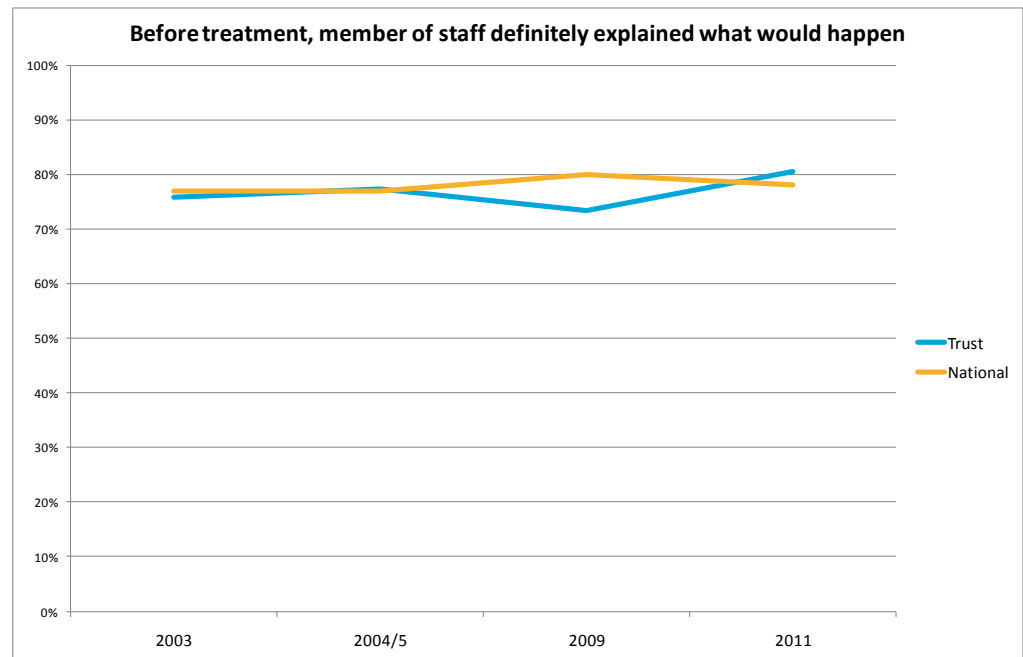
EXPLANATIONS OF TREATMENT

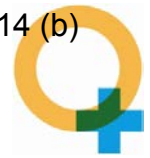
17. Before the treatment did a member of staff explain what would happen?

Of those patients wanting treatment, 81% said that a member of staff definitely explained what would happen beforehand.



Comparison over time for this question:

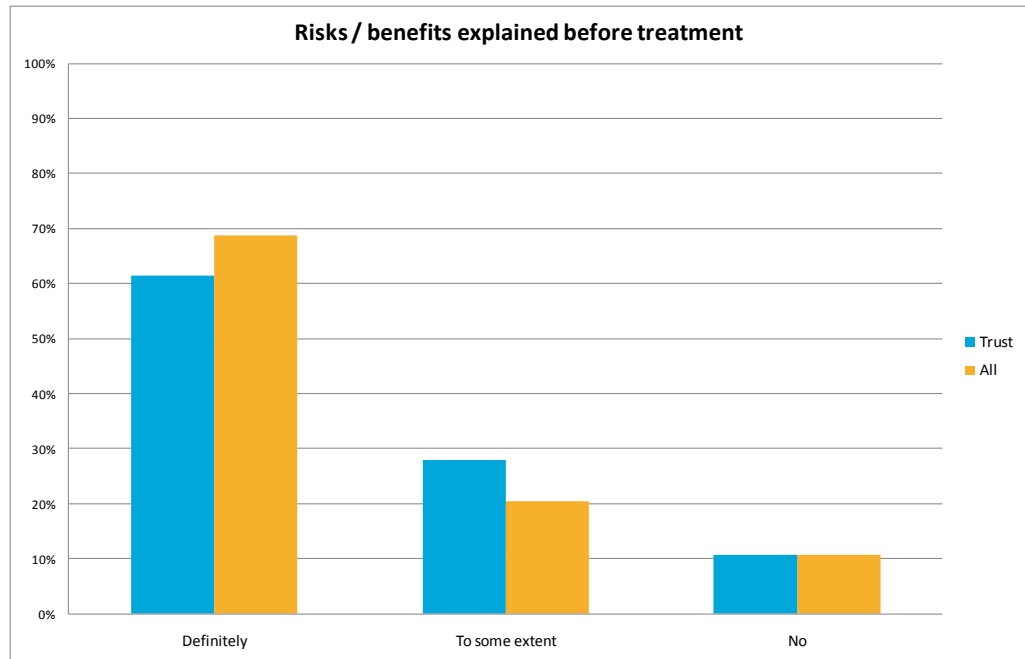




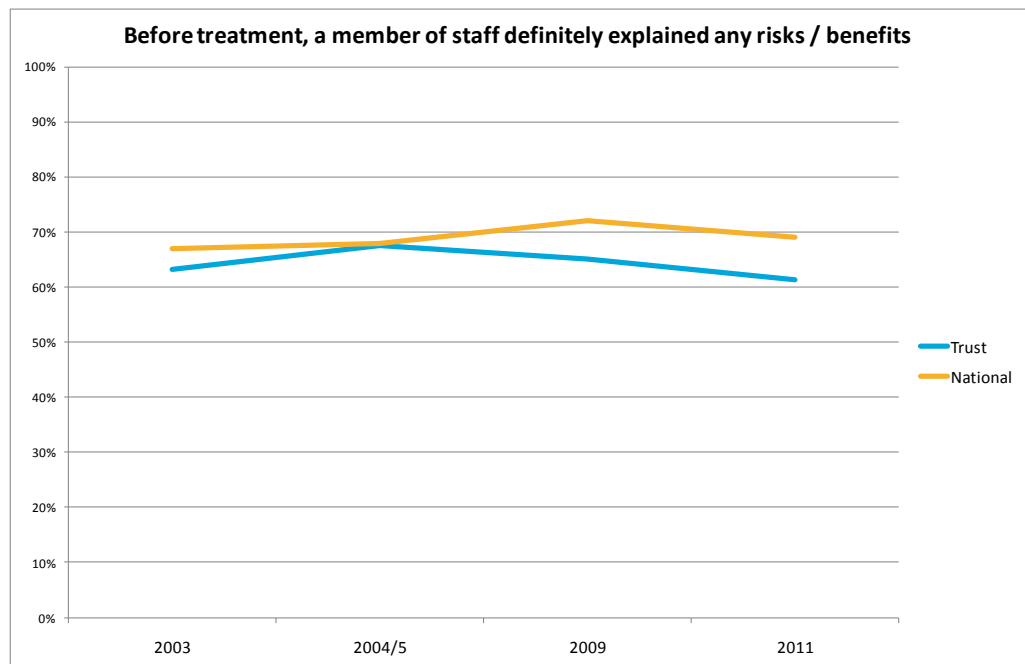
RISKS AND BENEFITS

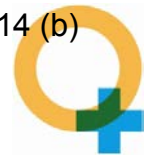
18. Before the treatment did a member of staff explain any risks and/or benefits in a way you could understand?

Of those having treatment, 61% said that a member of staff definitely explained the risks and benefits of treatment in a way they could understand.

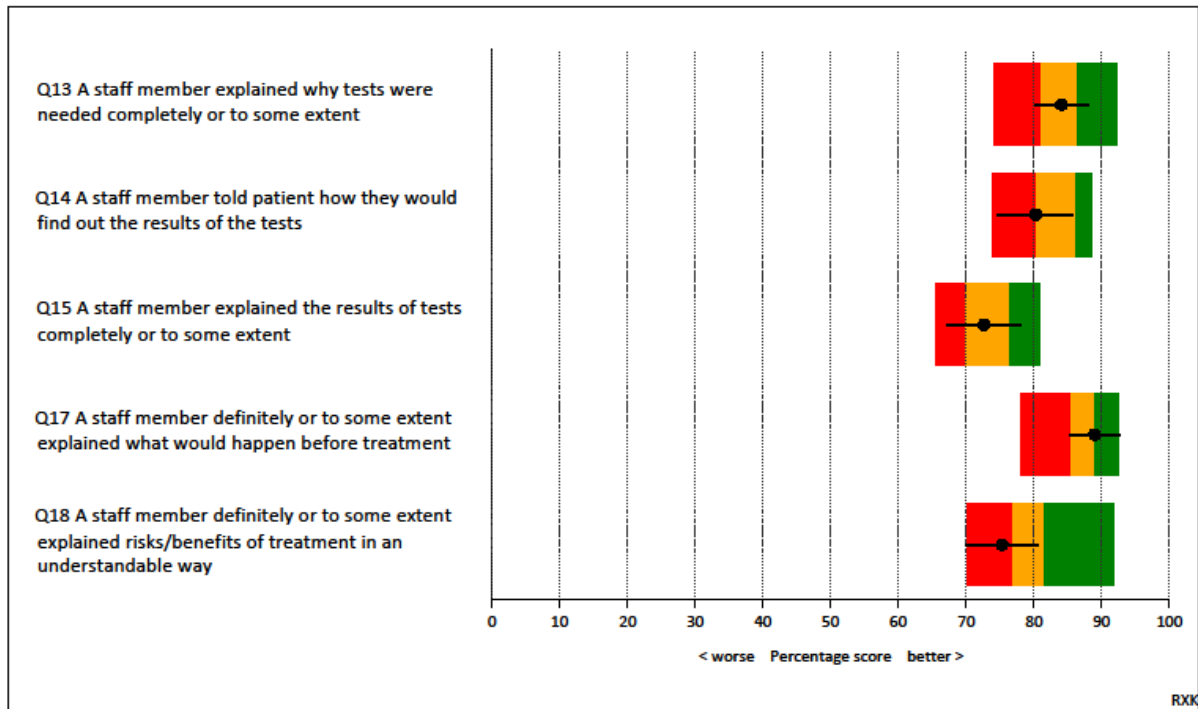


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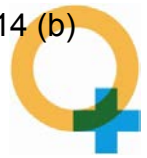




SUMMARY AND ACTIONS

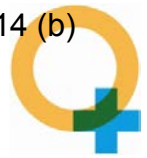


Question	2009 percentage for this Trust	2011 percentage for this Trust	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Scored % in lowest 20% of Trusts
Q13 A staff member explained why tests were needed completely or to some extent	-	84%	81%	86%	
Q14 A staff member told patient how they would find out the results of tests	-	80%	80%	86%	+
Q15 A staff member explained the results of tests completely or to some extent	78%	73%	70%	76%	
Q17 A staff member definitely or to some extent explained what would happen before treatment	85%	89%	85%	89%	
Q18 A staff member definitely or to some extent explained risks/benefits of treatment in an understandable way	78%	75%	77%	82%	+



ACTIONS

- Ensure that staff are tasked to routinely give explanations of why tests and treatments are required to patients undergoing them.
- Ensure staff tell patients how they will find out the results of their tests.
- Ensure that informed consent is established clearly by explaining the risks and benefits of potential treatment in a way that can be comprehended by the patient.

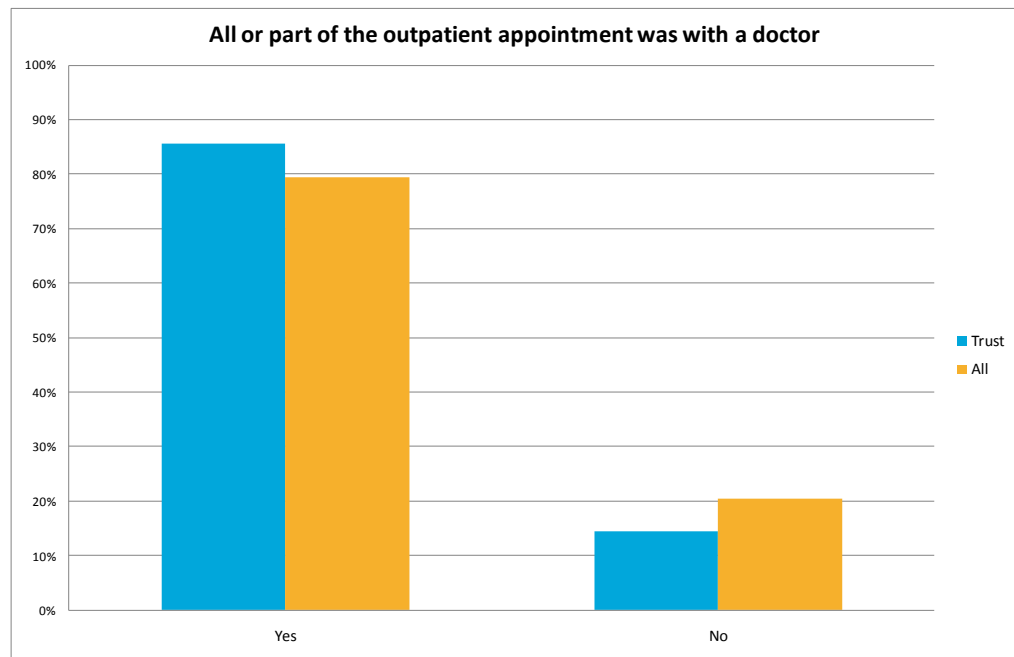


Doctors & Other Staff

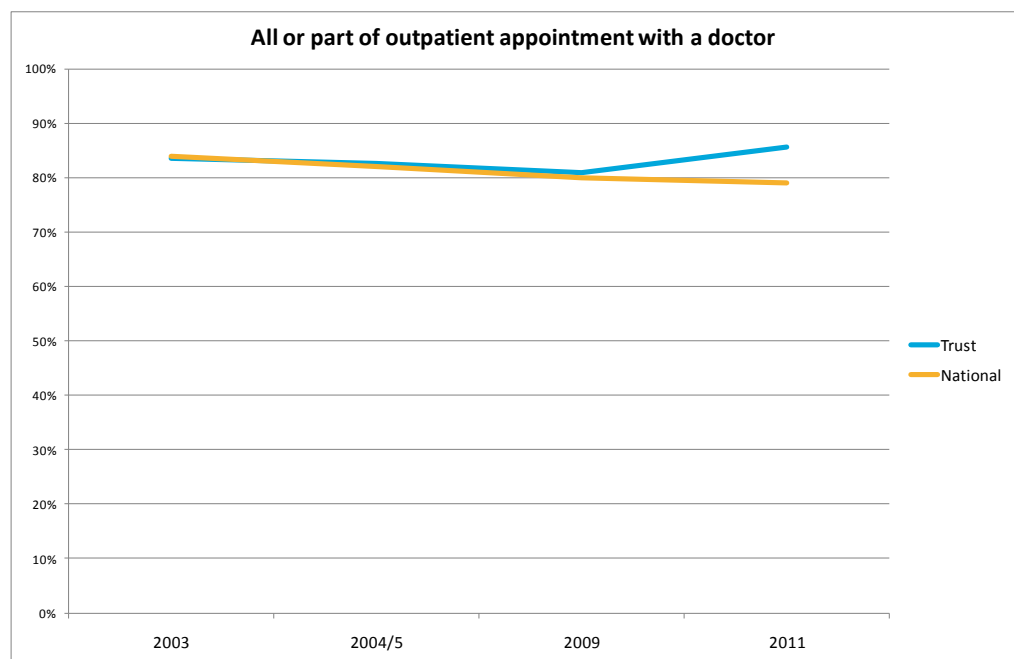
19. Was any part of your outpatient appointment with a doctor?

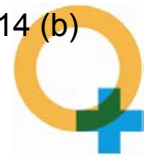
TIME WITH THE DOCTOR

86% of patients said that all or part of their OPD appointment was with a doctor.



Comparison over time for this question:

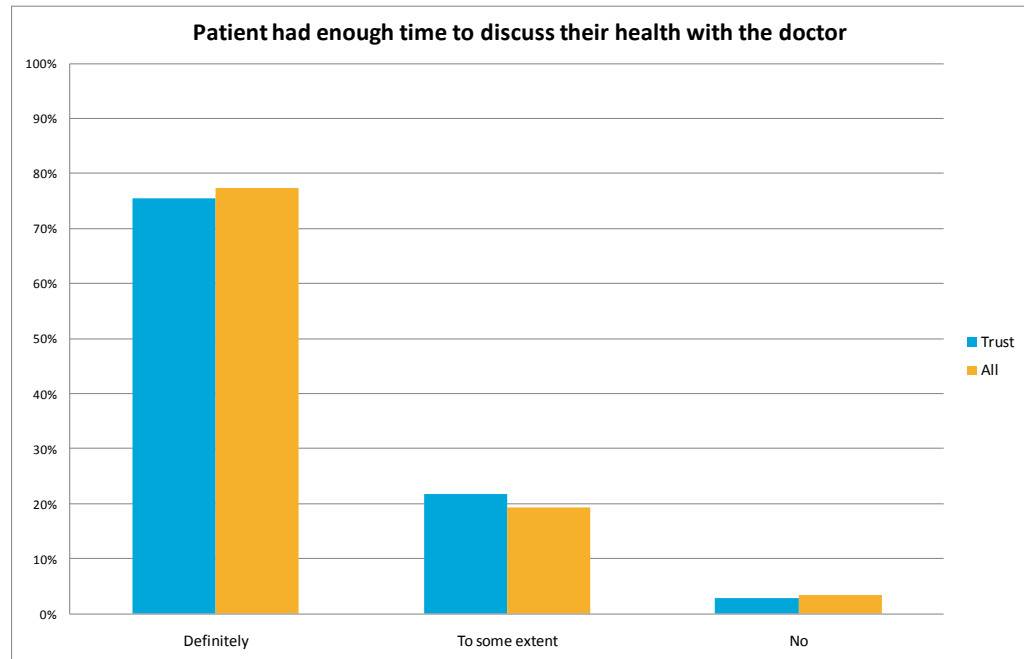




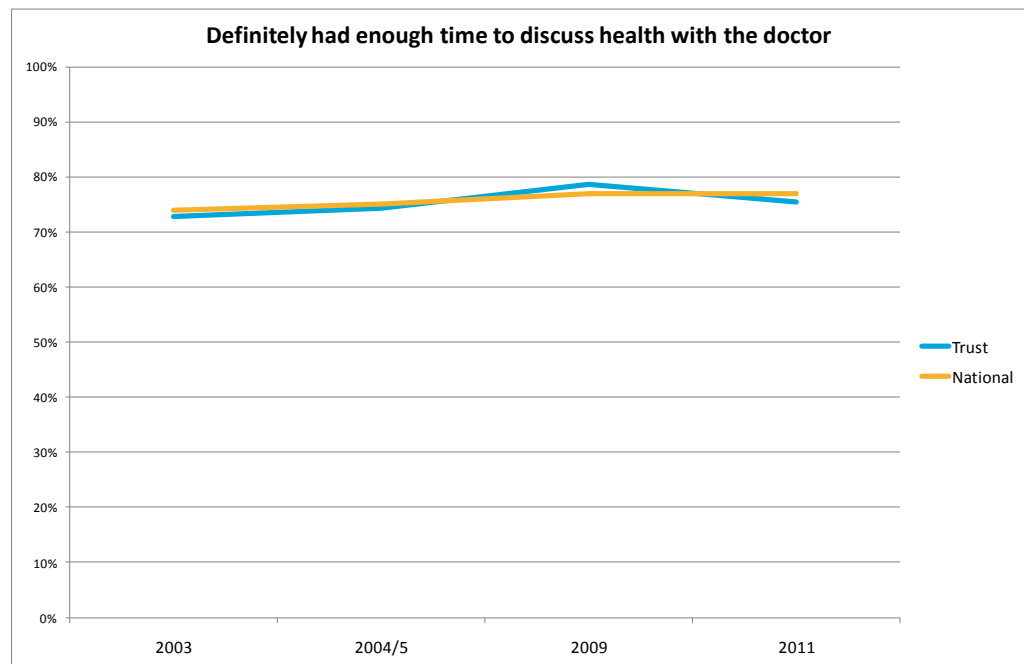
TIME WITH THE DOCTOR

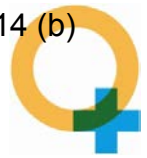
20. Did you have enough time to discuss your health or medical problem with the doctor?

Of those patients who saw a doctor in the clinic, 75% said that they definitely had enough time to discuss their health or medical problem with the doctor.



Comparison over time for this question:

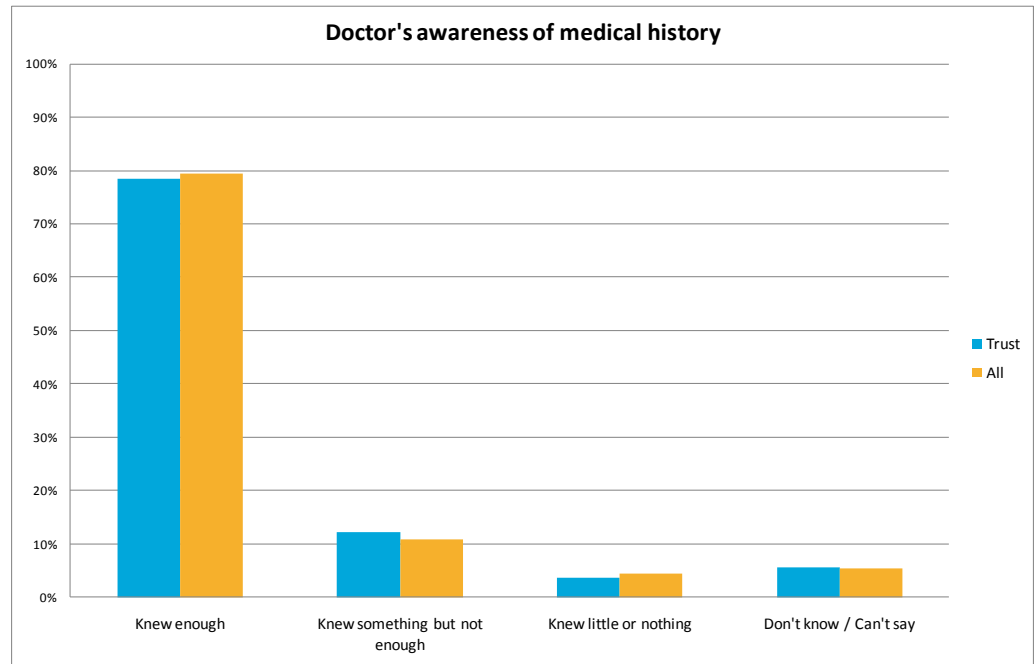




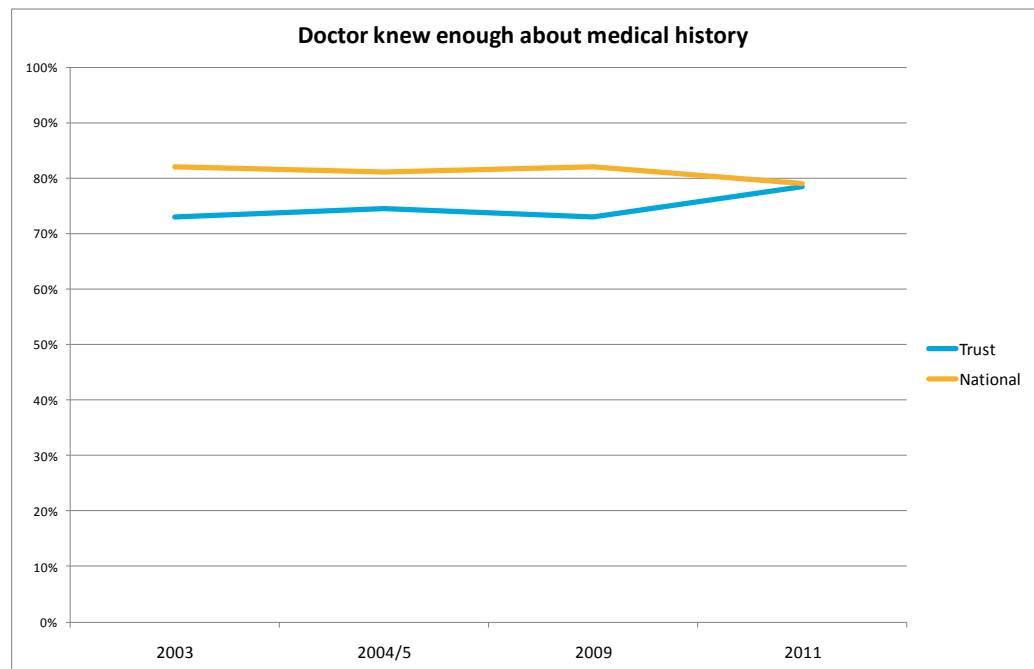
DOCTOR AWARE OF MEDICAL HISTORY

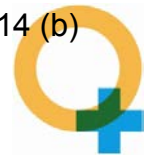
21. Did the doctor seem aware of your medical history?

78% of patients thought that the doctor knew enough about their medical history. 4% thought that they know little or nothing.



Comparison over time for this question:

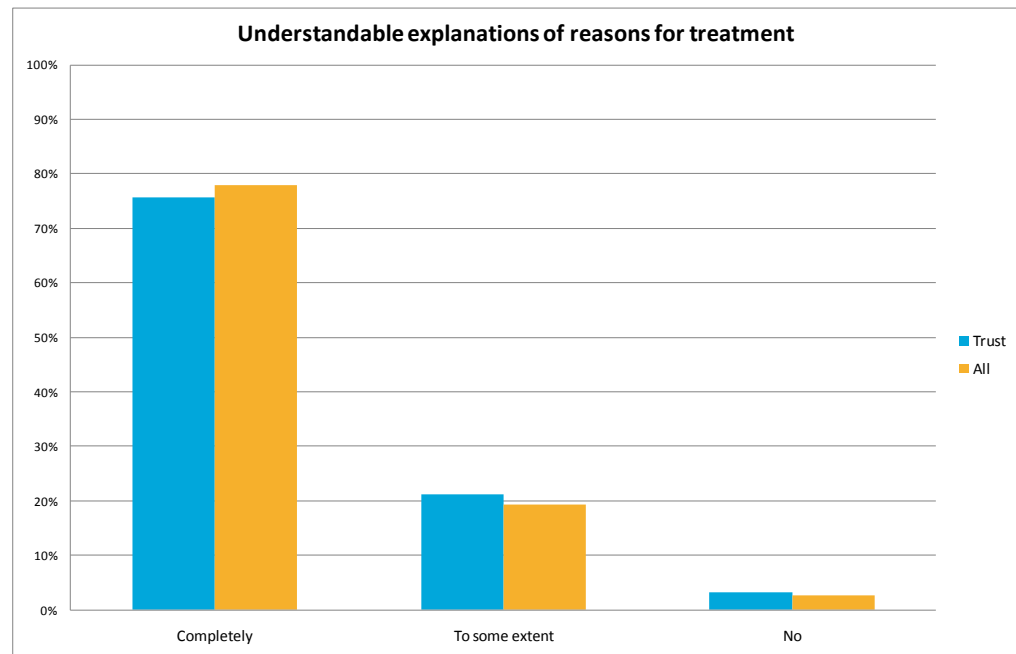




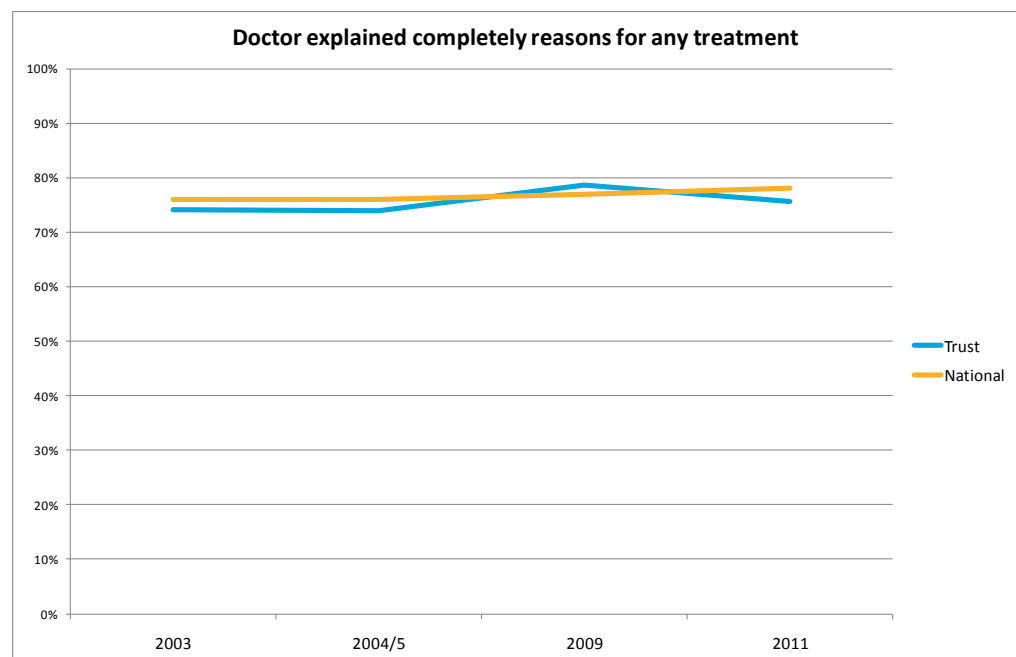
REASONS FOR TREATMENT

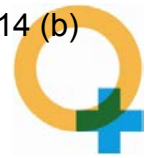
22. Did the doctor explain the reasons for any treatment or action in a way that you could understand?

Patients were asked whether the doctor explained the reason for any treatment or action understandably: 76% of patients said that the explanation received was completely understandable; 3% said that it was not understandable.



Comparison over time for this question:

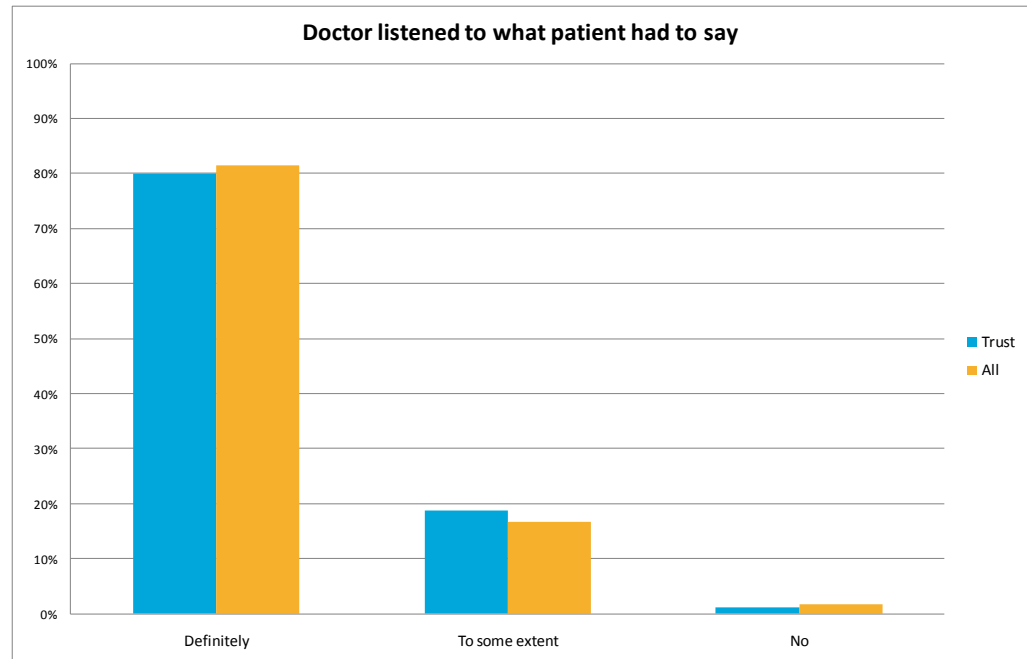




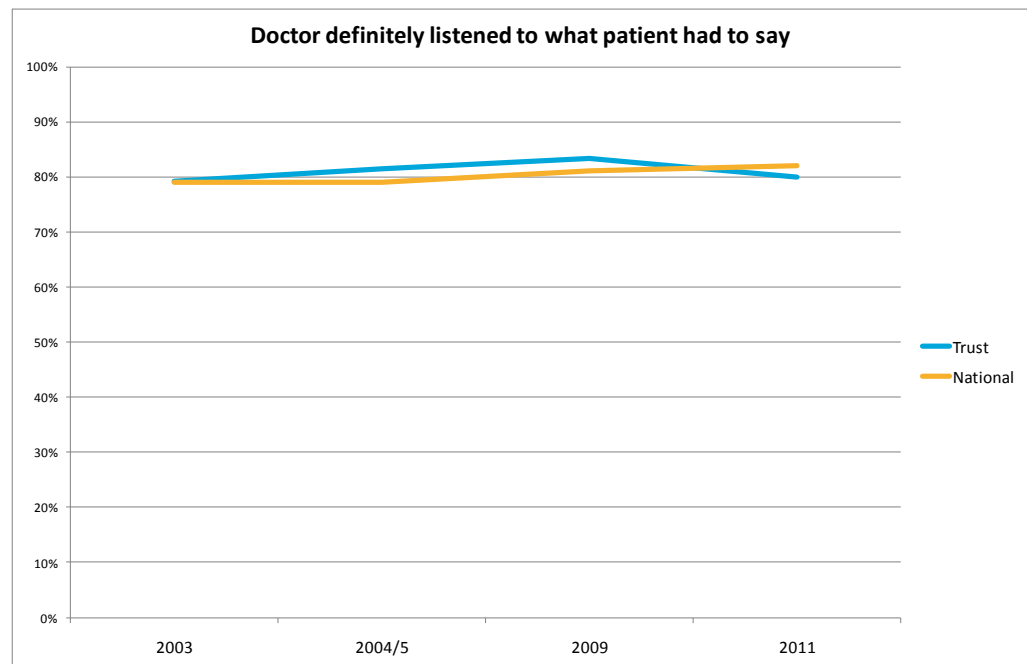
DOCTOR LISTENED

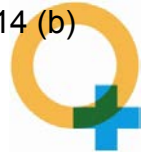
23. Did the doctor listen to what you had to say?

80% of patients said that the doctor definitely listened to what they had to say.



Comparison over time for this question:

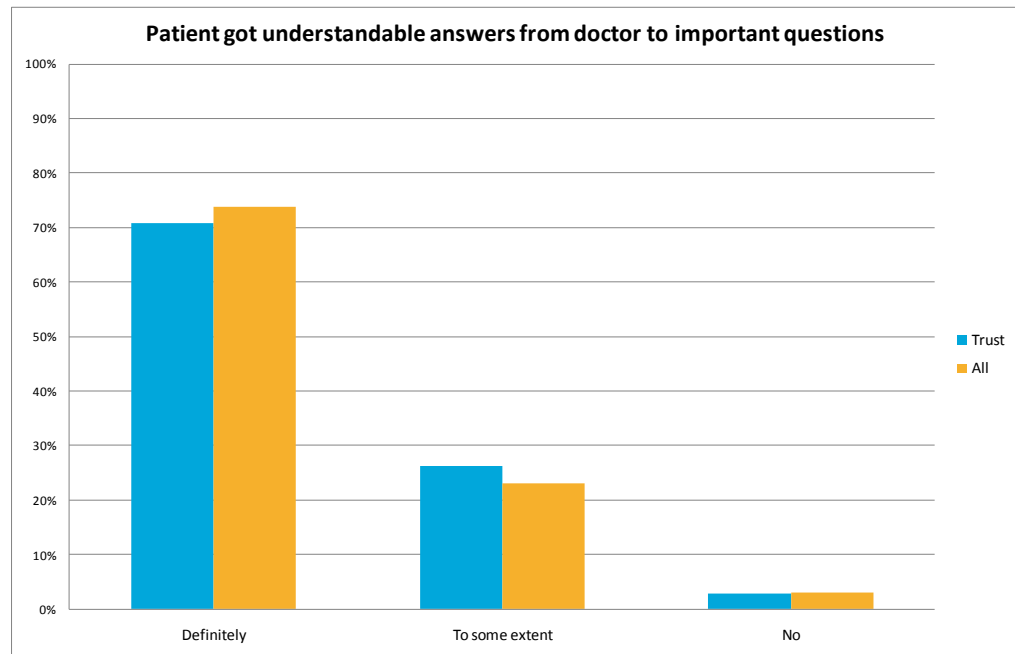




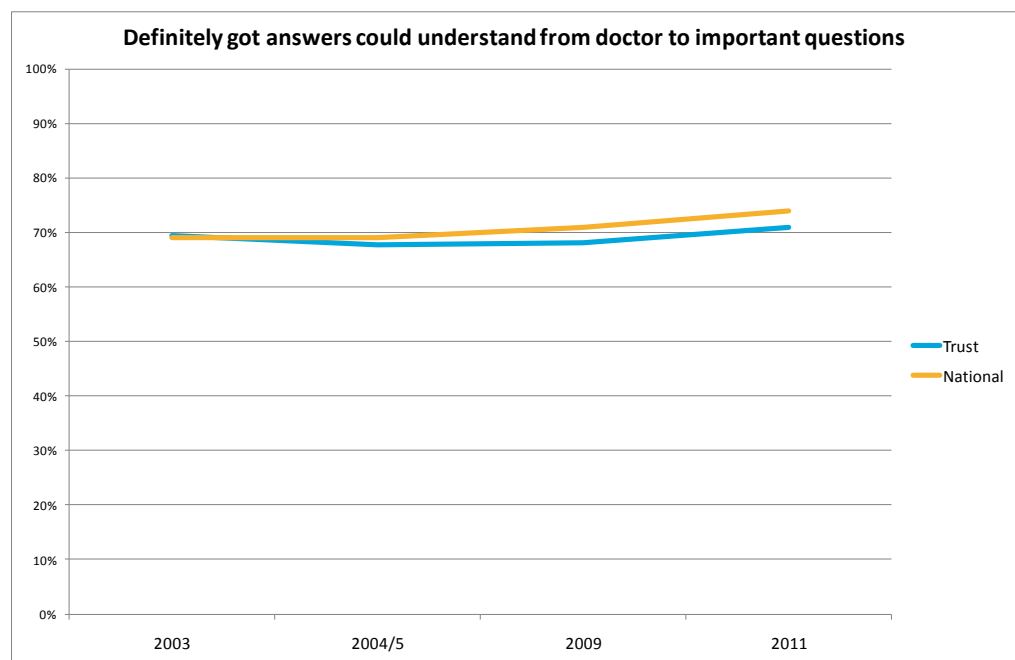
QUESTIONS TO THE DOCTOR

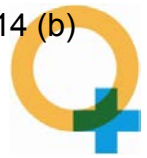
24. If you had important questions to ask the doctor, did you get answers that you could understand?

Patients were also asked about the comprehensibility of answers to questions posed by the patient. 3% of patients said that the answers they received from the doctor were not understandable; 1% said they had no opportunity to ask questions.



Comparison over time for this question:

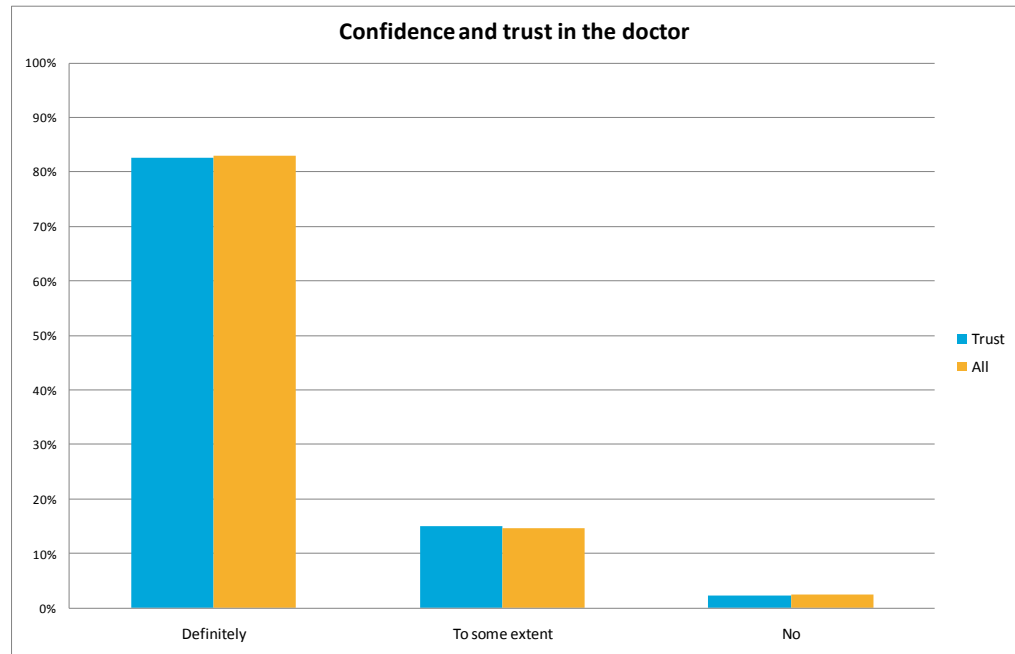




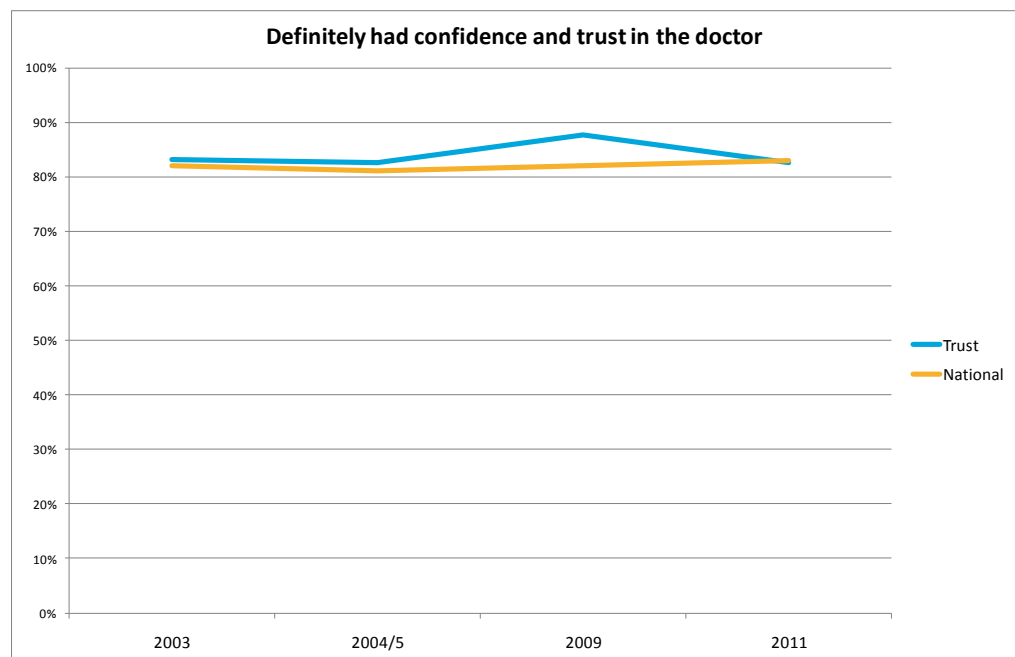
CONFIDENCE IN DOCTOR

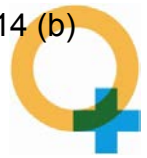
25. Did you have confidence and trust in the doctor examining and treating you?

Patients were asked if they had confidence and trust in the doctor who had examined and treated them. 83% said they definitely did; 2% said they had no trust and confidence in the doctor they saw.



Comparison over time for this question:

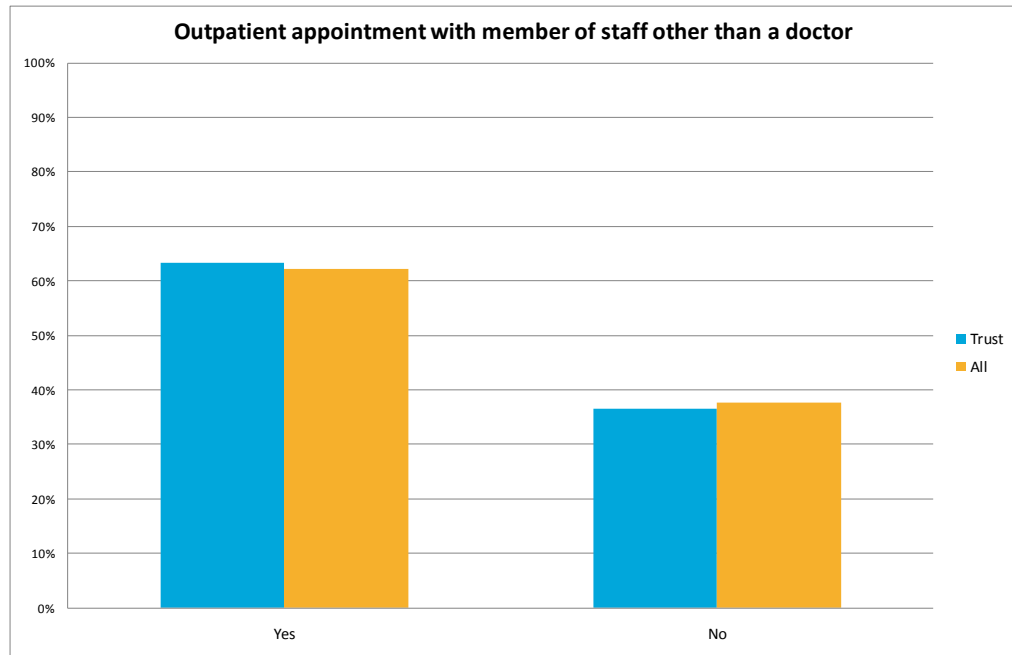




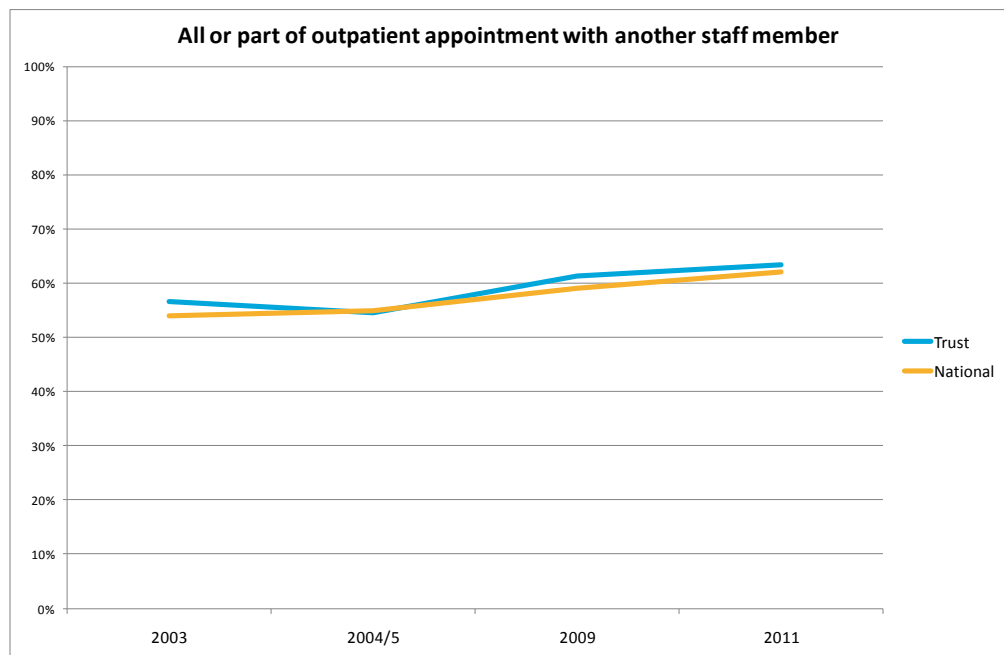
TIME WITH OTHER STAFF

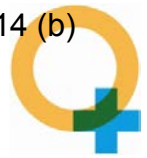
26. Was all or part of your outpatient appointment with any member of staff, other than a doctor?

63% of patients said that all or part of their OPD appointment was with another member of staff.



Comparison over time for this question:

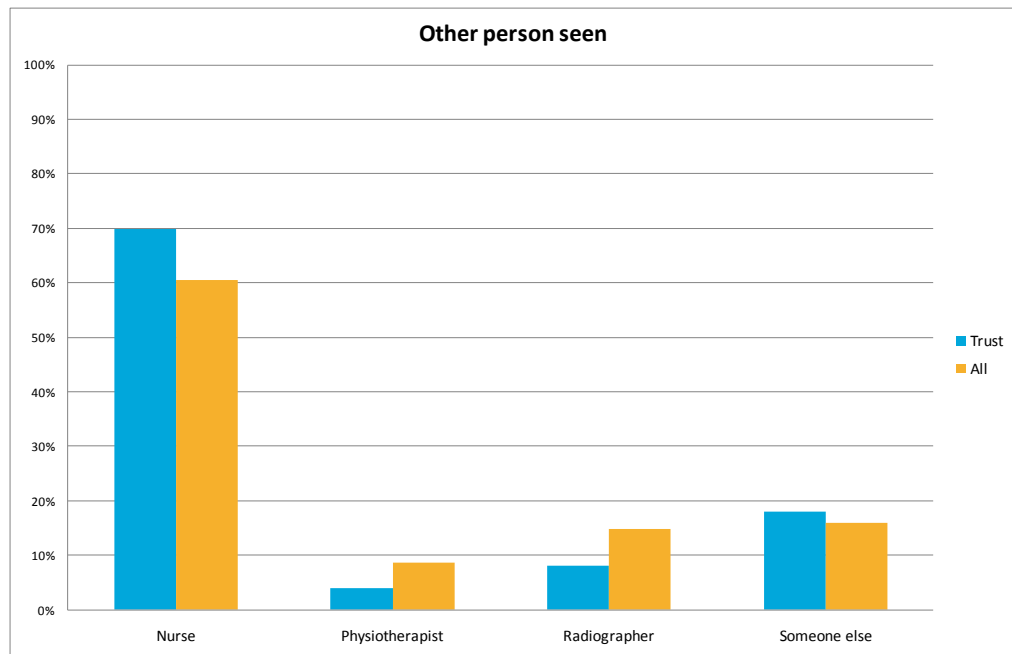


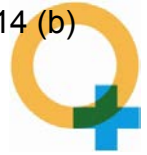


OTHER STAFF SEEN

27. Who was the main person, other than a doctor, you saw?

The chart shows the staff seen by patients.

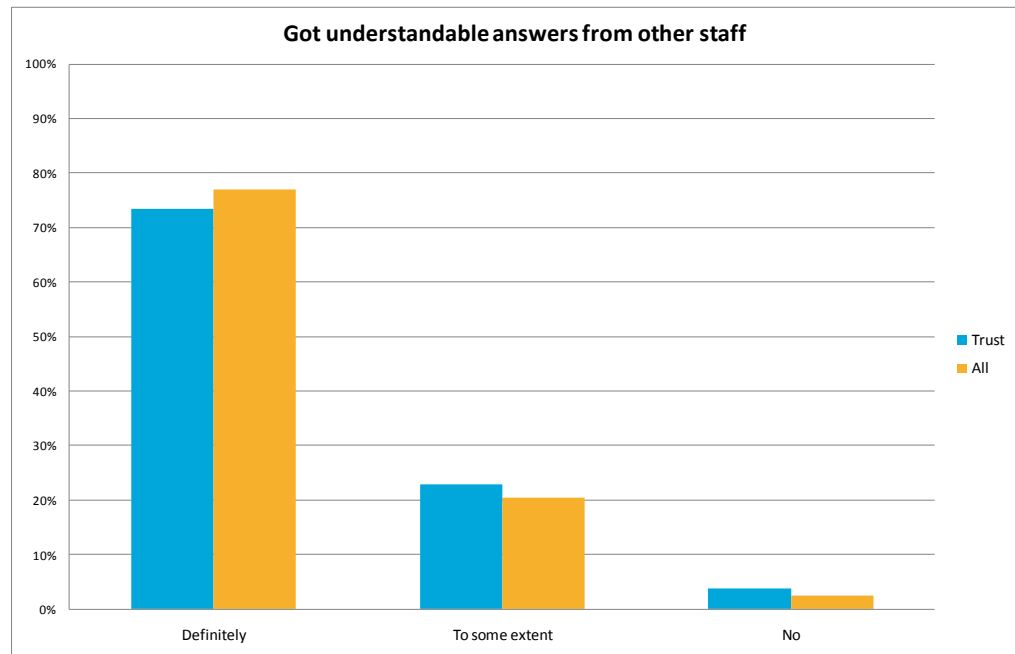




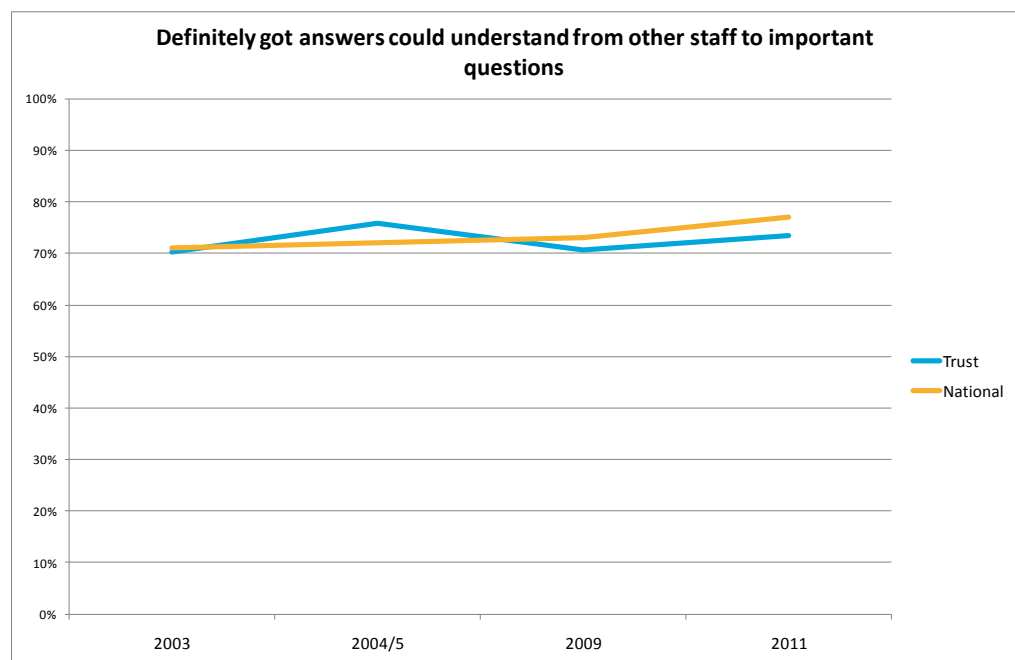
QUESTIONS TO OTHER STAFF

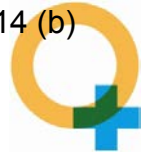
28. If you had important questions to ask him/her, did you get answers that you could understand?

Patients were also asked about the comprehensibility of answers to questions posed by the patient. 4% of patients said that the answers they received from the member of staff were not understandable; 0% said they had no opportunity to ask questions.



Comparison over time for this question:

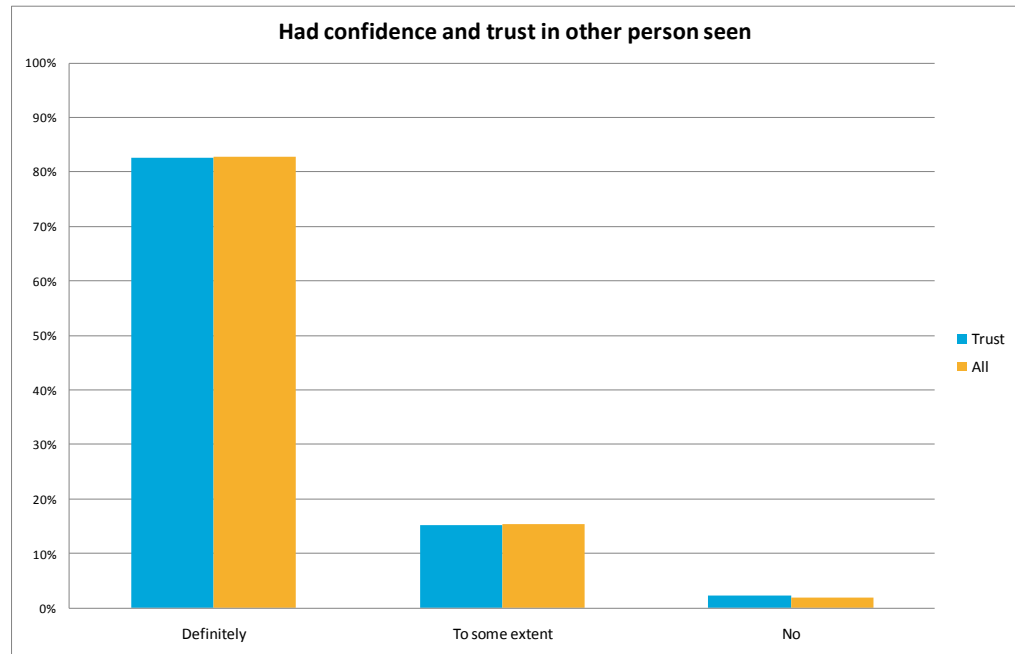




CONFIDENCE & TRUST IN OTHER STAFF

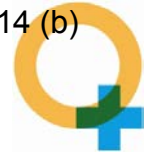
29. Did you have confidence and trust in him/her?

Patients were asked if they had confidence and trust in the member of staff who had examined and treated them. 83% said they definitely did; 2% said they had no trust and confidence in the person they saw.

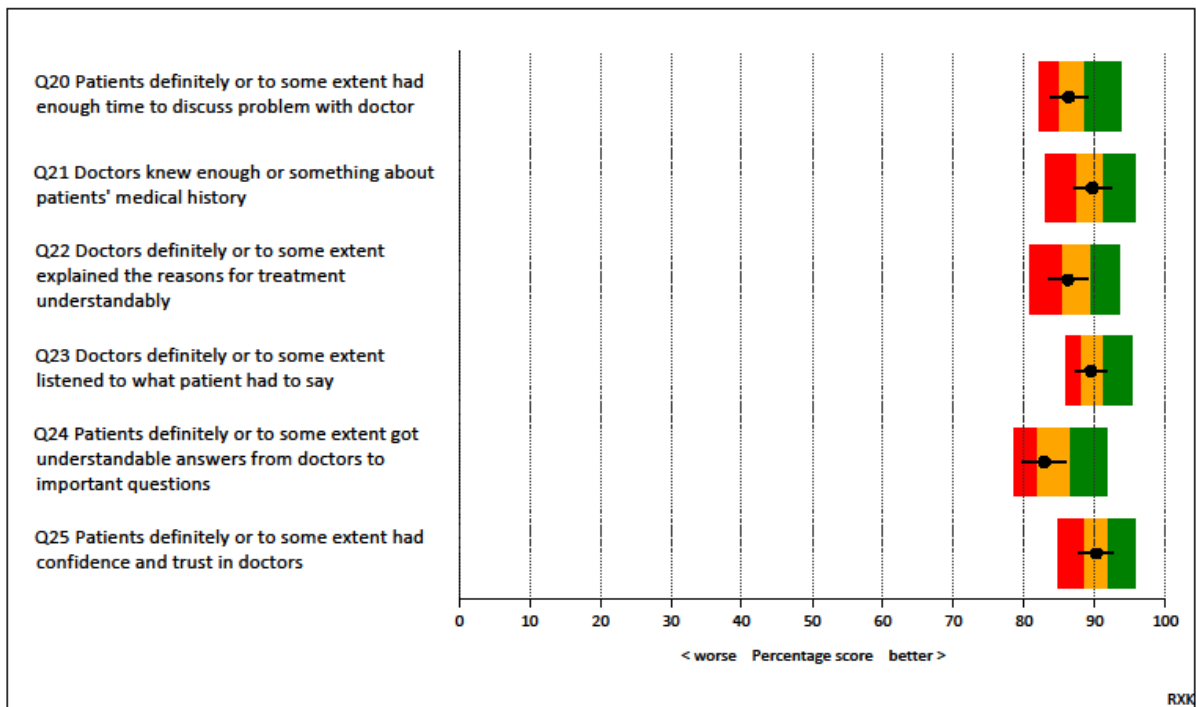


Comparison over time for this question:

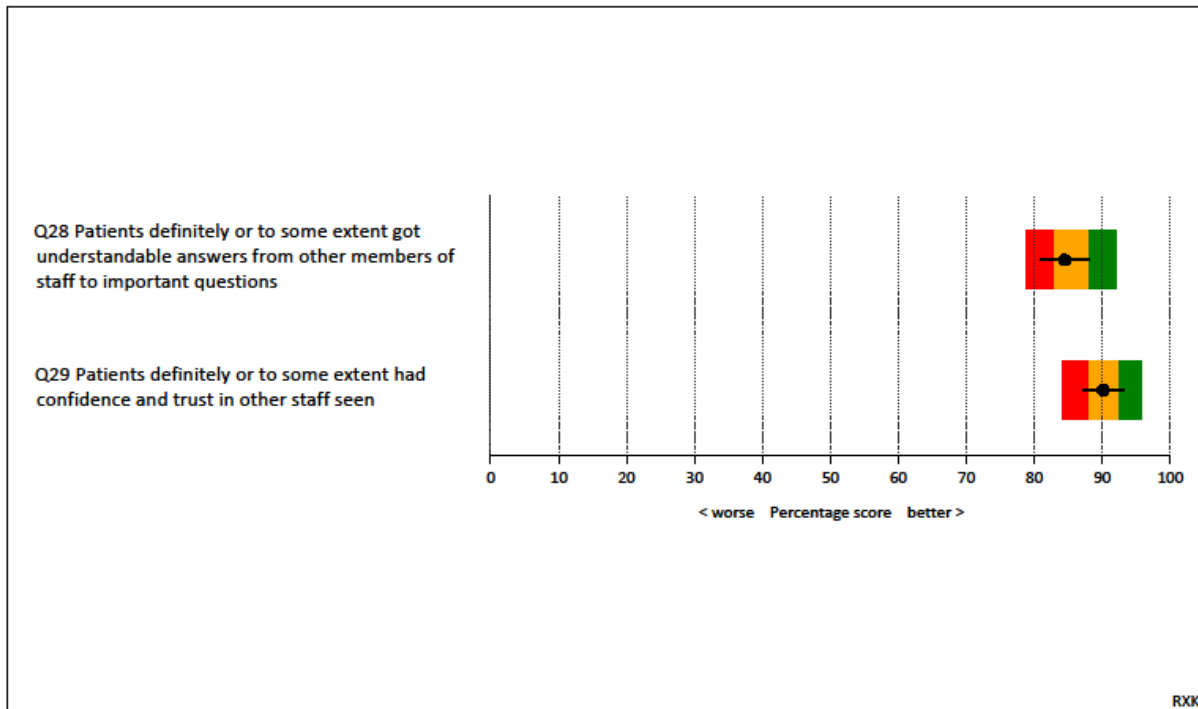
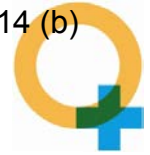




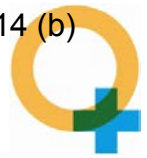
SUMMARY AND ACTIONS



Question	2009 percentage for this Trust	2011 percentage for this Trust	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Scored % in lowest 20% of Trusts
Q20 Patients definitely or to some extent had enough time to discuss problem with doctor	88%	86%	85%	89%	
Q21 Doctors knew enough or something about patients' medical history	87%	90%	87%	91%	
Q22 Doctors definitely or to some extent explained the reasons for treatment understandably	88%	86%	85%	90%	
Q23 Doctors definitely or to some extent listened to what patient had to say	91%	89%	88%	91%	
Q24 Patients definitely or to some extent got understandable answers from doctors to important questions	82%	83%	82%	87%	
Q25 Patients definitely or to some extent had confidence and trust in doctors	93%	90%	88%	92%	

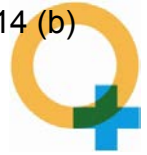


Question	2009 percentage for this Trust	2011 percentage for this Trust	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Scored % in lowest 20% of Trusts
Q28 Patients definitely or to some extent got understandable answers from other members of staff to important questions	83%	84%	83%	88%	
Q29 Patients definitely or to some extent had confidence and trust in other staff seen	90%	90%	88%	92%	



ACTIONS

- Review reasons for some patients saying they do not have enough time to discuss their health with the doctor, including the apparent short length of some appointments.
- Refresh training for doctors and other members of staff in communicating complex clinical information to patients in ways that most patients can comprehend.
- Ensure that all doctors and staff seeing patients are aware of the patient's medical history.

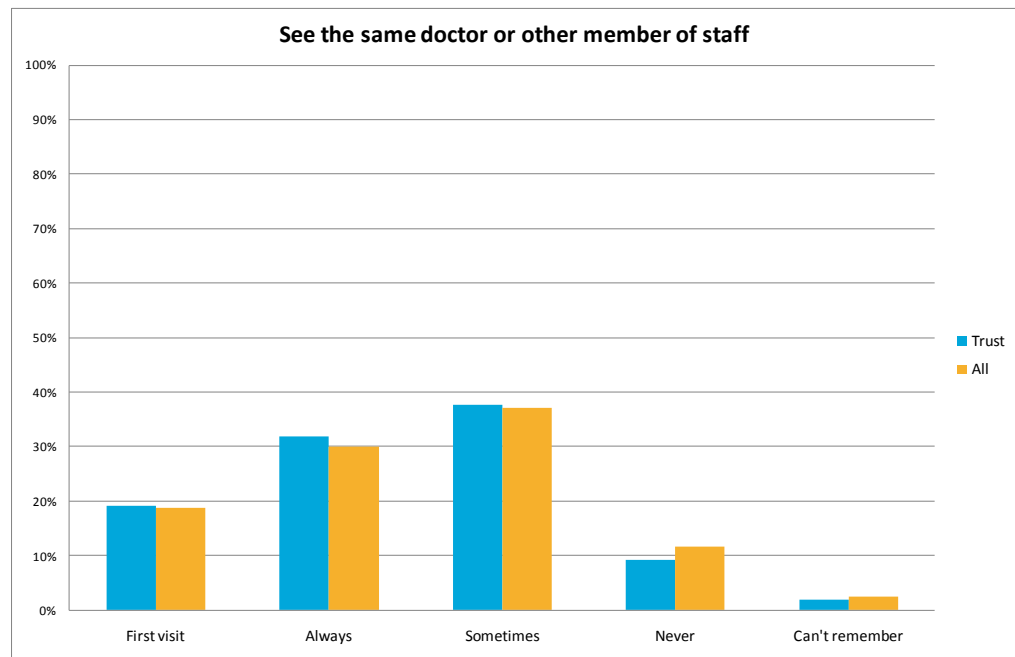


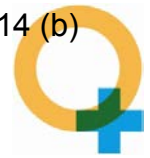
About the Appointment

30. Do you see the same doctor or other member of staff whenever you go to the Outpatients Department?

FAMILIARITY WITH STAFF

32% of patients said that they always saw the same member of staff when they go to the Outpatients Department. 9% said that they never did.

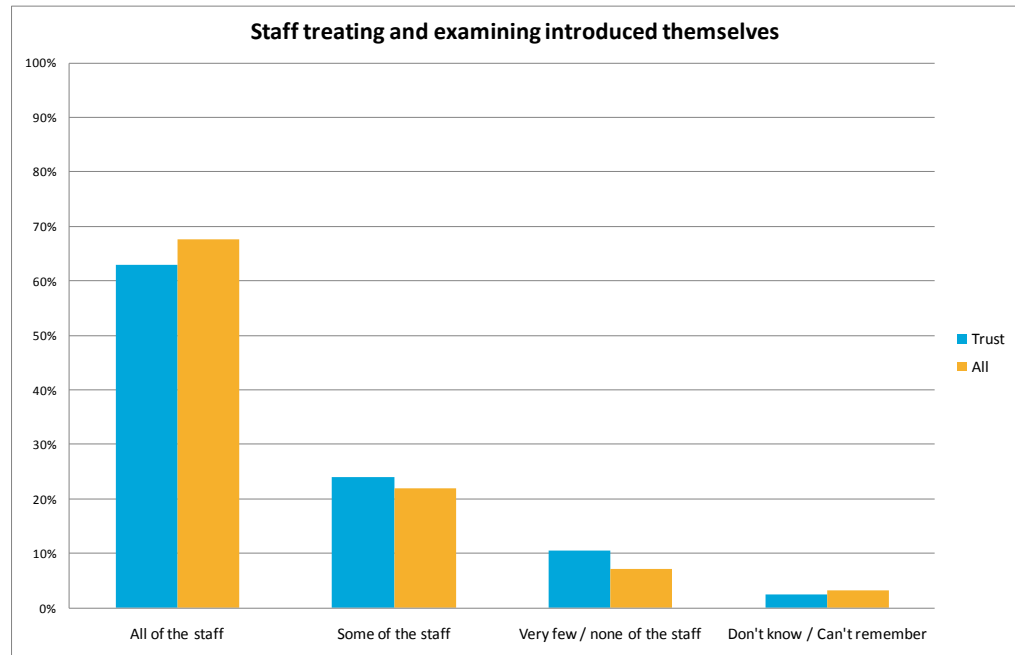




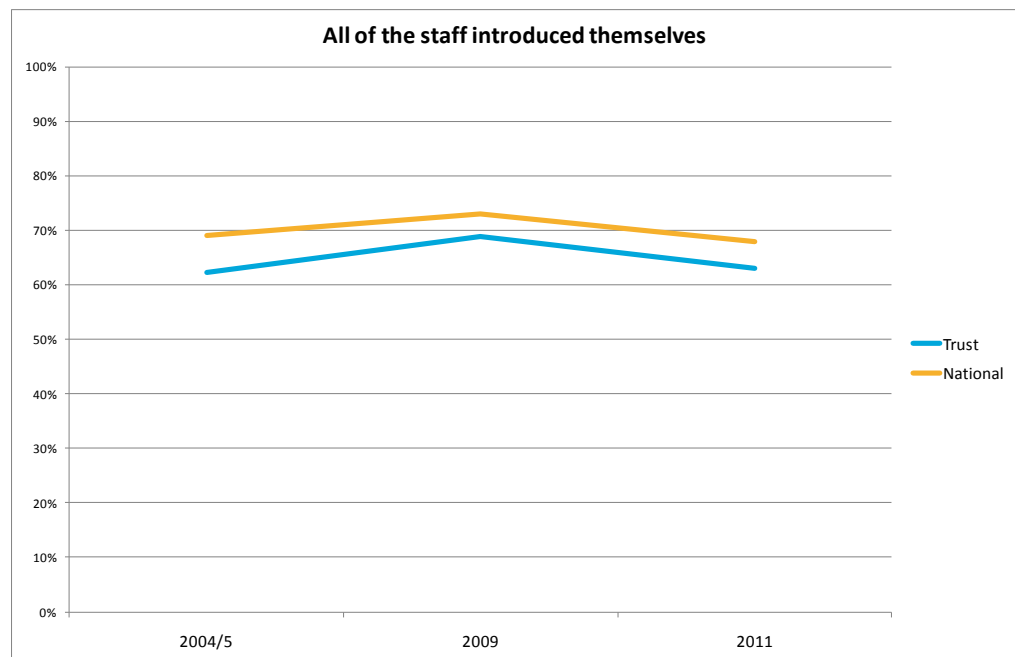
STAFF INTRODUCE THEMSELVES

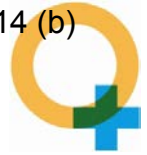
31. Did the staff treating and examining you introduce themselves?

63% of patients said all staff introduced themselves; 24% said some of the staff introduced themselves.



Comparison over time for this question:

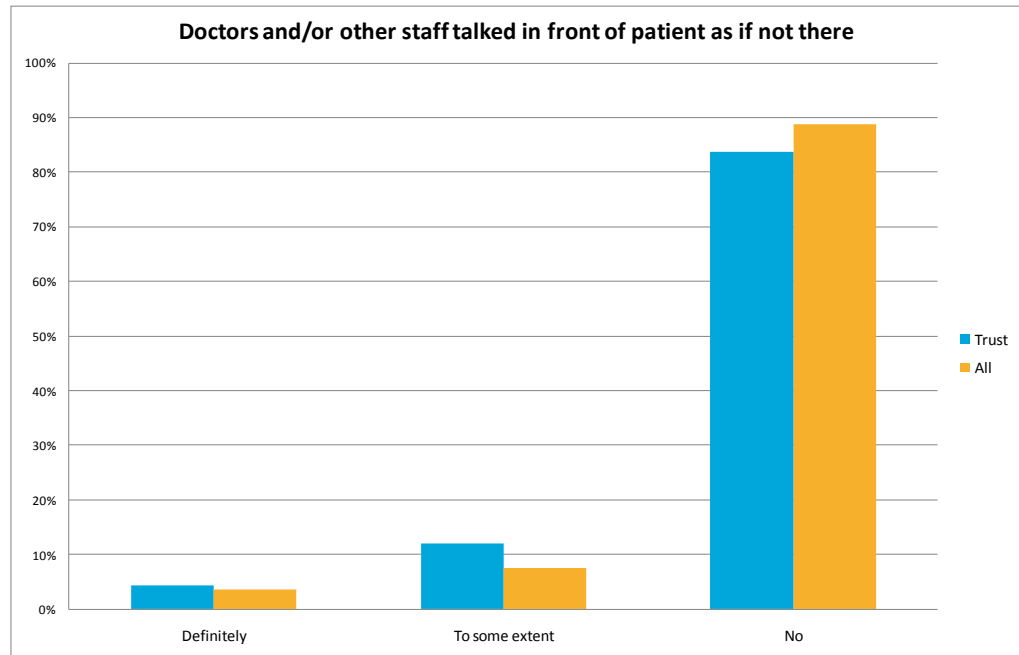




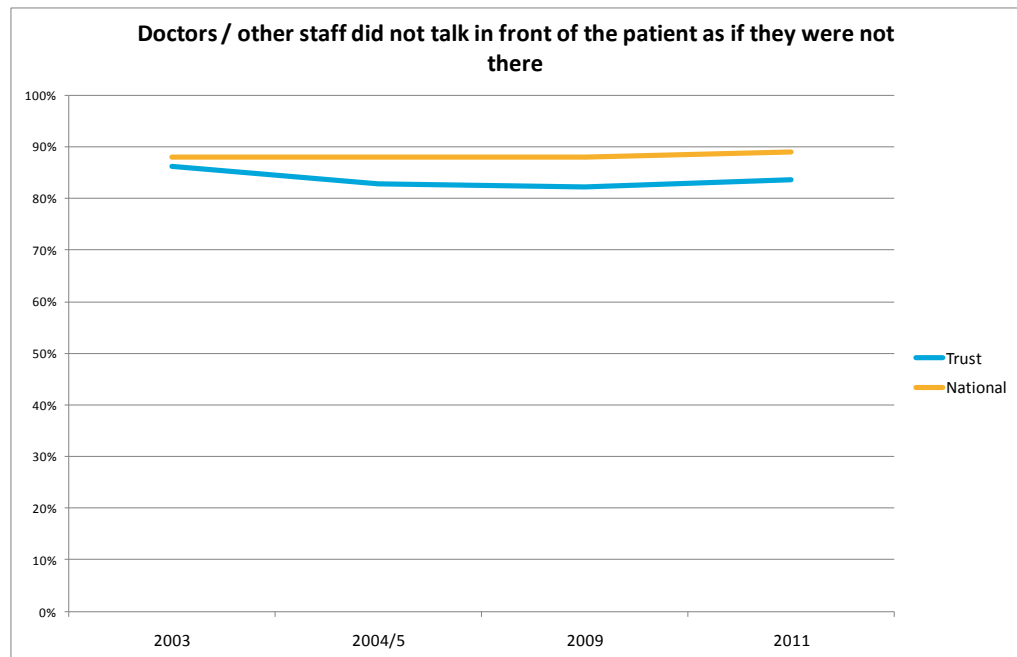
ACKNOWLEDGING THE PATIENT

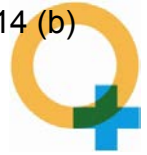
32. Did doctors and/or other staff talk in front of you as if you weren't there?

Patients were asked if staff talked in front of them as if they weren't there. 4% said that it definitely happened; 84% said it had not happened.



Comparison over time for this question:

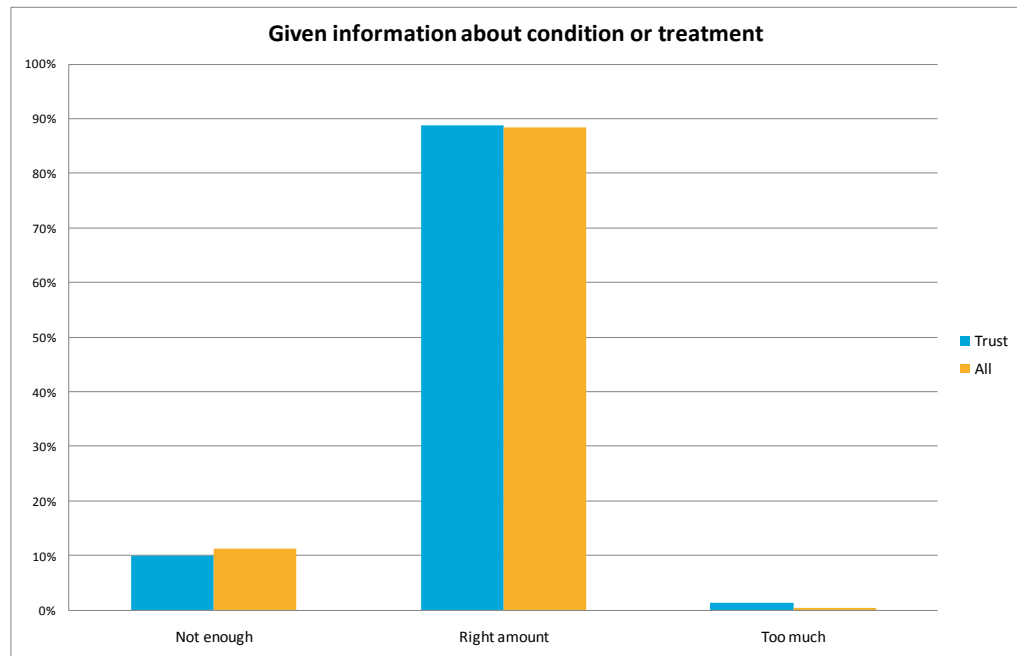




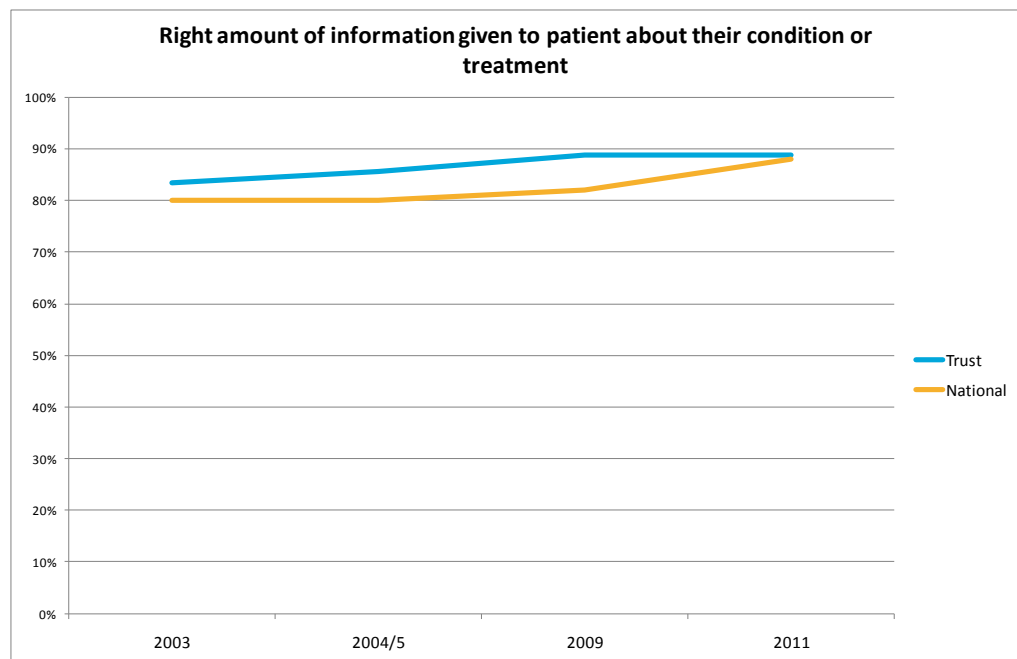
GIVEN INFORMATION IN OPD

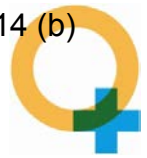
33. While you were in the Outpatients Department, how much information about your condition or treatment was given to you?

6% of the patients said that they were not given any information at all about their condition or treatment. Of those given information, 10% were given too little information, about their condition or treatment. 89% said they were given the right amount.



Comparison over time for this question:

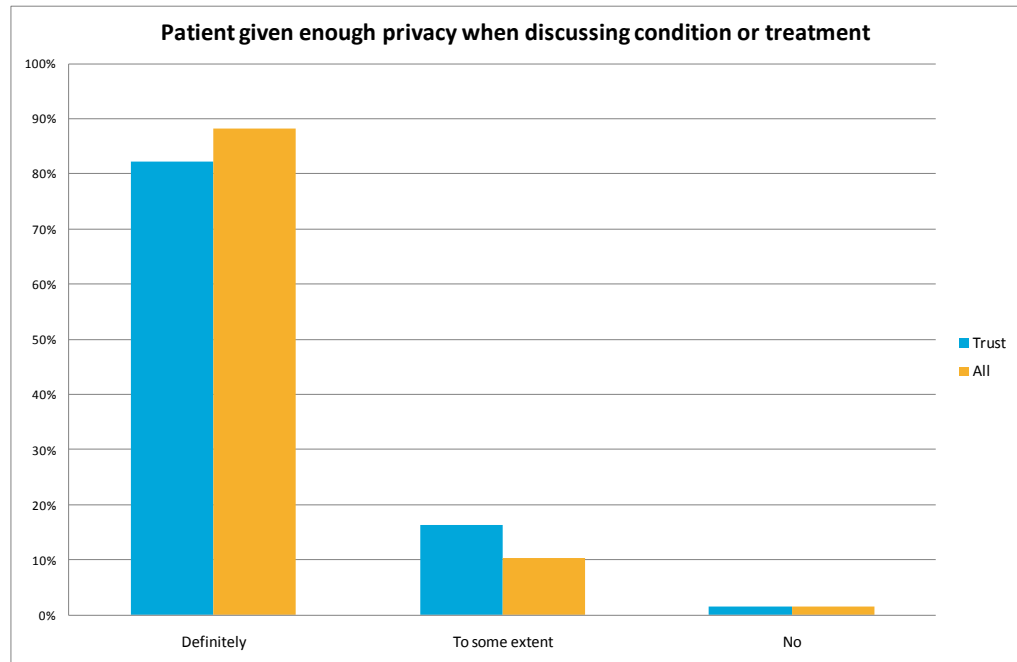




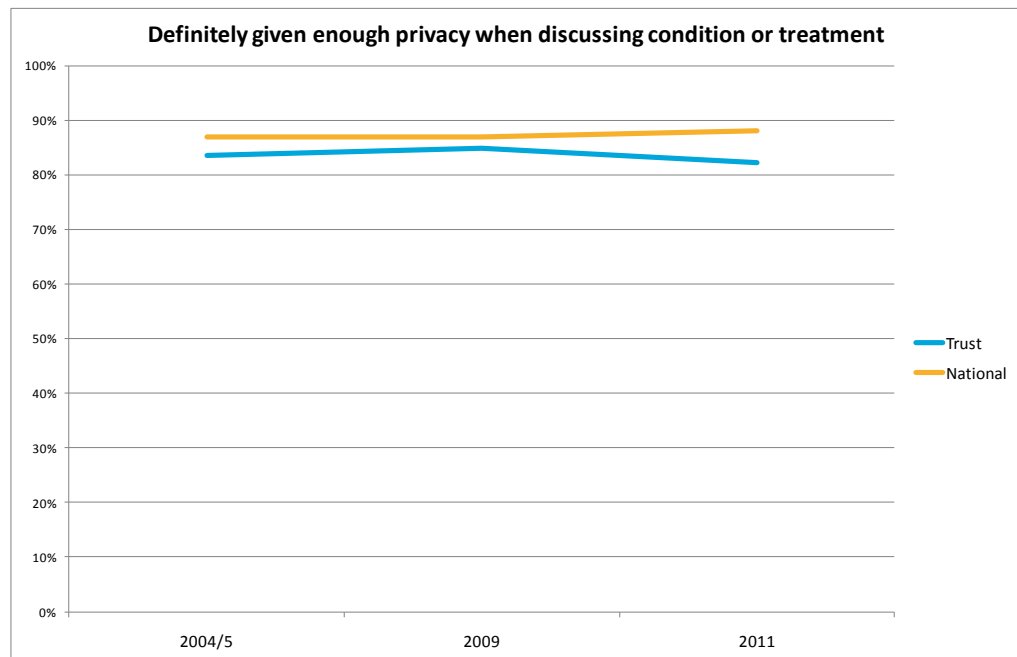
PRIVACY

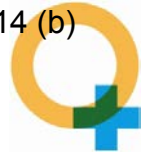
34. Were you given enough privacy when discussing your condition or treatment?

82% of patients said they definitely had enough privacy when discussing their condition or treatment; 1% did not.



Comparison over time for this question:

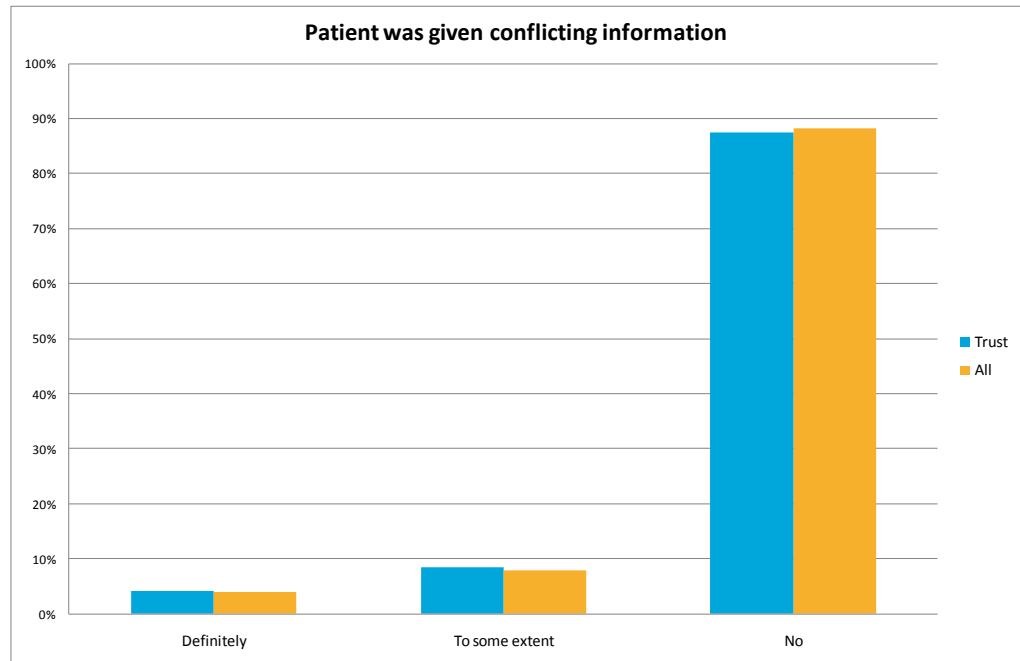




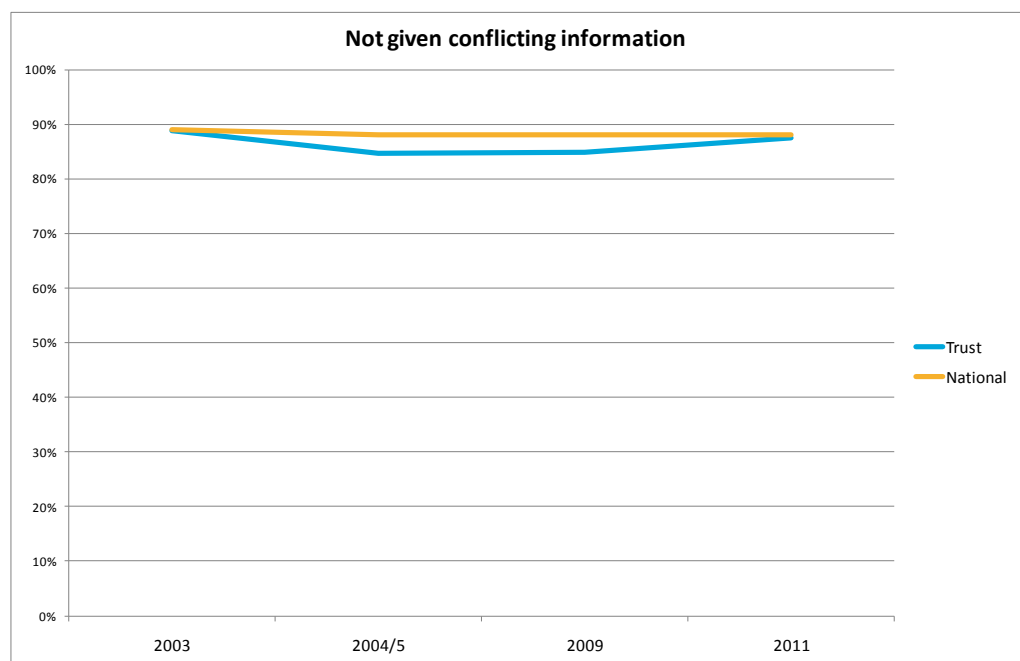
CONTRADICTIONARY INFORMATION

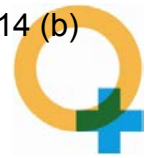
35. Sometimes in a hospital or clinic, a member of staff will say one thing and another will say something quite different. Did this happen to you?

Patients were asked if they received contradictory information from staff at any point during their visit to OPD; 88% said they had not; 4% said they definitely had.



Comparison over time for this question:

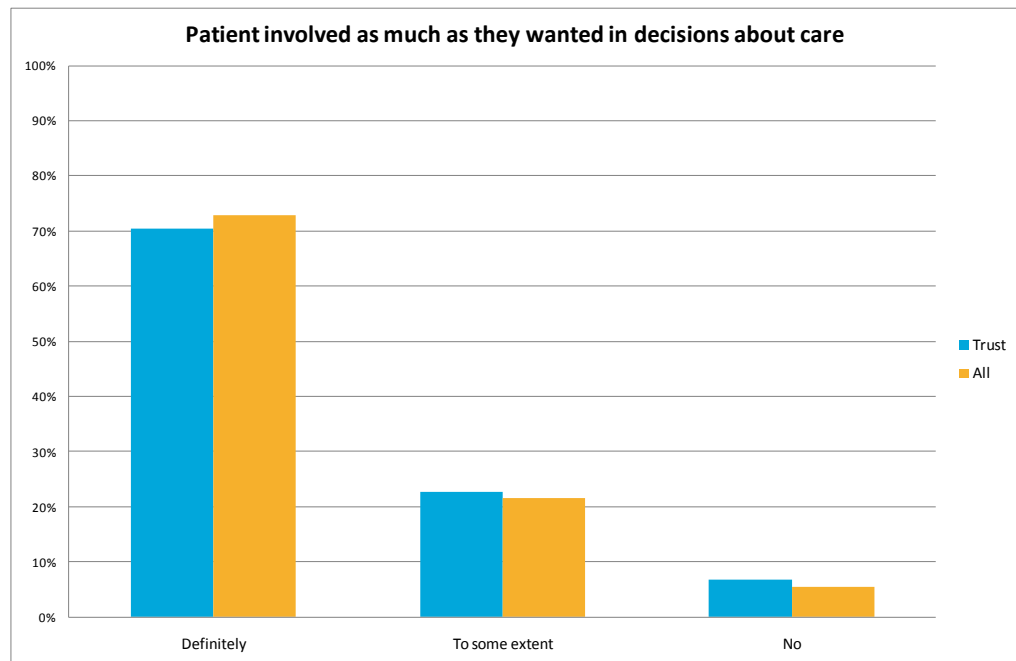




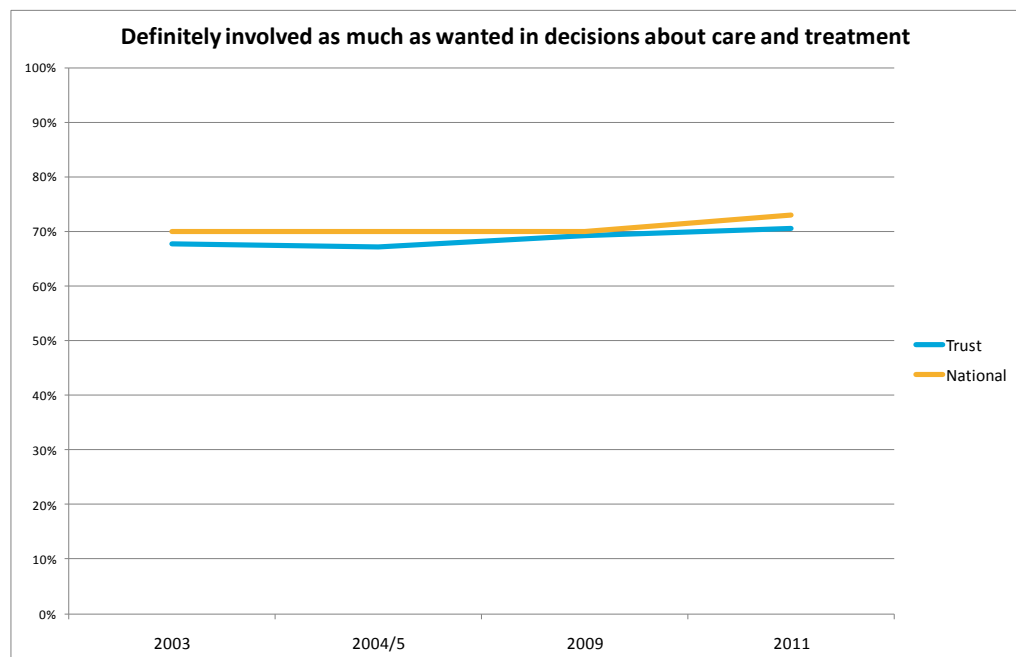
INVOLVEMENT IN DECISIONS ON CARE & TREATMENT

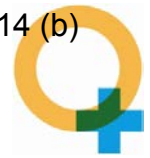
36. Were you involved as much as you wanted to be in decisions about your care and treatment?

70% of patients said they definitely felt involved in decisions about their care and treatment; 7% said they did not.



Comparison over time for this question:

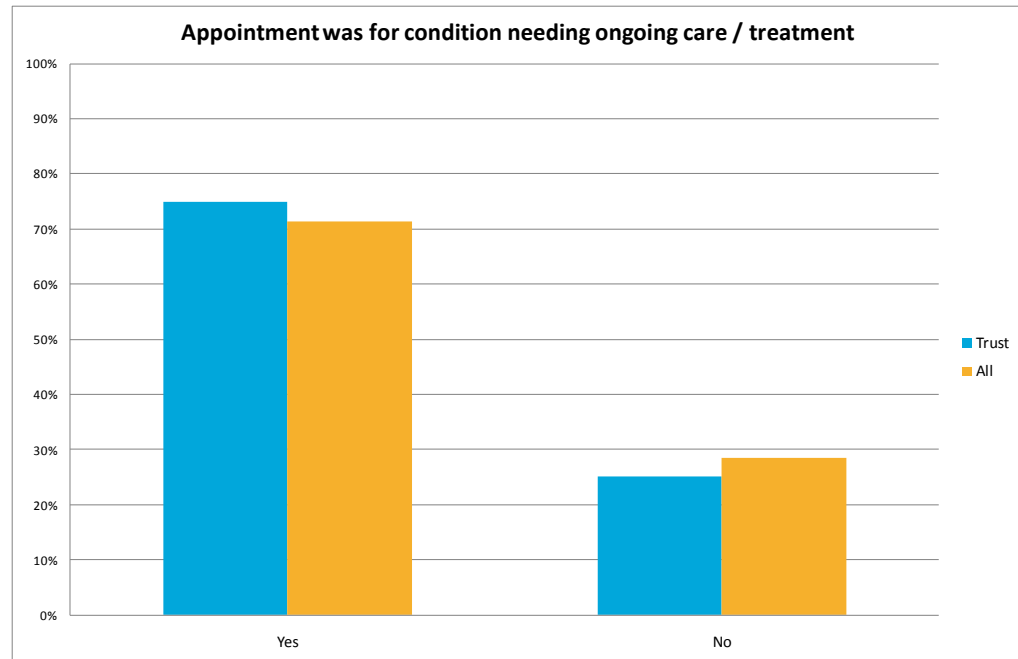




LONG-TERM CONDITIONS OR ILLNESSES

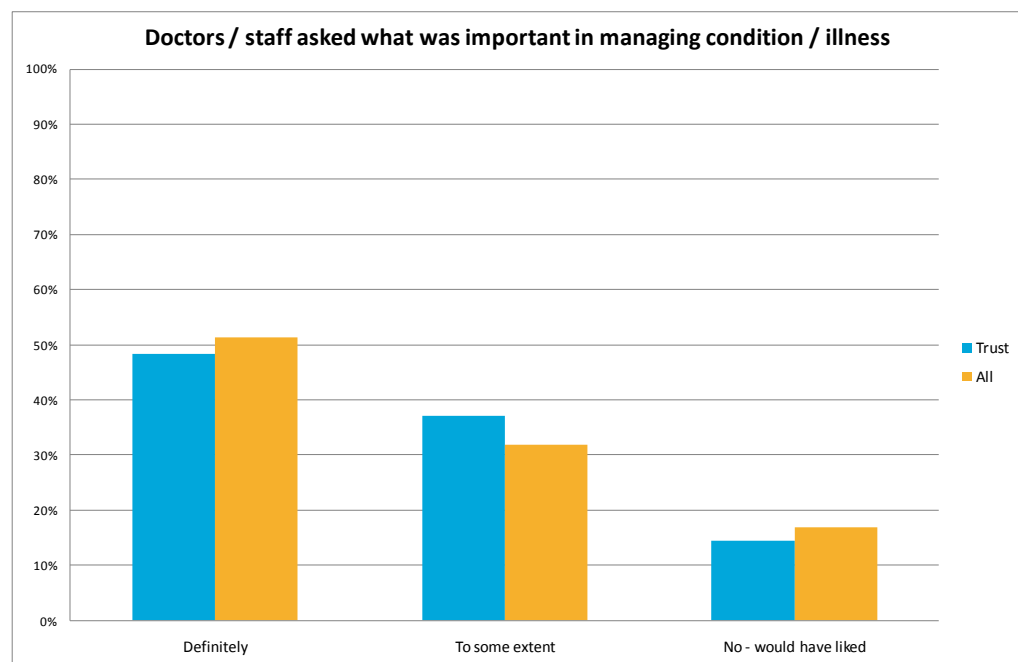
37. Was your appointment about a long term condition or illness that you need ongoing care or treatment for?

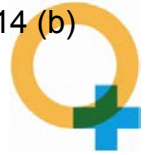
The chart shows the proportion of patients who said that their appointment was about a long-term condition or illness.



38. Did doctors and/or staff ask you what was important to you in managing your condition or illness?

Of those patients who thought it was necessary, 48% definitely were asked what was important in managing their condition or illness.

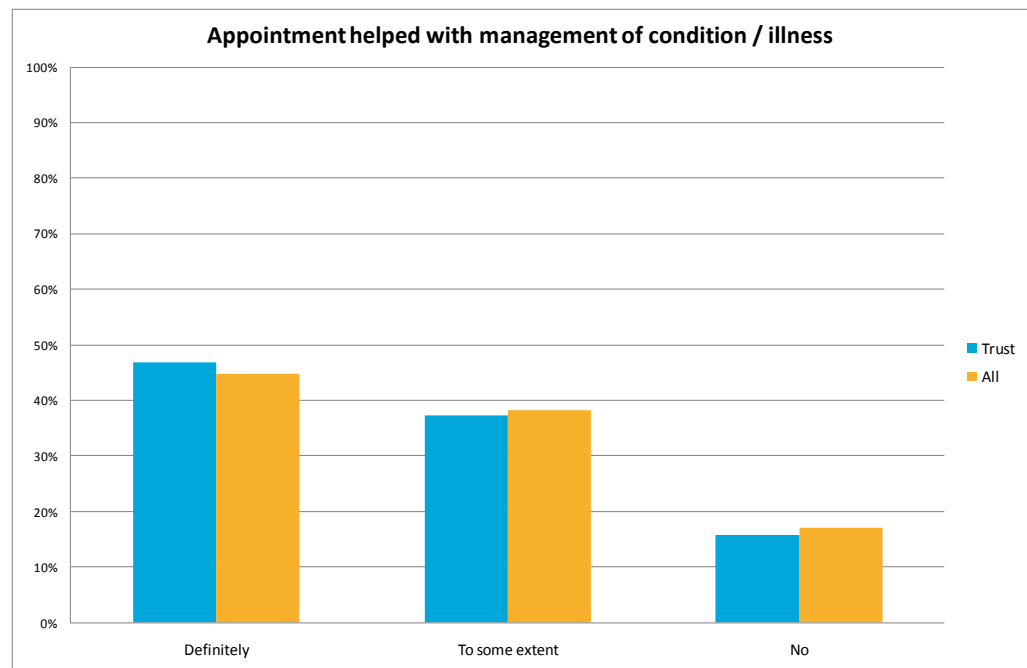


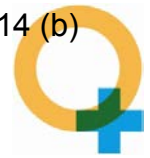


MANAGEMENT OF CONDITION

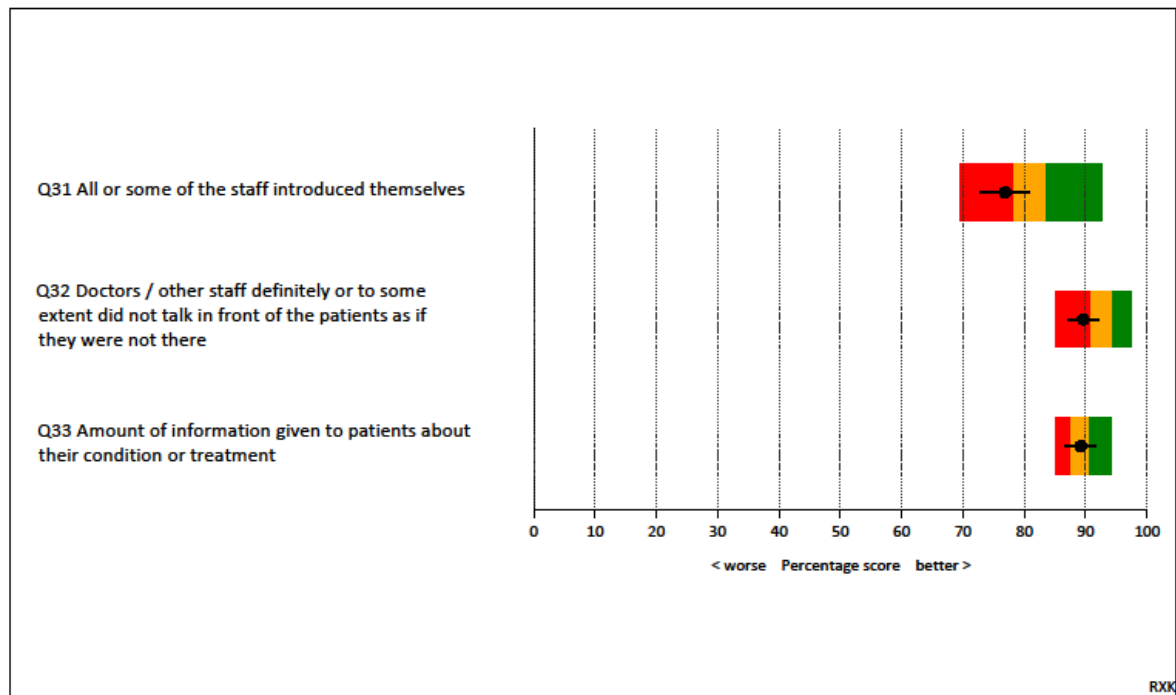
39. Did your appointment help you to feel that you could better manage your condition or illness?

47% of patients who thought it was necessary thought that their appointment helped them better manage their condition or illness. 16% did not.

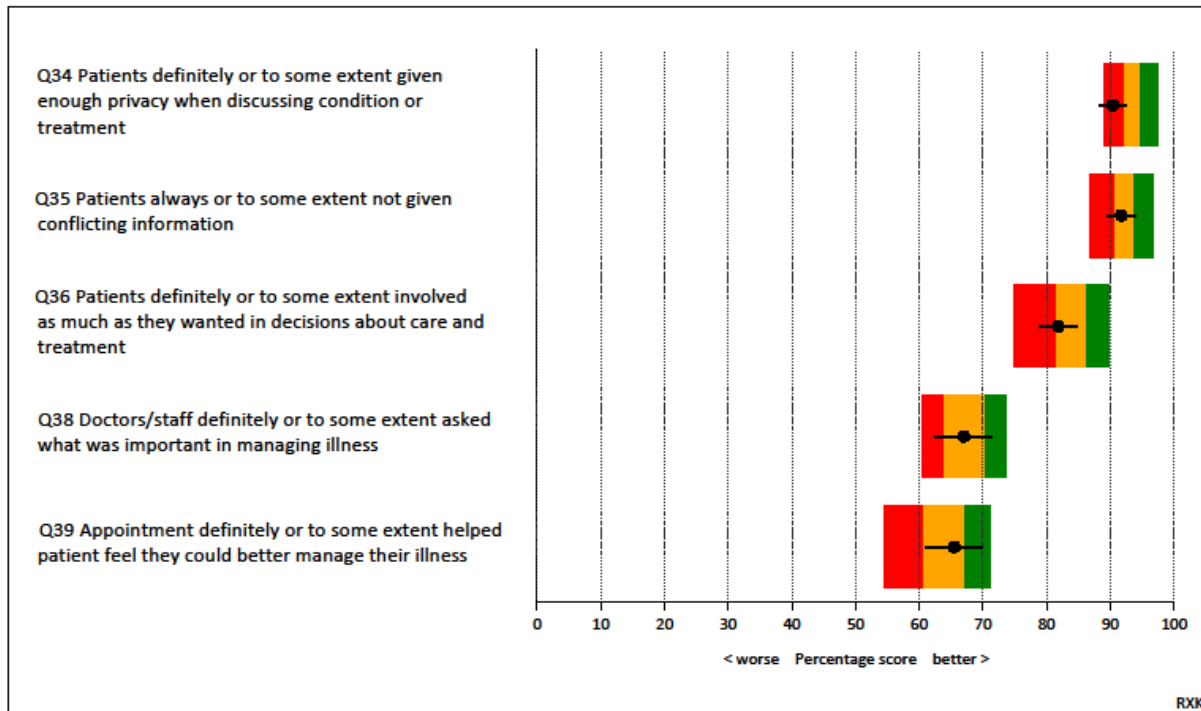
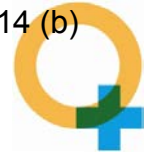




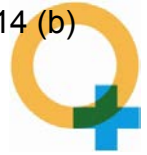
SUMMARY AND ACTIONS



Question	2009 percentage for this Trust	2011 percentage for this Trust	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Scored % in lowest 20% of Trusts
Q31 All or some of the staff introduced themselves	82%	77%	78%	84%	+
Q32 Doctors / other staff definitely or to some extent did not talk in front of the patients as if they were not there	88%	90%	91%	94%	+
Q33 Amount of information given to patients about their condition or treatment	91%	89%	87%	91%	

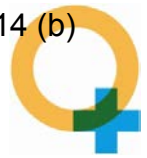


Question	2009 percentage for this Trust	2011 percentage for this Trust	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Scored % in lowest 20% of Trusts
Q34 Patients definitely or to some extent given enough privacy when discussing condition or treatment	91%	90%	92%	95%	+
Q35 Patients always or to some extent not given conflicting information	89%	92%	91%	94%	
Q36 Patients definitely or to some extent involved as much as they wanted in decisions about care and treatment	82%	82%	82%	86%	
Q38 Doctors/staff definitely or to some extent asked what was important in managing illness	-	67%	64%	70%	
Q39 Appointment definitely or to some extent helped patient feel they could better manage their illness	-	65%	61%	67%	



ACTIONS

- Look at ways of increasing the number of patients who see the same doctor or other member of staff on subsequent appointments.
- Ensure that all staff are trained to introduce themselves and say what role they are playing that day.
- Reassess training packages on communication for clinicians in the light of evidence that a continuing minority of patients say staff are talking in front of them as if they are not there; that they did not get the right amount of information about their condition and treatment; and that some patients are receiving information which appears contradictory to them. In particular, ensure that the correct atmosphere is created which enables patients to raise issues they are concerned about.
- Ensure that patients have the privacy they require during discussions about their condition and treatment.
- Ensure that patients are involved as much as they want to be in decisions about their care and treatment.
- Ensure that patients with long term conditions feel that staff are supporting them in the management of their condition.

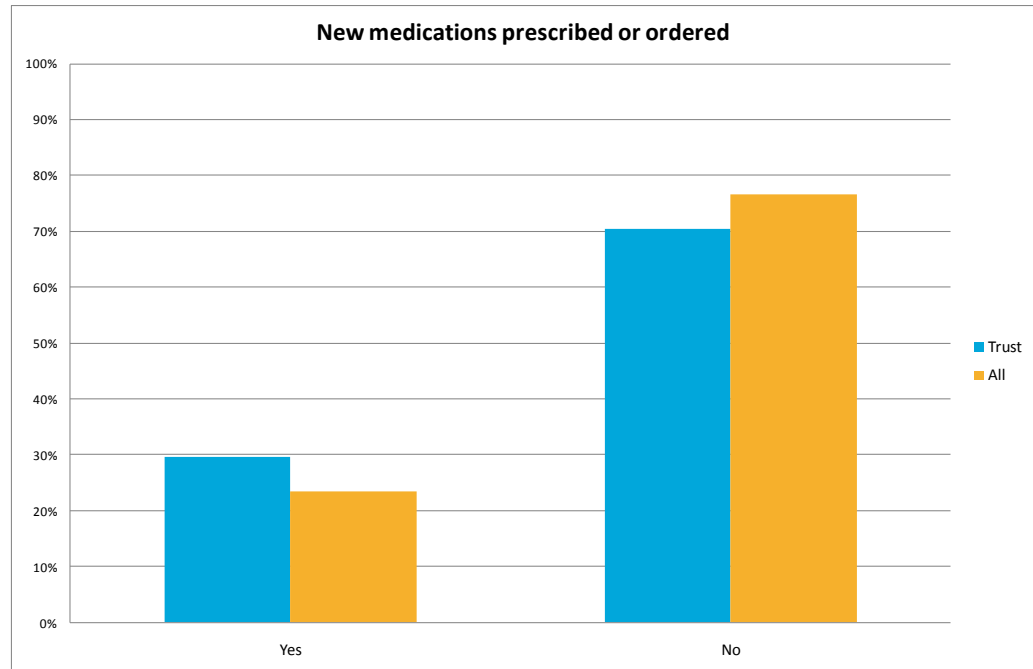


Leaving Outpatients

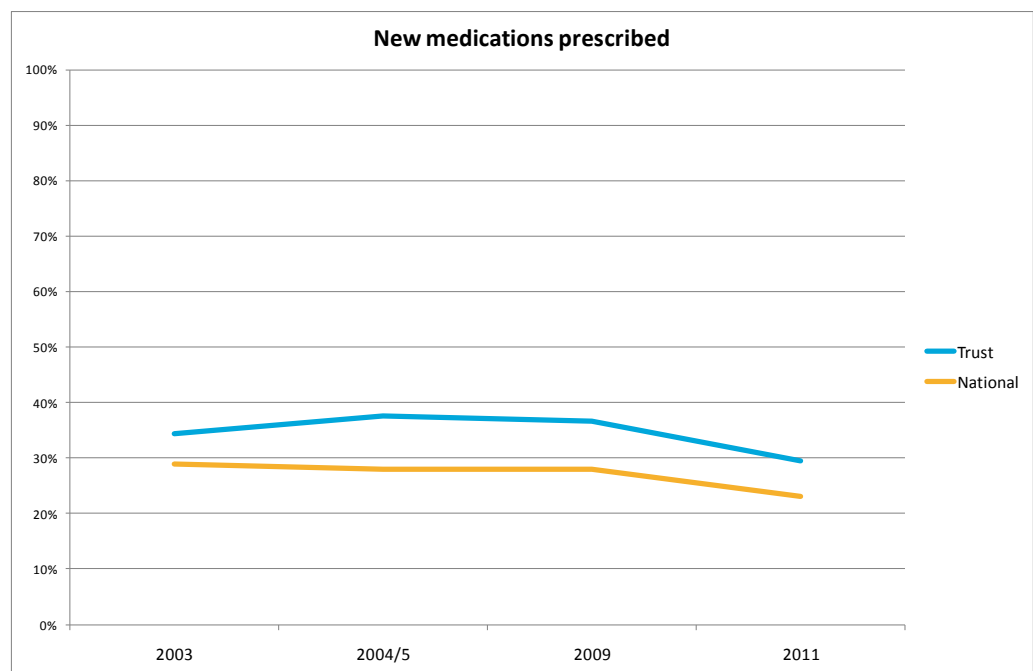
GIVEN NEW MEDICATION

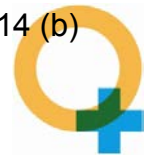
40. Before you left the Outpatients Department, were any new medications prescribed or ordered for you?

30% of patients said they had received new medication to take home when leaving OPD.



Comparison over time for this question:

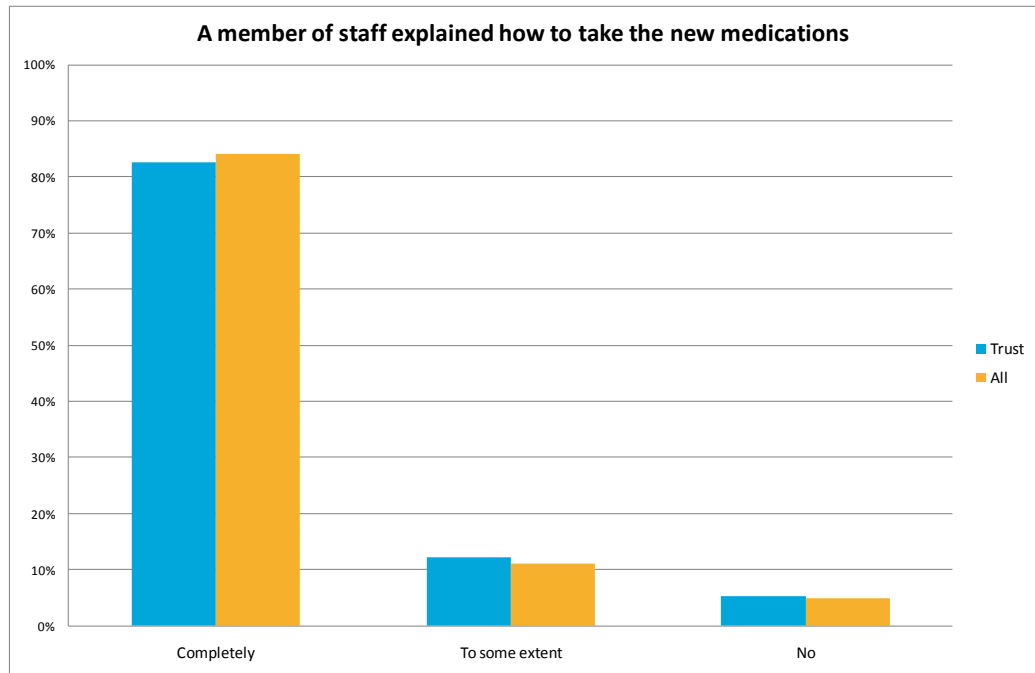




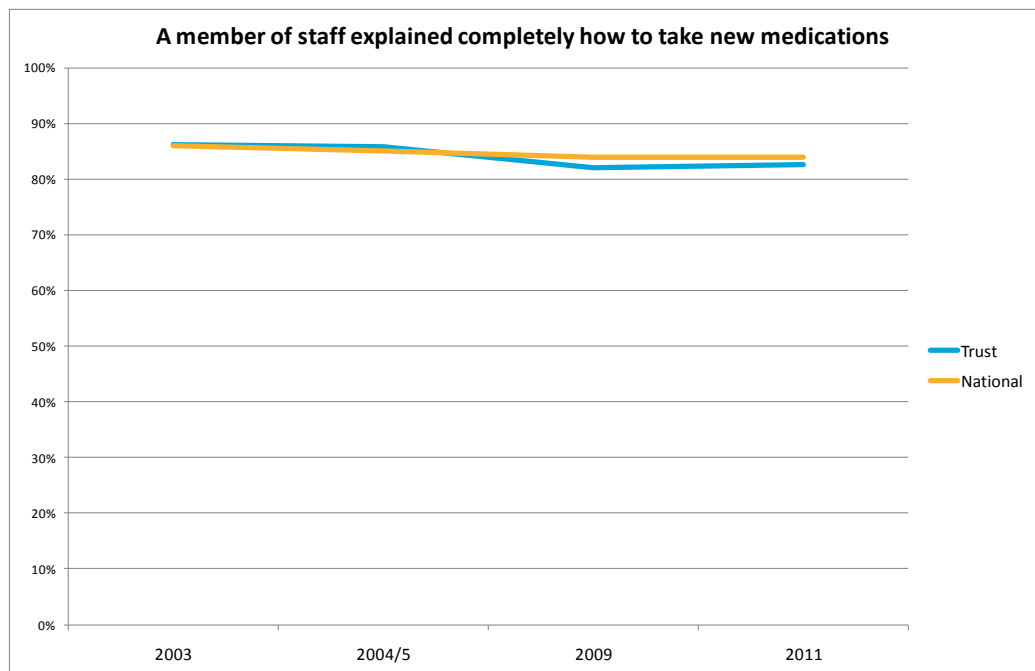
TAKING NEW MEDICATION

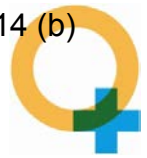
41. Did a member of staff explain to you how to take the new medications?

Of those patients given new medication, 83% said that staff explained how to take the new medications.



Comparison over time for this question:

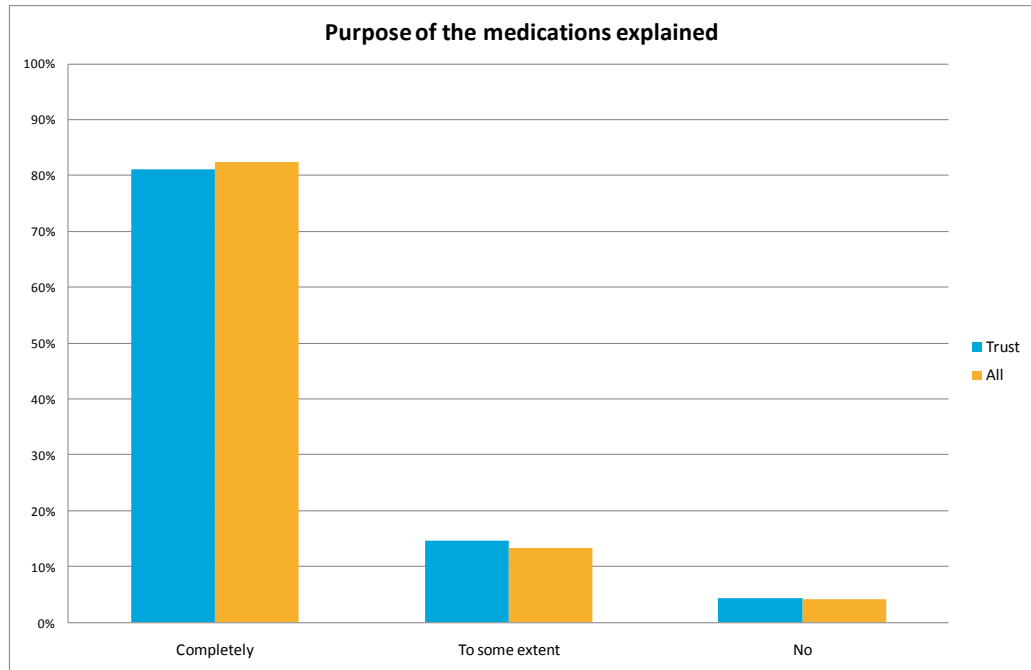




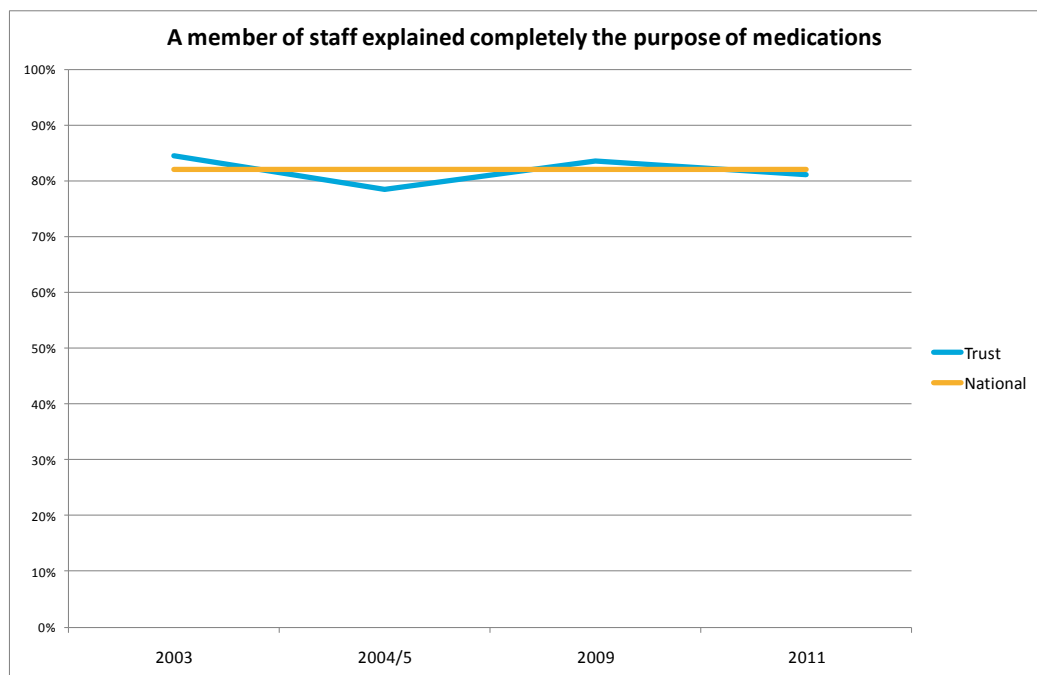
PURPOSE OF MEDICATIONS

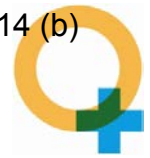
42. Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?

81% of those patients taking medication home who needed an explanation said the purpose of the medicines was explained completely in a way they could understand; 4% said it was not explained; and a further 15% felt it was only explained to some extent.



Comparison over time for this question:

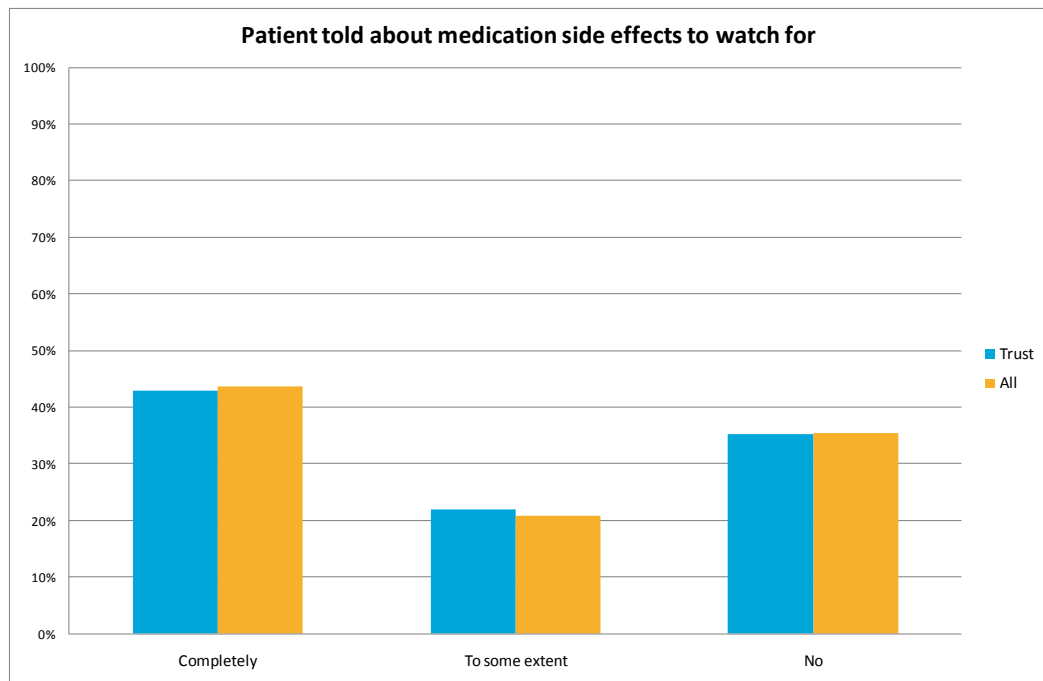




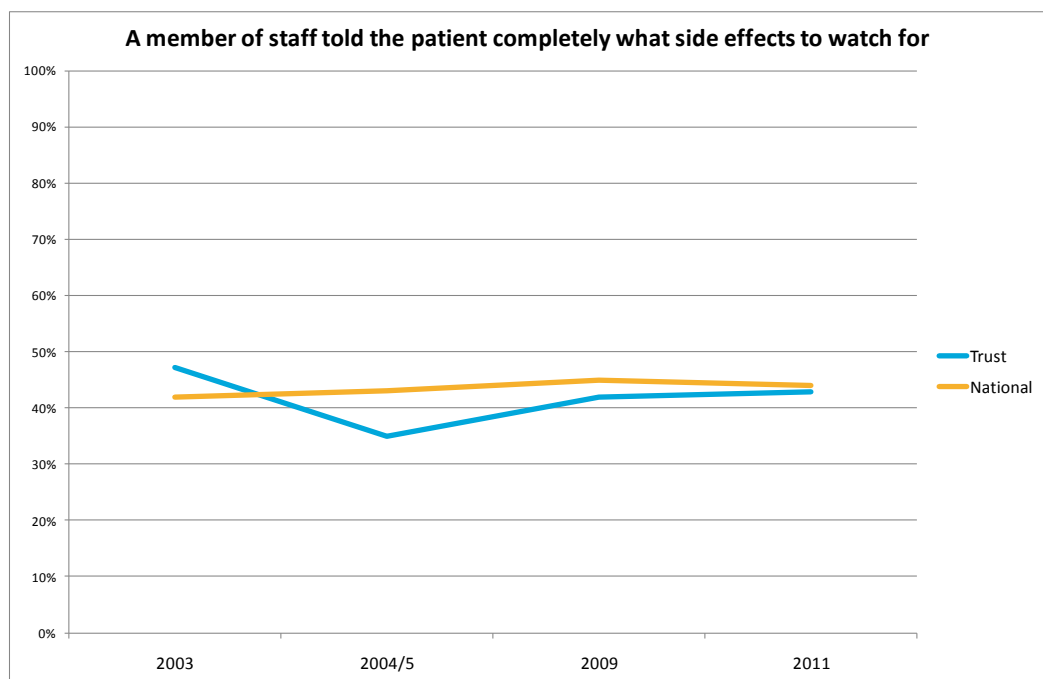
SIDE EFFECTS

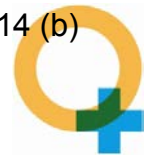
43. Did a member of staff tell you about medication side effects to watch for?

Of those patients who said they needed an explanation, 43% said a member of staff told them completely about side-effects of medication to watch for; 35% said they were not told and a further 22% said they were only told to some extent.



Comparison over time for this question:

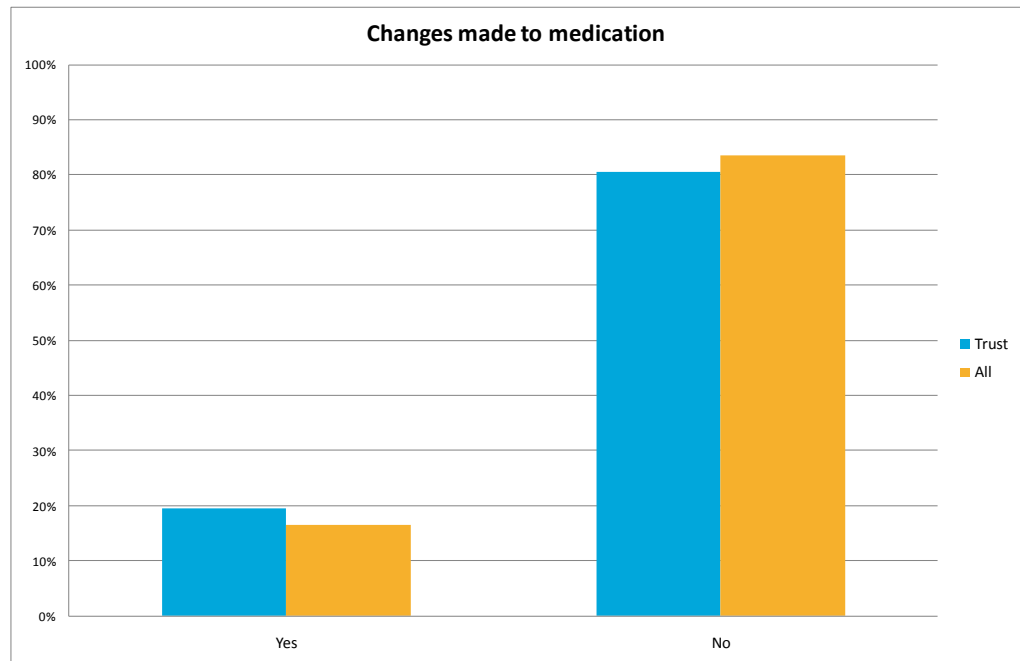




CHANGES TO MEDICATION

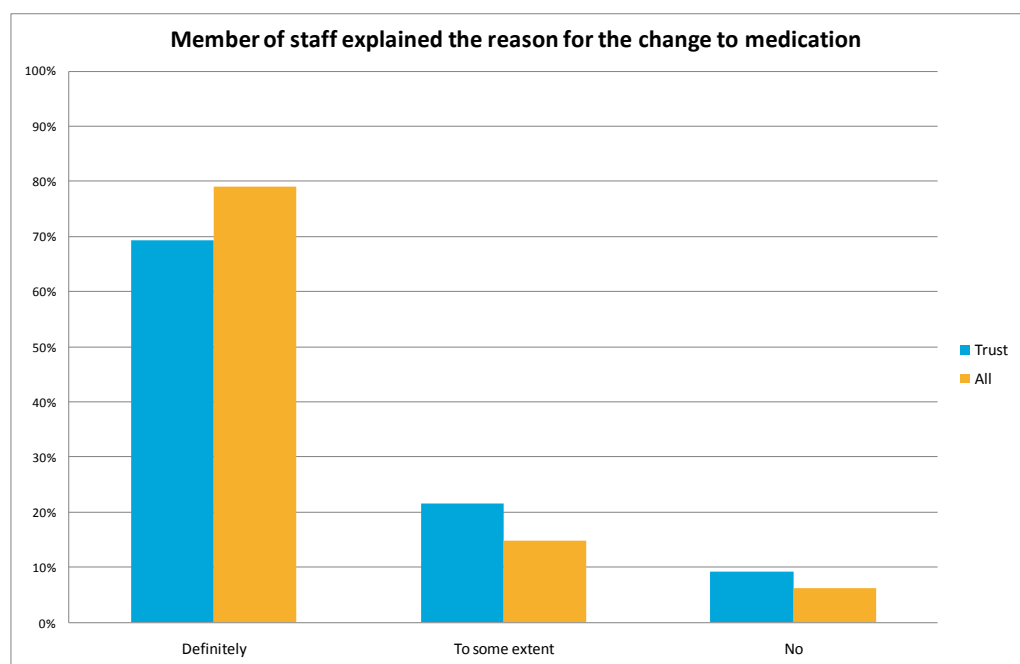
44. If you were taking any medication before your outpatient appointment, were any changes made to this medication?

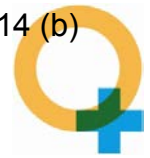
Of the patients who were taking medication before their appointment, 19% said that changes were made to that medication.



45. Did a member of staff explain the reason for the change to your medication in a way that you could understand?

Of these patients whose medication was changed and who wanted an explanation, 69% said that staff explained the reason for the change in a way they could understand.

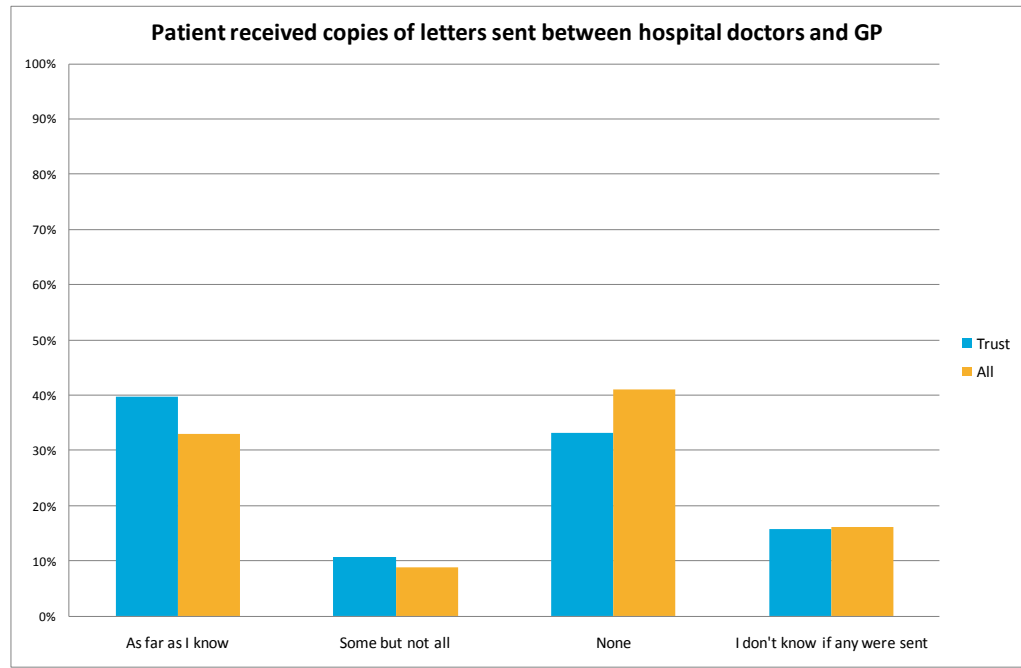




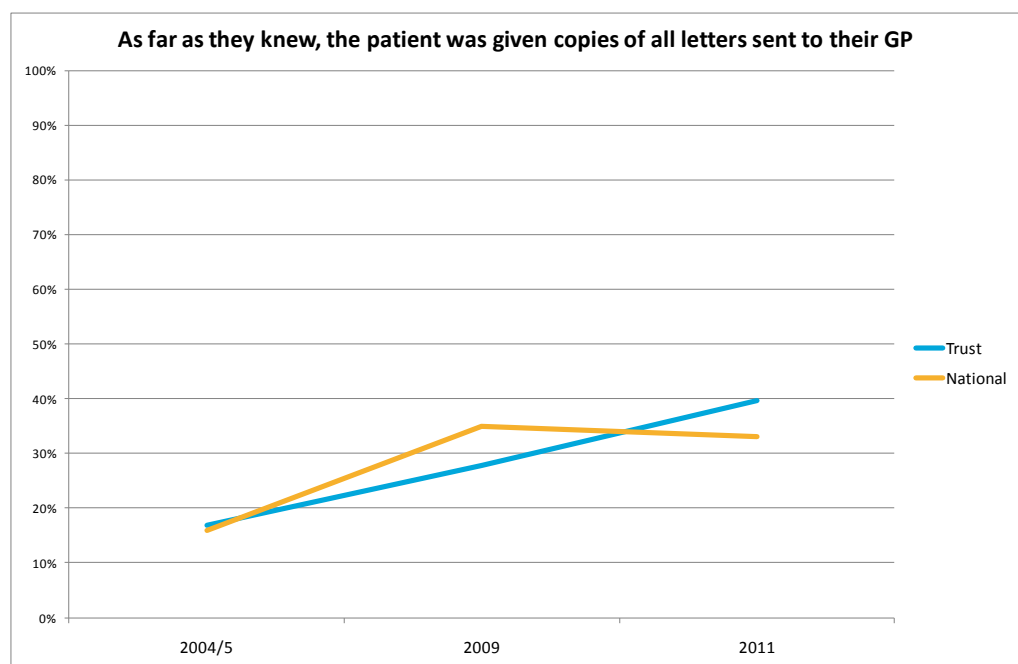
COPIES OF CLINICAL LETTERS

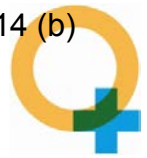
46. Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?

40% of patients said that as far as they knew, they received all copies of letters sent between hospital doctors and their GP; 33% said they had not received copies.



Comparison over time for this question:

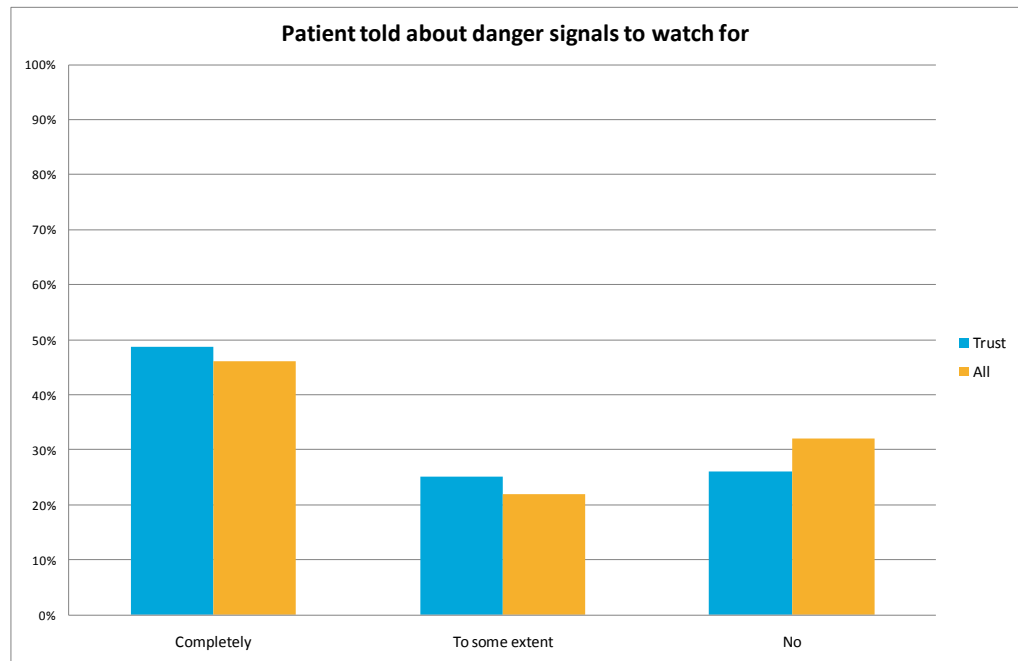




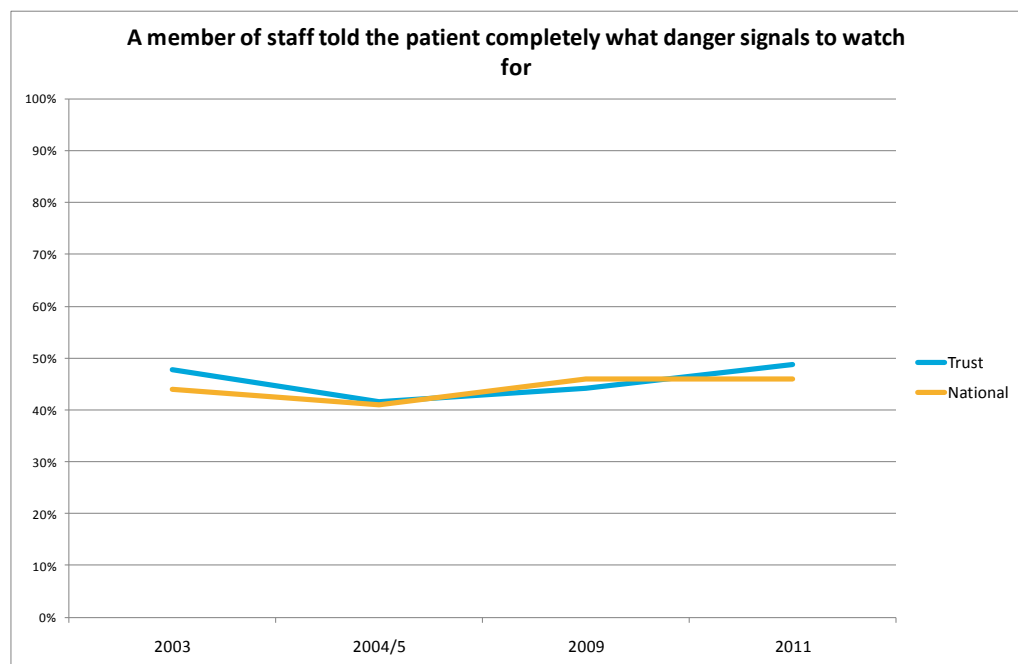
DANGER SIGNALS

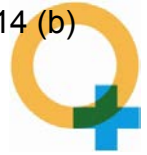
47. Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?

49% of patients who thought it was necessary said that they were told completely what danger signals to watch for regarding their illness or treatment after they went home; 26% said they were not told, and a further 25% said they were only told to some extent.



Comparison over time for this question:

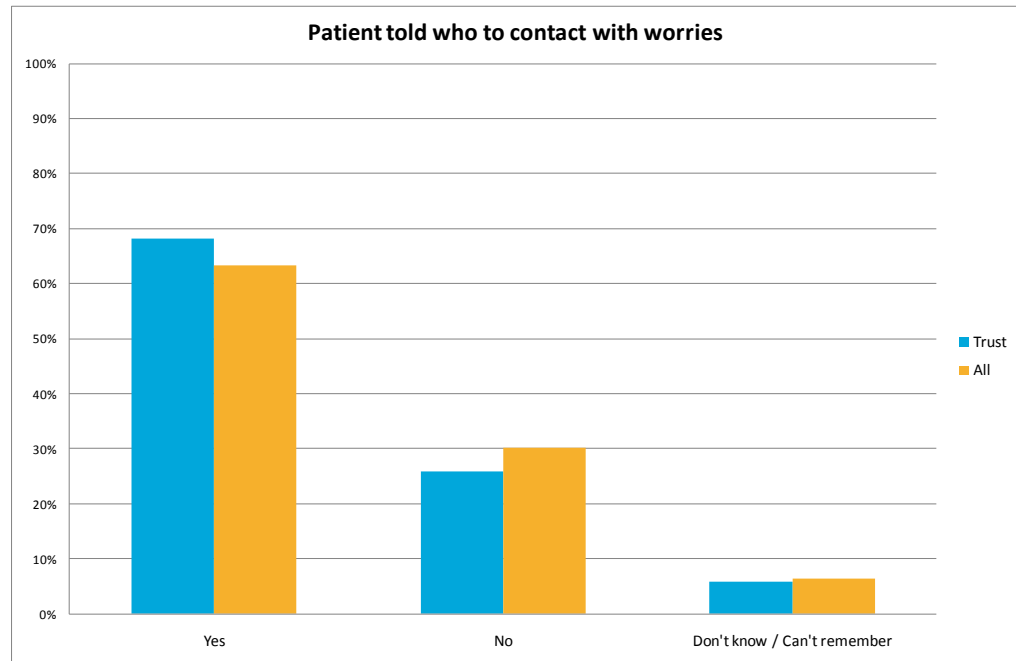




CONTACT AFTER LEAVING HOSPITAL

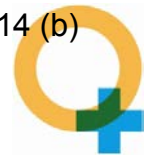
48. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

Patients were asked if they were told who to contact if they were worried about their condition or treatment after leaving hospital. 68% of patients said they were told; 26% said they were not told.

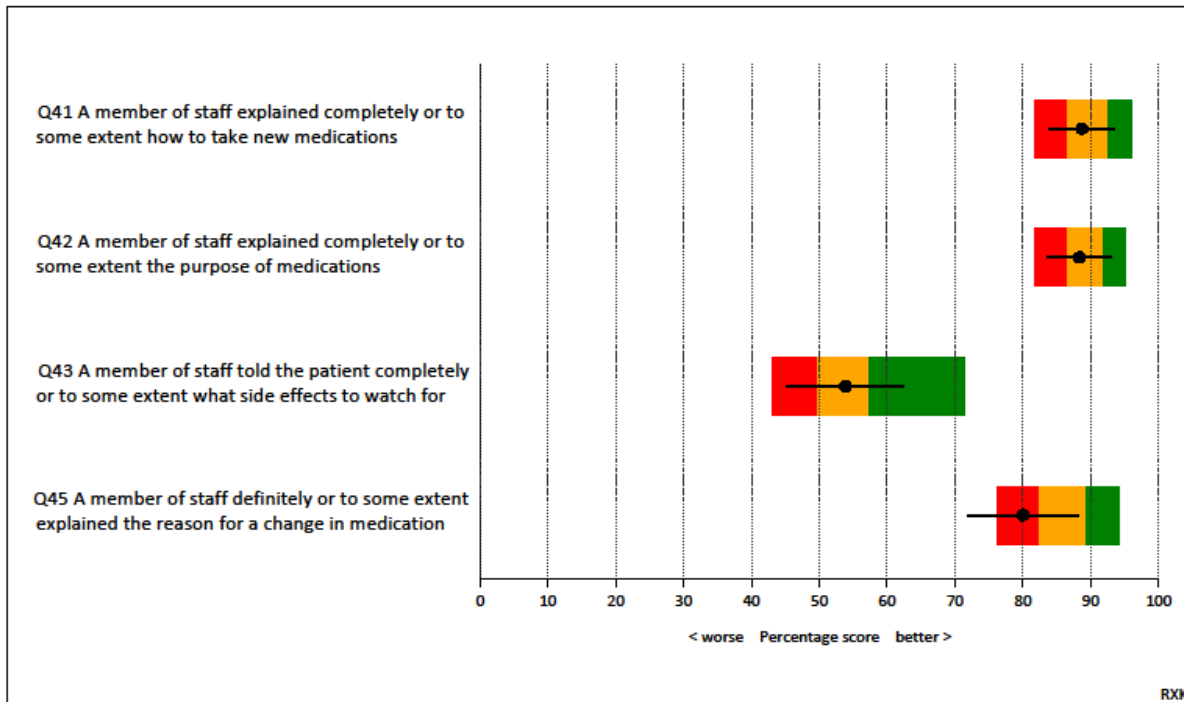


Comparison over time for this question:

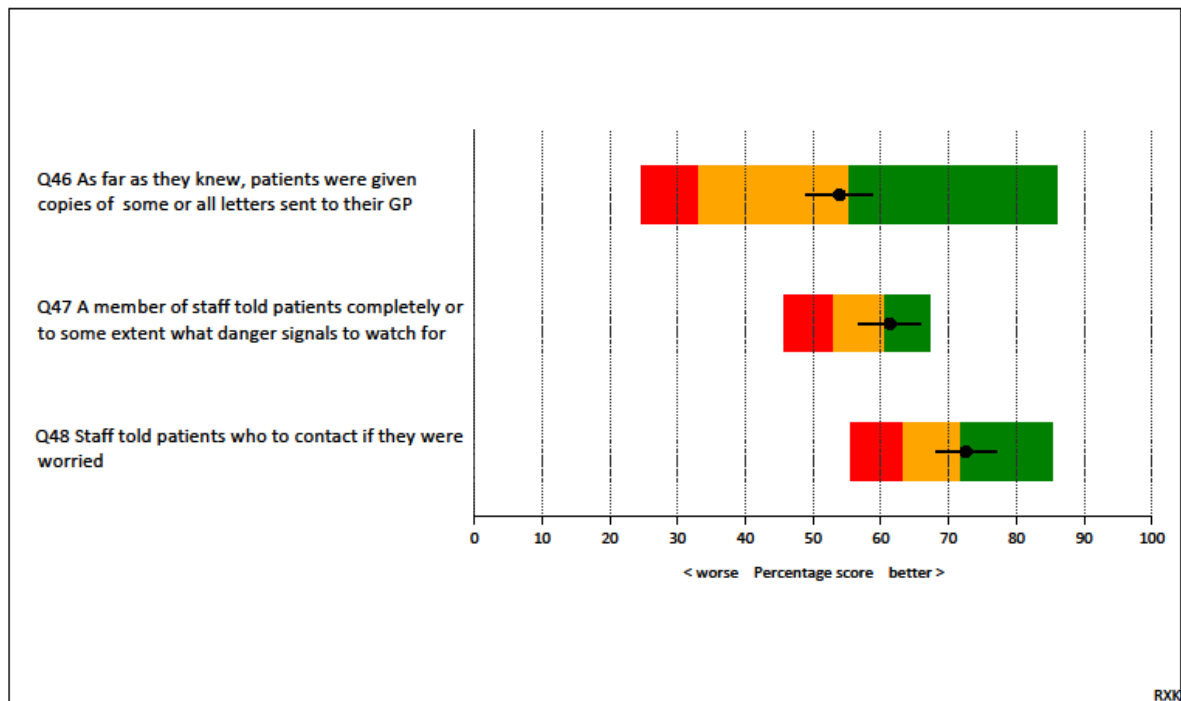
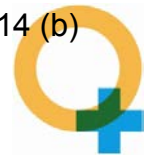




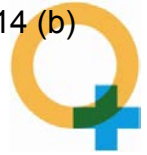
SUMMARY AND ACTIONS



Question	2009 percentage for this Trust	2011 percentage for this Trust	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Scored % in lowest 20% of Trusts
Q41 A member of staff explained completely or to some extent how to take new medications	89%	89%	87%	92%	
Q42 A member of staff explained completely or to some extent the purpose of medications	90%	88%	87%	92%	
Q43 A member of staff told the patient completely or to some extent what side effects to watch for	51%	54%	50%	57%	
Q45 A member of staff definitely or to some extent explained the reason for a change in medication	-	80%	82%	89%	+

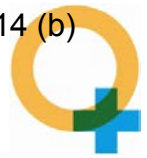


Question	2009 percentage for this Trust	2011 percentage for this Trust	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Scored % in lowest 20% of Trusts
Q46 As far as they knew, patients were given copies of some or all letters sent to their GP	38%	54%	33%	55%	
Q47 A member of staff told patients completely or to some extent what danger signals to watch for	57%	61%	53%	60%	
Q48 Staff told patients who to contact if they were worried	74%	73%	63%	72%	



ACTIONS

- Ensure that all patients having new medications are given information about their purpose and any possible side effects.
- Ensure that patients whose medication is changed are given explanations as to why this has been done.
- Ensure that all clinical letters passing from the Consultants team to the patient's GP are copied to the patient.
- Plan for standardised "discharge" leaflets for use in OPD, giving contact places, phone numbers, link contacts, etc. to patients who need them.
- Ensure that all patients who need it are given information about potential danger signals to watch for.

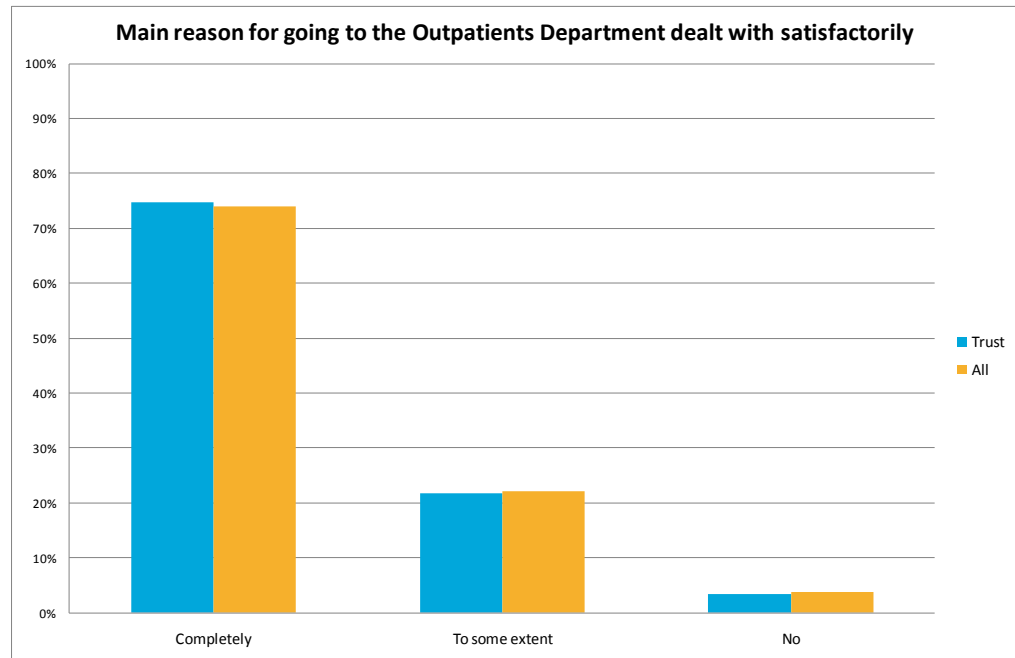


Overall

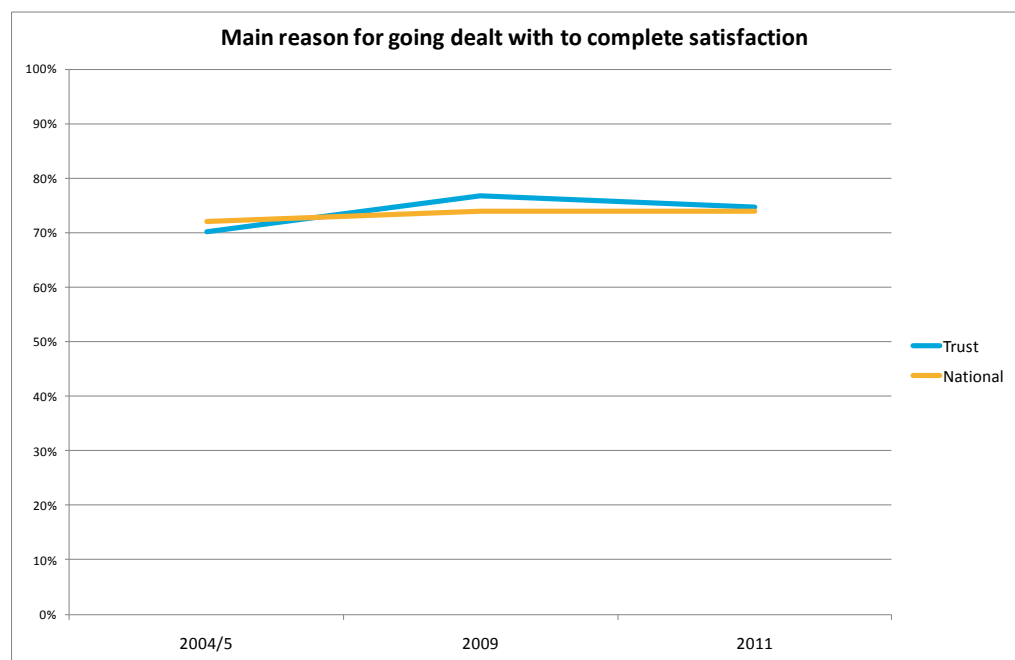
49. Was the main reason you went to the Outpatients Department dealt with to your satisfaction?

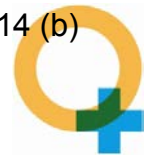
SATISFACTION WITH OUTCOME

Patients were asked whether they thought that the main reason that they went to OPD was dealt with to their satisfaction. 75% said it was dealt with completely; 3% said it was not.



Comparison over time for this question:

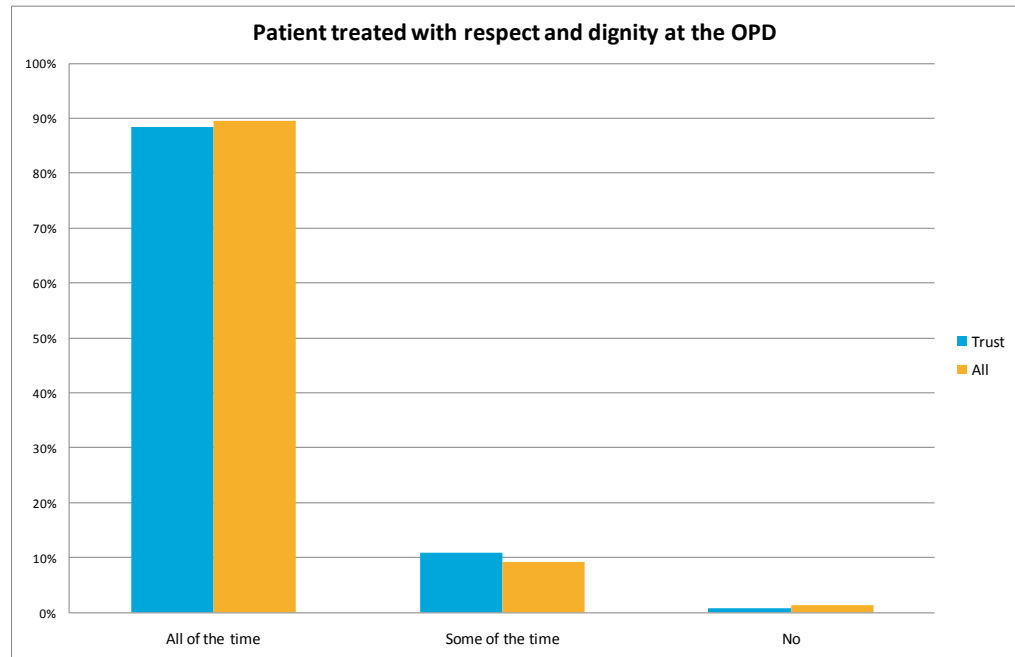




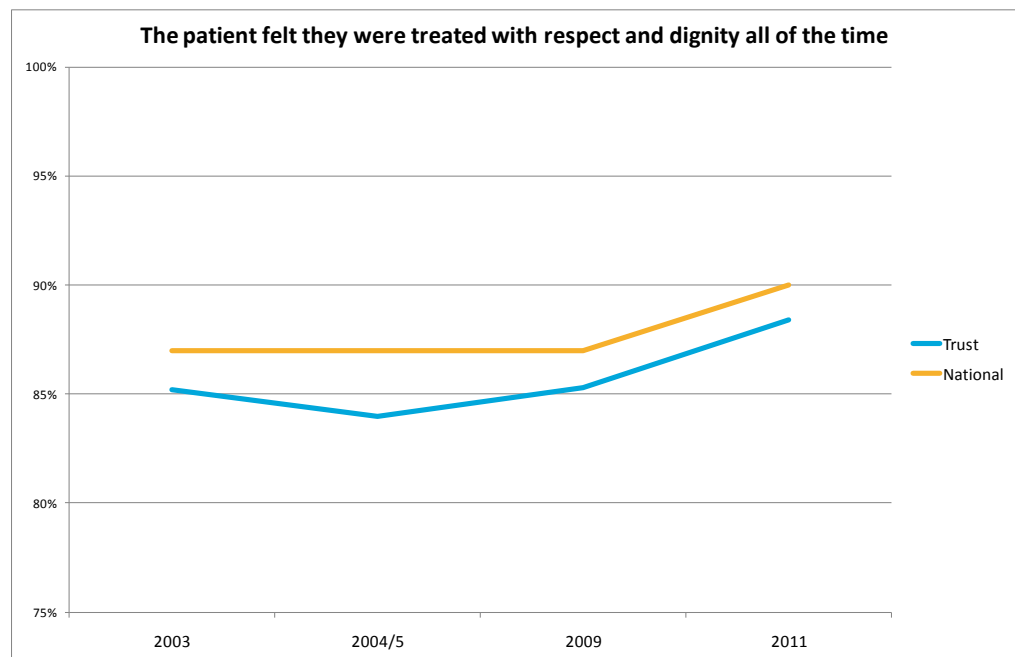
RESPECT & DIGNITY

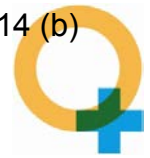
50. Overall, did you feel you were treated with respect and dignity while you were at the Outpatients Department?

88% of patients said they were treated with respect and dignity all of the time while they were in hospital; 1% said they were not.



Comparison over time for this question:

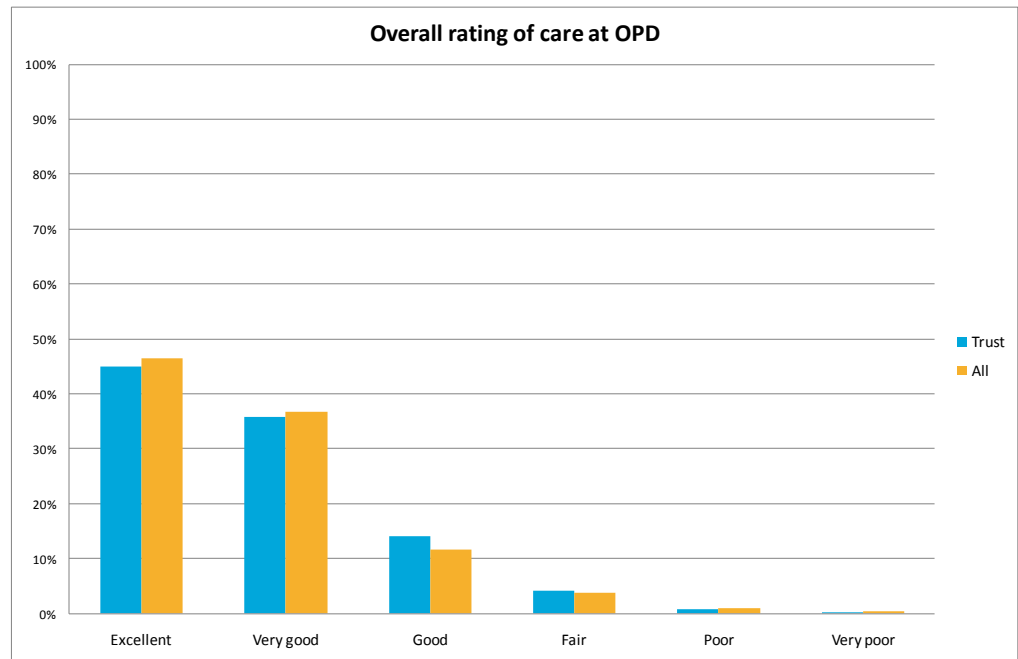




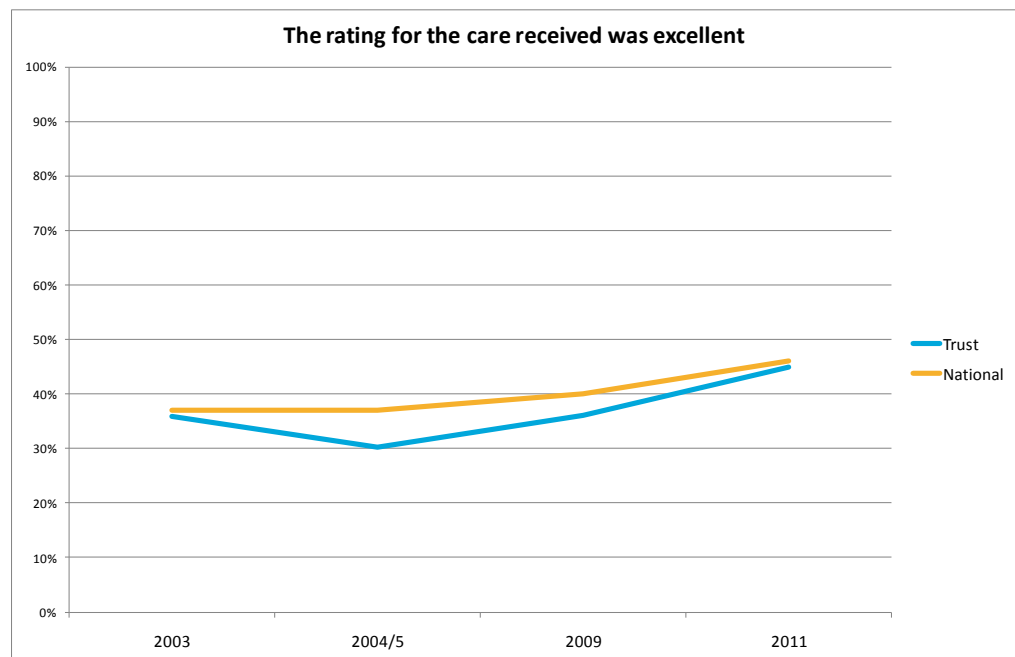
OVERALL RATING OF CARE

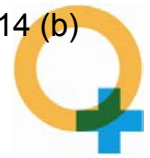
51. Overall, how would you rate the care you received at the Outpatients Department?

81% of patients rated their care as excellent or very good; 1% said their care was poor or very poor.

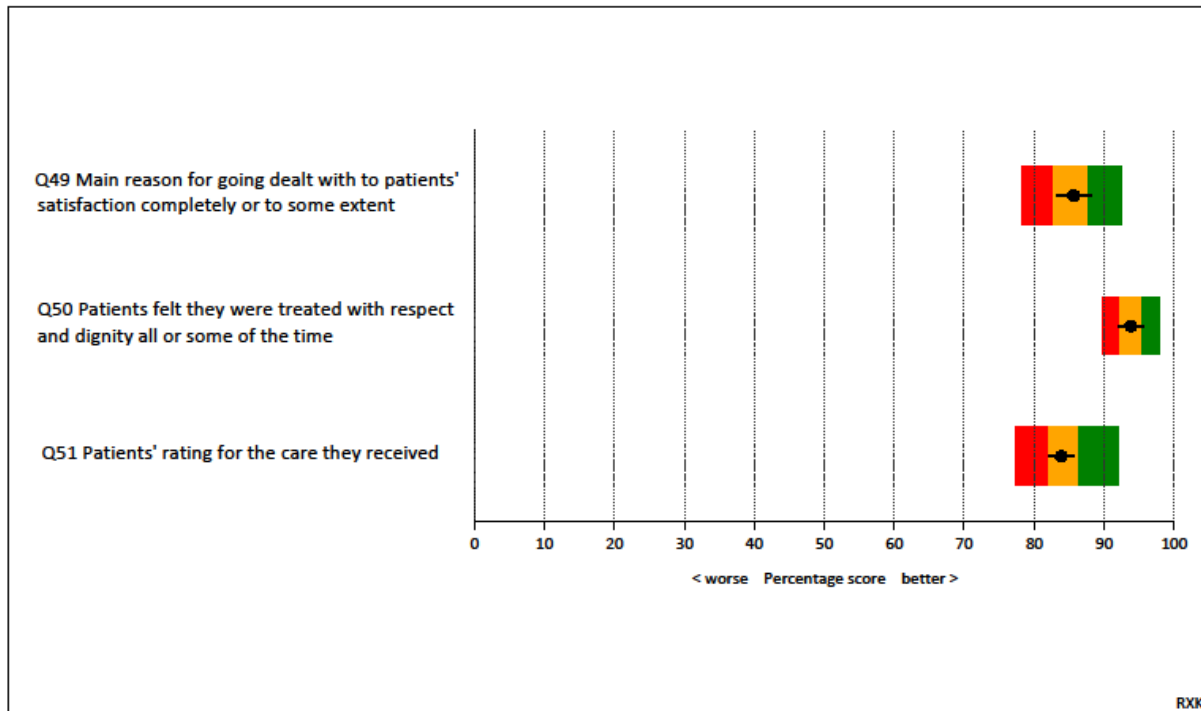


Comparison over time for this question:

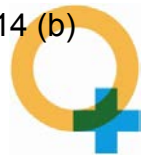




SUMMARY AND ACTIONS

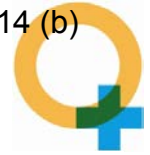


Question	2009 percentage for this Trust	2011 percentage for this Trust	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Scored % in lowest 20% of Trusts
Q49 Main reason for going dealt with to patients' satisfaction completely or to some extent	87%	86%	83%	88%	
Q50 Patients felt they were treated with respect and dignity all or some of the time	92%	94%	92%	95%	
Q51 Patients' rating for the care they received	82%	84%	82%	86%	



ACTIONS

- In the light of scores for patient satisfaction that the main reason they went to outpatients had been dealt with, review whether consultants, doctors and other front line staff seeing patients should have further communication training. Specifically, encourage all those seeing patients to ask the patient if they have questions they want to raise.
- Investigate reasons for overall score from patients on the care received in outpatients.



5. Full Survey Results

This section of the report sets out the full results from the 2011 National Outpatients Survey, ordered in exactly the same way as in the survey questionnaire sent to patients.

Reading the columns of figures

The results are shown firstly in absolute numbers then as percentage responses. The first two columns show the results for the Trust from the 2009 survey (2009); the second two columns show the results for the Trust from the 2011 survey (2011); and the third two columns show the results from all the Trusts where Quality Health undertook the survey in 2011 (ALL). The purpose of presenting the figures in this way is to give direct, at-a-glance, comparisons between the Trust's performance in 2009 and 2011; and between the Trust and other Trusts in the Quality Health database.

On some questions there are no results in the 2009 columns. This is because the question is either a new question this year or because the question has been substantially changed and is therefore not comparable with the 2011 question.

Conventions

The percentages are calculated after excluding those patients that did not answer that particular question. All percentages are rounded to the nearest whole number. When added together, the percentages for all answers to a particular question may not total 100% because of this rounding.

The 'Missing' figures show the number of patients who did not reply to that particular question. In some cases, the 'Missing' figure is quite high because it includes patients who did not answer that question or group of questions because it was not applicable to their circumstances (e.g. member of staff explaining why tests were needed). On some questions, there are also some figures which are italicised. These figures have been recalculated to exclude responses where the question was not applicable to the patient's circumstances; for example, questions such as the question about the cleanliness of the toilets, where both those not answering (Missing) and those saying they did not use a toilet are excluded.

Changes made to the data

There are a number of questions which are 'routed' (i.e. where patients are directed to a subsequent question depending on their answer to the lead question). Sometimes there are conflicts in the answers that patients give to these questions and the data is corrected to account for this. For example, if option 1 in question 1 is ticked and the patient goes on to answer question 2 etc., then any data between question 1 and question 4 (where the patient was directed) will be deleted as the patient should not have answered these questions.

BEFORE THE APPOINTMENT

	Total	2009	Total	2011	Total	All
1. Have you ever visited this Outpatients Department before, for the same condition?						
Yes	238	57%	286	70%	14270	68%
No	177	43%	123	30%	6670	32%
Missing	22		17		642	
2. From the time you were first told you needed an appointment to the time you went to the Outpatients Department, how long did you wait for an appointment?						
Up to 1 month	195	46%	60	47%	3077	46%
1 month to 6 weeks	84	20%	29	23%	1605	24%
More than 6 weeks but no more than 3 months	64	15%	21	16%	1032	15%
More than 3 months but no more than 5 months	16	4%	1	1%	262	4%
More than 5 months but no more than 12 months	21	5%	1	1%	134	2%
More than 12 months but no more than 18 months	1	0%	1	1%	18	0%
More than 18 months	3	1%	0	0%	11	0%
I went to Outpatients without an appointment	19	5%	11	9%	313	5%
Don't know / Can't remember	19	5%	4	3%	268	4%
Missing	15		298		14862	
3. Did your symptoms or condition get worse while you were waiting for your appointment?						
Yes definitely	0	0%	9	7%	537	8%
Yes to some extent	0	0%	30	24%	1396	21%
No	0	0%	79	62%	4579	67%
Don't know can't remember	0	0%	9	7%	278	4%
Missing	437		299		14792	
4. In the last 12 months, how many times (including this one) have you visited the Outpatient Department for any condition?						
This was the only time	0	0%	86	21%	4466	21%
2 to 3 times	0	0%	170	42%	8948	43%
4 to 8 times	0	0%	83	20%	5061	24%
More than 8 times	0	0%	67	17%	2507	12%
Missing	437		20		600	
5. Were you given a choice of appointment times?						
Yes	109	26%	139	34%	7515	36%
No but I did not need/want a choice	227	54%	185	45%	9890	47%
No but I would have liked a choice	70	17%	75	18%	3283	16%
Don't know / Can't remember	16	4%	9	2%	411	2%
Missing	15		18		483	
6. Was your appointment changed to a later date by the hospital?						
No	300	70%	292	71%	16370	78%
Yes once	94	22%	88	21%	3601	17%
Yes 2 or 3 times	28	7%	29	7%	990	5%
Yes 4 times or more	5	1%	2	0%	64	0%
Missing	10		15		557	

BEFORE THE APPOINTMENT

7. Before your appointment, did you know what would happen to you during the appointment?

Yes definitely	160	37%	203	50%	9376	45%
Yes to some extent	190	44%	145	35%	8658	41%
No	79	18%	61	15%	2897	14%
Missing	8		17		651	

WAITING IN THE HOSPITAL

	Total	2009	Total	2011	Total	All
8. How long after the stated appointment time did the appointment start?						
Seen on time or early	101	24%	93	23%	5343	25%
Waited up to 5 minutes	50	12%	48	12%	2621	12%
Waited 6 - 15 minutes	100	23%	104	25%	5103	24%
Waited 16 - 30 minutes	90	21%	74	18%	3624	17%
Waited 31 - 60 minutes	38	9%	48	12%	2419	12%
Waited more than 1 hour but no more than 2 hours	21	5%	26	6%	1163	6%
Waited more than 2 hours	17	4%	10	2%	467	2%
Don't know / Can't remember	9	2%	9	2%	284	1%
Missing	11		14		558	
9. Were you told how long you would have to wait?						
Yes but the wait was shorter	11	6%	9	5%	393	5%
Yes and I had to wait about as long as I was told	30	17%	26	15%	1458	18%
Yes but the wait was longer	20	11%	20	12%	1028	13%
No I was not told	114	64%	103	61%	4860	60%
Don't know / Can't remember	4	2%	10	6%	332	4%
Missing	258		258		13511	

HOSPITAL ENVIRONMENT AND FACILITIES

	Total	2009	Total	2011	Total	All
10. In your opinion, how clean was the Outpatients Department?						
Very clean	262	61%	269	65%	14312	67%
Fairly clean	157	36%	136	33%	6442	30%
Not very clean	8	2%	7	2%	267	1%
Not at all clean	2	0%	0	0%	33	0%
Can't say	3	1%	4	1%	217	1%
Missing	5		10		311	
11. How clean were the toilets at the Outpatients Department?						
<i>Very clean</i>	167	51%	164	54%	9183	63%
<i>Fairly clean</i>	136	42%	116	38%	4752	33%
<i>Not very clean</i>	18	6%	17	6%	527	4%
<i>Not at all clean</i>	4	1%	5	2%	96	1%
I did not use a toilet	106	25%	115	28%	6694	31%
Missing	6		9		330	

TESTS AND TREATMENT		Total	2009	Total	2011	Total	All
12.	Did you have any tests (such as x-rays, scans or blood tests) when you last visited the Outpatients Department?						
	Yes	286	67%	239	58%	10580	50%
	No	138	33%	175	42%	10467	50%
	Missing	13		12		535	
13.	Did a member of staff explain why you needed these test(s) in a way you could understand?						
	<i>Yes completely</i>	0	0%	161	75%	6738	74%
	<i>Yes to some extent</i>	0	0%	38	18%	1766	19%
	No	0	0%	15	7%	630	7%
	I did not need an explanation	0	0%	24	10%	1490	14%
	Missing	437		188		10958	
14.	Did a member of staff tell you how you would find out the results of your test(s)?						
	Yes	0	0%	159	76%	7384	79%
	No	0	0%	39	19%	1512	16%
	<i>Not sure / Can't remember</i>	0	0%	10	5%	448	5%
	I did not need an explanation	0	0%	25	11%	1252	12%
	Missing	437		193		10986	
15.	Did a member of staff explain the results of the tests in a way you could understand?						
	<i>Yes definitely</i>	154	66%	129	64%	5520	64%
	<i>Yes to some extent</i>	50	21%	37	18%	1865	22%
	No	20	9%	31	15%	995	12%
	<i>Not sure / Can't remember</i>	11	5%	4	2%	215	3%
	I was told I would get the results at a later date	44	15%	28	12%	1533	15%
	I was never told the results of the tests	5	2%	6	3%	371	4%
	Missing	153		191		11083	
16.	During your outpatient appointment, did you have any treatment for your condition?						
	Yes	181	43%	163	40%	6984	33%
	No	239	57%	243	60%	13982	67%
	Missing	17		20		616	
17.	Before the treatment did a member of staff explain what would happen?						
	<i>Yes definitely</i>	135	73%	128	81%	5242	78%
	<i>Yes to some extent</i>	41	22%	27	17%	1223	18%
	No	8	4%	4	3%	278	4%
	I did not want an explanation	2	1%	4	2%	253	4%
	Missing	251		263		14586	
18.	Before the treatment did a member of staff explain any risks and/or benefits in a way you could understand?						
	<i>Yes definitely</i>	114	65%	97	61%	4592	69%
	<i>Yes to some extent</i>	45	26%	44	28%	1369	20%
	No	16	9%	17	11%	719	11%
	I did not want an explanation	8	4%	12	7%	532	7%
	Missing	254		256		14370	

SEEING A DOCTOR

	Total	2009	Total	2011	Total	All
19. Was all or part of your outpatient appointment with a doctor?						
Yes	343	81%	355	86%	16872	79%
No	81	19%	60	14%	4359	21%
Missing	13		11		351	
20. Did you have enough time to discuss your health or medical problem with the doctor?						
Yes definitely	276	79%	267	75%	13024	77%
Yes to some extent	66	19%	77	22%	3246	19%
No	9	3%	10	3%	559	3%
Missing	86		72		4753	
21. Did the doctor seem aware of your medical history?						
He/she knew enough	254	73%	277	78%	13369	79%
He/she knew something but not enough	44	13%	43	12%	1807	11%
He/she knew little or nothing	21	6%	13	4%	735	4%
Don't know / Can't say	29	8%	20	6%	910	5%
Missing	89		73		4761	
22. Did the doctor explain the reasons for any treatment or action in a way that you could understand?						
<i>Yes completely</i>	268	79%	258	76%	12309	78%
<i>Yes to some extent</i>	66	19%	72	21%	3040	19%
<i>No</i>	7	2%	11	3%	431	3%
I did not need an explanation	5	1%	9	3%	413	2%
No treatment or action was needed	6	2%	6	2%	677	4%
Missing	85		70		4712	
23. Did the doctor listen to what you had to say?						
Yes definitely	294	83%	285	80%	13721	82%
Yes to some extent	54	15%	67	19%	2820	17%
No	5	1%	4	1%	294	2%
Missing	84		70		4747	
24. If you had important questions to ask the doctor, did you get answers that you could understand?						
<i>Yes definitely</i>	215	68%	219	71%	10740	74%
<i>Yes to some extent</i>	93	29%	81	26%	3363	23%
<i>No</i>	8	3%	9	3%	441	3%
I did not need to ask	35	10%	40	11%	2109	13%
I did not have an opportunity to ask	1	0%	4	1%	189	1%
Missing	85		73		4740	
25. Did you have confidence and trust in the doctor examining and treating you?						
Yes definitely	306	88%	291	83%	13983	83%
Yes to some extent	40	11%	53	15%	2453	15%
No	3	1%	8	2%	414	2%
Missing	88		74		4732	

SEEING ANOTHER PROFESSIONAL

	Total	2009	Total	2011	Total	All
26. Was all or part of your outpatient appointment with any member of staff, other than a doctor?						
Yes	251	61%	258	63%	13029	62%
No	158	39%	149	37%	7893	38%
Missing	28		19		660	
27. Who was the main other person you saw?						
A nurse	162	70%	174	70%	7508	61%
A physiotherapist	14	6%	10	4%	1064	9%
A radiographer	30	13%	20	8%	1849	15%
Someone else	26	11%	45	18%	1975	16%
Missing	205		177		9186	
28. If you had important questions to ask him/her, did you get answers that you could understand?						
<i>Yes definitely</i>	156	71%	158	73%	8102	77%
<i>Yes to some extent</i>	59	27%	49	23%	2150	20%
<i>No</i>	6	3%	8	4%	264	3%
I did not need to ask	40	15%	47	18%	2586	20%
I did not have an opportunity to ask	2	1%	1	0%	156	1%
Missing	174		163		8324	
29. Did you have confidence and trust in him/her?						
Yes definitely	217	83%	180	83%	9360	83%
Yes to some extent	41	16%	33	15%	1731	15%
No	5	2%	5	2%	216	2%
Missing	174		208		10275	

OVERALL ABOUT THE APPOINTMENT

	Total	2009	Total	2011	Total	All
30. Do you see the same doctor or other member of staff whenever you go to the Outpatients Department?						
This was my first visit	0	0%	79	19%	3950	19%
Yes always	0	0%	131	32%	6342	30%
Yes sometimes	0	0%	155	38%	7850	37%
No never	0	0%	38	9%	2442	12%
Can't remember	0	0%	8	2%	524	2%
Missing	437		15		474	
31. Did the staff treating and examining you introduce themselves?						
Yes all of the staff introduced themselves	295	69%	179	63%	10086	68%
Some of the staff introduced themselves	88	21%	68	24%	3286	22%
Very few or none of the staff introduced themselves	32	7%	30	11%	1072	7%
Don't know / Can't remember	14	3%	7	2%	468	3%
Missing	8		142		6670	
32. Did doctors and/or other staff talk in front of you as if you weren't there?						
Yes definitely	30	7%	18	4%	752	4%
Yes to some extent	46	11%	49	12%	1603	8%
No	350	82%	343	84%	18732	89%
Missing	11		16		495	
33. While you were in the Outpatients Department, how much information about your condition or treatment was given to you?						
<i>Not enough</i>	46	11%	39	10%	2236	11%
<i>Right amount</i>	363	89%	348	89%	17646	88%
<i>Too much</i>	0	0%	5	1%	90	0%
I was not given any information about my treatment or condition	17	4%	23	6%	1177	6%
Missing	11		11		433	
34. Were you given enough privacy when discussing your condition or treatment?						
Yes definitely	361	85%	339	82%	18694	88%
Yes to some extent	55	13%	67	16%	2170	10%
No	9	2%	6	1%	317	1%
Missing	12		14		401	
35. Sometimes in a hospital or clinic, a member of staff will say one thing and another will say something quite different. Did this happen to you?						
Yes definitely	30	7%	17	4%	842	4%
Yes to some extent	35	8%	35	8%	1666	8%
No	363	85%	364	88%	18780	88%
Missing	9		10		294	

OVERALL ABOUT THE APPOINTMENT

	Total	2009	Total	2011	Total	All
36. Were you involved as much as you wanted to be in decisions about your care and treatment?						
Yes definitely	297	69%	291	70%	15405	73%
Yes to some extent	109	25%	94	23%	4585	22%
No	23	5%	28	7%	1175	6%
Missing	8		13		417	
37. Was your appointment about a long term condition or illness that you need ongoing care or treatment for?						
Yes	0	0%	308	75%	15044	71%
No	0	0%	103	25%	6018	29%
Missing	437		15		520	
38. Did doctors and/or staff ask you what was important to you in managing your condition or illness?						
<i>Yes definitely</i>	0	0%	121	48%	5818	51%
<i>Yes to some extent</i>	0	0%	93	37%	3611	32%
<i>No but I would have liked this</i>	0	0%	36	14%	1912	17%
This was not necessary	0	0%	60	19%	3544	24%
Missing	437		116		6697	
39. Did your appointment help you to feel that you could better manage your condition or illness?						
<i>Yes definitely</i>	0	0%	124	47%	5451	45%
<i>Yes to some extent</i>	0	0%	99	37%	4640	38%
<i>No</i>	0	0%	42	16%	2070	17%
This was not necessary	0	0%	39	13%	2701	18%
Missing	437		122		6720	

LEAVING THE OUTPATIENTS DEPARTMENT

	Total	2009	Total	2011	Total	All
40. Before you left the Outpatients Department, were any new medications prescribed or ordered for you?						
Yes	155	37%	120	30%	4913	23%
No	269	63%	286	70%	16094	77%
Missing	13		20		575	
41. Did a member of staff explain to you how to take the new medications?						
<i>Yes completely</i>	119	82%	95	83%	3921	84%
<i>Yes to some extent</i>	21	14%	14	12%	514	11%
No	5	3%	6	5%	225	5%
I did not need an explanation	11	7%	8	7%	297	6%
Missing	281		303		16625	
42. Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?						
<i>Yes completely</i>	122	84%	94	81%	3879	82%
<i>Yes to some extent</i>	18	12%	17	15%	626	13%
No	6	4%	5	4%	198	4%
I did not need an explanation	9	6%	7	6%	264	5%
Missing	282		303		16615	
43. Did a member of staff tell you about medication side effects to watch for?						
<i>Yes completely</i>	57	42%	45	43%	1848	44%
<i>Yes to some extent</i>	26	19%	23	22%	885	21%
No	53	39%	37	35%	1503	35%
I did not need this type of information	19	12%	16	13%	716	14%
Missing	282		305		16630	
44. If you were taking any medication before your outpatient appointment, were any changes made to this medication?						
Yes	0	0%	69	19%	2716	16%
No	0	0%	285	81%	13787	84%
I was not taking any medication before my appointment	0	0%	49	12%	4244	20%
Missing	437		23		835	
45. Did a member of staff explain the reason for the change to your medication in a way that you could understand?						
<i>Yes definitely</i>	0	0%	45	69%	2058	79%
<i>Yes to some extent</i>	0	0%	14	22%	384	15%
No	0	0%	6	9%	161	6%
I did not need an explanation	0	0%	4	6%	163	6%
Missing	437		357		18816	

LEAVING THE OUTPATIENTS DEPARTMENT

	Total	2009	Total	2011	Total	All
46. Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?						
Yes as far as I know I received copies of all letters	115	28%	159	40%	6786	33%
I received copies of some but not all letters	34	8%	43	11%	1802	9%
No I did not receive copies of any letters	199	48%	133	33%	8426	41%
I do not know if any letters were sent	63	15%	63	16%	3332	16%
I asked not to receive copies of letters	2	0%	2	1%	179	1%
Missing	24		26		1057	
47. Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?						
<i>Yes completely</i>	137	44%	153	49%	6235	46%
<i>Yes to some extent</i>	78	25%	79	25%	2967	22%
<i>No</i>	95	31%	82	26%	4327	32%
I did not need this type of information	104	25%	92	23%	7266	35%
Missing	23		20		787	
48. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?						
Yes	290	70%	277	68%	13089	63%
No	104	25%	105	26%	6239	30%
Don't know / Can't remember	21	5%	24	6%	1322	6%
Missing	22		20		932	

OVERALL IMPRESSION

	Total	2009	Total	2011	Total	All
49. Was the main reason you went to the Outpatients Department dealt with to your satisfaction?						
Yes completely	323	77%	305	75%	15606	74%
Yes to some extent	88	21%	89	22%	4686	22%
No	10	2%	14	3%	815	4%
Missing	16		18		475	
50. Overall, did you feel you were treated with respect and dignity while you were at the Outpatients Department?						
Yes all of the time	360	85%	365	88%	18918	90%
Yes some of the time	58	14%	45	11%	1937	9%
No	4	1%	3	1%	270	1%
Missing	15		13		457	
51. Overall, how would you rate the care you received at the Outpatients Department?						
Excellent	152	36%	185	45%	9808	46%
Very good	183	43%	147	36%	7760	37%
Good	59	14%	58	14%	2440	12%
Fair	24	6%	17	4%	803	4%
Poor	3	1%	3	1%	199	1%
Very poor	0	0%	1	0%	105	0%
Missing	16		15		467	

YOUR BACKGROUND

	Total	2009	Total	2011	Total	All
52. Are you male or female?						
Male	193	46%	209	51%	9119	43%
Female	230	54%	204	49%	12052	57%
Missing	14		13		411	
53. Age:						
16 - 24	12	3%	7	2%	579	3%
25 - 34	19	4%	21	5%	1008	5%
35 - 44	32	8%	31	8%	1675	8%
45 - 54	65	15%	57	14%	2955	14%
55 - 64	79	19%	86	21%	4373	21%
65 - 74	119	28%	100	24%	5237	25%
75 - 84	76	18%	78	19%	4019	19%
85 +	21	5%	30	7%	1238	6%
Missing	14		16		498	
54. Do you have any of the following long-standing conditions?						
Deafness or severe hearing impairment.	40	9%	45	11%	2591	12%
Missing	397		381		18991	
Blindness or partially sighted	37	8%	42	10%	1088	5%
Missing	400		384		20494	
A long-standing physical condition	113	26%	126	30%	6307	29%
Missing	324		300		15275	
A learning disability	4	1%	6	1%	226	1%
Missing	433		420		21356	
A mental health condition	10	2%	8	2%	600	3%
Missing	427		418		20982	
A long-standing illness such as cancer HIV diabetes chronic heart disease or epilepsy	135	31%	139	33%	6115	28%
Missing	302		287		15467	
No I do not have a long-standing condition	130	30%	121	28%	7063	33%
Missing	307		305		14519	

YOUR BACKGROUND

	Total	2009	Total	2011	Total	All
55. Does this condition(s) cause you difficulty with any of the following?						
Everyday activities that people your age can usually do	137	51%	158	57%	7233	54%
Missing	131		119		6178	
At work in education or training	34	13%	37	13%	2122	16%
Missing	234		240		11289	
Access to buildings streets or vehicles	53	20%	71	26%	2943	22%
Missing	215		206		10468	
Reading or writing	33	12%	48	17%	1469	11%
Missing	235		229		11942	
People's attitudes to you because of your condition	31	12%	29	10%	1471	11%
Missing	237		248		11940	
Communicating mixing with others or socialising	35	13%	38	14%	2252	17%
Missing	233		239		11159	
Any other activity	46	17%	46	17%	2416	18%
Missing	222		231		10995	
No difficulty with any of these	74	28%	74	27%	4148	31%
Missing	194		203		9263	
56. To which of these ethnic groups would you say you belong?						
White British	318	89%	296	73%	18887	90%
White Irish	8	2%	15	4%	325	2%
Any other White background	1	0%	10	2%	490	2%
White and Black Caribbean	1	0%	1	0%	39	0%
White and Black African	0	0%	0	0%	13	0%
White and Asian	0	0%	3	1%	47	0%
Any other mixed background	0	0%	2	0%	35	0%
Indian	11	3%	30	7%	328	2%
Pakistani	7	2%	16	4%	141	1%
Bangladeshi	1	0%	2	0%	36	0%
Any other Asian background	0	0%	6	1%	105	1%
Caribbean	8	2%	21	5%	263	1%
African	0	0%	4	1%	178	1%
Any other Black background	1	0%	0	0%	10	0%
Chinese	0	0%	1	0%	51	0%
Any other ethnic group	0	0%	0	0%	599	0%
Missing	81		19		35	

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Financial Performance Report – January 2012
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Robert White/Tony Wharram
DATE OF MEETING:	23 February 2012

SUMMARY OF KEY POINTS:

The report provides an update on the financial performance of the Trust for January 2012.

For January, the Trust generated a "bottom line" surplus of £225,000 which is £69,000 higher than the planned position (as measured against the DoH performance target).

For the year to date, the Trust has a surplus of £993,000 which is £79,000 better than the planned position

Capital expenditure for the year to date is £4,950,000 and the cash balance at 31st January was £42.1m.

PURPOSE OF THE REPORT *(Indicate with 'x' the purpose that applies):*

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

NOTE the contents of the report and endorse any corrective actions required to ensure that the Trust achieves its financial targets.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	
Annual priorities	
NHS LA standards	
CQC Essential Standards Quality and Safety	
Auditors' Local Evaluation	Compliance with financial management and governance standards.

IMPACT ASSESSMENT *(Indicate with 'x' all those that apply in the second column):*

Financial		Potential impact on trust financial performance targets.
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		Potential impact of higher than planned expenditure on trust financial performance.

PREVIOUS CONSIDERATION:

Performance Management Board and Trust Management Board on 14th February 2012;
Finance and Performance Management Committee on 16th February 2012

Sandwell and West Birmingham Hospitals



NHS Trust

Financial Performance Report – January 2012

EXECUTIVE SUMMARY

- For the month of January 2012, the Trust delivered a “bottom line” surplus of £225,000 compared to a planned surplus of £156,000 (as measured against the DoH performance target).
- For the year to date, the Trust has a surplus of £993,000 compared with a planned surplus of £914,000 so generating an positive variance from plan of £79,000.
- At month end, WTE's (whole time equivalents), excluding the impact of agency staff, were approximately 311 below plan. After taking into account the impact of agency staff, actual wte numbers are 225 below planned levels. This compares with a position last month of 160 below plan. Total pay expenditure for the month, inclusive of agency costs, is £985,000 below the planned level.
- The month-end cash balance was approximately £26.5m above the planned level.

Financial Performance Indicators - Variances

Measure	Current Period	Year to Date	Thresholds		
			Green	Amber	Red
I&E Surplus Actual v Plan £000	69	79	>= Plan	> = 99% of plan	< 99% of plan
EBITDA Actual v Plan £000	29	(306)	>= Plan	> = 99% of plan	< 99% of plan
Pay Actual v Plan £000	985	2,432	<= Plan	< 1% above plan	> 1% above plan
Non Pay Actual v Plan £000	(350)	(2,252)	<= Plan	< 1% above plan	> 1% above plan
WTEs Actual v Plan	225	76	<= Plan	< 1% above plan	> 1% above plan
Cash (incl Investments) Actual v Plan £000	26,518	26,518	>= Plan	> = 95% of plan	< 95% of plan

Note: positive variances are favourable, negative variances unfavourable

Performance Against Key Financial Targets

Target	Year to Date	
	Plan £000	Actual £000
Income and Expenditure	914	993
Capital Resource Limit	16,346	4,950
External Financing Limit	---	26,518
Return on Assets Employed	3.50%	3.50%

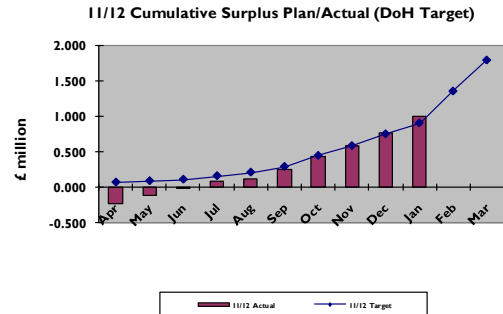
2011/2012 Summary Income & Expenditure Performance at January 2012	Annual Plan £000's	CP Plan £000's	CP Actual £000's	CP Variance £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's	Forecast Outturn £000's
Income from Activities	376,020	32,166	31,344	(822)	313,410	311,980	(1,430)	374,982
Other Income	40,343	3,283	3,499	216	32,337	33,281	944	40,851
Operating Expenses	(392,796)	(33,478)	(32,843)	635	(326,698)	(326,518)	180	(392,725)
EBITDA	23,567	1,971	2,000	29	19,049	18,743	(306)	23,108
Interest Receivable	25	2	10	8	21	92	71	104
Depreciation & Amortisation	(13,269)	(1,106)	(1,074)	32	(11,058)	(10,744)	314	(12,889)
PDC Dividend	(5,803)	(484)	(484)	0	(4,836)	(4,836)	0	(5,803)
Interest Payable	(2,156)	(180)	(180)	0	(1,797)	(1,797)	0	(2,156)
Net Surplus/(Deficit)	2,364	203	272	69	1,379	1,458	79	2,364
IFRS/Impairment Related Adjustments	(557)	(47)	(47)	0	(465)	(465)	0	(557)
SURPLUS/(DEFICIT) FOR DOH TARGET	1,807	156	225	69	914	993	79	1,807

The Trust's financial performance is monitored against the DoH target shown in the bottom line of the above table. IFRS and impairment adjustments are technical, non cash related items which are discounted when assessing performance against this target.

Financial Performance Report – January 2012

Overall Performance Against Plan

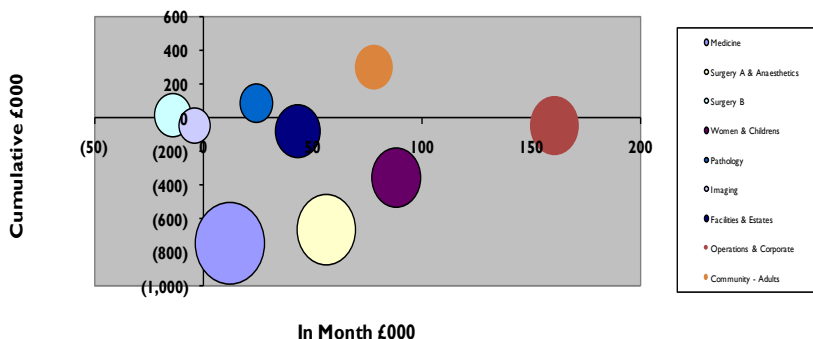
- The overall performance of the Trust against the DoH planned position is shown in the adjacent graph. Overall bottom-line performance delivered an actual surplus of £225,000 in January against a plan of £156,000. The resultant £69,000 positive variance moves the year to date position to £79,000 above targeted levels.



Divisional Performance

- For January, the only significant adverse variances is within the Miscellaneous (non operational) area and this is largely the result of a cautious approach being taken on commitments which cannot be attributed to divisional performance.
- Performance against main SLAs is broadly in line with plan for December (the latest month for which fully costed data is available) although it should be recognised that planned activity levels are low for this month reflecting significantly reduced elective activity over the holiday period. There has been a slight worsening in performance against SLA income targets in December
- Corporate services have generated a significantly better than planned performance in month, largely as a result of ongoing pay underspends in some areas and higher levels of non patient related income..

Current Period and Year to Date Divisional Variances
excluding Miscellaneous



The tables adjacent and below show no significant in month variances from plan but ongoing year to date deficits for Surgery A, Womens & Child Health and Medicine, Divisions.

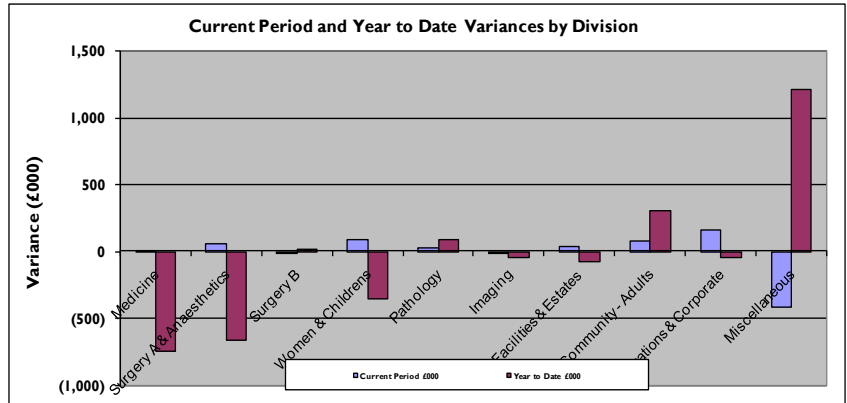
Sandwell and West Birmingham Hospitals



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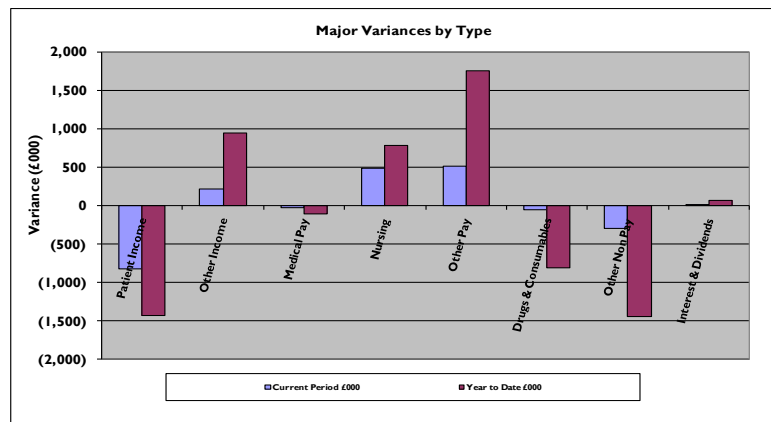
Financial Performance Report – January 2012

Divisional Variances from Plan		
	Current Period £000	Year to Date £000
Medicine	12	(746)
Surgery A & Anaesthetics	56	(664)
Surgery B	(14)	14
Women & Childrens	88	(353)
Pathology	24	90
Imaging	(4)	(45)
Facilities & Estates	43	(76)
Community - Adults	78	304
Operations & Corporate	161	(42)
Miscellaneous	(413)	1,213



For January, patient income shows an adverse variance along with non pay but a significant positive position against plan for pay.

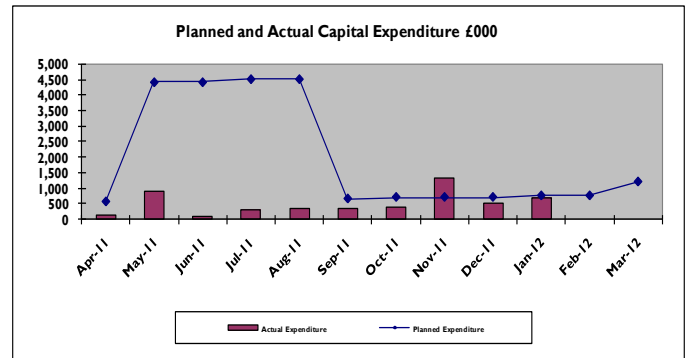
Variance From Plan by Expenditure Type		
	Current Period £000	Year to Date £000
Patient Income	(822)	(1,430)
Other Income	216	944
Medical Pay	(21)	(114)
Nursing	492	790
Other Pay	514	1,756
Drugs & Consumables	(54)	(809)
Other Non Pay	(296)	(1,443)
Interest & Dividends	8	71



Financial Performance Report – January 2012

Capital Expenditure

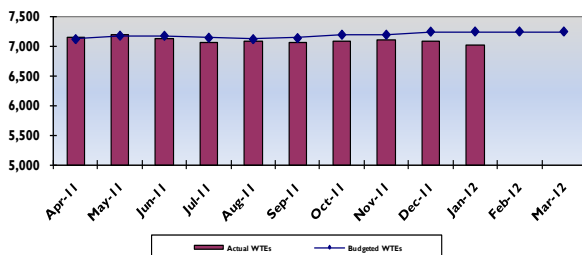
- Planned and actual capital expenditure by month is summarised in the adjacent graph.
- January expenditure was slightly lower than planned for the month at £0.7m primarily related to statutory standards and medical equipment.



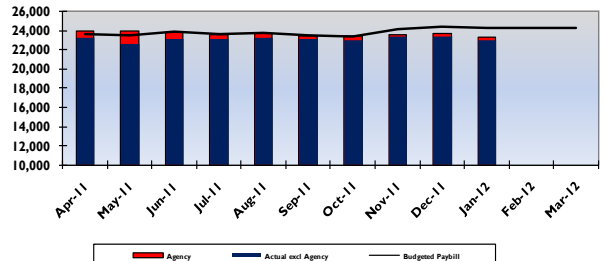
Paybill & Workforce

- Workforce numbers, including the impact of agency workers, are approximately 225 below plan for January compared with 160 below plan in December. Excluding the impact of agency staff, wte numbers are around 311 below plan. Actual wtes have fallen by approximately 63 compared with December.
- Total pay costs (including agency workers) are £985,000 lower than budgeted levels for the month, particularly on nursing, scientific & therapeutic and support staff groups.
- Expenditure for agency staff in January was £404,000 compared with £361,000 in December, an average of £527,000 for the year to date and a January 2011 spend of £583,000. The biggest single group accounting for agency expenditure remains medical staffing.

Budgeted and Actual WTEs (Including Agency Workers)



Budgeted and Actual Paybill £000



Sandwell and West Birmingham Hospitals



NHS Trust

Financial Performance Report – January 2012

Pay Variance by Pay Group

- The table below provides an analysis of all pay costs by major staff category with actual expenditure analysed for substantive, bank and agency costs.

Analysis of Total Pay Costs by Staff Group						
	Year to Date to January					
	Budget £000	Actual				Variance £000
		Substantive £000	Bank £000	Agency £000	Total £000	
Medical Staffing	63,239	60,510		2,843	63,353	(114)
Management	12,877	12,474		0	12,474	403
Administration & Estates	26,665	24,781	1,054	677	26,511	154
Healthcare Assistants & Support Staff	25,685	23,526	1,864	153	25,543	142
Nursing and Midwifery	73,396	68,897	2,790	919	72,606	790
Scientific, Therapeutic & Technical	37,023	35,306		675	35,981	1,042
Other Pay	33	18			18	15
Total Pay Costs	238,918	225,511	5,708	5,266	236,486	2,432

NOTE: Minor variations may occur as a result of roundings

Balance Sheet

- The opening Statement of Financial Position (balance sheet) for the year at 1st April reflects the statutory accounts for the year ended 31st March 2011.
- Cash balances at 31st January are approximately £42.2m which is around £1.2m higher than at 31st December.

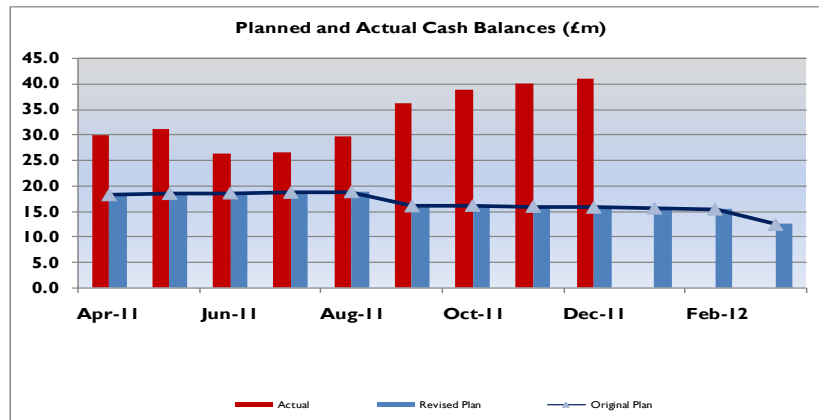
Sandwell & West Birmingham Hospitals NHS Trust			
STATEMENT OF FINANCIAL POSITION			
		Opening Balance as at 1st April 2011 £000	Balance as at January 2012 £000
Non Current Assets	Intangible Assets	1,077	997
	Tangible Assets	216,199	210,068
	Investments	0	0
	Receivables	649	690
Current Assets	Inventories	3,531	3,819
	Receivables and Accrued Income	12,652	20,168
	Investments	0	0
	Cash	20,666	42,118
Current Liabilities	Payables and Accrued Expenditure	(33,513)	(50,164)
	Loans	0	(2,000)
	Borrowings	(1,262)	(1,250)
	Provisions	(4,943)	(3,597)
Non Current Liabilities	Payables and Accrued Expenditure	0	0
	Loans	0	(6,000)
	Borrowings	(31,271)	(30,523)
	Provisions	(2,237)	(2,237)
		181,548	182,089
Financed By			
Taxpayers Equity	Public Dividend Capital	160,231	160,231
	Revaluation Reserve	36,573	36,156
	Donated Asset Reserve	2,099	0
	Government Grant Reserve	1,662	0
	Other Reserves	9,058	9,058
	Income and Expenditure Reserve	(28,075)	(23,356)
		181,548	182,089

Sandwell and West Birmingham Hospitals



NHS Trust

Financial Performance Report – January 2012



Cash Forecast

- A forecast of the expected cash position for the next 12 months is shown in the table below.

Sandwell & West Birmingham Hospitals NHS Trust

CASH FLOW

12 MONTH ROLLING FORECAST AT January 2012

ACTUAL/FORECAST	Jan-12 £000s	Feb-12 £000s	Mar-12 £000s	Apr-12 £000s	May-12 £000s	Jun-12 £000s	Jul-12 £000s	Aug-12 £000s	Sep-12 £000s	Oct-12 £000s	Nov-12 £000s	Dec-12 £000s	Jan-13 £000s
Receipts													
SLAs: Sandwell PCT	16,297	15,399	15,399	15,091	15,091	15,091	15,091	15,091	15,091	15,091	15,091	15,091	15,091
HoB PCT	7,394	7,410	7,410	7,262	7,262	7,262	7,262	7,262	7,262	7,262	7,262	7,262	7,262
Associated PCTs	5,803	5,691	5,691	5,577	5,577	5,577	5,577	5,577	5,577	5,577	5,577	5,577	5,577
Pan Birmingham LSCG	1,839	1,839	1,839	1,802	1,802	1,802	1,802	1,802	1,802	1,802	1,802	1,802	1,802
Education & Training	1,241	1,457	1,457	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255
Loans													
Other Receipts	2,449	2,976	2,976	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500
Total Receipts	35,023	34,773	34,773	33,488	33,488	33,488	33,488	33,488	33,488	33,488	33,488	33,488	33,488
Payments													
Payroll	13,730	14,911	16,411	13,044	13,044	13,044	13,044	13,044	13,044	13,044	13,044	13,044	13,044
Tax, NI and Pensions	9,150	9,175	18,350	8,693	8,693	8,693	8,693	8,693	8,693	8,693	8,693	8,693	8,693
Non Pay - NHS	2,088	2,500	2,500	2,450	2,450	2,450	2,450	2,450	2,450	2,450	2,450	2,450	2,450
Non Pay - Trade	7,845	7,496	8,763	8,325	7,325	7,325	7,575	7,575	7,575	7,575	7,575	7,575	7,575
Non Pay - Capital	425	2,166	5,414	750	500	500	1,000	1,000	1,000	500	500	500	500
PDC Dividend			2,928							2,900			
Repayment of Loans			1,000							1,000			
Interest			34							30	30	30	30
BTC Unitary Charge	396	396	396	415	415	415	415	415	415	415	415	415	415
Other Payments	153	250	290	200	200	200	200	200	200	200	200	200	200
Total Payments	33,787	36,893	56,046	33,876	32,626	32,626	33,376	33,376	37,306	32,906	32,906	32,906	32,906
Cash Brought Forward	40,882	42,118	39,998	18,724	18,336	19,198	20,060	20,172	20,284	16,466	17,048	17,630	18,212
Net Receipts/(Payments)	1,236	(2,120)	(21,273)	(388)	862	862	112	112	(3,818)	582	582	582	582
Cash Carried Forward	42,118	39,998	18,724	18,336	19,198	20,060	20,172	20,284	16,466	17,048	17,630	18,212	18,794

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

Financial Performance Report – January 2012

Risk Ratings			
Measure	Description	Value	Score
EBITDA Margin	Excess of income over operational costs	5.4%	3
EBITDA % Achieved	Extent to which budgeted EBITDA is achieved/exceeded	98.4%	4
Return on Assets	Surplus before dividends over average assets employed	4.4%	3
I&E Surplus Margin	I&E Surplus as % of total income	0.4%	2
Liquid Ratio	Number of days expenditure covered by current assets less current liabilities	28.1	4
Overall Rating			3.0

Risk Ratings

- The adjacent table shows the Monitor risk rating score for the Trust based on performance at January.
- An adjustment has now been made to the liquidity ratio to reflect an uncommitted overdraft facility (which would be in place as an FT) as this more accurately reflects performance against the Monitor risk rating regime. The changes the Liquid Ratio score from 2 to 4.
- I&E Surplus Margin is lower than would normally be expected due to relatively low levels of surplus being delivered.

External Focus

- Birmingham and Solihull Cluster continues to report a some difficulties in managing its financial position although it continues to forecast year end performance in line with its updated control total. Expectations of potential difficulties in meeting winter pressures have been identified and the cluster continues to report pressures in some areas of acute activity although not generalised over all providers or all services.
- Financial performance at the Black Country Cluster remains strong, particularly for Wolverhampton PCT, although at the same time, over performance on acute contracts at Dudley Group, Royal Wolverhampton and Walsall Hospitals continues to be reported.
- Limited reports of actual and potential deficits in various NHS organisations continue although the number of organisations concerned is still relatively small. Deficits and financial problems generally have largely been associated with organisations finding increasing difficulty in delivering demanding savings targets, a problem which can only grow in 2012/13 with the roll out of another year of national efficiency savings requirements across providers.

Financial Performance Report – January 2012

Conclusions

- Measured against the DoH target, the Trust generated an actual surplus of £225,000 during January bringing its financial performance for the first six months of the year to an overall surplus of £993,000.
- The Trust's year to date performance against both its Department of Health control total (i.e. the bottom line budget position it must meet) and the statutory accounts target shows a positive variance of £79,000 against the planned position.
- The £225,000 surplus in January is £69,000 better than planned for the month.
- Year to date capital expenditure is £4,950,000 which remains significantly lower than plan. Expected expenditure on Grove Lane land is now expected to amount to only around £3.75m for the year with higher than originally planned expenditure being required in 2012/13.
- At 31st January, cash balances are approximately £26.5m higher than the cash plan which is around £1.2m greater than the position at 31st December. This includes receipt of an £8m DoH capital expenditure loan planned to be used to fund land acquisition in Grove Lane.
- The only material adverse variance in month is within Miscellaneous which is the result of recognition of some uncertain commitments which cannot be attributed to divisional positions.
- Close monitoring of the performance of all divisions is continuing on an ongoing basis (although with the focus on those areas with identified financial and/or performance issues) as any failure to deliver key financial targets will present a significant risk to the Trust's overall financial position including its agreed yearend surplus target. This process includes the Finance & Performance Management Committee continuing to hold divisions to account for financial & operational performance. It therefore continues with its cycle of divisional attendance each month.

Recommendations

The Trust Board is asked to:

- i. **NOTE** the contents of the report; and
- ii. **ENDORSE** any actions taken to ensure that the Trust remains on target to achieve its planned financial position.

Robert White

Director of Finance & Performance Management

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Monthly Performance Monitoring Report
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Mike Harding, Head of planning & Performance Management
DATE OF MEETING:	23 February 2012

SUMMARY OF KEY POINTS:

The report is designed to inform the Trust Board of the summary performance of the Trust for the period April 2011– January 2012.

PURPOSE OF THE REPORT *(Indicate with 'x' the purpose that applies):*

Approval	Receipt and Noting	Discussion
	x	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Accessible and Responsive Care, High Quality Care and Good Use of Resources
Annual priorities	National targets and Infection Control
NHS LA standards	
CQC Essential Standards Quality and Safety	
Auditors' Local Evaluation	Internal Control and Value for Money

IMPACT ASSESSMENT *(Indicate with 'x' all those that apply in the second column):*

Financial	x	
Business and market share	x	
Clinical	x	
Workforce	x	
Environmental	x	
Legal & Policy	x	
Equality and Diversity		
Patient Experience	x	
Communications & Media		
Risks		

PREVIOUS CONSIDERATION:

Financial Management Board, Trust Management Board on 14 February 2012 and Finance and Performance Management Committee on 16 February 2012.

SANDWELL AND WEST BIRMINGHAM HOSPITALS CORPORATE QUALITY AND PERFORMANCE MONITORING REPORT - JANUARY 2012 - EXCEPTION REPORT

AREA	PERFORMANCE				COMMENTS
	National Indicator(s)		Local Indicator(s)		
	Current	Year to date	Current	Year to date	
Cancer	●	●			The Trust has met, in month (December) and year to date performance thresholds for each of the 9 (national) headline, 2-week, 31-day and 62-day cancer indicators.
Cancelled Operations	●	●	●	●	The overall percentage and number of Cancelled Operations decreased to 0.5% overall during the month of January. There were no breaches of the 28-day guarantee reported.
Delayed Transfers of Care	●	●			During the month (January) Delayed Transfers of Care decreased on both sites to 3.5% overall. Delays attributable to Sandwell Local Authority have reduced for each week during the month. Year to date Delayed Transfers of Care (5.5%) remain in excess of the 3.5% performance threshold.
Stroke Care	●	●	●	●	Provisional data for the month of January indicates that the percentage of patients presenting with Stroke who spent at least 90% of their hospital stay on a Stroke Unit has reduced to 75%, year to date performance is 84%. TIA (High Risk) Treatment (within 24 hours of initial presentation) has improved significantly during January to 88.9% (75% City and 100% Sandwell).
Accident & Emergency	●	●			A/E 4-hour waits - performance for the month of January improved to 95.50%. Performance for the year to date is 95.43%.
	●	●			Accident & Emergency Clinical Quality Indicators - for the purpose of performance monitoring the indicators are grouped into two groups, timeliness and patient impact. Organisations will be regarded as achieving the required minimum level of performance where robust data shows they have achieved the thresholds for at least one indicator in each of the two groups. During January 3 of the 5 indicators was met, one in each of the 2 groups. 3 of the 5 indicaors are also being met for the year to date.
Infection Control	●	●			There were 9 cases of C Diff reported across the Trust during the month of January, within the trajectory also of 9 for the month. The overall number (77) for the year to date also remains within the trajectory of 91. There were no cases of MRSA Bacteraemia reported for month.
Referral to Treatment	●	●	●	●	All 5 National and 3 Local high level RTT Performance Indicators were met in month (December) and year to date. The only exception by specialty was Trauma & Orthopaedics, where 70.3% of admitted patients commenced treatment within 18 weeks of referral (target 90%), this compares with 80.1% the previous month.
Cervical Cytology			●	●	The Turnaround Time of Cervical Cytology requests has been less than 9 days for each month for the year to date.
Same Sex Accommodation	●	●			There were 0 Breaches of Same Sex Accommodation reported during the month of January. No breaches have been reported since August.
Mortality			●	●	The Hospital Standardised Mortality Rate (HSMR) for the Trust for the most recent 12-month cumulative period (ending October 2011) is 100.6, compared with a Peer (SHA) rate of 104.0.
Sickness Absence			●	●	Sickness Absence for the month of January increased slightly to 4.34% (target for Q4 = <3.50%), comprising 1.05% Short Term and 3.29% Long Term.
Learning & Development			●	●	PDR compliance has fallen recently and is now 73.5% for the year to date, with just over 4700 staff having received an appraisal during the period April - January inclusive. Overall Mandatory Training compliance at the end of January is reported as 74.8%.
CQUIN	●	●			Acute Schemes - schemes which were underperforming have all shown in-month improvement, the only exception is the Alcohol Screening scheme, for which no data for January was available for inclusion.
	●	●			Community Schemes - performance trajectories for all schemes were met during December and for the year to date.
	●	●			Specialised Commissioners Schemes - all schemes are met for the year to date with the exception of Access to Chemotherapy Out of Hospital which is aimed at increasing the volume of chemotherapy / anti-cancer drug deliveries made either at the patient's home or in a community setting closer to the patient's home. To date 324 home deliveries have been made, compared with a trajectory for the period of 360. For Screening of Retinopathy of Prematurity performance was 95% to date for the period of assessment.
Referrals			●	●	For the period April - December inclusive overall referrals are approximately 9000 (6.5%) fewer and GP Referrals are approximately 6000 (6.4%) fewer than the corresponding period last year. Overall Referrals from Sandwell, HOB and Other (non-Sandwell / HOB) PCTs are approximately 4500(6.5%), 500 (1.4%) and 4000 (12.6%) less respectively for the 9 months year to date than for the same period last year.
Activity			●	●	Overall Elective activity for the month is significantly greater than plan, and in excess of plan for the year to date by 9.1%.
			●	●	Non Elective activity is 5.6% above the plan for the month and 8.1% less than plan for the first 10 months of the year.
			●	●	Outpatient New and Review activity continues to exceed the plan for the year to date by 7.6% and 10.1% respectively. The Follow Up to New Outpatient Ratio for the year is 2.67, compared with a ratio derived from plan of 2.61.
			●	●	A/E Type I activity during the month of January was 12.1% greater than plan, and is 0.5% less than plan for the year to date. Type II activity is 5.5% less than plan for the month, and remains in excess of plan for the year to date by 4.3%.
Ambulance Turnaround			●	●	The proportion of ambulances waiting greater than 30 minutes improved (reduced) slightly to 43.4% (West Midlands average 34.5%) during the month. There were 115 instances recorded of ambulances with a turnaround time in excess of 60 mins, an improvement from 146 during December, influenced entirely by reduction in delays at City.

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	The NHS Performance Framework Monitoring Report and summary performance assessed against the NHS FT Governance Risk Rating (FT Compliance Report)
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Mike Harding, Head of Planning & Performance Management and Tony Wharram, Deputy Director of Finance
DATE OF MEETING:	23 February 2012

SUMMARY OF KEY POINTS:

The report provides an assessment of the Trust's performance mapped against the indicators which comprise the NHS Performance Framework.

Service Performance (January):

There is 1 area of underperformance during the month of January. This is based upon provisional data which indicates 75% of Stroke Patients spent 90% or more of their hospital stay on a stroke ward, for which the performance target is 80%.

Overall the score is 2.93, a score in excess of 2.40 attracts a PERFORMING classification.

Financial Performance (January):

The weighted overall score remains 2.90 and is classified as PERFORMING. Underperformance is indicated in January in 3 areas; Better Payment Practice Code (Value), Better Payment Practice Code (Volume) and Creditor Days.

Foundation Trust Compliance Summary report:

There were no areas of underperformance reported within the framework during the month of January. As such the overall score for the month is 0.0, which attracts a GREEN Governance Rating.

Performance in areas where no data are currently available for the month are expected to meet operational standards.

PURPOSE OF THE REPORT *(Indicate with 'x' the purpose that applies):*

Approval	Receipt and Noting	Discussion
	x	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Accessible and Responsive Care, High Quality Care and Good Use of Resources
Annual priorities	National targets and Infection Control
NHS LA standards	
CQC Essential Standards Quality and Safety	
Auditors' Local Evaluation	Internal Control and Value for Money

IMPACT ASSESSMENT *(Indicate with 'x' all those that apply in the second column):*

Financial	x	
Business and market share		
Clinical	x	
Workforce		
Environmental		
Legal & Policy	x	
Equality and Diversity		
Patient Experience	x	
Communications & Media		
Risks		

PREVIOUS CONSIDERATION:

Performance Management Board and Trust Management Board on 14 February 2012 and Finance and Performance Management Committee on 16 February 2012.

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST - NHS PERFORMANCE FRAMEWORK MONITORING REPORT - 2011/12

Operational Standards and Targets

Indicator	Weight	Thresholds		Quarter 2 2011	Score	Weight x Score	Quarter 3 2011	Score	Weight x Score	January 2012	Score	Weight x Score
		Performing	Underperforming									
A/E Waits less than 4-hours	1.00	95.00%	94.00%		3	3.00	95.06%	3	3.00	95.50%	3	3.00
A/E Unplanned re-attendance rate	2.00	=<5.00%	>5.00%		3	6.00	7.97%	3	6.00	8.05%	3	6.00
A/E Left Department without being seen rate		=<5.00%	>5.00%				4.70%			4.78%		
A/E Time to Initial Assessment - 95th centile		=<15mins	>15mins				23.00			17.00		
A/E Time to treatment in department (median)		=<60mins	>60mins				56.00			60.00		
Cancelled Operations - 28 day breaches	1.00	5.0%	15.0%		3	3.00	<5%	3	3.00	<5%	3	3.00
MRSA Bacteraemia	1.00	0	>1.0SD		3	3.00	1	3	3.00	0	3	3.00
Clostridium Difficile	1.00	0	>1.0SD		3	3.00	25	3	3.00	9	3	3.00
18-weeks RTT Admitted 95 Percentile(weeks)	0.50	<=23.0	>27.7		3	1.50	<=23.0	3	1.50	<=23.0*	3	1.50
18-weeks RTT Non Admitted 95 Percentile(weeks)	0.50	<=18.3	>18.3		3	1.50	<=18.3	3	1.50	<=18.3*	3	1.50
18-weeks RTT Incomplete Pathway 95 percentile (weeks)	0.50	<=28.0	>36.0		3	1.50	<=28.0	3	1.50	<=28.0*	3	1.50
18-weeks RTT 90% Admitted	0.75	=>90.0%	85.0%		3	2.25	=>90.0%	3	2.25	=>90.0%*	3	2.25
18-weeks RTT 95% Non -Admitted	0.75	=>95.0%	90.0%		3	2.25	=>95.0%	3	2.25	=>95.0%*	3	2.25
Cancer - 2 week GP Referral to 1st OP Appointment	0.50	93.0%	88.0%		3	1.50	94.7%	3	1.50	>93.0%*	3	1.50
Cancer - 2 week GP Referral to 1st OP Appointment - breast symptoms	0.50	93.0%	88.0%		3	1.50	94.4%	3	1.50	>93.0%*	3	1.50
Cancer - 31 day diagnosis to treatment for all cancers	0.25	96.0%	91.0%		3	0.75	99.4%	3	0.75	>96.0%*	3	0.75
Cancer - 31 day second or subsequent treatment (surgery)	0.25	94.0%	89.0%		3	0.75	99.7%	3	0.75	>94.0%*	3	0.75
Cancer - 31 day second or subsequent treatment (drug)	0.25	98.0%	93.0%		3	0.75	100.0%	3	0.75	>98.0%*	3	0.75
Cancer - 31 Day second/subsequent treat (radiotherapy)	0.25	94.0%	89.0%		3	0.75	100.0%	3	0.75	>94.0%*	3	0.75
Cancer - 62 day urgent referral to treatment for all cancers	0.50	85.0%	80.0%		3	1.50	87.3%	3	1.50	>85.0%*	3	1.50
Cancer - 62 day referral to treatment from screening	0.50	90.0%	85.0%		3	1.50	96.5%	3	1.50	>90.0%*	3	1.50
Stroke (Stay on Stroke Unit)	1.00	80.0%	60.0%		3	3.00	88.70%	3	3.00	75.00%	2	2.00
Delayed Transfers of Care	1.00	3.5%	5.0%		0	0.00	<5.00%	2	2.00	3.50%	3	3.00
Sum	14.00					2.79			2.93	* projected		2.93
Average Score												

Scoring:	
Underperforming	0
Performance Under Review	2
Performing	3

Assessment Thresholds	
Underperforming if less than	2.1
Performance Under Review if between	2.1 and 2.4
Performing if greater than	2.4

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST - NHS PERFORMANCE FRAMEWORK MONITORING REPORT - 2011/12

Financial Indicators			SCORING			2011 / 2012			2011 / 2012			2011 / 2012					
Criteria	Metric	Weight (%)		3	2	1	November	Score	Weight x Score	December	Score	Weight x Score	January	Score	Weight x Score		
Initial Planning	Planned Outturn as a proportion of turnover	5	5	Planned operating breakeven or surplus that is either equal to or at variance to SHA expectations by no more than 3% of income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to SHA expectations by more than 3% of planned income.	Operating deficit more than or equal to 2% of planned income	0.00%	3	0.15	0.00%	3	0.15	0.00%	3	0.15		
Year to Date	YTD Operating Performance	25	20	YTD operating breakeven or surplus that is either equal to or at variance to plan by no more than 3% of forecast income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to plan by more than 3% of forecast income.	Operating deficit more than or equal to 2% of forecast income	0.14%	3	0.6	0.19%	3	0.6	0.24%	3	0.6		
	YTD EBITDA		5	Year to date EBITDA equal to or greater than 5% of actual year to date income	Year to date EBITDA equal to or greater than 1% but less than 5% of year to date income	Year to date EBITDA less than 1% of actual year to date income.											
Forecast Outturn	Forecast Operating Performance	40	20	Forecast operating breakeven or surplus that is either equal to or at variance to plan by no more than 3% of forecast income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to plan by more than 3% of income.	Operating deficit more than or equal to 2% of income	0.00	3	0.6	0.00	3	0.6	0.00	3	0.6		
	Forecast EBITDA		5	Forecast EBITDA equal to or greater than 5% of forecast income.	Forecast EBITDA equal to or greater than 1% but less than 5% of forecast income.	Forecast EBITDA less than 1% of forecast income.											
	Rate of Change in Forecast Surplus or Deficit		15	Still forecasting an operating surplus with a movement equal to or less than 3% of forecast income	Forecasting an operating deficit with a movement less than 2% of forecast income OR an operating surplus movement more than 3% of income.	Forecasting an operating deficit with a movement of greater than 2% of forecast income.											
Underlying Financial Position	Underlying Position (%)	10	5	Underlying breakeven or Surplus	An underlying deficit that is less than 2% of underlying income.	An underlying deficit that is greater than 2% of underlying income	0.44%	3	0.15	0.44%	3	0.15	0.43%	3	0.15		
	EBITDA Margin (%)		5	Underlying EBITDA equal to or greater than 5% of underlying income	Underlying EBITDA equal to or greater than 5% but less than 1% of underlying income	Underlying EBITDA less than 1% of underlying income											
Finance Processes & Balance Sheet Efficiency	Better Payment Practice Code Value (%)	20	2.5	95% or more of the value of NHS and Non NHS bills are paid within 30days	Less than 95% but more than or equal to 60% of the value of NHS and Non NHS bills are paid within 30days	Less than 60% of the value of NHS and Non NHS bills are paid within 30 days	87.00%	2	0.05	85.00%	2	0.05	84.00%	2	0.05		
	Better Payment Practice Code Volume (%)		2.5	95% or more of the volume of NHS and Non NHS bills are paid within 30days	Less than 95% but more than or equal to 60% of the volume of NHS and Non NHS bills are paid within 30days	Less than 60% of the volume of NHS and Non NHS bills are paid within 30 days											
	Current Ratio		5	Current Ratio is equal to or greater than 1.	Current ratio is anything less than 1 and greater than or equal to 0.5	A current ratio of less than 0.5											
	Debtor Days		5	Debtor days less than or equal to 30 days	Debtor days greater than 30 and less than or equal to 60 days	Debtor days greater than 60											
	Creditor Days		5	Creditor days less than or equal to 30	Creditor days greater than 30 and less than or equal to 60 days	Creditor days greater than 60											
*Operating Position = Retained Surplus/Breakeven/deficit less impairments									2.90			2.90			2.90		
Weighted Overall Score									2.90			2.90			2.90		

*Operating Position = Retained Surplus/Breakeven/deficit less impairments

Assessment Thresholds	
Performing	> 2.40
Performance Under Review	2.10 - 2.40
Underperforming	< 2.10

TRUST BOARD

DOCUMENT TITLE:	Right Care Right Here Progress Report
SPONSORING DIRECTOR:	Mike Sharon, Director of Organisational Development and Strategy
AUTHOR:	Jayne Dunn, Redesign Director, 'Right Care, Right Here'
DATE OF MEETING:	23 February 2012

SUMMARY OF KEY POINTS:

The paper provides a progress report on the work of the *Right Care Right Here* Programme as at the end of January 2012.

It covers:

- Progress of the RCRH Programme including activity monitoring for the period April-October 2011.

PURPOSE OF THE REPORT *(Indicate with 'x' the purpose that applies):*

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is recommended to:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Care Closer to Home: <ul style="list-style-type: none"> Deliver the agreed changes in activity required as part of the Right Care Right Here programme. Make fuller use of the facilities at Rowley Regis Community Hospital to provide care closer to home.
Annual priorities	
NHS LA standards	
CQC Essential Standards Quality and Safety	
Auditors' Local Evaluation	

IMPACT ASSESSMENT *(Indicate with 'x' all those that apply in the second column):*

Financial	X	The Right Care Right Here Programme sets out the future activity model for the local health economy including the transfer of activity into the community and to new PBC provider services.
Business and market share		
Clinical	X	The Right Care Right Here Programme sets the context for future clinical service models.
Workforce	X	The service redesign within the Right Care Right Here Programme will require development of the workforce to deliver redesigned services in a new way and in alternative locations. This will be overseen by the Workforce workstream within the Right Care Right Here programme.
Environmental		
Legal & Policy		
Equality and Diversity	X	The service redesign elements of the Right Care Right Here Programme will require equality impact assessments.
Patient Experience		
Communications & Media	X	Within the Right Care Right Here Programme there is a Communications and Engagement workstream.
Risks		

PREVIOUS CONSIDERATION:

Monthly progress report to Trust Board

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

RIGHT CARE RIGHT HERE PROGRAMME: PROGRESS REPORT FEBRUARY 2012

INTRODUCTION

The Right Care Right Here Programme is the partnership of SWBH, HoB tPCT, Sandwell PCT and Birmingham and Sandwell local authorities leading the development of health services within Sandwell and Western Birmingham. This brief paper provides a progress report for the Trust Board on the work of the Programme as at the beginning of February 2012. It summarises the Right Care Right Here Programme Director's report and the RCRH Service Redesign Report that were presented to the Right Care Right Here Partnership Board in February.

The work of the Right Care Right Here Programme and involvement of the Trust in this is also discussed on a monthly basis at the Trust's Right Care Right Here Implementation Board meetings.

PROJECT PERFORMANCE

The RCRH Programme activity performance reports related to service redesign are included in Appendix 1 for information. They attempt to summarise overall progress with the Programme in key areas by providing data for the first seven months of 2011/12 and comparing it with actual performance in 2010/11, the trajectory in the RCRH Activity and Capacity (A&C) for 2011/12 and the targets in the A&C model for 2016/17.

Due to reporting timescales this month, revised figures for October are included as last month's report was based on preliminary data. There are only minimal differences between the two sets of information. November data will be available for next month, as well as preliminary data for December.

At this stage it appears that across all three categories (Inpatients, Emergency Department Attendances and Outpatients), our acute activity is showing a downward trend but remains above the 2011/12 trajectory and significantly higher than the 2016/17 trajectories. Further work is required to ensure maintenance of this trend and ongoing progress towards the 2016/17 position. It is anticipated that the re-commissioning work (see below) will help to achieve this as will the cross cutting work streams in our Transformation Programme.

In summary activity trends for April-October 2011 show:

- Inpatient Activity: Our Acute Occupied Bed Days (OBDs; in Summary A, figure 1) continue to show a downward trend and are 7.9% below 2010/11 levels but 14% above the 2011/12 trajectory and 48% above the 2016/17 trajectory. This includes a downward trend in our emergency inpatient OBDs which are 7.2% lower than last year but 17% above the 2011/12 trajectory and 40% above the 2016/17 trajectory. Our elective inpatient OBDs being 8.3% below last year and 5% below the 2011/12 trajectory (Summary A, figures 4 and 5).
- Community OBDs (in Summary B, figure 3) are 12% below 2010/11 levels and 18% below the 2011/12 trajectory.
- The intermediate care/re-ablement beds opened at Rowley Regis Hospital in October but the activity from these beds is not yet included in the monitoring report. It is envisaged that this activity will increase the Community OBDs and assist in reducing our Acute OBDs.
- Emergency Department Attendances: Our Emergency Department (ED) attendances (in Summary A, figure 2) are 0.1% above the 2010/11 end of year level, and 8% above the 2011/12 trajectory.
- The Urgent Care Centre attendances (in Summary B, figure 2) continue to show a downward trend but are still 14% above 2010/11 end of year level and 91% above the 2011/12 trajectory.

- Outpatient Attendances: Our acute Outpatient Activity (in Summary A, figure 3) is 4.1% below the 2010/11 end of year level and 0.5% above the 2011/12 trajectory. It is 125% above the 2016/17 trajectory.
- Community Outpatient Activity (including our community and new Community Provider activity, in Summary B, figure 1) remains below the 2010/11 end of year level by 4.5% but is still 222% above the 2011/12 trajectory although still some way (46%) from the 2016/17 trajectory.
- Referrals to acute services have shown a further reduction and are now 12% below the 2010/11 level (in Summary B, figure 4).
- This month's report also includes '*Summary C*', which is the quarterly analysis for key intermediate care performance indices, to show the levels of community alternative provision. In all cases, activity in the current year exceeds previous years, although there is some variation in social care alternatives, where the trends appear to have begun to decline. This trend clearly needs to be kept under review.

CARE PATHWAY AND SPECIALITY REVIEWS

The programme of Care Pathway Reviews is currently on hold, awaiting a wider review with the new GP Clinical Commissioning Groups (GP CCGs).

Further discussions are due to take place with the new Sandwell and West Birmingham GP Clinical Commissioning Group (SWB GP CCG) in order to develop a delivery/implementation mechanism to move approved speciality reviews and care pathways forward to full adoption from a commissioning perspective. This is likely to mean that lead managers will be identified to project manage the implementation process to deliver the service redesign requirements identified within the reviews for the pathways that have been approved and published. This has also been picked up as a priority within the current phase of LDP discussions between the GP CCG, PCT Clusters and SWBHT.

Many of the published care pathways will have the impact of reducing activity to our acute services but are likely to increase activity in our diagnostic and community services. The financial impact on our acute services, for this year, of the revised care pathways with associated loss of activity and income is captured within the re-commissioning work.

TRANSFER OF ACTIVITY (RE-COMMISSIONING)

There have been ongoing discussions across the local health economy regarding implementation of the LDP agreement to transfer a range of services, activity and related income from secondary care to community and primary care during 2011/12 in line with the RCRH Programme. The Trust and GP commissioners have identified a number of specific schemes which have now been agreed and for which implementation plans are now being developed. These schemes are collectively known as the Re-commissioning Programme.

The LDP agreement set a target of re-commissioning activity worth £16.2million and to date the Trust and PCTs have identified schemes that will result in the transfer of activity worth £13.8million over a full year. Work continues within the Trust and GP Clinical Commissioning Groups to identify the impact of a range of additional schemes although most of these will have an impact in 2012/13. Again due to reporting timescales this month it has not been possible to include December data. As reported last month for the period April – November 2011 there has been a transfer of activity worth £1.7 million. A number of the schemes commenced in the Autumn and so a further improvement in performance is expected over the next few months.

The RCRH Programme recognises the need to develop a coherent programme of communications about this programme with clinical staff within the individual organisations and engagement with patients and the public in relation to many of these planned changes.

The redesign of pathways and the need to be more specific about recommissioning proposals for 2012/13 have been discussed in some detail during LDP discussions. It has been recognised by all parties that the pathway redesign process needs tighter implementation and that the process needs to inform recommissioning decisions.

RCRH PROGRAMME COMBINED GOVERNANCE ARRANGEMENTS

A Clinically-led Contracting process for negotiating and agreeing the 2012/13 Local Development Plan between PCT Cluster/GP CCG commissioners and SWBHT has been agreed. A regular meeting programme has been established, with meetings throughout February and March, aimed at delivering a signed-off agreement in line with NHS Operating Plan guidance.

The RCRH Partnership is considering a refresh of the governance arrangements for the Partnership in the light of the significant organisational change taking place across the health and social care economy.

RECOMMENDATIONS

The Trust Board is recommended to:

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

Jayne Dunn

Redesign Director – Right Care Right Here

9th February 2012

APPENDIX 1 - RCRH Activity Summaries

Summary A - RCRH Programme Board Reports For the Acute Sector From Apr-Oct 2011/12



Fig 1-Summary SWBH Actual Acute OBD's From Apr to Oct 2011 Compared to AC Model 11/12 and outturn

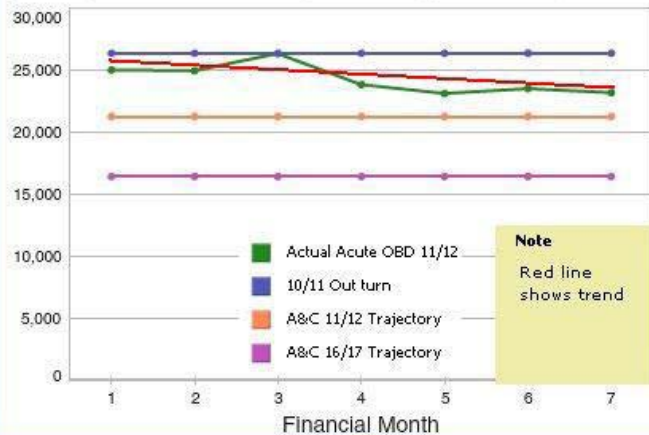


Fig 2-Summary ED actual Attendance From Apr-Oct 2011 compared to A&C Model and 10/11 Outturn

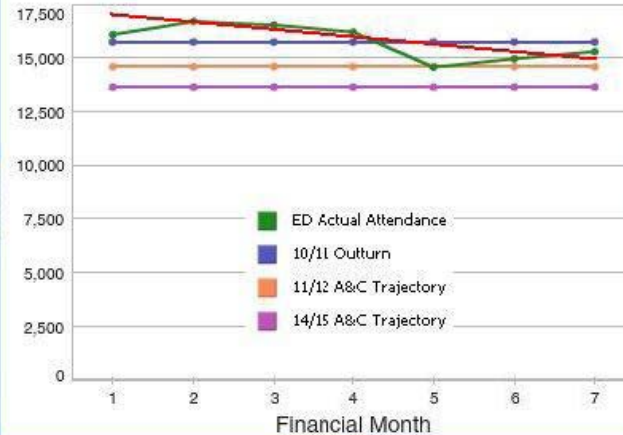


Fig 1 - At Month 7 all inpatients OBD's are 7.9% below 10/11 out turn and 14% above modelled A&C 11/12 trajectory. We are 48% above modelled 16/17 trajectory. The trend appears to be declining and has further declined in comparison to last month.

Note: Red lines show trend.

Fig 2 - ED Attendances are 0.1%(123) above 10/11 outturn and 8% (8215) above modelled 11/12 trajectory. The overall trend for actual ED attendance 11/12 appears to be declining. However for the last two months it appears to have risen. ED attendance is 16% (14914) above the modelled trajectory for 14/15.

Fig 3 - At Month 7 outpatient activity is 4.1% less than 10/11 outturn and 0.5% below modelled 11/12 Trajectory. We are 125% above modelled 16/17 A&C trajectory. The trend does not appear to be declining and is relatively stable.

Fig 4 - At Month 7 Non Elective (emergency) OBD's are 7.2% (11,700) lower than 10/11 Outturn and 17% (22,000) above modelled 11/12 A&C trajectory. We are 41% (44,000) above 16/17 trajectory to date.

Fig 5 - Elective Inpatient OBD's are 8.3% (1679) below 10/11 outturn and 5% (974) below 11/12 A&C trajectory. We are 40% above modelled 16/17 trajectory. Elective inpatient activity appears to be trending upwards albeit activity being below modelled trajectories and outturn.

Fig 3 - summary Outpatients From Apr To Oct 2011 Compared to A&C Model 11/12 And 10/11 Outturn

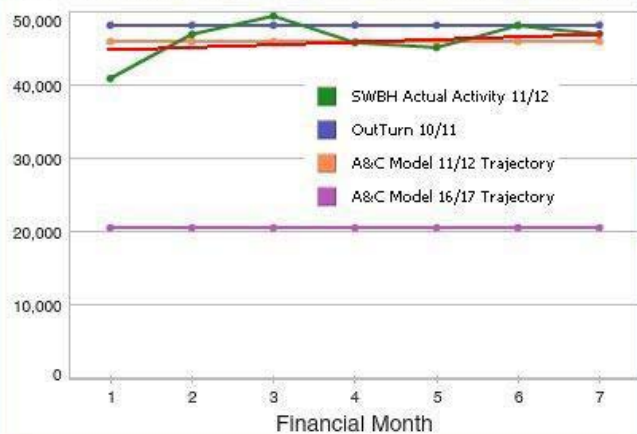


Fig 4 - Acute Emergency Inpatient OBD's Apr-Oct 11/12 Compared To A&C Model and 10/11 Out Turn

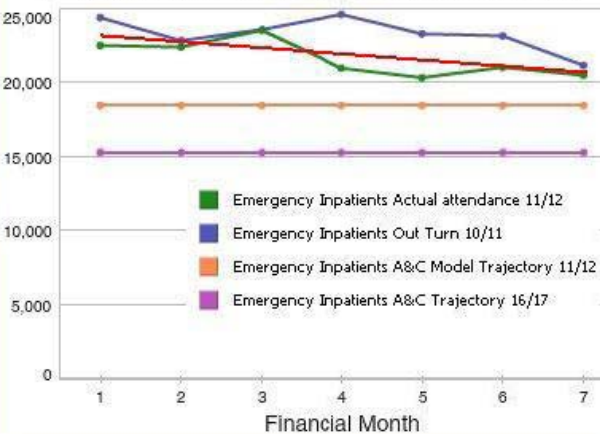
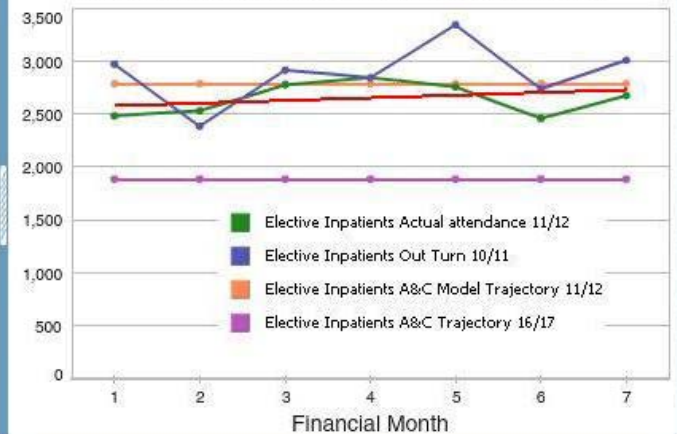


Fig 5 - Acute Elective Inpatient OBD's Apr-Oct 11/12 Compared To A&C Model and 10/11 Out Turn



Summary B - RCRH Programme Board Reports For Community Sector From Apr-Oct 2011/2012



Fig 1 Summary Community Outpatients From Apr-Oct 2011 Compared to A&C Model and 10/11 Out Turn

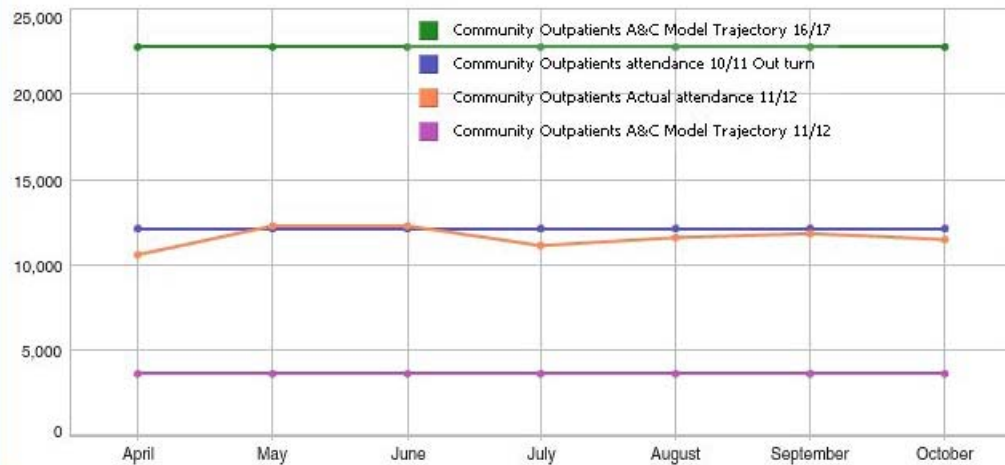


Fig 1 - At Month 7 community outpatient attendance is 4.5% less than 10/11 outturn. In comparison to the A&C model it is 222% above 2011/12 Trajectory and 46% less than 2016/17 trajectory.

Fig 2 - Urgent Care Centre attendance is 14% above 10/11 outturn. Urgent care activity appears to be trending up and we are 33% above 16/17 Trajectory and 91% above 11/12.

Fig 3 - Community OBD's are 12% below 10/11 outturn and 18% below modelled trajectory for 11/12. Please note that McCarthy ward at Rowley Regis closed in May 2011 and a new enablement ward (Henderson ward) opened in September 2011.

To meet 11/12 trajectory we need to introduce 16,154 new OBD's. Community OBDs includes Henderson Ward and the following:

Leasowes IC Centre, Bartholomew Lodge Nursing Home, Waterside Nursing Home, Greenhaven Care Home, Moseley Hall, Riverside Lodge, RCRH Exemplar projects

Fig 4 - Show referral activity which includes GP as well as other types. At month 7 referrals are 12% (12,125) below last years out turn.

Fig 2 Summary UCC Attendance From Apr-Oct 2011 Compared to A&C Model and 10/11 Out Turn

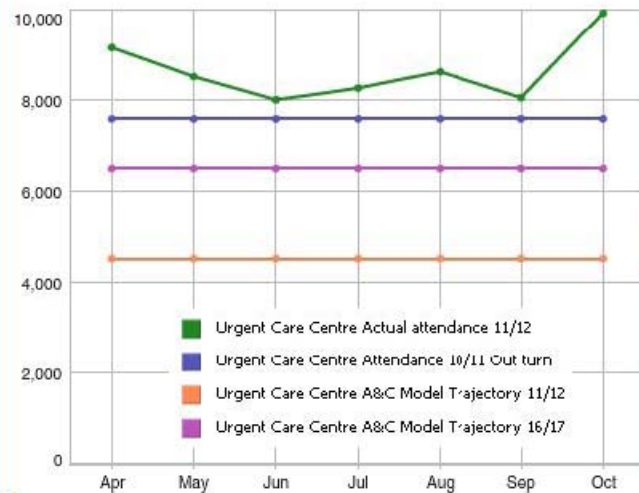


Fig 3 Summary Community OBD's From Apr-Oct 2011 Compared to A&C Model and 10/11 Out Turn

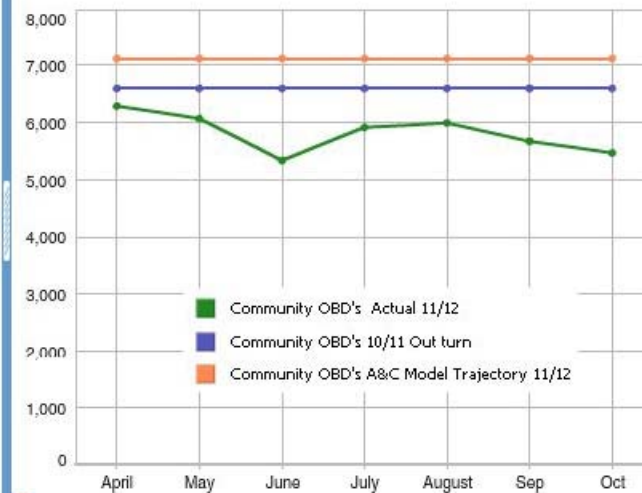
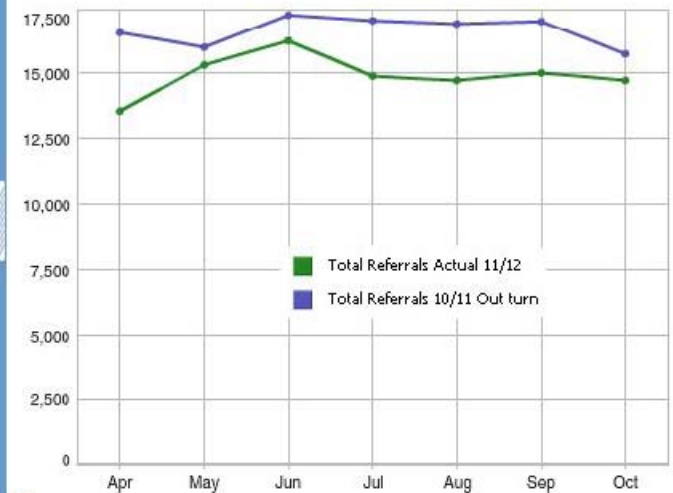


Fig 4 Summary Referrals From Apr-Oct 2011 Compared to 10/11 Out Turn



Summary C - Acute To Community Bed Alternatives Transfer Report For Intermediate Care From April - October 2011



Context Report Description

Figures 6 to 12 show the different services being provided within the community as bed alternatives and the red line shows the trend in each service. An average is marked by the dotted black line across each chart. With the exception of ICATT services (fig 7) there appears to be a rising trend. Without an agreed mechanism to converting community bed alternatives to OBDs, it is not possible to compare against A&C model. Currently a conversion algorithm is being worked upon.

Figure 13 - shows trajectories for community bed alternatives as defined within the A&C model as OBDs.



TRUST BOARD

DOCUMENT TITLE:	Clinical Services Reconfiguration Programme - Progress Report
SPONSORING DIRECTOR:	Mike Sharon, Director of Organisational Development and Strategy
AUTHOR:	Jayne Dunn, Redesign Director – 'Right Care, Right Here'
DATE OF MEETING:	23 February 2012

SUMMARY OF KEY POINTS:

The paper provides a progress report on the work of the Clinical Services Reconfiguration Programme as at the beginning of February 2012.

It covers:

- An update of progress with each area of clinical service reconfiguration **that the Trust is** involved in, including a range of wider SHA/health economy plans for clinical service consolidation.
- The start of public consultation on the short-listed options for stroke reconfiguration.

PURPOSE OF THE REPORT *(Indicate with 'x' the purpose that applies):*

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is recommended to:

1. NOTE that the Black Country PCT Cluster Board approved the Case for Consultation for Stroke Services reconfiguration which was also agreed by the SHA and that formal public consultation has now started.
2. NOTE the conclusions and recommendations from the NCAT review of our stroke reconfiguration proposals.
3. NOTE progress with the proposals for service reconfiguration in Vascular Surgery and the intention to present the Business Case for Change to the Board in March 2012.
4. NOTE the Trauma Network and transfer of major trauma to the MTC at UHBFT goes live on 26th March 2012.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Corporate Objective 2: High Quality Care
Annual priorities	Delivery of Maternity Reconfiguration Review of Stroke Services
NHS LA standards	
CQC Essential Standards of Quality and Safety	
Auditors' Local Evaluation	

IMPACT ASSESSMENT *(Indicate with 'x' all those that apply in the second column):*

Financial	X	Each area of clinical service reconfiguration will require a Business Case as part of the approval process.
Business and market share	x	The Business Case for each area of clinical service reconfiguration will require an assessment of the impact on market share.
Clinical	X	The prime driver for clinical service reconfiguration should be clinical and so each business case will include a clinical case for change and the benefits realisation will include benefits to clinical care.
Workforce	X	The Business Case for each area of clinical service reconfiguration will require an assessment of the impact on workforce and a related workforce plan.
Environmental		
Legal & Policy		
Equality and Diversity	X	The Business Case for each area of clinical service reconfiguration will require an equality impact assessment.
Patient Experience		
Communications & Media	X	Within each reconfiguration project there is a Communications and Engagement workstream.
Risks		

PREVIOUS CONSIDERATION:

Previous progress report relating to Clinical Service Reconfiguration in September 2011 and the Report on the Trauma Unit Action Plan presented to the Trust Board meeting in November 2011.

Sandwell & West Birmingham Hospitals NHS Trust

**CLINICAL SERVICES RECONFIGURATION PROGRAMME
February 2012****1. Introduction**

In order to ensure future clinical sustainability, we have undertaken a number of clinical service reconfigurations over the last 3 years and identified a number of other clinical services with the potential need for reconfiguration ahead of the opening of the Midland Metropolitan Hospital (the single site new Acute Hospital) in 2016/17. In addition NHS West Midlands is looking at whether there are any clinical services which due to their specialist nature may require an element of consolidation within the SHA to ensure the critical mass necessary to develop and retain specialist skills and deliver the best clinical outcomes.

This purpose of this paper is to provide the Trust Board with an update of progress with each area of clinical service reconfiguration following the meeting of the Clinical Service Reconfiguration Programme Board on 2nd February 2012.

2. Service Reconfigurations in the Implementation Phase**2.1 Maternity Reconfiguration**

Phase 1 involving the consolidation of deliveries, inpatient services and consultant led services was implemented in January 2011. Phase 2 involving the opening of a stand alone midwifery led unit, the Halcyon Birth Centre, in Sandwell was implemented on 7th November 2011. During the first 3 months since its opening there have been 24 babies born in the Halcyon Birth Centre.

2.2 Emergency Gynaecology Services

Reconfiguration of the Emergency Gynaecology Service will involve fewer emergency admissions through the use of alternative outpatient based pathways and consolidation of the inpatient service at City Hospital. The service will continue to provide the ability to assess women presenting to Sandwell A&E with emergency Gynaecology conditions and to provide immediate treatment where this is required with subsequent transfer to the service at City Hospital if further assessment or treatment is needed. An Early Pregnancy Assessment Unit (EPAU) will remain at Sandwell Hospital.

The implementation phase of this reconfiguration has commenced and consolidation of the inpatient service took place on 5th December 2011. Further work is required to identify an alternative location for the EPAU at City Hospital in order to increase its capacity and undertake additional clinics as part of introducing the alternative outpatient based pathways.

2.3 Breast Surgery

The reconfiguration plans to consolidate all Breast Surgery services at City Hospital, primarily in the BTC have been approved by SIRG and have been discussed with GP commissioners. The Joint Health Scrutiny Committee at its meeting in December 2011 confirmed that formal public consultation is not required for this reconfiguration but emphasised the importance of ongoing patient engagement and information. This is particularly important as some public concern has been raised regarding the proposed transfer from Sandwell to City Hospital. The Breast Surgery Team is undertaking a series of patient engagement events.

An implementation date has yet to be confirmed but is expected to be summer 2012.

Current activity levels indicate that this reconfiguration will effect circa 1 200 patients requiring a new outpatient appointment and 114 patients requiring an operation each year. However most patients referred to our Breast Surgery service already receive at least some of their diagnostic investigations or treatments in the BTC.

3. Potential Service Reconfigurations in the Planning Phase

3.1 Stroke Services

Following the Trust Board approval of the short-listed options and the Case for Consultation at its meeting in January 2012, the Black Country PCT Cluster Board have approved the Case for Consultation which has also been agreed by the SHA. The formal public consultation process has therefore started and is being co-ordinated and led by the Black Country PCT Cluster with support from our clinical team. The consultation period will finish at the end of April and the plan is for the outcome of this to be presented along with a Business Case for the Preferred Option to the Board, the PCT Cluster Boards and SHA in June 2012.

A clinical review of the case for change and options was undertaken by the National Clinical Advisory Team (NCAT) in January 2012 and the final report from this has now been received. NCAT endorsed the reconfiguration project with the following conclusions and recommendations:

Conclusions

- *NCAT can strongly support the creation of a single acute stroke unit. We can support either option 3 or option 6. NCAT has not expressed a preference for either of the two sites and think that with appropriate development either Sandwell or City Hospitals could deliver a first class acute stroke unit.*
- *The creation of a single stroke unit should enable the development and implementation of a clear patient pathway working to best practice. There will need to be improved data collection, with continued involvement in national audit and regular morbidity and mortality meetings.*
- *Appropriate protocols need to be negotiated and put in place to ensure the transfer of patients to other units, particularly UHB, for consideration of carotid endarterectomy, neurosurgical, or neuroradiological intervention.*
- *The Trust needs to be aware of, and respond to, the region's plans for development of stroke services but should not delay implementation of its own proposals.*
- *The Trust needs to respond to the public's concern about transport and access issues.*

Recommendations

- *The Trust and PCT should proceed to public consultation as soon as possible on the basis of options 3 and 6.*
- *The Trust should enhance its plans for early supported discharge to meet best practice requirements. It should factor in these plans when designing the acute stroke unit and specify the number of beds necessary.*
- *The Trust executive team should consider the NCAT report and respond to the conclusions and contents therein with appropriate action plan within 4 weeks, to be reviewed by the SHA lead and NCAT.*

The Stroke Reconfiguration Steering Group will develop an action plan in response to these conclusions and recommendations.

In addition work continues on more detailed analytical work relating to each of the short-listed options as part of developing the Business Case that will be presented to the Board in June 2012.

3.2 Vascular Surgery Services

Work continues jointly with University Hospitals of Birmingham NHS Foundation Trust (UHBT) to look at options to develop a single clinical team for Vascular Surgery and as part of this to consolidate major inpatient surgery on one site. These proposals are likely to result in our inpatient Vascular Surgery service and vascular Interventional Radiology service being transferred to the new Queen Elizabeth Hospital with Vascular Surgery day case and outpatient services continuing to be provided at City and Sandwell Hospitals.

Based upon activity levels for the first 6 months of 2011/12 this reconfiguration would impact on circa 600 patients requiring inpatient admission under Vascular Surgery and circa 260 patients requiring vascular Interventional Radiology.

The Joint Health Scrutiny Committee at its meeting in December 2011 confirmed that formal public consultation is not required for this reconfiguration but emphasised the importance of ongoing patient engagement and information.

We are developing a Business Case for Change which will include a detailed analysis of activity, income, expenditure and capacity changes related to the proposed reconfiguration and will be presented to our Trust Board for approval in March 2012. This is a slight delay from the anticipated February date in previous report but at this stage should not impact on the planned implementation date of July 2012. UHBT will also be presenting the Business Case for Change to their Trust Board.

The key outstanding issues relate to:

- the need to develop more detailed plans for how the reconfigured service will operate and therefore the resources that will need to transfer and related financial analysis and
- the need to develop a more detailed plan for Interventional Radiology to ensure there is a robust and sustainable service for both Trusts.

The Trust Board is therefore requested to note:

- The plan to present the Business Case for Change to its meeting in March 2012.

3.3 Major Trauma Centres

As previously reported NHS West Midlands has developed proposals to consolidate major trauma services in fewer Trauma Centres including one at UHBT. Each Trauma Centre would form part of a Trauma Network which would include a number of Trauma Units (next level of trauma care). NHS West Midlands by establishing Major Trauma Centres (MTCs) and Trauma Units within a trauma system, are aiming to reduce mortality from major trauma. The consultation exercise undertaken by the SHA has finished and it has been confirmed there will be 3 Trauma Networks. We will belong to the Network that has an adult MTC at UHBFT and children's MTC at Birmingham Children's Hospital. This network will go live on 26th March 2012. The Trauma Network is now holding monthly meetings and we have clinical and managerial representatives at these.

The Board will be aware that we were formally notified in September 2011 that the Trauma Unit Selection Panel had considered the Trust eligible for Trauma Unit status with designation being formally awarded following demonstration of full compliance with Trauma Unit standards which we indicated would be by June 2012.

We continue to make progress against our action plan to achieve full compliance with the Trauma Unit standards and we submit our updated action plan to the Specialised Commissioning Team on a monthly basis. Dr Peter Ahee has now been confirmed as our Clinical Lead for Trauma and we have established a Trauma Steering Group which meets monthly.

In addition we continue to undertake more detailed work to look at the activity and financial implications of the Trauma Network arrangements for the Trust.

Our understanding is that NHS West Midlands will undertake a check on progress against the action plan in March 2012 and there will be a formal peer review by site visit, undertaken by West Midlands Quality Review Service (WMQRS) in 2013.

4. Conclusion

We are undertaking or involved in a number of clinical service reviews which are generating options involving the consolidation of services onto one hospital site and away from others, i.e. clinical service reconfiguration. This report has provided the Board with an update of progress with these clinical service reviews and reconfiguration projects.

The Trust Board is recommended to:

1. NOTE that the Black Country PCT Cluster Board approved the Case for Consultation for Stroke Services reconfiguration which was also agreed by the SHA and that formal public consultation has now started.
2. NOTE the conclusions and recommendations from the NCAT review of our stroke reconfiguration proposals.
3. NOTE progress with the proposals for service reconfiguration in Vascular Surgery and the intention to present the Business Case for Change to the Board in March 2012.
4. NOTE the Trauma Network and transfer of major trauma to the MTC at UHBFT goes live on 26th March 2012.

Jayne Dunn
Redesign Director Right Care Right Here
9th February 2012

MINUTES

Clinical Service Reconfiguration Programme Board

Venue Executive Meeting Room, Management Centre, City **Date** 2nd February 2012

Present:

Mrs. G Hunjan (Chair)

Mr J Adler

Mr G Seager

Mr M Sharon

Dr D Situnayake

Mr R Trotman

Mr R White

Secretariat:

Mrs L Broadway

MINUTES	PAPER REFERENCE
1 Apologies for absence	Verbal
Apologies were received from Professor D Alderson, Miss R Barlow, Mrs J Dunn, Mrs S Murray and Miss R Overfield	
2 Minutes of the previous meeting	SWBRB (12/11)
The minutes of the meeting held on 1 st December 2011 were accepted as a true and accurate record.	
3. Matters arising not on the Agenda	
3.1 Community Midwives in Children Centres	SWBRB (12/11) 019
The Chair advised that following discussion with Mrs Dunn they considered that this item was an operational issue and as such did not fall under the remit of the Reconfiguration Board. Board members agreed that this should be removed from the agenda and referred to the divisional review process.	
ACTION: Mrs Dunn to remove item from future agenda.	
3.2 Joint Health Scrutiny Committee Meeting	SWBRB (12/11) 020
Mr Sharon reported that the Trust had met twice with the Joint HSC since	

MINUTES	PAPER REFERENCE
<p>the last Reconfiguration Board meeting. The Committee had advised that they wished that stroke reconfiguration should go out to public consultation but felt that it was not required for vascular and breast reconfiguration to go out to public consultation.</p> <p>The 'Process for Reconfiguration' document had not been taken for consideration by the Joint HSC and would be presented at the next meeting. Mrs Dunn was in the process of updating the document following which it would be brought back to a future meeting of the Board. The Chair advised that she required the updated document to be circulated to Divisions by April 2012.</p>	
<p>ACTION: Mrs Dunn to bring updated document to May meeting and to circulate revised document to Divisions.</p>	
<p>3.3 Terms of Reference</p>	SWBRB (02/12) 036
<p>The revised Terms of Reference were received and agreed after the following two amendments had been made:</p> <p>Roger Trotman's title to be amended to read 'Trust Vice Chair' and the removal of the bullet point under 'Duties' stating 'ensure identified financial savings are delivered'.</p>	
<p>ACTION: Mrs Dunn to make the necessary amendments to the Terms of Reference.</p>	
<p>4 VASCULAR SURGERY RECONFIGURATION</p>	SWBRB (02/12) 037
<p>Mr Sharon reported that a great deal of work had been undertaken since the last meeting. Regular meetings of the City Project Team had taken place and a major session had been planned for 3rd February with consultants regarding job planning across the two Trusts. On 6th February, he was meeting with Mr O'Donoghue and the Chief Operating Officer and managers from UHBFT to move forward. There were several issues to resolve.</p> <p>The joint principles paper had been verbally agreed but had not yet been signed off. The £2 million financial gap was an issue and had been fed into the discussions via the LDP negotiations. Issues regarding interventional radiology were highlighted and discussed. Assurances had been received that the IR service would not worsen. Mr Adler felt that the dialogue with UHB regarding IR had been more positive than had been anticipated and that any problems were not insurmountable.</p> <p>In answer to a query by the Chair regarding 24/7 cover at UHBFT, Mr Adler reported that due to the trauma unit being set up by UHBFT, it may be</p>	

MINUTES	PAPER REFERENCE
<p>necessary to transfer patient to SWBH from UHB out-of-hours. It was suggested that Mr Sharon should liaise with Jonathan Benham CD for Imaging Division regarding this.</p> <p>Mr Sharon advised that discussions had taken place with Dudley Group of Hospitals regarding the possibility of a joint 24/7 IR service if agreement with UHB could not be reached. However it was generally felt that this was a less than ideal solution.</p> <p>Following a query by the Chair, Mr White explained the position with regard to transitional funding and advised that SWBH would be expected to present a proposal to commissioners.</p> <p>It was noted that discussions were on-going via the workforce task force with UHBFT regarding staffing issues (TUPE etc).</p> <p>Mr Trotman drew attention to an addition that was required to the project management structure chart to indicate that the Task and Finish Groups were linked to the workstream leads.</p> <p>It was agreed that this item would be brought back for further discussion at the May meeting.</p>	
<p>ACTION: Mrs Dunn to make amendments to Project Management Structure chart and to arrange for a further update to be available for the May meeting.</p>	
<p>5 SURGICAL SERVICES UPDATE</p>	<p>SWBRB (02/12) 026</p>
<p>Mr Sharon presented the Surgical Services Update report. There were no particular areas of concern or untoward incidents.</p> <p>Dr Situnayake reported that a recent review of undergraduate teaching outcomes had indicated that the Trust was performing well except in surgery. It was felt that surgical reconfiguration and the engagement of clinicians may be the reason for this. Kevin Wheatley had organised a meeting to discuss this problem and David Carruthers was preparing an action plan. The outcome would be fed back to the Medical Education Committee, TMB and Trust Board. Mr Adler felt it important that the Reconfiguration Board should also be kept informed off progress on this matter and it was therefore agreed that an update report should be presented at the next Reconfiguration Board.</p> <p>It was noted that orthopaedic reconfiguration had impacted on the viability of orthopaedic middle grade posts. The SAC had given the Trust a deadline of June 2012 to resolve these issues. A Rapid Improvement</p>	

MINUTES	PAPER REFERENCE
<p>Event had been organised to take place at the end of February to work through issues and to implement the transfer of head injury management from the orthopaedic team to the neurologists.</p> <p>It was agreed that Dr Situnayake should provide a summary report of the concerns raised in respect of undergraduate and postgraduate teaching for the next Board meeting.</p> <p>Following a query by Mr Trotman, the reasons for continuing to undertake 23 day case surgery at City and Sandwell Hospitals was explained and discussed. It was noted that this was compatible with the RCRH model.</p> <p>Mr Adler asked the Board to note that although the Joint HSC had confirmed that public consultation was not required regarding breast reconfiguration, some public concern had been raised regarding the proposed transfer from Sandwell to City Hospital. The business case was due to be presented to SIRG on 7th February 2012.</p>	
<p>ACTION: Dr Situnayake to provide report for May Reconfiguration Board.</p>	
<p>6 PATHOLOGY UPDATE</p>	
<p>Mr Sharon gave a verbal update. There had been a fair amount of activity since the last Board meeting. The Trust was now included with the Black Country and Shrewsbury & Telford Cluster. The Network had concluded that it would be appropriate to develop a twin hub site model and the report would be sent to Chief Executive Officers of the Black Country Cluster. This would have implications for the Trust and it would need to decide whether to bid to be a hub in its own right or in partnership with others. The SHA was keen for Trusts to make progress and reach a decision as soon as possible.</p> <p>The Trust had submitted an unsuccessful bid for HPV testing. It was proposed to have three HPV centres (Heartlands, Coventry and North Staffordshire). A revised bid would be submitted which would entail cytology work being undertaken at Walsall rather than at the SWBH. Mr Adler expressed disappointment regarding this as the Trust's performance record for cytology was outstanding. Mr Sharon felt that the Trust was not deemed large enough to undertake cytology on its own. However, it was thought likely that this revised bid would also be unsuccessful.</p> <p>In answer to a query from Mr Seager regarding timescales, Mr Sharon advised that it was likely that the Trust would need to move forward fairly quickly (ie within next six months). Mr Adler reported that to his knowledge none of this work had commenced in the other Clusters.</p>	

MINUTES	PAPER REFERENCE
<p>Mr Sharon further reported that a business case, which outlined proposals to concentrate the combined blood sciences laboratory at Sandwell (in line with longer term estates plans), would be presented to SIRG (likely to be a £3 million scheme). This was a key enabler of the Transformation Plan.</p> <p>Discussion took place regarding the implications of this with regard to the proposed MMH development and pathology reconfiguration and whether such an investment would make sense. It was highlighted that in view of the on-going estates rationalisation proposals, space would be at a premium on the Sandwell site. It was likely that the business case would be approved by SIRG prior to submission to the March Trust Board meeting.</p> <p>Mr Adler stated that this would need to be picked up as part of the complicated interfaces arising out of the TSPs and included in capital planning discussions.</p> <p>Mr Sharon highlighted that this would have an effect on GP direct access which was a high proportion of the work. Dr Situnayake felt however that in the long run it may prove to be advantageous to the Trust.</p> <p>It was agreed that Mr Seager should engage with Dr Berg regarding accommodation requirements/issues.</p> <p>An update report would be presented to the May Reconfiguration Board.</p>	
<p>ACTION: Mr Seager to meet with Dr Berg re accommodation issues. Mrs Dunn to arrange for update report to be available at May Reconfiguration Board.</p>	
<p>7 STROKE SERVICES RECONFIGURATION</p>	<p>SWBRB (02/12) 027 & SWBRB (02/12) 028</p>
<p>The latest progress report regarding stroke and TIA services was received. Mr Sharon reported that both the Black Country Cluster and the SHA had confirmed that they were happy for the Trust to proceed to public consultation and therefore consultation had commenced on 2nd February until end of April/May. A great deal of further work was required.</p> <p>There were now two shortlisted options and detailed work was underway to progress this further. A clinical workshop meeting would take place on 24th February and a series of pre-meets would be held.</p> <p>GP briefings and communication plans were being prepared and public consultation meetings being arranged with relevant people/groups. The business case had been to the Trust Board and approved.</p> <p>The recommendations/actions which had arisen from the recent Gateway</p>	

MINUTES	PAPER REFERENCE
<p>Review were being progressed.</p> <p>Mr Adler advised that a steer had been received from NCAT that they would be very keen to see the Trust introduce a system whereby admissions were made directly to a stroke unit, rather than through A&E. The introduction of a direct admissions stroke centre would be seen as prestigious for the Trust as, apart from Stoke, there were no similar centres in the locale. It was anticipated that the Trust's catchment would increase as it was felt that the Ambulance Service would be more inclined to transfer patients to SWBH if such a unit was available.</p> <p>Work was required to reduce the capital cost of reconfiguration although any services/provision would need to be sustainable until MMH was up and running.</p>	
8 WOMEN & CHILDREN'S SERVICES	
8.1 Maternity Reconfiguration Update	SWBRBH (02/12) 029
<p>In the absence of Mrs Newell, it was noted that the repatriation of low risk Sandwell resident women from Russell's Hall to SWBH was progressing and numbers were starting to rise.</p> <p>With regard to medium performance, mixed signals were being received from Dudley Group of Hospitals and it was still uncertain what their plans were in this regard. Commissioners were involved and plans were in place.</p> <p>It was noted that the Halcyon Birth Centre was on track to deliver 100 births in the first year and 400 births by Year 3. Communication was on-going to promote the Centre and community midwives were being proactive to encourage patients to use the centre.</p>	
8.2 Emergency Gynaecology Reconfiguration	SWBRB (02/12) 035
<p>The Quarter 3 Emergency Gynaecology Services report was received. It was noted that accommodation had not yet been agreed to house the EPAU. Mr Seager had met with Mrs Murray and Mrs Geary regarding this.</p> <p>A further update would be given at the May Board meeting.</p> <p>Estates rationalisation was discussed. Mr Adler wondered whether it would be appropriate to have regular interface regarding estates rationalisation with the Reconfiguration Board as it covered: MMH, estates rationalisation, Sandwell ward blocks, impact of other TSPs, service reconfigurations, statutory standards, capital planning. At the moment there was no defined forum to cover these cross-cutting projects. Mr Seager advised that a working group was being set up but as yet did not have a specific</p>	

MINUTES	PAPER REFERENCE
<p>reporting structure.</p> <p>It was agreed that Mr Adler and Mr Seager would discuss this further outside of the meeting.</p>	
<p>ACTION: Mr Seager and Mr Adler to meet to consider estates rationalisation etc and reporting arrangements. Mrs Dunn to arrange for further update regarding Emergency Gynaecology & EPAU to be available for the May Reconfiguration Board meeting.</p>	
<p>9 TRAUMA CENTRES AND UNITS</p>	<p>SWBRB (02/12) 038</p>
<p>The January Trauma Unit Designation Progress report was received. It was noted that the Major Trauma Unit at UHB would become operational from 26th March.</p> <p>Following a query from the Chair, Mr Sharon reported that discussions with the Ambulance Authority were on-going. WMAS had trialled a triaging tool but the results of the pilot were not yet known. SWBH's understanding was that there was no expectation that patients who presented to a trauma unit would be transferred to the Trauma Centre. A meeting would be arranged to review the financial implications.</p> <p>With regard to compliance, it was noted that the Trust had to regularly update and re-submit its action plan. Many actions have moved from a red status to amber or green. Mr Sharon was unsure whether external inspections would be undertaken but the Trust was regularly required to respond to questions raised in respect of the action plan. Once compliant the Trust would be confirmed as a Trauma Unit from June 2012.</p> <p>Mr Adler reported that Dr Ahee was stepping down as Clinical Director for ED but was pleased to report that he had however been appointed as Trauma Lead.</p>	
<p>10 REPORTS FOR INFORMATION</p>	<p>SWBRB (02/12) 030-034</p>
<p>The Chair reported that following discussion with Mrs Dunn it was felt appropriate that relevant progress reports, papers and minutes should be circulated with Reconfiguration Board papers for information and completeness. The Board agreed that they supported this suggestion and the following documents were therefore noted:</p> <ul style="list-style-type: none"> • Trust Board Reconfiguration Progress Report • Trust Board Paper re Stroke Reconfiguration • Stroke Reconfiguration Project Board Notes – 9th December, 5th January and 17th January • Joint Meeting with UHB re Vascular Surgery Reconfiguration- 7th November 	

MINUTES	PAPER REFERENCE
<ul style="list-style-type: none"> SWBH Vascular Surgery Reconfiguration Project Team – 9th January 	
11 ANY OTHER BUSINESS	
There was no further business.	
12 DATE & TIME OF NEXT MEETING	
Thursday 17 th May 2012 from 1 pm to 3.00 pm in the Executive Meeting Room, City Hospital.	

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Foundation Trust Programme: Project Director's Report
SPONSORING DIRECTOR:	Mike Sharon, Director of Strategy & Organisational Development
AUTHOR:	Mike Sharon, Director of Strategy & Organisational Development
DATE OF MEETING:	23 February 2012

SUMMARY OF KEY POINTS:

The Project Director's report gives an update on:

- Activities this period
- Activities next period
- Issues for resolution and risks in next period

PURPOSE OF THE REPORT *(Indicate with 'x' the purpose that applies):*

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to **receive** and **note** the update.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	An Effective Organisation
Annual priorities	Make Significant progress towards becoming a Foundation Trust
NHS LA standards	
CQC Essential Standards Quality and Safety	
Auditors' Local Evaluation	

IMPACT ASSESSMENT *(Indicate with 'x' all those that apply in the second column):*

Financial	X	
Business and market share	X	
Clinical	X	
Workforce	X	
Environmental	X	
Legal & Policy	X	
Equality and Diversity	X	
Patient Experience	X	
Communications & Media	X	
Risks		

PREVIOUS CONSIDERATION:

FT Programme Board on 23 February 2012

FT Programme Director Report February 2012 – Overall status - Red**Activities this period**

- Second draft HDD1 report received
- Quality Governance self assessment process commenced
- Board development programme developed
- Evidence for PMR Board self certification statements compiled
- FT engagement process commenced
- Discussions held with commissioners and SHA to agree revised approach to FT timeline
- Meetings arranged with OSC Chairs to discuss FT timeline
- Work on revised activity and capacity model commenced
- Draft updated project plan produced
- Deloitte engaged to undertake BGAF support

Activities next period

- Comment on final draft of HDD1 report
- Conclude engagement
- Redevelop overall FT timetable and TFA taking into account delay to OBC approval
- Issue first draft of revised Activity and Capacity Model
- Finalise approach to development of long term configuration options
- Progress revision to TFA with SHA
- Clarify approach to short, medium and long term service configuration
- Set up appropriate structures to support twin track approach
- Commence work on 5th draft IBP

Issues for resolution and risks in next period

- Revision to TFA process still unclear
- Process and resources required for twin track approach to be clarified

MINUTES

FT Programme Board – Version 0.1

Venue Anne Gibson Boardroom, City Hospital

Date 26 January 2012

Present:

Mr Roger Trotman	Mr John Adler	Miss Kam Dhami
Dr Sarindar Sahota	Mr Robert White	Mr Graham Seager
Mrs Gianjeet Hunjan	Mr Mike Sharon	Mrs Jessamy Kinghorn
Mr Phil Gayle	Miss Rachel Barlow	Miss Neetu Sharma
Prof Derek Alderson	Miss Rachel Overfield	
Mrs Olwen Dutton	Mr Donal O'Donoghue	

Secretariat: Mr Simon Grainger-Payne

Minutes	Paper Reference
1 Apologies for absence	Verbal
No apologies were received.	
2 Minutes of the previous meeting	SWBFT (12/11) 091
The minutes of the previous meeting were accepted as a true and accurate record of the discussions held on 15 December 2011.	
AGREEMENT: The minutes of the previous meeting were approved.	
3 Update on actions arising from previous meetings	Verbal
<p>It was noted that there were no overdue actions or actions that required escalating for attention.</p> <p>Mr Trotman reminded the Board that a key action from the last meeting concerned the preparation of a return to the Strategic Health Authority in accordance with the new Provider Management Regime (PMR). Mr Sharon reminded the Board that notice had been received from the Strategic Health Authority launching the new PMR.</p> <p>The Board was asked to review the proposed return which was to be submitted by the end of January 2012. The return was highlighted to cover financial risk rating, quality and a set of Board statements analogous to that used by Monitor. It was reported that according to the performance detailed in the return, an escalation process would be invoked to discuss and monitor performance of</p>	

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<p>trusts.</p> <p>It was reported that additionally, an annual plan template had been issued by the Strategic Health Authority which needed to be completed and returned by March 2012. It was highlighted that the annual plan return needed to be consistent with the Trust's Integrated Business Plan.</p> <p>The process for monthly sign off of the Board statements as part of the PMR was discussed, where it was noted a number of statements required a 'True' or 'False' response. In order to provide a positive indication of compliance against some of the indicators it was suggested that a detailed list of proposed evidence was required or a written report that would need to be presented to the Trust Board. The Board was asked to note that a return had been prepared which dealt with the numerical performance against key targets, however it was proposed that as further work was required to inform the assessment against the Board statements this declaration would not be made in the forthcoming submission. The Board was asked to accept that a detailed list of assurance would be presented at the meeting of the FT Programme Board planned for 23 February 2012 to inform the next submission.</p> <p>Mr Adler highlighted that the system was being run as a pilot at present and that against the quantifiable indicators the Trust was reported to have performed well. The declaration against the Board statements was noted to be a new requirement for the Trust but was in line with the reporting requirements of Foundation Trusts. The Board was advised that the sign off of the position against the Board statements would be required on a monthly basis. Mr White remarked that the position against some of the Board statements could be informed by the contents of the corporate performance report and that the current work to establish data quality needed to be borne in mind when making the declaration.</p> <p>Mrs Dutton suggested that when considering a report to the Trust Board that cross referenced to any of the Board Statements, mention of this should be made in the accompanying cover sheet.</p>	
<p>ACTION: Mr Grainger-Payne to organise for a list of assurance against each PMR Board Statement to be presented at the next meeting of the FT Programme Board</p>	
<p>4 FT Programme Critical Path</p>	<p>SWBFT (1/12) 003 SWBFT (1/12) 003 (a)</p>
<p>The FT Programme Board received and noted the updated FT Programme Critical Path.</p>	
<p>5 Organising for Excellent key actions</p>	<p>SWBFT (1/12) 011 SWBFT (1/12) 011 (a)</p>
<p>The FT Programme Board received and noted the updated progress against the</p>	

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Organising for Excellence key actions.	
6 Programme Director's report	SWBFT (1/12) 008 SWBFT (1/12) 008 (a)
The FT Programme Board received and noted the FT Programme Director's report.	
7 Programme risk register	SWBFT (1/12) 009 SWBFT (1/12) 009 (a)
The FT Programme Board received and noted the FT Programme Risk Register.	
8 Summary of Monitor Consultation on changes to the Compliance Framework 2012	SWBFT (1/12) 005 SWBFT (1/12) 005 (a) SWBFT (1/12) 005 (b)
<p>Miss Sharma reported that as part of Monitor's consultation on key changes to the Compliance Framework 2012, it had been proposed that the implications of concerns raised by the Care Quality Commission (CQC) were being considered.</p> <p>The Board was also advised that the Return of Capital Employed metric was to be changed which might have implications on the Trust's Long Term Financial Model (LTFM). Mr White however advised that this was unlikely.</p>	
9 Board Governance Assurance Framework for aspirant FTs	SWBFT (1/12) 004 SWBFT (1/12) 004 (a)
<p>Miss Sharma advised that new framework was to be launched for aspirant Foundation Trusts, which comprised two core components, including a series of key statements within a Board memorandum. It was highlighted that the declaration made against the statements would need to be validated by an external party at a cost likely to be borne by the Trust, the outcome of which may be to pursue optional development modules, again likely to be at the expense of the Trust.</p> <p>In terms of timescale, it was reported that the Board Governance Assurance Framework assessment should be completed before Phase 2 of Historical Due Diligence.</p> <p>It was noted that a proposal of support to the Trust was to be received from Deloitte in due course.</p>	
10 Update on engagement activities	SWBFT (1/12) 010
The FT Programme Board received and noted the update on engagement activities.	
11 Matters for information	
11.1 Monitor Board minutes – November 2011	SWBFT (1/12) 006

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The FT Programme Board received and noted the minutes of the Monitor Board meeting held on 30 November 2011. Mr Trotman highlighted that the minutes included guidance as to what may be discussed and agreed by the full Board and the role of Board Committees in decision making.	
11.2 Monitor FT bulletin – December 2011	SWBFT (1/12) 007
The FT Programme Board received and noted the latest Monitor FT bulletin.	
11.3 FT Programme Team minutes – December 2011	SWBFT (1/12) 002
The FT Programme Board received and noted the minutes of the FT Programme Team held on 12 December 2011.	
12 Any other business	Verbal
There was none.	
13 Details of next meeting	Verbal
The next FT Programme Board meeting will be held on 23 February 2011 at 1300h in the Boardroom at Sandwell Hospital.	

Signed

Print

Date

TRUST BOARD

DOCUMENT TITLE:	Sustainable Development Management Plan Update
SPONSORING DIRECTOR:	Graham Seager – Director of Estates/New Hospital Project
AUTHOR:	Rob Banks – Head of Estates
DATE OF MEETING:	23 February 2012

SUMMARY OF KEY POINTS:

The purpose of this paper is to update the Trust Board on progress with regards to sustainability.

KEY POINTS:

Reporting progress on:

- Paper-light meetings
- Carbon Management Plan (CMP)
 - Energy Footprinting of Wards
 - IT Powersave Management Software
- Sustainability Events planned for 2012
- Waste Management
 - Recycling Scheme
 - Trust Silver Recycling Award
- Sustainability the Trust induction and mandatory training agenda
- Good Corporate Citizen update

PURPOSE OF THE REPORT *(Indicate with 'x' the purpose that applies):*

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to:

- Note the current progress in relation to Sustainability against key points

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Improve the environmental sustainability of the Trust's operations by responding to the national carbon reduction strategy
Annual priorities	Cost Improvement Programme Carbon Reduction Programme European Emissions Trading Scheme (EU ETS) Carbon Reduction Commitment (CRC)
NHS LA standards	
CQC essential standards of quality and safety	
Auditors' Local Evaluation	Standard 2.3.4 – Trust can demonstrate commitment to sustainability

IMPACT ASSESSMENT *(Indicate with 'x' all those that apply in the second column):*

Financial	x	Potential for cost efficiencies through sustainability projects as developed through Carbon Management Plan, Sustainability Events and Sustainability Champions and Supporters (increased awareness), Waste Recycling Scheme
Business and market share		
Clinical		
Workforce	x	Promotion and link to Health and Wellbeing projects Potential for reduction in staff sickness levels Training for Sustainability Champions
Environmental	x	Reduction in SWBH carbon emissions baseline
Legal & Policy	x	Compliance with Climate Change Bill 2008 Good corporate citizen targets Carbon Reduction Commitment (CRC) European Emissions Trading Scheme (EU ETS) Sustainability and Environmental Policy
Equality and Diversity		
Patient Experience	x	Provide patients with options for public transport
Communications & Media		
Risks		Non compliance with : Climate Change Bill 2008 Good Corporate Citizen Staff morale and engagement Carbon emission reductions affected Missed cost saving and efficiency opportunities Potential Increase in CRC allowances

PREVIOUS CONSIDERATION:

Sustainability Working Group (SWG) reviews areas of work discussed in this paper

SUSTAINABILITY UPDATE

Trust Board – 23 February 2012

1. Introduction

The purpose of this report is to update the Trust Board on progress to date with implementing the Trust's sustainability agenda.

2. Paper-Light Meetings

As a Trust we tend to print vast amount of paper for meetings. To encourage the use of paper light we have promoted the methods used by the Sustainability Meeting to other corporate meetings such as integrated documents to agendas and maximum of two sides for minutes to try and reduce the amount of paper printed across the Trust for meetings. To further improve we will be looking to provide guidance notes to all departments on how they can implement paper light meetings.

3. Carbon Management Plan (CMP)

The Trust is working on the CMP to deliver savings of approx 15% of the 2008/09 baseline (22,184 tonnes of Carbon). To reflect changes in the Trust's organisational structure (i.e. the addition of staff and some buildings from Transforming Community Services), re-alignment of the Trust's carbon footprint baseline is in progress. This work will be on-going and the Board will be updated on progress in April 2012 and asked to consider and approve of an updated CMP.

3.1 Energy Footprinting of Wards

Energy footprint work has started on wards D20 and D30 at City Hospital to baseline the energy footprint of a typical ward using electricity metering technology. Once this benchmarking work has been completed, some small-scale changes will be implemented (e.g. lighting, heating, etc) and the energy footprint then re-evaluated to assess the impact these changes have made. This work will be replicated at Sandwell and Rowley Regis. The outcome of these case studies will be a) to obtain a carbon footprint for a typical ward and then b) build a case so that future ward upgrade/retrofit projects will have energy saving measures fitted as standard.

Figure 1: Actual carbon savings through Powersave software (kg)

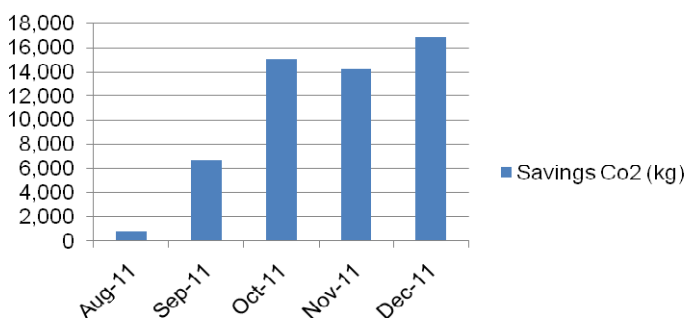
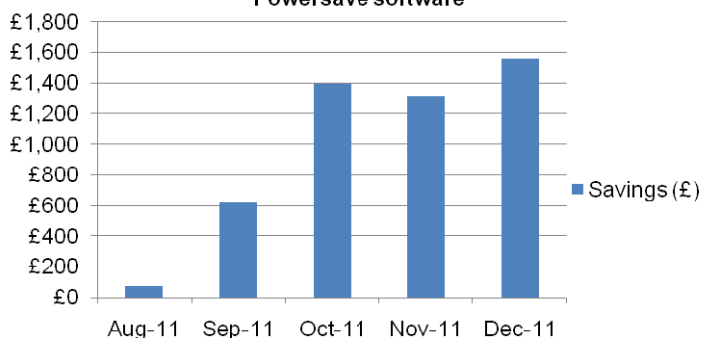


Figure 2: Actual savings in energy (£) through Powersave software



3.2 IT Powersave Management Software

To help the Trust save unnecessary waste in energy, IT Powersave software has been installed on around 3,000 computers since August 2011. The Powersave software automatically shuts down non-emergency computers at 6pm. **Error! Reference source not found.** and 2 illustrate the actual savings that have been made from August 2011 to December 2011 in terms of carbon and energy spent. Note: software was being installed in August 2011.

4. Sustainability Events - 2012

Sustainability events for 2012 are currently being planned and include:

- Climate Change Week (12th-18th March)
 - A large, national climate change campaign, inspiring a new wave of action to create a sustainable future
- NHS Sustainability Day of Action (28th March)
 - A new campaign that is being led by an NHS Trust in London. The idea is that a number of Trust's run their own campaign/event on that day to support this day of action
- Sustainability Event (May)
 - A date is being decided for the Trust to run an event to increase staff engagement on sustainability

5. Waste Management

a) Recycling Scheme

The recycling scheme (for paper, cardboard and plastics) at City Hospital is running well and is continuing to be rolled out to other areas. The new recycling scheme will reduce the amount of waste we send to landfill, saving money and helping us meet our waste carbon reduction target of 10 per cent by 2013/14 (based on the 2008/9 baseline). Creation of a centrally located mini recycling centre is being investigated for City Hospital.

The Trust has been recently been recognised with an E2B Pulse Silver Award for its successful implementation of the new recycling scheme for paper and plastic waste.

b) Ink and Toner Cartridge Re-use Scheme

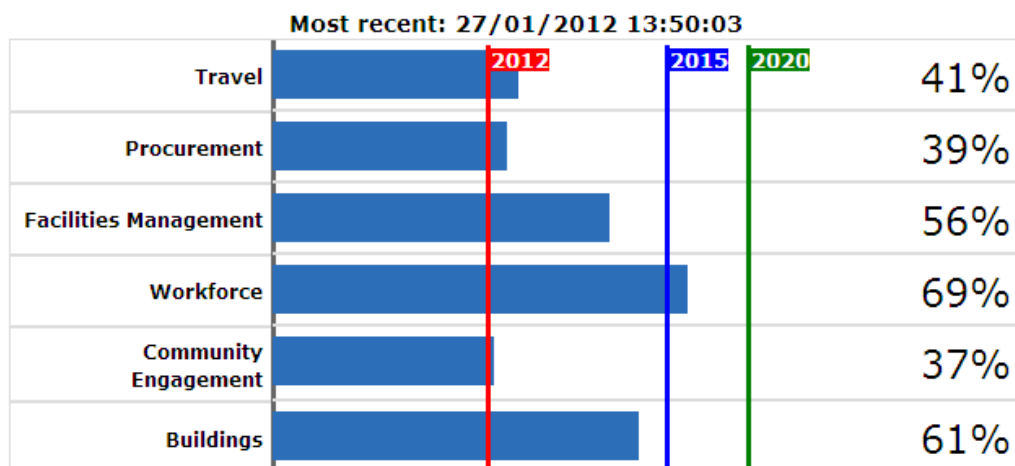
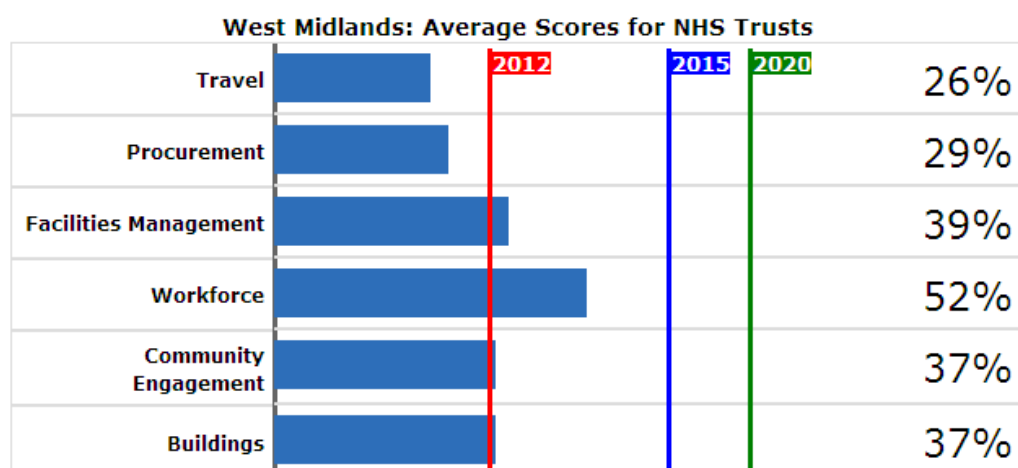
The Trust is working with 'Takeback', an organisation that collects and re-uses our empty ink and toner cartridges, ensuring that they are not sent to landfill whilst also donating money to a number of charities. As of 1st January 2012, all funds raised from the recycling/reuse of ink cartridges will now go to the SWBH general charity fund account which will benefit SWBH patients.

6. Sustainability the Trust induction and mandatory training agenda

Sustainability is now on the agenda for induction and mandatory training. A short presentation will be given to staff on the importance of energy and resource efficiency in helping move the Trust towards a more environmentally and economically sustainable organisation.

7. Good Corporate Citizen

The Trust takes part in the NHS Good Corporate Citizen self-assessment model, a tool designed to help us think about how our organisation can contribute to sustainable development. The results are shown in the figures below. Figure 3 shows the Trust results for each of the key areas against our targets. In all areas, we are performing above the target level. Figure 4 illustrates average scores for NHS Trusts in the West Midlands as a comparison.

Figure 3: Good Corporate Citizen Trust results:**Figure 4: Good Corporate Citizen average scores for NHS Trusts in the West Midlands:****Next Steps**

- Promotion of Sustainability Champions and Supporters (uptake and training opportunities), promotion of paper-light meetings and offices/wards, Carbon Management Plan, continue to roll the waste recycling scheme across City Hospital, collection of carbon footprint data, annual CRC reporting, and regular communications to staff
- Realign Carbon Management Plan to incorporate changes through TCS and submit for approval April 2012
- Utilise carbon data to monitor, action and inform staff of progress against targets

Recommendations

The Trust Board are asked to:

- Note the current progress in relation to Carbon Management Plan, ward energy footprinting work, IT Powersave software, sustainability events for 2012, waste management and sustainability on the Trust training agenda