

# AGENDA

## Trust Board – Public Session

**Venue** Churchvale/Hollyoak Rooms, Sandwell Hospital      **Date** 24 June 2010; 1430h - 1730h

### Members

Mrs S Davis (SD) [Chair]  
 Mr R Trotman (RT)  
 Dr S Sahota (SS)  
 Mrs G Hunjan (GH)  
 Prof D Alderson (DA)  
 Mr G Clarke (GC)  
 Mrs O Dutton (OD)  
 Mr J Adler (JA)  
 Mr D O' Donoghue (DO)  
 Mr R Kirby (RK)  
 Mr R White (RW)  
 Miss R Overfield (RO)

### In Attendance

Mr G Seager (GS)  
 Miss K Dhami (KD)  
 Mrs J Kinghorn (JK)  
 Mrs C Rickards (CR)

### Secretariat

Mr S Grainger-Payne (SGP) [Secretariat]

Item	Title	Reference No.	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	Chair's opening comments	Verbal	Chair
4	Minutes of the previous meeting <i>To approve the minutes of the meeting held on 27 May 2010 as true and accurate records of discussions</i>	SWBTB (5/10) 122	Chair
5	Update on actions arising from previous meetings	SWBTB (5/10) 122 (a)	Chair
6	Questions from members of the public	Verbal	Public
<b>MATTERS FOR APPROVAL</b>			
7	Phillips Intellivue Monitoring – Single Tender Action	SWBTB (6/10) 130 SWBTB (6/10) 130 (a)	GS
8	Quality Accounts 2009/10	SWBTB (6/10) 127 SWBTB (6/10) 127 (a)	DOD
<b>MATTERS FOR INFORMATION/NOTING</b>			
9	Quality and Governance		
9.1	Integrated risk, complaints and claims update – Quarter 4 2009/10	SWBTB (6/10) 131 SWBTB (6/10) 131 (a)	KD

9.2	Health and safety annual report 2009/10	SWBTB (6/10) 132 SWBTB (6/10) 132 (a)	RO
9.3	Sandwell Mental Health Trust Governor's annual update	SWBTB (6/10) 128 SWBTB (6/10) 128 (a)	RO
<b>10</b>	<b>Strategy and Development</b>		
10.1	Staff Health and Wellbeing strategy	SWBTB (6/10) 133 SWBTB (6/10) 133 (a) SWBTB (6/10) 133 (b) SWBTB (6/10) 133 (c)	RO
10.2	'Right Care, Right Here' programme: progress report	SWBTB (6/10) 138 SWBTB (6/10) 138 (a) SWBTB (6/10) 138 (a)	RK
10.3	New acute hospital project: progress report	SWBTB (6/10) 129 SWBTB (6/10) 129 (a)	GS
<b>11</b>	<b>Performance Management</b>		
11.1	Monthly finance report	SWBTB (6/10) 126 SWBTB (6/10) 126 (a)	RW
11.2	Monthly performance monitoring report	SWBTB (6/10) 124 SWBTB (6/10) 124 (a)	RW
11.3	NHS Performance Framework monitoring report	SWBTB (6/10) 125 SWBTB (6/10) 125 (a)	RW
<b>12</b>	<b>Update from the Board Committees</b>		
12.1	Finance and Performance Management Committee		
►	Minutes from meeting held 20 May 2010	SWBFC (5/10) 056	RT
12.2	Audit Committee		
►	Chair's Annual Report	SWBTB (6/10) 136 SWBTB (6/10) 136 (a)	DA
<b>13</b>	<b>Any other business</b>	<b>Verbal</b>	<b>All</b>
<b>14</b>	<b>Details of next meeting</b> <i>The next public Trust Board will be held on 29 July 2010 at 1430h in the Anne Gibson Boardrooms, City Hospital</i>	<b>Verbal</b>	<b>Chair</b>
<b>15</b>	<b>Exclusion of the press and public</b> <i>To resolve that representatives of the Press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).</i>	<b>Verbal</b>	<b>Chair</b>

# MINUTES

## Trust Board (Public Session) – Version 0.3

**Venue** Anne Gibson Boardroom, City Hospital

**Date** 27 May 2010 at 1430 hrs

**Present:**

Mrs Sue Davis	Mr Gary Clarke	Mr Donal O'Donoghue
Mr Roger Trotman	Mr John Adler	Miss Rachel Overfield
Mrs Gianjeet Hunjan	Mr Robert White	
Dr Sarindar Sahota	Mr Richard Kirby	

**In Attendance:**

Miss Kam Dhami	Mrs Jessamy Kinghorn	Mrs Chris Rickards
Mr John Cash [Sandwell LINKs]		

**Guests**

Dr John Middleton [Sandwell PCT]	Dr Beryl Oppenheim	Mrs Jayne Dunn
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**Secretariat:** Mr Simon Grainger-Payne

Minutes	Paper Reference
<b>1 Apologies for absence</b>	<b>Verbal</b>
Apologies were received from Professor Derek Alderson, Mrs Olwen Dutton and Mr Graham Seager.	
<b>2 Declaration of interests</b>	<b>Verbal</b>
There were no declarations of interest in connection with any agenda item.	
<b>3 Chair's opening comments</b>	<b>Verbal</b>
<p>The Chair advised that this would be the last meeting at which Mr John Cash would attend as a representative for Sandwell LINKs. Mr Cash advised that the opportunity to attend the meeting would be taken over by another representative in due course. He thanked the Board for the chance to attend Trust Board meetings during the past year and wished the Board well for the future.</p> <p>The Chair reported that since the outcome of the General Election, there had been a number of changes in local authority membership. Arrangements may be made to organise a meeting between new cabinet members or representatives and the Trust Board.</p>	
<b>4 Minutes of the previous meeting</b>	<b>SWBTB (4/10) 095</b>
The minutes of the previous meeting were presented for approval and were accepted as an accurate record.	

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<b>AGREEMENT:</b> The minutes of the previous meeting on 29 April 10 were approved as a true and accurate reflection of discussions held	
<b>5 Update on actions from previous meetings</b>	SWBTB (4/10) 095 (a)
The updated actions list was reviewed. There were noted to be no outstanding actions requiring escalation.	
<b>6 Questions from members of the public</b>	Verbal
There were no members of the public in attendance at the meeting.	
<b>7 Public Health matters – Sandwell PCT</b>	SWBTB (5/10) 098 SWBTB (5/10) 098 (a)
<p>Dr John Middleton attended the meeting to present an overview of Sandwell PCT's public health annual report, '5% for health'. The essence of the report proposed that there should be a 5% investment into public health as opposed to the current level of 2%. The report also considered the impact of the 'credit crunch' on public health.</p> <p>In connection with a discussion around smoking, Mr Trotman noted that much effort is focussed on control of smoking in patients, he asked however what measures are applied to extend the focus to NHS staff. The Chair reminded the Board that smoking cessation stands had been erected across the Trust's sites previously, however the number of staff who stop smoking as a result of this is not measured or reported formally. Mr Adler suggested that smoking cessation could be tied into staff incentivisation plans. Miss Overfield added that there is attention to smoking cessation included within the Boorman Review action plan. Mr O'Donoghue advised that as part of the 'Stop before the Op' campaign, that staff were able to refer each other to smoking cessation facilities.</p> <p>Mr Kirby remarked that expenditure on cancer services appeared to be low and asked what rationale was behind this level of spend. Dr Middleton acknowledged that expenditure in this area was lower than desired and advised that this would be reviewed in the coming months.</p> <p>Mr Cash noted that many of the measurements against public health indicators were reliant on patient engagement. He suggested that the administrative requirements around such measurements should be minimised where possible. Mr Cash also highlighted that the uptake of public health services appeared to higher for women than men. Mr Clarke advised that there was much work around male health undertaken as part of the community health networks.</p> <p>Dr Middleton was thanked for his informative presentation.</p>	
<b>8 Application of the Trust Seal – MAU enabling works at City Hospital contract documentation</b>	SWBTB (5/10) 111
The Trust Board was asked for and gave its approval to the request to apply the Trust Seal to the contract documentation for the MAU enabling works at City Hospital.	
<b>AGREEMENT:</b> The Trust Board approved the application of the Trust Seal to the contract documentation for MAU enabling works	

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<p><b>9 Digital mammography service business case</b></p>	<p><b>Hard copy papers</b></p>
<p>Mr Kirby presented a business case for the development of a digital mammography service business case. The service aims to replace the current analogue service and will also expand the age range of women to be screened. The total capital costs of converting to digital equipment was outlined to be £3.5m, however there is potential for a phased approach to be adopted.</p> <p>The recommended option was outlined to be to proceed with the purchase of two static units in 2010/11. The Board was advised that this option involved a capital cost of £971k which is included in the Trust's capital programme and a revenue cost of £451k to be met from non-pay savings, the Trust's existing provision for capital charges and additional investment from commissioners.</p> <p>The Trust Board also requested that a detailed business case for the second phase of implementation be considered by the Strategic Investment Review Group in August 2010 and Trust Board at an appropriate subsequent meeting.</p>	
<p><b>AGREEMENT:</b> The Trust Board approved Option 3C of the digital mammography business case (acquiring two static digital units in 2010/11) as the first phase of digitalisation and age-expansion for the City, Sandwell and Walsall breast screening service;</p> <p><b>AGREEMENT:</b> The Trust Board approved £971k capital expenditure (provided for in the 2010/11 capital programme) to support this option;</p> <p><b>AGREEMENT:</b> The Trust Board approved an additional £450k of revenue expenditure in 2010/11 (£145k for digitalisation and £305k for age-expansion) to support this option to be funded from additional investment from commissioners;</p> <p><b>AGREEMENT:</b> The Trust Board requested that a detailed business case for the second phase of implementation to be considered by SIRG in August 2010 and Trust Board at an appropriate subsequent meeting.</p>	
<p><b>10 Register of Interests</b></p>	<p>SWBTB (5/10) 104 SWBTB (5/10) 104 (a)</p>
<p>Mr Grainger-Payne presented the updated directors' register of interests which had undergone an annual refreshment, the main changes being the removal of Miss Isobel Bartram in reflection of her recent retirement and the addition of Mrs Olwen Dutton and Mr Gary Clarke's interests as new Non Executive Directors.</p> <p>The Trust Board was asked for and gave its approval to the refreshed register of interests.</p>	
<p><b>AGREEMENT:</b> The Trust Board approved the register of interests</p>	
<p><b>11 Quality and Governance</b></p>	
<p><b>11.1 Infection control annual report</b></p>	<p>SWBTB (5/10) 109 SWBTB (5/10) 109 (a)</p>

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<p>Dr Beryl Oppenheim joined the meeting to present the annual report on infection prevention and control, which it was noted had been considered at an earlier meeting of the Executive Infection Control body.</p> <p>The Trust Board was pleased to learn that significant improvements had been made in this area during 2009/10, with a reduction in the number of infections to that of the previous year.</p> <p>With reference to instances of contaminated blood cultures, the Chair asked whether there had been any cases where an individual had been retrained and had then been found to cause further contaminations. She was advised that this was the case and escalation measures would mean that the matter would ultimately culminate in disciplinary action.</p> <p>Both the Chair and Mr Adler thanked Dr Oppenheim and her team for the update and good performance on infection prevention and control during the year. Mr Adler noted however that in terms of the future, there was a potential for the Trust to be challenged in this area, as stretch targets were based on the Trust's previous performance and yet more sensitive technology is to be used to detect cases. The reduction in the 027 strain of MRSA infections was highlighted as a particular success, given the severity of the strain and the associated mortality.</p> <p>Mr Cash pointed out that the Trust's infection control testing methods had appeared in an international journal and asked for further details. Dr Oppenheim explained that there is not a single test for <i>C difficile</i>, but a battery of tests are required. The Trust has amended the order in which these tests are applied and in what combination to achieve maximum efficiency.</p> <p>It was suggested that in addition to MRSA bacteraemia and <i>C difficile</i> infections, that there be vigilance concerning other infectious agents. Dr Oppenheim advised that discussions are underway at a regional level to agree the approach to other infections.</p>	
<p><b>11.2 Quarterly infection control assurance framework</b></p>	<p>SWBTB (5/10) 103 SWBTB (5/10) 103 (a)</p>
<p>Miss Overfield presented the quarterly update on the Infection Control assurance framework, which again had been considered by the Executive Infection Control Group. She advised that progress was good on actions to address gaps in control and assurance, however actions impacted by the Trust's current estate were reported to be at amber status and would be unlikely to improve further until the Trust moved into new premises.</p>	
<p><b>11.3 Quarterly cleanliness report</b></p>	<p>SWBTB (5/10) 110 SWBTB (5/10) 110 (a) SWBTB (5/10) 110 (b)</p>
<p>Miss Overfield presented the quarterly cleanliness report, previously presented to the Executive Infection Control Group, which was based on environmental audits undertaken in collaboration with public surveys. It was noted that the rating had dropped from 'excellent' to 'good' on food and cleanliness due to a change in the measurements taken.</p> <p>In terms of patient nightware, new gowns are due to be launched nationally, however the matter may be expedited internally by reopening the laundry facilities</p>	

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<p>to handle the laundry of new gowns.</p> <p>Mr Cash asked why the scores had dropped from the previous quarter. Miss Overfield reiterated that this concerned revised measurements taken, including the need to weigh patients and assess for nutritional state on admission, which are challenging requirements.</p> <p>It was noted that in terms of catering services, some patients reported that they did not receive a menu card. Miss Overfield advised that this related to some areas where patients are not present when meals are ordered, therefore a bulk order is placed which is distributed to patients when they arrive at the ward or area.</p>	
<b>11.4 Staff survey report and action plan</b>	<b>SWBTB (5/10) 112</b> <b>SWBTB (5/10) 112 (a)</b>
<p>Miss Overfield presented the outcome of the annual staff survey and associated action plan.</p> <p>Mr Trotman highlighted that the areas of improvement had been due to hard work and effort and he suggested that the staff responsible for this needed to be congratulated. Mr Adler advised that some significant improvements had been seen in particular in areas concerning public engagement however there are still areas requiring attention or more focussed actions. Overall however, the trend is positive. Support from immediate line managers needs more improvement in particular.</p> <p>Mrs Rickards suggested that staff need to know that they are valued from Board level downwards.</p> <p>Dr Sahota noted that at ward level there was very good performance in some areas and asked whether this could result in more autonomy and responsibility for the ward. Miss Overfield reported that although greater autonomy was not possible, staff would be recognised for their good work. Dr Sahota suggested that consideration should be given as to what communications are sent to these teams in these circumstances.</p> <p>Mr Kirby remarked that overall staff satisfaction seemed to have stalled and recommended that future focus of 'Listening into Action' should concentrate on the development of first line managers. Miss Overfield agreed, highlighting that there are many first line managers in the Facilities area who had not participated in a professional development route.</p> <p>Mr Clarke suggested that staff not receiving relevant training was concerning, although recognised that many are receiving appropriate support. He also observed that work life balance seemed to be an issue and recommended that thought needed to be given to utilising flexibility in shift patterns in line with workforce requirements.</p>	
<b>11.5 National patient survey</b>	<b>SWBTB (5/10) 107</b> <b>SWBTB (5/10) 107 (a)</b>
<p>Mrs Kinghorn presented the results from the latest national patient survey.</p> <p>The Chair noted that the survey had been based on only a small number of responses, which were provided several months ago. A new inpatient survey has been constructed which provides a more current and detailed reflection of patient</p>	

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<p>views.</p> <p>It was highlighted that there appeared to be few facilities for patients to keep possessions securely. Miss Overfield reported that this situation had not changed from the previous year and that patient lockers on wards were not used as secure storage facilities for patient belongings.</p> <p>Mr Adler advised that the responses to the national survey could not be drilled down to individual ward levels, however this is possible for the internal information and will be effective for targeting areas for improvement.</p> <p>The results of the survey will be used as the baseline for performance against the relevant CQUIN target to measure comparative improvement or deterioration.</p> <p>Mr Cash advised that LINKs was reviewing discharge patterns and it appeared in 39% of cases there had been an issue with delayed discharges. He was advised that these delayed transfers did not always concern pharmacy delays directly but that the system on the ward had not requested the required drugs from the pharmacy department.</p> <p>Miss Overfield reported that the national surveys are frequently completed by carers rather than patients themselves, however the internal survey developed has been specifically prepared for completion by both carers and patients.</p>	
<p><b>11.6 Freedom of Information update</b></p>	<p>SWBTB (5/10) 097 SWBTB (5/10) 097 (a)</p>
<p>Mr Grainger-Payne presented an update on Freedom of Information requests received by the Trust during 2009/10, which he advised had been previously discussed by the Governance and Risk Management Committee. He reported that during the year 241 requests had been received, all but seven of which had been answered within the statutory 20 working day deadline.</p> <p>April and June 2009 saw the highest number of requests in year at 26 each month.</p> <p>The Board was advised that although the actual number of requests does not appear to have increased from the previous year, the complexity of requests is increasing, meaning that more requests are received which require either a significant amount of time to be spent providing the answers to the request or which contain several linked requirements for information within a single request.</p> <p>Mr Grainger-Payne advised that the majority of Freedom of Information requests are answered in full, as very few exemptions apply to information held by public sector bodies.</p> <p>Mr Cash asked what information had been requested by the Conservative Party, which it was highlighted had submitted several requests during the year. He was advised that the requests varied in nature and did not follow a specific theme.</p> <p>Mr Trotman noted the burden placed on the organisation as a result of the number of requests received and the nominal time required to spend providing answers to the requests.</p>	
<p><b>12 Strategy and Development</b></p>	



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12.1 'Right Care, Right Here' programme: progress report	SWBTB (5/10) 101 SWBTB (5/10) 101 (a) SWBTB (5/10) 101 (b)
Mr Kirby presented the latest update on progress with the 'Right Care, Right Here' programme, which was received and noted by the Board.	
12.2 New Acute Hospital project: progress report	SWBTB (5/10) 100 SWBTB (5/10) 100 (a)
Mr Seager presented the new acute hospital project progress report, which the Board received and noted.  The Board was advised that the refreshed business case for the new hospital is due to be presented to the Trust Board in September. The Acute Hospital Project Board approved the IM and T vision for the new hospital and the revised functional content for the new hospital was reviewed. It was agreed that this matter would be considered in more detail at the next Trust Board Seminar so that the Board was fully appraised of the changes and could be briefed on revised approach to retained estate.	
<b>ACTION:</b> Mr Grainger-Payne to schedule a discussion around the function content of the new hospital for the next meeting of the Trust board Seminar	
12.3 Implementation plans for the reconfiguration of maternity services	SWBTB (5/10) 114 SWBTB (5/10) 114 (a)
Mrs Jayne Dunn joined the meeting to present the implementation plans for the reconfiguration of the Trust's maternity services.  The Leasowes site in Smethwick was reported to have been identified as the most appropriate location for the planned standalone Midwifery Led Unit (MLU). Use of Sandwell Hospital for the unit had been dismissed on the basis of potential confusion between the location for the provision of acute services and the MLU. The high cost of refurbishment of the facilities at Sandwell Hospital was also highlighted to be another consideration that discounted the use of this site. Mr Adler acknowledged the potential confusion and remarked that when the new hospital is built, there may be further consideration as to the use of the current Sandwell Hospital site.	
12.4 Interim reconfiguration evaluation	SWBTB (5/10) 102 SWBTB (5/10) 102 (a)
Mrs Dunn advised that the changes as a result of interim reconfiguration have now been fully implemented, with the final changes having been made to Trauma and Orthopaedics in May 2009. An external evaluation of the Paediatrics reconfiguration has been undertaken and an action plan to address the issues identified has been developed. The same has also been undertaken for Neonatal services. An issue identified arising from the Paediatrics review concerns accommodation for parents at City Hospital.  External evaluations are planned on those areas which have not been reviewed to date.	
12.5 Communications and engagement strategy	SWBTB (5/10) 106 SWBTB (5/10) 106 (a)

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<p>Mrs Kinghorn presented the progress with delivering the Trust's communications and engagement strategy.</p> <p>Dr Sahota suggested that the concept of a communications planner would be a benefit in ensuring that communications issued by the Trust are proactive, rather than reactive.</p> <p>The Chair emphasised the need for communications and contents of Board papers to be checked fully for correct use of English and accurate use of grammar. Mrs Hunjan observed that this rigor should be applied to standard letters and asked what the timeframe was for completing a check of these communications. Mr Kirby advised that there were a number of 'quick fixes' that could be implemented, however the check all other material would take some time.</p>	
<p><b>13 Performance Management</b></p>	
<p><b>13.1 Monthly finance report</b></p>	<p>SWBTB (5/10) 116 SWBTB (5/10) 116 (a)</p>
<p>Mr White presented the usual monthly finance report which had been considered in detail previously by the Financial Management Board and by the Finance and Performance Management Committee. Mr White reported that the monthly surplus was achieved and exceeded the target by a small margin.</p> <p>Financial pressure was noted on certain areas of the Trust however and a number of Cost Improvement Programme exceptions reports had been submitted for approval by the Financial Management Board.</p> <p>A number of changes to the capital programme were recommended to the Board for approval, which were accepted. Capital spend was noted to be slow during the month, although the impact of the planned land purchase is expected to be seen shortly. Cashflow was highlighted to be good.</p>	
<p><b>AGREEMENT:</b> The Trust Board approved the changes proposed to the capital programme</p>	
<p><b>13.2 Monthly performance monitoring report</b></p>	<p>SWBTB (5/10) 113 SWBTB (5/10) 113 (a)</p>
<p>Mr White presented an update on the Trust's performance against all key targets, which again had been considered in detail previously by the Financial Management Board and by the Finance and Performance Management Committee. He reported that all key national targets and priorities had been met by the Trust.</p> <p>The dip in performance against the stroke care target was highlighted, although Mr White advised that the position may improve once data had been cleansed further.</p> <p>In terms of performance against referrals to treatment time targets, there had been challenges with meeting the targets in Trauma and Orthopaedics and Plastic Surgery specialties.</p> <p>In Medicine, the Board was advised that there had been 238 admissions above plan during the month, although this was offset to some degree by a reduction in</p>	

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<p>emergency admissions in Women and Child Health. The overall level of operational pressure remains high however, with 30-40 more beds are open at present than planned. It was noted that this level is similar to that during the peak of winter pressures.</p> <p>The Hospital Standardised Mortality Rate was highlighted to be within the expected range, although a further rebasing exercise is planned imminently which may alter the rate reported.</p>	
<p><b>13.3 NHS performance framework monitoring report</b></p>	<p>SWBTB (5/10) 113 SWBTB (5/10) 113 (a)</p>
<p>Mr White presented the NHS Performance Framework monitoring report, which had been considered in detail at the earlier meetings of the Financial Management Board and by the Finance and Performance Management Committee.</p> <p>It was highlighted that the Trust had under performed against the accident and emergency, delayed transfers of care and stroke targets.</p> <p>Despite the underperformance against the selected targets, the Board was pleased to note that the Trust remains classified as a 'performing' organisation.</p>	
<p><b>14 Update from the Committees</b></p>	
<p><b>14.1 Finance and Performance Management</b></p>	<p>SWBFC (4/10) 047</p>
<p>The Board received and noted the minutes of the Finance and Performance Management Committee meeting held on 22 April 2010.</p>	
<p><b>14.2 Governance and Risk Management</b></p>	<p>SWBGR (3/10) 024</p>
<p>The Board received and noted the minutes of the Governance and Risk Management Committee meeting held on 18 March 2010.</p>	
<p><b>15 Any other business</b></p>	<p>Verbal</p>
<p>There was none.</p>	
<p><b>16 Exclusion of the press and public</b></p>	<p>Verbal</p>
<p>The Board resolved that representatives of the Press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1 (2) Public Bodies (Admission to Meeting Act 1960).</p>	

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Sandwell and West Birmingham Hospitals  
NHS Trust



Signed .....

Print.....

Date .....

# MINUTES

## Trust Board (Public Session) – Version 0.1

**Venue** Anne Gibson Boardroom, City Hospital

**Date** 10 June 2010 at 1600 hrs

**Present:**

Mr Roger Trotman	Mr Gary Clarke	Mr Robert White
Mrs Gianjeet Hunjan	Mrs Olwen Dutton	Mr Donal O'Donoghue
Dr Sarindar Sahota	Mr John Adler	Mr Richard Kirby

**In Attendance:**

Miss Kam Dhami	Mrs Jessamy Kinghorn	Mr Tony Wharram
Mr Graham Seager	Mr Robert Banks	

**Secretariat:** Mr Simon Grainger-Payne

Minutes	Paper Reference
<b>1 Apologies for absence</b>	<b>Verbal</b>
Apologies were received from Mrs Sue Davis, Professor Derek Alderson and Miss Rachel Overfield.	
<b>2 Declaration of interests</b>	<b>Verbal</b>
There were no declarations of interest in connection with any agenda item.	
<b>3 Questions from members of the public</b>	<b>Verbal</b>
There were no members of the public in attendance at the meeting.	
<b>4 Annual Accounts – year ended 31 March 2010</b>	<b>SWBTB (6/10) 121 SWBTB (6/10) 121 (a) SWBAC (6/10) 034 (b)</b>
<p>Mr Wharram presented the Trust's annual accounts for the year ended 31 March 2010, advising that they had been reviewed in detail on two separate occasions by the Audit Committee.</p> <p>The Board was advised that the apparently large deficit in the accounts was a technical matter concerning a recent exercise to revalue the Trust's assets and did not indicate a poor level of financial performance by the Trust. In terms of performance against Department of Health targets, all statutory duties had been met.</p> <p>The Trust Board was recommended by the Audit Committee to adopt the accounts, which was approved.</p>	
<b>AGREEMENT: The Trust Board agreed to adopt the annual accounts for the year</b>	

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ended 31 March 2010		
5	2009/10 audit memorandum	SWBAC (6/10) 035
<p>Mr White highlighted that the Trust's auditors, KPMG LLP was planning to issue an unqualified opinion of the use of resources, however an issue regarding the population of fixed asset registers had been highlighted as a matter requiring attention in the coming year. It appears that there is a discord between the items recorded on the fixed asset register and the entry for the same on the balance sheet. As such, the rating for the associated Key Line of Enquiry within the Auditors' Local Evaluation had been adjusted downwards from 3 to 2.</p> <p>The recommended adjustments to the accounts that were suggested by the auditors but had not been accepted by the Trust were reviewed. One recommended adjustment related to the provision for redundancies in 2010/11, although it had been noted that some payments had been made to individuals by the end of 2009/10. The other adjustment was reported to concern a provision for potential litigation for tribunals arising from the redundancy exercise, despite there being no clear evidence to suggest that this would be needed. Mr Trotman advised that this provision was a sensible measure, based on the Trust's experience and custom and practice.</p> <p>Mr O'Donoghue returned to the adjustment to the Key Line of Enquiry score arising from the need to implement improvements to the fixed asset register and asked for an explanation as to why the issue had not been resolved more swiftly. Mr White advised that the matter was not financially material, amounting to c. £19k, however plans are underway now to ensure better reconciliation between the fixed asset register and the balance sheet entry. Mrs Hunjan confirmed that the plan to respond to this issue had been requested in time for discussion at the next Audit Committee meeting and progress would be monitored by the Committee. Mr Seager highlighted that the effort to resolve fully the issue with the fixed asset register would be in excess of the £19k involved and therefore urged a proportionate response to the matter.</p> <p>Mr White reported that in terms of responding to other recommendations proposed by external audit, a number had been addressed. The Audit Committee also reviews progress against these as frequently as the progress with addressing internal audit recommendations.</p> <p>Mr Trotman summarised that the external auditors had been very complimentary about the operation of the Finance Department, therefore he congratulated Mr Wharram and his team on the successful outcome. He also noted that there is a good working relationship between the Finance Department and the auditors.</p>		
6	2009/10 Statement on Internal Control	SWBTB (6/10) 119 SWBAC (6/10) 032
<p>Mr White advised that the Statement on Internal Control (SIC) was a statement on the control environment by the Chief Executive.</p> <p>The SIC included a number of amendments to the standard text which were highlighted. Full year non-compliance with two Core Standards had needed to be reported within the area concerning in year control issues.</p> <p>The Board was recommended by the Audit Committee to approve the Chief</p>		

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Executive signing the SIC.	
<b>AGREEMENT:</b> The Trust Board agreed that the Chief Executive should sign the Statement on Internal Control	
<b>7 Letter of Representation</b>	SWBTB (6/10) 120 SWBAC (6/10) 036 (a)
<p>Mr White presented the Letter of Representation, advising that the letter is a statement to the external auditors to assert that no information had been withheld that otherwise needed to be disclosed to inform the auditors' opinion.</p> <p>The letter highlighted the matter of deferred income, where as at 31 March, the Trust had deferred income balance of £4,011,000, which was reported to relate to transitional arrangements in connection with the 'Right Care, Right Here' plans.</p> <p>The Trust Board was asked to accept the recommendation that the Director of Finance and Performance Management should sign the letter on behalf of the Trust.</p>	
<b>AGREEMENT:</b> The Trust Board agreed that the Director of Finance and Performance Management should sign the Letter of Representation	
<b>8 Any other business</b>	
Mr Trotman welcomed Mrs Olwen Dutton to her first meeting as Non Executive Director.	
<b>9 Details of the next meeting</b>	Verbal
The next meeting of the Trust Board is 24 June 2010 at 1430h in the Churchvale/Hollyoak Rooms at Sandwell Hospital.	
<b>10 Exclusion of the press and public</b>	Verbal
The Board resolved that representatives of the Press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1 (2) Public Bodies (Admission to Meeting Act 1960).	

Signed .....

Print.....

Date .....

# MINUTES

Sandwell and West Birmingham Hospitals  
NHS Trust





## TRUST BOARD

<b>DOCUMENT TITLE:</b>	Single Tender Approval – Coronary Care Monitoring
<b>SPONSORING DIRECTOR:</b>	Graham Seager, Director of Estates/New Hospital
<b>AUTHOR:</b>	Lawrence Barker, Deputy Manager of Medical Engineering
<b>DATE OF MEETING:</b>	24 June 2010

### SUMMARY OF KEY POINTS:

The Trust standardised on Philips Intellivue Patient Monitors around 2 years ago following a comprehensive review of the market and an OJEU exercise. They provide seamless integrated transport monitoring, preserving patient alarm and trend history.

The system is fully compatible with electronic patient charting which will be required by the time the equipment transfers to the New Acute Hospital.

This is an integral part of the Privacy & Dignity Upgrade works on D5 (City).

This proposal is to replace obsolete non-standard 10 year old Marquette monitoring in Coronary Care Unit at City Hospital with the Philips system.

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

Approval	Receipt and Noting	Discussion
<b>X</b>		

### ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

That the Trust Board approves a single tender action for the purchase of 11 Philips Intellivue Patient Monitors, 2 Central stations, 4 telemetry channels and network at £152,803.66 + VAT

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	
Annual priorities	Linked with the Privacy & Dignity upgrade works
NHS LA standards	
Core Standards	
Auditors' Local Evaluation	

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

Financial	<b>X</b>	£152,803.66 + VAT
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience	<b>X</b>	Improvement of patient experience through privacy and dignity upgrade work.
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

<p>Standardisation decision ratified via Clinical capital equipment Committee.</p> <p>Previous Trust Board approval for Intellivue Monitors for Windmill Theatres December 2009</p>
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## Briefing Paper – Philips Intellivue Monitors

### Introduction

The Coronary Care Unit (CCU) at City is to be upgraded to eliminate mixed sex accommodation. This involves dividing the patients by gender, instead of by medical condition (CCU and Post CCU) as at present. Currently only the CCU section of the ward and pacing room are equipped with patient monitoring systems.

The current monitoring system in CCU at City is 10 years old. In order to upgrade the system to separate male and female monitored beds, it would be necessary to provide additional cabling infrastructure and additional central station with overview capability as well as telemetry hardware. This would not be economic as the equipment will soon be out of product support, at which time it will be necessary to replace it entirely.

The ideal solution would be to replace the monitoring system as part of the Ward upgrade. CCU is the only major area of the hospital that has monitored beds that are not part of the Trust standard monitoring solution.

### Background

At the last replacement of Critical Care monitoring at City site (approximately 2 years ago), a comprehensive review of the market was undertaken to enable The Trust to make a standardisation decision on patient monitoring. This was in response to a number of factors:

- NAH Equipment Procurement Group and the requirement to begin a process of standardisation of equipment that will transfer to Grove Lane.
- Capital Clinical Equipment Committee and review of adverse events which demonstrated that virtually all adverse incidents involving anaesthesia in Theatres have been during transfer between anaesthetic room and theatre or between theatre and recovery. At these times the patient has not been monitored. Other incidents have been due to a lead that has been removed from an anaesthesia room monitor not being plugged into a theatre monitor securely etc... For this reason, when the ITU monitors were last replaced, it was agreed that the Trust would only consider a seamless solution that provides transfer monitoring at all times and can move with the patient as opposed to a conventional fixed system. It was also agreed that Theatre monitoring would be compatible with all other monitoring within the organisation.

Following, an OJEU exercise, the Philips Intellivue family of monitors was found to satisfy all of our requirements. Each monitor houses an 'X2' transport module which is a small, fully contained transport module with screen and a 3 hour battery life. Once this is docked onto a bedside or theatre monitor all patient history and trends are uploaded onto that monitor. Implemented across A&E, Windmill Theatres, MAU, Poisons, Imaging, NNU, CCS and all

theatre recovery (except BTC) this has proved a very versatile and well liked monitoring system.

It is anticipated that Grove Lane will rely on paperless patient charting technology, the Philips Intellivue monitoring system is fully compatible with most commercially available systems. The Philips Intellivue monitors will transfer to the New Acute Hospital as the standardised product.

The Trust Board approved the last single tender action for replacement anaesthetic room and theatre monitors in December 2009.

### **Recommendation**

That the Trust Board approve a single tender action for the purchase of 11 Philips Intellivue Patient Monitors, 2 Central stations, 4 telemetry channels and network at £152,803.66 + v.a.t.

Lawrence Barker  
Deputy Manager – Medical Engineering  
19/05/2010

## Sandwell and West Birmingham Hospitals



NHS Trust

<b>TRUST BOARD</b>
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<b>DOCUMENT TITLE:</b>	Quality Accounts 2009/2010
<b>SPONSORING DIRECTOR:</b>	Donal O'Donoghue, Medical Director
<b>AUTHOR:</b>	Daphne Lewsley, Project Manager
<b>DATE OF MEETING:</b>	24 June 2010

**SUMMARY OF KEY POINTS:**

The attached version of 2009/10 Quality Accounts has been updated for comments received since the Board reviewed the first draft at the Board Seminar on 29<sup>th</sup> April 2010.

The most notable amendment has been the addition of a comment on the Quality account from Sandwell PCT in their role as our host commissioner.

The Quality accounts have been circulated to both Birmingham and Sandwell Overview and Scrutiny Committees and Links and any comments received from them before 30<sup>th</sup> June will be incorporated in the published version.

Medical Illustration are currently editing this document into a publishable version which will be available for review by Board Members at Trust Board if required.

The Quality Account guidance requires the document to be published on NHS Choices by June 30<sup>th</sup>.

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

Approval	Receipt and Noting	Discussion
<b>X</b>		

**ACTIONS REQUIRED, INCLUDING RECOMMENDATION:**

Trust Board is asked to APPROVE the Quality Account for publication subject to the addition of further comments received from either Overview and Scrutiny Committee or Links.

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	High Quality Care
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		
Business and market share		
Clinical	<b>x</b>	
Workforce		
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience	<b>x</b>	
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

The initial draft of the 2009/10 Quality account was considered at the Trust Board seminar on 29<sup>th</sup> April 2010. The Board agreed the priorities in the document and authorised it to be circulated for comment as required by the regulations.

## **Sandwell and West Birmingham Hospitals NHS Trust Quality Accounts 2009/10**

I am happy to present the Trust's first Quality Accounts which gives the Trust the opportunity to demonstrate to our patients and staff how we have worked over the past year to continually improve the care we give to our patients.

This Trust aspires to deliver High Quality Care to all our patients.

In 2009/10 we have had many successful quality initiatives in particular:

- We have worked hard to improve our services for patients with stroke launching 24 hour per day 7 days a week thrombolysis services at both our acute sites, speeding up access to brain imaging for stroke patients and increasing the proportion of patients spending most of their hospital stay on a designated stroke unit.
- We continued to develop maternity services working with Sandwell PCT to consult on changes for the future. In addition to existing plans to open a midwife-led unit at City Hospital, in February, in response to a strong clinically led case for change and after an extensive process of consultation, we agreed to centralise consultant-led births at City Hospital and develop a midwife-led maternity unit in the borough of Sandwell.
- We are on track to achieve our six quality targets agreed with local PCTs through the CQUIN programme including brain imaging for stroke, time to operation for patients with fractured neck of femur, reduced caesarean section rate, smoking cessation referrals and patient satisfaction surveys.

We maintained our Annual Healthcheck rating of Good for Quality of Services for the third successive year and met all national infection control targets.

We are not complacent however and with the ongoing development of our clinical directorate system will continue to monitor quality measures and promote quality throughout our organisation.

I confirm that to the best of my knowledge all the information contained in these Quality Accounts is accurate.

John Adler  
Chief Executive  
Sandwell and West Birmingham Hospitals NHS Trust

## **Our Priorities for Improvement**

The Trust has identified five priorities for improvement in 2010/11.

### **Stroke**

Over the past twelve months several important pieces of guidance have been issued on Stroke Care. These have been drawn together into a set of Quality Standards by the West Midlands Cardiac and Stroke Networks.

The Quality Standards follow the patient pathways in each of the relevant Service Specifications and aim for the highest quality of care at each stage of the patients' journey.

SWBH has developed an action plan which aims over the course of the next five years to achieve these standards.

There will be an independent review by the West Midlands Quality review service at the end of 2010/11 to measure our progress. We will publish a summary of the results in our 2010/11 Quality Accounts.

### **Basic Nursing Care**

We intend to continue to improve the experiences of our patients by focusing on basic nursing care and standards of privacy and dignity. Specifically we will undertake:

- Essence of Care audits of nursing standards twice a year.
- Observations of care audits twice a year
- Malnutrition Universal Screening Tool (MUST) nutritional audits twice a year
- Privacy and Dignity audits twice a year
- Patient surveys in real time plus annual national inpatient survey
- Twice yearly ward reviews – improved standards will be a mark of success.

### **Mortality**

In 2009/10, SWBH implemented an audit system which will ultimately result in a senior medical review of all hospital deaths. The object is for the Trust to receive assurance that all deaths in hospital are reviewed appropriately and that lessons are learned if necessary.

In 2010/11, this audit will extend to 80% of deaths by year end.

Lessons learned from the reviews are summarised and reported to our Mortality Steering Committee.



### **Implementation of the Quality Management Framework**

In 2009/10, we implemented a Clinical Directorate structure. From October 2009 the Medical Director and divisional management teams have held quarterly directorate reviews with the information available at directorate level.

In 2010/11 we intend to formalise our quality system to bring together all that we can do to maintain and improve our quality of care.

Specifically we intend to:

- Develop a Quality and Governance framework
- Establishment governance systems and structures at the directorate level
- Directorate QMF reviews will be undertaken at least quarterly by all clinical divisions and the information available at directorate level will be increased.

### **Accident & Emergency Department**

In 2010/11 we will continue working to improve the quality of service and safety within our Accident & Emergency Departments.

Specifically we plan to achieve

- Successful integration of both A&Es
- Introduction and monitoring of relevant national guidelines and standards
- Systematic review and learning from adverse events
- Improvement in indices of quality of care and/or patient safety
- Maintenance of 4hr targets

## **Review of Services**

The Trust Board receives a monthly Quality and Performance Management Report which includes a wide variety of quality indicators. This report is based on the whole of the Trusts activity from all its services.

We also operate a well established quarterly Divisional review process. In these meetings Divisional Management Teams account to the Trust Executive for their performance on a wide variety of measures. Any significant issues which are identified in these meetings are communicated to the Trust Board.

From these processes the Board has assurance that in 2009/10 Quality Data has been reviewed for all services.

During 2009/10 the Sandwell and West Birmingham Hospitals NHS Trust provided and /or sub-contracted £341.2m of NHS services.

The Sandwell and West Birmingham Hospitals NHS Trust has reviewed all the data available to them on the quality of care in 100% of these services.

The income generated by the NHS services reviewed in 2009/10 represents 100% of the total income generated from the provision of NHS services by the Sandwell and West Birmingham Hospitals NHS Trust for 2009/10.

During 2009/10, the Trust moved to a Clinical Directorate Structure. Management Teams led by a Clinical Director became responsible for management, including quality management, within specialties. Directorates are responsible to Divisional Management Teams.

We have been developing information systems to support the structure by providing information at directorate/specialty level. One of our major quality initiatives for 2010/11 is to further develop these systems and to embed Directorate quality reviews. This will further enhance the Trust Board's ability to review individual services in depth.

## **Participation in Clinical Audits**

During 2009/10, 34 national clinical audits and 2 national confidential enquiries covered NHS services that Sandwell and West Birmingham Hospitals NHS Trust provides.

During that period Sandwell and West Birmingham Hospitals NHS Trust participated in 88 % of national clinical audits and 100 % of national confidential enquiries, which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Sandwell and West Birmingham Hospitals NHS Trust was eligible to participate in during 2009/10 and participated in are as follows:

<b>National Audits involving continuous data collection</b>	<b>Participated</b>
National Vascular Database	Yes
The National Neonatal Audit Programme (NNAP)	Yes
The National Diabetes Audit (NDA)	Yes
Patient Reported Outcome Measures (PROMs)	Yes
Intensive Care National Audit and Research Centre (ICNARC)	Yes
Adult Cardiac Interventions	Yes
National Coronary Angioplasty Audit (BCIS)	Yes
National Joint Registry (NJR)	Yes
The National Lung Cancer Audit (NLCA)	Yes
The National Bowel Cancer Audit Programme (NBOCAP)	Yes
The National Head and Neck Cancer Audits (DAHNO)	Yes
Myocardial Ischaemia National Audit Project (MINAP)	Yes
Heart Failure Audit	Yes
National Hip Fracture Database (NHFD)	Yes
Trauma Audit & Research Network(TARN)	Yes
National Potential Donor Audit (PDA)	Yes
<b>National Audits involving intermittent samples of patients.</b>	
National Sentinel Stroke Audit	Yes
National Falls and Bone Health in Older People	Yes
National Comparative Audit of Blood Transfusion – changing topics The audits run in 2009/10 were:- <ul style="list-style-type: none"> <li>• Audit of Blood Collection Process</li> <li>• Audit of the use of red cells in neonates &amp; children</li> </ul>	Yes Yes
National Audit of Dementia	Yes
British Thoracic Society - respiratory diseases This is composite of audits with periodic data collection During 2009/10 those relevant to the Trust were on the following subjects:- <ul style="list-style-type: none"> <li>• Paediatric pneumonia audit</li> <li>• Adult NIV</li> <li>• Adult Asthma</li> <li>• Paediatric asthma</li> </ul>	No No Yes Yes
College of Emergency Medicine Audits Three audits were run in 2009/10 on the following subjects for each A&E:- <ul style="list-style-type: none"> <li>• Pain in children,</li> <li>• Fractured neck of femur,</li> <li>• Severe and moderate asthma.</li> </ul>	City A&E only Yes City A&E only
<b>National audits involving one off samples</b>	
The Mastectomy and Breast Reconstruction Audit (MBR)	Yes
National Oesophago - Gastric Cancer Audit	Yes
National Audit of Continence Care (NACC)	Yes
National Health Promotion Audit	Yes
<b>National Confidential Enquiries</b>	
Centre for Maternal and Child Enquiries (CMACE)	Yes

<p>There are currently three strands of work within the maternal and perinatal enquiry for which data was collected in 2009/10 :-</p> <ul style="list-style-type: none"> <li>• National maternal and perinatal mortality surveillance (ongoing)</li> <li>• Maternal death enquiry (ongoing)</li> <li>• Obesity in pregnancy (enquiry project)</li> </ul> <p>The current study on the child health enquiry is on Head Injury</p>	
<p>National Confidential Enquiry into Patient Outcome &amp; Death (NCEPOD)</p> <p>The Trust participated in the following studies 2009/10</p> <ul style="list-style-type: none"> <li>• Elective and Emergency Surgery in the Elderly. (Data collection now closed).</li> <li>• NCEPOD - Surgery in Children (Data collection ongoing)</li> <li>• Perioperative care (Data collection ongoing)</li> </ul>	Yes

The national clinical audits and national confidential enquiries that Sandwell and West Birmingham Hospitals NHS Trust participated in, and for which data collection was completed during 2009/10, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

<b>National audits where continuous data collection</b>	<b>Percentage of eligible cases submitted</b>
National Vascular Database	100%
The National Neonatal Audit Programme (NNAP)	100%
The National Diabetes Audit (NDA)	100%
Patient Reported Outcome Measures (PROMs)	56% <sup>1</sup>
Intensive Care national Audit and Research Centre ICNARC	100%
Adult Cardiac Interventions -National Coronary Angioplasty Audit (BCIS)	100%
National Joint Registry (NJR)	86%
The National Lung Cancer Audit (NLCA)	100%
The National Bowel Cancer Audit Programme (NBOCAP)	100%
The National Head and Neck Cancer Audits (DAHNO)	66-85% <sup>2</sup>
Myocardial Ischaemia National Audit Project (MINAP)	100%
Heart Failure Audit	100%
National Hip Fracture Database (NHFD)	83% <sup>3</sup>
Trauma Audit & Research Network(TARN)	15% <sup>4</sup>
National Potential Donor Audit (PDA)	100%
<b>National Audits involving intermittent samples of patients</b>	
National Comparative audit of blood transfusion - changing topics	100%
British Thoracic Society - respiratory diseases	100%
College of Emergency Medicine Audits	67% <sup>5</sup>
<b>National Audits involving One- off samples</b>	
The Mastectomy and Breast Reconstruction Audit (MBR)	92%
National Oesophago - Gastric Cancer Audit	83%
National Audit of Continence Care (NACC)	100%
National Health Promotion Audit	100%

National Enquiries	
Centre for Maternal and Child Enquiries (CMACE) (Maternal and perinatal mortality)	100%
National Confidential Enquiry into Patient Outcome & Death (NCEPOD) (Elective and emergency surgery in the elderly)	81% <sup>6</sup>

### Explanatory Notes

1	Percentage has been derived from internal monitoring reports and is for all four index procedures.
2	A range has been supplied as represented in the fifth annual national report.
3	Cases were submitted from the end of May 09.
4	Efforts have been concentrated on entering a back log of data for 2008/09.
5	4 out of 6 audits completed
6	This is based on the number of questionnaire returned as a percentage of those requested by the enquiry.

Within Sandwell and West Birmingham Hospitals, the current arrangement for the consideration of outputs from national and local clinical audits involves presentation to the Trusts Governance Board and not formally to the Trust Board. The organisational framework is currently being reviewed and will address the reporting of these outputs to the Trust Board.

The reports of 3 national clinical audits were reviewed by the provider in 2009/10 and Sandwell and West Birmingham Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided.

Report	Actions
National Sentinel Stroke Audit	<ul style="list-style-type: none"> <li>To take steps to increase the numbers of patients admitted directly to the stroke units</li> <li>To explore measures to enhance the access to swallowing assessments for patients</li> </ul>
Mandatory Surveillance of SSI in Orthopaedic Surgery – 5 <sup>th</sup> Annual Report	<ul style="list-style-type: none"> <li>To review the monitoring arrangements to ensure that all patients with an SSI are identified</li> <li>To improve methods for identifying SSI's in patients readmitted to hospital post operatively.</li> <li>To explore implementing post discharge surveillance</li> </ul>
Adding Insult to Injury (NCEPOD)	<ul style="list-style-type: none"> <li>Risk assessments for renal injury to be incorporated into handover procedures</li> <li>To review access to on call renal cover and to renal ultrasound.</li> </ul>

The reports of 6 local clinical audits were reviewed by the provider in 2009/10 and Sandwell and West Birmingham Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided

Audit topic	Date reported to	Actions identified
-------------	------------------	--------------------

	Board	
C difficile (CDI)	April 09	<ul style="list-style-type: none"> <li>To take steps to improve the consistency in death certificate completion in relation to determining the contribution of C difficile as a cause of death.</li> <li>To improve documentation of the possibility of CDI in the patient record.</li> </ul>
'Essence of care' audit	July 09 & Feb 10	<ul style="list-style-type: none"> <li>All wards and divisions are presented with individual performance data and action plans are developed to address specific areas of poor performance against the standards being measured.</li> </ul>
Healthcare Records Audit	Revised action plan reported to the GB in Oct 09	<ul style="list-style-type: none"> <li>To introduce personalised pre-ink filled stamps for medical staff and to scope its use by other disciplines to enhance compliance with the author recording standards identified in local policy.</li> <li>To review the policy for the management of healthcare records with a view to incorporating the generic medical record keeping standards developed by the Royal College of Physicians.</li> </ul>
Allergy status recording	Nov 09	<ul style="list-style-type: none"> <li>To review practice further through the establishment of a working group</li> <li>To enhance local policy to identifying clear lines of responsibility</li> <li>To explore the use of Allergy Champions to monitor the agreed policy</li> </ul>
Thromboprophylaxis audit	Included in the Thrombosis Committee Report received by the GB in March 10	<ul style="list-style-type: none"> <li>To consider incorporating the prevention and management of VTE into mandatory training programmes.</li> <li>To review risk assessment processes to address the requirements for meeting the national CQUIN target.</li> </ul>
Administration of oxygen in adults	Included as part of the context to the submission of the revised Oxygen Policy to the GB in March 10	<ul style="list-style-type: none"> <li>To improve the reviewing of oxygen prescriptions through changes to prescription documentation</li> <li>To re-audit compliance with the revised policy on the administration of oxygen.</li> </ul>

### **Participation in Clinical Research**

The number of patients receiving NHS services provided or subcontracted by Sandwell & West Birmingham Hospitals NHS Trust in 2009/10 that were recruited during that period to participate in research approved by a research ethics committee was 892 for National Institute for Health Research (NIHR) Portfolio studies and approximately 600 for non-NIHR Portfolio studies.

Sandwell & West Birmingham Hospitals NHS Trust was involved in conducting over 240 clinical research studies during the 2009/10 period. Sandwell & West Birmingham Hospitals NHS Trust used national systems to manage the studies in proportion to risk. Of the 63 studies given permission to start, 92% were given

permission by an authorised person less than 30 days from receipt of a valid complete application. 71% of the studies were established and managed under national model agreements and 100% of the six eligible studies involved used a Research Passport. During 2009/10 the NIHR supported 72 of these studies through its research networks.

### **Goals agreed with Commissioners**

0.5% of Sandwell and West Birmingham Hospitals NHS Trust's income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between Sandwell and West Birmingham Hospitals NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

In 2010/11 we have agreed the following CQUIN targets with targets with our commissioners:

- We will deliver VTE assessments to at least 90% of adult inpatients including specialised services patients.
- We will increase the numbers of mother's breast feeding when leaving hospital after giving birth.
- We will reduce pressure sores acquired as inpatients.
- We will reduce the incidence of falls in hospital leading to fracture.
- We will ensure at least 90% of stroke patients have brain imaging within 24 hours of admission.
- We will increase the proportion of patients receiving surgery for hip fracture within one day of admission.
- We will refer outpatients identified as smokers in selected clinics to receive cessation advice.
- We will implement standards for safer prescribing of Warfarin.
- We will improve our performance in respect of patient experience in the national patient survey.
- We will commence the implementation of the "Think Glucose" programme for unidentified diabetics across our inpatient wards.
- We will produce a 2009/10 annual report for specialised services.
- We will increase the proportion of parents able to discuss the care of their baby with a senior clinician within 24 hours of admission.
- We will increase the proportion of babies offered breast milk during their neo-natal stay
- We will implement home delivery schemes for herceptin related chemotherapy.

Further details of the agreed goals for 2009 /10 and for the following 12 month period are available on request from Richard Kirby, Chief Operating Officer, Sandwell and West Birmingham Hospitals NHS Trust, City Hospital, Dudley Road , Birmingham, B18 7QH.

### **What others say about us**

Sandwell and West Birmingham Hospitals NHS Trust is required to register with the Care Quality Commission and its current registration status is registered with no conditions.

The Care Quality Commission has not taken enforcement action against Sandwell and West Birmingham Hospitals NHS Trust during 2009/10.

Sandwell and West Birmingham Hospitals NHS Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

### **Data Quality**

Sandwell and West Birmingham Hospitals NHS Trust submitted records during 2009/10 (records included to February 2010) to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

- 98.6% for admitted patient care;
- 99.4% for out patient care; and
- 99.3% for accident and emergency care.

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

- 97.4% for admitted patient care;
- 99.6% for out patient care; and
- 52.5% for accident and emergency care.

Sandwell and West Birmingham Hospitals NHS Trust's score for 2009/10 for Information Quality and Records Management, assessed using the Information Governance Toolkit was 82.5%.

Sandwell and West Birmingham Hospitals NHS Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:



- Primary Diagnoses Coded Incorrectly 6.3%
- Secondary Diagnoses Coded Incorrectly 9.9%
- Primary Procedures Coded Incorrectly 15.0%
- Secondary Diagnoses Coded Incorrectly 12.0%

### **Review of Quality Performance**

Each month our Trust Board receives and reviews a Quality and Performance management report. This has well over a hundred indicators and covers details by month and by site. Internal targets are set for many indicators and Trust Board members are guided to issues needing scrutiny by a “traffic lights” system.

An extract from the report for March 2010 is included below.

SANDWELL AND WEST BIRMINGHAM HOSPITALS CORPORATE QUALITY AND PERFORMANCE MONITORING REPORT - MARCH 2010				
NATIONAL AND LOCAL PRIORITY INDICATORS			To Date	TARGET
				09/10
Cancer	2 weeks	%	93.9	=>93
	2 weeks (Breast Symptomatic)	%	93.4	=>93
	31 Days	%	99.7	=>96
	62 Days	%	89.0	=>85
Cancelled Operations	Elective Admissions Cancelled at last minute for non-clinical reasons	%	0.8	<0.8
	28 day breaches	No.	0	0
Delayed Transfers of Care	Total	%	3.0	<3.0
Coronary Heart Disease	Primary Angioplasty (<90 mins)	%	77.8	80
	Primary Angioplasty (<150 mins)		85.4	80
	Rapid Access Chest Pain	%	99.7	=>98
	Revascularisation >13 weeks	No.	0	0
	Thrombolysis (60 minutes)	%	no pts	80
Stroke Care	>90% stay on Stroke Unit	%	61.7	70
A/E 4 Hour Waits		%	98.41	=>98
GUM 48 Hours	Patients seen within 48 hours	%	86.8	=>90
	Patients offered app't within 48 hrs	%	99.8	=>98
Infection Control	C. Diff - EXTERNAL (DH) TARGET	No.	158	264
	C. Diff - INTERNAL (LHE) TARGET	No.	158	220
	MRSA - EXTERNAL (DH) TARGET	No.	14	33
	MRSA - INTERNAL (LHE) TARGET	No.	14	23

**SANDWELL AND WEST BIRMINGHAM HOSPITALS CORPORATE QUALITY AND PERFORMANCE  
MONITORING REPORT - MARCH 2010**

NATIONAL AND LOCAL PRIORITY INDICATORS			To Date	TARGET
				09/10
Data Quality	Valid Coding for Ethnic Category (FCEs)	%	94.5	90
	Maternity HES	%	5.7	<15
Infant Health & Inequalities	Maternal Smoking Status Data Complete	%	99.3	=>98.0
	Breast Feeding Status Data Complete	%	99.3	=>98.0
	Maternal Smoking Rates	%	11.6	<12.0
	Breast Feeding Initiation Rates	%	63.1	>57.0
Mortality in Hospital	Hospital Standardised Mortality Rate	HSMR	91.9	Rate only
	Peer (SHA) HSMR	HSMR	93.0	Rate only
CQUIN	OP Source of Referral Information	%	1.39	5.0
	Caesarean Section Rate	%	23.3	26.0
	Brain Imaging for Em. Stroke Admissions	%	81.2	72.0
	Hip Fracture Op's <48 hours of admission	%	100	87.0
	Smoking Cessation Referrals	No.	1164	1000
	IP Patient Satisfaction (Survey Coverage)	%	Completed	

CLINICAL QUALITY			To Date	09/10
Readmission Rates	(Within 28 days of discharge)	%	11.6	No. Only
	(Within 14 days of discharge)	%	8.5	No. Only
Infection Control	Savings Lives Compliance	%	99	>95
	MRSA Screening (Elective)	No.	24710	No. Only
	MRSA Screening (Non-Elective)	No.	18571	No. Only
Obstetrics	Post Partum Haemorrhage (>2000 ml)	No.	10	48
	Admissions to Neonatal ICU	%	5.5	=<10
	Adjusted Perinatal Mortality Rate	/1000	2.0	<8.0
PATIENT EXPERIENCE				
Same Sex Accommodation Breaches	Number of Breaches	No.	3711	2500
	Percentage of overall admissions	%	6.47	<3%
Complaints	Number Received	No.	662	No. Only
	Response within initial negotiated date	%	70.7	85
Thank You Letters		No.	1622	No. Only

**What others think of our Quality Accounts**

After reviewing our quality accounts Sandwell PCT gave us the following statement:

Sandwell PCT is the lead commissioner of services at Sandwell & West Birmingham Hospitals NHS Trust and as such is responsible for monitoring the quality of services provided for its patients.

The Quality Account prepared by SWBH is in our opinion factually accurate and a good reflection of the information that we have collected throughout the year. The close working relationships we have established with the hospital have ensured that we have had good timely access to information and have worked together on areas of development such as the maternity services review. Quality of care is monitored in a variety of ways using a variety of sources and data types. We look forward to developing the quality agenda further with SWBH in the coming year, as we strive in partnership to develop services that are of the highest quality

## Sandwell and West Birmingham Hospitals



NHS Trust

## TRUST BOARD

<b>DOCUMENT TITLE:</b>	Integrated incidents, complaints and claims report Q4 2009/10
<b>SPONSORING DIRECTOR:</b>	Kam Dhami, Director of Governance
<b>AUTHOR:</b>	Sue Espley, Risk Facilitator David Sullivan, Complaints Lead Dalvinder Masaun, Head of Health and Safety
<b>DATE OF MEETING:</b>	24 June 2010

## SUMMARY OF KEY POINTS:

This report sets out details of incident, complaint and claims trends up to Q4 2009/10.

## Summary of Quarter 4 Incident Data

- There were 2093 reported incidents (2201 in Q4 2008/9).
- Reported clinical incidents rose from 1334 in Q4 2008/9 to 1382 in Q4 2009/10.
- Reported health & safety incidents dropped from 867 in Q4 2008/9 to 711 in Q4 2009/10.
- There were 33 incident forms received relating to red incidents (1.5% of the total), compared with 49 in Q4 2008/9.
- A re-occurring trend in red incidents at Sandwell Emergency Department noted, though Q4 data shows a reduction.

## Summary of Quarter 4 Complaints Data

- The Trust received 213 formal complaints, compared with 212 in the same quarter in 2008/09.
- The deadlines for 29% (62) of complaints were re-negotiated. In total there were 82 date changes for various reasons.
- 3 complaints were graded as red.

## Summary of Quarter 4 Claims Data

- 26 clinical claims and 16 personal injury new claims were received during Q4.
- The Trust has 252 open clinical claims and 95 open personal injury claims.

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

Approval	Receipt and Noting	Discussion
	<b>X</b>	

## ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	High quality of care
Annual priorities	
NHS LA standards	Standard 5 'Learning from Experience'
CQC essential standards of quality and safety	Regulation 18 (Outcome 20) – Regulation of the CQC (Registration) Regulations 2009
Auditors' Local Evaluation	

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

Financial		
Business and market share		
Clinical	<b>x</b>	
Workforce		
Environmental		
Legal & Policy		CQC (Registration) Regulations 2009
Equality and Diversity		
Patient Experience	<b>x</b>	
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

Governance Board on 11<sup>th</sup> June 2010

## SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

### Integrated Risk, Complaints and Claims Report: Quarter 4 2009/10

#### 1. Overview

This report highlights key risk activity including:

- Summary incident data and details of lessons learned
- Summary complaints data and details of lessons learned
- Summary of claims received
- Aggregated analysis of incidents, complaints and claims and lessons learned.

#### 2. Introduction

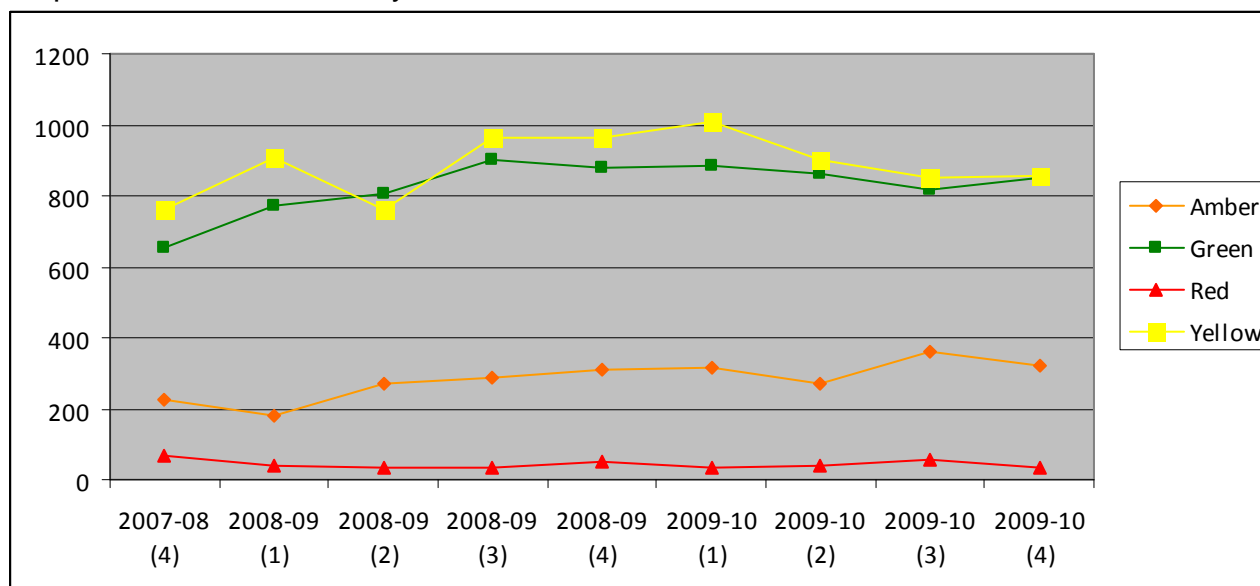
This report combines previous quarterly reports on incident/risk and complaints to implement the Policy for the Investigation, Analysis and Learning of Lessons from Adverse Events and meet NHS Litigation Authority assessment requirements. Where possible, comparisons across these areas of activity will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

#### 3. Key Issues

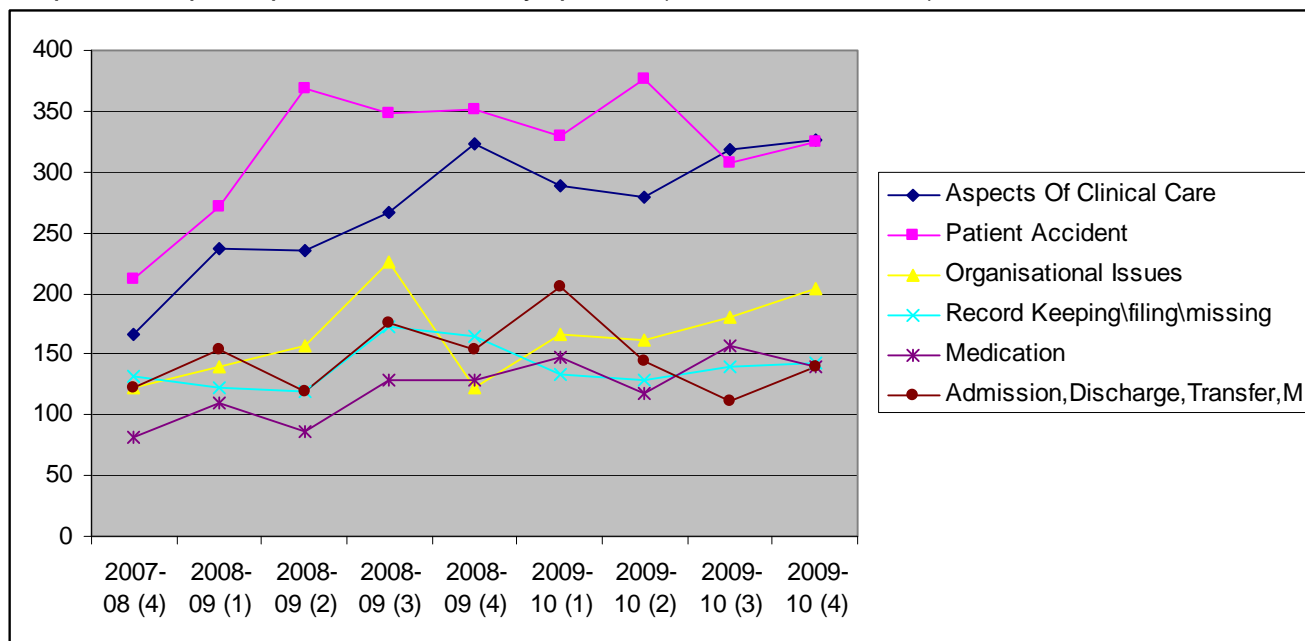
##### 3.1 Review of Quarter 4 Incident Data

- There were 2093 reported incidents (2201 in Q4 2008/9).
- Reported clinical incidents rose from 1334 in Q4 2008/9 to 1382 in Q4 2009/10.
- Reported health & safety incidents dropped from 867 in Q4 2008/9 to 711 in Q4 2009/10.
- There were 33 incident forms received relating to red incidents (1.5% of the total), compared with 49 in Q4 2008/9.

Graph 1 - Incident Trends by risk score 1/1/08 – 31/03/10

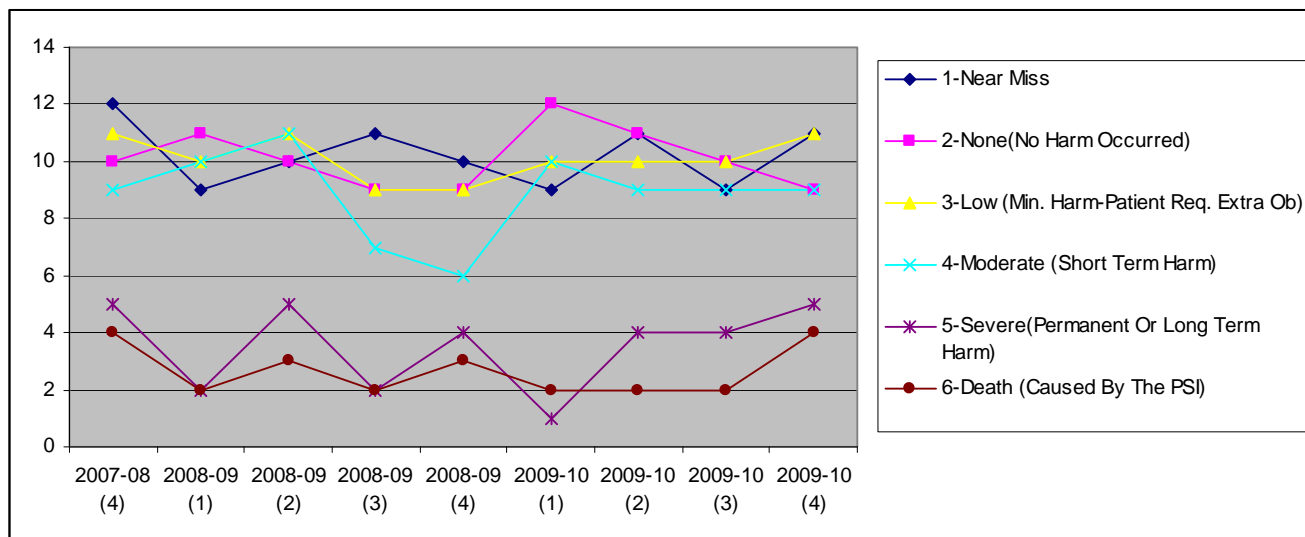


Graph 2 – Top 6 reported incidents by quarter (1/01/08 – 31/03/10)



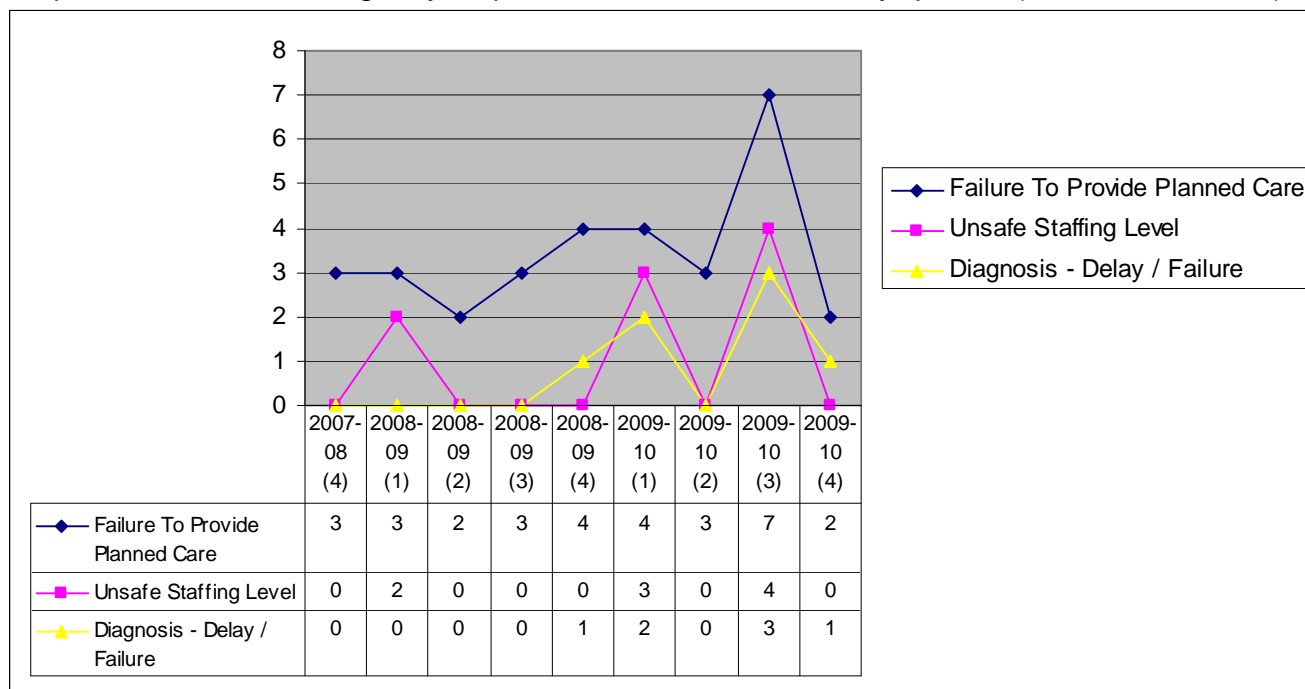
The top 6 most frequently reported categories are the same as Q4 2008/9. There have been falls in reported patient accident, record keeping and admission/discharge/transfer incidents on Q4 2009/10. Organisational issues has shown an increase in reported incidents and aspects of clinical care has remained approximately the same

Graph 3 Patient Safety incidents by actual impact by quarter (1/01/08 – 31/03/10)



Graph 3 looks at reported actual harm suffered by the patient and allows benchmarking against the six monthly feedback reports provided by the National Patient Safety Agency (NPSA) from its National Reporting and Learning System (NRLS). Although benchmarking of percentages of actual harm for incidents reported for Q4 2009/10 show closer alignment with peers, further work is required to improve the accuracy of recording of the true impact of incidents. The next NPSA report is expected in September 2010.

Graph 4 –Sandwell Emergency Department - Incident Trend by quarter (1/1/08 – 31/03/10)



A re-occurring trend in red incidents at Sandwell Emergency Department has been noted in the categories shown above. An Action Team, chaired by the Medical Director, has reviewed the contributory factors in detail and produced an action plan to address these.

Implementation of this plan is in progress and is being closely monitored. Issues relate to both the organisation of the department and the implementation of clinical guidelines. It will be seen that Q4 showed a reduction in incidents but this needs to be monitored over a longer period.

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

### 3.2 Complaints

During the reporting period the complaints team dealt with 249 complaint contacts, which is a slight reduction (-3.2%) over the same quarter for the previous year (257). The types of contact were as follows:

Formal Complaints	213	Formal complaints with negotiated timescales
Can't Accept	1	Concerns not addressed (due to time elapsed since incident etc)
General Query/Feedback	8	Not dealt with formally (concerns/query addressed via letter)
GP/intra NHS Concerns	3	Concerns raised by GPs or other NHS organisations/staff members
Dealt with informally	2	Not dealt with formally (concerns/query addressed via phone or meeting)
Under Review	0	Pathway not finalised (e.g. reviewing records to establish whether a complaint can still be reviewed given time elapsed)
Withdrawn	22	Complaints are typically withdrawn if a relative has made the complaint, but patient consent cannot be obtained. Occasionally complaints are withdrawn as the complainant changes their mind about taking their concerns forward.



The Trust dealt with 213 formal complaints, compared with 212 in the same quarter in 2008/09. This was a change from the year-on-year increases seen in previous quarters, with the final annual figures reflecting an 8.4% increase in formal complaints being actioned and an 8% increase in total contacts.

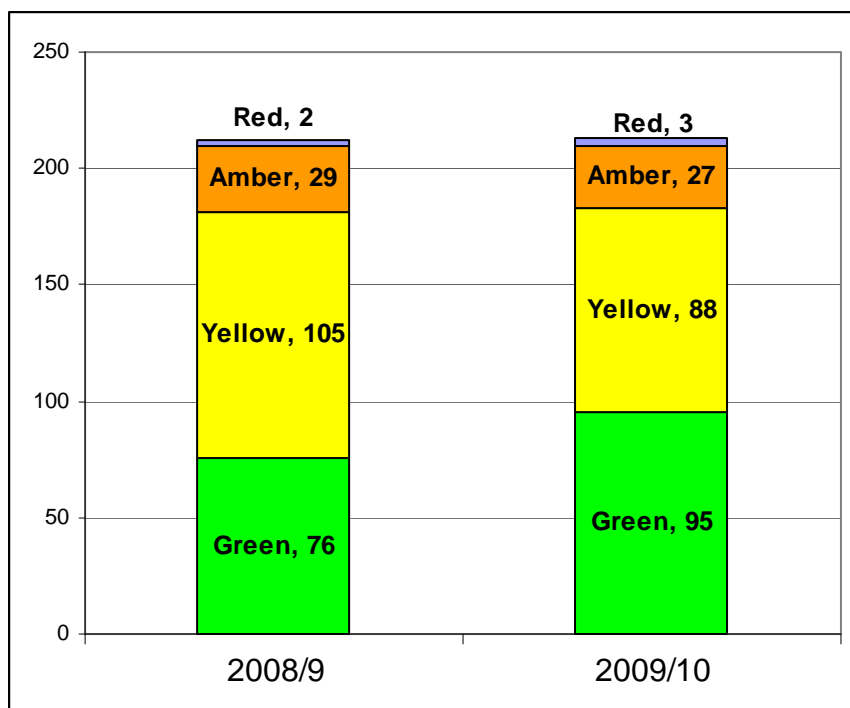
Negotiated target times are an important feature of the new NHS Complaints Procedure that was introduced from the 1<sup>st</sup> April 2009. The Trust's database has been updated and can now reflect whether - and how often - negotiated target times have been changed. Details of this are shown below. However, this feature was not available for comparison reporting periods.

The deadlines for 29% (62) of complaints were re-negotiated. Some of these timescales had to be extended more than once. In total there were 82 date changes for the following reasons.

Agreed Date Change	21
Clarification/Information Required	4
Communication Breakdown	1
Consultant Comments (Lead Division)	6
Consultant Comments (Other Division)	3
Draft Requiring Amendment	2
Medical Records Delayed/Missing	1
Nursing Comments (Lead)	6
Nursing Comments (Other)	1
Other Comments (Other)	9
Other Reason	7
Pressure Of Work (Complaints)	13
Referred To Senior Clinical Advisor	1
Staff Annual Leave	5
Staff Sickness	2

Overall response delays continue to be exacerbated by pressures within the complaints team. This has arisen due to the significant additional workload generated by each case with the new NHS procedure as well as an increase in complaint volumes this year. There will likely be short-term additional pressures arising from the retirement of the Head of Complaints and Litigation. However, an action plan is being implemented to address this, which includes the appointment of a temporary investigation manager to provide additional workload capacity during the transition period until a new departmental head is in post.

The complaints were graded as follows (quarter 4 2008/9 comparison also shown):-



To date, 7 (3%) of the complaints have been re-opened as the complainant raised queries or concerns with the original response. This is presently significantly below the same quarter last year (Q4 2008/9 was 15% based on current reports). Given the depth of the new-style investigation reports, it is expected that less complainants will be dissatisfied following the initial response, although it remains far too early to draw robust conclusions.

The main areas of concern in formal complaints were:-

Category	Q4 2008/9	Q4 2009/10
Clinical treatment	50%	47%
Delays/cancellations	19%	17%
Staff attitude	10%	9%
Communication	4%	11%
Discharges/Transfers	4%	4%

Key lessons learned for complaints during Q1 are attached at **Appendix 1**

### 3.3 Claims

The claims received are as follows:

	Q4 08/09	Q1 09/10	Q2 09/10	Q3 09/10	Q4 09/10
Clinical Claims	20	22	25	27	26
Personal Injury	9	14	16	12	16
<b>Total</b>	<b>29</b>	<b>36</b>	<b>41</b>	<b>39</b>	<b>42</b>

The allegations for the claims received in Q4 fall into the following categories:

Category	Clinical Claims	Personal Injury Claims
Clarification required from Solicitor	1	0
Burns/scalds/reactions	1	1
Defective Equipment	0	1
Dissatisfied With Treatment	3	0
Failure Or Delay In Diagnosis	2	0
Failure To Recognise Complications	1	0
Fall/slip	1	6
Lifting/moving/handling	0	3
Moving/falling Objects	0	3
Needlestick	0	2
Operation Carried Out Negligently	6	0
Treatment Carried Out Negligently	11	0
<b>Total</b>	<b>26</b>	<b>16</b>

At present the Trust has 252 Clinical claims and 95 personal injury claims at various stages of the legal process.

Status Type	Clinical Claims	Personal Injury
Disclosure Of Records	169	1
File In Abeyance	1	0
Letter Of Claim	36	72
Letter Of Response	3	1
Liability Admitted	4	13
Liability Being Assessed	4	3
Liability Denied	3	2
Negotiate Settlement	8	0
Part 36 Offer	2	0
Proceedings Issued/served	8	0
Settlement Made	14	3
<b>Total</b>	<b>252</b>	<b>95</b>

The ongoing claims fall into the following categories:

Category	Clinical Claims	Personal Injury
Awaiting further info	1	0
Burns/scalds/reactions	3	5
Defective Equipment	1	4
Delay In Treatment	14	0
Dissatisfied With Treatment	58	0
Failure Or Delay In Diagnosis	67	0
Failure To Ob Informed Consent	1	0
Failure To Obtain Consent	1	0
Failure To Recognise Complications	17	0
Failure To Warn Of Risk	1	1
Fall/slip	5	39
Infection - MRSA	1	0
Infection - Other	2	0
Lacerations/sores	3	0
Lack Of Care	1	1
Late Diagnosis And Treatment	4	0
Lifting/moving/handling	2	11
Moving/falling Objects	0	9
Needlestick	1	17
Operation Carried Out Negligently	39	0
Other	1	1
Stress	0	1
Treatment Carried Out Negligently	29	0
Violence & Aggression	0	6
<b>Total</b>	<b>252</b>	<b>95</b>

### 3.3 Aggregated analysis

There was a fall in number of incidents reported and a slight decrease in the number of complaints reported in Q4 08/09 compared with Q4 09/10, with an increase in numbers of new claims received (however, claims are often received some months/years after the initial event). A proactive safety culture has reducing numbers of complaints/claims and increasing incidents and so this trend will be monitored.

1.5% of incidents reported were graded as red, with 0.5% of complaints graded as red.

Details of key lessons learned are included at Appendix 1.

#### **4. Recommendations**

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

## Lessons Learned Q4 2009/10

### 1. Incidents

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

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

Examples of some of the red incidents and some key actions taken/lessons learned/completed are set out below:

Incident type	Lessons Learned/ Improvements/Actions taken
Delayed Diagnosis and delay in treatment	<p><b>Root cause – Failure to implement Supportive care Pathway.</b> No active treatment during early admission</p> <p><b>Action taken / lessons learned:</b> Use of Supportive Care Pathway to be publicised Trust-wide, together with any triggers for use</p>
Delay around the correct identity of patient with mental health issues	<p><b>Root cause –</b> Failure to alert on electronic systems regarding this patient and her previous history</p> <p><b>Action taken/lessons learned :</b> Alert system activated to be used for maternity cases on the electronic systems New style dividers in use that allow for the use of alert stickers in notes Training arranged for clerks</p>
Failure to Triage accurately in ED	<p><b>Root cause –</b> Recurrent incidents concerning Triage procedure</p> <p><b>Action taken/lessons learned:</b> Triage Competency Assessment Tool developed</p>
Failure to carry out admission screen for MRSA	<p><b>Root cause –</b> Recurrent incidents. Failure to carry out admission screen for MRSA</p> <p><b>Action taken/lessons learned:</b> Action underway to address failure to screen: i.e Formal policy introduced in EAU. Sticker to be placed on PTWR part of SAP II as reminder</p>
Milk feed given in IV line	<p><b>Root cause –</b> The incorrect syringe was used for an enteral feed. Nurse made an error which was exacerbated by non availability of correct syringes and NG tubes</p> <p><b>Action taken/lessons learned:</b> Black &amp; white syringes to be stored with iv equipment and not by bedside. Only use NG tubes compatible with purple syringes and NOT iv syringes Raise awareness through the risk newsletter</p>

## **2. Complaints**

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

- Risk assessment performed for the provision of oxygen, suction and electrics to each bed space
- Reminder to staff that the wearing of name badges is mandatory, followed up by spot checking of staff on duty to establish compliance

## **3. Claims**

The practice has been that solicitors instructed by the NHS Litigation Authority (NHSLA) to act on behalf of the Trust would prepare a formal report for each claim, which would include a number of specific risk management recommendations (if applicable).

- Due to the overall slower progression of litigation cases, no actions have yet been identified for this quarter.

## Sandwell and West Birmingham Hospitals



NHS Trust

<b>TRUST BOARD</b>
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<b>DOCUMENT TITLE:</b>	Sandwell Mental Health Trust – Governor's Report
<b>SPONSORING DIRECTOR:</b>	Rachel Overfield, Chief Nurse
<b>AUTHOR:</b>	Debbie Talbot, Assistant Director of Nursing
<b>DATE OF MEETING:</b>	24 June 2010

**SUMMARY OF KEY POINTS:**

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

Attached is a progress report to date.

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

Approval	Receipt and Noting	Discussion
	<b>X</b>	

**ACTIONS REQUIRED, INCLUDING RECOMMENDATION:**

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



**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	None specifically
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		
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience		
Communications & Media	<b>x</b>	Partnership working
Risks		

**PREVIOUS CONSIDERATION:**

Considered annually – last presented at the Trust Board meeting in June 2009

**Report to :** Trust Board  
**Report from:** Debbie Talbot, Assistant Director of Nursing – Quality  
**Dated:** June 2010  
**Subject:** Sandwell Mental Health and Social Care NHS FT Governor

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### **Introduction / Background**

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

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

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

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

### **June 2009 Up-date:**

- Welcome Event February 2009
- Meeting March 2009
- Induction Programme April 2009
- Meeting May 2009

### **July 2009 –June 2010 Up-date -**

#### **Meeting July 2009**

- Learning from mid Staffs
- Appointments
- Annual Report/accounts- *questions included risk if organisation went into a deficit position and comparisons with similar size organisations and the balance between quality delivery and cost.*
- Operational Performance for 2 months – *Headlines only presentation form – sickness 5.7% , target 6%*
- Decisions of the Board of Directors
- Governor Development
- Planning Services for the Future-categories – *service improvement, quality indicators and organisational change- exploration of use of Yorkshire Care Pathway (SMOCS)*

*Governors requested copy of presentation with minutes to read prior to meeting.*

*The presenters made frequent reference to the timing of the application for FT status and felt it was extremely complex.*

**Meeting Nov 2009**

- Appointments
- Governor development session oct 2009
- Appraisal framework for Chair and NEDs
- Report of Board of Directors – CQC, Operational Performance, Quality Strategy, Membership Development Strategy, Decision of Board of Directors
- Appointment of Lead Governor
- Annual Planning Process 2010/11

**Meeting Jan 2010- Planned Agenda:**

- Quality Framework
- Planning framework
- Appraisal of NED
- Report of Nominations Group – *sub-group to view appointments*
- Appointment of Dep Chairman
- Complaints Activity –*request by governors*

***\*This meeting was postponed** following the completion of one piece of urgent business whereby a public member was contacted via phone to contribute to proceedings regarding appointment of NED.*

*The quorum of public governors was not met*

*Suggestions from the group included texting members a day prior to the meeting*

*Mr Green was to investigate the legal position on the action taken and decision makings authority for groups when the quorum is not met. Can the group continue with agenda items which do not require a vote?*

**Meeting May 2010**

- Single Equality Scheme- *strategy presented*
- Decision of Board of Governors
- Operational Performance
- Annual Plan 2010/11

**Meeting May 2010-Agenda: (unable to attend).**

- Chairman's Communications
- Annual Plan 2010/11
- Annual Appraisals- Chairman, NED
- Membership of Assembly of Governors

## TRUST BOARD

DOCUMENT TITLE:	Health and Safety Annual Report – 2009/10
SPONSORING DIRECTOR:	Rachel Overfield, Chief Nurse
AUTHOR:	Dalvinder Masaun, Head of Health and Safety
DATE OF MEETING:	24 June 2010

### SUMMARY OF KEY POINTS:

- The Corporate Health Safety and Welfare Council met in accordance to its constitution consultation.
- The Trust received no improvement/prohibition notices or and was not subject prosecutions by the HSE.
- Further investment in moving and handling equipment.
- Health and Safety Files have been piloted and distributed to Divisions
- A total of 3153 Health & Safety incidents reported and entered on to the Trust database a 3% decrease on previous year (this includes Patient Accident data).
  - **Sharps** 177 sharps incidents were reported under this Health & Safety category (*previous year: 179; 1% decrease*).
  - **RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences)** 67 incidents were reported under this Health & Safety category (*previous year: 63; 6% increase*).
  - **Fire** 163 incidents were reported under this Health & Safety category (*previous year: 177; 8% decrease*).
  - **Moving & Handling** 85 incidents were reported under this Health & Safety category (*previous year: 101; 16% decrease*).
  - **Slips, Trips and Falls** 158 incidents were reported under this Health & Safety category (*previous year: 161; 2% decrease*).
  - **Violence** 179 incidents were reported under this Health & Safety category (*previous year: 147; 22% increase*).
  - **Verbal/Aggression** 334 incidents were reported under this Health & Safety category (*previous year: 444; 25% decrease*).
  - **Security** 239 incidents were reported under this Health & Safety category (*previous year: 217; 10% increase*).
  - **Patient Accidents** 1339 incidents were reported under this Health & Safety category (*previous year: 1340*)
- Total Safety Alerts received by the trust= 114
- H&S policies reviewed and published
- Moving and Handling Trainers moved to Learning and Development.

### 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 <b>RECEIVE AND NOTE</b> the annual report
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**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	None sepcifically
Annual priorities	
NHS LA standards	Safe environment: moving and handling & slips, trips and falls
CQC essential standards of quality and safety	Regulation 15 (Outcome 10): Safety and suitability of premises and Regulation 16 (Outcome 11): Safety, availability and suitability of equipment
Auditors' Local Evaluation	

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

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

**PREVIOUS CONSIDERATION:**

Usual annual update
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# HEALTH & SAFETY

## Annual Report

### 2009/2010

#### Contents

1. Report
2. Performance Indicators

Appendix 1 – Achievement against 2009/2010 targets  
Appendix 2 – 2010/2011 targets

## **1.0 HEALTH & SAFETY REPORT**

### **1.1 Introduction**

This report provides an overview of health & safety management activity in 2009/2010.

Performance against 2009/2010 targets has been measured (Appendix 1) and targets set for 2010/2011 (Appendix 2).

### **1.2 Accountability**

The Trust takes its responsibility for Health & Safety and Risk Management seriously and is committed to improving and developing risk management systems in a robust manner.

Mr John Adler (Chief Executive) has overall responsibility for Health & Safety. Mr Colin Holden (Director of Workforce) had Board level responsibility for Health & Safety. Dr Peter Verow is the Director of Occupational Health & Safety Services.

The Health & Safety Department is:

Head of Health & Safety	– Dalvinder Masaun
Health & Safety Manager	– Adrian Seeley
Ergonomics Advisor	– Sandra Mosses
Secretary	– Jacque Calloway

Moving & Handling trainers from this department were transferred to the Learning & Development Department in July 2009

The Trust's Health, Safety & Welfare Council (HSWC) meets quarterly and functions according to its agreed Constitution and Terms of Reference.

## **2.0 ORGANISATIONAL ISSUES**

### **2.1 Consultation**

The HSWC met quarterly and provided an effective channel for consultation activity. Membership is drawn from Divisional Management and Staff Side representatives. The Council's objectives are to:

- promote co-operation between Trust and its staff by creating, developing and implementing measures to ensure the health, safety and welfare at work of all staff
- study incident and reportable disease statistics and trends
- produce reports to management on unsafe and unhealthy conditions and practices, together with recommendations for corrective action
- examine health, safety and welfare reports and make recommendations as appropriate
- consider reports and factual information provided by Inspectors of enforcing authorities under HASAWA
- consider reports from staff and management representatives
- assist in the development of procedures and safe systems of work

- monitor the effectiveness of the safety content of staff training
- monitor the effectiveness of health, safety and welfare communication and publicity in the Trust

## 2.2 Enforcement

No enforcement action.

## 2.3 Training

### Mandatory training

General health & safety training continues to be conducted via corporate & local induction and mandatory refresher sessions. The content of H&S Corporate Induction and Mandatory training includes all the elements laid down in the NHSLA standard.

### Medical induction

Health & Safety induction for medical staff is carried out online.

Other mandatory training sessions were delivered as follows:

Course	Attended	DNA	Grand Total
Conflict Resolution	594	166	760
Conflict Resolution Update	1522	3	1525
Investigating Incidents, Complaints & Claims	914	0	914
MH Competency Assessment	650	93	743
MH Unit 10 Doctors	160	47	207
MH Unit 11 Students	194	7	201
MH Unit 2 General Mobility	1475	421	1896
MH Unit 3 Bed Mobility	972	296	1268
MH Unit 4 Table & Trolley Mobility	217	22	239
MH Unit 5 Equipment	514	135	649
MH Unit 6 Paediatric	160	53	213
MH Unit 7 Static Postures	172	51	223
MH Unit 8 Load Handlers	757	267	1024
MH Unit 9 Midwives	156	69	225
Risk Assessment	153	0	153
<b>Grand Total</b>	<b>8610</b>	<b>1630</b>	<b>10240</b>

Note: figures exclude Corporate Induction

## 2.4 Communication

### **Central Alerting System (CAS)**

CAS (Central Alert System) is an electronic system developed by the Department of Health which is used to distribute Medical Device, National Patient Safety Agency (NPSA) and DH Estates & Facilities alerts to all NHS and primary care trusts in England. It incorporates a feedback mechanism to record action taken by trusts following the receipt of alerts. The Trust also distributes its own safety alerts (Health & Safety Notices) using the CAS internal cascade system.



**Activity 1<sup>st</sup> January 2009 to 31<sup>st</sup> December 2010**

	<b>MDA</b>	<b>NPSA</b>	<b>HSN</b>	<b>DH</b>	<b>Total</b>
<b>Alerts issued</b>	88	18	6	2	<b>114</b>
<b>No action required</b>	69	1	0	1	<b>71</b>
<b>Action complete</b>	19	9	5	1	<b>34</b>
<b>Action ongoing</b>	0	8	1	0	<b>9</b>

MDA = Medical Devices Alert  
NPSA = National Patient Safety Agency

HSN = Health and Safety Notice (internal)  
DH = Department of Health

A detailed monthly CAS report on Safety Alerts is taken to the Risk Management Group.

### **3.0 PLANNING & IMPLEMENTATION**

#### **Risk Assessment**

Use of the Starter Assessments is embedded throughout the Trust. It is expected that all wards and departments complete their assessments and incorporate findings into Risk Registers as appropriate.

#### **The Health & Safety File**

The Health & Safety File was successfully piloted in five Divisions and has been introduced to all Divisions. It features five elements which enable the ward/department to apply sound management principles to the subject of risk:

- Policy (local responsibilities & arrangements)
- Organisation (control systems, competency, co-operation, communication)
- Planning & Implementation (risk assessment & risk controls)
- Measuring Performance (analysis of local inspection, incident, sickness absence data)
- Review (planned and ad-hoc reviews of the system to ensure continuous improvement)

#### **Moving & Handling Equipment**

The Trust made significant investment in various handling equipment including self-levelling trolleys, hovermatts, Bari-Air beds and hoverjacks.

#### **Health & Well-Being**

Publication of the Boorman Report in November 2009 has prompted plans to establish a Trustwide strategy for health and well-being amongst staff. This will be co-ordinated via a dedicated committee.

### **4.0 MEASURING PERFORMANCE**

All incidents are graded and colour-coded (red, amber, yellow and green in descending order of severity) using a standard Trust Incident Severity Matrix. Yellow and Green incidents are managed locally (i.e. by the ward or department). The

Divisional/Directorate risk leads are involved in the management of amber and red incidents, supported by the corporate risk team.

The total number of Health & Safety incidents reported and entered on to the Trust database was 3153 (3% decrease on previous year) for this period. Each incident was risk-rated to ensure an appropriate level of local and/or corporate action.

The focus on RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulation) reporting has been maintained by issuing a second internal Health and Safety Notice explaining the legal duties under RIDDOR.

Graphical analysis for our target cause groups can be found on pages 8 to 15.

## 5.0 AUDIT

### NHSLA Risk Management Standards for Acute Trusts

Preparations were made for a Level 2 audit of the Trust's systems to take place late 2009 or early 2010. This involved gathering evidence that supports the implementation of key standards. Criteria that Divisions focused on in connection with H&S standards were:

- Risk Assessment
- Incident Management
- Violence & Aggression
- Lone Working
- Stress
- Slips, Trips & Falls
- Moving & Handling

The NHSLA (Level 2) assessments have now been rescheduled as follows:

- Mock Assessment – 11 November 2010
- Full Assessment – 21 & 22 February 2011

The Trust successfully passed Level 1.

*Further details on the Standards can be found on the NHSLA's website.*

## 6.0 REVIEW

### 6.1 Policy Development

The Following policies were approved:

- Management of Contractors
- Restraint & Control
- Risk Assessment and Register
- COSHH
- Violence & Aggression
- Slips, Trips & Falls
- Stress at Work
- Fire
- Heatwave Plan
- Business Continuity Plan
- Missing Child/Baby abduction
- First Aid
- Gloves
- Estates Maintenance
- Working at Heights
- Moving & Handling

## 6.2 Needlestick Injuries

Director of Occupational Health conducted a formal review of needlestick prevention and management issues.

## 6.3 Legal Update\Examples of HSE Action relevant to the Healthcare Sector

### Legislation/Guidance

HSE launched its new Health & Safety Law poster. All posters should be replaced with the new version by 5 April 2014. Current posters are acceptable until then.

HSE revised its guidance to organizations that provide First-Aid training, in preparation for a new training regime launched in October 2009.

HSE's Laboratory updated its slip-resistant footwear performance data. This can be used when considering new or replacement PPE for staff.

### Prosecutions

#### Substances

Liverpool Heart & Chest NHS Trust was fined £35,000 (plus £12,862 costs) for failing to carry out tests for legionella in its water supplies.

A school was fined £16,500 (plus £2,500 costs) after a pupil lost all but two fingers as a result of burns from the use of Plaster of Paris.

#### Patient Falls

North East Essex Primary Care Trust was fined £10,000 (plus £4,972 costs) after a vulnerable and partially-sighted patient fell from a first floor window and sustained serious injuries.

#### Patient Bathing

A care home provider has been fined £100,000 with costs of £45,000 after a disabled teenager was lowered into a bath of scalding water and died from her injuries. Yelena Hasselberg-Langley, 18, suffered severe burns when she was lowered into the excessively hot bath at a supported living home in Oxfordshire.

#### Violence & Aggression

Mental Health Matters Ltd, a North East-based registered charity has been fined £30,000 with costs of £20,000 after one of their employees was killed by a service user.

### Improvement Notices

#### Violence & Aggression

Lack of risk assessments: NE London NHS Foundation Trust, Ipswich NHS Trust, Hillingdon NHS Trust

Slips, Trips & Falls

Lack of window restrictors: Grange Nursing Home, Medway NHS Foundation Trust, Holmwood Nursing Home, Seawind Care Services, Riseway Carehomes, Treasure Homes.

COSHH

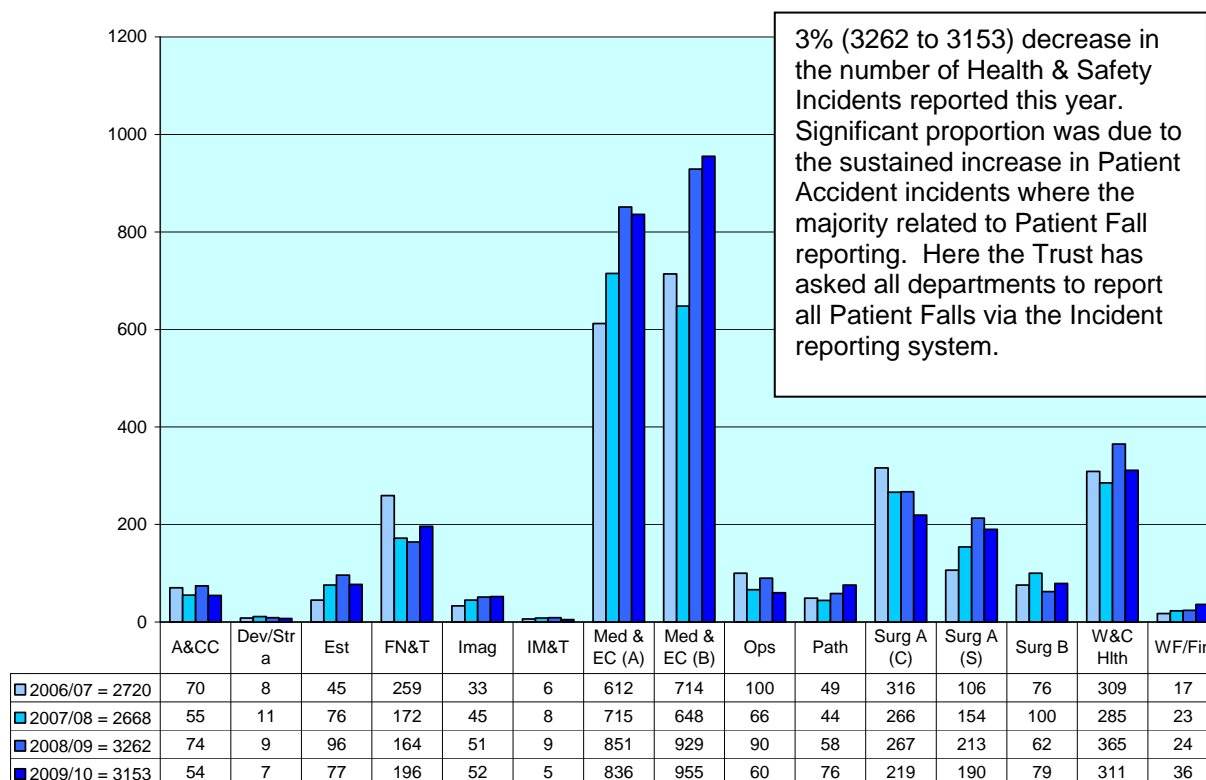
Liverpool PCT (Asbestos Mgmt), University Hosp. Leicester (Formaldehyde/Xylene in Histo Labs), Forestgate Healthcare (Legionella), Palms Row Healthcare (lack of risk assessment for cleaning products), Barts & London NHS Trust (lack of LEV test/inspection)

Misc.

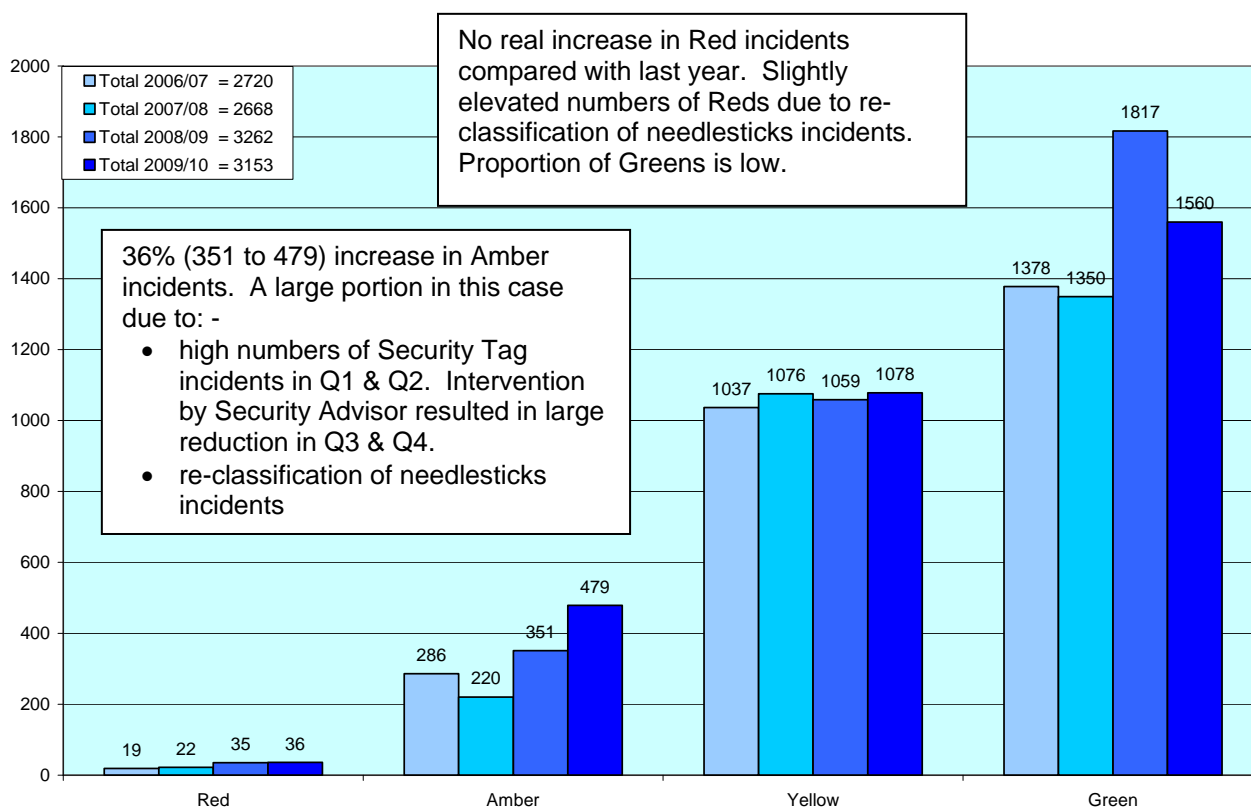
Cotdean Nursing Home (Cotsides & Hot surfaces), Fife Council (inspection of playground equipment), Lothian NHS (Vehicle/Ped segregation), Sheffield Teaching Hosp. (Defective platform in boiler house), Ashton Manor Care Home (M&H assessment), Southern Cross Healthcare (temp. controls on showers), Excel Carehomes (lack of hoist inspection), NHS Lothian (poor quality floors), Holcombe Hall (lack of lift inspection),

## 2.0 Performance Indicators

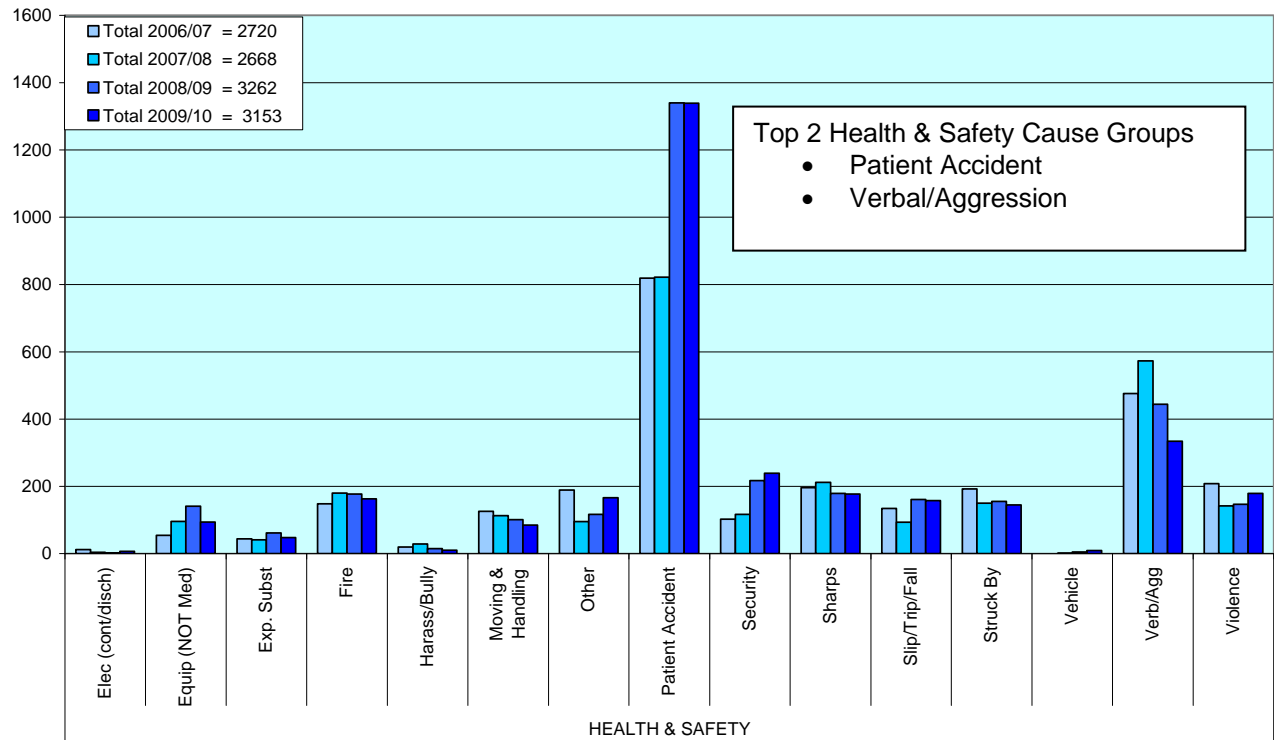
Graph 1 ALL INCIDENTS



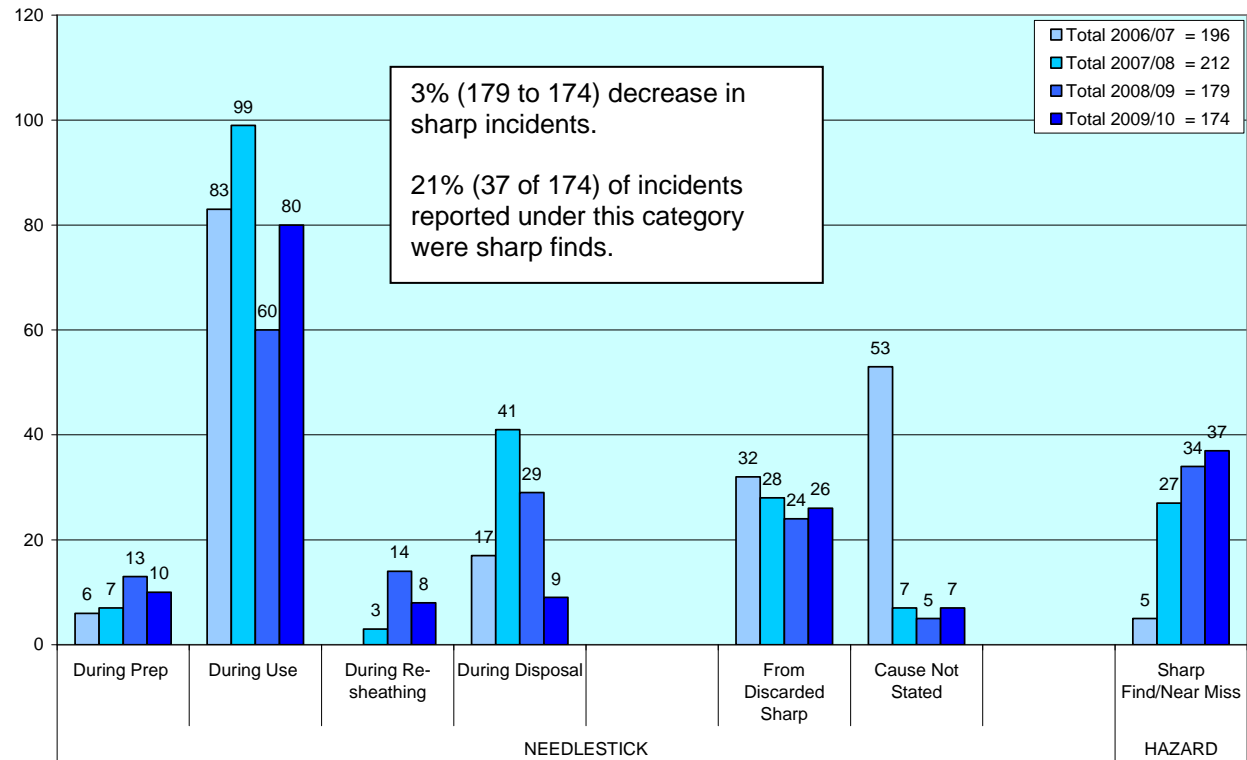
Graph 2 ALL INCIDENTS BY RISK RATING



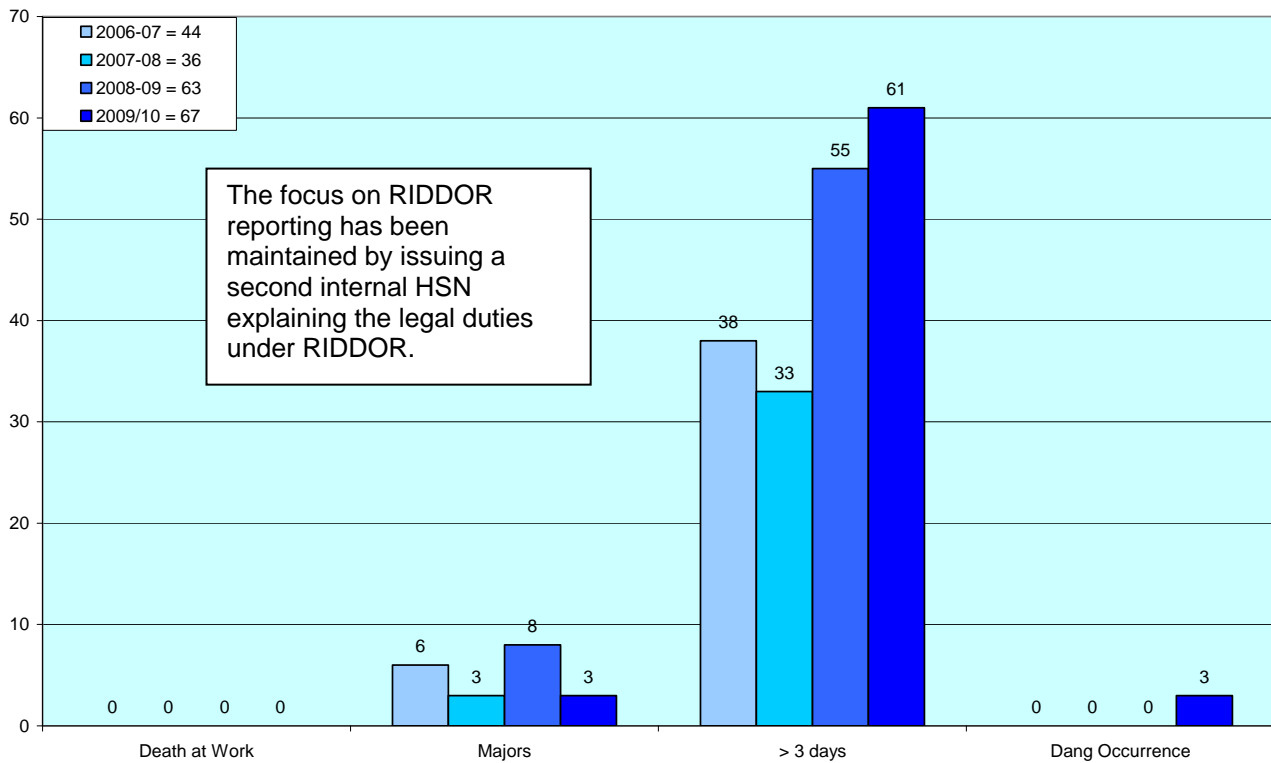
Graph 3 ALL INCIDENTS BY CAUSE GROUPS



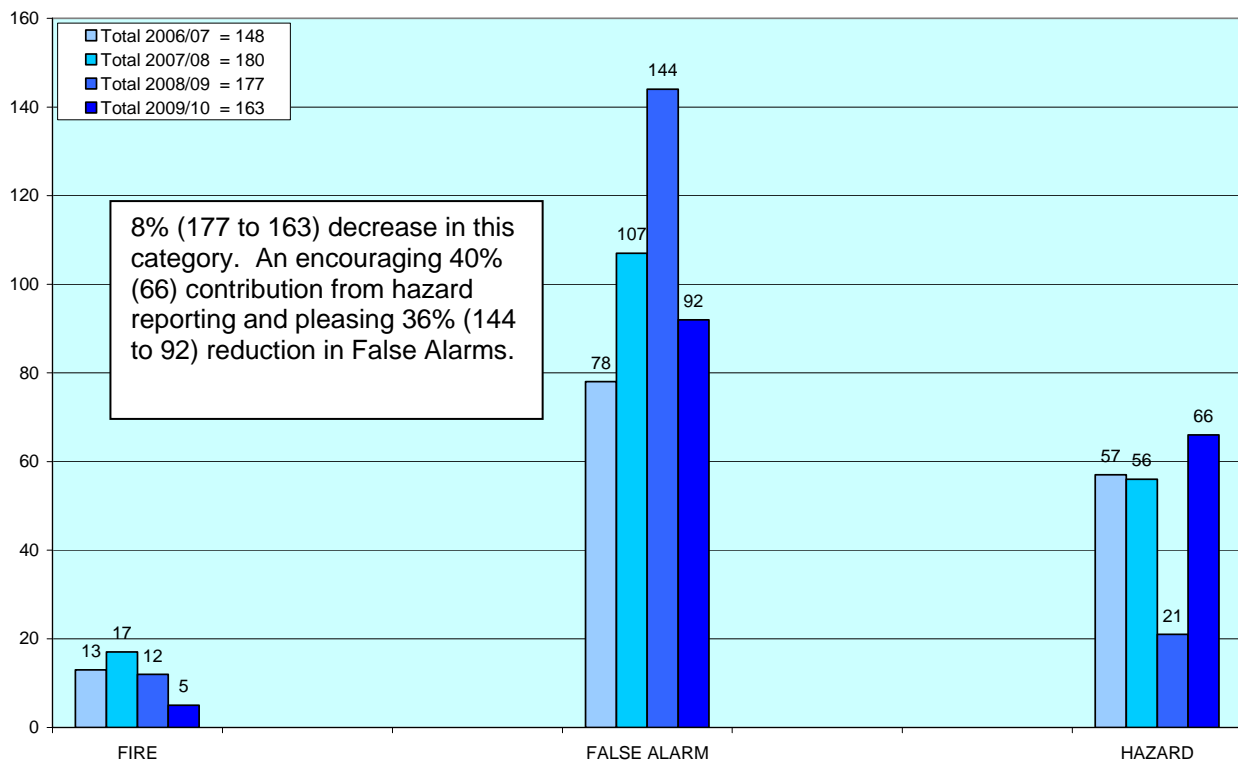
Graph 4 SHARPS

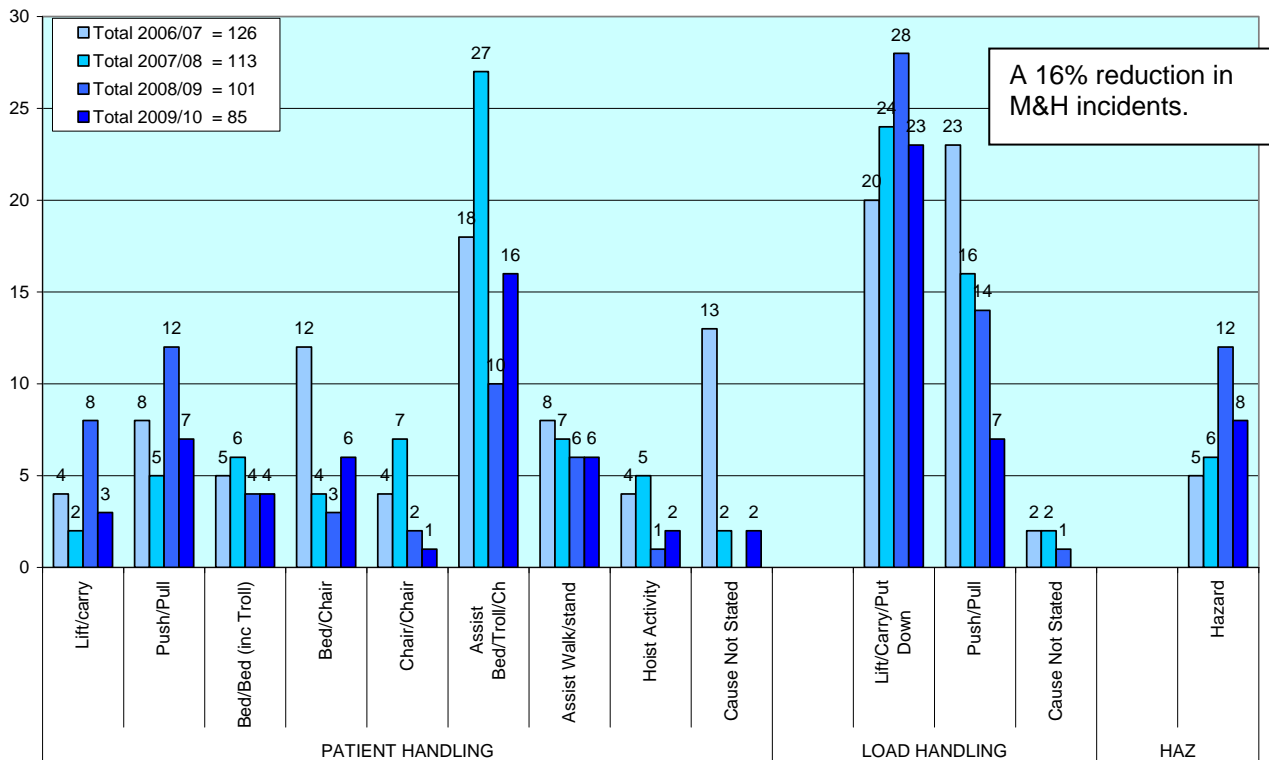
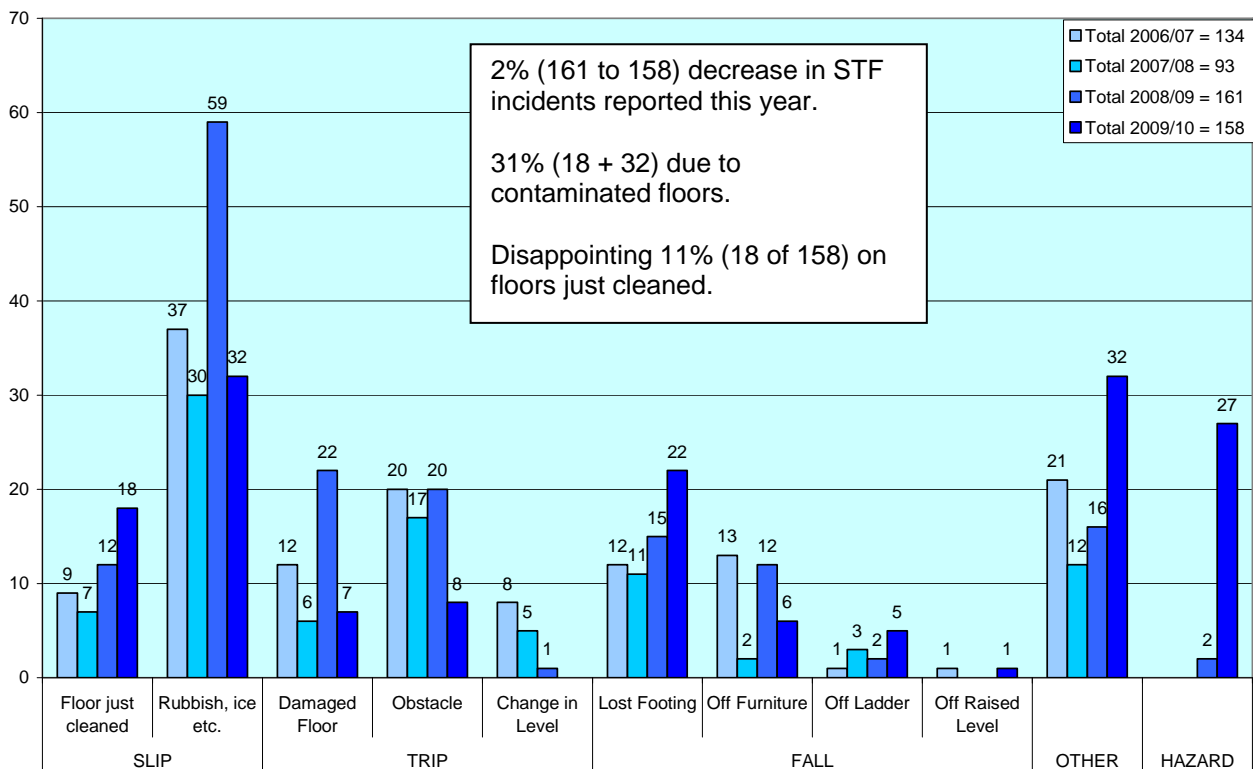


Graph 5 RIDDOR-reportable by HSE Category

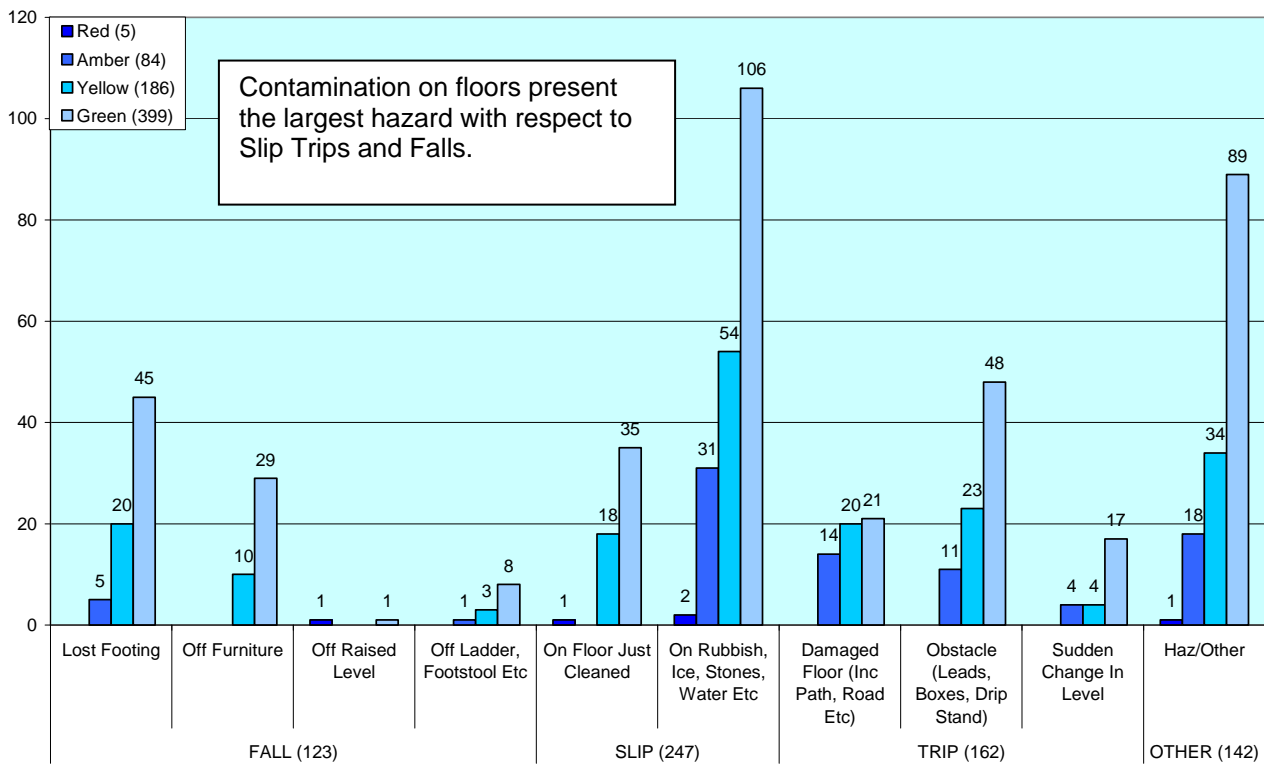
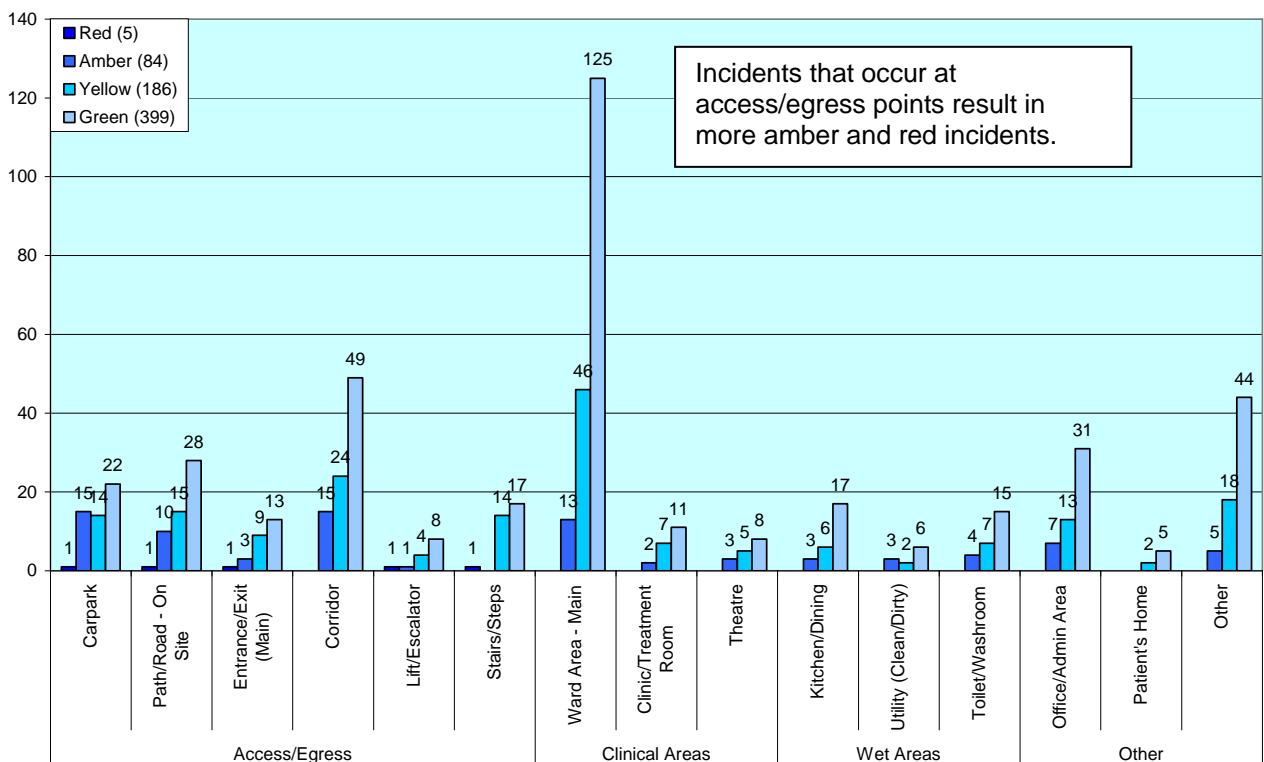


Graph 6 FIRE

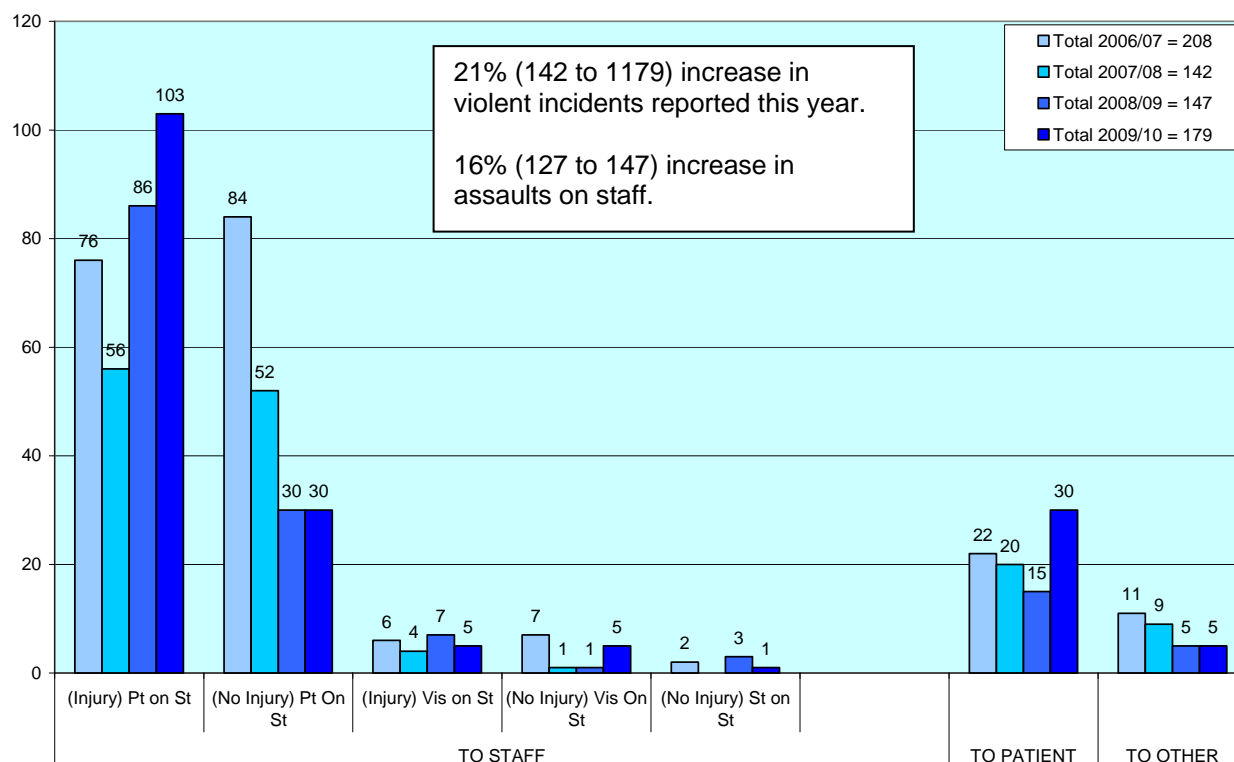


Graph 7 **MOVING & HANDLING**Graph 8 **SLIPS, TRIPS & FALLS**

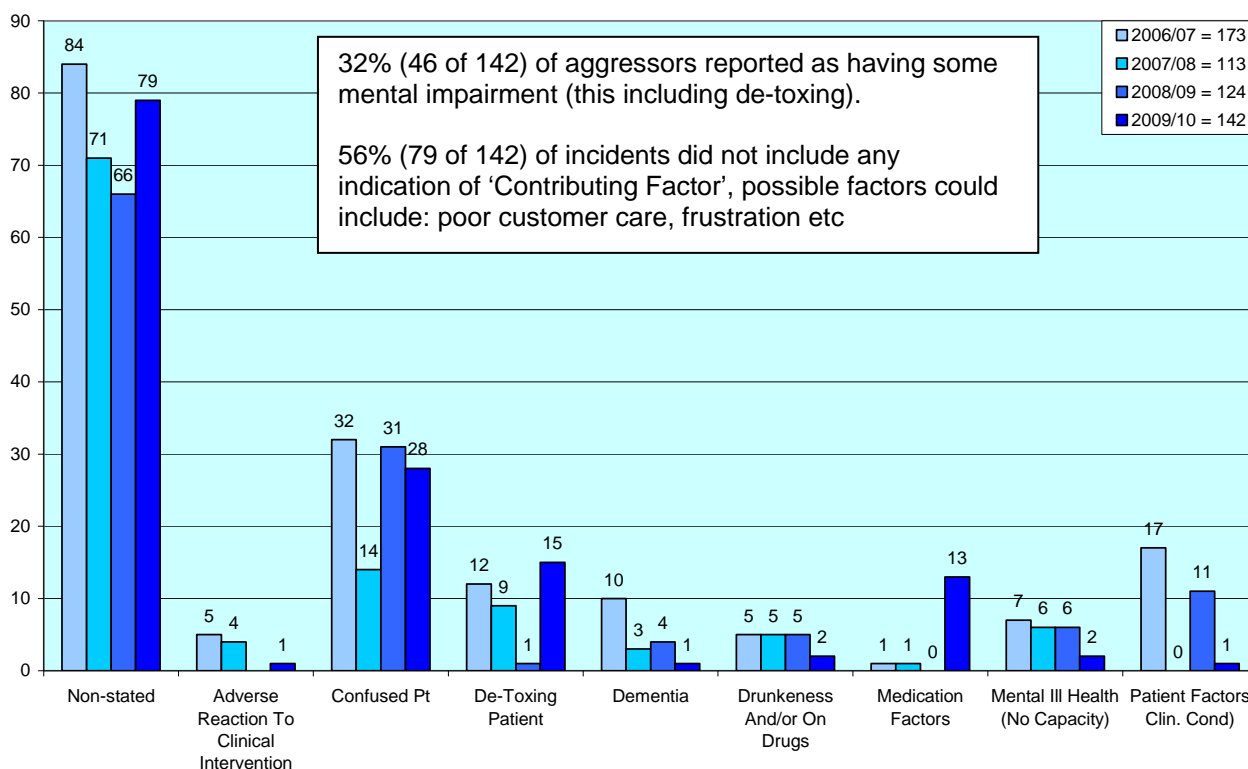


Graph 8a **SLIPS, TRIPS & FALLS (Grade by sub-Cause Group) April 2005 to March 2010**Graph 8b **SLIPS, TRIPS & FALLS (Risk Rating by Location) April 2005 to March 2010**

Graph 9 Violence



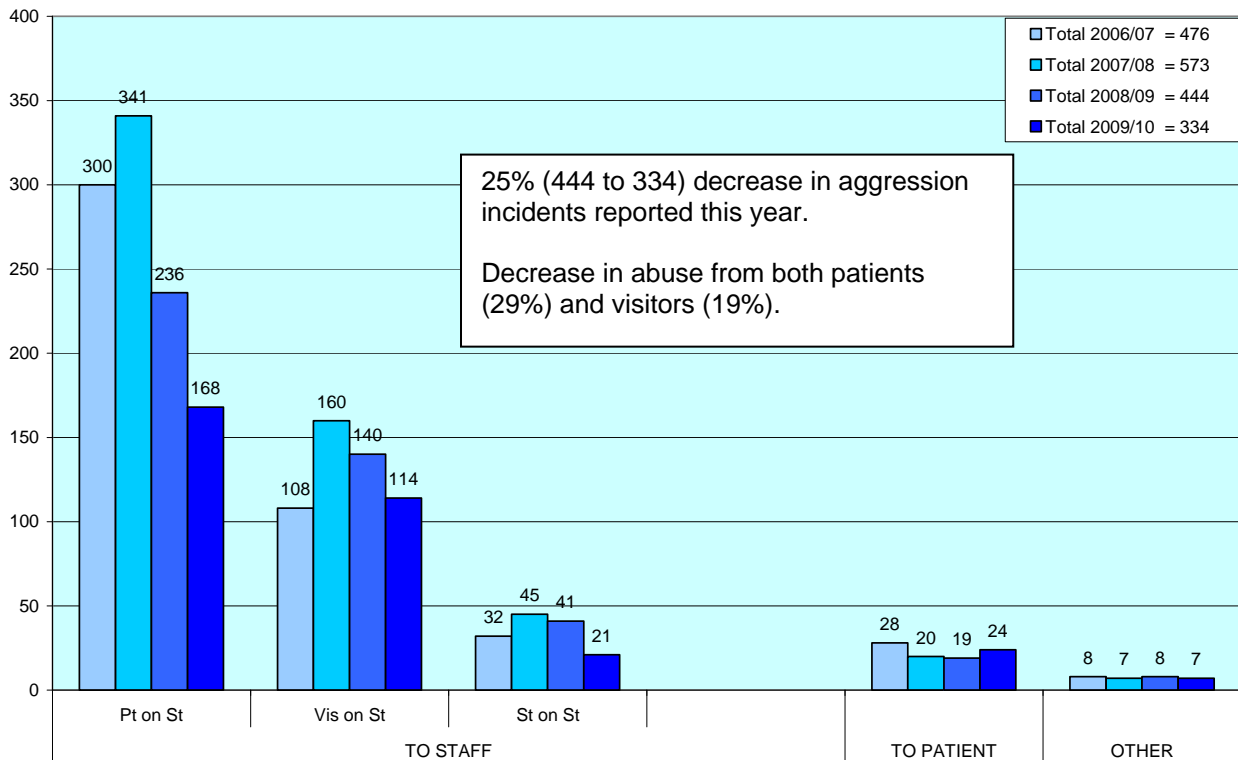
Graph 9a Violence (On staff\* by Contributing factor\*\*)



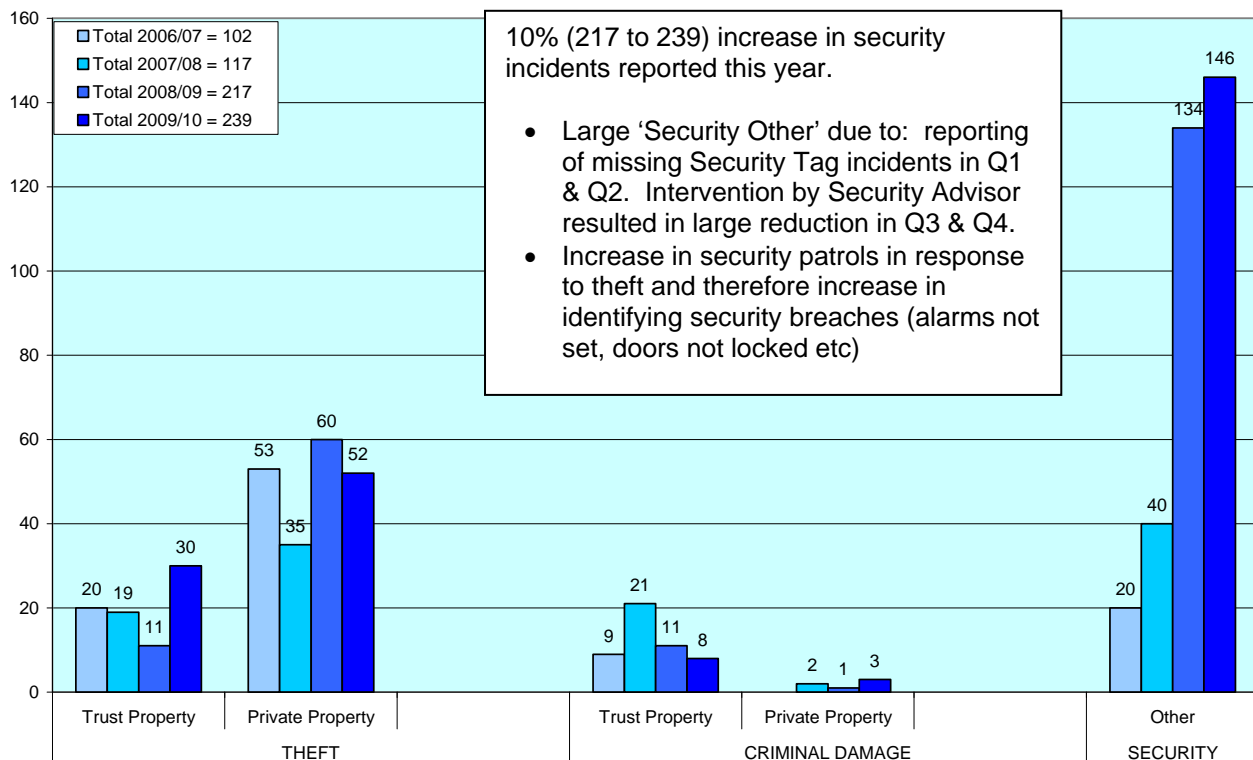
\* by visitors and Patients on staff only; \*\*Contributory Factors are taken directly from the incident form

"The MCA 2005 makes it clear that capacity is decision specific; just because I might not have capacity to consent to a surgical procedure that does not mean that I lack the capacity to recognize that lobbing missiles at nurses is not the right thing to do". Angus Mackenzie

Graph 10 Verbal Abuse/Aggression



Graph 11 Security



Graph 12 Patient Accidents

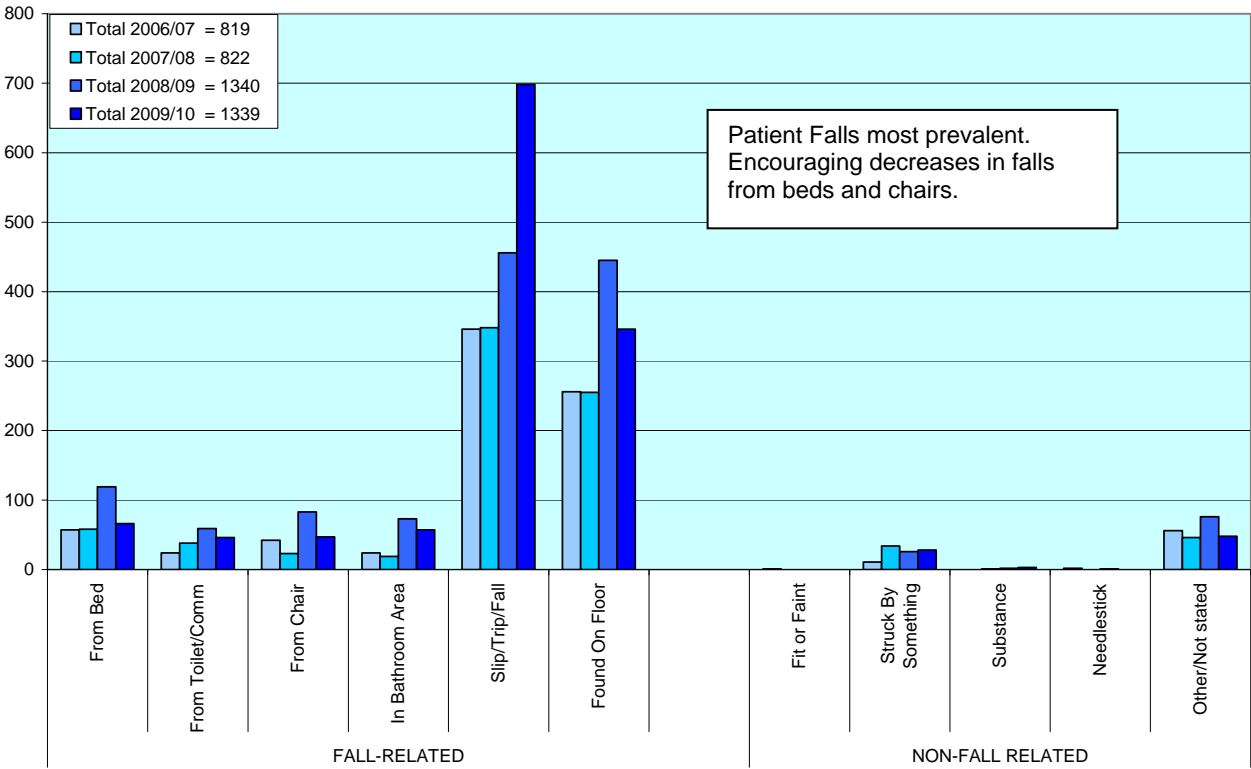


Table 1: **Reported Incidents** (Cause Group, Grade & Division) **2009/10****Appendix1**

	A&CC	D/S	Est	FN&T	Imag	IM&T	Med A-EC	Med B-EC	Ops	Path	Surg A C	Surg A S	Surg B	W&CH	WF/F	TOTAL
<b>Electricity (Contact)</b>		1	2	1				2						1		<b>7</b>
<b>Equipm'nt (Non-Med)</b>	1		3	15	5		11	15	4	4	10	3	3	18	2	<b>94</b>
<b>Exposure Substance</b>	7			3	2		9	3	4	7	6	2		5		<b>48</b>
<b>Fire</b>	3	1	8	36	4	1	45	9	5	8	15		1	25	2	<b>163</b>
<b>Harassment/Bullying</b>		1			1		2	3			1	1		1		<b>10</b>
<b>Moving &amp; Handling</b>	7	1	3	21	2		16	12	7	3	3	6		4		<b>85</b>
<b>Needlestick (Sharp)</b>	4		6	6	7		35	26	7	7	27	27	8	17		<b>177</b>
<b>Other Incident/Haz</b>	8		12	24	4		17	17	6	11	12	14	7	24	10	<b>166</b>
<b>Patient Accident</b>	5		4	2	12		395	688	9	1	83	74	27	39		<b>1339</b>
<b>Security</b>	3	1	5	24	1	2	41	31	7	8	12	9	6	85	4	<b>239</b>
<b>Slips, Trips &amp; Falls</b>	2	1	17	24	2	1	20	16	3	6	8	13	11	28	6	<b>158</b>
<b>Struck by Something</b>	1		13	20	8	1	21	17	6	15	15	5	5	12	6	<b>145</b>
<b>Vehicle</b>			2	5										2		<b>9</b>
<b>Verbal Abuse</b>	7	1	2	10	3		132	73	2	5	18	22	11	43	5	<b>334</b>
<b>Violence</b>	6			5	1		92	43		1	9	14		7	1	<b>179</b>
<b>**TOTAL **</b>	<b>54</b>	<b>7</b>	<b>77</b>	<b>196</b>	<b>52</b>	<b>5</b>	<b>836</b>	<b>955</b>	<b>60</b>	<b>76</b>	<b>219</b>	<b>190</b>	<b>79</b>	<b>311</b>	<b>36</b>	<b>3153</b>
	A&CC	D/S	Est	FN&T	Imag	IM&T	Med A-EC	Med B-EC	Ops	Path	Surg A C	Surg A S	Surg B	W&CH	WF/F	
<b>Red</b>				3			20	5	2	1	2	2	1			<b>36</b>
<b>Amber</b>	15		7	30	6	1	111	90	7	8	41	57	14	88	4	<b>479</b>
<b>Yellow</b>	11	5	26	43	16	2	299	306	22	27	68	79	26	136	12	<b>1078</b>
<b>Green</b>	28	2	44	120	30	2	406	554	29	40	108	52	38	87	20	<b>1560</b>
<b>**TOTAL **</b>	<b>54</b>	<b>7</b>	<b>77</b>	<b>196</b>	<b>52</b>	<b>5</b>	<b>836</b>	<b>955</b>	<b>60</b>	<b>76</b>	<b>219</b>	<b>190</b>	<b>79</b>	<b>311</b>	<b>36</b>	<b>3153</b>

**ABBREVIATIONS**

<b>A&amp;CC</b>	Anaesthetics & Critical Care	<b>FN&amp;T</b>	Facilities, Nursing & Therapies
<b>D/S</b>	Development/Strategy	<b>Ops</b>	Operations
<b>Est</b>	Estates & Capital Projects	<b>Path</b>	Pathology
<b>WF/F</b>	Workforce/Finance	<b>Surg A C</b>	Surgery A (City)
<b>IM&amp;T</b>	Information Management & Technology	<b>Surg A S</b>	Surgery A (Sandwell)
<b>Imag</b>	Imaging	<b>Surg B</b>	Surgery B
<b>Med A-EC</b>	Medicine A & Emergency Care	<b>W&amp;CH</b>	Women & Child Health
<b>Med B-EC</b>	Medicine B & Emergency Care		
<b>RIDDOR</b>	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations		

**Appendix 1**Health & Safety Objectives 2009/10

OBJECTIVE	TARGET (by quarter end)	STATUS
<b>Policy</b>		
Review, draft (in accordance with new format) and implement any H&S policies that need to be reviewed as necessary	4	Achieved
<b>Organisation</b>		
Produce quarterly H&S reports	1, 2, 3 & 4	Achieved
To offer one Risk Assessment Workshop per month	4	Achieved
<b>Planning &amp; Implementation</b>		
Implement web-based incident reporting system	4	Not Achieved
Support the collection of H&S evidence for NHSLA Level 2 Assessment <i>Assessment date changed to December 2009</i>	4	Achieved
<b>Measuring Performance</b>		
Monitor reactive performance indicators	4	Achieved
Monitor non-attendance trends in M&H training course delivery	4	Achieved
Monitor pro-active performance indicators	4	Not Achieved

Health & Safety Objectives 2010/11

OBJECTIVE	TARGET (by quarter end)
<b>Policy</b>	
Review, draft (in accordance with new format) and implement any H&S policies that need to be reviewed as necessary	4
<b>Organisation</b>	
Produce quarterly H&S reports	1, 2, 3 & 4
To offer one Risk Assessment Workshop per month	4
<b>Planning &amp; Implementation</b>	
Implement web-based incident reporting system	4
Support the collection of H&S evidence for NHSLA Level 2 Assessment <i>Assessment date changed to December 2009</i>	3
Implement "Staff Health and Well-being Strategy (Boorman Report)	4
<b>Measuring Performance</b>	
Monitor reactive performance indicators	4

## TRUST BOARD

<b>DOCUMENT TITLE:</b>	Right Care Right Here Progress Report
<b>SPONSORING DIRECTOR:</b>	Richard Kirby, Chief Operating Officer
<b>AUTHOR:</b>	Jayne Dunn, Redesign Director – RCRH
<b>DATE OF MEETING:</b>	24 June 2010

### 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 May 2010 and includes a copy of the *Right Care Right Here* Programme Director's report to the Right Care Right Here Partnership.

It covers:

- Progress of the Programme including performance data for exemplar projects against targets for April 2009 – March 2010.
- Update of commissioning arrangements.
- Review of Acute and Urgent Care capacity in Birmingham, Sandwell and Solihull.

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

Approval	Receipt and Noting	Discussion
	<b>X</b>	

### ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

1. NOTE the progress made with the Right Care Right Here Programme including the end of year (2009/10) performance for exemplar projects .
2. NOTE that a commissioner led review of acute and urgent care capacity in Birmingham, Sandwell and Solihull is underway with a report and recommendations being due in September 2010.

### ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Care Closer to Home: Ensure full Trust participation in the delivery of Right Care, Right Here programme exemplars project
Annual priorities	
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	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 reports to Trust Board

**SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST**

**RIGHT CARE RIGHT HERE PROGRAMME: PROGRESS REPORT  
JUNE 2010**

**INTRODUCTION**

The Right Care Right Here Programme is the partnership of S&WBH, HoB tPCT, Sandwell PCT and Birmingham and Sandwell local authorities leading the development of health services within Sandwell and Western Birmingham. This brief paper provides a progress report for the Trust Board on the work of the Programme as at the end of May 2010.

This report is in three sections:

- a) Overview of the work of the Right Care Right Here Programme
- b) Programme Director's report as presented to the Right Care Right Here Partnership and the Boards of Sandwell and HoB PCTs (Appendix 1)
- c) Service Redesign Performance Report for April 2009 – March 2010 (Appendix 2 - separate spreadsheet with performance data)

**OVERVIEW**

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

Development of Travel and Access Strategy

The Transport and Access Group within the RCRH Programme has been working to develop a travel and access strategy. Work to date has included agreement on the Mission and Objectives of the strategy as well as its overall shape and the principles to be followed. Following the Review of the Programme and confirmation of the PCT plans for physical facilities a detailed mapping and analysis of the travel times by public transport from all parts of the local health economy to the new and refurbished facilities has been undertaken.

In order to complete the strategy including tactics and interventions for improving public transport services input from professional expertise is required. Following a process in which interested parties were invited to put forward bids for this work JMP, who have a clear and respected track record in this area, have been appointed. Following further development and consultation the strategy will be presented to the RCRH Partnership Board for agreement in September 2010.

Commissioning Arrangements

Further to the SHA establishing PCT clusters Moira Duma, the Chief Executive of South Birmingham PCT, has been appointed to the Birmingham Cluster Chief Executive role and Rob Bacon, Chief Executive of Sandwell PCT, has been appointed to the role of Black Country Cluster Chief Executive.

It is expected that all relevant Birmingham community provider services will be transferred to South Birmingham community provider by October 2010.

Acute and Urgent Care Capacity Review

Birmingham PCTs are undertaking a review of acute and urgent care capacity in Birmingham. This is a commissioner led review and Les Williams, RCRH Programme Director is a member of the review group. He has raised and had confirmed that the review should include Sandwell in order to give a Birmingham, Solihull and Sandwell-wide view of the level of bed capacity that will be required. The

timeframe for the review includes that a completed report, with recommendations, will be available by September 2010 to acknowledge the timeframe being pursued for the New Acute Hospital's Outline Business Case. The review will engage all acute providers and the intention is that a provider engagement group will be set up in June/July.

### Project Performance

Appendix 2 presents the performance of the exemplar projects for the period April 2009 – March 2010 (first and second wave).

All services for which there was an exemplar project have now been assigned 'green' status as the total activity that has transferred to community settings has exceeded the 09/10 target assigned to each project. Against the total target of 146,000 patient events i.e. mix of outpatients, community contacts, community bed days and avoided admissions, 193,000 patient events were delivered representing 32% over performance against the plan.

A comparison against the 2008/09 achievement of 122,000 patient events being delivered in a community location, the delivery of 193,000 events by the end of March 2010 represents an increase of 71,484 events, or a 59% increase in the amount of care being delivered in community settings.

The table below sets out the proportion of activity by each area of care for which there was an exemplar project.

### **2009/10 Yearend Position: Proportion of Activity delivered in Community Settings as a % of Total Activity**

PROJECT	09/10 ACTIVITY COMMUNITY (a)	09/10 ACTIVITY ACUTE (b)	% OF TOTAL ACTIVITY PROVIDED IN COMMUNITY SETTINGS (% of a + b)
Urgent Care	59,480	197,241	23
Intermediate Care	52,001	n/a	n/a
Musculoskeletal	25,567	38,458	40
Ophthalmology	21,782	34,449	39
Dermatology	6,568	30,307	18
Respiratory	3,359	4,873	41
ENT	10,438	11,610	47
Cardiology	6,296	47,901	12
Gynaecology	1,197	22,501	5
Diabetes	6,788	9,492	42

Note: Context information for intermediate care to be defined

### Service Redesign Activity :

The three new work streams, i.e. *Urgent and Emergency Care Network*, *Intermediate Care* and *Demand Management - Referrals/Outpatients*, have all established core groups that are meeting regularly. Each group has identified objectives and is now identifying priority areas and setting up working groups and processes to undertake work around these priorities.

### Care Pathways

Following the Care Pathway Prioritisation event on 7<sup>th</sup> April further work is underway to shape the final order in which the service areas are redesigned through Care Pathway Reviews. This will be presented to the RCRH Strategy Group before the end of June.

The first Care Pathway Review for Acute Coronary Syndrome was undertaken on Friday 7<sup>th</sup> May. Feedback from the Clinical Review Group was positive, the view being that the process worked well and that the review was able to be carried out in the established timeframe. The resulting pathway has been developed on the Map of Medicine and has been circulated to Review Group members for final checks. The next step is to undertake a high level resource impact statement to enable the pathway to

be presented to the Clinical Group for governance approval and subsequent publication. The Strategy Group and work stream will have a role in approving and agreeing the mechanism for the subsequent implementation of the redesigned pathway. The next planned Care Pathway Review is for Arrhythmia with dates being planned for Diabetes (Insulin, Type 2, Renal, Foot Health and Pregnancy) and Musculoskeletal pathway reviews.

Map of Medicine awareness sessions continue with GPs and SWBH Consultants.

## **RECOMMENDATIONS**

The Trust Board is recommended to:

1. NOTE the progress made with the Right Care Right Here Programme including the end of year (2009/10) performance for exemplar projects .
2. NOTE that a commissioner led review of acute and urgent care capacity in Birmingham, Sandwell and Solihull is underway with a report and recommendations being due in September 2010.

Jayne Dunn  
Redesign Director – Right Care Right Here  
17<sup>th</sup> June 2010



### RIGHT CARE RIGHT HERE PROGRAMME

<b>Report to:</b>	<b>Right Care Right Here Partnership Board</b>
<b>Report of:</b>	<b>Les Williams, Programme Director</b>
<b>Subject:</b>	<b>Programme Director's Report</b>
<b>Date:</b>	<b>Monday, 24<sup>th</sup> May, 2010</b>

## 1. Summary and Recommendation

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

The Partnership Board is recommended to:

- Discuss and agree the approach for developing and confirming the Programme Risk Register
- Note the content of the remainder of the report.

## 2. Development of Risk Register for the Programme

As members will be aware from my report on 2009/10 objectives last month, the development of the Programme Risk Register was not completed last year due to the disruptive effect of the Programme Review.

It is therefore timely, now that the Review is complete, and the national political picture is becoming clearer, to update our view of the risks facing the development and delivery of the Programme. Attached at Appendix 1 is a copy of the agreed risks, which shows scores for Impact and Likelihood.

The Partnership Board is asked to discuss how they wish to take forward the development of the Risk Register. The steps required are:

- Review and update of risks facing the Programme and scoring of risks
- Analysis of current controls and sources of assurance and gaps in controls and assurance
- Development of mitigation plans to remove or reduce risk
- Scoring of residual risk
- Sign off of complete Risk Register

My proposal is as follows:

<b>Action</b>	<b>Mechanism</b>	<b>Complete by</b>
Review and update of risks facing the Programme and scoring of risks	June Partnership Board meeting	28 <sup>th</sup> June 2010
Analysis of current controls and sources of assurance and gaps in controls and assurance	Strategy Group	July
Development of mitigation plans to remove or reduce risk	Strategy Group and other colleagues as required	August/September
Scoring of residual risk	Strategy Group to score provisionally	End September
Sign off of complete Risk Register	Partnership Board	25 <sup>th</sup> October 2010

### **3. Development of Travel and Access Strategy**

As members will be aware, the Transport and Access Group has been working to develop a travel and access strategy for the Programme. This work was well advanced in 2009 and included the agreement of the Mission and Objectives at the Partnership Board in 2009. In addition, a workshop on 12<sup>th</sup> June 2009 had agreed the overall shape of the strategy, including the principles to be followed, which were reported to the Partnership Board. This work was then halted because of the Review of the Programme. With the end of the review, work was commenced again and significant progress has been made.

As the PCT plans for physical facilities have been confirmed, it has now been possible to undertake the detailed mapping and analysis of the travel times by public transport from all parts of the local health economy to the new and refurbished facilities to be provided. This has been undertaken for:

- The New Acute Hospital at Grove Lane
- The three Community Hospitals, Town Centres in Sandwell and the Outpatient and Diagnostic Centre in Heart of Birmingham
- Neighbourhood Centres in Sandwell and Primary Care Centres in Heart of Birmingham

It was recognised by the Transport and Access Group that professional expertise in the final development of the strategy, including tactics and interventions for improving public transport services, for publication in draft form would be required. A brief was developed and sent to 11 companies in April 2010, with a guide cost of no more than £12,000, within the budget allocated for the Programme.

Three companies responded that they did not wish to submit bids, one did not respond and seven bids were received. These were evaluated on Friday 7<sup>th</sup> May by a panel of three members of the Transport and Access Group. The company appointed was JMP who have a clear and respected track record in this area. This was one of five companies which met the requirement on cost.

I am meeting with JMP on Monday 17<sup>th</sup> May to put in place a programme for the detailed work to be undertaken. The requirement is for a draft strategy and action plan to be developed by mid June, for agreement by the Transport and Access Group. This will then be subject to

consultation with relevant public and stakeholder groups, prior to presentation to the Partnership Board for agreement in September 2010.

## **4. Commissioning Arrangements in Birmingham**

### **4.1 Birmingham PCTs Briefing Issue No.6**

The three Birmingham PCTs have published Issue No. 6 of their bulletin, given as Appendix 2. As members will see, it explains that Moira Dumma, the Chief Executive of South Birmingham PCT, has been appointed to the Birmingham Cluster Chief Executive role. It is expected that all relevant Birmingham community provider services will be transferred to South Birmingham community provider by October 2010.

It should be noted that Rob Bacon, Chief Executive of Sandwell PCT, has been appointed to the role of Black Country Cluster Chief Executive.

### **4.2 Acute and Urgent Care Capacity Review**

I attended a meeting of this review group on 6<sup>th</sup> May and I attach, in draft, the proposed terms of reference for the group, and the draft notes of the meeting at Appendices 3 and 4.

There are several points to note:

- The intention is to hold a provider engagement group shortly after the next meeting of the review group on 10<sup>th</sup> June. The intention of this is to engage all acute providers in the review.
- The notes of the meeting have omitted the fact that I raised and had confirmed during the meeting that the review would include Sandwell as well as Birmingham and Solihull. I have raised this and asked for it to be corrected.
- The analysis to be undertaken is to be based on the assumptions used within the Right Care Right Here Activity and Capacity Model, as this gives a good approach to delivering best practice. Martin Samuels proposed this and will develop a template to go to all the PCTs involved to complete with their provider based activity. This will give a Birmingham, Solihull and Sandwell-wide view of the level of bed capacity that will be required.
- The timeframe for a completed report, with recommendations, is September 2010 to acknowledge the timeframe being pursued for the New Acute Hospital's Outline Business Case.

I will report in detail on further meetings as they take place.

## **5. Medical Engagement Action Plan**

Following the medical engagement events in January and February 2010, an action plan has been developed with lead responsibility for 22 actions being identified. A copy of the agreed action plan is given at Appendix 5. Progress against this is being monitored each month through the Medical Engagement Sponsor Group, which comprises Chief Executives and lead clinicians from the two PCTs, Sandwell and West Birmingham Hospitals and Sandwell Mental Health and Social Care NHS foundation Trust.

Two Medical Engagement briefings have been issued following meetings of the Sponsor Group. These have been issued to PEC Chairs and Medical Directors, and copied into Chief Executives and Communications Leads so that the messages can be incorporated into the existing medical and clinical engagement channels in each organisation.

A social event for GPs and Consultants has been arranged for 26<sup>th</sup> May 2010 at the Botanical Gardens, Birmingham.

## **6. World Class Commissioning Panel Days**

At the end of April and beginning of May, Heart of Birmingham teaching PCT and Sandwell PCT were each reviewed against their World Class Commissioning Strategic Plans by a panel of external assessors, chaired by Eamonn Kelly, Director of Commissioning at the Strategic Health Authority. The purpose of the day is to challenge and scrutinise the PCT's self-assessment of its position against the 11 World Class Commissioning competencies. The day involved a presentation by the Chief Executive ('The Pitch on the Patch'), followed by whole Board and sub group sessions where the panel members had the opportunity to challenge particular issues in more detail.

Each PCT performed well on the day receiving positive feedback. The scores given by the Panel will be moderated through a national process in early June and it is expected that the final scores and ratings will be available at the end of June.

## **7. Recommendation**

The Partnership Board is recommended to:

- Discuss and agree the approach for developing and confirming the Programme Risk Register
- Note the content of the remainder of the report.

**Les Williams**  
**Programme Director**

2010-05-13 – prog dir report - lnw





**RIGHT CARE, RIGHT HERE PROGRAMME**  
**Acute to Community Activity Transfer Report**  
**Report April-March 09/10**

PROJECT	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	% Over/ Under YTD	Yearend Target		PROJECT LEAD	Comments	
OPHTHALMOLOGY Target (CL OPs) Actual Variance	1,273 1,763	1,273 1,496	1,273 1,833	1,272 1,984	1,273 1,705	1,273 1,849	1,273 1,947	1,273 1,993	1,272 1,650	1,273 1,760	1,273 1,674	1,273 2,127	15,274 21,782 6,508		43	15,274	<div></div>	Vacant SPCT	Activity exceeding targets, with the highest level of patients seen in community clinics during March (313 patients more than the monthly average). Programme has requested reason for increase in March.
DERMATOLOGY Targets: Community (CL OPs) Actual Variance Primary Care - GPwSI (OPs) Actual Variance	267 377	267 362	267 422	265 353	266 241	267 283	266 331	267 288	267 200	266 266	267 209	266 253	3,198 3,585 387		12	3,198	<div></div>	Vacant HOB IPCT	Activity exceeding targets, the combined SWBH delivered community and GPwSI outpatients exceeding the annual target by 37% (1768 outpatients).
	134 178	134 187	134 260	132 275	134 188	133 288	134 292	133 258	134 280	133 197	134 256	133 324	1,602 2,983 1,381		86	1,602	<div></div>		
RESPIRATORY Targets: Community - Nurse-led (OPs) Community Respiratory Service - Sandwell Oxygen Community BTC Community SGH Community HOB Actual Variance Primary Care - GP/Nurse/GPwSI (OPs) Actual Variance	80 56 45 78 107 286	80 46 55 68 107 276	90 57 41 66 105 269	100 61 37 86 109 293	100 59 35 71 55 220	80 71 35 74 96 276	80 70 44 89 63 266	70 58 37 106 90 291	60 63 42 48 84 237	90 80 36 86 90 288	90 64 19 89 138 310	114 90 28 95 134 347	1,034 775 454 956 1,174 3,359 2,325 432 0 -432		225	1,034	<div></div>	Vacant SPCT	Total community activity exceeding overall target, with the primary care activity delayed until the Spirometry LES (SPCT) is signed off (anticipated April).  Current position regarding the Spirometry LES to be confirmed by SPCT
	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	432 0			n/a	432	<div></div>		
ENT Target (CL Outpatients) Actual Variance	822 855	822 867	822 1,039	821 1,064	821 756	822 927	822 978	821 765	822 791	822 579	822 856	821 961	9,860 10,438 578		6	9,860	<div></div>	Jane Clark SWBH	Activity exceeding target.
CARDIOLOGY Targets: Community (CL OPs) Actual Variance Community (NCL OPs & Comm. Contacts) SPCT Heart Failure Team SPCT Cardiac Rehab Team (com. contacts) HoB Heart Failure Nurse Clinics Actual Variance	65 83	65 75	65 77	65 94	65 53	66 99	65 86	66 86	65 58	65 85	65 66	65 98	782 960 178		23	782	<div></div>	Vacant SPCT	Activity exceeding targets.  Programme has requested explanation regarding SPCT Cardiac Rehab Team activity.
	156 254 321 33 608	156 246 261 31 538	155 365 154 37 556	156 600 70 24 694	155 325 54 23 402	155 364 12 15 391	156 307 10 27 344	156 369 14 16 399	155 315 10 33 358	156 348 9 23 380	156 326 1 17 344	155 301 0 21 322	1,867 4,120 916 300 5,336 3,469		186	1,867	<div></div>		
GYNAECOLOGY Target (CL OPs) Actual Variance	88 99	88 105	88 112	88 124	87 79	87 91	88 94	88 104	88 111	88 76	87 100	88 102	1,053 1,197 144		14	1,053	<div></div>	Therese McMahon HOB IPCT	Activity exceeding target.
DIABETES Targets: Community (CL OPs) Actual Variance Primary Care (NCL Ops & Comm. Contacts) Actual Variance	486 343	487 324	486 400	486 358	487 306	486 420	486 319	486 430	486 303	487 345	486 324	486 325	5,835 4,197 -1,638		-28	5,835	<div></div>	Olivia Amartey HOB IPCT	Activity has exceeded targets overall.
	30 99	31 184	30 306	30 286	30 156	30 210	30 265	30 277	30 265	30 162	30 203	30 178	361 2,591 2,230		618	361	<div></div>		

SUMMARY YEAREND PERFORMANCE	09/10 Target	09/10 Actual	Variance Nos. %	
Urgent Care Attendances	54,710	59,480	4,770	9
Community OBDs	19,260	31,614	12,354	64
Care Centre OBDs	6,850	7,564	714	10
Community Alternatives-Admissions Avoidance	1,000	1,122	122	12
Community Alternatives-Patient Packages	3,500	11,700	8,200	234
Community Outpatients (SWBH & other)	58,478	74,946	16,468	28
Primary Care Outpatients (GPwSI)	2,535	3,542	1,007	40
Community Contacts	0	3,507	3,507	n/a
Total	146,333	193,475	47,142	32

## Sandwell and West Birmingham Hospitals



NHS Trust

## TRUST BOARD

DOCUMENT TITLE:	Staff Health and Well-Being Strategy and Action Plan
SPONSORING DIRECTOR:	Rachel Overfield, Chief Nurse (Executive Lead for Workforce)
AUTHOR:	Gayna Deakin, Deputy Director of Workforce
DATE OF MEETING:	24 June 2010

## SUMMARY OF KEY POINTS:

The staff health and well-being agenda is an integral part of the Trust's workforce strategy, building a high quality workforce. It compliments and supports the Trust's organisational development plans and Quality and Efficiency Programme (QuEP) and makes the case for a more preventative approach to managing sickness absence leading to further reduction in sickness absence levels.

- The Staff Health and Well-Being Committee has been established to develop the Trust's response to the NHS Health and Well-Being Review. The Committee will meet every six weeks and will report to the Trust Governance Board through the Trust's Health and Safety Committee.
- The Staff and Well-Being Committee will oversee the implementation of the Trust's Health and Well-Being Strategy and Action Plan (Enc1).
- The Staff Health and Well-Being Strategy and Action Plan was approved by the Health and Safety Committee and sets the following priorities for action:
  - To assess the Trust's current organisational health and well-being status
  - To determine the current level of health and well-being activity in the Trust
  - To develop and align the Trust's health and well-being interventions and strategies
- The Trust Board is required to appoint a board-level health and well-being champion.

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

Approval	Receipt and Noting	Discussion
<b>X</b>	<b>X</b>	

## ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

1. The Trust Board is asked to **receive** and **note** the Trust's health and well-being strategy and action plan in response to the NHS Review of staff health and well-being;
2. The Trust Board is asked to approve the appointment of the board-level health and well-being champion.

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	An Effective Organisation
Annual priorities	Make improvements to the health and well-being of staff, including reducing sickness absence (6.11)
NHS LA standards	Sickness Absence (3.2)
CQC Essential Standards Quality and Safety	Regulation 22: Outcome 13 (Staffing) Regulation 23: Outcome 14 (Supporting Workers)
Auditors' Local Evaluation	

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

Financial		
Business and market share		
Clinical		
Workforce	<b>X</b>	Staff Health and Well-Being is a key element of the Trust's Workforce strategy and organisational development plans.
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

The Trust's Staff Health and Well-Being Strategy and Action Plan has been approved by the Trust's Health and Safety Committee (16<sup>th</sup> June 2010).

Sandwell and West Birmingham Hospitals



NHS Trust

## **STAFF HEALTH AND WELL-BEING STRATEGY**

## 1. Introduction

This Strategy and action plan set out the approach that the Trust is taking to respond to the recommendations arising from the NHS Health and Well-Being Review (the Boorman Report). These provide a framework for making improvements to the health and well-being of staff and against which a more preventative approach to sickness absence can be undertaken to reduce levels of sickness absence further.

## 2. Background

The NHS Health and Well-Being Review was commissioned following Dame Carol Black's report on the health and well-being of the working age population '*Working for a Healthier Tomorrow*', Lord Darzi's report *High Quality Care for All* and the Department of Health report *A High Quality Workforce*. It links with the public health agenda and key challenges: increasing exercise, reducing obesity, smoking cessation, alcohol consumption and better management of stress and mental health issues. It proposes changes about how we manage the health and well-being of our staff.

The Final report was published in November 2009 following a period of engagement with key stakeholders and demonstrates clear links between the health and well-being of staff, the level and quality of both patient care and patient satisfaction. It confirms that staff satisfaction and levels of engagement can be improved if organisations champion staff health and well-being approaches. The recommendations form an important part of the quality measures to be used in external assessments of Trusts' performance, including the NHS Operating Framework 2010/11. This requires organisations to:

- Put in place organisational health and well-being strategies, including being proactive in improving the quality and speeding up access to occupational health services, and strengthening board accountability for the management of sickness absence;
- Agree a target for reducing sickness absence over 2010/11 and identify the resulting potential savings (e.g. through reduced use of agency staff); and
- Improve the quality of information in the Electronic Staff Record (ESR) on sickness absence

The Foreword to the review highlights that successful organisations have recognised that good health is a key enabler to good business, and that the health, safety and well-being of staff directly contributes to organisational success and poor workforce health has a high cost. The following findings are also illustrated:

- That the NHS loses over 10 million working days each year due to sickness absence alone
- That many NHS workers are working when they feel unwell
- That there are clear links between workforce well-being and key measures such as patient satisfaction and Trust performance
- That it is estimated that the NHS could reduce sickness absence by 1/3 and that by doing so would result in a gain of 3.4 million days a year, equivalent to 14,900 extra whole time equivalent (WTE) staff and an annual direct cost saving of £555 million

Dr Steve Boorman, Lead reviewer states that:

"We believe that adopting innovative approaches to supporting staff health and well-being, as is recommended in the report, will free up resources that can be reinvested in better and more appropriate services. More importantly, we are

confident that any costs will be outweighed by the benefits which will flow to NHS organisations. As well as financial benefits – from reduced cost of sickness absence, increased productivity and lower spending on staff turnover, agency spending and ill health retirement – there will be benefits to patient care and patient satisfaction from being treated by ***happy, healthy staff working in teams with familiar colleagues, rather than by tired, unwell and unhappy staff.***

### 3. Current Organisational Health and Well-being Status

Current measures of staff health and well-being within the NHS are limited and primarily focus on sickness absence levels. The staff health and well-being data currently available within the Trust includes the following:

- Sickness absence rates
- Sickness absence reasons
- National Staff Survey data
- Staff turnover rates
- Incident reports (staff suffering work related injury, violence and aggression)

An analysis undertaken by Aston Business School gives an overview of the 2009 national staff survey data, focusing on the Key Findings and questions relating to staff health and well-being for this Trust as follows:

	SWBH	SHA Ave	National Ave
Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell	30	25	25
Percentage of staff who have put themselves under pressure to come to work despite not feeling well enough to perform their duties	88	91	91
Percentage of staff agreeing with the statement: In general my job is good for my health	44	44	44
Percentage of staff agreeing with statement: My immediate manager takes a positive interest in my health and well-being	45	48	50
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	19	18	18
Perceptions of effective action from employer towards violence and harassment	3.56	3.55	3.56
Quality of job design (clear job content, feedback and staff involvement)	3.40	3.36	3.39
Work Pressure felt by staff	3.01	3.10	3.10
Support from immediate managers	3.52	3.56	3.61
Percentage of staff suffering work-related stress in last 12 months	29	28	27
Staff motivation at work	3.78	3.83	3.85
Staff recommendation of the trust as a place to work or receive treatment	3.57	3.56	3.56
Staff intention to leave job	2.57	2.51	2.51
Staff job satisfaction	3.40	3.47	3.48

The factors used in the Boorman Review which indicated staff health and highlighted above. In addition staff suffering a work related injury was also assessed, and the Trust scored below the national average on this finding.

In summary the Trust scored above average on 5 of the factors, the same on 1 of the factors, and below average on 9 of the factors, indicating that whilst performance is good on some of the key findings there is a need to improve in many of these areas.

Work undertaken to support the implementation of the Boorman Review by the Work Foundation shows the Trust's performance on sickness absence (3.91%) is below average when compared with

acute trusts nationally (3.90%). The Trust's leaver rate of 10.34% (non-medical) is above the average trust type (11.86%).

#### 4. Current Health and Well-Being Activity in Trust

The Trust has a proactive approach to staff health and well-being with in-house occupational health service provision and a number of initiatives, programmes, and benefits to improve the health of the workforce e.g. on-site gym, counselling service, physiotherapy support, in house occupational health service etc.

A detailed inventory of all existing initiatives that influence staff health and well being is being developed and will investigate beyond the traditional boundaries of health and well being to map all relevant activities. The following regional baseline assessment was co-ordinated by NHS West Midlands:

Does the TRUST carry out regular staff surveys including measures of staff morale, well-being at work and harassment?	√
Does the TRUST promote the flu jab to staff during the winter period?	√
Does the TRUST have HR policies relating to Health & Well-being? Including; flexible working, mental health, bullying and harassment and travel plans	√
Are schemes available in the TRUST to support employees to travel to work without the use of a car (unless car pooling)?	√
Does the TRUST have bike racks/storage facilities, shower rooms available on its sites?	√
Does the TRUST support staff in being physically active? For example: corporate gym membership, pedometers for staff, promotion of stairs and provision of on site fitness room.	√
Do TRUST have the provision or access to a swimming pool?	X
Does the TRUST have an in-house sports and social club for staff?	X
Does the TRUST hold staff engagement and awareness events to promote health and well-being? How often are these held; annually, quarterly or monthly?	√
Does the TRUST make links with key health events and wider external public health campaigns? e.g. Walk to Work; Stop smoking	√
Does the TRUST offer free VDU eye sight testing for staff?	√
Does the TRUST carry out risk assessment (DSE) and special equipment provision to support specific employee needs?	√
Does the TRUST offer first aid training for staff who volunteer to become first aiders?	√
Does the TRUST have workplace health champions or health trainers in the workplace?	√
Does the TRUST have a healthy catering policy for internal meetings and when commissioning external venues?	X
Any other TRUST initiatives not covered above?	
Does the TRUST think that workplace health and well-being practices and initiatives - whether driven by management, HR or Occupational Health - make a positive difference to staff?	



## 5. Strategic Approach

The review recommends changes in four main areas:

- **Adopting a prevention-centred approach** to staff health and well-being through the strategic commissioning of services that align staff health and well-being services with public health priorities for improvements in lifestyle;
- **Equipping leaders and managers** to improve organisational behaviours, with a Board-level champion and an emphasis on training and development of line managers at all levels;
- **Developing exemplar health and well-being services** which focus on staff health well-being and the provision of early interventions for common health problems;
- **Embedding staff health and well-being in organisational systems** and structures with an emphasis on consulting staff on priorities, monitoring services with appropriate performance measures, and ensuring equality of access and impact of different initiatives.

The Trust has already made good progress in many of the areas that the national staff survey has confirmed are in need of further improvement. The work being undertaken to develop the leadership framework, to further embed the Trust's approach to staff engagement (LiA), and the work set out to implement this strategy are all essential parts of the Trust's approach to improving the working lives of staff and increasing staff satisfaction and levels of engagement.

The Trust will engage staff in the implementation of this strategy and action plan and is using the LiA approach to establish the effectiveness of the interventions currently in place, what can be done better, and what needs to be done.

The Trust's workforce strategy is currently being reviewed and the 10/11 work programme will include the actions required to ensure that the HR and employment policies and 'people processes' are reviewed and/or aligned to fit with the Trust's organisational development plans. Quality of work-life balance, and the management of sickness absence are key priorities and the Trust's policy and approach in these areas are currently being reviewed.

## 6. Monitoring and Evaluation

A Staff Health and Well-Being Committee has been established and the terms of reference are attached (Appendix 1). This forum is responsible for implementing the Trust's Health and Well-Being Strategy and Action Plan and it will report to the Governance Board through the Trust's Health and Safety Committee. Updates and progress reports will be provided to those groups.

## 7. Partnership Working

The Trust has excellent working relationships with the local health economy partners and is working collaboratively on a whole range of strategic HR issues under the Right Care Right Here Programme. The Regional QIPP project and work stream structure provides an ideal opportunity to set direction and plan for implementation as well as share good practice and make the best use of resources. Our Trade Unions are active members of the staff health and well-being committee in addition to contributing to this agenda at the monthly JCNC staff side meeting, and at the Trust's Health and Safety Committee.

## **8. Action Plan**

The action plan focuses on the steps required to implement the key recommendations from the review and in summary sets out the trust's plans for:

- ◆ Assessing the current health of the workforce
- ◆ Mapping what activity/interventions we have in place currently to support staff
- ◆ Developing plans for priority interventions
- ◆ Reducing levels of sickness absence

The action plan is attached as Appendix 2.

## Staff Health and Well-Being Committee

### TERMS OF REFERENCE

#### 1. PURPOSE

The staff health and well-being agenda is an integral part of the Trust's Workforce Strategy. As part of the Trust's emerging organisational development framework, the Staff Health and Well-Being Strategy and action plan will align with and compliment the Trust's strategic and operational plans to develop a high quality and engaged workforce (i.e. leadership, staff engagement, national staff survey, and the Quality and Efficiency Programme).

The Staff Health and Well-Being Committee is being established to drive the Trust's staff health and well-being agenda to improve the health and well-being of staff by promoting prevention and choices in addition to reducing sickness absence levels further. The Committee will oversee the development of the Trust's response to the NHS Health and Well-Being Review (the 'Boorman Report') and oversee the implementation of the Trust's Health and Well-Being Strategy and action plan.

#### 2. OBJECTIVES

- To agree the Trust's response and action plan to implementation of the findings of the NHS Health and Well-Being Review (the 'Boorman Report')
- To monitor progress against the Trust's Staff Health and Well-Being action plan and highlight any concerns relating to delivery against plan
- To oversee the development and implementation of the Trust's Staff Health and Well-Being Strategy
- To ensure that a robust Trust-wide communications and engagement strategy and plan is put in place to engage the workforce in the development of interventions and responses and to promote the staff health and well-being agenda
- To ensure that the Staff Health and Well-Being Strategy and action plan aligns with the Trust's approach to organisational development and other relevant work streams
- To ensure that the Trust's approach to staff health and well-being aligns with and supports the approach being developed in the regional health and well-being project (QIPP)
- To ensure the sharing and dissemination of best practice and encourage collaborative working with local health economy partners, particularly the 'Right Care Right Here' Programme

#### 3. MEMBERSHIP

The core membership of the Staff Health and Well-Being Committee is as follows:

<b>Staff Health and Well-Being Committee</b>	
Rachel Overfield	Chief Nurse (Executive Lead for Workforce) - Chair
Gayna Deakin	Deputy Director of Workforce
Peter Verow	Consultant Occupational Health Physician and Regional Health and Well-Being Champion
Matthew Dodd	Deputy Chief Operating Officer
Sarah Towe	Human Resources Manager
Adrian Seeley	Health and Safety Manager
Nick Howells	Senior Communications Manager
Dawn Webster	Business and Environmental Manager
Chris Ritchie	General Manager – Workforce
Tyrone Roberts	Matron
TBC	General Management Representative
TBC	Medical Staff Representative
Wendy Tamar	Trade Union Representative
Sue Corless	Trade Union Representative
Gary Fowkes	Trade Union Representative

A Staff Health and Well-Being Reference Group will be established to guide and influence the work of the Committee and it will include the following staff groups/departmental representatives:

<b>Staff Health and Well-Being Reference Group</b>	
Health Care Assistant	Staff Nurse
Doctor	Domestic
Porter	Manager
Catering	Estates
Physiotherapist	Pharmacist
BMS	Radiographer
Midwife	Phlebotomist
Ward Clerk	Medical Secretary
Medical Records	Operating Department Assistant

#### **4. REPORTING ARRANGEMENTS**

The Staff Health and Well-Being Committee will report to the Trust's Governance Board through the Health and Safety Committee.

The Chief Nurse/Executive Lead for Workforce will undertake the role of Board Level Champion and will provide the Trust Board with regular reports and updates.

## **5. FREQUENCY OF MEETINGS**

The Staff Health and Well-Being Committee will meet every six weeks.

May 2010

DRAFT

## STAFF HEALTH AND WELL- BEING STRATEGY

### ACTION PLAN

#### RAG Status Key:

<b>5</b>	Complete
<b>4</b>	On track
<b>3</b>	Delayed – expect to be completed as planned
<b>2</b>	Significant delay – unlikely to completed as planned
<b>1</b>	Not yet commenced

#### Staff Health and Well-Being Leads:

<b>RO</b>	Rachel Overfield
<b>GD</b>	Gayna Deakin
<b>PV</b>	Peter Verow
<b>MD</b>	Matthew Dodd
<b>ST</b>	Sarah Towe
<b>AS</b>	Adrian Seeley
<b>NH</b>	Nick Howells
<b>DW</b>	Dawn Webster
<b>CR</b>	Chris Ritchie
<b>LM</b>	Lucy Mackracken
<b>TR</b>	Tyrone Roberts
	General Management Representative
	Medical Staff Representative
<b>WT</b>	Wendy Tamer
<b>SC</b>	Sue Corless
<b>GF</b>	Gary Fowkes

Action		Lead	Timescale	Update/Further Action	Status
<b>1: To Establish Staff Health and Well-Being Committee</b>					
1.1	To establish the Trust's Staff Health and Well-being Committee	GD	31 May 10	Staff Health and Well-Being Committee (SH&WBC) established and held its first meeting on 28 May 10	5
				Terms of Reference for SH&WBC discussed and agreed	5
				GD to secure medical staff representation for the group	4
1.2	Put in place reporting cycle/arrangements	GD	31 May 10	Arrangements in place for SH&WBC to report to Trust's Health and Safety Committee. The Health and Safety Committee reports to the Trust Governance Board. First report to Health and Safety Committee on 16 <sup>th</sup> June 10	4
<b>2: To Appoint Board Level Champion</b>					
2.1	Agree proposal for Trust Board	GD	31 May 10	The SH&WBC has agreed to recommend that the Trust Board approves the appointment of the Chief Nurse/Executive Lead for Workforce as the board level staff health and well-being champion	5
2.2	Trust Board to approve appointment of Board Staff Health and Well-Being Champion	RO	30 Jun 10	Recommendation to Trust Board on 24 <sup>th</sup> June 10	4
<b>3: To Develop Trust's Staff Health and Well-Being Strategy</b>					
<b>3a Strategy implementation and development of action plan</b>					
3.1	Agree approach to developing the strategy and action plan with the Staff Health and Well-Being Committee	GD	31 May 10	Approach and outline action plan agreed at SH&WBC on 28 <sup>th</sup> May 10	5
3.2	Strategy and action plan to be approved by the Trust Health and Safety Committee	GD	30 Jun 10	Strategy and Action Plan to be presented to the Trust Health and Safety Committee on 16 <sup>th</sup> June 10	4
3.3	Strategy and action plan to be presented to the Trust Governance Board, and Trust Board	RO	30 Jun 10	Strategy and Action Plan to be next meetings of the Governance Board and Trust Board	4
3.4	Develop a robust communications plan to promote and raise the profile of the staff health and well-being agenda	NH	31 Jul 10	First draft to be presented to SH&WBC on 8 <sup>th</sup> July 10	4
<b>3b Assessment of the Trust's Current Organisational Health and Well-Being Status</b>					
3.5	Collate and analyse current data on health and well-being performance (national staff survey, DH/NHSWM baseline assessment, occupational health data, sickness absence data)	ST	31 Jul 10	Work in progress	4
3.7	Consider merits of undertaking a local staff health and well-being assessment audit	PV/CR	31 Jul 10	To be discussed at next SH&WBC	1
<b>3c Determine the Current Level of Health and Well-Being Activity in the Trust</b>					
3.8	Map current health and well-being activities (including staff support and benefits)	ST	31 Jul 10		1

Action		Lead	Timescale	Update/Further Action	Status
<b>3d Development and Alignment of Health and Well-Being Interventions and Strategies</b>					
3.9	Integrate the staff health and well-being strategy with other relevant strategies and programmes i.e. national staff survey, leadership development, staff engagement, sustainability, QuEP/QIPP etc	GD	31 Aug 10	This work has started in response to the national staff survey findings and the approach will be considered at the next LiA Sponsor Group	4
				<b>Link to Trust's organisational development programme</b>	1
3.10	To link staff health and well-being to the wider public health agenda and promote support programmes, advice etc available for staff	PV/GD	Jul 10 Onwards	Initial meeting with Director of Public Health at SPCT to explore options for closer working and links to public health/health promotion and prevention resources on 14 <sup>th</sup> June 10	1
				<b>Set up Workstream to report to SH&amp;WBC</b>	1
3.11	To review the Trust's Occupational Health Service provision and make recommendations for wider access, service improvement as necessary	CR/PV	Jun 10 onwards	Review of Occupational Health nursing model to commence end of June 10.	4
				<b>Set up Workstream to report to SH&amp;WBC</b>	1
3.12	Engage with managers, staff, and trade unions to agree priorities for health and well-being interventions and approach(s) to sickness absence management	GD/PV	Jun 10 – Aug 10	Corporate LiA event scheduled for 5 <sup>th</sup> August 10.	4
				SH&WBC E-reference group being set up with representation from as many staff groups as possible. Corporate communication being prepared to attract membership	4
3.13	Ensure that the Trust's HR and employment policies and training programmes support the further development of a healthy workplace and a shift from reactive to proactive management of staff health and sickness absence.	ST	Jun 10 onwards	Priorities have been identified (flexible working, sickness absence, smoking) and are currently being revised.	4
				Develop schedule of future policy reviews and report to SH&WBC	1
3.14	Make better use of and improve the effectiveness of the Trust's arrangements for reporting and monitoring sickness absence. Link with Regional QIPP/QuEP	ST	Jul 10 onwards	To raise awareness and provide guidance to managers to input relevant information into ESR (WEBDE) and (MSS).	1
				To monitor progress and compliance with the above and target specific areas where improvements are required	
				Identify areas where further work on sickness absence data is required e.g. sickness absence reasons	1
				<b>Set up as specific workstream to report to SH&amp;WBC</b>	1
3.15	To review and agree how and in what format staff health and well-being data will be reported and presented e.g. SLM dashboard, divisional performance review, HR dashboard	ST	July 10 onwards	Work in Progress	4



## Sandwell and West Birmingham Hospitals



NHS Trust

<b>TRUST BOARD</b>
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<b>DOCUMENT TITLE:</b>	RCRH Acute Hospital Development: Project Director's Report
<b>SPONSORING DIRECTOR:</b>	Graham Seager, Director of Estates and New Hospital Project
<b>AUTHOR:</b>	Andrea Bigmore, New Hospital Project Manager Graham Seager, Director of Estates and New Hospital Project
<b>DATE OF MEETING:</b>	24 June 2010

**SUMMARY OF KEY POINTS:**

The Project Director's report gives an update on:

- Land acquisition
- Naming the Hospital
- Development and Review of Documents
- Approval Path
- Outline Business Case (OBC)

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

Approval	Receipt and Noting	Discussion
	<b>X</b>	

**ACTIONS REQUIRED, INCLUDING RECOMMENDATION:**

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

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	21 <sup>st</sup> Century Facilities
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	
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:**

Usual monthly update
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<b>Report to:</b>	<b>Trust Board</b>
<b>Report of:</b>	<b>Graham Seager / Andrea Bigmore</b>
<b>Subject:</b>	<b>Project Update</b>
<b>Date:</b>	<b>June 2010</b>

## 1. Land Acquisition

A great deal of progress has been made with the acquisition of the site for the hospital with the purchase of approximately 30% of the land area required for the new hospital. These purchases were within the budgets identified in the Land Business Case. The team continue to pursue voluntary acquisitions of the Grove Lane site. The Compulsory Purchase Order Inquiry commenced as planned on the 15<sup>th</sup> June and verbal update will be given to the Board at its meeting.

## 2. Naming the Hospital

The Engagement Manager and Trust Communications Team are now working on finding a name for the new hospital. The aim is to give it an identity that local people can relate to, feel proud of and will help them look forward to the hospital opening in the future.

An engagement process has been started to seek ideas from the staff and public. A shortlist will be developed and further engagement will be used to select a name by October this year. The engagement activities will provide opportunities to raise the profile of the project. Local celebrities will be invited to help with publicity and to encourage wide involvement

## 3. Development and Review of Documents

Members of the project team met with the Strategic Health Authority (SHA), the Department of Health (DH) and the Private Finance Unit (PFU) in early June. This was the second in a series of meetings about the development and approval of key documents.

Working closely with these groups will help develop a 'no surprises approach' in which we are all focussed on the approach and requirements from the beginning. The group will facilitate the development of the Outline Business Case (OBC) Update and the procurement documents.

PFU have a great deal of experience in PFI schemes and will help us develop our commercial documents to a very high standard. We will be sending draft documents for them to review over the next few months. Some of these documents are available in template form and just need completion for project specific matters. Others require development from scratch and need a great deal of detail and many technical appendices e.g. the design specifications. Some of the bespoke documents are already drafted to a good level already and would now benefit from fine tuning by PFU and other experts.

We have agreed an approach and timetable to take the document review process forward. The group will continue to meet monthly or more frequently at peak times. Documents will be reviewed at various iterations until all of them are approved as fit for purpose ready for issue to potential bidders when the procurement has started.

An electronic document library has been launched for storage of these large documents as they are developed and approved.

#### **4. Approval Path**

The meeting with the SHA, DH and PFU also allowed us to agree an OBC Update approvals path in line with our project plan. The plan assumes a review of the OBC Update by the SHA during the summer, approval by Trust Board in September and final DH and HM Treasury approval by December this year. This plan is ambitious for all concerned but the group was happy to agree to the timescales proposed.

The group was also very positive about the project and seem happy to help us at every stage.

#### **5. Outline Business Case (OBC)**

An intense programme of work is now underway to develop the OBC update.

This involves updating the activity and capacity model in line with what has been agreed with our partner Primary Care Trusts (PCTs) and using this to update our income assumptions. This data has been used to update the modelling on the affordability of the project. A number of technical processes will also be applied to estimate the cost of the new hospital and whether it will be value for money. This work is essential to give the Trust Board and other approval bodies the information they need to make well supported decisions.

Sections of the OBC and associated appendices have been issued to the workstreams and other key groups to initiate the refresh of the document. All of the sections will be assembled into an updated OBC at the beginning of August ready for the SHA to do their first review. The timescales are tight but the team were working to plan at the time of writing this report.

## Sandwell and West Birmingham Hospitals



NHS Trust

<b>TRUST BOARD</b>
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<b>DOCUMENT TITLE:</b>	Financial Performance Report – May 2010
<b>SPONSORING DIRECTOR:</b>	Robert White, Director of Finance and Performance Mgt
<b>AUTHOR:</b>	Robert White/Tony Wharram, Deputy Director of Finance
<b>DATE OF MEETING:</b>	24 June 2010

**SUMMARY OF KEY POINTS:**

The report provides an update on the financial performance of the Trust for the first two months of 2010/2011.

For 2010/2011, the Trust has two income and expenditure related financial targets: a statutory accounts position of £1,712,000 deficit, after IFRS and impairment adjustments, and a DoH control total of £2,038,000 surplus.

For the year to date, the Trust has posted a deficit of (£18,000) against its statutory accounts target and a surplus of £164,000 against its DoH control total. Both are £30,000 above the planned position.

Capital expenditure for the year to date is £388,000 and the cash balance at 31<sup>st</sup> May was £6.1m higher than planned.

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

Approval	Receipt and Noting	Discussion
	<b>X</b>	

**ACTIONS REQUIRED, INCLUDING RECOMMENDATION:**

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

**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:**

Financial Management Board on 22 June 2010, Trust Management Board on 15 June 2010 and Finance and Performance Management Committee on 17 June 2010

## Sandwell and West Birmingham Hospitals



NHS Trust

# Financial Performance Report – May 2010

## EXECUTIVE SUMMARY

- For the year to date up to 31st May, the Trust produced a “bottom line” surplus of £164,000 which is £30,000 better than the planned position (as measured against the DoH performance target).
- Limited over performance related income based on costed April activity has been included in the financial position although the final details of the elective referral based element of the SLA have yet to be resolved with Sandwell PCT.
- At month end, WTE's (whole time equivalents) were approximately 62 below plan, including the effect of agency workers. This is an improvement on the equivalent position reported for April although total pay expenditure for the month, including agency costs, was £230,000 above plan, in part driven by additional sessions (which do not generate wtes) required to maintain waiting list performance.
- The month-end cash balance is approximately £6.1m above the planned cash profile, largely improved in month by the receipt of a small number of sizeable one off payments from PCTs.
- In line with previous financial years, capital expenditure in May was very low although amendments have now been incorporated in the programme which fully utilises uncommitted elements and should allow more rapid progress on individual schemes.

### Financial Performance Indicators

Measure	Current Period	Year to Date	Thresholds		
			Green	Amber	Red
I&E Surplus Actual v Plan £000	85	30	> Plan	> = 99% of plan	< 99% of plan
EBITDA Actual v Plan £000	81	23	> Plan	> = 99% of plan	< 99% of plan
Pay Actual v Plan £000	-230	-350	< Plan	< 1% above plan	> 1% above plan
Non Pay Actual v Plan £000	70	-14	< Plan	< 1% above plan	> 1% above plan
WTEs Actual v Plan	62	26	< Plan	< 1% above plan	> 1% above plan
Cash (incl Investments) Actual v Plan £000	6,083	6,083	= Plan	> = 95% of plan	< 95% of plan
CIP Actual v Plan £000	0	0	> 97½% of Plan	> = 92½% of plan	< 92½% of plan

Note: positive variances are favourable, negative variances unfavourable

### Performance Against Key Financial Targets

Target	Year to Date	
	Plan £000	Actual £000
Income and Expenditure	134	164
Capital Resource Limit	545	260
External Financing Limit	---	2,868
Return on Assets Employed	3.50%	3.55%

2010/2011 Summary Income & Expenditure Performance at May 2010	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	341,873	28,634	28,900	266	56,964	57,465	501	342,623
Other Income	38,400	3,350	3,325	(25)	6,593	6,479	(114)	38,400
Operating Expenses	(353,562)	(29,876)	(30,036)	(160)	(59,293)	(59,657)	(364)	(354,312)
EBITDA	26,711	2,108	2,189	81	4,264	4,287	23	26,711
Interest Receivable	25	2	6	4	4	11	7	25
Depreciation & Amortisation	(18,612)	(1,338)	(1,354)	(16)	(2,677)	(2,677)	0	(18,612)
PDC Dividend	(7,656)	(638)	(638)	0	(1,276)	(1,276)	0	(7,656)
Interest Payable	(2,180)	(182)	(166)	16	(363)	(363)	0	(2,180)
<b>Net Surplus/(Deficit)</b>	<b>(1,712)</b>	<b>(48)</b>	<b>37</b>	<b>85</b>	<b>(48)</b>	<b>(18)</b>	<b>30</b>	<b>(1,712)</b>
IFRS/Impairment Related Adjustments	3,750	91	91	0	182	182	0	3,750
<b>SURPLUS/(DEFICIT) FOR DOH TARGET</b>	<b>2,038</b>	<b>43</b>	<b>128</b>	<b>85</b>	<b>134</b>	<b>164</b>	<b>30</b>	<b>2,038</b>

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 – May 2010

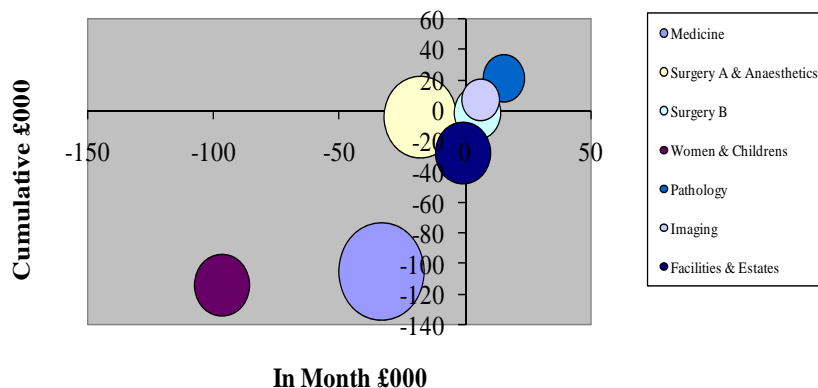
### Assessment of Performance

- The Trust, in common with all other NHS organisations, effectively has two income and expenditure targets against which performance will be measured.
- The first target is as reflected on the face of the Trust's Statement of Comprehensive Income and which will be reported as part of its statutory accounts. This position reflects the impact of IFRS conversion and impairments, both of which are treated as technical non cash items. For 2010/2011, the Trust's target measured on this basis is a deficit of £1,712,000, largely generated by assumed economic impairment of trust buildings related to changes of use.
- The second target measures performance against the DoH control total. This includes adjustments in respect of IFRS conversion and discounts the impact of any impairments. The control total for the Trust in 2010/2011 is £2,038,000.

### Divisional Performance

- Some shortfalls against planned positions have been recorded in month for Women & Childrens, Medicine and Surgery A, Anaesthetics & Critical Care offset by better than planned performance in Corporate and Miscellaneous Services. Activity levels continue to be high and a significant element of adverse performance can be directly attributed to this and the associated need to maintain capacity at higher than planned levels. This can particularly be seen within the Medicine Division where high levels of temporary staffing costs, both bank and agency, continue to be incurred.
- However, it remains essential to recognise that changes to the tariff in 2010/2011 (particularly the 30% marginal rate tariff for emergency over performance) as well as the planned changes in activity levels linked with the RCRH programme discourage over performance. Given the likelihood of an increasingly difficult financial outlook, it is essential that all divisions are successful in containing costs within agreed plans and end the first quarter of the year in a strong financial position. It is therefore imperative that any adverse performance witnessed in April and May is corrected as quickly as possible.

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



The tables adjacent and below show a mixed position across divisions. Medicine and Womens & Childrens both have significant in month and year to date deficits, Corporate Services has an offsetting surplus whilst most other operational divisions have generated a year to date position close to break even.



# Sandwell and West Birmingham Hospitals

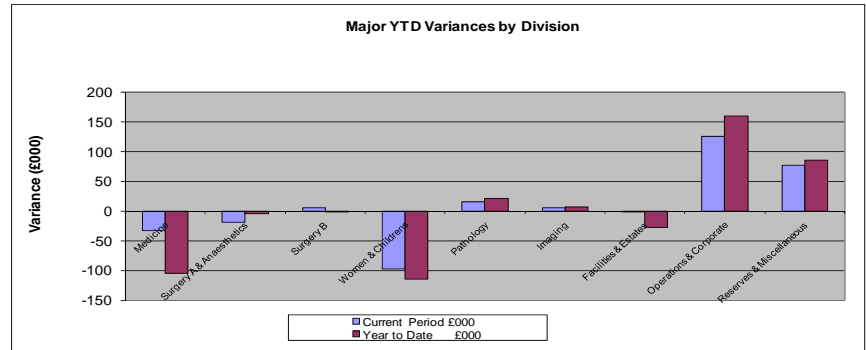


NHS Trust

## Financial Performance Report – May 2010

### Divisional Variances from Plan

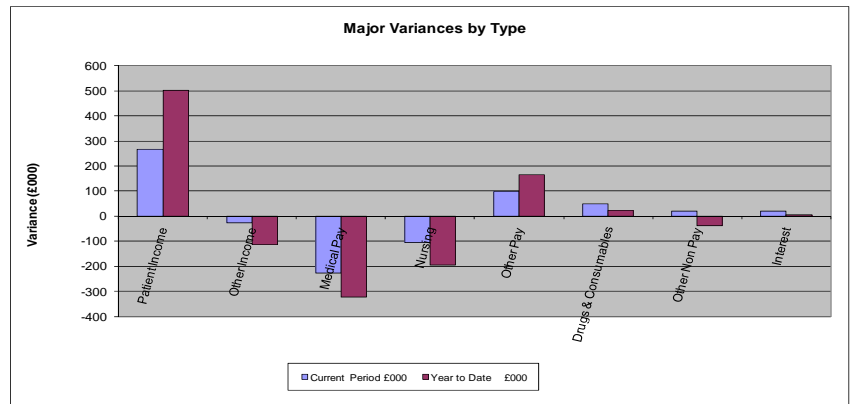
	Current Period £000	Year to Date £000
Medicine	-33	-105
Surgery A & Anaesthetics	-18	-4
Surgery B	5	-2
Women & Childrens	-97	-114
Pathology	15	22
Imaging	6	7
Facilities & Estates	-1	-28
Operations & Corporate	125	159
Reserves & Miscellaneous	77	86



The tables below illustrate that overall, income is performing significantly better than plan but offset by higher levels of expenditure, particularly pay expenditure, required to maintain additional capacity and deliver higher activity levels.

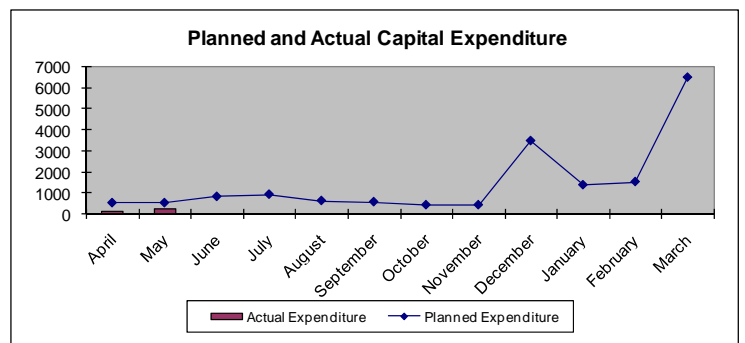
### Variance From Plan by Expenditure Type

	Current Period £000	Year to Date £000
Patient Income	266	501
Other Income	-25	-114
Medical Pay	-225	-321
Nursing	-104	-193
Other Pay	99	164
Drugs & Consumables	50	23
Other Non Pay	20	-37
Interest	20	7



### Capital Expenditure

- Planned and actual capital expenditure by month is summarised in the adjacent graph. Expenditure of £260,000 was incurred in May mainly in connection with neurophysiology out-patients and statutory standards.



# Sandwell and West Birmingham Hospitals



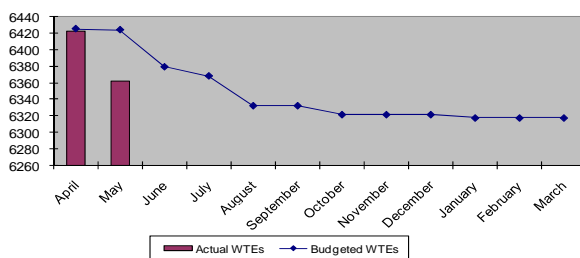
NHS Trust

## Financial Performance Report – May 2010

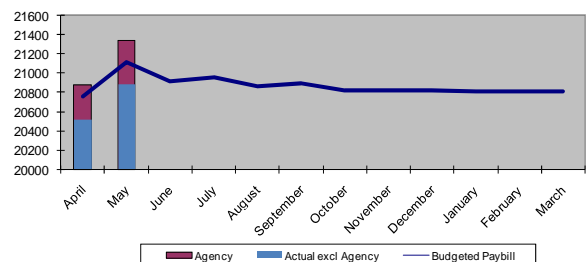
### Paybill & Workforce

- Workforce numbers, including the impact of agency workers, are approximately 62 wtes below plan for May. This represents an increase in the variance from plan of around 60 wtes compared with the position in April.
- Total pay costs (including agency workers) are £230,000 above budgeted levels for the month. This reflects a worsening of performance compared with April with the major areas of adverse variances being in medical staffing and nursing & midwifery. The former is, in part at least, driven by additional sessions related to waiting list targets which do not result in wte movements.
- Expenditure for agency staff in May was £467,000 compared with £360,000 for April. Around half of this expenditure, whether for May or the year to date, relates to medical staff with a significant proportion of medical agency cover being within the Medicine Division.

**Budgeted and Actual WTEs (Including Agency Workers)**



**Budgeted and Actual Paybill**



### 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 May					Variance £000
	Budget £000	Actual			Total £000	
		Substantive £000	Bank £000	Agency £000		
Medical Staffing	12,110	12,042		389	12,431	(321)
Management	2,230	2,114		0	2,114	116
Administration & Estates	4,747	4,690		142	4,832	(85)
Healthcare Assistants & Support Staff	4,550	4,169	278	135	4,582	(32)
Nursing and Midwifery	12,253	11,771	551	124	12,446	(193)
Scientific, Therapeutic & Technical	5,953	5,775		38	5,813	140
Other Pay	25	0			0	25
Total Pay Costs	41,868	40,562	829	827	42,218	(350)

## Sandwell and West Birmingham Hospitals



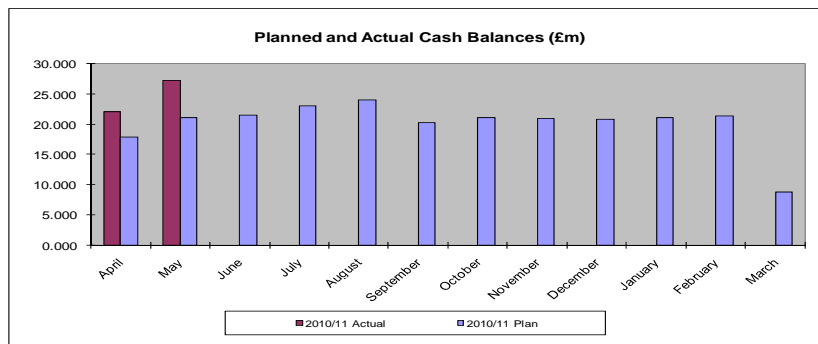
NHS Trust

## Financial Performance Report – May 2010

### Balance Sheet

- The opening Statement of Financial Position (balance sheet) for the year at 1<sup>st</sup> May reflects the statutory accounts for the year ended 31<sup>st</sup> March 2010.
- Cash balances at 31<sup>st</sup> May are approximately £6.1m higher than the revised plan, the result of a combination of higher than planned brought forward balances and the receipt in May of some one off significant outstanding amounts primarily from Sandwell PCT.

Sandwell & West Birmingham Hospitals NHS Trust				
STATEMENT OF FINANCIAL POSITION				
		<u>Opening Balance as at March 2010 £000</u>	<u>Balance as at May 2010 £000</u>	<u>Forecast at March 2011 £000</u>
<b>Non Current Assets</b>				
	Intangible Assets	426	420	400
	Tangible Assets	220,296	217,879	219,584
	Investments	0	0	0
	Receivables	1,158	1,255	1,350
<b>Current Assets</b>				
	Inventories	3,439	3,625	3,450
	Receivables and Accrued Income	19,289	20,656	19,500
	Investments	0	0	0
	Cash	15,867	27,172	17,285
<b>Current Liabilities</b>				
	Payables and Accrued Expenditure	(31,962)	(44,673)	(37,309)
	Loans	0	0	0
	Borrowings	(1,698)	(1,695)	(1,690)
	Provisions	(5,338)	(3,433)	(5,000)
<b>Non Current Liabilities</b>				
	Payables and Accrued Expenditure	0	0	0
	Loans	0	0	0
	Borrowings	(32,476)	(32,193)	(30,786)
	Provisions	(2,175)	(2,175)	(2,150)
		<b>186,826</b>	<b>186,838</b>	<b>184,634</b>
<b>Financed By</b>				
<b>Taxpayers Equity</b>				
	Public Dividend Capital	160,231	160,231	160,231
	Revaluation Reserve	36,545	36,575	36,575
	Donated Asset Reserve	2,148	2,148	1,698
	Government Grant Reserve	1,103	1,103	1,043
	Other Reserves	9,058	9,058	9,058
	Income and Expenditure Reserve	(22,259)	(22,277)	(23,971)
		<b>186,826</b>	<b>186,838</b>	<b>184,634</b>



## Sandwell and West Birmingham Hospitals



NHS Trust

# Financial Performance Report – May 2010

## Cash Flow

- The table below shows cash receipts and payments for May 2010 and a forecast of expected flows for the following 12 months. This will be updated in time for the M3 reports to reflect the amended opening cash position and finalisation of 2010/11 income streams.

Sandwell & West Birmingham Hospitals NHS Trust													
CASH FLOW													
12 MONTH ROLLING FORECAST AT May 2010													
ACTUAL/FORECAST	May-10 £000s	Jun-10 £000s	Jul-10 £000s	Aug-10 £000s	Sep-10 £000s	Oct-10 £000s	Nov-10 £000s	Dec-10 £000s	Jan-11 £000s	Feb-11 £000s	Mar-11 £000s	Apr-11 £000s	May-11 £000s
<u>Receipts</u>													
SLAs: Sandwell PCT	13,705	13,503	13,503	13,503	13,503	13,503	13,503	13,503	13,503	13,503	13,506	13,506	13,506
HoB PCT	7,294	7,156	7,156	7,156	7,156	7,156	7,156	7,156	7,156	7,156	7,165	7,165	7,165
Associated PCTs	5,959	4,857	4,857	4,857	4,857	4,857	4,857	4,857	4,857	4,857	4,862	4,862	4,862
Pan Birmingham LSCG	1,379	1,260	1,260	1,260	1,260	1,260	1,260	1,260	1,260	1,260	1,257	1,257	1,257
Other SLAs	532	1,342	1,342	1,342	1,342	1,342	1,342	1,342	1,342	1,342	1,328	1,328	1,328
Over Performance Payments	0	500	500										
Education & Training	1,734	1,416	1,416	1,416	1,416	1,416	1,416	1,416	1,416	1,416	1,416	1,416	1,416
Loans	0												
Interest	5	2	2	2	2	2	2	2	2	2	2	2	2
Other Receipts	4,872	1,858	1,858	1,858	1,858	1,858	1,858	1,858	1,858	1,858	1,858	1,858	1,858
Total Receipts	35,480	31,893	31,893	31,393	31,393	31,393	31,393	31,393	31,393	31,393	31,393	31,393	31,393
<u>Payments</u>													
Payroll	12,470	11,848	11,808	11,712	11,712	11,675	11,675	11,675	11,663	11,663	11,663	11,779	11,897
Tax, NI and Pensions	8,493	9,113	9,113	9,113	9,113	9,113	9,113	9,113	9,113	9,113	9,113	9,204	9,296
Non Pay - NHS	1,900	2,250	2,043	2,043	2,290	2,110	2,357	1,616	2,164	2,164	2,505	2,000	2,001
Non Pay - Trade	6,447	6,749	6,129	6,129	6,870	6,331	7,072	4,849	6,492	6,492	9,312	6,500	6,500
Non Pay - Capital	259	798	595	595	595	595	595	3,595	940	940	4,422	750	750
PDC Dividend	0				3,828						3,828		
Repayment of PDC	0												
Repayment of Loans	0												
Interest	0												
BTC Unitary Charge	362	380	380	380	380	380	380	380	380	380	380	380	380
Other Payments	481	350	350	350	350	350	350	350	350	350	350	250	250
Total Payments	30,412	31,488	30,419	30,323	35,139	30,555	31,543	31,579	31,102	31,102	41,573	30,863	31,074
Cash Brought Forward	22,104	27,172	27,578	29,052	30,123	26,378	27,217	27,067	26,882	27,173	27,464	17,285	17,815
Net Receipts/(Payments)	5,068	406	1,475	1,071	(3,745)	839	(149)	(185)	291	291	(10,180)	530	319
Cash Carried Forward	27,172	27,578	29,052	30,123	26,378	27,217	27,067	26,882	27,173	27,464	17,285	17,815	18,134

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

Risk Ratings			
Measure	Description	Value	Score
EBITDA Margin	Excess of income over operational costs	7.2%	3
EBITDA % Achieved	Extent to which budgeted EBITDA is achieved/exceeded	100.5%	5
Return on Assets	Surplus before dividends over average assets employed	3.6%	3
I&E Surplus Margin	I&E Surplus as % of total income	0.0%	2
Liquid Ratio	Number of days expenditure covered by current assets less current liabilities	3.3	1
<b>Overall Rating</b>			<b>2.5</b>

## Risk Ratings

- The adjacent table shows the Monitor risk rating score for the Trust based on performance at May.
- The only significantly weak area remains liquidity which is to be expected as non Foundation Trusts do not have access to a Working Capital Facility, this being prerequisite to authorisation as an FT.

## Financial Performance Report – May 2010

### External Focus

- The government has announced its intention to publish a new budget on 22<sup>nd</sup> June 2010. On the same day, it is expected that a revised NHS Operating Framework will also be issued. Publication of this document should help clarify, even if only for the short term, the targets and constraints within which the NHS will have to work. In the meantime, there is some degree of uncertainty regarding key performance measures and objectives which will need to be addressed over the remainder of this financial year. This includes lack of confirmation of the Trust's Capital Resource Limit for the year and this is a key variable as land purchases are progressed as part of the Right Care Right Here programme.
- Additional performance monitoring has been introduced by the strategic Health Authority as part of the Strategic Change Reserve funding process and the current expectation is for downward movements in activity, capacity and costs. This is consistent with the Right Care Right Here trajectory but also reflects the expected tightening of resources for future years across the whole NHS.
- Work is continuing with Sandwell PCT as co-ordinating commissioner on finalising details of the elective, referrals based SLA for the year. Again, this is a key determinant of the Trust's financial and operational performance as well as a significant element of the RCRH transitional process.

### Conclusions

- For the first two months of the financial year, the Trust has posted a deficit of (£18,000) against its statutory accounts target and a surplus of £164,000 against its DoH control total. Both are £30,000 above the planned position.
- Capital expenditure in May was £260,000 mainly in relation to neurophysiology out-patients and statutory standards.
- At 31<sup>st</sup> May, cash balances are approximately £6.1m higher than the revised cash plan.
- There are ongoing indications of cost pressures being manifested in a number of clinical and operational divisions, particularly Medicine, Surgery A, Anaesthetics & Critical Care and Womens & Childrens although, to some extent these pressures are offset by additional income from patient related SLAs. A significant element of these cost pressures can be directly attributed to additional capacity being maintained.
- Performance of Corporate Divisions continues to be better than planned and this has made a significant contribution to the overall position of the Trust.
- Given the strong likelihood of increased financial and operational pressures later in the year and the worsening situation with general public finances, it is essential that the Trust is in a healthy financial position at the end of the first quarter of the year. Any cost pressures inherent within the current position need to be addressed urgently in order for this to be delivered.

**Financial Performance Report – May 2010****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

<b>TRUST BOARD</b>
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<b>DOCUMENT TITLE:</b>	Monthly Performance Monitoring Report
<b>SPONSORING DIRECTOR:</b>	Robert White, Director of Finance and Performance Mgt
<b>AUTHOR:</b>	Mike Harding, Head of planning & Performance Management
<b>DATE OF MEETING:</b>	24 June 2010

**SUMMARY OF KEY POINTS:**

The report is designed to inform the Trust Board of the summary performance of the Trust for the period April – May 2010.

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

Approval	Receipt and Noting	Discussion
	<b>x</b>	

**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	<b>x</b>	
Business and market share	<b>x</b>	
Clinical	<b>x</b>	
Workforce	<b>x</b>	
Environmental	<b>x</b>	
Legal & Policy	<b>x</b>	
Equality and Diversity		
Patient Experience	<b>x</b>	
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

Trust Management Board on 15 June 2010 and Finance and Performance Management Committee on 17 June 2010.



## EXECUTIVE SUMMARY

Note	Comments																																																																									
a	The percentage of <b>Cancelled Operations</b> during May is 1.0% on both acute sites, with highest numbers reported in General Surgery and Ophthalmology. One 28-day breach of a previous cancelled operation was reported during the month. Expressed as a percentage of overall cancellations this remains within the 'Achieve' threshold set by the Care Quality Commission.																																																																									
b	<b>Delayed Transfers of Care</b> reduced overall to 3.3% during May, with a similar proportion on both sites.																																																																									
c	<b>Stroke Care</b> - the proportion of patients spending at least 90% of their hospital stay on a Stroke Unit increased to 65.2% during May, with performance year to date of 61.9%.																																																																									
d	<b>Accident &amp; Emergency 4-hour waits</b> - performance during May is reported as 97.90%, with performance within the Trust for the year to date reported as 97.85%. When Type III activity, undertaken at community walk-in centres is mapped to the Trust this increases the overall performance to 98.25%.																																																																									
e	The overall number of cases of <b>C Diff</b> reported across the Trust during the month of May increased to 19, 12 of which occurred at Sandwell. One case of <b>MRSA Bacteraemia</b> was reported, which is within the trajectory for the year to date.																																																																									
f	<b>Referral to Treatment Time</b> data for May was not available for inclusion within the report.																																																																									
g	Overall compliance with <b>Mandatory Training</b> modules is reported as 68.7% at the end of May. The total number of PDRs undertaken reported for the months April and May is 306, this compares with 523 reported for the same period last year.																																																																									
h	<b>CQUIN:</b>																																																																									
	<b>VTE (Venous Thromboembolism) Risk Assessment</b> - The requirement to record and report (monthly) the number of Adult inpatients (includes daycases, maternity and transfers, both elective and non-elective) who have had a VTE risk assessment on admission to hospital commenced 1st June 2010.																																																																									
	<b>Breast Feeding</b> - Breastfeeding status at time of Guthrie Test (usually day 6 or 7) ( <i>or discharge from midwifery care</i> ). Baseline to be assessed during Quarter 1. Target is baseline plus 10%.																																																																									
	<b>Tissue Viability (Pressure Ulcers)</b> - Comprises 3 components; Assessment on admission, Decrease in number of acute hospital acquired grade 3 and 4 ulcerations and Table Top Reviews on all ulcerations of grade 3 or 4. Measured through bi-annual audit.																																																																									
	<b>Inpatient Falls Causing Fracture</b> - target to reduce number of inpatient falls with fracture from 22 (baseline) to 17 in 2010 / 2011.																																																																									
	<b>Brain Imaging for Emergency Stroke Admissions (within 24 hours admission)</b> - May performance against this indicator fell to 66.7%, with year to date performance reported as 80.6%.																																																																									
	<b>Hip Fracture Operations within 24-hours of admission</b> - 2009 / 10 CQUIN indicator specified target for operations within 48 hours. Target for 2010 / 11 is 70% of patients <b>within 24 hours</b> .																																																																									
	<b>Smoking (Brief Intervention in Outpatients)</b> - a total of 275 referrals are recorded during the first 2 months of the year.																																																																									
	<b>Safer Prescribing of Warfarin</b> - Number of patients prescribed warfarin with INR (International Normalised Ratio) within the target range. Baseline audit at 2 months, with re-audit at 6 and 10 months. Target 65% by March 2011.																																																																									
	<b>Patient Experience</b> - Composite of response to 5 inpatient survey questions. Goal to improve responsiveness to personal needs of patients. Survey to be conducted between October and January, for patients who had an inpatient episode between July and August. Target is an improvement (increase) of 2 percentage points on 2009 / 10 baseline.																																																																									
	<b>Think Glucose</b> - target relates to Inpatients with a secondary diagnosis of Diabetes. Final indicator value is evidence of participation in NHS Institute Think Glucose Programme.																																																																									
	<b>Parent's Consultation with Senior Clinician</b> - parents able to discuss care of their baby with senior clinician within 24 hours of admission onto neonatal unit. Target to be determined following collection of Quarter 1 baseline data. Data is reported for April and May.																																																																									
	<b>Neonates Offered Breast Milk</b> - to maximise the number of babies of <31 weeks gestation admitted to the neonatal unit who will be offered some breast milk (from mother) during the inpatient episode. Target to be determined following collection of Quarter 1 baseline. Data is reported for April and May.																																																																									
	<b>Herceptin Home Delivery</b> - the home delivery scheme for Herceptin Chemotherapy has commenced.																																																																									
i	Detailed analysis of <b>Financial Performance</b> is contained within a separate paper to this meeting.																																																																									
j	<b>Activity</b> (trust-wide) to date is compared with the contracted activity plan for <b>2010 / 2011</b> - Month and Year to Date.																																																																									
	<table><tr><th></th><th colspan="4">Month</th></tr><tr><th></th><th>Actual</th><th>Plan</th><th>Variance</th><th>%</th></tr><tr><td>IP Elective</td><td>1026</td><td>910</td><td>116</td><td>12.7</td></tr><tr><td>Day case</td><td>4306</td><td>3294</td><td>1012</td><td>30.7</td></tr><tr><td>IPE plus DC</td><td>5332</td><td>4204</td><td>1128</td><td>26.8</td></tr><tr><td>IP Non-Elective</td><td>5182</td><td>5226</td><td>-44</td><td>-0.8</td></tr><tr><td>OP New</td><td>13023</td><td>11217</td><td>1806</td><td>16.1</td></tr><tr><td>OP Review</td><td>34674</td><td>28599</td><td>6075</td><td>21.2</td></tr></table>		Month					Actual	Plan	Variance	%	IP Elective	1026	910	116	12.7	Day case	4306	3294	1012	30.7	IPE plus DC	5332	4204	1128	26.8	IP Non-Elective	5182	5226	-44	-0.8	OP New	13023	11217	1806	16.1	OP Review	34674	28599	6075	21.2	<table><tr><th colspan="4">Year to Date</th></tr><tr><th>Actual</th><th>Plan</th><th>Variance</th><th>%</th></tr><tr><td>2082</td><td>1921</td><td>161</td><td>8.4</td></tr><tr><td>8551</td><td>6954</td><td>1597</td><td>23.0</td></tr><tr><td>10633</td><td>8875</td><td>1758</td><td>19.8</td></tr><tr><td>10245</td><td>10390</td><td>-145</td><td>-1.4</td></tr><tr><td>25776</td><td>23680</td><td>2096</td><td>8.9</td></tr><tr><td>70687</td><td>60376</td><td>10311</td><td>17.1</td></tr></table>	Year to Date				Actual	Plan	Variance	%	2082	1921	161	8.4	8551	6954	1597	23.0	10633	8875	1758	19.8	10245	10390	-145	-1.4	25776	23680	2096	8.9	70687	60376	10311	17.1
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k	<b>Staff In Post (wte)</b> - Internal monitoring reports have been realigned to be consistent with FIMS monitoring. This has increased numbers attributed to the Management, Admin & HCA staff group and decreased numbers attributed to the Nursing & Midwifery staff group. Targets have been similarly realigned.																																																																									
l	<b>Bank and Agency Use</b> - Nurse Bank and Nurse Agency use and costs remain within targets for the month of May, and year to date. Expenditure on Medical Agency and Medical Locum staff increased by £164K in month, with the Medical Staff Expenditure, expressed as a percentage (adverse) variation from budget increasing from 2.5% to 3.9%.																																																																									

Exec Lead	NATIONAL AND LOCAL PRIORITY INDICATORS			January		February		March		April			May			To Date (*most recent month)	TARGET		Exec Summary Note	THRESHOLDS			08/09 Outturn	09/10 Outturn						
				Trust		Trust		Trust		S'well	City	Trust		S'well	City		Trust			YTD	10/11									
RW	Net Income & Expenditure (Surplus / Deficit (-))			£000s	258	▼	96	▼	47	▼	→			114	▼	→			128	▲	164	134	2038		0%	0 - 1%	>1%	2535	2279	
RK	Cancer	2 weeks	%	93.9	▲	94.7	▲	94.2	▼	→			93.7	▼	→				93.7	==>93	==>93		No variation		Any variation	98.6	93.9			
		2 weeks (Breast Symptomatic)	%	93.2	■	93.5	▲	94.2	▲	→			94.0	▼	→				94.0	==>93	==>93		No variation		Any variation	n/a	93.6 only) (Q4			
		31 Days	%	99.3	▼	100	▲	100	■	→			100	■	→				100	==>96	==>96		No variation		Any variation	100	99.7			
		62 Days	%	86.5	▼	85.0	▼	89.6	▲	→			90.9	▲	→				90.9	==>85	==>85		No variation		Any variation	98.6	89.1			
RK	Cancelled Operations	Elective Admissions Cancelled at last minute for non-clinical reasons	%	1.0	■	0.6	■	1.0	■	0.7	▼	1.0	■	0.9	▲	1.0	■	1.0	■	1.0	▼	0.9	<0.8	<0.8	a	<0.8	0.8 - 1.0	>1.0	1.0	0.8
		28 day breaches	No.	0	■	0	■	0	■	→			0	■	→			1	■	1	0	0	3 or less	4 - 6		>6	0	0		
	Delayed Transfers of Care	Total	%	2.6	■	3.1	■	4.9	■	4.6	▼	4.0	■	4.3	▲	3.4	■	3.3	▲	3.3	■	3.9	<3.0	<3.0	b	<3.0	3.0 - 4.0	>4.0	3.1	3.0
		Primary Angioplasty (<150 mins)		88	■	100	▲	100	■	100	■	100	■	100	■					100		80	80	>80		75-80	<75	83.6	86.2	
		Rapid Access Chest Pain	%	98.3	▼	100	■	100	■	100	■	100	■			100	■					==>98	==>98	>99		98 - 99	<98	100.0	99.7	
		Thrombolysis (60 minutes)	%	no pts		no pts		no pts		no pts		no pts				no pts				no pts		80	80	>80		75-80	<75	0	no pts	
DO'D	Stroke Care	>90% stay on Stroke Unit	%	73.3	▲	74.1	▲	67.9	▼	→			60.0	▼	→			65.2	▲	61.9	70	70	c	==>60	31-59	==<30	36.5	62.0		
RK	A/E 4 Hour Waits		%	97.8	▲	98.0	■	98.8	▲	99.3	▲	96.9	■	97.8	■	99.3	■	97.1	▲	97.9	▲	97.85		==>98	==>98	d	==>98		<98	98.16
	GUM 48 Hours	Patients seen within 48 hours	%	87.3	▼	80.7	▼	82.5	▲	→			86.0	▲	→			83.2	▼	84.6	==>90	==>90		==>90	80-89		<80	81.0	86.8	
		Patients offered app't within 48 hrs	%	100	■	100	■	100	■	→			100	■	→			100	■	100		==>98		==>98	==>98		95-98	<95	98.3	99.8
R0	Infection Control	C. Diff - EXTERNAL (DH) TARGET	No.	17	▼	12	■	16	▼	7	▲	6	▲	13	▲	12	■	7	▼	19	▼	32	42	243	e	No variation		Any variation	163	158
		C. Diff - INTERNAL TARGET	No.	17	▼	12	■	16	▼	7	▲	6	▲	13	▲	12	■	7	▼	19	■	32	26	158		No variation		Any variation	163	158
		MRSA - EXTERNAL (DH) TARGET	No.	1	▼	2	▼	1	▲	0	■	0	▲	0	▲	0	■	1	▼	1	▼	1	1	6		No variation		Any variation	15	14
RK	Data Quality	Valid Coding for Ethnic Category (FCEs)	%	94	▼	94	■	95	▲	→			94	▼	→				94		90	90		>=90	89.0-89.9	<89	87.0	95.5		
		Maternity HES	%	5.8	■	6.2	▼	6.1	▲	→			6.8	▼	→				6.8		<15	<15		==<15	16-30	>30	n/a	5.8		
RO	Infant Health & Inequalities	Maternal Smoking Status Data Complete	%	→		→		99.3	▲	→			→					==>98.0	==>98.0		==>98	95-98	<95	99.9	99.3					
		Breast Feeding Status Data Complete	%	→		→		99.8	▲	→			→					==>98.0	==>98.0		==>98	95-98	<95	97.8	99.3					
		Maternal Smoking Rates	%	→		→		11.0	▼	→			→					<11.5	<11.5		<11.5	11.5 - 12.5	>12.5	12.6	11.6					
		Breast Feeding Initiation Rates	%	→		→		64.2	▲	→			→					>63.0	>63.0		>63.0	61-63	<61.0	54.2	63.1					
RK	RTT Milestones	Admitted Care (RTT <18 weeks)	%	95.5	▲	94.1	▼	93.4	▼	→			94.0	▲	→				94*	==>90.0	==>90.0	f	==>90.0		<90.0	98.6	93.4			
		Admitted Care - Data Completeness	%	102.8	■	101.3	■	102.6	■	→			95.8	■	→				95.8*	90-110	<90 or >110		90-110		<90 or >110	100.4	102.6			
		Non-Admitted Care (RTT <18 weeks)	%	98.4	▲	98.9	▲	97.6	▼	→			97.6	■	→				97.6*	==>95.0	==>95.0		==>95.0		==<95.0	98.8	97.6			
		Non-Admitted Care - Data Completeness	%	96.3	■	97.7	■	92.4	■	→			91.7	■	→				91.7*	90-110	<90 or >110		90-110		<90 or >110	98.1	92.4			
		Audiology Direct Access Waits (<18 wks)	%	100	■	100	■	100	■	→			100	■	→				100*	==>95	==>95		==>95		<95	99.0	100.0			
		Audiology Data Completeness	%	108.0	■	108.0	■	94.0	■	→			109.0	■	→				109*	90-110	<90 or >110		90-110		<90 or >110	96.0	94.0			
DO'D	Mortality in Hospital	Hospital Standardised Mortality Rate	HSMR	90.0		99.7		98.6		→			108.0		→			89.0		93.5	< Lower Confidence Limit		< Lower Confidence Limit		>Upper Confidence Limit	105.1				
		Peer (SHA) HSMR	HSMR	90.4	Oct '09	90.6	Nov '09	89.8	Dec '09	→			93.5	Jan '10	→			90.4	Feb '10	93.9						103.9				
RO	Sickness Absence	Long Term	%	3.79	▼	3.34	■	3.20	▲	→			3.01	▲	→				3.01	<3.00	<3.00		<3.0	3.0-3.35	>3.35	3.16	3.10			
		Short Term	%	1.60	■	1.25	■	1.25	■	→			0.95	■	→				0.95	<1.25	<1.25		<1.25	1.25-1.40	>1.40	1.22	1.31			
		Total	%	5.39	■	4.59	■	4.45	▲	→			3.96	■	→				3.96	<4.25	<4.25		<4.25	4.25-4.75	>4.75	4.38	4.41			
	Learning & Development	PDRs (includes Junior Med staff)	No.	284	▲	289	▲	290	▲	→			173	▼	→			133	▼	306	890	5341	g	0-15% variation	15 - 25% variation	>25% variation	4518	4748		
		Mandatory Training Compliance	%	60.7	▲	65.2	▲	71.1	■	→			74.3	▲	→			68.7	▼	68.7	100	100		==>80	50 - 79	<50	4044 (No.)	71.1		
Page 1 of 6																														

08/09 Outturn	09/10 Outturn
n/a	
n/a	
n/a	
n/a	
n/a	
n/a	
72.0	81.8
n/a	
7	1164
n/a	
n/a	
n/a	
n/a	
n/a	

< YTD target		> YTD target
0-15%	16-30%	>30%
0-15%	16-30%	>30%
≤2	3 - 4	>4
≤10	10.0-12.0	>12.0
<8	8.1 - 10.0	>10
≤25.0	25-28	>28.0

11.6	11.1
7.3	8.5
99.0	99.0
6495	24710
n/a	18571
	10
	5.5
	10.9
27.0	23.3

26436	30436
11084	15075
1.4	0.44
5014	5058
30498	32697
2701	2908
2400	2580
301	328
2682	2891
1785	1909
532	555
625	660
897	982
120	124
47	49

Exec Lead	PATIENT EXPERIENCE			January	February	March	April			May			To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS					
				Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	10/11							
RK	Same Sex Accommodation Breaches	Number of Breaches	No.	865 ▲	604 ■	721 ▼	→			792 ▼	→			838 ■	1630	1500	6000		<500 pcm	501 -800 pcm	>800 pcm	
		Percentage of overall admissions	%	7.77 ▲	5.70 ■	5.81 ▼	→			7.44 ■	→			7.65 ▼	7.53	<3%	<3%		<3%	3 - 6%	>6%	
KD	Complaints	Number Received	No.	→	→	213	→			→			875 (09/10)	No. Only	No. Only		80%+	70 - 79%	<70%			
		Response within initial negotiated date	%	→	→	70.4 ■	→			→			70.6 (09/10)	85	85							
	Thank You Letters		No.	→	→	664	→			→			2286 (09/10)	No. Only	No. Only							
RK	Elective Access Contact Centre	Number of Calls Received	No.	no data	12866	14286	→			11589	→			11589	No. Only	No. Only		No variation	0 - 10% variation	>10% variation		
		Average Length of Queue	mins	no data	4.14 ■	2.56 ▲	→			2.00 ▲	→			2.00*	0.5	0.5		No variation	0 - 10% variation	>10% variation		
		Maximum Length of Queue	mins	no data	32.1 ■	39.6 ▼	→			30.1 ▲	→			30.1*	6.0	6.0		No variation	0 - 10% variation	>10% variation		
	Telephone Exchange	Number of Calls Received	No.	86311	75208	84026	→			74895	→			75300	150195	No. Only	No. Only					
		Calls Answered	%	81.4	84.0	84.1				88.3				90.4	89.4	No. Only	No. Only					
		Answered within 15 seconds	%	36.2	39.8	39.0				47.5				51.9	49.7	No. Only	No. Only					
		Answered within 30 seconds	%	49.3	53.9	53.2				62.6				68.1	65.4	No. Only	No. Only					
		Average Ring Time	Secs	39.2	35.9	36.0				28.3				24.3	No. Only	No. Only						
		Longest Ring Time	Secs	650	485	646				727				588	No. Only	No. Only						
STRATEGY																						
RK	Referrals	Total By Site	No.	14554 ■	15626 ■	18584 ▲	→			15730 ▼	→				15730	15313	192945		No Variation	0 - 2% Variation	>2% Variation	
		Total GP Referrals	No.	9653 ■	10481 ■	12326 ▲	→			10564 ▼	→				10564	10079	127001		No Variation	0 - 2% Variation	>2% Variation	
		Total Other Referrals	No.	4901 ■	5145 ■	6258 ▲	→			5166 ■	→				5166	5234	65944		No Variation	0 - 2% Variation	>2% Variation	
		By PCT - Heart of B'ham	No.	4048 ■	4391 ■	5073 ▲	→			4266 ▼	→				4266	4175	52604		No Variation	0 - 2% Variation	>2% Variation	
		By PCT - Sandwell	No.	7368 ■	7787 ■	9333 ▲	→			8023 ▼	→				8023	7675	96699		No Variation	0 - 2% Variation	>2% Variation	
		By PCT - Other	No.	3138 ■	3448 ■	4178 ▲	→			3441 ■	→				3441	3463	43642		No Variation	0 - 2% Variation	>2% Variation	
		Conversion (all referrals) to New OP Att'd	%	85.2	83.8	84.8	→			81.0	→				81.0	No. Only	No. Only		No Variation	0 - 2% Variation	>2% Variation	
OP Source of Referral Information				%	1.13 ▲	1.81 ▼	1.01 ▲	→			0.88 ▲	→			0.81 ▲	0.84	=<5.0	=<5.0		No variation		Any variation
ACTIVITY																						
RK	Spells	Elective IP	No.	1117 ■	1086 ■	1341 ▲	→			1073 ▼	→			1026 ▲	2082	1921	12641	J	No Variation	0 - 2% Variation	>2% Variation	
		Elective DC	No.	4130 ■	4184 ■	5105 ▲	→			4240 ▼	→			4306 ▲	8551	6954	45747		No Variation	0 - 2% Variation	>2% Variation	
		Total Elective	No.	5247 ■	5270 ■	6446 ▲	→			5313 ▼	→			5332 ▲	10633	8875	58338		No Variation	0 - 2% Variation	>2% Variation	
		Non-Elective - Short Stay	No.	1412 ▲	1385 ▲	1428 ▼	→			1296 ■	→			894 ■	2283	2624	15712		No Variation	0 - 2% Variation	>2% Variation	
		Non-Elective - Other	No.	3836 ■	3575 ▲	3950 ▼	→			3767 ▲	→			4288 ■	7962	7766	46502		No Variation	0 - 2% Variation	>2% Variation	
		Total Non-Elective	No.	5248 ■	4960 ■	5378 ▼	→			5063 ■	→			5182 ▲	10245	10390	62214		No Variation	0 - 2% Variation	>2% Variation	
	Outpatients	New	No.	12372 ▼	12981 ■	15595 ▲	→			12748 ▼	→			13023 ▲	25776	23680	155792		No Variation	0 - 2% Variation	>2% Variation	
		Review	No.	33730 ■	34412 ■	42309 ▲	→			35633 ▼	→			34674 ▲	70687	60376	397213		No Variation	0 - 2% Variation	>2% Variation	
	A/E Attendances	Type I (Sandwell & City Main Units)	No.	14412 ▼	13490 ▼	15921 ▲	6840 ▼	8645 ▼	15485 ▼	7303 ▲	9246 ▲	16549 ▲	32034	34148	191845	No Variation	0 - 2% Variation		>2% Variation			
	A/E Attendances	Type II (BMEC)	No.	2572 ▲	2750 ▲	3061 ▼	→	3010 ■	3010 ■	→	2996 ■	2996 ■	6006	6254	35133	No Variation	0 - 2% Variation		>2% Variation			

08/09 Outturn	09/10 Outturn
n/a	3711 (Nov - Mar)
n/a	6.47 (Nov - Mar)
789	875
81.1	70.6
2912	2286
190434	incomplete data
0.44	
17.4	
1559688	1100521
82.3	83.6
39.1	43.8
55.5	58.8
28.8	36.0
695	646

178070	192945
120138	127001
57932	65944
49859	52604
87779	96699
40453	43642
85.9	85.3
10.0	1.4

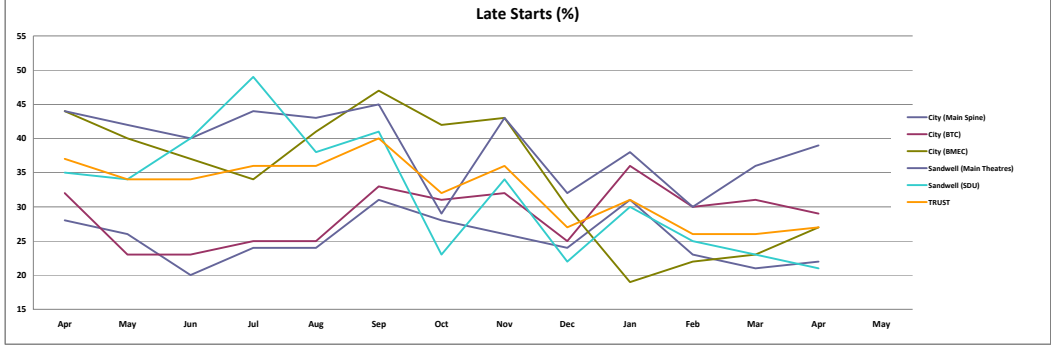
13106	13722
50873	52729
63979	66451
12770	18769
56226	47072
68996	65841
152923	164358
374867	425850
191141	190254
30800	34836

Exec Lead	PATIENT ACCESS & EFFICIENCY			January	February	March	April			May			To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS			08/09 Outturn	09/10 Outturn		
				Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		S'well	City		Trust	YTD	10/11				
RK	Waiting Times	Diagnostic Waits greater than 6 weeks	No.	0	5	3	→			4	→				4*	0	0	b	0		>0	26	3
	Length of Stay	Average Length of Stay	Days	4.4	4.5	4.2	4.7	4.2	4.4				4.4	5.0	5.0	No Variation	0 - 5% Variation		>5% Variation	5.0	4.4		
		All Patients with LOS > 14 days	No.	325	329	356	170	156	326	169	169	338	338*	No. Only	No. Only					312	356		
		All Patients with LOS > 28 days	No.	175	174	195	98	89	187	100	96	196	196*	No. Only	No. Only					152	195		
		Admissions	Min. Stay Rate (Electives (IP/DC) <2 days)	%	92.8	93.2	92.5	95.8	90.9	93.1	96.0	91.7	93.5	93.3	92.0	92.0	No Variation	0 - 5% Variation	>5% Variation	91.6	92.3		
	Day of Surgery (IP Elective Surgery)		%	87.4	88.8	87.3	90.2	89.6	89.8	90.2	87.8	88.7	88.5	82.0	82.0	No Variation	0 - 5% Variation	>5% Variation	79.4	85.5			
	Day of Surgery (IP Non-Elective Surgery)		%	70.0	69.3	70.0	69.1	73.7	71.7	68.8	73.3	70.9	71.8	No. Only	No. Only				70.2	69.7			
	With no Procedure (Elective Surgery)		%	8.9	9.4	9.4	8.4	7.4	7.7				7.7	No. Only	No. Only				10.6	9.7			
	Discharges	Per Bed (Elective)	No.	4.97	5.10	5.58	4.83	5.98	5.40	4.75	5.84	5.32	5.36	5.90	5.90	No Variation	0 - 5% Variation	>5% Variation	5.33	5.49			
		Pt's Social Care Delay	No.	9	15	28	9	6	15	13	18	31	31*	<18	<18	No Variation	0 - 10% Variation	>10% Variation					
	Beds	Pt's NHS & NHS plus S.C. Delay	No.	7	8	12	3	9	12	1	5	6	6*	<10	<10	No Variation	0 - 10% Variation	>10% Variation					
		Occupied Bed Days	No.	29129	25455	27959	11760	14554	26314	11718	15231	26949	53875	55476	331946	No Variation	0 - 5% Variation	>5% Variation	342793	331946			
		Occupancy Rate	%	86.1	85.9	85.4	85.4	85.7	85.6	88.0	85.7	86.8	86.3	86.5-89.5	86.5-89.5	No Variation	0 - 2% Variation	>2% Variation	90.3	86.0			
	Day Case Rates	Open at month end (exc Obstetrics)	No.	1065	994	989	444	500	944	468	508	976	976*	975	975	No Variation	0 - 2% Variation	>2% Variation	975	989			
		All Procedures	%	78.7	79.4	79.2	85.2	75.4	79.8	85.2	77.4	80.8	80.4	80.0	80.0	No Variation	0 - 5% Variation	>5% Variation	79.0	79.4			
	Non-Admitted Care	BMEC Procedures	%	81.2	85.4	79.5	→	82.8	82.8	→	82.6	82.6	82.2	80.0	80.0	No Variation	0 - 5% Variation	>5% Variation	79.7	79.7			
		New : Review Rate	Ratio	2.73	2.65	2.72	3.04	2.67	2.80	2.83	2.58	2.66	2.74	2.30	2.30	No Variation	0 - 5% Variation	>5% Variation	2.45	2.59			
		DNA Rate - New Referrals	%	16.8	13.8	12.5	13.1	13.5	13.4	13.3	14.5	14.1	13.8	9.0	9.0	No Variation	0 - 5% Variation	>5% Variation	12.0	13.5			
		DNA Rate - Reviews	%	16.1	12.7	11.8	12.1	11.6	11.8	12.3	13.1	12.8	12.3	9.0	9.0	No Variation	0 - 5% Variation	>5% Variation	13.5	12.3			
		OP Cancellations - Trust Initiated	No.	4175	3907	3532	→		3757	→			3757	No. Only	No. Only				n/a	20348 (Oct-Mar)			
		OP Cancellations - Patient Initiated	No.	4992	3876	3568	→		3322	→			3322	No. Only	No. Only				n/a	22820 (Oct-Mar)			
		OP Cancellations as % OP activity	%	19.9	16.4	12.3			14.6				14.6	No. Only	No. Only				n/a	14.4 (Oct-Mar)			
	Diagnostic Report Turnaround	Cervical Cytology Turnaround	Weeks	0.7	1.2	0.9	→		0.9	→			0.9*	<4.0	<4.0	<4.0	4.0-6.0	>6.0	2.7	0.9			
	Ambulance Turnaround	In Excess of 30 minutes	%	19.3	22.6	23.9	20.1	20.8	20.5	24.4	23.5	23.9	23.9*	<10.0	<10.0	<10	10 - 12.5	>12.5	19.0	23.9			
		(West Midlands average)	%	27.8	27.4	25.5	→		26.2	→		29.7	29.7*	No. Only	No. Only				21.0	25.5			
		In Excess of 60 minutes	No.	33	38	46	9	36	45	15	26	41	41*	0	0	0	1 - 5	>5		46			
THEATRE UTILISATION																a							
RK	Sitrep Declared Late Cancellations by Specialty	General Surgery	No.	8	6	5	3	5	8	15	2	17	25	10	60		0-5% variation	5 - 15% variation	>15% variation	104	81		
		Urology	No.	11	4	9	1	6	7	0	1	1	8	8	48		0-5% variation	5 - 15% variation	>15% variation	102	48		
		Vascular Surgery	No.	0	1	2	0	0	0	0	1	1	1	1	3		0-5% variation	5 - 15% variation	>15% variation	7	8		
		Trauma & Orthopaedics	No.	11	0	2	1	1	2	1	3	4	6	12	72		0-5% variation	5 - 15% variation	>15% variation	75	66		
		ENT	No.	4	1	0	0	1	1	0	2	2	3	2	12		0-5% variation	5 - 15% variation	>15% variation	23	23		
		Ophthalmology	No.	2	12	18	9	8	17	1	13	14	31	18	108		0-5% variation	5 - 15% variation	>15% variation	153	139		
		Oral Surgery	No.	2	0	2	0	0	0	0	0	0	0	2	8		0-5% variation	5 - 15% variation	>15% variation	19	24		
		Cardiology	No.	0	0	1	0	1	1	2	0	2	3	4	21		0-5% variation	5 - 15% variation	>15% variation	31	7		
		Gynaecology / Gynae-Oncology	No.	14	2	9	0	5	5	2	1	3	8	9	54		0-5% variation	5 - 15% variation	>15% variation	71	63		
		Plastic Surgery	No.	1	0	1	1	0	1	0	2	2	3	2	12		0-5% variation	5 - 15% variation	>15% variation	21	11		
		Dermatology	No.	0	0	9	0	0	0	0	4	4	4	4	24		0-5% variation	5 - 15% variation	>15% variation	24	27		
		TOTAL	No.	53	26	58	15	27	42	21	29	50	92	72	422		0-5% variation	5 - 15% variation	>15% variation	630	497		
Page 4 of 6																							

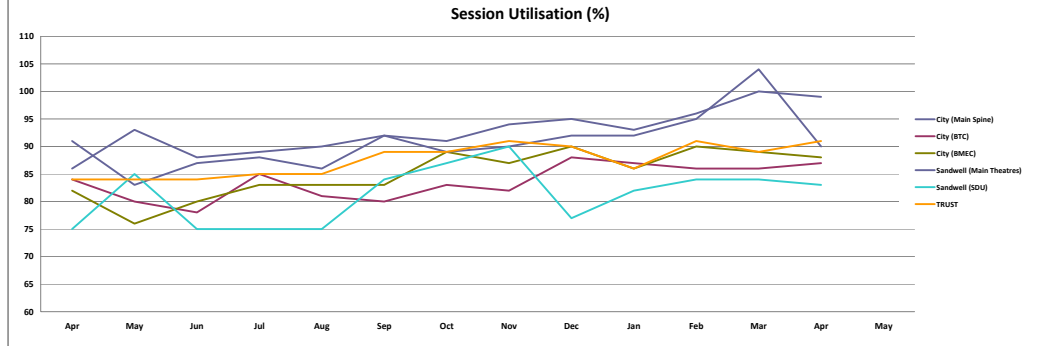


SUPPLEMENTARY DATA THEATRE UTILISATION

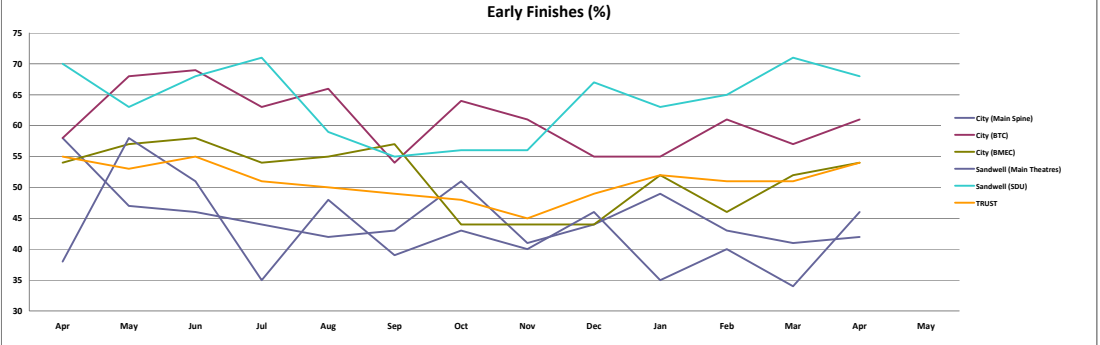
LATE STARTS (%)	2009 / 2010												2010 / 2011				
Theatre Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
City (Main Spine)	28	26	20	24	24	31	28	26	24	31	23	21	22				
City (BTC)	32	23	23	25	25	33	31	32	25	36	30	31	29				
City (BMEC)	44	40	37	34	41	47	42	43	30	19	22	23	27				
Sandwell (Main Theatres)	44	42	40	44	43	45	29	43	32	38	30	36	39				
Sandwell (SDU)	35	34	40	49	38	41	23	34	22	30	25	23	21				
TRUST	37	34	34	36	36	40	32	36	27	31	26	26	27				
KEY: GREEN = <5.1% deviation from target, AMBER = 5.1 - 15.0% deviation, RED = >15.0% deviation																	



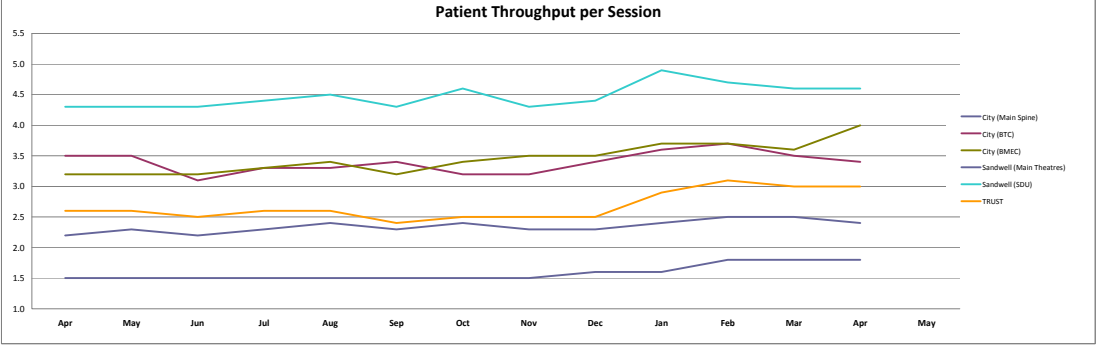
SESSION UTILISATION (%)	2009 / 2010												2010 / 2011				
Theatre Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
City (Main Spine)	86	93	88	89	90	92	91	94	95	93	96	100	99				
City (BTC)	84	80	78	85	81	80	83	82	88	87	86	86	87				
City (BMEC)	82	76	80	83	83	83	89	87	90	86	90	89	88				
Sandwell (Main Theatres)	91	83	87	88	86	92	89	90	92	92	95	104	90				
Sandwell (SDU)	75	85	75	75	75	84	87	90	77	82	84	84	83				
TRUST	84	84	84	85	85	89	89	91	90	86	91	89	91				
KEY: GREEN = <5.1% deviation from target, AMBER = 5.1 - 15.0% deviation, RED = >15.0% deviation																	



EARLY FINISHES (%)	2009 / 2010												2010 / 2011				
Theatre Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
City (Main Spine)	58	47	46	44	42	43	51	41	44	49	43	41	42				
City (BTC)	58	68	69	63	66	54	64	61	55	55	61	57	61				
City (BMEC)	54	57	58	54	55	57	44	44	44	52	46	52	54				
Sandwell (Main Theatres)	38	58	51	35	48	39	43	40	46	35	40	34	46				
Sandwell (SDU)	70	63	68	71	59	55	56	56	67	63	65	71	68				
TRUST	55	53	55	51	50	49	48	45	49	52	51	51	54				
KEY: GREEN = <5.1% deviation from target, AMBER = 5.1 - 15.0% deviation, RED = >15.0% deviation																	



THROUGHPUT / SESSION	2009 / 2010												2010 / 2011				
Theatre Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
City (Main Spine)	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.6	1.6	1.8	1.8	1.8				
City (BTC)	3.5	3.5	3.1	3.3	3.3	3.4	3.2	3.2	3.4	3.6	3.7	3.5	3.4				
City (BMEC)	3.2	3.2	3.2	3.3	3.4	3.2	3.4	3.5	3.5	3.7	3.7	3.6	4.0				
Sandwell (Main Theatres)	2.2	2.3	2.2	2.3	2.4	2.3	2.4	2.3	2.3	2.4	2.5	2.5	2.4				
Sandwell (SDU)	4.3	4.3	4.3	4.4	4.5	4.3	4.6	4.3	4.4	4.9	4.7	4.6	4.6				
TRUST	2.6	2.6	2.5	2.6	2.6	2.4	2.5	2.5	2.5	2.9	3.1	3.0	3.0				
KEY: GREEN = <5.1% deviation from target, AMBER = 5.1 - 15.0% deviation, RED = >15.0% deviation																	



## 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:	24 June 2010

## 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:**

The Trust underperformed in May with A/E 4-hour wait performance reported as 97.85%. It is also anticipated that the 18-week RTT performance target will not be achieved in all Admitted and Non-Admitted specialties. One 28-day breach of a previous cancelled operation was reported, expressed as a percentage of overall cancellations this remains within the 'Performing' threshold.

**Financial Performance:**

Underperformance is indicated in May in 3 areas; Better Payment Practice Code Value, Better Payment Practice Code Volume, and Creditor Days. The weighted overall score remains 2.9 and is classified as Performing. The Trust did not Fail any indicators.

**Foundation Trust Compliance Report** – The Trust underperformed in 1 area (weighted 0.5), A/E 4-hour waits. The Overall Governance Rating for the month is GREEN.

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

Approval	Receipt and Noting	Discussion
	<b>x</b>	

**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	<b>x</b>	
Business and market share		
Clinical	<b>x</b>	
Workforce		
Environmental		
Legal & Policy	<b>x</b>	
Equality and Diversity		
Patient Experience	<b>x</b>	
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

Finance and Performance Management Committee on 17 June 2010

# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST - NHS PERFORMANCE FRAMEWORK MONITORING REPORT - 2010/11

## Operational Standards and Targets

Indicator	Weight	Thresholds	
		Performing	Underperforming
A/E Waits less than 4-hours	1.00	98.00%	97.00%
Cancelled Operations - 28 day breaches	1.00	5.0%	15.0%
MRSA Bacteraemia	1.00	0	>1.0SD
Clostridium Difficile	1.00	0%	>1.0SD
18-weeks RTT (Admitted)	1.00	90.0%	85.0%
18-weeks RTT (Non-Admitted)	1.00	95.0%	90.0%
18-weeks RTT - achievement in all specialties (Admitted & Non-Admitted)	1.00	0	>0
Cancer - 2 week GP Referral to 1st OP Appointment	0.50	93.0%	88.0%
Cancer - 2 week GP Referral to 1st OP Appointment - breast symptoms	0.50	93.0%	88.0%
Cancer - 31 day second or subsequent treatment (surgery)	0.33	94.0%	89.0%
Cancer - 31 day second or subsequent treatment (drug)	0.33	98.0%	93.0%
Cancer - 31 day second or subsequent treatment (radiotherapy)	0.33	96.0%	91.0%
Cancer - 62 day referral to treatment from screening	0.33	90.0%	85.0%
Cancer - 62 day referral to treatment from hospital specialist	0.33	85.0%	80.0%
Cancer - 62 day urgent referral to treatment for all cancers	0.33	85.0%	80.0%
Reperfusion - Primary Angioplasty (within 150 minutes of call)	0.50	75.00%	60.00%
Reperfusion - Thrombolysis (within 60 minutes of call)	0.50	68.00%	48.00%
2-week Rapid Access Chest Pain	1.00	98.0%	95.0%
48-hours GU Medicine Access	1.00	98.0%	95.0%
Delayed Transfers of Care	1.00	3.5%	5.0%
Stroke (Stay on Stroke Unit)	1.00	60%	30.0%
<b>Sum</b>	<b>15.00</b>		
<b>Average Score</b>			

April 2010	Score	Weight x Score	May 2010	Score	Weight x Score
97.80%	2	2.00	97.90%	2	2.00
0	3	3.00	2.4%	3	3.00
0	3	3.00	1	3	3.00
13	3	3.00	19	3	3.00
94.0%	3	3.00	>90.0%*	3	3.00
97.6%	3	3.00	>95.0%*	3	3.00
>0	0	0.00	>0*	0	0.00
93.7%	3	1.50	>93.0%*	3	1.50
94.0%	3	1.50	>93.0%*	3	1.50
100%	3	0.99	>94.0%*	3	0.99
100%	3	0.99	>98.0%*	3	0.99
100%	3	0.99	>96.0%*	3	0.99
96.8%	3	0.99	>90.0%*	3	0.99
100%	3	0.99	>85.0%*	3	0.99
90.9%	3	0.99	>85.0%*	3	0.99
100%	3	1.50	>75.00%*	3	1.50
no patients		0.00	no patients*		0.00
>98.00%*	3	3.00	>98.00%*	3	3.00
100.00%	3	3.00	100.00%	3	3.00
4.30%	2	2.00	3.30%	3	3.00
60.00%	3	3.00	65.20%	3	3.00
*projected		<b>38.44</b>	*projected		<b>39.44</b>
		<b>2.65</b>			<b>2.72</b>

<b>Scoring:</b>	
Underperforming	0
Performance Under Review	2
Performing	3

<b>Assessment Thresholds</b>	
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 - 2010/11**

Financial Indicators				SCORING			2010 / 2011								
Criteria	Metric	Weight (%)		3	2	1	April	Score	Weight x Score	May	Score	Weight x Score	June	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			
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	-0.01%	3	0.6	0.01%	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.	6.96%	3	0.15	6.70%	3	0.15			
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			
	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.	7.05%	3	0.15	7.01%	3	0.15			
	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.	0.00%	3	0.45	0.00%	3	0.45			
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	0.54%	3	0.15	0.53%	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	7.05%	3	0.15	7.01%	3	0.15			
Finance Processes & Balance Sheet Efficiency	Better Payment Practice Code Value (%)	2.5	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	82.00%	2	0.05	80.00%	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	77.00%	2	0.05	81.00%	2	0.05			
	Current Ratio	20	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	1.01	3	0.15	1.03	3	0.15			
	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	23.00	3	0.15	20.99	3	0.15			
	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	42.31	2	0.1	46.02	2	0.1			

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

**Weighted Overall Score**

**2.9**

**2.9**

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

# Sandwell and West Birmingham Hospitals

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## Finance and Performance Management Committee – v0.2

**Venue** Executive Meeting Room, City Hospital

**Date** 20 May 2010; 1430h – 1630h

**Members Present**

Mr R Trotman [Chair]

Mrs S Davis

Dr S Sahota

Mrs G Hunjan

Prof D Alderson

Mr G Clarke

Mrs O Dutton

Mr J Adler

Mr R White

Mr R Kirby

**In Attendance**

Mr T Wharram

Mr M Harding

**Observer**

Ms C Balligan

**Secretariat**

Mr S Grainger-Payne

Minutes	Paper Reference
<b>1 Apologies for absence</b>	<b>Verbal</b>
No apologies were received.	
<b>2 Minutes of the previous meeting – 18 March 2010</b>	<b>SWBFC (4/10) 047</b>
The minutes of the previous meeting were accepted as a true and accurate record of discussions held on 22 April 2010.	
<b>AGREEMENT: The minutes of the previous meeting were approved</b>	
<b>3 Matters arising from the previous meeting</b>	<b>SWBFC (4/10) 037 (a)</b>
The updated actions log was noted by the Committee. It was agreed that action SWBFC.ACT.081 should be reopened given that the position regarding wards comprising staff from a single ethnic background had not yet been presented within the HR dashboard.	
<b>4 Theatre utilisation</b>	<b>Hard copy papers</b>
Mr Kirby advised that specific actions had been taken since the last review of theatre utilisation, in respect of the implementation of the World Health Organisation's theatre checklist. The effect of these actions was outlined to be that the percentage of theatre lists starting late had lowered, although it was highlighted that further effort needed to be made to reduce this further to an acceptable level. Performance in May and June is anticipated to show a better performance. An improvement in the Birmingham and Midlands Eye Centre (BMEC) theatres was particularly noted, where only 20% of lists now start late as opposed to	

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50% previously. Mr Trotman asked whether throughput had increased proportionately. He was advised that approximately 3 cases are now handled per list on average compared to 2.5 previously.

The percentage of lists finishing early remains disappointingly high, although in terms of the overall number of minutes lost, this had declined to some degree. The operational issues caused by the disruption due to the recent volcanic ash issue were noted to have impacted adversely.

The Committee was advised that The Productive Operating Theatre (TPOT) initiative is still to be progressed fully. Mr Trotman asked for clarity as to the 75% figure for patient checklists. He was advised that this indicated that in 75% of cases, a completed WHO checklist was found within surgery patient records. Mrs Hunjan stressed the need for this to be improved to 100% and requested that the timetable for the achievement of full compliance be included within the next update.

Mr Trotman asked how surgeons were embracing the additional focus on productivity. He was advised that only in a minority of cases, do surgeons not see the benefit of the approach. Practical issues with the delivery of the requirements is a greater issue than surgeons not embracing the new culture. Mrs Davis asked whether there was a greater degree of efficiency within general working practice as a result of the work. Mr Kirby advised that surgeons are frustrated at poorly organised theatre lists, however in many cases there is proactive attempts to resolve the issues. Again, the efficiency of practices in BMEC have improved significantly. Ms Balligan was asked for her view of the situation and highlighted that there is still a reluctance by some members of staff to increase the number of patients per list. Utilisation reports are being shared with surgeons however to demonstrate the effect of the revised working practices. In instances where there are specific issues relating to particular individuals, these are being handled on a case by case basis by the Clinical Director and Divisional Director.

Mrs Davis asked to what degree associated issues, such as portering and instrumentation availability impact on the performance of theatres. Mr Kirby advised that the situation had improved in many cases and issues with instrumentation were largely resolved. However, the single biggest issue is surgical bed capacity.

Dr Sahota observed that although progress had been made, there is still further improvement and efficiencies to be made in terms of theatre utilisation. He was advised that April was a particularly poor month for exceptional reasons, however the overall trend is more positive.

Mrs Hunjan reminded the Committee of the Internal Audit report concerning the recording of theatre productivity. She asked whether it was now universally understood among surgeons what constituted a late start and an early finish. She was advised that this was the case.

Mr Kirby advised that the remainder of the action plan was dependent on the upgrade of the theatres IT system, ORMIS, although this had been delayed at present.

Professor Alderson remarked that he was impressed with the increased number of patients now included on each theatre list, however he expressed concern over the unwillingness by some surgeons and team members to participate in the team briefing prior to a list commencing. He stressed the need for this to be enshrined in policy and practice. It was highlighted that issues in Sandwell main theatres needed particular attention, which was confirmed by Ms Balligan.

Mr Trotman asked whether there had been a financial benefit to the improved

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<p>efficiency. He was advised that it was too soon to be able to determine whether a financial impact had been realised.</p> <p>Mrs Dutton asked how long the team brief had been in place and asked what sanctions were imposed should there be non-attendance at these important meetings. Mr Kirby advised that the team briefing had been in place for six months and the sanction was dependent on the reason for non-attendance. If an individual is seen to be a persistent offender, then the matter would be escalated to the appropriate level of seniority, culminating in disciplinary action if necessary.</p> <p>It was agreed that a further report should be presented at the August meeting of the Finance and Performance Management Committee.</p>	
<p><b>ACTION:</b> Mr Kirby to include the timetable for the achievement of 100% compliance with the requirement to complete a patient theatre checklist within the next update on theatre utilisation</p> <p><b>ACTION:</b> Mr Kirby to present an update on theatre utilisation at the August meeting of the Finance and Performance Management Committee</p>	
<p><b>5 Orthopaedics performance</b></p>	<p><b>Hard copy papers</b></p>
<p>Mr Kirby reported that during recent months there had been a drop in the percentage of trauma and orthopaedic patients being seen within the required 18 week target. At present c. 73% of patients are seen within this timeframe. A backlog of patients waiting to be seen has been created, although this appears to have stabilised at c. 200 patients.</p> <p>One of the key issues concerns the loss of two orthopaedic surgeons from the Trust, who have been replaced by less experienced individuals. A rise in the demand for trauma and orthopaedic treatments has also been seen.</p> <p>Work to address the backlog and improve the overall performance in this area is underway and includes measures such as improvement of theatre efficiency and a switch in the capacity from some areas where there is more flexibility to cope with the demands in the trauma and orthopaedics area. Further capacity outside the Trust is also being investigated whereby the Trust's surgeons may undertake additional sessions in private facilities. Mr Trotman asked whether the cost neutral solution used by the Trust previously could be called on again. He was advised that this was an option that was being considered.</p> <p>Discussions around financing the handling of the backlog have been held with Sandwell PCT.</p> <p>It was noted that there are no clear points in the care pathway for these patients that may be expedited and care needs to be taken in handling the backlog to ensure that there is not a severe adverse impact on ensuring the Trust meets the ongoing 18 week target. It is proposed that the backlog will be cleared by September 2010.</p> <p>Mr Trotman asked whether out of hours capacity could be considered as a solution to addressing the backlog. He was advised that there is not sufficient bed capacity to undertake this measure.</p> <p>Professor Alderson highlighted that the situation was reflective of the national position, however the West Midlands region as a whole was poorer performing than the national average, therefore there was no benefit to patients choosing to have their procedure at alternative local organisations.</p>	

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<p>Mr Kirby was asked whether the situation impacted on emergency fractured neck of femur work. He advised that given the separation of trauma and orthopaedic work, performance with these procedures was protected to some degree.</p> <p>Mrs Davis observed that although orthopaedics represented the most significant issue with regard to meeting national waiting time targets, there were also issues in other areas. Mr Kirby confirmed that within ophthalmology, meeting waiting time targets for specialist services presented a challenge. Likewise, plastic surgery was problematic, particularly with complex breast reconstruction work.</p> <p>It was agreed that a further update on the situation would be presented at the August meeting.</p>	
<p><b>ACTION:</b> Mr Kirby to present an update on progress with achieving trauma and orthopaedics waiting time targets at the August meeting of the Finance and Performance Management Committee</p>	
<p><b>6 Trust Board performance management reports</b></p>	
<p><b>6.1 2010/11 month 1 financial position and forecast</b></p>	<p>SWBFC (5/10) 054 SWBFC (5/10) 054 (a) SWBFC (5/10) 054 (b)</p>
<p>Mr Wharram reported that the financial performance was being measured against two indicators: a statutory accounts position and a Department of Health control total. The implementation of International Financial Reporting Standards (IFRS) required the Trust to declare the Birmingham Treatment Centre on the balance sheet and introduced a revised method of accounting.</p> <p>It was highlighted that the treatment of the WTE position and bank and agency staff is to be revised in future versions of the finance report. Likewise, greater detail of non pay expenditure is to be included.</p> <p>As a consequence of the agreed allocation from the Strategic Change Reserve, the Strategic Health Authority has imposed a separate set of performance measures against which the Trust will be measured over the forthcoming year. This is to ensure that there is accountability for the appropriate use of the funds.</p> <p>On a 'bottom line' basis, the Trust was highlighted to be marginally ahead of plan, mainly as a result of higher than planned levels of activity and associated income.</p> <p>In terms of WTE numbers, these were highlighted to be below plan, although when the effect of agency staff is taken into account, it is evident that the overall position is above plan.</p> <p>Division performance is related to activity levels, particularly in Medicine, where capacity is open when it was forecast to have been closed.</p> <p>Regarding budgeted pay, the position was noted to be adverse in medical staffing and in agency costs specifically, over half relates to medical staffing. An analysis of pay for four of the key clinical divisions was reviewed, again showing that the majority of agency spend is on medical staffing. It was agreed that the analysis would be useful when divisional performance is being considered at the Finance and Performance Management Committee meetings.</p> <p>Mrs Dutton suggested that the cost of overhead as a proportion of total spend would be useful on a divisional basis. Mr White confirmed that this related to individual members of staff who were not responsible for direct clinical care.</p> <p>Mrs Hunjan observed that it appeared that there was insufficient budget to cover</p>	

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<p>substantive pay costs in the Women and Child Health division. She was advised that this situation concerned the current temporary cover for one of the medical staffing posts, which is likely to be resolved in the coming months.</p> <p>It was highlighted that capital expenditure was negligible during the month as anticipated. Mrs Davis asked for what purpose the allocation of £0.5m was intended on the Coronary Care Unit. She was advised that this related to changes required to comply with Delivering Single Sex Accommodation regulations.</p> <p>The cash position was highlighted to be better than planned, although cash will be reprofiled over the shortly. Dr Sahota noted the low interest rate attracted by the Trust's cash and suggested that consideration be given to alternative methods of investment. He was advised that there were stringent regulations as to how cash balances are treated by NHS trusts. Dr Sahota suggested that the use of government bonds be investigated, although Mr White advised that investment in these was not permitted.</p> <p>Mrs Hunjan asked for a detailed end of year position to be circulated for each division.</p>	
<p><b>ACTION:</b> Mr Wharram to provide a breakdown of overhead per division as part of the next finance report</p> <p><b>ACTION:</b> Mr Wharram to include a revised analysis of agency costs in the next finance report</p> <p><b>ACTION:</b> Mr Wharram to circulate a detailed divisional analysis of divisional performance as at the end of 2009/10</p>	
<p><b>6.2 Update on debtors</b></p>	<p>SWBFC (5/10) 053 SWBFC (5/10) 053 (a) SWBFC (5/10) 053 (b)</p>
<p>Mr Trotman reminded the Committee that the debtors report had previously been reviewed by the Audit Committee however since the frequency of the Committee's meetings was only quarterly, it had been decided that the responsibility for review should again fall within the remit of the Finance and Performance Committee for more frequent consideration.</p> <p>Mr Wharram presented an overview of all debts owed to the Trust, advising that patient transport bills from Heart of England NHS Foundation Trust remain outstanding.</p> <p>Mr Wharram was asked whether debts relating to 2008/09 had been provided for. He confirmed that these had been accrued.</p> <p>Mrs Davis asked that future reports detail the amount that the Trust owes to the debtor.</p> <p>It was noted that there is a significant delay between the end of the quarter and the invoice being raised. Mr Wharram advised however that such matters were outside of the control of the Trust.</p>	
<p><b>ACTION:</b> Mr Wharram to include detail concerning the amount that the Trust owes to the debtor within the next update</p>	
<p><b>6.3 Performance monitoring report</b></p>	<p>SWBFC (5/10) 052 SWBFC (5/10) 052 (a)</p>
<p>Mr Harding reported that the revised performance monitoring report included all</p>	



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<p>new CQUIN targets. Hospital Standardised Mortality Rate (HSMR) was also included in the report, where it was highlighted that both the rate for the Trust and that of the Strategic Health Authority was below confidence limits. The Trust's HSMR was highlighted to have risen to 108 however, therefore additional monitoring was in place for this indicator.</p> <p>MRSA screening targets for elective and non-elective procedures had been agreed with the Trust's Director of Infection Prevention and Control. Mr Adler reported that Monitor has added MRSA screening to the FT compliance framework. Mrs Davis asked whether these targets were based on the activity plan agreed with the PCTs and as such if less referrals are received than planned, was there potential for the Trust to fail these targets. Mr Adler advised that Monitor calculates numbers as a percentage of referrals.</p> <p>The Committee was asked to note that breaches of the single sex accommodation regulations are now monitored. In the Trust breaches on ward D5 account for a significant number.</p> <p>Performance against the stroke care target was observed to have declined to 60%, therefore the deputy Medical Director was undertaking work to investigate the reasons behind this issue. Mrs Davis remarked that the performance was concerning however Mr Kirby advised that further data cleansing may reveal a higher level of performance.</p> <p>Performance against the accident and emergency waiting time target was reported to be 97.8% and excluded type 3 activity from the walk-in centres, which can be included for assessment by the Care Quality Commission. If this performance is added, then the overall performance was 98.2%.</p> <p>In terms of referral to treatment targets, overall targets were achieved for admitted and non-admitted cases. The target for orthopaedics and plastic surgery specialities was missed however.</p> <p>Regarding activity, the Committee was advised that a healthy start had been made for the year. Emergency admissions were reported to be 10% higher than during the same period in 2009/10 meaning that there is currently difficulty with reducing beds and meeting 'Right Care, Right Here' targets.</p> <p>Performance against the primary angioplasty target was reported to have been good. Sickness absence showed a steady reduction to 3.96% in April. The number of delayed Transfers of Care were reported to have been poor in April, but has been addressed with the relevant Local Authority.</p> <p>Dr Sahota noted that perinatal mortality rates at Sandwell Hospital were high. He was advised that a separate report had been prepared to outline the reasons for this, which had been discussed at the Maternity Taskforce and the Governance Board.</p> <p>Mr Harding was asked to add in complaints information and access centre performance into the report due to be considered at the June meeting.</p>	
<p><b>ACTION:</b>        <b>Mr Harding to amend the performance report in line with suggestions made at the meeting</b></p>	
<p><b>6.4        Foundation Trust compliance report</b></p>	<p>SWBFC (5/10) 051 SWBFC (5/10) 051 (a)</p>
<p>As the information presented was noted to be a subset of the monthly performance management information, the Committee received and noted the report. It was</p>	

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<p>highlighted that the compliance framework now includes MRSA screening performance.</p> <p>The Governance Risk Rating was amber green in reflection of the underachievement against the accident and emergency waiting time target and MRSA screening target.</p>	
<p><b>6.5 NHS performance framework</b></p>	<p>SWBFC (5/10) 050 SWBFC (5/10) 050 (a)</p>
<p>Mr Harding presented the Trust's performance against the indicators comprising the NHS performance framework.</p> <p>It was highlighted that the Trust had under performed against the accident and emergency, delayed transfers of care and stroke targets.</p> <p>Despite the underperformance against selected targets, the Committee was pleased to note that the Trust remains classified as a 'performing' organisation.</p>	
<p><b>7 Cost improvement programme (2010/11) – delivery report</b></p>	<p>SWBFC (5/10) 055 SWBFC (5/10) 055 (a) - SWBFC (5/10) 055 (c)</p>
<p>Mr Wharram advised that performance against the Cost Improvement Programme was 11% below plan for April. The schemes responsible for the overall under performance were highlighted and noted to represent only a small number of the total schemes. Mrs Davis urged the shortfalls to be addressed as quickly as possible.</p>	
<p><b>8 Quality and Efficiency Programme (QuEP) update</b></p>	<p>Hard copy paper</p>
<p>Mr Adler presented a summary of the progress with the workstreams forming the Quality and Efficiency Programme (QuEP).</p> <p>It was highlighted that the capacity workstream was delayed due to operational pressures. In relation to the procurement workstream, the outcome of the recent tendering exercise for an alternative provider is awaited. Regarding the estates workstream, it has now been confirmed that the required impairment would be treated as a technical adjustment, therefore the work will recommence as planned.</p> <p>The decision was made by the Financial Management Board that greater focus needs to be concentrated on determining the financial deliverables from the QuEP and future updates will reflect this assessment.</p>	
<p><b>9 Minutes for noting</b></p>	
<p><b>9.1 Minutes of the Strategic Investment Review Group</b></p>	<p>SWBSI (5/10) 001</p>
<p>The Committee noted the minutes of the SIRG meeting held on 13 April 10.</p>	
<p><b>9.2 Actions and decisions from the Strategic Investment Review Group</b></p>	<p>SWBFC (5/10) 049</p>
<p>The Committee noted the actions and decisions arising from the meeting of SIRG meeting held on 11 May 10.</p>	
<p><b>9.3 Minutes of the Financial Management Board</b></p>	<p>SWBFM (4/10) 046</p>
<p>The Committee noted the minutes of the FMB meeting held on 20 April 10.</p>	

## Sandwell and West Birmingham Hospitals



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<b>10</b>	<b>Any other business</b>	<b>Verbal</b>
Mr Trotman asked how members of staff affected by the recent volcanic ash issue had been handled in terms of absence from work. He was advised that absences were either treated as unpaid leave or as annual leave. Alternatively , in a small number of cases, staff are able to make up time lost.		
<b>11</b>	<b>Details of next meeting</b>	<b>Verbal</b>
The next meeting is to be held on 17 June 2010 at 1430h in the Executive Meeting Room at City Hospital.		

Signed .....

Print .....

Date .....

## Sandwell and West Birmingham Hospitals



NHS Trust

<b>TRUST BOARD (PRIVATE SESSION)</b>
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<b>DOCUMENT TITLE:</b>	Audit Committee Chair's Annual Report 2009/10
<b>SPONSORING DIRECTOR:</b>	Gianjeet Hunjan, NED & Chair of Audit Committee
<b>AUTHOR:</b>	Simon Grainger-Payne, Trust Secretary
<b>DATE OF MEETING:</b>	24 June 2010

**SUMMARY OF KEY POINTS:**

The attached report highlights the role, previous activity and future focus of the Audit Committee. Reference is made to the way in which integrated governance is conducted.

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

Approval	Receipt and Noting	Discussion
	<b>X</b>	

**ACTIONS REQUIRED, INCLUDING RECOMMENDATION:**

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

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	None specifically
Annual priorities	
NHS LA standards	
CQC Essential Standards Quality and Safety	
Auditors' Local Evaluation	Supports evidence for the internal control dimension

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

Financial		
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy	<b>x</b>	Supports good governance practices within the Trust
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

Annual update
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# Sandwell and West Birmingham Hospitals

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## AUDIT COMMITTEE CHAIR'S ANNUAL REPORT 2009/10

### Introduction

This report provides information on the activities of the Audit Committee of Sandwell & West Birmingham Hospitals NHS Trust. This report covers the 2009/10 financial year, from 1 April 2009 to 31 March 2010 .

### Membership

The members of the Committee include all Non-Executive Directors of the Trust. Neither the Trust Chair nor the Chief Executive is a member of the Committee, but they are invited to attend certain meetings either to form a view and understanding of the Committee's operation or to provide assurance and explanations on specific issues. For the period 1 April 2009 to 31 March 2010, membership and attendance was as follows:

<b>Present</b>	7-May-09	11-Jun-09	3-Sep-09	3-Dec-09	4-Feb-10
Hunjan, G (Chr)	*	*		*	*
Dr Sahota, S	*	*	*	*	
Bartram, I	*		*	*	*
Trotman, R	*	*		*	*
Prof Alderson, D				*	*
Akhtar, P			*		

#### Notes:

*P Akhtar terminated her employment with the Trust on 30 November 2009*

*The meeting held on 3 September 2009 was chaired by Dr Sahota as the nominated Vice Chair for the Committee*

### Role

Along with its role of overseeing internal financial control matters such as safeguarding assets, the maintenance of accounting records and reliability of financial information, the primary focus is to conclude upon the adequacy and effective operation of the Trust's overall internal control system. Through the Assurance Framework, the Committee's attention is given to the framework of risks, controls and related assurances that support the delivery of Trust Objectives. A particular emphasis is placed upon declarations made in the

Statement on Internal Control, declarations under the Standards for Better Health and scrutiny of the annual accounts and annual report.

The Committee's Terms of Reference (ToR) are based on the model ToR set out in the NHS Audit Committee Handbook 2005 (Gateway ref:5706). The ToR *"guide NHS Boards and Audit Committee to reconsider their approach to the scrutiny of the establishment and maintenance of an effective system of governance, risk management and internal control. This is consistent with the continued development of NHS Boards towards good governance principles, as well as recognising the developments in healthcare management and broader corporate governance"* [AC Handbook, p.4].

## Meetings

The Committee is to meet not fewer than four times per year. As indicated in the table above, the Committee met five times during the period under review. Representatives from both External and Internal Audit providers are invited to attend each meeting of the Committee. In addition, the Director of Finance and Performance Management has a standing invitation to attend meetings of the Audit Committee. Other officers of the Trust are invited to attend meetings as and when required.

## Relationships

Copies of the minutes of each Audit Committee meeting are presented to the Trust Board for information. The Committee has established effective working relationships with its internal auditor, CWAS (Coventry and Warwickshire Audit Services) and its external auditor, KPMG.

In order to promote effective integrated governance the Committee has continued to develop relationships with other Board Committees including:

- Governance & Risk Management
- Finance & Performance Management
- Charitable Funds

The Committee aims to continue to further develop and embed these key Committee relationships during 2010/2011. From April 2010, the Chair of the Audit Committee will join the Governance and Risk Management Committee as a member.

## Summary of Business

The past seven months has seen considerable activity both mainstream and developmental. The NHS Audit Committee Handbook introduced a range of

practices aimed at improving the effectiveness of the Committee as well as widening its governance role. Significant work included:

- A comprehensive self assessment of the Committee's effectiveness
- An assessment of Internal Audit and External Audit effectiveness and agreement of KPIs for each
- Consideration and agreement of a revised cycle of the Committee's business
- Consideration of the Trust's Assurance Framework
- Review of the interim work undertaken by External Audit
- Review of the progress with preparing for the Auditors Local Evaluation
- Counter fraud reports
- The Trust's position in relation to a nationally devised Counter Fraud risk assessment tool
- An update against the Counter Fraud and Security Management Service compound indicators action plan
- Internal Audit recommendation tracking
- Review of outstanding debtors
- A review of losses and special payments made
- Review of instances where formal tendering has been waived
- Review of the progress with the implementation measures to ensure compliance with International Financial Reporting Standards
- Agreement to amendments to the Trust's Standing Orders/ Standing Financial Instructions and Scheme of Delegation
- Review of instances of breaches to the Trust's Standing Orders/Standing Financial Instructions

### **Work Plan 2010/2011**

The Committee agreed a work plan at its meeting on 4 February 2010. The work plan was created from a recommended cycle of business plus additional items of importance to the Committee. The work plan does not relate to a specific calendar year or financial period, but rather indicates the months in the year when the Committee should be meeting and the business planned for that period. In this respect it informs the Committee's work through to the end of 2010/11 and will be subject to a review to ensure it remains fit for purpose.

As required, the Committee undertook a self-assessment of its effectiveness in discharging its responsibilities at its meeting on 3 December 2009. The outcome of this exercise was reported to the Trust Board through the minutes of the Audit Committee meeting which were submitted with Board papers.

### **Conclusion**

From its work conducted during the period 1 April 2009 to 31 March 2010, the Audit Committee is able to:



- Confirm that the system of risk management in the organisation is adequate in identifying risks and allowing the Board to understand the appropriate management of those risks
- Confirm that the Committee has reviewed the Assurance Framework and believes it is fit for purpose
- Confirm that there are no areas of significant duplication or omission in the systems of governance in the organisation that have come to the Committee's attention and not been adequately resolved
- Confirm that the self-assessment by the organisation against the Standards for Better Health as at 31 March 2010 was consistent with the Committee's understanding, gained through the Assurance Framework, progress reports and Committee representation on the evaluation panel. It should be noted that the Standards for Better Health assessment was superseded by the Care Quality Commission registration process as from 1 April 2010., therefore under this duty, the Audit Committee will be required to confirm the self-assessment by the Trust against the new regulations during 2010/11.

A significant amount of work has been undertaken during the past twelve months to strengthen control and the governance role of the Committee. This work included the development and implementation of appropriate tools to undertake an assessment of the performance of the Internal Audit and External Audit functions that serve the Trust.

The introduction of International Financial Reporting Standards (IFRS) has been an area of challenge during the year and regular updates on implementation of the requirements to achieve compliance with the new standards have been received by the Audit Committee.

The Committee will be reviewing the draft Annual Accounts for 2009/10 on 6 May 2010, these having been submitted to the external auditor 1 day earlier than the required deadline of 23 April 2010. This represents the earliest date that the Trust has submitted accounts for any financial year.

With the agreement of the Audit Committee, this report, subject to any changes will be presented to the Trust Board at the next convenient point in its agenda.

**Gianjeet Hunjan**  
**Chair - Audit Committee**  
**Sandwell & West Birmingham Hospitals NHS Trust**