Sandwell and West Birmingham Hospitals NHS Trust

AGENDA

Trust Board - Public Session

Venue	Anne Gibso	on Boardroc	m, City Hospital	Date	27 January 2	2011; 14	130h - 1630h
Members				In Atter	ndance		
Mrs S Dav	is	(SD)	[Chair]	Mr G S€	eager	(GS)	
Mr R Trotn	nan	(RT)		Miss K E)hami	(KD)	
Dr S Saho	ta	(SS)		Mrs J Ki	nghorn	(JK)	
Mrs G Hur	njan	(GH)		Mrs C R	ickards	(CR)	
Prof D Alc	lerson	(DA)					
Mr G Clar	ke	(GC)		Guests			
Mrs O Dut	ton	(OD)		Mrs D Ta	albot	(DT)	[Item 7]
Mr J Adle	r	(JA)		Mrs E Ty	rson	(ET)	[Item 7]
Mr D O'D	onoghue	(DO'D)		Dr B Tho	ompson	(BT)	[Item 8.2]
Mr R Kirby	,	(RK)					
Mr R Whit	е	(RW)		Secreta	ıriat		
Miss R Overfield		(RO)		Mr S Gr	ainger-Payne	(SGP)	[Secretariat]
Mr M Sha	ron	(MS)					

Item	Title		Lead			
1	Apologies	Verbal	SGP			
2	Declaration of interests	Verbal	All			
	To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting					
3	Chair's opening comments	Verbal	Chair			
4	Minutes of the previous meeting	SWBTB (12/10) 261	Chair			
	To approve the minutes of the meeting held on 16 December 2010 as true and accurate records of discussions					
5	Update on actions arising from previous meetings	SWBTB (12/10) 261 (a)	Chair			
6	Questions from members of the public	Verbal	Public			
	PRESENTATION					
7	Patient experience update - Falls	SWBTB (1/11) 018 SWBTB (1/11) 018 (a)	DT/ ET			
	MATTERS FOR APPROVAL					
8	Future provision of Procurement (contracting) services	SWBTB (1/11) 019 SWBTB (1/11) 019 (a)	RW			
9	Variation to the current registration with the CQC	SWBTB (1/11) 020 SWBTB (1/11) 020 (a)	KD			

1 Version 1.0

10	Quality and Governance		
		014/070 (4 (4 4) 04 (145
10.1	Integrated risk, complaints and claims report – Quarter 2	SWBTB (1/11) 016 SWBTB (1/11) 016 (a)	KD
10.2	Annual radiation Protection update	SWBTB (1/11) 017 SWBTB (1/11) 017 (a)	ВТ
11	Strategy and Development		
11.1	'Right Care, Right Here' programme: progress report	SWBTB (1/11) 008 SWBTB (1/11) 008 (a)	MS
11.2	New acute hospital project: progress report	SWBTB (1/11) 002 SWBTB (1/11) 002 (a)	GS
12	Performance Management		
12.1	Monthly finance report	SWBTB (1/11) 006 SWBTB (1/11) 006 (a)	RW
12.2	Monthly performance monitoring report	SWBTB (1/11) 022 SWBTB (1/11) 022 (a)	RW
12.3	NHS Performance Framework monitoring report	SWBTB (1/11) 011 SWBTB (1/11) 011 (a)	RW
12.4	Progress against corporate objectives - Quarter 3	SWBTB (1/11) 005 SWBTB (1/11) 005 (a)	MS
13	Operational Management		
13.1	Progress with delivery of same sex accommodation plans	SWBTB (1/10) 003 SWBTB (1/10) 003 (a)	RK
14	Update form the Board Committees		
14.1	Finance and Performance Management Committee		
>	Minutes from meeting held 16 December 2010	SWBFC (12/10) 148	RT
>	Draft minutes from meeting held 20 January 2011	To follow	RT
14.2	Audit Committee		
>	Draft minutes from meeting held 2 December 2010	SWBAC (12/10) 063	GH
14.3	Governance and Risk Management Committee		
>	Minutes from meeting held on 18 November 2010	SWBGR (11/10) 065	DA
14.4	Charitable Funds Committee		
>	Minutes from meeting held on 2 December 2010	SWBCF (12/10) 026	SS
15	Any other business	Verbal	All
16	Details of next meeting	Verbal	Chair
	The next public Trust Board will be held on 24 February 2011 at 1430h in the Churchvale/Hollyoak Rooms , Sandwell Hospital		
17	Exclusion of the press and public To resolve that representatives of the Press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).	Verbal	Chair

2 Version 1.0

Sandwell and West Birmingham Hospitals NHS Trust

MINUTES

Trust Board (Public Session) - Version 0.2

<u>Venue</u> Churchvale/Hollyoak Rooms, Sandwell Hospital <u>Date</u> 16 December 2010

Present:

Mrs Sue Davis (Chair) Mrs Gianjeet Hunjan Mr Richard Kirby

Mr Roger Trotman Mr Gary Clarke Mr Donal O'Donoghue
Dr Sarindar Sahota Mr John Adler Miss Rachel Overfield

Prof Derek Alderson Mr Robert White Mr Mike Sharon

In Attendance:

Miss Kam Dhami Mr Graham Seager Mrs Jessamy Kinghorn

Mrs Debbie Talbot [Part] Mrs Lesley McDonagh [Part]

Secretariat:

Mr Simon Grainger-Payne

Minutes	Paper Reference
1 Apologies for absence	Verbal
Apologies were received from Mrs Olwen Dutton and Mrs Chris Rickards	S
2 Declaration of Interests	Verbal
There were no interests declared in connection with any agenda item.	
3 Chair's Opening Comments	Verbal
The Chair did not make any opening comments.	
4 Minutes of the previous meeting	SWBTB (11/10) 248
The minutes of the previous meeting were presented for approval were accepted as a true and accurate reflection of discussions held o November 2010.	
AGREEMENT: The Trust Board approved the minutes of the last meeting	
5 Update on actions arising from previous meetings	SWBTB (11/10) 248 (a)

Sandwell and West Birmingham Hospitals **NHS**



NHS Trust

	NHS Trust
The updated actions list was reviewed and it was noted that there were noutstanding actions requiring discussion or escalation.	0
6 Questions from members of the public	Verbal
There were no members of the public in attendance at this meeting.	
A representative from the Birmingham Mail was noted to be present at th meeting.	е
7 Patient Experience update – tissue viability	Presentation SWBTB (12/10) 259 SWBTB (12/10) 259 (a)
Miss Overfield introduced Mrs Debbie Talbot, Assistant Director of Nursin and Mrs Lesley McDonagh, Specialist Practitioner in Tissue Viability. She advised that the update was intended to provide the Board with a understanding of what pressure sores mean in patient experience term and highlight the cost of pressure damage to the Trust and overall heal economy.	ne In
Those in attendance at the meeting were warned of the graphic nature of some of the photographs that would be presented as part of the update however the Chair emphasised they were regarded necessary for the Board to appreciate fully the issue being discussed.	e,
Mrs Talbot presented a summary of the current position of tissue damage within the Trust and the actions taken to reduce the incidence of pressures ores. The Board also watched a videoed interview with a patient who has acquired pressure damage during her inpatient stay in the Trust.	re
Mrs Talbot was asked over what timescale the pressure sores develop. She advised that this was dependent on the condition of the patient. The Board was advised that pressure damage occurs more rapidly malnourished patients for instance. Dr Sahota asked whether there were any symptoms prior to the skin breaking into an ulcer. He was advised that often the skin can feel warm and may be inflamed. The texture of the skin also poor. Mrs McDonagh advised that early onset of pressure damage difficult to detect from a patient's sense of pain. Mr O'Donoghue advised that in a particularly vulnerable patient, a pressure sore can develop three to four hours.	in relations is sed
Dr Sahota asked whether a patient's skin is examined routinely. He was advised that a patient's skin is examined on admission. Mrs Hunjan asked whether a patient's skin would be examined even if a wound was dressed when admitted. She was advised that this was the case in order to make an assessment.	d d
In connection with the patient's story, the Chair noted that the individulable had been sent home from the Trust without adequate dressings an	

Page 2

Sandwell and West Birmingham Hospitals **WES**



NHS Trust

advice. She asked whether the Board could be assured that these patients were now being handled better. Mrs McDonagh advised that letters are now issued to district nurses when the patient is discharged with advice for managing the patient and a number of dressings are also provided.

Mr Clarke asked whether there were any improvements in bedding and mattresses which could further assist with reducing the incidence of pressure damage. Mrs McDonagh advised that the Trust has invested in air mattresses which assist.

Mr O'Donoghue asked whether there were any identified Safequarding issues with patients being admitted with pressure sores. Mrs Talbot advised that there is a relationship between such patients and the neglect agenda. In the case where Safeguarding issues are suspected as part of the assessment of a patient's pressure damage, the lead Safeguarding nurse is alerted.

Mr Adler noted the good performance with reducing pressures sores in the Trust and asked whether there were any further measures which could be implemented to assist further. Miss Overfield advised that continued investment in sufficient equipment, such as troughs, heel muffs and chairs in particular was needed. Mrs McDonagh added that electronic profile beds are being introduced, which alleviate pressure damage.

Professor Alderson asked what information was available regarding the overall position regarding tissue damage in the NHS now against the situation as it was a few years previous. Mrs Talbot advised that the comparison was difficult to make. Miss Overfield advised that there is an expectation that the Strategic Health Authority may issue benchmarking data in the near future. Professor Alderson suggested that this information be considered in the context of the case mix, given that patients with certain conditions, such as diabetes, are more susceptible to pressure damage than others.

Overall, it was noted that there had been good performance on reducing the incidence of tissue damage in the Trust but that there was more to be done. Mr O'Donoghue also highlighted that this downward trend was being achieved in the light of better reporting of cases.

Mrs Talbot and Mrs McDonagh were thanked for their informative presentation.

8 **Quality and Governance**

8.1 **Annual Fire Safety report**

SWBTB (12/10) 252 SWBTB (12/10) 252 (a)

Mr Seager presented the annual Fire Safety report. He advised that false alarms involving electrical equipment generally related to light fittings that had overheated, but did not produce smoke or flames. The Board was advised that this type of incident was usually attributed to the age of the

Page 3 SWBTB (12/10) 261

Sandwell and West Birmingham Hospitals **MHS**



NHS Trust

equipment and the only method of eliminating them would be to systematically replace all light fittings which would be costly. Mr O'Donoghue asked what process was in place for reviewing all reported actual and false alarms. Mr Seager advised that all cases are investigated and reviewed by the Fire Safety Committee. It was agreed that Mr Adler should sign the Annual Fire Safety Declaration. AGREEMENT: It was agreed that the annual Fire Safety declaration should	
be signed by the Chief Executive9 Strategy and Development	
9.1 Communications and Engagement strategy update	SWBTB (12/10) 260 SWBTB (12/10) 260 (a)
Mrs Kinghorn presented an update on progress with the key actions to be delivered as part of the Communications and Engagement strategy. She advised that for the areas highlighted as being off track, an action plan is in place to deliver them as planned. Some delay was noted to concern external influences, such as the Transforming Community Services plans.	
Dr Sahota asked whether there was a reason why less media coverage had been generated during the past year. Mrs Kinghorn advised that the same level of press releases had been issued to that of the previous year, therefore the variation was due to the number of stories from these that the media had decided to publish. Dr Sahota remarked that this was surprising given that health appeared to be high on the overall media agenda at present. Mr Adler advised that the Trust tends not to comment on national political issues, of which there had been several during the past year.	
Mrs Kinghorn advised that the Communications Team had been aligned to the Trust's divisional structure, which was working well.	
Mrs Hunjan asked where the responsibility for updating the patient information booklets lay. She was advised that this was within the remit of the Communications Team to organise.	
9.2 'Right Care, Right Here' programme: progress report	SWBTB (12/10) 258 SWBTB (12/10) 258 (a)
Mr Sharon presented the latest 'Right Care, Right Here' programme progress report, which the Board received and noted.	
The Board was advised that the level of outpatient activity in the community was higher than that during the previous year overall. An increase in the number of attendances at the Urgent Care Centres had also been seen.	
The Board was advised that the acute capacity review had concluded in Birmingham.	

Page 4

Sandwell and West Birmingham Hospitals **NHS**



NHS Trust

	NHS Trust
Mr Sharon advised that the 'Right Care, Right Here' model is continuing to be used regionally as an exemplar of best practice.	
The recent OGC Gateway Review was reported to have scored the programme at amber status, which was highlighted to be positive.	
9.3 New acute hospital project: progress report	Verbal
Mr Seager reported that the recent OGC Gateway Review had scored the project at amber/green status. Approval of the Outline Business Case by the Department of Health and Treasury was reported to remain awaited and the procurement documentation was highlighted to be being prepared at present.	
10 Performance Management	
10.1 Monthly finance report	SWBTB (12/10) 255 SWBTB (12/10) 255 (a)
Mr White presented the finance report for the period April – November 2010, which was noted to have been discussed in detail by the Finance and Performance Management Committee at its meeting earlier that day.	
It was reported that a year to date surplus of £868k, £140k above the planned position had been achieved.	
It was highlighted that some financial pressure remains, particularly in the Medicine and Emergency Care and the Surgery, Anaesthetics and Critical Care divisions.	
The Board was advised that the cash position remains stable. Capital activity is expected to increase towards the end of the financial year.	
Mr White reported that the Operating Framework for 2011/12 had been published and work was underway to determine its impact.	
The Board was advised that a rolling programme of peer review visits by Finance Directors of other NHS Trusts is underway under a national programme and the Trust had recently been visited. Mr Trotman asked how long the visit had lasted. He was advised that it had been short, however lots of preparatory work had been done prior to the visit.	
The Chair noted that pay costs during the year had been better controlled than in previous years, however remarked that non-pay overspend was concerning and asked whether an analysis could be prepared to show the breakdown.	
ACTION: Mr White to arrange for a breakdown of non-pay overspend to be produced	
10.2 Monthly performance monitoring report	SWBTB (11/10) 257 SWBTB (11/10) 257 (a)
Mr White presented the performance monitoring report and reminded the	

Page 5 SWBTB (12/10) 261

Sandwell and West Birmingham Hospitals WHS



NHS Trust

Trust Board that it had been reviewed in detail by the Finance and Performance Management Committee at its meeting earlier in the day.

It was highlighted that performance against the winter targets set by the Strategic Health Authority was included within the report. The Board was advised that the target regarding Accident and Emergency waiting times was likely to be met, although those concerning Delayed Transfers of Care and ambulance turnaround times were not expected to be achieved due to current operational pressures.

A dip in performance against the 62 day cancer target was highlighted due to a small number of patients who were unable to attend their allocated appointment and a shared care breach. The level of cancelled operations was reported to remain stable. Mr Clarke noted that there had been a significant number of cancellations in Ophthalmology and asked for the reasons behind this position. Mr Kirby advised that the situation was reflective of sickness absence of theatre staff and the need to cancel elective surgery due to emergency admissions.

Regarding performance against the TIA target, the Board was advised that the operational leads for stroke and TIA are to develop a remedial plan to address the current poor performance.

No MRSA cases were reported during the period and six cases of C difficile were reported, meaning that the Trust had returned to the level set for the internal stretch target.

Regarding performance against the CQUIN targets, the Board was asked to note an improved performance with undertaking VTE assessments. In the second week of December 80% compliance with undertaking assessments was reported. Difficulty with improving performance against the breastfeeding initiation target was highlighted, which the Board was advised was mainly due to the initial baseline being higher than expected.

Mr O'Donoghue advised that 'flu may impact performance in a number of areas in the next period. The Board was assured however, that at present the level of 'flu cases remains low nationally and internally the 'flu group had been meeting regularly to develop effective plans and improved preparation should the levels rise. Mr Kirby gave a brief update on 'flu cases seen in Accident and Emergency, advising that a small number of suspected swine 'flu cases had been seen. These patients were reported to have been isolated until the case was confirmed, which was highlighted to generate pressure on capacity in the face of other operational challenges.

10.3 **NHS Performance Framework update**

SWBTB (12/10) 257 SWBTB (12/10) 257 (a)

White presented the NHS Performance Framework update for information.

The Trust Board received the report and was pleased to note that the Trust

Page 6

Sandwell and West Birmingham Hospitals **NHS**



NHS Trust

rema	ins classified as a 'performing' organisation.	
11	Operational Management	
10.1	Sustainability	SWBTB (12/10) 253 SWBTB (12/10) 253 (a)
Mana Trust's Susta unde being the T autor contr	Geager reported that the Trust was adhering to the Carbon agement Plan, including installing power saving functionality onto the scomputers. The cycling initiative was reported to be progressing well. inability champions were highlighted to be in place and have rtaken an NVQ course in environmental management. A travel plan is g developed and will be progressed shortly. Mr Trotman asked whether rust was supporting recycling initiatives. Mr Seager advised that an mated recycling process is undertaken as part of the waste handling act. Further plans have been developed to further promote recycling segregated bins and the classification of waste.	
12	Schedule of meetings 2011	SWBTB (12/10) 251
The Tof 20	rust Board received and noted its forward schedule of meeting dates 111.	
13	Any Other Business	Verbal
There	e was none.	
14	Details of the next meeting	Verbal
	next public meeting of the Trust Board will be held on 27 January 2011 30h in the Anne Gibson Boardroom at City Hospital.	
15	Exclusion of the press and public	Verbal
the p to th whicl	Board resolved that representatives of the Press and other members of public be excluded from the remainder of the meeting having regard e confidential nature of the business to be transacted, publicity on h would be prejudicial to the public interest (Section 1 (2) Public es (Admission to Meeting Act 1960).	
Signe	ed:	
Nam	e:	
Date	:	

Page 7 SWBTB (12/10) 261

Next Meeting: 27 January 2011, Anne Gibson Boardroom @ City Hospital

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

16 December 2010 - Sandwell Hospital

Members present: Mrs S Davis (SD), Mr R Trotman (RT), Mrs G Hunjan (GH), Mr G Clarke (GC), Dr S Sahota (SS), Professor D Alderson (DA), Mr J Adler (JA), Mr R White (RW), Mr R Kirby (RK), Miss R Overfield (RO), Mr M Charles (MS), Mr R College (MS), Mr R College

Sharon (MS), Mr D O'Donoghue (DO'D)

Mr G Seager (GS), Miss K Dhami (KD), Mrs J Kinghorn (JK) In Attendance:

Mrs O Dutton (OD), Mrs C Rickards (CR) Apologies:

Secretariat: Mr S Grainger-Payne (SGP)

Last Updated: 20 January 2011

Reference	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status	Review Date
		SWBTB (4/10) 075		Determine the source of the request			Under investigation and will provide	In hand -	
	Equality and	SWBTB (4/10) 075 (a)		to determine whether patients are			update as part of next Equality and	review next	
	Diversity update	SWBTB (4/10) 075 (b)		asylum seekers or immigrants	RO		Diversity update in February 2011	meeting	24-Feb-11
			·			-	Presentation will be given to the E & D		
							Steering Group by the Trust's Solicitors in		
		SWBTB (4/10) 075		Present the Trust's position regarding			October, which will then inform an	In hand -	
	Equality and	SWBTB (4/10) 075 (a)		the requirements of the new Equality			update to the Trust Board as part of the E	review next	
SWBTBACT. 124	Diversity update	SWBTB (4/10) 075 (b)		Bill at the next Trust Board seminar	RO		& D update in February 2011	meeting	24-Feb-11
				Arrange for the apparent pay			Will be included on the agenda of the		
				inequality issues in medical staff to be			March 2011 meeting of the Finance and		
				discussed by the Finance and			Performance Management Committee		
		SWBTB (11/10) 231		Performance Management			to coincide with the next presentation of		
SWBTBACT.135	Equal pay audit	SWBTB (11/10) 231 (a)	25-Nov-10	Committee	RO	16-Dec-10	the HR dashbaord	Future	31-Mar-11
		OLA/DTD (4.0 (4.0) 055					T. I	Verbal	
	Monthly finance	SWBTB (12/10) 255		Arrange for a breakdown of non-pay			To be presented as part of the Finance	update at	
SWBTBACT.136	report	SWBTB (12/10) 255 (a)	16-Dec-10	overspend to be produced	RW	27-Jan-11	update to the Trust Board	meeting	

ACTIONS Version 1.0

TRUST BOARD

DOCUMENT TITLE:	Patient Falls Patient Experience – Practice Development	
SPONSORING DIRECTOR:	Rachel Overfield, Chief Nurse	
AUTHOR:	Emma Tyson-practice Development Nurse and Debbie Talbot, Assistant Director of Nursing	
DATE OF MEETING:	27 January 2011	

SUMMARY OF KEY POINTS:

The purpose of the report is to present to the Tru	ist Board a real p	atient and rela	tives experience
of an in patient fall. The report also provide:	s an update on	actions taker	to reduce the
incidence of inpatient falls across the Trust.			

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to note the contents of the attached report.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	1.2 Continue to improve patient experience.2.8 Achieve new CQUiN targets.
	2.11 Implement national nursing High Impact changes.
	1.2 Continue to improve patient experience.
Annual priorities	2.8 Achieve new CQUiN targets.
·	2.11 Implement national nursing High Impact changes.
NHS LA standards	
CQC Essential Standards Quality and Safety	Regulation 9, Outcome 4 - Care and welfare of people who use services. Regulation 10, Outcome 16 - Assessing and monitoring the quality of service provision.
Auditors' Local Evaluation	

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

IIVIPACI ASSESSIVIEIVI (Indicate W	illi x all liiose	that apply in the second column ;
Financial	х	CQUiN target. 10% reduction of in patient falls and 75% of all patients receive a falls risk assessment= £450k
Business and market share		
Clinical	х	
Workforce		
Environmental		
Legal & Policy	х	To meet recommendations in the High Impact Actions for Nursing – Staying safe-preventing falls (2009). CQUIN target.
Equality and Diversity		
Patient Experience	х	
Communications & Media		
Risks		

PRFVIOI	10	CO	VICID	IFRΔ	·IAOIT

Not previously discussed.		
---------------------------	--	--

Report Title	Patient Experience – Falls
Meeting	Trust Board
Author	Emma Tyson Practice Development Nurse and Debbie Talbot, Assistant Director of Nursing
Date	27 January 2011

1. Introduction

1.1

The cost of falls to the NHS is estimated as £15 million per year. The National Patient Safety Agency found that in an average 800 acute bed hospital trust there will be around 24 falls per week and over 1260 falls per year.

1.2

The estimated cost of falls within Sandwell and West Birmingham hospital using the NPSA cost calculator for the period April '10 to November '10 is £115,054.50

1.3

There is a great cost to patients and carers in terms of pain, need for surgery, incapacity, prolonged length of stay, stress and worry and financial implications.

1.4

The Chief Nurse of England announced in November 2009 a nursing High Impact target of 'a demonstration of a year on year reduction in the number of falls sustained by older people in NHS provided care'

1.5

The attention on fall prevention also resulted in most trusts having an associated CQUiN target. For SWBH this is:

- 75% of all in-patients must be assessed for falls risk
- All falls resulting in a bone fracture must have a table top review
- There should be a 10% reduction in falls from 2009/10 baseline.
 Baseline for 2009/10= 1280 total falls
 Total falls for 2010/11 to meet 10% reduction target would be 1152

2. Current Position SWBH

2.1

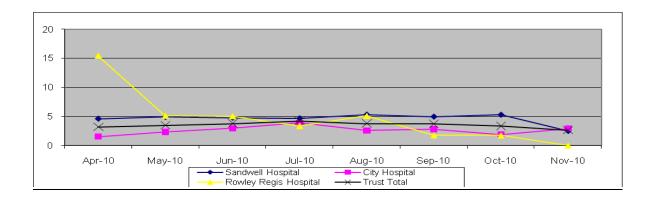
A previously existing action plan has been amended to include actions required to meet standards/targets determined by CQUIN and HIAs. The plan includes:

- Review and update using evidence based practice of the Falls prevention risk assessment tool
- Review and update of the Falls Prevention Care plan and post falls care plan to reflect updates in research
- Falls awareness training for all nursing staff
- Falls prevention component added to mandatory training for all Trust staff
- Investment in falls prevention equipment and training of staff in its use.

22

The tables below demonstrate the incidence of falls per 1000 bed days and the actual incidence of falls compared to the trust 10% reduction target

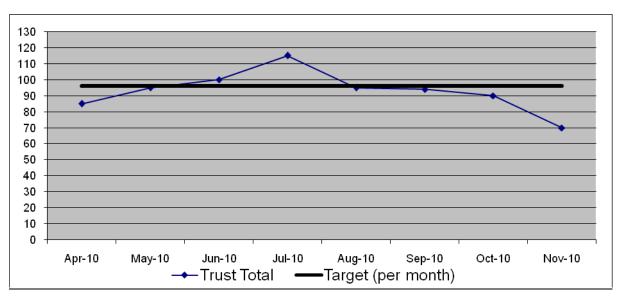
Hospital acquired data per 1000 bed days April - November 2010



	April-10	May-10	Jun-10	Jul-10	Aug-10	Sep- 10	Oct-10	Nov- 10	Total
Sandwell Hospital	4.59	4.89	4.75	4.66	5.28	4.94	5.26	2.53	3.86
City hospital	1.52	2.32	2.97	3.88	2.58	2.80	1.86	2.91	2.50
Rowley Regis Hospital	15.43	5.12	5.06	3.36	5.11	1.74	1.73	0.00	7.96
Trust total	3.19	3.47	3.78	4.19	3.78	3.70	3.35	2.64	3.24

Incidence of falls April - November 2010 against a 10% reduction target.

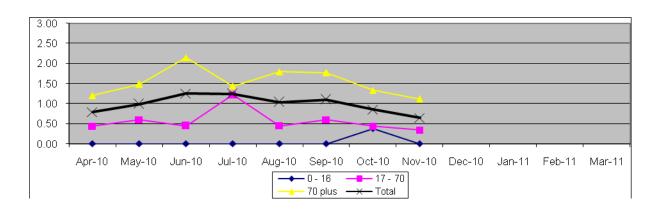
2.3



To support the improvement nationally a set of National Nurse Sensitive Outcome Indicators for the NHS and Commissioned Care have been developed. The aim of these is to provide core definitions across nursing regardless of care settings. It sets out how the DOH and SHAs propose to measure indicators in a consistent way, standardise and reduce the potential for variation in measurement. The indicators will support improving quality in the NHS and apply to all organisations wanting to measure and demonstrate continued improvement in nursing care. The results will allow the benchmarking of Trusts with comparative ones so helping to define quality within that area.

The measurement definition for falls prevention is-Falls in which physical Injury occurs by age band per 1000 bed days.

Falls April -November 2010 using Nurse Sensitive Indicators per 1000 bed days



	Number of injury's for April	Number of injury's for May	Number of injury's for June	Number of injury's for July	Number of injury's for August	Number Of Injury's For Sept	Number of Injury's For Nov	Total
Under 70yrs	5	7	5	14	5	7	0	43
71-84yrs	5	12	14	16	13	10	4	74
85+yrs	11	8	14	4	8	11	13	69
Total	21	27	33	34	26	28	17	186

24

There is the beginnings of a trend in reduction of falls in which the patient sustained an injury (defined as all types of cuts, abrasions, bruises and fractures) and this reflects on the work done by the Nursing division to highlight the problem of falls and by the nursing staff to recognise the risks and put prevention strategies in place. In addition we have seen a reduction in falls resulting in fracture that were deemed preventable.

2.5

The last 3 months have seen a downward trend in falls across the organisation of 12%.

<u>2.6</u>

Table top reviews have proved to be valuable in pinning down the root cause of falls. The same approach has been adopted as with the Pressure Ulcer incidence and has proved effective in the sharing of good practice. This approach has been recommended to other trusts by the SHA as good practice. Themes from the TTRs have been:

- Recognition of a patients increased risk of falls due to a change in their condition (e.g. post –operatively)
- Levels of supervision-particularly around privacy and dignity v safety
- Challenging behaviours and mental health needs of patients

2.7

Action has been focused on:

• Falls awareness training in high and very low reporting areas

- Inclusion of Falls awareness on the Staff Nurse Development Programme and Student Nurse Clinical Training Programme
- Purchase of equipment and training around its use
- Effective use of the Care planning process
- In-depth reviews of patients notes following a fall where a fracture is sustained
- Support of the areas where high risk patients are admitted
- Visibility of the Practice Development team to give advice and training
- · Targeted audits of high risk areas

3. In Conclusion

There is progress being made within the trust in reducing inpatient falls and particularly ones that result in an injury.

Inpatient falls have been identified nationally and regionally as a significant patient safety issue and the introduction of the nurse led indicators will see Trust and the public being able to benchmark falls against other areas in the locality in relation to quality and patient experience.

Falls rates are a good indicator of general nursing care and the beginning of a downward trend supports the findings from the ward reviews and quality audits that there continues to be an improvement in nursing standards across the trust as a whole. There are however other contributory factors that need to be taken into account such as patient group and environment when looking at numbers and causes of inpatient falls. Future work will be aimed at these issues and ways of overcoming them across the Trust.



TRUST BOARD

DOCUMENT TITLE : Future Provision of Procurement (Contracting) Services	
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Robert White, Director of Finance and Performance Mgt
DATE OF MEETING:	27 January 2011

SUMMARY OF KEY POINTS:

On behalf of the Board, the Finance and Performance Management Committee previously received a comprehensive report on the options available for managing region wide purchasing of medical and non-medical goods and services (currently undertaken by HPC on behalf of numerous NHS bodies acting as a consortium). The options at that time included continuing with the HPC successor body, working with the West Midlands Procurement Alliance, another collaborative procurement hub or the Trust enhancing its own local infrastructure. The conclusion at the time was that the Trust could continue with the HPC successor body, but that it may want to exclude certain supply categories in order to make best use of other procurement services locally without losing the main bulk of volume purchasing. The committee asked that additional information be obtained regarding the newly created West Midlands Procurement Alliance. It also asked that the termination clauses in the draft contract with Health-Trust LLP (HPC successor body) be reviewed.

The tender and contract negotiations are now complete and UHCW has signed a framework agreement with HTE to take on the staff and work programme previously undertaken by HPC. In terms of the termination clauses, these have been reviewed and are as flexible as set out. Given that WMPA is in its infancy and the Trust's need to join in larger volume tendering exercises (in an effort to keep its own 'back office' as lean as possible), being a client of HTE is the most advantageous position. This does not preclude the Trust from participating in other tendering exercises led by WMPA or DHL/NHS Supplies.

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

Approval	Receipt and Noting	Discussion
X		X

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

NOTE the review and discussion by the Finance and Performance Management Committee as contained in the draft minutes of its meeting of 20 January 2011

REVIEW and DISCUSS the additional information regarding the WMPA

ACCEPT the Finance and Performance Management Committee's recommendation to join Health-Trust Europe LLP

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Good Use of Resources
Annual priorities	Assists with delivering savings and quality plans.
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):

IMPACT ASSESSMENT (Indicate wi	ith 'x' all those	that apply in the second column):
Financial	х	
Business and market share		
Clinical	х	
Workforce		
Environmental	х	
Legal & Policy	х	
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		

PREVIOUS CONSIDERATION:

Finance and Performance Committee on 20 January 2011



Trust Board

27th January 2011

Future Provision of Procurement (Contracting) Services

1.0 Introduction

At its meeting in September 2010, the Finance and Performance Management Committee reviewed a comprehensive report on the options available for managing region wide purchasing of medical and non-medical goods and services (currently undertaken by HPC on behalf of numerous NHS bodies acting as a consortium). The options at that time included:

- continuing with the HPC successor body
- working with the West Midlands Procurement Alliance
- working with another collaborative procurement hub or
- the Trust enhancing its own local infrastructure.

The conclusion at the time was that the Trust could continue with the HPC successor body, but that it may want to exclude certain supply categories in order to make best use of other procurement services locally without losing the main bulk of volume purchasing. The Committee asked that additional information be obtained regarding the emerging West Midlands Procurement Alliance. It also asked that the termination clauses in the draft contract with Health-Trust Europe LLP (HPC successor body) be checked. As regards this latter item, the termination clauses have been reviewed and are as flexible as set out, i.e. 12 months notice.

The tendering process and contract negotiations are now complete and UHCW has signed a framework agreement with HTE to take on the staff and begin work on providing a new procurement offering.

2.0 <u>West Midlands Procurement Alliance</u>

The current service offering by the WMPA presents a positive picture of what may be possible should a local consortia gain momentum. It does not however, address a number of key risks that SWBH would face in the short term. For example, the two main participants in the alliance have invested in transport and warehousing facilities and a loss of capacity in undertaking alliance wide contracting is therefore, less of an issue for these bodies, should wider momentum not be gained.

The picture concerning Pharmacy procurement is less clear but there is a region wide meeting of Pharmacy Heads on 17th January 2011 and more will be known after this date in terms of a direction of travel.

The alliance model involves a group of procurement professionals acting in support of each other's organisations, the model thus far has two Trusts undertaking the bulk of tendering work on a quasi-consultancy basis.

3.0 Conclusion and Recommendation

Given the need for substantial savings across a wide portfolio of product lines (owing to the financial climate in 11/12) combined with the purchasing power of a much larger body, it is suggested that the WMPA is used where there are niche opportunities in certain supply categories, but that the Trust enter into the agreement with Health-Trust Europe LLP on the basis outlined in the paper presented to the Finance and Performance Management Committee. This approach does not preclude the Trust from participating in other tendering exercises led by WMPA or DHL/NHS Supplies. It is however, worth noting that the more competitive subscription fee arrangement (at the end of 5 years) may be at risk should the Trust not fully join in with certain HTE tenders, but the decision to do this would be assessed in advance.

The Trust Board is asked to:

NOTE the review and discussion by the Finance and Performance Management Committee as contained in the draft minutes of its meeting of 20 January 2011

REVIEW and DISCUSS the additional information regarding the WMPA

ACCEPT the Finance and Performance Management Committee's recommendation to join Health-Trust Europe LLP

Robert White
Director of Finance & Performance Management

27 January 2011

Sandwell and West Birmingham Hospitals NHS Trust

TRUST BOARD			
DOCUMENT TITLE:	Variation to Current Registration with the CQC		
SPONSORING DIRECTOR:	Kam Dhami, Director of Governance		
AUTHOR:	Kam Dhami, Director of Governance		
DATE OF MEETING:	27 January 2011		

SUMMARY OF KEY POINTS:

This paper sets out the requirements relating to CQC registration arising from the planned acquisition of new services under Transforming Community Services (TCS).

Notification was received from NHS West Midlands on 17th December of the requirement to submit CQC registration requests to change existing registration by 1st January 2011 at the latest. It was stated that failure to do so may lead to a delay in TCS transfers.

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

Total Got of the ter our (indicate with x the purpose that applies).			
Approval	Receipt and Noting	Discussion	
X			

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Board is asked to NOTE the request made to the CQC to vary the Trust's existing registration and APPROVE this in retrospect.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives		
Annual priorities		
NHSLA standards		
CQC essential standards of quality and safety	_	on19 (Outcome 17) of the Health and Social Care Act gulated Activities) Regulations 2010
Auditors' Local Evaluation		
IMPACT ASSESSMENT (Indicate wi	ith 'x' all those	that apply in the second column):
Financial		
Business and market share		
Clinical	х	
Workforce		
Environmental		
Legal & Policy		With effect from 1st April 2010, under the Health and Social Care Act 2008 and the Health and Social Care Act (Registration Requirements) Regulations 2009, it has become unlawful to provide regulated activities without being registered with the CQC
Equality and Diversity		
Patient Experience	х	Achieving full compliance with the Essential Standards of Quality and Patient Safety and relevant regulations will contribute to quality improvements for patients
Communications & Media		
Risks		Failure to meet the Trust's statutory duty of quality (Health Act 1999) and comply with the Health and Social Care Act 2008 (Registration Requirements) Regulations 2009 will mean that the organisation is at risk of being registered with conditions.
PREVIOUS CONSIDERATION:		
Not previously considered.		

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Variation to Current Registration with the Care Quality Commission

1. Introduction

- 1.1 This paper sets out the requirements relating to CQC registration arising from the planned acquisition of new services under Transforming Community Services (TCS).
- 1.2 It has been a requirement since April 2010 for health and adult social care providers to be registered with the Care Quality Commission (CQC). Initial approval required organisations to declare compliance with the Essential Standards of Safety and Quality set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009 and the Care Quality Commission (Registration) Regulations 2009.
- 1.3 Sandwell and West Birmingham Hospitals NHS Trust applied to register the following regulated activities undertaken at its three hospitals:

Regulated Activity	City	Sandwell	Rowley Regis
	Hospital	Hospital	Hospital
Treatment of disease, disorder	✓	✓	√
Diagnostic and screening procedures	✓	✓	✓
Surgical procedures	✓	✓	-
Maternity and midwifery services	√	√	-

1.4 The Trust was considered by the CQC to meet the essential standards of quality and safety and, therefore, licensed to provide the above regulated activities with no conditions applied.

2. Process to vary current CQC registration

- 2.1 Responsibility for adult and children's services are planned to transfer from Sandwell Primary Care Trust to Sandwell and West Birmingham Hospitals NHS Trust with effect from 1st April 2011.
- 2.2 Notification was received from NHS West Midlands on 17th December of the requirement to submit CQC registration requests to change existing registration by 1st January 2011 at the latest. It was stated that failure to do so may lead to a delay in TCS transfers.
- 2.3 In order to meet the tight timescale involved it was not possible share with the Board in advance the request to the CQC to vary the Trust's existing registration, though discussions had taken place at all levels within the TCS project structure.

2.4 Summarised in the table below are details of the variations requested:

	City Hospital*	Leasowes Intermediate Care Centre	Bradbury Day Hospice
New locations	Dudley Road Birmingham West Midlands B18 7QH	I39 Oldbury Road Smethwick West Midlands B66 1JE	494 Wolverhampton Road Oldbury West Midlands B68 8DG
Service Users	Whole population	Older peoplePhysical disabilitySensory impairment	Older peopleYounger adultsPhysical disabilitySensory impairment
Service types	 Community health Long-term conditions Rehabilitation Diagnostic and/or screening 	 Rehabilitation Long-term conditions Diagnostic and/or screening 	Hospice services

^{*} Community services are delivered from a number of locations. The governance arrangements are such that City Hospital is given as the main address.

- 2.5 As part of the application process to add new regulated activities to existing registration the CQC requires providers to declare full compliance against the Essential Standards of Safety and Quality.
- 2.6 Given the time available to submit the application, the Trust has relied on the information made available by Sandwell PCT as part of the TCS due diligence exercise. This includes the outputs from self-assessments carried out in the second and third quarters of 2010/11. In addition, a finding of 'significant assurance' on the arrangements in place within the community services to monitor on-going compliance with the standards was issued following an Internal Audit review last year,
- 2.7 The application process requires the inclusion of a 'statement of purpose' for the additional regulated activities. This can be found in Appendix 1.
- 2.8 The formal request was submitted to the CQC within the required timescale. A decision is awaited and can take anything up to 12 weeks.

3. Recommendation

The Board is asked to NOTE the request made to the CQC to vary the Trust's existing registration and APPROVE this in retrospect.

Kam Dhami Director of Governance

January 2011

Statement of Purpose

The Community Healthcare Services transferring into Sandwell and West Birmingham Hospitals NHS Trust on 1st April 2011 provide a wide range of community based services and encompass the complete age spectrum, from newborns to the elderly and terminally ill. The services are listed below:

Adult Services

- 24 hour district nursing
- Admission Avoidance
- Case Management
- Community orthopaedic
- Community rehabilitation
- Community Respiratory
- Continence Service
- Day care at Bradbury
- Diabetes
- Foot health provision of services such as, Podiatric surgery, biomechanics Rheumatology foot service, diabetes services, injection therapy.
- Heart Failure provides specialist nursing for management, support and education of patients with chronic heart failure.
- Hospice at Home
- Intermediate care (Leasowes) community option for older people facing an avoidable acute hospital admission
- Musculoskeletal Therapy
- Nutrition and Dietetics
- Palliative and End of Life Care
- Sexual Health and Family Planning
- Specialist Nursing
- Wheelchair services assessment and provision

Children's, Young People and Family Services

- Children's Centres
- Family Nurse Partnership
- Health visiting & School Health nursing
- Nutrition and Dietetics
- Occupational Therapy
- Physiotherapy
- Speech and Language Therapy

There are a number of clinical, professional disciplines working in the service areas all possessing the prerequisite professional registration, skills and competence to deliver high quality services. The clinical teams are structured in such a way that they are able to work across the pathways of care and are multidisciplinary with the exception of district nursing, health visiting and school health nurses. However,

these teams are able to capitalise on their systems and processes to ensure that internal and interagency referrals are made in a timely and responsive manner.

Services descriptions are available which provide detailed information on the community services provided, including:

- Aims
- Scope
- Bases / locations
- Service provided
- Core skills of competence of staff
- Additional and specialist competence
- Benefits to service recipients
- Links and benefits to other services
- Targets
- Activity Monitoring
- Audits
- Referral criteria

Community services are delivered from a number of locations (detailed in the service description documents). The governance arrangements are such that City Hospital (the Trust headquarters) is given as the main address.

Sandwell and West Birmingham Hospitals NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Risk Management Report - Q2 2010/11
SPONSORING DIRECTOR:	Kam Dhami, Director of Governance
AUTHOR:	Allison Binns, Head of Risk Management David Sullivan, Lead for Complaints Dally Masaun, Head of Health and Safety Nayna Patel, Lead for PALS
DATE OF MEETING:	27 January 2011

SUMMARY OF KEY POINTS:

This report combines information on incidents (both clinical and Health & Safety), complaints, PALS and claims.

Key incident statistics:

- There were 2437 reported incidents (2084 in Q2 2009/10).
- Reported clinical incidents increased from 1251 in Q2 2009/10 to 1651 in Q2 2010/11.
- Reported health & safety incidents fell from 833 in Q2 2009/10 to 786 in Q2 2010/11.
- There were 100 incident forms received relating to red incidents (4% of the total), compared with 39 in Q2 2009/10.

Key complaints statistics:

- Total complaints: 224 (255 in Q2 2009/10), an decrease of 13%
- Red complaints: accounted for 2.7% of total complaints

Key claims statistics:

Total claims: 32 (42 in Q2 2009/10).

Key PALS statistics:

Total enquiries to PALS team: 1066compared with 1254 in the same guarter 2009/10

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The 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 1 'Governance'
Core Standards	
Auditors' Local Evaluation	

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

INFACT ASSESSIVILINI (Indicate wi	III X dii ti1030	that apply in the second columny.
Financial		
Business and market share		
Clinical	х	
Workforce		
Environmental		
Legal & Policy	х	
Equality and Diversity		
Patient Experience	х	
Communications & Media		
Risks		

PREVIOUS CONSIDERATION:

Governance Board on 14 January 2011 and Governance and Risk Management Committee on 20 January 2011.

Risk Management Report

Quarter 2 - 2010/2011

An Integrated report from Clinical Risk, Health & Safety, PALS, Complaints and Claims



Integrated Risk, Complaints and Claims Report: Quarter 2 2010/11

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 PALS data
- Aggregated analysis of incidents and complaints, and lessons learned.

2. Introduction

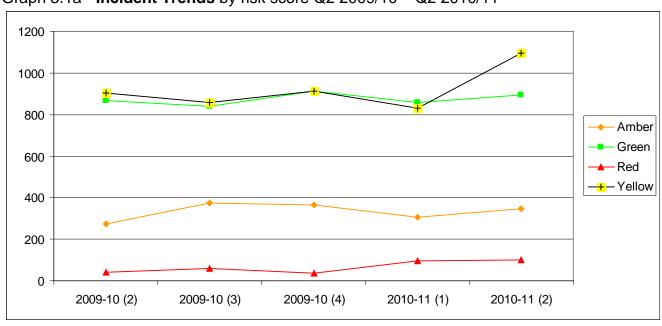
This report combines previous quarterly reports on incident/risk and complaints to implement the Policy for the Investigation, Analysis and Learning of Lessons from Adverse Events and meet NHS Litigation Authority assessment requirements. Where possible, comparisons across these areas of activity will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

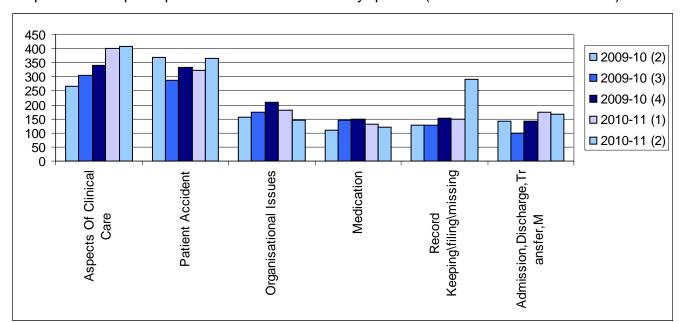
3. Key Issues

3.1 Review of Quarter 2 Incident Data

- There were 2437 reported incidents (2084 in Q2 2009/10)
- Reported clinical incidents increased from 1251 in Q2 2009/10 to 1651 in Q2 2010/11
- Reported health & safety incidents fell from 833 in Q2 2009/10 to 786 in Q2 2010/11.
- There were 100 incident forms received relating to red incidents (4% of the total), compared with 39 in Q2 2009/10 (2% of the total),

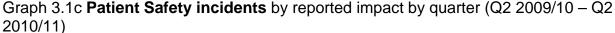
Graph 3.1a - Incident Trends by risk score Q2 2009/10 - Q2 2010/11

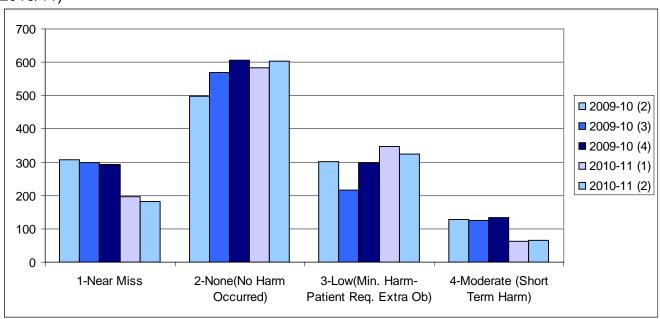


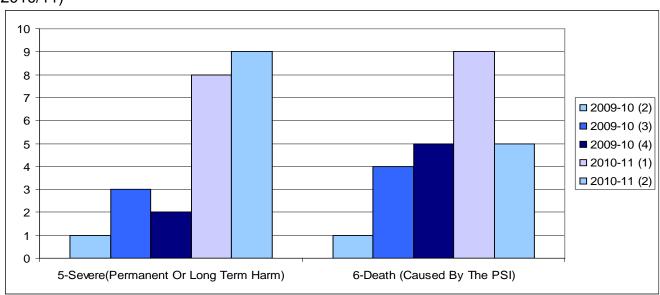


Graph 3.1b – Top 6 reported **clinical incidents** by guarter (Q2 2009/10 – Q2 2010/11)

The top 6 most frequently reported categories remain the same as Q1 2010/11. Compared to the last quarter, there has been a discrete fall in reported medication incidents, organisational issues and admission, discharge, transfer issues. The main change is the dramatic rise in reporting incidents relating to record keeping.







Graph 3.1d **Patient Safety incidents** by reported impact by quarter (Q2 2009/10 – Q2 2010/11)

Graphs 3.1c and 3.1d look 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). Further work is required to improve the accuracy of recording of the true impact of incidents rather than the outcome to the patient.

As we learn lessons and amend our systems to promote safety we should see a decrease in incidents that report death, serious or moderate harm as the patient outcome with a corresponding increase in near misses.

3.2 Complaints

During the reporting period the complaints team dealt with 224 new complaint contacts, which is a reduction (-13%) over the same quarter for the previous year (255).

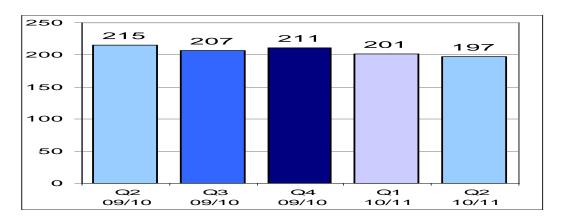
Table 3.2a Types of **Contact**

Types of Contact	No	
Formal Complaints	197	Formal complaints with negotiated timescales
Can't Accept	1	Concerns not addressed (due to time elapsed since incident etc)
General Query/Feedback	2	Not dealt with formally (concerns/query addressed via letter)
GP/intra NHS Concerns	4	Concerns raised by GPs or other NHS organisations/staff members
Dealt with informally	3	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	17	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 197 formal complaints, compared with 214 in the same quarter in 2009/10. This may in part reflect lower levels of PALS referrals into the formal complaints process.

Graph 3.2a – Trends of **formal complaints** received by quarter



The Trust received 26 "link" (follow-up) contacts during the quarter. Of these, 15 complainants raised concerns about the Trust's previous complaint investigation; 8 wished to attend a local resolution meeting and 3 asked for some further information. All "link" contacts are now tracked and categorised from receipt. However, this feature was not available for previous reporting periods.

Negotiated target times are an important feature of the new NHS Complaints Procedure that was introduced from the 1st April 2009. Details of how often negotiated target times have been changed are included below.

The deadlines for 37% (72 cases) of complaints have been re-negotiated. Some of these timescales had to be extended more than once. In total there were 86 recorded date changes for the reasons documented below. This compares with 41% (87 cases, 141 changes) for the comparison period last year.

Table 3.2b Reasons for change of date.

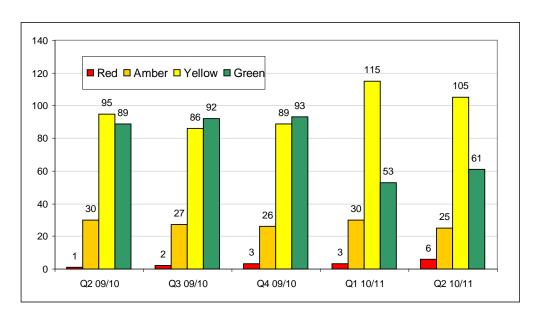
Delay Reason	
Agreed Date Change	17.9%
Clarification/Information Required	13.1%
Consultant Comments	10.7%
Draft Requiring Amendment	10.7%
Medical Records Delayed/Missing	1.2%
Nursing Comments	6.0%
Other Comments	9.5%

Other Reason	1.2%
Pressure Of Work (Complaints)	28.6%
Staff Annual Leave	1.2%

Overall response timings have remained unsatisfactory due to pressures within the complaints team. Response handling capacity has been boosted to ensure response times are appropriate and agreed timescales are met wherever possible. It is very difficult to assess divisional response time performance against this picture.

The complaints were graded as below. The severity of the grading remains consistent with previous quarters.

Graph 3.2b **Grading** of formal complaints (Q2 2009/10 – Q2 2010/11)

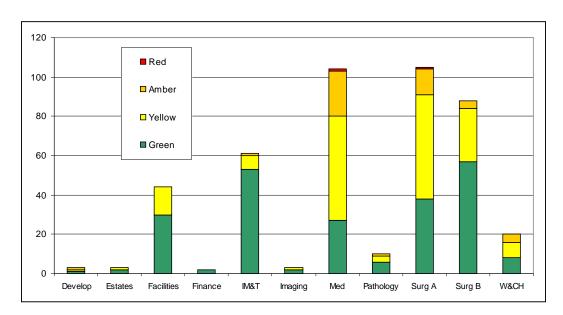


Key lessons learned for complaints during Q2 are attached at **Appendix 1**.

Action Plan Completion

All divisions are required to submit a copy of a completed action plan to the Complaints Department following the finalising of the Trust's investigation and response to the complainant. Monthly reports are being issued to relevant divisional managers containing details of any action plans yet to be submitted.

The graph below is a breakdown by division of action plans currently outstanding for complaints responded to up until the 30th September 2010. The chart shows how many of each grade are outstanding.



Graph 3.2c **Action plans outstanding** by divisional lead (Q2 2009/10 – Q2 2010/11)

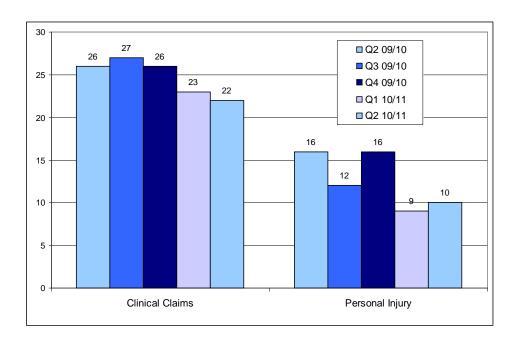
Referral of Complaints to the Health Service Ombudsman

One complaint was referred to the Ombudsman during the period in question. As this relates to a simple lost property case, this matter is being reviewed further locally by the Trust.

3.3 Claims

The claims received are as follows:

Graph 3.3a - Claims received by quarter



The allegations for the claims received in Q2 fall into the following categories:

Table 3.3a Categories of claims

Category	Clinical Claims	Personal Injury Claims
Burns/scalds/reactions	-	1
Delay In Treatment	2	-
Dissatisfied With Treatment	2	-
Failure Or Delay In Diagnosis	10	-
Fall/slip	-	3
Infection – MRSA	1	-
Lack of Care	2	-
Late Diagnosis and Treatment	1	-
Lifting/moving/handling	-	2
Moving/falling Objects	-	3
Needlestick	-	1
Operation Carried Out Negligently	4	-

At present the Trust has 277 Clinical claims and 112 personal injury claims at various stages of the legal process.

Table 3.3b Status of active claims

Status of Active Claims	Clinical Claims	Personal Injury
-------------------------	--------------------	--------------------

Disclosure Of Records	187	3
Early Stages	1	1
Letter Of Claim	26	67
Letter Of Response	5	-
Liability Admitted	5	20
Liability Being Assessed	6	7
Liability Denied	8	2
Negotiate Settlement	11	3
Part 36 Offer	5	-
Proceedings Issued/served	6	1
Settlement Made	17	8

Table 3.3c Claims by **Directorate/Division**

Divisions - Active Claims	Clinical Claims	Personal Injury Claims
Estates	-	24
Facilities	-	28
IM&T	-	2
Imaging	3	3
Medicine	72	27
Not Clear	5	0
Operations	-	1
Pathology	-	1
Surgery A	80	15
Surgery B	24	4
W&CH	87	6
Workforce	-	1

Table 3.3d **Ongoing** claims by category

Categories of Active Claims	Clinical Claims	Personal Injury Claims
Burns/scalds/reactions	5	7

Defective Equipment	1	4
Delay In Treatment	16	-
Dissatisfied With Treatment	61	-
Failure Or Delay In Diagnosis	82	-
Failure To Obtain Consent	1	-
Failure To Recognise Complications	14	-
Failure To Warn Of Risk	1	1
Fall/slip	6	43
Head Injury	-	1
Infection - MRSA	2	-
Infection - Other	-	1
Lacerations/sores	4	-
Lack Of Care	3	1
Late Diagnosis And Treatment	6	-
Lifting/moving/handling	1	15
Moving/Falling Objects	-	12
Needlestick	-	19
Operation Carried Out Negligently	40	-
Other	-	1
Stress	-	1
Treatment Carried Out Negligently	34	-
Violence & Aggression	-	6

3.3 Aggregated analysis

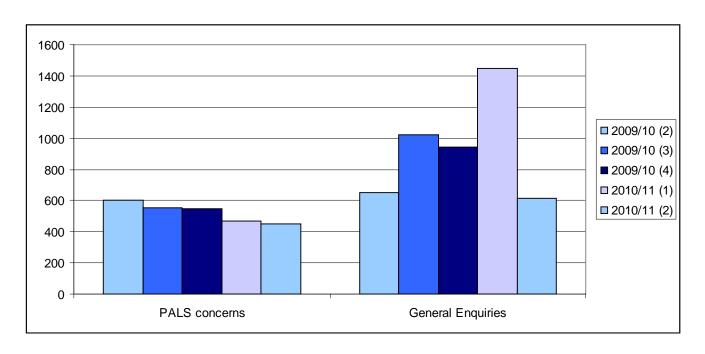
Details of key lessons learned are included at Appendix 1.

4. PALS

The Patient Advice and Liaison Service (PALS) provides a one stop service for patient's/relatives and their carers to speak to someone who will listen to their issue of concern, provide support, information and advice. PALS work in partnership with Trust staff to improve patient experience.

The enquiries detailed within this report have been dealt with by the PALS team.

Graph 4.1a Trends of **enquiries** received by PALS team.



The following methods identify ways in which patient's, their relatives and carers can access the PALS service:

- Telephone (calls are centralised at City Hospital via a direct line)
- Email
- Fax
- Appointment to meet PALS Lead
- Face to face contact at the Patient Support Centre BTC
- Completing a 'have your say form' and posting it in red boxes provided at main reception areas on 3 sites
- Dedicated phone line for direct access to PALS for Rowley Regis Hospital patients/relatives/carers.

Table 4.1a **Top 11 categories** of issues raised with PALS

Category breakdown	Number of contacts
Appointment Cancellation Appointment Delay Appointment Time	17 23 18
Attitude of staff – Nurse	17
Clinical care	17
Written	17
Complaint advice Complaint process	22 24
Advice	25
Information	32

Patient Transport Service	18

Top 3 categories reported in quarter 2 from PALS specific enquiries

Appointments
Clinical Treatment
General Enquiries
74 enquiries
90 enquiries
69 enquiries

Compliments

During quarter 2, four compliments were received in the following areas:

PALS Service	e - Efficient service provided to both enquirers	2
D27	- Compliment to staff on ward	1
ENT	- Patient commented that the consultant in ENT at City was excellent	1

5. Recommendations

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

Lessons Learned Q2 2010/11

1. Incidents

100 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.

An examples of a red incident and some key actions taken/lessons learned/completed are set out below:

Learning from Experience: Case Example	
Incident	Action Taken / Good practice noted
65 year old male patient with known history of COPD scheduled for Hydrocele excision as a day patient, suffered a cardiac arrest in theatre following anaesthetic and before operation began. Patient RIP. Patient was seen in pre-admission clinic on 20/08/10 and pre-operatively on the day of surgery by the anaesthetist. He was assessed as fit for anaesthesia and surgery.	Stamps ordered for each pre-assessment nurse to list what information has been given to pts rather than stating "information given". Well managed support for the family by all clinical staff involved with the additional support of the Chaplain. Written notes of conversation given to relatives following death of patient. Immediate and further support offered in a timely manner.

Lessons Learned

2a. 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. Additional examples of actions arising from complaints are as follows:-

Learning from Experience: Case Examples		
Complaint	Action Taken	
A lady was concerned about delays in a Pain Clinic held in a local health centre. The delays had been caused by staff waiting for medical records to arrive from Trust sites.	Records are now transported on the morning of the clinic by a dedicated driver.	
A relative was concerned that there was a lack of facilities for breaking bad news.	An area has been identified for a counselling room and a PEAT bid for funding submitted.	
A lady was concerned that, when she attended for her appointment, she was informed that she had been booked onto the wrong clinic	To minimise the risk of future administrative errors, a larger triage stamp has been ordered to ensure the patient's pathway is clearer on the referral documentation.	
A mother felt that her son's medical team failed to diagnose a collapsed lung.	Although the overall clinical management of the lady's son was appropriate, a further chest x-ray prior to introducing CPAP would have helped the medical staff to understand that the condition of the patient's lungs was worsening. The Clinical Director has discussed the case with the consultant team.	

2b. 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.



TRUST BOARD

DOCUMENT TITLE:	Annual Radiation Protection Report 2010
SPONSORING DIRECTOR:	Richard Kirby, Chief Operating Officer
AUTHOR:	Dr Bill Thomson, Consultant Physicist and Radiation Protection Adviser
DATE OF MEETING:	27 January 2011

SUMMARY OF KEY POINTS:

To provide the Trust Board with an annual report on all aspects of radiation safety, including:

- o Patient radiation safety
- o Staff Radiation safety
- o Routine equipment monitoring
- o Radiation incidents
- o Radiation protection training
- o Research

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

·	1 1 1 1	
Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	None specifically, although the annual statement of radiation safety is a mandatory requirement
Annual priorities	
NHS LA standards	2.3.1 – Secure Environment
CQC Essential Standards Quality and Safety	Regulation 21; Outcome 12 - Requirements relating to workers: People are kept safe, and their health and welfare needs are met, by staff who are fit for the job and have the right qualifications, skills and experience.
Auditors' Local Evaluation	

IMPACT ASSESSMENT (Indicate wi	ith 'x' all those	that apply in the second column):
Financial		
Business and market share		
Clinical		
Workforce	Х	Training courses organised for cardiology medical staff and healthcare professional staff, such as practitioners within A & E and physiotherapy staff
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		

EVIOUS CONSIDERATION:	
sual annual report	

Sandwell and W Birmingham Hospitals NHS Trust Radiation Safety Report 2010

Imaging Equipment

The Trust has one of the largest inventories of imaging equipment in the region.

This includes the following radiation equipment –

17 general X-ray rooms (3 DR rooms and 14 CR rooms)

14 CR readers

3 general fluoroscopy rooms

4 angiography rooms (2 general and 2 cardiac)

3 CT scanners

8 mobile intensifiers

7 mobile X-ray units

3 panoramic/intra-oral dental units

4 gamma camera systems (3 SPECT and 1 SPECT/CT system)

Physics staff are responsible for all QA aspects of this equipment, and also for ensuring appropriate patient dose audits are carried out.

During 2010 there were several changes to the X-ray equipment.

In particular, a new CT system was installed at Sandwell. This required the old CT unit to be temporarily moved to a different location before the new CT system could be installed in a newly refurbished suite. All these installations required appropriate room planning for radiation protection. Also equipment was radiation checked after installation and the new CT was fully acceptance tested.

Other equipment aspects were -

 An X-ray set was moved from Sandwell to Rowley Regis for improved service provision.

- 2 new CT tubes fitted, requiring QA calibrations carried out.
- A new tube for a mobile intensifier calibrated.
- A new tube for a general room identified as required from radiation dose and energy changes.
- Dose increases and image artefacts identified on a mobile image intensifier. System restricted in use until intensifier replaced.
- 6 mechanical mis-alignments reported and adjusted
- QA identified potential for reduced doses in an general X-ray room
- After continued problems with the servicing and fault repairs of one gamma camera manufacturer it was decided to transfer the service to an independent company. This has led to significantly improved levels of 'down-time' for this camera.

Patient Radiation Safety

The new CT system at Sandwell is a 64 slice, dual-energy system. This can provide a wider range of clinical techniques. In addition it provides a range of radiation dose reduction features. These features will be incorporated into routine clinical practice to ensure reduced patient dose without affecting image quality. This aspect will be carefully monitored by Physics staff. Data collection will form a component of a submission to the Health Protection Agency for their national CT dose survey.

Changes to the chest X-ray technique were implemented in line with European recommendations. This involved using a higher kV setting and a grid system. This does involve a slightly higher dose (although a chest X-ray is a very low dose technique), but this is justified by the improved image quality. Dose data from this investigation were submitted to the National Patient Dose Database held by the Health Protection Agency.

A dose audit was carried out cardiology and screening procedures. This has demonstrated differences in patient doses between the cath. labs at City and Sandwell. These are being further investigated to identify full aspects of the differences which could be equipment or patient related.

Patient dose audits of hysterosalpingography (HSG) were also carried out. Patient doses at both City and Sandwell sites were significantly less than the national Dose Reference Level. Since HSG studies relate to female infertility, such low doses are particularly important and reflect careful attention to technique.

Patient doses in nuclear medicine are determined by the administered activity. We have generally adopted the national dose reference levels set by ARSAC, although some studies have been implemented with a lower value.

A new IRMER procedure was adopted to ensure that there was appropriate clinical follow-up for certain high dose interventional studies. This was to ensure a clinical evaluation was made of any potential skin erythema.

Staff Doses

As reported previously, all staff doses (both whole body doses and also extremity doses) are reviewed centrally for any trends.

There was one instance of a higher dose in 2009, investigated in 2009/2010. It related to a dosemeter being worn outside a lead apron and so recording a higher dose. After recommendations were implemented, the 2010 doses of the wearer had returned to acceptable levels. There were no incidents in 2010 regarding staff doses that required further investigation

Radiation Incidents

As noted previously, a procedure is in place for all radiation incidents even of a minor nature to be recorded. Two issues needed to be onward reported to the Health and Safety Executive. The HSE have a requirement to notify incidents of equipment failure which lead to an increased patient dose, within certain parameters. There were two occasions when the cardiac angiography system broke down during a patient procedure. One occasion resulted in complete system failure when the cardiac catheter was already in-situ. Due to quick thinking by X-ray staff, the patient was safely transferred to the angio-suite in the X-ray department and the procedure was completed satisfactorily. Since the X-ray system was not optimised for cardiology, there was a higher dose as a result. On another occasion, a particular mode of operation of the angiography system failed during the procedure. However clinicians were able to complete the procedure using an alternative mode, which did result in an increased dose.

Other Aspects, training etc

- A visit by the Environment Agency was satisfactory, with no formal requirements.
- There continued to be a disrupted supply of Tc99m generators as a consequence of a world-wide supply problem of Mo99. This was not as frequent as in 2010 but still led to some curtailed lists for nuclear medicine.
- Several presentations were made at Imaging Clinical Governance meetings –
 - 1. a report on staff whole body and extremity doses in 2009, including the implications of incorrect dosemeter placement.
 - 2. a report on the interventional patient dose audit (229 cases) with outline of the new IRMER procedure on erythema.
 - 3. a report on the revised IRMER procedure for pregnancy to apply cross-site.
 - 4. an IRMER procedure and system of work for the Lithotripsy clinics in the BTC, operated by an outside company.

- Seven training courses have been run for Healthcare Professional staff
 who want to refer for particular patient X-ray investigations e.g. nurse
 practitioners within A&E and physiotherapy staff.
- The IRMER course on the radiation safety aspects within the cardiology theatres has been held on two occasions for SpR cardiology medical staff. This course also attracts staff nationally. We were invited to run the course in December at Sheffield for cardiologists, however bad weather forced a postponement.
- A cardiology course for nuclear medicine was also run attracting staff nationally to learn the optimal patient techniques for myocardial imaging.
- Dr Thomson has continued his collaboration with the Cancer Treatment hospital in Cardiff (Velindre hospital) in examining optimum radiation protection for high energy beta-emitting radionuclides. He is supervisor for a clinical scientist at the centre who is finishing their write-up of their M.Phil. on this work.
- Dr Thomson continues as a member of ARSAC, and also is a member of the group considering dose reduction software techniques
- Dr Thomson was an invited speaker at the Radiation Protection Advisers Annual Meeting, presenting "Radioiodine restrictions – Current Issues and Problems"
- Dr Thomson was a finalist for the West Midlands MidTECH Innovation Awards for his submission of "Radioactive I-131 Therapy - A web site for patients and professionals to explain and calculate restrictions"
- Ms A Jefferies continued her role as moderator of the national Carestream CR User Group.
- Following a bad accident, the Regional Radiation Protection and Physics Service provided Radiation Protection Adviser cover for Dr Thomson during a 3 month recuperation period.

WH Thomson
Consultant Physicist and RPA

Sandwell and West Birmingham Hospitals NHS Trust

TRUST BOARD

DOCUMENT TITLE:	'Right Care, Right Here' Progress Report
SPONSORING DIRECTOR:	Mike Sharon, Director of Organisational Development and Strategy
AUTHOR:	Jayne Dunn, Redesign Director - RCRH
DATE OF MEETING:	27 January 2011

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 December 2011.

It covers:

- Progress of the Programme.
- Outcome to the Gateway review.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

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):

IMPACT ASSESSIMENT (Indicate w	ith 'x' all those	that apply in the second column):			
Financial	х	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	х	The Right Care Right Here Programme sets the context for future clinical service models.			
Workforce	х	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	х	The service redesign elements of the Right Care Right Here Programme will require equality impact assessments.			
Patient Experience					
Communications & Media	х	Within the Right Care Right Here Programme there is a Communications and Engagement workstream.			
Risks					

ľ)	D	F	۱	1		ı	IS	: 1	C	\cap	۸	19	:1	D	F	D	Δ	T	1	7	Ν	ŀ
Г	_	Г	_	ν	•	u	"	JJ	,	·	u	41	V.J	"	ப	ட	П	М	ч	ľ	J	I۷	1.

Routine monthly progress report to Trust Board

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

RIGHT CARE RIGHT HERE PROGRAMME: PROGRESS REPORT JANUARY 2011

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 December 2010.

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.

PROJECT PERFORMANCE

Monitoring continues of the level of activity continuing to be provided in community settings for those services redesigned through former pilot projects. Overall the levels of community activity continue to be in excess of levels reported for the same period last year, with the exception of:

- <u>ENT</u> 25% below primarily owing to a delay in commissioning investment into the Ear Care Service and change in clinic codes. These are now being reviewed to ensure community activity is properly recorded.
- Gynaecology 41% below primarily to difficulties in populating community clinics and withdrawal of clinics from some locations (e.g. Aston). Implementation of the new Community Gynaecology Service over the next 4-6 months will increase community activity. The first of these clinics was held in mid December.
- Dermatology 9% below.
- Ophthalmology 9% below. This is primarily due to 2 vacant Glaucoma consultant posts (Glaucoma being the main focus of the community clinics) and closure of the clinics in the Lyng. These clinics have now been transferred to Rowley Regis Hospital and so community activity should increase.

Monitoring of performance has also commenced for the three new service redesign workstreams within the RCRH Programme.

• <u>Emergency and Urgent Care</u> - Emergency Department (ED) and Urgent Care activity for the first 7 months of the year compared to the same period last year shows that the level of demand for urgent and emergency care combined has increased, compared to the same period last year, by 31%. This includes SWBH ED attendances (excluding BMEC) being 8% lower than the same period last year and the level of urgent care centre attendances being 77% higher.

Comparing the level of activity to the Activity and Capacity Model forecasts for 2010/11 at month 7, the actual urgent care activity is a third higher than the level forecast, with A&E activity being 3% higher than forecast. This position is a significant improvement on the previous month but primarily due to more accurate analysis of Emergency Department activity (i.e. BMEC emergency department activity is now included for both 2009/10 and 2010/11).

The work being undertaken through the Urgent & Emergency Network to encourage the public to use primary care and urgent care centres, and the proposed establishment of the Long Terms Conditions work stream, are key to reducing ED attendances in line with forecasts.

- Outpatient Work Comparison between 09/10 outpatient activity and this year shows that for the first 7 months of this year the level of activity in the community has increased but the level of outpatients being delivered by SWBH in the hospital has also increased and remains 7% above the trajectory as a result of increases in outpatient referrals and follow ups.
- Intermediate Care Community re-provision of occupied bed days in intermediate care is 1.4% lower than
 for the same period last year but higher than the forecast in the Activity and Capacity Model.
 SWBH occupied bed days in the acute hospitals are 4% lower than last year.

CARE PATHWAY REVIEWS

Care Pathway reviews continue with the following progress:

- Osteoarthritis reviewed and approved by RCRH Clinical Group.
- Smoking Cessation reviewed and approved by RCRH Clinical Group.
- Discharge Planning in draft for further discussion.
- <u>Musculoskeletal</u> three pathways are in draft format. These are Spinal Pain, Carpal Tunnel Syndrome, Osteoarthritis.
- Diabetes under development.
- <u>Cardiology</u> approved by RCRH Clinical Group. SWBH resource impact statement produced. PCTs now producing their resource impact statement.

OGC GATEWAY REVIEW

The Office of Government Commerce (OGC) undertook a Gateway Review of the RCRH Programme at the end of November. The Review focused on how the Programme can develop further to ensure effective delivery of its objectives, taking account of emerging GP consortia and the changing role of local authorities in holding the responsibility for health and well being. A report from the Gateway Review has now been received and the rating given is Amber, which is defined in the Delivery Confidence Assessment criteria as: 'Successful delivery appears feasible but issues require management attention. The issues appear resolvable at this stage of the Programme if addressed promptly.' It is understood from the Review Team that this is a positive rating, and not usually given to programmes which are six years away from delivering the objectives. The Programme Team is developing an action plan in response to the recommendations made by the Gateway Team.

FUTURE HOSTING ARRANGEMETNS FOR THE PROGRAMME TEAM

The Programme Director has produced a paper setting out the options for the future hosting of the Programme Team in the light of the abolition of PCTs and the creation of GP consortia. The preferred option is for the Black Country Cluster to host the Team until the configuration, powers and duties of Consortia become more clear.

RECOMMENDATIONS

The Trust Board is recommended to:

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

Jayne Dunn Redesign Director – Right Care Right Here 18th January 2011



TRUST BOARD

DOCUMENT TITLE:	RCRH Acute Hospital Development: Project Director's Report
SPONSORING DIRECTOR:	Graham Seager, Director of Estates and New Hospital Project
AUTHOR:	Andrea Bigmore, New Hospital Project Manager Graham Seager, Director of Estates and New Hospital Project
DATE OF MEETING:	27 January 2011

SUMMARY OF KEY POINTS:

The Project Director's report gives an update on:

- The Compulsory Purchase Order (CPO)
- The Outline Business Case (OBC)
- Commercial Documents
- Gateway Review
- Drop in sessions

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES A		
Strategic objectives	21st Centi	ury Facilities
Annual priorities		
NHS LA standards		
CQC Essential Standards Quality and Safety		
Auditors' Local Evaluation		
IMPACT ASSESSMENT (Indicate v	vith 'x' all those	that apply in the second column):
Financial	Х	
Business and market share	х	
Clinical	Х	
Workforce	Х	
Environmental	Х	
Legal & Policy	Х	
Equality and Diversity	Х	
Patient Experience	х	
Communications & Media	х	
Risks		
PREVIOUS CONSIDERATION:		
Usual monthly update.		

Sandwell and West Birmingham Hospitals NHS Trust



Report to:	Trust Board
Report of:	Graham Seager / Andrea Bigmore
Subject:	Project Director's Report
Date:	27 th January 2011

1. Compulsory Purchase Order (CPO)

The Secretary of State for Health has confirmed the CPO in a letter emphasising that: 'There is a compelling case, in the public interest, for the confirmation of the order to facilitate the construction of a new hospital and associated facilities'.

The Land Acquisition Group and Project Team will progress this confirmation with the relevant parties.

2. Outline Business Case (OBC)

The OBC is currently being considered by the Department of Health (DH) working with the HM Treasury.

Following the Comprehensive Spending Review last October HM Treasury (HMT) have made it a requirement for all new major NHS capital investments to carry out a valuation of the project benefits to strengthen the economic case. This is a new requirement for all capital schemes.

Guidance has just been released and Core Team has initiated the work required to complete this highly technical piece of work. The team has received advice from the DH economists and our own financial advisors to ensure that the work will meet requirements.

It is anticipated that approval should follow shortly after submission of this work.

3. Commercial Documents

Good progress is being made with the commercial documents. The Project Agreement and associated schedules need to be pre-drafted to a high standard to ensure readiness for the Competitive Dialogue process. This will expedite the procurement process by ensuring clarity about our requirements.

Considerable work has been done on the IM&T specification to ensure that it can deliver the Trust Vision for a Digital Hospital. It has been a challenge to develop an approach that takes the rapid development of technology into account whilst ensuring that we can present a clear brief to bidders. This work will be completed over the next few weeks and will bring the development of the specifications to a close.

The team is now planning the sign off of the specifications and operational policies prior to initiation of the procurement. This will ensure that the clinical and technical teams developing







the designs with bidders are fully signed up to the requirements of the new hospital before starting dialogue.

The team is still developing the documentation of the process that the Trust will use to run the procurement. This includes the development of lists of the deliverables that we will require from bidders, the evaluation process, scoring, weightings, timetables etc. This will be the last document to be completed since it draws all the strands of our approach together.

The Private Finance Unit of the DH and Strategic Health Authority Estates will need to sign off all of this work before we can initiate the procurement. An approvals protocol has been agreed with all parties to support this process.

An OJEU (Official Journal of the European Union) notice will be issued to initiate the procurement when the commercial documents and the OBC have been approved. Acquiring the land at Grove Lane will be timed carefully to fit in with the approvals process outlined above.

4. Gateway Review

A Gateway Review was completed in early December. Gateway Review is a peer review process designed to examine the progress and likelihood of successful delivery of the project. It provides valuable additional perspective on the issues facing the project team and challenges the robustness of plans and processes. This particular review focussed on readiness for the procurement process.

Key project personnel and stakeholders were interviewed and documents reviewed over three days culminating in a report which was presented to the project's Senior Responsible Owner, (John Adler).

The outcome of the review was that the Project was rated at Amber Green. This is a good result indicating that the project is in a good position going forward.

The reviewers were impressed with the consistent message about the need for the new hospital, its key role in the wider 'Right Care, Right Here' programme and the commitment and capability that the Trust and Project Team have demonstrated to date.

They found a number of instances of good practice including the willingness of the Project Team to learn from other similar PFI schemes, the use of a good benefits realisation template and the level of stakeholder engagement, particularly the consultation with GPs.

The report makes a number of recommendations which will be addressed in an action plan to be approved by Project Board.

5. Drop in Sessions

The public and staff were invited to a series of drop in sessions during December. These sessions were arranged to help the public and staff to ask questions and find out more about the project. People attending showed real interest in the project and raised some issues for the team to consider. Some departmental managers have asked for further information to be provided to their departments.

This is part of an ongoing engagement process which will ensure that the new Midland Metropolitan Hospital will be fit for purpose and an asset to the local community.



TRUST BOARD

DOCUMENT TITLE:	Financial Performance Report - December 2010
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Robert White/Tony Wharram
DATE OF MEETING:	27 January 2011

SUMMARY OF KEY POINTS:

The report provides an update on the financial performance of the Trust for the period April – December 2010.

For the period 1st April 2010 to 31st December 2010, the Trust achieved a "bottom line" surplus of £1,205,000 which is £158,000 better than the planned position (as measured against the DoH performance target).

Capital expenditure for the year to date is £10,515,000 and the cash balance at 31st December was £4.2m above the revised plan.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

NOTE the contents of the report; and

ENDORSE any 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		
rilialiciai	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 and Trust Management Board on 18 January 2011; Finance and Performance Management Committee on 20 January 2011.



NHS Trust

Financial Performance Report – December 2010

EXECUTIVE SUMMARY

- For the period 1st April 2010 to 31st December 2010, the Trust achieved a "bottom line" surplus of £1,205,000 which is £158,000 better than the planned position (as measured against the DoH performance target).
- A prudent view continues to be taken of LDP over performance (based on priced activity up to 30th November) and this is reflected in the reported financial position.
- At month end, WTE's (whole time equivalents) were approximately 53 above plan which represents a slight increase on the position reported for November (39 above plan). The ongoing high levels of capacity and the cover required in some medical rotas continues to put pressure on staffing needs although there has been a slight fall in agency use in month. Total pay expenditure for the month, inclusive of agency costs, was £84,000 below plan which brings the year to date position to £289,000 above plan.
- The month-end cash balance is approximately £4.2m above the revised plan which is lower than the November position due to higher than planned payment of both NHS and non NHS creditors.
- Capital expenditure is below plan for both December but remains above plan for the year to date but both relate primarily to planned and actual phasing of land purchases rather than a real pressure on budgets.

	Current	Year to			
Measure	Period	Date		Thresholds	
			Green	Amber	Red
I&E Surplus Actual v Plan £000	22	158	>= Plan	> = 99% of plan	< 99% of plan
EBITDA Actual v Plan £000	41	455	>= Plan	> = 99% of plan	< 99% of plan
Pay Actual v Plan £000	84	(289)	<=Plan	< 1% above plan	> 1% above plan
Non Pay Actual v Plan £000	(358)	(1,380)	<= Plan	< 1% above plan	> 1% above plan
WTEs Actual v Plan	(53)	(13)	<= Plan	< 1% above plan	> 1% above plan
Cash (incl Investments) Actual v Plan £000	4,190	4,190	>= Plan	> = 95% of plan	< 95% of plan
CIP Actual v Plan £000	(14)	(139)	>= 97½% of Plan	> = 921/2% of plan	< 921/2% of plan

Performance Against Key Fina	ncial Targets				
	Year to Date				
Target	Plan £000	Actual £000			
Income and Expenditure	1,047	1,205			
Capital Resource Limit	8,715	10,515			
External Financing Limit		4,190			
Return on Assets Employed	3.50%	3.52%			

	Annual	CP	CP	CP	YTD	YTD	YTD	Forecast
2010/2011 Summary Income & Expenditure	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Outturn
Performance at December 2010	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Income from Activities	341,955	28,549	28,699	150	256,611	257,615	1,004	343,221
Other Income	40,043	3,242	3,407	165	29,258	30,378	1,120	41,509
Operating Expenses	(358,264)	(29,664)	(29,938)	(274)	(268,601)	(270,270)	(1,669)	(360,506)
EBITDA	23,734	2,127	2,168	41	17,268	17,723	455	24,224
Interest Receivable	25	2	15	13	19	64	45	85
Depreciation & Amortisation	(18,724)	(1,090)	(1,122)	(32)	(12,230)	(12,572)	(342)	(19,274)
PDC Dividend	(5,855)	(488)	(488)	0	(4,391)	(4,391)	0	(5,855)
Interest Payable	(2,417)	(201)	(201)	0	(1,813)	(1,813)	0	(2,417)
Net Surplus/(Deficit)	(3,237)	350	372	22	(1,147)	(989)	158	(3,237)
IFRS/Impairment Related Adjustments	5,275	(31)	(31)	0	2,194	2,194	0	5,275
SURPLUS/(DEFICIT) FOR DOH TARGET	2,038	319	341	22	1,047	1,205	158	2,038

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.

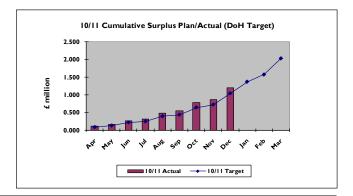


NHS Trust

Financial Performance Report – December 2010

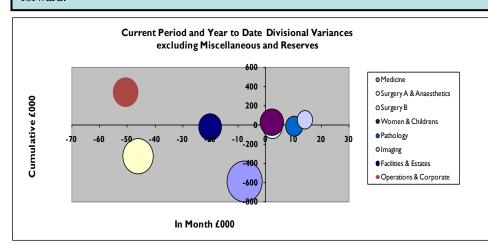
Overall Performance Against Plan

• The overall performance of the Trust against the DoH planned position is shown in the adjacent graph with current performance continuing to be slightly ahead of plan.



Divisional Performance

- In December, the performance of most divisions is approximately in line with plan with the largest shortfalls being £50,000 in corporate services and £46,000 in Surgery A, Anaesthetics & Critical Care.
- For the year to date, Medicine and Surgery A, Anaesthetic & Critical Care continue to be the only divisions with material "bottom line" shortfalls against plan.
- For Surgery A, much of the adverse performance continues to relate to covering high activity and dependency levels in critical care resulting in the use of bank and agency cover as well as ongoing waiting list initiatives in key areas. In addition, high levels of medical emergencies has resulted in outliers on surgical wards thus creating unplanned expenditure in elective care capacity, and where this adversely affects capacity it can have a knock-on effect on income. The performance of this division and Medicine and Emergency Care continues to reflect additional support from corporate reserves in recognition of activity pressures as well as the impact of the emergency threshold adjustment.
- The adverse position of Corporate Services is due to fluctuations in monthly non pay spend rather than any underlying cost pressures and the ytd performance of corporate divisions remains significantly better than planned.
- If the Trust is to ensure that financial balance is maintained for the remainder of this financial year and into 2011/12 and beyond, it is essential that current cost levels are contained and managed downwards to a sustainable level going forward.



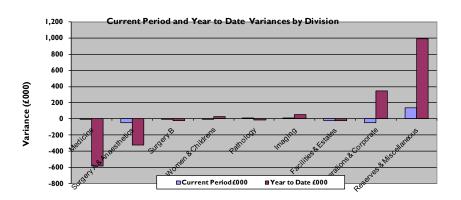
The tables adjacent and overleaf shows performance in month generally to be broadly in line with plan with Corporate Services and Surgery A, Anaesthetics and Critical Care generating in month shortfalls against plan.



NHS Trust

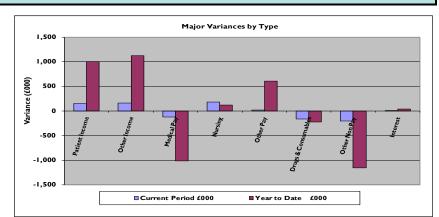
Financial Performance Report – December 2010

Divisional Variances from F	Plan	
	Current Period £000	Year to Date £000
Medicine	-8	-585
Surgery A & Anaesthetics	-46	-326
Surgery B	2	-19
Women & Childrens	2	32
Pathology	10	-9
Imaging	14	55
Facilities & Estates	-20	-22
Operations & Corporate	-50	343
Reserves & Miscellaneous	137	988



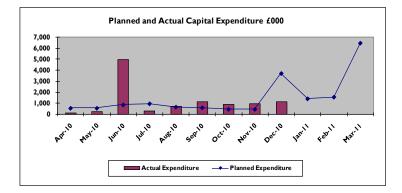
For the year to date, the table and graph below illustrate that overall, income continues to perform better than planned but this is offset by higher levels of expenditure required to maintain additional capacity and deliver higher activity levels.

	Current Period £000	Year to Date £000
Patient Income	150	1,004
Other Income	165	1,120
Medical Pay	-120	-1,016
Nursing	182	120
Other Pay	22	607
Drugs & Consumables	-158	-222
Other Non Pay	-200	-1,158
Interest	13	45



Capital Expenditure

- Planned and actual capital expenditure by month is summarised in the adjacent graph. Lower than planned expenditure was again incurred in month, primarily as a result of planned expenditure on land in December compared with actual expenditure being incurred earlier in the year.
- A further sale of property in Overton Place has increased capital receipts to £185,000.



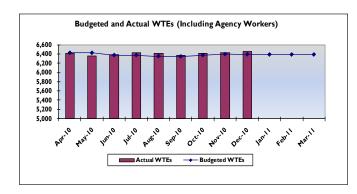


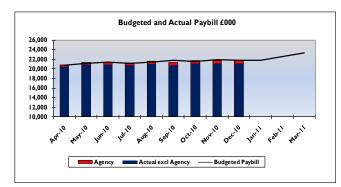
NHS Trust

Financial Performance Report – December 2010

Paybill & Workforce

- Workforce numbers, including the impact of agency workers, are approximately 53 wtes above plan for December, a slight increase on performance in November when actual numbers were 39 wtes above plan.
- Total pay costs (including agency workers) are £84,000 below budgeted levels for the month and £289,000 above for the year to date. The main areas where expenditure remains in excess of plan continue to be medical staffing and healthcare assistants offset to some degree by lower than planned expenditure among other pay groups.
- Expenditure for agency staff in December was £563,000 compared with £597,000 for November and £605,000 in October. Almost half of this expenditure, whether for December or the year to date, relates to medical staff with a significant proportion of medical agency cover residing within the Medicine Division.





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 December									
		Actual									
	Budget £000	Substantive £000	Bank £000	Agency £000	Total £000	Variance £000					
M. disal Chaffin	FC 416	EE 204		2.140	E7 422	(1.01()					
Medical Staffing	56,416			2,148	57,432						
Management	10,211			0	9,580						
Administration & Estates	21,893		163	772	21,939						
Healthcare Assistants & Support Staff	20,536	19,008	1,300	790	21,098	(562)					
Nursing and Midwifery	56,738	53,611	2,357	650	56,618	120					
Scientific, Therapeutic & Technical	26.871	25.986		404	26.390	481					
Other Pay	103	0			0	103					
Total Pay Costs	192,768	184,474	3,819	4,764	193,057	(289)					

NOTE: Minor variations may occur as a result of roundings



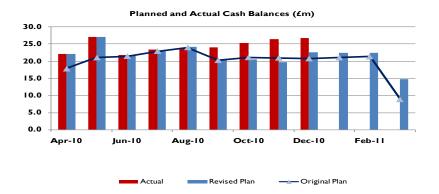
NHS Trust

Financial Performance Report – December 2010

Balance Sheet

- The opening Statement of Financial Position (balance sheet) for the year at 1st April reflects the statutory accounts for the year ended 31st March 2010.
- Cash balances at 31st December are approximately £4.2m higher than the revised plan, a lower position than reported for November mainly as a result of higher than planned payments to creditors, both NHS and non NHS, the former including sizeable payments to clear outstanding balances as part of agreements reached to clear both payable and receivable balances.

	Sandwell & West Birmingham Hospita STATEMENT OF FINANCIAL PO			
		Opening Balance as at March 2010 £000	Balance as at December 2010 £000	Forecast at March 2011 £000
Non Current Assets	Intangible Assets Tangible Assets Investments Receivables	426 220,296 0 1,158	365 221,364 0 1,280	400 222,309 (1,350
Current Assets	Inventories Receivables and Accrued Income Investments Cash	3,439 19,289 0 15,867	3,533 19,090 0 26,854	3,450 19,500 (17,288
Current Liabilities	Payables and Accrued Expenditure Loans Borrowings Provisions	(31,962) 0 (1,698) (5,338)	(47,968) 0 (1,665) (2,202)	(41,887) (1,690) (5,000)
Non Current Liabilities	Payables and Accrued Expenditure Loans Borrowings Provisions	0 0 (32,476) (2,175)	0 0 (31,486) (2,999)	(30,786 (2,150
		186,826	186,167	182,784
Financed By				
Taxpayers Equity	Public Dividend Capital Revaluation Reserve Donated Asset Reserve Government Grant Reserve Other Reserves Income and Expenditure Reserve	160,231 36,545 2,148 1,103 9,058 (22,259)	160,231 37,110 1,940 1,076 9,058 (23,248)	160,231 36,250 1,698 1,043 9,058 (25,496)
		186,826	186,167	182,784





NHS Trust

Financial Performance Report – December 2010

Cash Flow

• The table below shows cash receipts and payments for December 2010 and a forecast of expected flows for the following 12 months.

				Sandwell & V		ham Hospita	ls NHS Trust						
					CASH	FLOW							
12 MONTH ROLLING FORECAST AT December 2010													
ACTUAL/FORECAST	Dec-10 £000s	Jan-11 £000s	Feb-11 £000s	Mar-11 £000s	Apr-11 £000s	May-11 £000s	Jun-11 £000s	Jul-11 £000s	Aug-11 £000s	Sep-11 £000s	Oct-11 £000s	Nov-11 £000s	Dec-11 £000s
Receipts													
SLAs: Sandwell PCT	13,464	13,586	13,586	13,586	13,236	13,236	13,236	13,236	13,236	13,236	13,236	13,236	13,236
HoB PCT	7,114	7,163	7,163	7,163	7,022	7,022	7,022	7,022	7,022	7,022	7,022	7,022	7,022
Associated PCTs	5,142	4,786	4,786	4,786	4,765	4,765	4,765	4,765	4,765	4,765	4,765	4,765	4,765
Pan Birmingham LSCG	1,265	1,399	1,399	1,399	1,371	1,371	1,371	1,371	1,371	1,371	1,371	1,371	1,371
Other SLAs	532	819	819	819	820	820	820	820	820	820	820	820	820
Over Performance Payments	599	0	0	0	0	750	750	750	750	750	750	750	750
Education & Training	1,230	1,506	1,506	1,506	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500
Loans	0	0	0	0				0	0	0	0	0	0
Interest	8	6	6	6	6	6	6	6	6	6	6	6	6
Other Receipts	3,156	2,004	2,004	2,004	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Total Receipts	32,510	31,270	31,270	31,270	30,719	31,469	31,469	31,469	31,469	31,469	31,469	31,469	31,469
<u>Payments</u>													
Payroll	12,338	12,495	12,495	12,546	12,450	12,450	12,450	12,450	12,450	12,450	12,450	12,450	12,450
Tax, NI and Pensions	8,581	8,895	8,895	8,931	8,900	8,900	8,900	8,900	8,900	8,900	8,900	8,900	8,900
Non Pay - NHS	3,378	2,076	2,076	2,366	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Non Pay - Trade	6,145	6,227	6,227	8,418	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,200
Non Pay - Capital	1,258	940	940	4,808	750	750	750	750	750	750	750	750	750
PDC Dividend				2,746						2,750			
Repayment of PDC													
Repayment of Loans													
Interest													
BTC Unitary Charge	369	365	365	365	374	374	374	374	374	374	374	374	374
Other Payments	91	400	400	400	250	250	250	250	250	250	250	250	250
Total Payments	32,160	31,398	31,398	40,579	31,224	31,224	31,224	31,224	31,224	33,974	31,224	31,224	30,924
					12.000		/=						
Cash Brought Forward	26,504	26,854	26,726	26,598	17,288	16,784	17,029	17,274	17,519	17,765	15,260	15,505	15,750
Net Receipts/(Payments)	350	(128)	(128)	(9,309)	(505)	245	245	245	245	(2,505)	245	245	545
Cash Carried Forward	26,854	26,726	26,598	17,288	16,784	17,029	17,274	17,519	17,765	15,260	15,505	15,750	16,295

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

Risk Ratings							
Measure	Description	Value	Score				
EBITDA Margin	Excess of income over operational costs	6.6%	3				
EBITDA % Achieved	Extent to which budgeted EBITDA is achieved/exceeded	102.6%	5				
Return on Assets	Surplus before dividends over average assets employed	1.6%	2				
I&E Surplus Margin	I&E Surplus as % of total income	-0.3%	2				
Liquid Ratio	Number of days expenditure covered by current assets less current liabilities	-2.0	1				
Overall Rating			2.3				

Risk Ratings

- •The adjacent table shows the Monitor risk rating score for the Trust based on performance at December.
- •In addition to the normal low score in respect of liquidity, other measures have also deteriorated as a result of the inclusion of impairment charges which are scored against Monitor targets but which are offset when measuring performance against DoH objectives and in a normalised Monitor assessment.



NHS Trust

Financial Performance Report – December 2010

External Focus

The Operating Framework for the NHS in England 2011/2012 was published on 15th December. To a large extent, it contained what had already been expected particularly in terms of the financial constraints within which the NHS will be expected to operate in 11/12 and future years. Key financial and business elements included the following:

- 31 new quality standards being developed by NICE
- •£20 billion efficiency savings required across the NHS for reinvestment over the spending review period
- •every PCT needs to ensure that 2% of recurrent funding is only ever committed non-recurrently, this resource being held by SHAs with PCTs being required to submit business cases
- •average growth in recurrent allocations for PCTs is 2.2% with a minimum growth of 2.0%
- a national efficiency requirement of 4% and the uplift for pay and price inflation of 2.5%
- •tariff prices for 2011/12 reflect the 4% efficiency requirement with 2% embedded in tariff design with the remaining 2% offsetting the pay and prices uplift
- prices for services outside the scope of the national tariffs to reflect a reduction of 1.5%
- in 2011/12 hospitals will not be reimbursed for emergency readmissions within 30 days of discharge following an elective admission and all other readmissions within 30 days of discharge will be subject to locally agreed thresholds, set to deliver a 25% reduction, where possible
- to drive efficiency further in the tariff, the way in which long stays in hospital are funded is changed by introducing a five-day trim point floor so that relatively short stays do not attract a long stay payment
- all tariffs are set at 1% below the average as an initial step in pricing policy to set tariffs below the national average level
- the change to the calculation of trim points, setting tariffs below the average and the expansion of best practice tariffs mean that a 2% efficiency requirement has been "embedded" into the tariff
- •the 30% marginal tariff rate for emergency admissions, above a contractual baseline, introduced in 2010/11, will continue in 2011/12 as an incentive for providers and commissioners to work together to minimise the number of avoidable emergency admissions to hospital (again 2008/09 being the baseline year).

Sandwell and West Birmingham Hospitals NHS Trust



Financial Performance Report – December 2010

Conclusions

- The Trust's performance against its Department of Health control total (i.e. the bottom line budget position it must meet) shows a surplus of £1,205,000 for the first nine months of the financial year. Performance against the statutory accounts position (which includes one-off charges for changes in asset values) shows a deficit of £989,000 as this includes non cash adjustments for revised asset values.
- The corresponding results for the month of December show a DH control total surplus of £341,000 and a statutory accounts surplus of £372,000.
- Capital expenditure in December was £1,139,000, primarily related to statutory standards, maternity services, and same sex accommodation.
- •At 31st December, cash balances are approximately £4.2m higher than the revised cash plan.
- The in month performance of most divisions has been broadly in line with planned levels with the largest shortfalls of £50,000 and £46,000 being generated by Corporate Services and Surgery A, Anaesthetics & Critical Care respectively. For the year to date position, Medicine & Emergency Care and Surgery A, Anaesthetics & Critical Care continue to have material bottom line deficits, offset primarily by better than planned performance in Corporate Services and Miscellaneous & Reserves.
- Activity related cost pressures remain a major issue for the Trust and for individual divisions. For the Trust to achieve its financial targets, it is imperative that these pressures are successfully managed especially as additional pressures will be felt as the winter period continues.

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



TRUST BOARD

DOCUMENT TITLE: Monthly Performance Monitoring Report			
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt		
AUTHOR:	Mike Harding, Head of planning & Performance Management		
DATE OF MEETING:	27 January 2011		

SUMMARY OF KEY POINTS:

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

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

Approval	Receipt and Noting	Discussion		
	X			

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The	Trust Boar	d is ask	ced to	NOTE	the re	eport	and i	ts asso	ociated	comme	ntary.

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):

INPACT ASSESSIMENT (Indicate w	ith 'x' all those	that apply in the second column):
Financial	х	
Business and market share	х	
Clinical	х	
Workforce	х	
Environmental	х	
Legal & Policy	х	
Equality and Diversity		
Patient Experience	х	
Communications & Media		
Risks		

PREVIOUS CONSIDERATION:

Financial Management Board, Trust Management Board on 18 January 2011 and Finance and Performance Management Committee on 20 January 2011.

EXECUTIVE SUMMARY

Note Comments

An additional column has been added to the report which is intended to indicate the magnitude of improvement required to deliver the various National & Local Priority and CQUIN targets. The assessment is based upon recent performance, performance to date and end target.

SHA Winter Targets - 3 performance indicators effective for the period October 2010 - March 2011 inclusive have been identified by the SHA. Each indicator, A/E 4-hour waits, Delayed Transfers of Care and Ambulance Turnaround Time have specific targets, the achievement of which generates additional income for the Trust. Performance to date is summarised in the table below.

			Dece	mber	Year to Date (since October)		
Area		Target	Actual	Available £s	Achieved £s	Available £s	Achieved £s
A/E 4-hour waits	%	=>96.00	93.30	50485	0	151455	100970
Delayed Transfers of Care	%	<4.00	4.50	50485	0	151455	0
Ambulance Turnaround (<30 mins)	%	=>82.00	69.50	67314	0	201942	0
Total				168284	0	504852	100970

- The percentage of **Cancelled Operations** across the Trust increased to 1.0% overall during December, influenced by a numerical and percentage increase in cancellations at Sandwell, across a number of specialties.
- **b** Delayed Transfers of Care decreased to 4.5% overall with an identical proportion on both sites.
- Stroke Care provisional data for the month of December indicates an increase in the percentage of patients who spent at least 90% of their hospital stay on a Stroke Unit to 78.6%. **TIA** outpatient data, specifically the percentage of High Risk patients who were treated within 24 hours of registration on the Trust's Patient Administration System, is reported as 22.2% for the month.
- Accident & Emergency 4-hour waits performance during the month of December overall reduced to 93.3%. Unit specific performance during the month for City (Main), Sandwell (Main) and City (BMEC) was 89.4%, 96.0% and 99.2% respectively. Overall performance for the period April December inclusive is 97.13%.
- The overall number of cases of **C Diff** reported across the Trust during the month of December remained low (7), with no cases of **MRSA Bacteraemia** reported during the period. The total number of C Diff cases for the year to date remains within both the External (DoH) and Internal trajectories for the period. The total number of cases of MRSA Bacteraemia reported year to date remains 4 against a trajectory for the period of 5.
- Referral to Treatment Time overall Admitted and Non-Admitted Referral to Treatment Time targets were met during the month of December.

 The number of Admitted Care specialities where performance was less than 90% reduced to 2, these were Trauma & Orthopaedics and Plastic Surgery. Admitted Care and Non-Admitted Care Patient Backlog numbers increased slightly during the month.
- g Sickness Absence increased to 5.39% during the month of December, with an average for Quarter 3 of 4.78%.
- h Overall compliance with **Mandatory Training** at the end of December was 84.4%. Although numbers of **PDRs** fell in December, almost 3500 staff have received a PDR within the year to date.

CQUIN:

i

Overall scheme financial values are included within the main body of the report.

VTE (Venous Thromboembolism) Risk Assessment - Performance for December improved to 82.0%. The target is for 90% of patients to be risk assessed for VTE, during Quarter 4, 2010 / 2011.

Breast Feeding - Breastfeeding status at time of Guthrie Test (usually day 6 or 7) (or discharge from midwifery care). Q1 Baseline data 62.3%, was used to set the target of 72.3% (baseline plus 10%). Final assessment is an audit of Q4 performance. Performance during November fell to 63.0%.

Tissue Viability (Pressure Ulcers) - Comprises 3 components; Assessment on admission, Decrease in number of acute hospital acquired grade 2, 3 and 4 ulcerations and Table Top Reviews on all ulcerations of grade 3 or 4.

- The Q2 audit indicated 83% of patients were assessed on admission (target 75%). Audit of performance is biannual.
- The number of Hospital Acquired Pressure Sores (Grades 2, 3 and 4) for the first 8 months is 36.9% less than the baseline (target 10% less).
- Table Top Reviews for Grade 3 and 4 Pressure Sores are all up to date.

Inpatient Falls - the target comprises 3 components. An assessment of risk for in-patients, with a target of 75%, a 10% reduction in the number of inpatient falls and Table Top Reviews on all falls with fracture.

- The Q1 audit indicated 83.6% of patients were assessed (target 75%).
- The number of inpatient falls reported for the first 7 months of the year is 9.88% less than the baseline (target 10% less).
- Table Top Reviews on falls with fracture are all up to date.

Brain Imaging for Emergency Stroke Admissions (within 24 hours admission) - provisional data for December indicates performance of 86.4%.

Hip Fracture Operations within 24-hours of admission - provisional data for the percentage of patients receiving an operation with 24 hours of admission during December is 71.4%.

Smoking (Brief Intervention in Outpatients) - a total of 112 referrals are recorded for December. This increases the total for the period to date to 1466, falling marginally short of the trajectory of 1500.

Safer Prescribing of Warfarin - Number of patients prescribed warfarin with INR (International Normalised Ratio) within the target range. The baseline audit at 2 months identified 65.13% compliance, compared with a final target of 65% by March 2011. Performance at 6 months indicated a level of 70.3% compliance.

(cont'd)

k

ı

Patient Experience - 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.

Think Glucose - target relates to Inpatients with a secondary diagnosis of Diabetes. Final indicator value is evidence of participation in NHS Institute Think Glucose Programme.

Parent's Consultation with Senior Clinician - parents able to discuss care of their baby with senior clinician within 24 hours of admission onto neonatal unit. A target of 81% has been set by the Specialised Commissioners. The most recent quarterly performance is 76% (Q3) with December performance of 85%. It should be noted that the West Midlands Specialised Commissioners have recently notified Trusts that Q4 CQUIN payments for the Neonatal schemes will be based upon Q3 and Q4 data combined.

Neonates Offered Breast Milk - to maximise the number of babies admitted to the neonatal unit who will be offered some breast milk (from mother) during the inpatient episode. A target of 79% has been set by the Specialised Commissioners. The most recent quarterly performance is 89% (Q3), with December performance of 90%. It should be noted that the West Midlands Specialised Commissioners have recently notified Trusts that Q4 CQUIN payments for the Neonatal schemes will be based upon Q3 and Q4 data combined.

Herceptin Home Delivery - the original target, set by the Specialised Commissioners, has been revised from 90%, with Trust's now required to aim for 50%. This has been met since September, with most recent performance for November of 54%.

Detailed analysis of **Financial Performance** is contained within a separate paper to this meeting.

Activity (trust-wide) to date is compared with the contracted activity plan for 2010 / 2011 - Month and Year to Date.

	Month									
	Actual	Plan	Variance	%						
IP Elective	884	999	-115	-11.5						
Day case	3828	3614	214	5.9						
IPE plus DC	4712	4613	99	2.1						
IP Non-Elective	5076	5350	-274	-5.1						
OP New	11284	12308	-1024	-8.3						
OP Review	30768	31380	-612	-2.0						
OP Review:New	2.73	2.55	0.18	7.1						
AE Type I	14721	15731	-1010	-6.4						
AE Type II	2426	2881	-455	-15.8						

Year to Date						
Actual	Plan	Variance	%			
8816	9607	-791	-8.2			
40072	34768	5304	15.3			
48888	44375	4513	10.2			
44665	47220	-2555	-5.4			
122443	118402	4041	3.4			
330194	301882	28312	9.4			
2.70	2.55	0.15	5.9			
137682	148680	-10998	-7.4			
27637	27228	409	1.5			

Activity to date is compared with 2009 / 10 for the corresponding period

	2009 / 10	2010 / 11	Variance	%		
IP Elective	10312	8816	-1496	-14.5		
Day case	39302	40072	770	2.0		
IPE plus DC	49614	48888	-726	-1.5		
IP Non-Elective	48507	44665	-3842	-7.9		
OP New	124411	122443	-1968	-1.6		
OP Review	312891	330194	17303	5.5		
OP Review:New	2.51	2.70	0.19	7.6		
AE Type I	145961	137682	-8279	-5.7		
AE Type II	26338	27637	1299	4.9		

Overall Elective activity for the month and period to date continues to exceed the plan for the respective periods. Year to date Non-Elective activity is 5.4% less than plan, although variable by specialty. The proportion of Review OP activity compared with New OP activity delivered during December increased the overall Follow Up to New Ratio for the year to date is 2.70, compared with a target, derived from contractual plans, of 2.55 for the period.

West Midlands Ambulance Service data indicates that the proportion of ambulances with a turnaround time in excess of 30 minutes increased on both sites during December to 30.5% overall. This compares with a Birmingham and Black Country average of 36.9% and a regional average of 32.2%. The average turnaround time of ambulances for hospitals in the region is 29.0 minutes (range 20.1 - 45.1). The average for City and Sandwell is 27.1 and 29.0 minutes respectively.



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:	27 January 2011

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:

- Please note: Performance thresholds for the A/E 4-hour wait target have been amended to reflect the revisions identified earlier in the year within the 2010 / 2011 revised Operating Framework.
- The principal areas influencing the Trust's performance assessment for the month of December relate to Accident & Emergency (4-hour waits), projected RTT (Admitted) performance and Delayed Transfers of Care. The latter two areas also influence the assessment for Quarter 3.
- The overall weighted score for the month of December is calculated as 2.51 and for the Quarter 2.72, in both cases the Trust is classified as Performing.

Financial Performance:

- Financial Performance remains unaltered from the previous month; the weighted overall score remains 2.85 and is classified as Performing.
- Underperformance is indicated in December in 4 areas; Better Payment Practice Code Value, Better Payment Practice Code Volume, Current Ratio and Creditor Days. The Trust did not fail any indicators.

Foundation Trust Compliance Report:

There was one area of underperformance reported within the framework during the month of December. Accident & Emergency 4-hour waits for the month are reported as 93.30%, performance for the Quarter was 95.62%. Performance in areas where no data are currently available for the month are expected to meet operational standards. The projected overall score for the month of December is 0.5 and for the Quarter 0.0. The Overall Governance Rating is GREEN.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

INIPACT ASSESSIVIENT (Indicate wi	ith 'x' all those	that apply in the second column):
Financial	x	
Business and market share		
Clinical	х	
Workforce		
Environmental		
Legal & Policy	х	
Equality and Diversity		
Patient Experience	х	
Communications & Media		
Risks		

PREVIOUS CONSIDERATION:

Finance and Performance Management Committee on 20 January 2011.

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

Operational Standards and Targets

Indicator

A/E Waits less than 4-hours Cancelled Operations - 28 day breaches MRSA Bacteraemia

Clostridium Difficile 18-weeks RTT (Admitted)

18-weeks RTT (Non-Admitted) 18-weeks RTT - achievement in all specialties (Admitted & Non-Admitted)

Cancer - 2 week GP Referral to 1st OP Appointment

Cancer - 2 week GP Referral to 1st OP Appointment - breast symptoms

Cancer - 31 day second or subsequent treatment (surgery)

Cancer - 31 day second or subsequent treatment (drug) Cancer - 31 day second or subsequent treatment (radiotherapy)

Cancer - 62 day referral to treatment from screening

Cancer - 62 day referral to treatment from hospital specialist Cancer - 62 day urgent referral to treatment for all cancers

Reperfusion - Primary Angioplasty (within 150 minutes of call)

Reperfusion - Thrombolysis (within 60 minutes of call)

2-week Rapid Access Chest Pain

48-hours GU Medicine Access

Delayed Transfers of Care

	Thre	esholds
Weight	Performing	Underperforming
1.00	95.00	94.00
1.00	5.0%	15.0%
1.00	0	>1.0SD
1.00	0%	>1.0SD
1.00	90.0%	85.0%
1.00	95.0%	90.0%
1.00	0	>0
0.50	93.0%	88.0%
0.50	93.0%	88.0%
0.33	94.0%	89.0%
0.33	98.0%	93.0%
0.33	96.0%	91.0%
0.33	90.0%	85.0%
0.33	85.0%	80.0%
0.33	85.0%	80.0%
0.50	75.00%	60.00%
0.50	68.00%	48.00%
1.00	98.0%	95.0%
1.00	98.0%	95.0%
1.00	3.5%	5.0%
1.00	60.09/	30.00/

Q1 2010-11	Score	Weight x Score	Q2 2010-11	Score	Weight x Score	December 2010	Score	Weight x Score	Q3 2010-11	Score	Weight x Score
•											
97.82%	3	3.00	97.83%	3	3.00	93.30%	0	0.00	95.62%	3	3.00
<5.0%	3	3.00	0%	3	3.00	0%	3	3.00	0%	3	3.00
1	3	3.00	2	3	3.00	0	3	3.00	1	3	3.00
47	3	3.00	40	3	3.00	7	3	3.00	22	3	3.00
>90.0%	3	3.00	>90.0	3	3.00	>90.0*	3	3.00	>90.0*	3	3.00
>95.0%	3	3.00	>95.0	3	3.00	>95.0*	3	3.00	>95.0*	3	3.00
>0	0	0.00	>0	0	0.00	>0*	0	0.00	>0	0	0.00
94.2%	3	1.50	94.1%	3	1.50	>93.0%*	3	1.50	>93.0%*	3	1.50
93.4%	3	1.50	94.0%	3	1.50	>93.0%*	3	1.50	>93.0%*	3	1.50
100.0%	3	0.99	99.7%	3	0.99	>94.0%*	3	0.99	>94.0%*	3	0.99
100.0%	3	0.99	100.0%	3	0.99	>98.0%*	3	0.99	>98.0%*	3	0.99
100.0%	3	0.99	100.0%	3	0.99	>96.0%*	3	0.99	>96.0%*	3	0.99
99.0%	3	0.99	100.0%	3	0.99	>90.0*	3	0.99	>90.0*	3	0.99
96.9%	3	0.99	95.5%	3	0.99	>85.0*	3	0.99	>85.0*	3	0.99
88.6%	3	0.99	86.4%	3	0.99	>85.0*	3	0.99	>85.0*	3	0.99
93.30%	3	1.50	87.50%	3	1.50	>75.00%*	3	1.50	>75.00%	3	1.50
no patients	<u>-</u>	-	no patients	-	-	no patients	<u>-</u>	-	no patients*	<u>-</u>	-
100.00%	3	3.00	100.00%	3	3.00	100%*	3	3.00	100%*	3	3.00
100.00%	3	3.00	100.00%	3	3.00	100.00%	3	3.00	100.00%	3	3.00
3.5 - 5.0%	3	3.00	3.5 - 5.0%	2	2.00	4.50%	2	2.00	3.50 - 5.00%	2	2.00
69.00%	3	3.00	68.10%	3	3.00	78.60%	3	3.00	73.80%	3	3.00

Stroke (Stay on Stroke Unit)	1.00	60.0%	!	30.0%	69.00%	3	3.00	68.10%	3	3.00	78.60%	3	3.00)	73.80%	3	3.00
Sum Average Score	15.00						40.44		ſ	39.44 2.72	*projected		36.4 2.51		*projected		39.44 2.72

Scoring:	
Underperforming	0
Performance Under Review	2
Performing	3
A	\neg
Assessment Thresholds	
Underperforming if less than	2.1
	2.1 and 2.4
Performance Under Review if between	2.1 and 2.4

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

Financial	Indicators		SCORING						2010 / 2011	•			
Criteria	Metric	Weight (%)			October	Score	Weight x Score	November	Score	Weight x Score	December	Score	Weight x Score
Initial Planning	Planned Outturn as a proportion of turnover	f 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 income OR an operating surplus/breakeven that is at variance to SHA expectations by more than planned income.	nce to Operating deficit more than or equal to	0.00%	3	0.15	0.00%	3	0.15	0.00%	3	0.15
Year to Date	YTD Operating Performance	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 income OR an operating surplus/breakeven that is at variance to plan by more than 3% of forecast income.	nce to Operating deficit more than or equal to	0.03%	3	0.6	0.04%	3	0.6	0.04%	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 greater than 1% but less than year to date income	Year to date EBITDA less than 1% of actual year to date income.	6.09%	3	0.15	6.09%	3	0.15	6.15%	3	0.15
Forecast Outturn	Forecast Operating Performance	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 income OR an operating surplus/breakeven that is at variance plan by more than 3% of income.	Operating deficit more than or equal to nce to 2% of income	0.00	3	0.6	0.00	3	0.6	0.00	3	0.6
	Forecast EBITDA	5	Forecast EBITDA equal to or greater than 5% of forecast income. Forecast EBITDA equal to or greater than 1% but less than 5% of forecast income.		6.29%	3	0.15	6.28%	3	0.15	6.30%	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 Still forecasting an operating deficit movement less than 2% of forecasting an operating deficit movement less than 2% of forecasting an operating deficit movement less than 2% of forecasting an operating deficit movement less than 3% of forecasting an operating deficit movement less than 3% of forecasting an operating deficit movement less than 3% of forecast income	movement of greater than 2% of	0.00%	3	0.45	0.00%	3	0.45	0.00%	3	0.45
Underlying Financial Decition	Underlying Position (%)	5	Underlying breakeven or Surplus An underlying deficit that is les 2% of underlying income	than An underlying deficit that is greater than 2% of underlying income	0.53%	3	0.15	0.53%	3	0.15	0.53%	3	0.15
Underlying Financial Position	EBITDA Margin (%)	10 5	Underlying EBITDA equal to or greater than 5% of underlying income Underlying EBITDA equal to or than 5% but less than 1% of underlying income		6.29%	3	0.15	6.29%	3	0.15	6.30%	3	0.15
	Better Payment Practice Code Value (%)	2.5	1 95% of more of the value of MHS and 1	equal Less than 60% of the value of NHS and Non NHS bills are paid within 30 days	82.00%	2	0.05	83.00%	2	0.05	83.00%	2	0.05
	Better Payment Practice Code Volume (%)	2.5	195% or more of the volume of NHS and	equal Less than 60% of the volume of NHS and Non NHS bills are paid within 30 days	87.00%	2	0.05	85.00%	2	0.05	82.00%	2	0.05
Finance Processes & Balance Sheet Efficiency	Current Ratio	20 5	Current Ratio is equal to or greater than 1. Current ratio is anything less to and greater than or equal to		0.98	2	0.1	0.97	2	0.1	0.95	2	0.1
	Debtor Days	5	Debtor days less than or equal to 30 days than or equal to 60 days	Debtor days greater than 60	19.82	3	0.15	19.90	3	0.15	19.33	3	0.15
	Creditor Days	5	Creditor days less than or equal to 30 than or equal to 60 days	d less Creditor days greater than 60	45.97	2	0.1	48.21	2	0.1	48.57	2	0.1
*Operating Position = Retained Surpl	us/Breakeven/deficit less impairments												

Assessment Thresholds > 2.40 Performance Under Review 2.10 - 2.40



TRUST BOARD DOCUMENT TITLE: Corporate Objectives 2010/11 – Progress Report (Quarter 3) SPONSORING DIRECTOR: Mike Sharon, Director of Strategy and Organisational Development AUTHOR: Ann Charlesworth, Head of Corporate Planning DATE OF MEETING: 27 January 2011

SUMMARY OF KEY POINTS:

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

,	1 1 1 7	
Approval	Receipt and Noting	Discussion
	Χ	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

To note progress on the Corporate Objectives at Q3.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Outlines progress towards those objectives
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):

IMPACT ASSESSIMENT (Indicate w	ith 'x' all those
Financial	Х
Business and market share	Х
Clinical	Х
Workforce	Х
Environmental	Х
Legal & Policy	Х
Equality and Diversity	Х
Patient Experience	Х
Communications & Media	Х
Risks	

PREVIOUS CONSIDERATION:

Trust Management Board on 18 January 2011



ANNUAL PLAN 2010/11 CORPORATE OBJECTIVES PROGRESS REPORT (QUARTER THREE)

INTRODUCTION

The Trust's Annual Plan for 2010/11 set a series of corporate objectives for the year to ensure that we make progress towards our six strategic objectives. Progress on the majority of these objectives is reported to the Board at regular intervals either through routine monthly reports on finance and performance or through specific progress reports. Progress across all objectives is also reported quarterly to ensure the Board has a clear overview of our position.

QUARTER TWO PROGRESS

A summary of the position on each objective at the end of Quarter 3 is set out in the table that accompanies this report. An overview of the Q3 RAG assessment for each objective is set out in the table below.

Objective		R/A/GA	Assessment	
	Q1	Q2	Q3	Q4
1. Accessible and Responsive Care				
1.1 Continue to achieve national waiting time targets				
1.2 Continue to improve patient experience				
1.3 Make communication with GPs quicker & more consistent				
1.4 Improve our outpatient services inc. appointment system				
1.5 Ensure customer care promises part of day to day behaviour				
2. High Quality Care				
2.1 Infection control , cleanliness – continue high standards				
2.2 Formalise quality system – maintain/improve quality of care				
2.3 Vulnerable children and adults – improve protection and care				
2.4 NHS Litigation Authority – achieve accreditation Level 2				
2.5 Implement outcome of Maternity Review				
2.6 Continue to improve services for Stroke patients				
2.7 Improve quality of service and safety in A&E Departments				
2.8 Achieve new CQUIN targets				
2.9 Improve key patient pathways				
2.10 Deliver quality and efficiency projects				
2.11Implement national Nursing High Impact Changes				
3. Care Closer to Home				
3.1 Make full use of outpatient & diagnostic centre at Rowley Regis				
3.2 Right Care Right Here Programme – make full contribution to projects				

Objective		R/A/GA	ssessment	
	Q1	Q2	Q3	Q4
4. Good Use of Resources				
4.1 Deliver planned surplus of £2.0m				
4.2 Improve expenditure by delivery of CIP of £20m				
4.3 Review corporate expenditure in key areas				
4.4 Ensure right amount of wards, theatres and clinic capacity				
5. 21 st Century Facilities				
5.1 Continue process to buy land for the new hospital				
5.2 Start formal procurement for construction of new hospital				
5.3 Full involvement with PCTs on design of community facilities				
5.4 Continue to improve current facilities				
6. An Effective NHS FT				
6.1 Care Quality Commission registration				
6.2 Embed Listening into Action				
6.3 Implement next stages of new clinical research strategy				
6.4 Implement sustainability strategy				
6.5 Progress plans for new organisational status and structure				
6.6 Embed clinical directorates and service line management				
6.7 Implement our Leadership Development Framework				
6.8 Refresh Workforce Strategy and progress implementation				
6.9 Continue to develop IM&T strategy and improve systems				
6.10 Develop our strategy for medical education and training				
6.11 Improve health and well-being of staff – reduce sickness absence				

At the end of quarter three, 70% of objectives are assessed as green.

One objective has been revised from green to amber:

• 5.2 – The OBC is awaiting approval from DH and HMT. It now appears likely that due to the financial situation, HMT will require further economic evaluation to be undertaken and this will delay the approval of the OBC whilst this work is prepared.

Objective 3.2 has been revised from amber to green as progress continues with work on new models of care.

Objective 4.4 regarding ward, theatre and clinic capacity continues to be shown as "red" because we have not yet fully delivered the whole of the agreed medical bed reduction plan, in the light of increased numbers of emergency admissions and increased levels of delayed discharges.

CONCLUSION AND RECOMMENDATIONS

This report and the accompanying table present an overview of the position on our corporate objectives for 2010/11 at the end of Quarter 3. The Trust Board is recommended to:

NOTE the progress made on the corporate objectives at Q3.

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST TRUST OBJECTIVES 2010/11: QUARTER THREE PROGRESS REPORT

PROGRESS REPORTING

Progress with many of the corporate objectives will be reported to the Board monthly through for example the monthly performance and finance reports (e.g. progress with 2010/11 financial plan and progress with national access targets) or through specific monthly reports (e.g. 'Right Care Right Here' programme reports). In addition to this and in order to ensure that the Board has a clear view of progress across the corporate objectives as a whole it is intended to report progress quarterly, as we have in previous years, using a traffic-light based system at the following Board meetings:

- Q1 position reported to July Board meeting;
- Q2 position reported to October Board meeting;
- Q3 position reported to January Board meeting;
- Q4 position reported to April Board meeting.

CATEGORISATION

Progress with the actions in the plan has been assessed on the scale set out in the table below.

Status	
3	Progressing as planned or completed
2	Some delay but expect to be completed as planned
1	Significant delay – unlikely to be completed as planned

Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Three (December 2010)	Red /Amber /Green Assessment
1.	Accessible and Responsive Care				
1.1	Continue to achieve national waiting time targets (including A&E, cancer targets and 18 weeks) RK	 A&E 4 hour standard 18 week elective standard Cancer standards 	98.55% 94.1% ad 98.9% non-ad (March 2010) 2wk=93.9% Breast symptomatic 2 wk=93.6% 31days=99.7% 62days=89%	A&E = 95.62% (Q3). 92.6% Admitted (Nov 2010). 97.8% Non-Admitted (Nov 2010). 2- Week (All Cancers) – 94.3% (Oct-Nov 2010) 2 Week (Breast Symptomatic – 96.8% (Oct-Nov 2010) 31-day – 99.1% (Oct-Nov 2010) 62-day – 88.3% (Oct-Nov 2010) The trust has continued to achieve required national standards on access targets in Q3 although December has been very challenging and continued close management will be needed in Q4.	3
2	Continue to improve the experiences of our patients by focusing on basic nursing care and standards of privacy and dignity. RO	 EOC audit results twice a year. Observations of care audits twice a year MUST nutritional audits twice a year P+D audits twice a year Patient surveys in real time plus annual national survey Twice yearly ward reviews – improved standards will be a mark of success. 		Plan on track. Essence of care and observation of care increased to quarterly. MUST now quarterly. Looking at the same system for nursing audits as hand hygiene – to increase frequency. New surveys launched and carer survey. Ward reviews have moved to quarterly now the Heads of Nursing are in post.	3
3	Make communication with GPs about their patients quicker and more consistent	Set standards for key communications with GPs (e.g. clinic letters, discharge letters) Improve performance against standards	Baseline measures to be set.	Project team has ensured that current standards for turnaround of letters (48 hrs for urgent, 10 days for routine) are met consistently. Electronic discharge summaries from A&E have also been introduced for majority of patients at City as well as Sandwell.	2

Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Three (December 2010)	Red /Amber /Green Assessment
				Medical secretarial LiA now planned to develop next stages of the work including approach to use of digital dictation systems.	
1.4 Improve our outpatient services, including the appointments system [QuEP]			The Outpatient Improvement Project continues to make progress on its key objectives of reducing cancellations, improving clinic letters and scheduling and improving contact centre response times. Impact on key indicators remains mixed with more progress in some areas (e.g. waiting times, contact centre response times) than others (e.g. nos. of cancellations).		
		Maintained low waiting times	OP =12 wks - only 253 (2.2%) patients waiting >9 wks at end March 2010 Diagnostics =6 wks	OP Maximum Wait 12 weeks (Q3) Diagnostic Waits > 6 weeks = 22 (Nov 2010) 76% of patients seen within 6 weeks in December	2
		Reducing cancellations / rescheduling [Revised baseline – Outpatient Improvement Report effective 2010/11 identified several revised KPIs. Those reported within Trust Corp Report reported here]	144,833 (Trust) 87,837 (Patient) 112,380 (<14) 28,431 (>2) 60.3% (booked)	Outpatient appointments cancelled/re-scheduled: Trust initiated = 96,100 (April-Dec 2010) Patient initiated = 69,091 (April-Dec 2010) OP cancellations (<14 days notice) Trust & Patient = 81,691 (April-Dec 2010) OP cancellations (>2 since last app't) Trust & Patient = 19,676 (April-Dec 2010) OP appointments booked (>14 days notice) = 60.0% (April-Dec 2010)	
		Reducing Did Not Attend rate	13.5% - new pts 12.3% - review pts	13.9 % New Outpatient DNAs (Q3) 12.3% Review Outpatient DNAs (Q3)	
		Improving response from Call Centre	Ave length of wait for	Average length of wait for response – 1.09 mins (Dec 2010)	

Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Three (December 2010)	Red /Amber /Green Assessment
			response 2.56 mins. Max length of wait for response 39.6 mins. (March 2010)	Maximum length of wait for response – 26.4 mins (Dec 2010) Some areas of this project (e.g. reducing waiting times, improving contact centre access) have made good progress. More work needed though to reduce cancellations and DNA rates.	
1.5	Make improvements to staff attitude by ensuring our customer care promises become part of our day to day behaviour and are incorporated into the recruitment process JK	Reduction in formal complaints relating to staff attitude/system failures Improvement in national patient survey scores relating to patient experience	Staff attitude Q1-12%, Q2- 12%, Q3-9%, Q4-9% IP =77/100 overall care, 82/100 dignity & respect OP=82/100 overall care, 92/100 dignity and respect	Customer care promises action plan has been reviewed by LiA Sponsor Group. Further progress has been made in building the customer care promises into recruitment – e.g. letter with every job advert, standard questions for job interviews. Renewed publicity push is under way – January theme in Hot Topics, life-size cut outs in prominent places and booklets and video in production. Progress is satisfactory against plan. Quantifiable data not yet available.	3
2.	High Quality Care				
2.1	Continue to keep up high standards of infection control and cleanliness	Achieve national, local and internal targets (Targets for 2010/11 MRSA <6; C Diff <243 external - <158 internal) Achieve national standards of	MRSA=14 cases, target<33 C Diff=158 cases, target<264	Plan continues; within targets currently. For Q3 – MRSA 1 case (=<2 target). C Diff 22 cases (=<60 target)	
		 cleanliness ratings Achieve at least "good" rating in PEAT assessments Achieve 95% hand hygiene compliance Achieve less than 1% phlebitis rate 	88% compliance	Compliance against standards remains good. 92.77% (Dec 2010)	3

Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Three (December 2010)	Red /Amber /Green Assessment
		Achieve 95% Saving Lives audits	99%	100% (Q3)	
2.2	Formalise our quality system to bring together all that we can do to maintain and improve our quality of care KD/DOD/RO	 Development of Quality and Governance framework Establishment of governance systems and structures at the directorate level Directorate QMF reviews undertaken at least quarterly by all clinical divisions Implementation of systems to produce and review Quality Accounts 		The main agenda item at the Trust Board Seminar in November was the first draft of the 5-year Quality & Safety Strategy. Work is underway to incorporate the comments received on the draft document. The modified Strategy is due to be presented at the January Board Seminar. It is planned that the Strategy receives final approval from the Trust Board in February or March.	3
2.3	Improve the protection and care we provide to vulnerable children and adults RO	 Achieve Mandatory Training target in levels 1,2 and 3 training Show improvement in Hospitals services Children's review (CQC) Achieve compliance CQC standards Meet deadlines for SCR IMR requests and have no returned reports as unacceptable by OFSTED. Have no red rating in action plans Increase number of staff who have received training on domestic violence Start to collect data on children attending A+E under influence of alcohol Increase number of staff trained in dementia care 	71.1%	Training on track for 3 year trajectory. Mandatory training 84.4% Dec 2010 Ofsted and CQC report received for Sandwell and Birmingham. Plans for recommendations and actions in place. Safeguarding action plans progressing. Newly funded posts have been appointed to. Red actions reported to Governance Board and plans in place to address.	3
2.4	Demonstrate we have improved our management of risk by achieving NHS Litigation Authority accreditation at Level 2 for both general and maternity standards	Level 2 accreditation for NHSLA risk management standards Level 2 accreditation for CNST maternity standards		The informal visit by the NHSLA assessor took place on 11 th November. These visits are designed so that organisations can judge their readiness for an assessment. The visit was utilised to show our progress against the comments made at the Level 1 assessment in March and also to show evidence	3

Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Three (December 2010)	Red /Amber /Green Assessment
2.5	Successfully implement the outcome of the Maternity Review JA	 Open the co-located MLU at City in May 2010. Reconfigure obstetric services in Q4 2010/11 		against a number of our areas. A sample of evidence was presented to demonstrate the processes on the 'Hot Spot' areas such as Blood Transfusion, Consent, Discharge & Transfer, Mandatory Training and Medical Devices. The Assessor was pleased with the progress made since the Level 1 Assessment in March 2010 but expressed some concerns about Mandatory Training and Medical Devices Maintenance. Overall the visit was very informative and clarified key requirements for the assessment in February 2011 and how we can evidence the different processes across the Trust Evidence collection for the Level 2 assessment has been on-going throughout the quarter and will continue in the lead up to the visit. Co-located MLU opened 5 th May 2010. PID for Maternity reconfiguration agreed. Project plan proceeding on schedule. Transfer data agreed as 21 January 2011. Free-standing MLU location agreed – project continues on schedule. LiA events held to engage staff in change process.	3
2.6	Continue to improve our services for Stroke patients DOD	 Achievement of CQUIN targets for 10/11 Significant improvement in Sentinel 	Brain imaging within 24 hrs of admission – 81.8% Patients	Target 90% for 2010/11 Q3 = 87.5% (trajectory 87%) Q3 = 73.8% (YTD = 71.3%)	2
		Stroke Audit measures	spending >90% of hospital stay on stroke unit – 62%	The Stroke Action Team has developed a dashboard to monitor these and other targets. We continue to implement plans to improve the Stroke and TIA	

Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Three (December 2010)	Red /Amber /Green Assessment
				pathways and have seen some improvements. We are currently focussing on better data collection.	
2.7	Improve the quality of service and safety within our A&E departments DOD	 Successful integration of both EDs Reduction in SUIs graded red Maintenance of 4hr targets (see 1.1) 	98.55%	Cross site working due to commence September 2010. May 2010 analysis did show a fall in SUIs graded red at SGH ED. Overall performance at 4 hrs 95.62% (Q3), although national revised standard is now 95%. ED activity remains challenging. The headline issue for this quarter is related to HR challenges for the department. Forthcoming retirements at consultant level and the expected departure of two other colleagues will pose significant difficulties starting early in 2011. A proposal from the directorate for a significant increase in consultant numbers to boost recruitment has been approved by SIRG, but the assessment remains Amber	2
2.8	Achieve the new Quality and Innovation targets agreed with our commissioners (CQUIN) for 2010/11 DOD/RK/RO	Achievement of 2010/11 CQUIN targets • VTE assessment • Breast feeding	60%	VTE assessment remains challenging, but considerable progress has been made in developing and implementing the electronic process. Allocating cases to directorates has been a major difficulty. VTE = 82% (Dec 2010) Breast Feeding - 74% - Oct (target Q4 2010/11 = 72.3%	
		Tissue viability care		TV targets agreed. Currently on target to achieve by Q4. • Pts assessed for risk (target 75%) = 83% (Q2) • Target 10% reduction in hospital acquired Reduction = -64.1% (Oct-Nov 2010)	2

Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Three (December 2010)	Red /Amber /Green Assessment
				• TTRs of Grade 3/4 100% (Oct-Nov 2010)	
		Inpatient falls assessment and reduction	1280 falls in 08/09	In-patient falls – definition agreed as reducing all falls, not just falls with fracture. Targets agreed and currently on target to achieve by Q4. Pts assessed of risk of fall (target 75%) = 83.6% (Q1) Target 10% reduction in falls Reduction = -9.88% (YTD April-Oct) TTRs on all falls resulting in fracture = 100% in Q2	
		Stroke (time to brain imaging)	81.8%	Q3 = 87.5% (trajectory 87%)	
		Fractured neck of femur (time to operation)	Within 48 hours 84.1% for the year 100% for March10	Target for 2010/11 – 70% within <u>24 hours</u> . Actual Dec = 71.4% Q3 = 65.22% Key issue is with availability of trauma theatre capacity at weekends and this is under review.	2
		 Smoking cessation (intervention in OPD) 	1164	Smoking Cessation extended to a wider range of clinics. Target 2000 referrals this year. At end of Q3 1466 referrals made (1500 trajectory)	
		 Safer Warfarin prescribing Patient experience Compliance with Think Glucose guidance 4 further specialised services measures 		Target for 2010/11 – 65%. Actual – 70.3% at 6 months. A project group has been set up and is meeting regularly to implement Think Glucose standards across the trust. This is on target for year end. This is on target for year end.	

Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Three (December 2010)	Red /Amber /Green Assessment
2.9	Improve our key patient pathways so that they improve patient experience and use of resources (QuEP)	4 major pathway reviews completed (outpatients, discharges, emergency assessments, elective surgery) Improvements on agreed measures for each pathway.	Key measures to be set based on Q1 baseline.	 Outpatients: work in progress to improve scheduling and reduce repeat and short-notice cancellations as set out above. Discharges: concentrating on consistent use of estimated date of discharge; ward MDTs, discharge early in the day and discharges at weekends. Emergency assessments: developing the role of acute physicians, setting standards for MAU / EAU assessments and directing GP referred patients straight to MAU. Elective surgery: has been refocused on accelerated recovery programmes in colorectal and orthopaedics. 	3
2.10	Deliver quality and efficiency projects led by clinical directorates (QuEP)	QUEP projects identified for all clinical directorates (except ED) At least 50% of projects on track at year end		Projects have now been identified by all except three directorates. The projects are discussed at all QMF meetings. Directorates are submitting monthly tracking forms although this is a little erratic at present.	2
2.11	Implement the national Nursing High Impact Changes (QuEP) RO	 75% rate of assessment of patients at risk of falls and pressure damage Achieve reduction in falls and pressure damage rates of 10% in grade 3 - 4 sores and injurious falls. Roll out of end of life pathway standards. Improvement in nutritional audits 	Still finalising	In progress. Action plans in place. Reporting and monitoring established.	3

Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Three (December 2010)	Red /Amber /Green Assessment
3.	Care Closer to Home				•
3.1	Make full use of the outpatient and diagnostic centre at Rowley Regis Hospital	 Clear agreed plan for future of Rowley Regis Hospital Levels of outpatient and diagnostic activity at Rowley. 	10,000 atts/year	 Plan agreed for use of Rowley Hospital during 2010/11. Longer-term strategy being developed with PCTs and has been presented to RCRH Implementation Board. Ophthalmology outpatients clinics expanded at Rowley. Developing plan to deliver community gynaecology outpatients from Rowley. Continuing to work on plans for new inpatient service at Rowley. 	3
3.2	Make a full contribution to the Right Care Right Here programme including three main projects – outpatient demand management, urgent care and intermediate care RK	 SWBH staff play full role in RCRH projects Agreed plans leading to development of new models of care 		 Intermediate Care: developing new models of care for new unit at Rowley and D47 at City. Outpatients / Referrals: progressing work with PCTs in line with demand management / decommissioning programme. Agreement on approach in place but activity still continues to exceed contracted targets. Urgent Care: supporting PCT work on pathways 	3
4	Good Use of Resources				
4.1	Deliver a planned surplus of £2.0m	Surplus delivered as planned	£2.279m surplus delivered in 2009/10	On course to deliver bottom line target.	3
4.2	Improve our expenditure by delivering a Cost Improvement Programme of £20m	CIP delivered as planned	£15.075m CIP delivered in 2009/10	Although forecast to deliver the plan by yearend (inclusive of approved replacement schemes), a degree of year to date slippage persists at M9. As this is approximately 1.5% of the total, this item remains amber.	2

Trust	Objectives 2010/11				
Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Three (December 2010)	Red /Amber /Green Assessment
4.3	Review corporate expenditure in key areas (QuEP) RW	QuEP projects relating to corporate expenditure delivered as planned		The national and local benchmarking output has been presented to finance committee and shows the Trust as below average cost in a number of areas. Further work is planned in areas shown to be above average, especially to ensure comparability for the functions carried out.	3
4.4	Ensure that we have the right amount of ward, operating theatre and clinic capacity for our needs (QuEP)	 Agreed capacity plans for beds, theatres and outpatient clinics. Successful delivery of medical bed reconfiguration project. 		 Bed capacity plan revised in light of same-sex accommodation changes at City and winter planning. Trust has continued to operate with fewer beds month on month over the year although have only delivered c. 70% of the medical bed reductions planned. Theatre capacity planning work in progress and will inform planning for next year. Outpatient work now underway through specialty by specialty review of clinic capacity. 	1
5	21 st Century Facilities				
5.1	Continue the process to buy the land for the new hospital GS	Achievement of a clear route to title of all land required for the acute hospital		Acquired approximately 30% of Grove Lane Site. CPO Inquiry completed Negotiations on further acquisitions ongoing. CPO now confirmed by SoS	3
5.2	Begin the formal procurement process for the new hospital	OJEU advertisement following DH/HMT sign-off of refreshed OBC		Business Case and procurement documentation being prepared to project plan time scales. OBC approval being delayed to achieve compliance with emerging guidance	2
5.3	Ensure we are fully involved with our Primary Care Trusts in the design of major community facilities (i.e. City, Rowley and Sandwell)	Active participation in project team led by Sandwell PCT Agreed Development Control Plan for City Site		Engagement with PCTs commenced to ensure community hospitals estates strategy supports OBC.	3

Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Three (December 2010)	Red /Amber /Green Assessment
5.4	Continue to improve current facilities, including a new CT scanner at Sandwell and a major redevelopment of the Medical Assessment Unit at City	Successful completion of estates elements of capital programme		SIRG approved estates elements of Capital Programme commenced on plan.	3
	GS				
6	An Effective NHS Organisation		•		•
6.1	Ensure that the Trust is registered with the Care Quality Commission and maintains its registration throughout 2010/11 KD	 Registration without conditions, to take effect from 1 April 2010 Successful and positive inspection outcomes in-year No requirement to alert the CQC of in-year breaches of regulations 		The Director of Governance met with the Compliance Manager and the Compliance Inspector on 4 th November. This was an informal visit at which a number of issues were discussed, including: • Update on CQC structures / relationship holders; • Ongoing registration compliance • Transforming Community Services • The Trust's Quality and Risk Profile • Same sex accommodation • Community midwifery Updates from the Trust were also requested on maternity services, A&E provision and a complaint investigation and recent clinical incident. To support the CQC's plans to get closer to service providers it was agreed that meetings with governance leads / head of services in the Trust would be arranged in the New Year.	3

Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Three (December 2010)	Red /Amber /Green Assessment
6.2	Embed Listening into Action as part of the way we do things in the Trust ensuring all areas of the Trust are involved and that the approach can be maintained JA	Improvement in Staff Survey score questions relating to engagement Improvement in Staff Survey scores relating to LiA specifically Increase in number of wards/departments / teams using LiA approach		LiA projects now 100+ Action plan continues on track. Large scale LiA programme underway for community services transfer.	3
6.3	Implement the next stages of our new clinical research strategy DOD	Annual report to Board shows continued progress with strategy		Implementation continuing. No issues to report at Q3	3
6.4	Reduce our impact on the environment by continuing to implement our sustainability strategy	The sustainability strategy action plan has identified actions for 10/11 achievement of the action will be the measure of success		Sustainability action plan being implemented.	3
6.5	Progress plans for a new organisational status and structure which will give staff and public a clear voice in the organisation in the future MS	Develop detailed plan by end July 2010 Progress in line with plan		"Owning the Future" launched to organisation via Heartbeat and discussed at JCNC and LNCC. Hot Topics and Board seminar on OTF Project plan for OTF completed. FT project plan being developed in Feb. 2011.	2
6.6	Embed clinical directorates and service line management into the Trust DOD/RK/RW	 Routine Divisional reviews of directorates established SLM (QMF) reports developed and informing Divisional reviews Board reports & Executive Dashboards informed by SLM (QMF) reports 		Prototype dashboards have been demonstrated and are now being developed further. Service line financial reports now integrated into routine directorate review, although work continues on the development of these reports. Discussions continuing with divisions regarding Directorate review process. Progress remains encouraging although divisional engagement remains patchy. The dashboards are now almost fully populated with	3

Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Three (December 2010)	Red /Amber /Green Assessment
				respect to activity and performance KPIs. Quality data is expected to begin flowing by November 2010. Divisional reviews will be based on QMF data from Q1 11/12	
6.7	Implement our Leadership Development Framework RO	Leadership Development Framework agreed Framework implemented in line with plan		Limited funding has now been secured. Proposals on how this can be used to support has been developed: Project Management Supervisory Management development Shift Leader Ward Management development Leadership scholarships	2
6.8	Refresh the Workforce Strategy and make progress with its implementation	Updated strategy agreed by Board Key priorities and indicators identified and progressed		Workforce Strategy was refreshed and approved by the Trust Board in September 2010. Progress with implementation is on line with plan.	3
6.9	Continue to develop our strategy for Information Management and Technology and improve the systems we use	IM&T strategy updated and agreed by Board Progress with specific IM&T priorities for 2010/11		 IM&T Strategy and Vision for Digital Hospital updated and presented to key groups. Majority of IM&T QuEP projects delivering according to plan. New programme board to be established to coordinator approach to IM&T going forward. 	3
6.10	Develop our strategy for medical education and training. DOD/KD	 Appointment of Head of Academy Agreement on structure and development of strategy. Implementation of the programme for review of speciality training through college tutor roles and clinical tutors 		Appointment of head of academy complete. Education committee to be reviewed and reconstituted from September 2010. No major change by the end of Q3. Training group has met and strategy is under development.	3

Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Three (December 2010)	Red /Amber /Green Assessment
6.11	Make improvements to the health and well-being of staff, including reducing sickness absence. RO	 Agreed trust plan for improving the health and well-being of staff Reduced sickness absence rates 	4.41%	Health and Well Being Strategy and action plan has been developed and is being monitored by the Health Safety and Welfare Committee. A Sickness Absence Management Action plan has been developed and is monitored via the Workforce QUEP. A revised internal sickness absence trajectory is to be implemented to support the achievement of a 3% overall sickness absence level by March 2013. The Trust's current YTD sickness level is 3.66%. Active management is in place and the YTD sickness as at Nov 2010 is 3.88% against the Trust target of 4%. Additional resources have been secured to drive the H&WB action plan and a programme of 'staying healthy' events is in place commencing Jan 2011.	3



TRUST BOARD

DOCUMENT TITLE:	Same-Sex Accommodation Progress Report
SPONSORING DIRECTOR:	Richard Kirby, Chief Operating Officer
AUTHOR:	Richard Kirby, Chief Operating Officer
DATE OF MEETING:	27 January 2011

SUMMARY OF KEY POINTS:

At its meeting in October 2010, the Trust Board agreed a plan to ensure full compliance with national same-sex accommodation standards by the end of March 2011. This plan included a change in the configuration of wards at City Hospital to same-sex / mixed-specialty. This paper provides a brief update on this work as at January 2011.

As at January, 7 out of a total of 20 wards that will need to change their configuration now operate on a same-sex basis. The final plan for the remainder of the wards will be agreed by the end of January and will be implemented in March.

A new system for reporting breaches of same-sex accommodation standards for national publication has been introduced by the Dept of Health. This requires us to report the number of patients having to share sleeping areas each month. For December, the trust reported 332 patients affected by having to share sleeping areas. The majority of these patients were in our assessment units.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

- 1. NOTE the progress report on ensuring compliance with same-sex standards and the numbers of patients affected by sleeping area breaches in December;
- 2. REQUEST a further progress report for March along with the update annual declaration of compliance.

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):

INPACT ASSESSIVIENT (Indicate w	ith 'x' all those	that apply in the second column):
Financial	Х	Financial impact reported to board in October and under review in F&PC
Business and market share		
Clinical	Х	Changes to ward configuration
Workforce	Х	Changes to ward teams
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience	Х	Achievement of national same-sex standards
Communications & Media		
Risks		Main risks associated with move to same-sex wards set out in the October 2010 board report.

PREVIOUS CONSIDERATION:



SAME-SEX ACCOMMODATION PROGRESS REPORT FOR TRUST BOARD – JANUARY 2011

INTRODUCTION

At its meeting in October 2010, the Trust Board agreed a plan to ensure full compliance with national same-sex accommodation standards by the end of March 2011. This plan included a change in the configuration of wards at City Hospital from single-speciality / mixed-sex to same-sex / mixed-specialty. The board noted a number of significant risks associated with this plan and this paper provides a brief update on this work as at January 2011.

WARDS AT CITY HOSPITAL

The current position with same-sex wards at City is as follows:

- Three surgical wards at City Hospital were already operating on a same sex basis (D25, D27 and D30) in October;
- In December two medical wards at City also became same-sex (D15 and D17) operating as a pair of wards caring for respiratory and gastroenterology patients.
- In early January two further wards (D16 and D18) caring for general medical / care of the elderly patients. As a result of including D18 in this exercise (previously used as an isolation ward for MRSA positive patients), MRSA positive patients at City Hospital are now treated consistently with those at Sandwell Hospital i.e. highest risk cases are allocated side-rooms and others are cared for with appropriate precautions on the ward appropriate for their specialty and gender.

As at January, therefore, 7 out of a total of 20 wards that will need to change their configuration now operate on a same-sex basis. The final plan for the remainder of the wards will be agreed by the end of January and will be implemented in March.

The impact of these changes will be kept under close review but to date there have not been any significant clinical or operational consequences as a result of moving to same-sex, mixed-specialty wards and thanks are due to the

matrons, ward managers and their teams for ensuring that these changes have happened so smoothly.

ASSESSMENT UNITS

The Trust has an established same-sex bay policy for our three main assessment units (MAU and SAU at City and EAU at Sandwell).

MAU is currently undergoing a £2m major refurbishment which will be completed by the beginning of March. In the meantime MAU is temporarily located on D28 and D29 – one male and one female ward. SAU will have partitions added before the end of March to further improve privacy and ensure compliance with the same-sex standards.

All three assessment units continue to struggle to maintain same-sex bays at times of peak demand and the units have between them accounted for the majority of our reported same-sex breaches in December (see below). More work is underway through the same-sex project team to see if we can identify ways of improving operational policies to reduce the occasions on which the units are unable to maintain their same-sex policy.

WARDS AT SANDWELL GENERAL HOSPITAL

The wards at Sandwell are configured into 6 bed bays that operate on a same-sex policy. To help improve privacy and dignity further the arrangement of bays on the wards will change from alternate male / female to male bays at one of the ward and female bays at the other. This change is taking place on the surgical wards in January. The date for the change on the medical wards is still to be fixed but is likely to be March.

OTHER AREAS

The Trust undertook a review of other areas (e.g. planned admissions unit at City, surgical day unit at Sandwell, endoscopy units at both sites) last year which resulted in action to improve compliance with standards where this was necessary (e.g. refurbishment of Sandwell day unit). The COO and Chief Nurse will repeat this assessment in February / March to ensure that there are no further changes needed to meet the national standards.

BREACH REPORTING

A new system for reporting breaches of same-sex accommodation standards for national publication has been introduced by the Dept of Health. This requires us to report the number of patients having to share sleeping areas each month.

For December, the trust reported 332 patients affected by having to share sleeping areas. These patients were split across areas as follows:

Sandwell EAU	118	
City SAU	116	
City MAU	74	
Other City wards	18	(D21, D26 and D11)
Other Sandwell wards	6	(Newton 3)
Total	332	•

At the time of writing the full national data has not been published (due 20th January 2011). It is however expected that the Trust will have reported a relatively high number of same-sex accommodation breaches when compared with other trusts across the country.

The local health economy has agreed its approach to fines for breaches in the light of the agreed Trust action plan. While the Trust remains on track with delivery of the plan, our commissioner will not seek to levy fines for individual breaches before 1st April 2011.

NEXT STEPS

The weekly Same-Sex Accommodation Project Team will continue to oversee implementation of the action plan agreed by the Trust board in the autumn of 2010. The Trust board will be required formally to declare full compliance with the national standards at its meeting in March 2011 as part of the annual update of our public declaration of compliance.

CONCLUSION AND RECOMMENDATIONS

The Trust Board is recommended to:

- NOTE the progress report on ensuring compliance with same-sex standards and the numbers of patients affected by sleeping area breaches in December;
- 2. REQUEST a further progress report for March along with the update annual declaration of compliance.

Richard Kirby 18th January 2011



Finance and Performance Management Committee - v0.1

<u>Venue</u> Boardroom, Sandwell Hospital <u>Date</u> 16 December 2010; 1100h – 1300h

Members PresentIn AttendanceMr R Trotman[Chair]Mr M HardingMrs S DavisMr T WharramDr S SahotaMiss R Overfield

Mrs G Hunjan

Mr G Clarke <u>Guests</u>

Mr J Adler Mrs S Wilson [Item 3.1]
Mr R White Mr P North [Item 3.1]
Mr R Kirby Mrs L Barnett [Item 6.2]

Secretariat

Mr S Grainger-Payne

Minutes	Paper Reference					
1 Apologies for absence	Verbal					
Apologies were received from Mrs Olwen Dutton and Professor Alderson.						
2 Minutes of the previous meeting - 18 November 2010	SWBFC (11/10) 133					
The minutes of the last meeting were accepted as a true and accurate reflection of discussions held on 18 November 2010.						
AGREEMENT: The minutes of the previous meeting were approved						
3 Matters arising from the previous meeting	SWBFC (11/10) 133 (a)					
The Committee noted the updated actions log.						
3.1 Financial implications of Same Sex Accommodation plans	Verbal					
Mr Kirby reported that the financial implications of the Same Sex Accommodation plans had been estimated to be £1.5m. The Committee was advised however that the ward reconfiguration was still be finalised which would inform the ultimate financial liability associated with the plans.						
4 IM & T directorate performance update	SWBFC (12/10) 146 SWBFC (12/10) 146 (a)					
Mrs Sue Wilson and Mr Paul North joined the meeting to present an update on the performance and key activities of the IM & T Directorate.						
Mr North reported that the financial position of the Directorate was stable and a						

Sandwell and West Birmingham Hospitals **NHS**



NHS Trust

surplus of £54k had been generated as at the end of November 2010. The deficit against other income reported was highlighted to relate to a contract to host a number of servers for the Heathcare Purchasing Consortium, where although the contract had ended, the income generation target remained in existence, resulting in a deficit of £28k. Mr Trotman asked when the contract had expired. He was informed that it had terminated at the end of the previous financial year.

Regarding pay, the Committee was advised that the surplus related to a number of vacancies being carried by the directorate at present. Mr Trotman noted an adverse variance in agency staff costs of £44k had been reported, although a number of substantive positions remain to be filled. Mrs Wilson advised that a number of the agency staff are trainers that are employed to cope with the peaks in demand for training.

In terms of non-pay, the position was reported to be driven by underspend across a number of IT maintenance contracts. The higher in-month surplus on IT equipment and consumables was noted to be largely due to budget being released into the position, having previously been held back.

Mrs Wilson reported that the Directorate was on track to achieve its CIP target and a plan for 2011/12 had been developed, a large proportion of which is associated with staff rationalisation. Electronic issuing of documentation to GPs was also highlighted to be a further measure anticipated to deliver cost savings. Mr Trotman asked whether GPs were prepared for this change. He was advised that the Trust had been in contact with GP consortia and GPs will need to implement an enabling system in their practices to be able to receive documents electronically. The GPs do however consider the plans favourably.

Regarding the key achievements of the Directorate, Mrs Wilson reported that support had been given to providing electronic means of recording VTE assessments, smoking cessation and the 'Think Glucose' initiative. The migration to NHSMail was also highlighted to have been successful. Mr Trotman asked how long the previous swbh.nhs.uk e-mail addresses would remain active. He was advised that they would remain active for six months. The Committee was advised that an electronic bed management system would be introduced shortly, which Mrs Hunjan advised that she had seen active on a recent visit to ward D5. She highlighted however, that there appeared to be a significant number of codes for staff to use. Mrs Wilson advised that consideration had been given to consolidating the number of codes used, however in the meantime a key is in place as a guide to the codes for staff. Mrs Hunjan asked when the plasma screens would be installed on wards and was advised that a solution currently in use by another Trust is being investigated which was anticipated to be more cost effective than alternatives sources at present. Mrs Hunjan asked whether the new technology provided a means for MUST assessments to be performed electronically. Mrs Wilson advised that this was not possible at present. Miss Overfield added that all essential nursing assessments will be added to the system in future as a composite piece of work, which will include the MUST assessment.

The Committee was advised that a Knowledge Management Strategy was being developed. Mr Trotman asked what timescales were anticipated for the delivery of this and was advised that it was expected to be completed by April/May 2011. A benchmarking exercise was reported to have been performed and a gap analysis against the position in corporate and financial areas will also be undertaken.

Dr Sahota asked where the management of 'DNAs' would be handled. He was advised that until the end of March 2011, this process would continue to be managed through the elective access teams. Work on developing text reminders

Sandwell and West Birmingham Hospitals **NHS**



NHS Trust

and much promotion of the need to keep appointments have been undertaken to assist with improving the DNA position. Dr Sahota asked whether the Trust captured patients' telephone numbers efficiently. Mr Kirby advised that this was being undertaken, however mobile 'phone numbers of only 20% of patients have been recorded. The difficulties with use of mobile 'phone numbers was discussed including confidentiality precautions needed if the number given is not that of the patient themselves. Mr Clarke suggested adding a disclaimer onto the end of texts, asking people to delete them if received in error. Mr Kirby advised that he would consider this suggestion however was keen to avoid issuing overly lengthy messages. Mrs Wilson suggested that more consideration needed to be given to addressing the reasons for patients not attending appointments. Mr Kirby advised that currently, patients cancelling on the day of appointment are recorded as a 'DNA', however this needed to be addressed to avoid skewing the true 'DNA' position adversely. Mrs Davis suggested that the clinic slots released by the cancellations could be used for other purposes and advised that she had seen a system in operation in other organisations whereby a list of reserve patient could be accessed to fill the slots if needed. Mr Kirby cautioned that there is a need to be able to ensure that the additional number of patients to be seen may be handled in the event that 'DNA' rates are significantly reduced.

Mr Trotman thanked Mrs Sue Wilson and Mr Paul North for their informative presentation.

5 Trust financial management

5.1 2010/11 Month 8 financial position and forecast

SWBFC (12/10) 141 SWBFC (12/10) 141 (a) SWBFC (12/10) 141 (b)

Mr Wharram reported that overall the Trust's financial position remains ahead of target, however pressure continues to exist in the Medicine & Emergency Care and Surgery, Anaesthetics & Critical Care Divisions. The issues relate to additional capacity needing to remain open and the marginal reimbursement rate for emergency admissions. The position was reported to be being supported by some corporate reserves which are available.

The Committee was asked to note that WTEs had risen slightly in line with plan. Over 400 WTEs were highlighted to be bank and agency staff, which had been employed to support the extra capacity open in Medicine & Emergency Care.

The cash position was reported to be £7m higher that the revised plan. The Operating Framework was highlighted to have been published and an assessment of its impact will be undertaken shortly. Mr Trotman asked when negotiations regarding the 2011/12 LDP start with PCTs. He was advised that they had commenced already. Mr Adler reported that further tariff changes are to be implemented as part of the new Operating Framework, most of which will impact adversely.

Mrs Davis noted that the drug cost per spell was reported to be at red status. Mr Kirby advised that the position was not expected to improve significantly, however an element of the 2011/12 CIP will be to achieve better management of the drug budget. It was suggested that a report into drug costs should be prepared and presented at a future meeting of the Committee.

Mrs Hunjan asked how the Same Sex Accommodation capital costs had been determined. She was advised that the reference to which she was referring related specifically to the refurbishment of ward D5. Mrs Hunjan highlighted that there were

Sandwell and West Birmingham Hospitals MHS



NHS Trust

further improvements required to the sluice room of this ward, which Mr Kirby advised may be funded by PEAT monies. The Committee received a tabled paper discussing medical agency expenditure. The Committee was advised that the position in the Medicine & Emergency Care Division was driven by the need to cover gaps in rotas in Accident and Emergency Departments at both City and Sandwell hospitals. The overall situation was also reported to be reflective of the need to cover gaps in middle grade rotas, especially at City Hospital. The position in the Women and Child Heath Division was highlighted to concern the need to cover the work of an excluded consultant and to cover gaps in middle grade rotas in Obstetrics and Gynaecology due to a number of vacancies that are currently being carried. Gaps in middle grade and SHO rotas in Paediatrics were also noted to need to be covered at present. Issues within the Surgery, Anaesthetics and Critical Care Division were highlighted to be	
ACTION: Mr Kirby to present a report into drug costs at a future meeting of the Finance and Performance Management Committee	
5.2 Update on debtors	SWBFC (12/10) 136 SWBFC (12/10) 136 (a) SWBFC (12/10) 136 (b)
Mr Wharram presented the latest update on debtor balances, noting that it appeared that the position has improved from the previous month, with a further improvement expected next month. Mr Trotman noted that there are very few old debts now and that good progress had been made in this area.	
6 Trust performance monitoring	
6.1 Performance monitoring report	SWBFC (12/10) 143 SWBFC (12/10) 143 (a)
Mr Harding reported that regarding the performance against the winter targets set by the Strategic Heath Authority, the Trust was likely to meet the target relating to the four hour wait in Accident and Emergency. The remaining three targets were highlighted to be unlikely to be met. Mr Trotman asked whether the Trust is penalised for Delayed Transfers of Care that are not within the remit of the Trust to control. He was advised that this is the case. Mr Clarke asked what plans were in place to improve the position against the ambulance turnaround target. Mr Kirby advised that there were no plans that could fix the position quickly. The Committee was advised that there is a possibility that a team of staff may need to be established to review ambulance patients specifically, however this was highlighted not to be an ideal solution and the plans may attract significant cost implications. Mr Kirby reported that the Trust currently received a high number of patients by ambulance, including Category C patients who may be treated at an Urgent Care Centre instead of an acute trust. Mr Clarke asked whether this issue could be discussed with the ambulance crews. He was advised that these discussions had taken place, however the issue persisted. More work would need to be done at the reception to Accident and Emergency to prevent unnecessary admissions. Mr Harding reported that the overall 62 day cancer target had been missed due to a small number of patients rejecting their offered appointment and a shared care breach of the target. Year to date the performance against this target remains 85% however. The Committee was advised that cancelled operations remain low. Performance	

Sandwell and West Birmingham Hospitals **NHS**



NHS Trust

against the stroke care and TIA targets were reviewed, where it was highlighted that there were few TIA cases treated within 24 hours, therefore the operational leads for this performance have been approached to produce a remedial action

Mr Harding reported that no MRSA bacteraemia cases had been reported during the month and a continued improvement in the C difficile infection rate had been seen, meaning that performance was in line with the Trust's internal trajectory.

Regarding performance against the CQUIN targets, a significant improvement against the VTE assessment target was noted and further actions have been identified to ensure a continued improvement during the final quarter of the year. Performance against the breastfeeding target was highlighted as a concern, where the baseline had been set high initially, leaving little scope for improvement in performance. Good progress was reported against tissue viability and falls assessments. Performance against the brain imaging target was also noted to be improving. Performance against the fractured neck of femur target was highlighted to have stabilised, however it is anticipated that the target will be met, dependent on the number of patients treated over the winter period.

Further improvement against the neonatal indicators was highlighted to be needed, although the Trust has been notified that a judgement of performance will be based on performance across Quarter 3 and Quarter 4, rather than solely that of the final quarter. Cervical cytology turnaround time for screens performance was reviewed, where the overall requirement is for the screens to be processed in 14 days, including the period during which they are sent to Walsall Hospital for screening. At present it was noted that performance is good, due to the efficient systems in place within Pathology.

Sickness absence levels were noted to be stable, however it was highlighted that in previous years an increase had been seen over winter.

Mr Clarke asked how performance could be improved against the patient experience survey target. He was advised that there was little that could be done, given that the survey had already been undertaken.

6.2 HR dashboard

SWBFC (12/10) 139 SWBFC (12/10) 139 (a) SWBFC (12/10) 139 (b) SWBFC (12/10) 139 (c)

Mrs Barnett joined the meeting to present the key highlights from the latest HR dashboard.

In connection with sickness absence, Mrs Hunjan noted that a level of 4% had been set for the current year and asked how this figure had been agreed. Mrs Barnett advised that the level had been agreed by the Trust Management Board, in line with the regional trajectory to achieve a level of 3.39% by March 2013. The Committee was advised that a level of 4% for the current year had been suggested to be realistic and sufficiently challenging, with further incremental decreases in sickness absence planned for forthcoming year to be able to achieve the regional target. Miss Overfield advised that the position was complicated slightly by the requirement to achieve a sickness absence rate within nursing of 3% in accordance with the High Impact Nursing Actions. Mrs Davis suggested that discussions regarding such internal targets should in future involve Non Executive Directors. Mr Clarke asked whether there was a specific situation in September that was responsible for the increase in sickness absence during this month. Mrs Barnett advised that this was likely to be attributable to natural fluctuations and was not

Sandwell and West Birmingham Hospitals **NHS**



NHS Trust

linked to any specific issues.

In terms of cases in formal procedure, Dr Sahota remarked that it appeared to take a significant time to resolve grievances. Mrs Barnett advised that some of the cases are complex and a small number of these may skew the overall position, given that there are few grievances handled.

Mrs Hunjan asked for further information about the Workforce Monitoring Steering Group. Mrs Barnett advised that the body meets quarterly and reports to the Equality and Diversity Steering Group. Membership was reported to comprise staff side representatives, staff network leads, the Head of Equality and Diversity and medical staff representatives. Mrs Hunjan asked how the effectiveness of the Group was measured. Mrs Barnett advised that it was difficult to quantify the effectiveness of the Group, however it was charged with a series of actions, including the implementation of a harassment advisor. Miss Overfield reported that the work of the Group could be evidenced by the data available from the HR dashboard. Dr Sahota asked where the implications of the new Equality Bill would be monitored and in particular the impact of the age discrimination element. Mrs Barnett advised that all implications of the Bill are monitored through the existing Equality and Diversity framework. Dr Sahota asked how the implications are translated to the divisional level. Mrs Barnett reported that there were no high profile messages to be shared with the organisation pending confirmation of the Government's stance regarding age discrimination. The Trust's policies will however be updated in due course to reflect the relevant elements of the new Equality Bill. Mr Adler confirmed that the issue had been discussed at a recent meeting of the Executive Team.

Relating to Occupational Health, Mrs Davis asked whether self-referral services are readily accessible by staff. Mrs Barnett confirmed that further improvements in this area needed to be made. Mr Trotman asked whether information concerning Occupational Heath is disseminated to new staff. Mrs Barnett advised that this was undertaken as part of the Health and Wellbeing agenda. Miss Overfield added that the availability of a Physiotherapy service is well known to and used by staff, however take up of counselling is less well accessed.

Regarding induction of staff, Mr White noted that completion of local induction checklists appeared to be a problem in the Trust. Mrs Barnett confirmed that this was an issue, particularly in the context of the forthcoming NHSLA assessment.

Mr Trotman asked whether members of the Committee were comfortable with the level of detail provided in the HR dashboard. Mrs Hunjan remarked that she was happy to receive the report however requested that information on disability be incorporated. Mrs Barnett advised that there are a significant number of instances where it is not known whether a member of staff has a disability as this information is not declared. Likewise, information concerning staff sexual orientation and religion is not widely understood for the same reasons.

Mrs Davis suggested that the detail in the report may be scaled down following the completion of the Transforming Community Services plans. Mrs Barnett was asked whether Sandwell PCT monitors HR information in the same way as the Trust. She advised that it is likely that following the completion of the plans, that two reports will need to be run until such time as the systems are harmonised and migrated. Mr White suggested that a high level summary of information may be useful in future, which was agreed by the Committee to be appropriate.

Mrs Barnett and Miss Overfield were thanked for their informative update.

6.3 Foundation Trust compliance report

SWBFC (12/10) 144 SWBFC (12/10) 144 (a)

Sandwell and West Birmingham Hospitals MHS



NHS Trust

	inance and Performance Management Committee received and noted the dation Trust compliance report.						
6.4	NHS performance framework	SWBFC (12/10) 145 SWBFC (12/10) 145 (a)					
	inance and Performance Management Committee received and noted the performance framework report.						
7	Cost Improvement Programme						
7.1	Cost improvement programme (2010/11) - delivery report	SWBFC (12/10) 142 SWBFC (12/10) 142 (a) - SWBFC (12/10) 142 (c)					
	inance and Performance Management Committee received and noted the improvement programme (2010/11) delivery report.						
8	Quality and Efficiency Programme (QuEP) update						
8.1	Status report	Hard copy paper					
	inance and Performance Management Committee received and noted the update on the Quality and Efficiency Programme (QuEP).						
9	Update on Service Line Reporting	SWBFC (12/10) 137 SWBFC (12/10) 137 (a)					
next	s agreed that the update on Service Line Reporting would be deferred to the meeting of the Committee. Work on Service Line Reporting in the meantime ontinue to progress.						
10	Back Office benchmarking and shared services	SWBFC (12/10) 138 SWBFC (12/10) 138 (a)					
servic	Thite presented the outcome of recent work on benchmarking back office tes and the investigation of the potential for the use of shared service gements for financial services.						
result been for lii unde	Pavis noted that there were some areas which may need closer attention as a of the work, including HR and IT. Mr White advised that the information had shared with the operational leads for these services to determine whether like we comparisons were being made to inform the work and to gain an instanding as to whether the Trust is truly an outlier. It was noted that there was egional co-ordination as part of the work.						
11	CQC benchmarking tool	SWBFC (12/10) 135 SWBFC (12/10) 135 (a)					
	inance and Performance Management Committee received and noted the t on the CQC benchmarking tool.						
12	Recommendations from QuEP benchmarking workstream	SWBFC (12/10) 147 SWBFC (12/10) 147 (a)					
The F	inance and Performance Management Committee received and noted the						
me r	mance and Penormance Management Committee received and noted the						

Sandwell and West Birmingham Hospitals **MHS**



NHS Trust

report into the recommendations from the QuEP benchmarking workstream.						
13 Minutes for noting						
13.1 Minutes of the Strategic Investment Review Group	SWBSI (12/10) 001					
The Committee noted the minutes of the SIRG meeting held on 9 November 10.						
13.2 Minutes of the Financial Management Board	SWBFM (11/10) 119					
The Committee noted the minutes of the Financial Management Board meeting held on 16 November 10.						
14 Meeting schedule 2011	SWBFC (12/10) 140					
The Finance and Performance Management Committee received and noted its schedule of meeting dates for 2011.						
15 Any other business	Verbal					
There was none.						
16 Details of next meeting	Verbal					
The next meeting is to be held on 20 January 2011 at 1130h in the Executive Meeting Room at City Hospital.						

Signec	l	 	 	 	 	 	 	 	 	 	 	 	• •	 	
Print		 ••••	 	 • • • •	 	 		 							
Date		 	 	 	 	 	 	 	 	 	 	 		 	

MINUTES

Audit Committee - Version 0.2

<u>Venue</u> Executive Meeting Rm, City Hospital <u>Date</u> 2 December 2010

Members In Attendance Secretariat

Mrs G Hunjan [Chair] Mr R White Mr S Grainger-Payne

Mr R Trotman Mr T Wharram
Dr S Sahota Mr P Capener
Prof D Alderson Mrs R Chaudary

Mr P Westwood

Mrs S-A Moore [KPMG]

Minutes	Paper Reference
1 Apologies for absence	
Apologies were received from Mr Gary Clarke and Mrs Olwen Dutton.	Verbal
2 Minutes of the previous meeting	SWBAC (9/10) 051
The minutes of the meeting held on 2 September 2010 were approved as a true and accurate reflection of the meeting.	
AGREEMENT: The minutes of the meeting held on 2 September 2010 were approved	
3 Matters arising both meetings.	SWBAC (9/10) 051 (a)
In connection with action SWBACACT.092 Mr Grainger-Payne was asked to ensure that comparative data on sickness absence is provided to the Audit Committee by the Workforce Utilisation Group.	
Regarding action SWBACACT.098, Mr Capener advised that the issue of termination dates being applied to fixed term appointments was being addressed to ensure that payroll is updated to ensure that Junior Doctors' appointment end dates are automatically captured to prevent payment of individuals after leaving the Trust.	
In connection with action SWBACACT.099 and 100, Mr Grainger-Payne was asked to schedule a discussion about the KSF audit onto	

the agenda	a of a forthcoming meeting of the Executive Team.	
ACTION:	Mr Grainger-Payne to ensure that comparative data on sickness absence is provided to the Audit Committee by the Workforce Utilisation Group	
ACTION:	Mr Grainger-Payne to schedule a discussion about the KSF audit onto the agenda of a forthcoming meeting of the Executive Team	
3.1 Pharn	nacy write-offs	Verbal
Pharmacy of the position Committee treatment of supplier wh	eminded the Committee that the write off in relation to drugs had noted to be particularly high in June 2010 when on was reviewed at the September meeting. The was advised that the situation was reflective of the of a batch of 'flu drugs which was later reimbursed by the lich negated the write off, however the credit was not not a July 2010.	
the proces Committee	ttee was advised that the Finance team was considering is for pharmacy credits in relation to returns as the noted that strictly speaking, they are not write-offs and o inflate artificially the write-offs figure in the short-term.	
4 Extern	nal Audit Matters	
4.1 Extern	nal Audit progress report 2010/11	SWBAC (12/10) 062
accounts h Charitable Committee Money and meeting. M Foundation were accu	advised that the debrief exercise for the 2009/10 annual ad been completed during the period and work on the Funds annual accounts had also been completed. The was advised that a further update in the Value for a Reference Cost work would be provided at the next for White asked whether the rumours concerning some Trusts not co-operating with the Reference Cost work trate. Mrs Moore confirmed that certain tensions exist this work, although there is no evidence that any Trust is co-operate.	
the Audit (that there v succeed fo is expected	asked whether the situation following the disbandment of Commission had been clarified yet. Mrs Moore advised was no further clarity as to the arrangements that would llowing the abolition of the Audit Commission, although it it that the tendering for audit services may be impacted age, as would the billing arrangements in the shorter term.	
•	asked whether the Finance team received updates and changes to VAT. Mrs Moore advised that an assessment	

commence, which includes an interim audit in February 2011.	
The Committee was advised that KPMG would be assisting with the forthcoming Transforming Community Services (TCS) plans audit work. Mr White advised that a competitive tendering process had been arranged to select audit support and KPMG had been engaged on the basis of competitiveness of price and articulation of the product that would be provided in support of the Due Diligence work. Mr Capener asked whether segmental reporting in relation to TCS was necessary. Mrs Hunjan suggested that this needed to be considered, although Mrs Moore advised that this suggestion needed to be considered in the context of the reporting structures that would be put into place.	
5 Internal Audit Matters	
5.1 Internal Audit progress report and recommendation tracking	SWBAC (12/10) 053 SWBAC (12/10) 053 (a)
Mr Capener reported that a number of reviews had been completed since the last meeting. Changes to the Audit Plan 2010/11 were highlighted to include a reduction in the number of days allocated to the Assurance Framework review, with the extra days being used to support a Pharmacy audit.	
Mrs Hunjan asked whether a reduction in the days allocated to the Assurance Framework audit would cause a problem later. Mr White advised that the standard of submissions into the Assurance Framework is now much improved, therefore there is less need to review the detail and process.	
In connection with the audit concerning non-clinical staff having access to medical records, Mr Trotman noted that there was to be self-assessment by managers. Mr Capener explained that this related to the risks concerning the assessment of new information not being undertaken, rather than staff having access.	
5.2 Internal Audit - Key Performance Indicators	SWBAC (12/10) 054 SWBAC (12/10) 054 (a)
Mr Capener presented an assessment of Internal Audit against a number of Key Performance Indicators. The Committee was advised that the suggested assessment had been informed by an ongoing review by the Audit Commission, feedback from reports through post-audit questionnaires and by input from External Audit.	
It was highlighted that the assessment suggested that an improved performance may be delivered in connection with producing draft reports within the prescribed timeframe. Delay in the production of the final reports was noted to concern a delayed response being received from managers or Executive Sponsors, particularly when consultation is needed on a recommended action if that affects a number of areas. Mr White asked whether there was the possibility of harnessing managers' initial views on recommendations as part of the fieldwork. Mr Capener advised that as part of the exit meeting	

following the review, draft responses to recommendations are often elicited from managers. Mrs Hunjan asked whether all managers respond to the post audit questionnaire. Mr Capener advised that where managers have not needed to raise any issues with the audit, then post review questionnaires are often not returned. He offered however, to present the response rate at the next meeting. Mrs Moore advised that from an External Audit perspective that she was supportive of the summary of performance and that there were no issues that needed to be raised to the Audit Committee on behalf of KPMG. Mr White reported that he had met with Internal Audit and had discussed the performance as reported and was in agreement with the position outlined. ACTION: Mr Capener to present the response rate to post review questionnaires at the next meeting 5.3 Internal Audit reports for receiving and noting SWBAC (12/10) 055 **Interpreting Services** SWBAC (12/10) 055 (a) Mrs Chaudary reported that a different approach to the routine assurance work had been taken to the review of Interpreting Services as the audit had been commissioned on an investigative basis to determine the Value for Money of the service. It was highlighted that there appeared to be a low level of productivity in connection with the in-house interpreters. A further key finding concerned the future provision from the Birmingham Integrated Language and Communication Service (BILCS), which is currently funded by Heart of Birmingham tPCT, given the government's decision to abolish PCTs. This was highlighted to have a potential impact on interpreter availability and overall costs from 2012/13. The Committee was advised that a number of other areas had also been identified for improvement, including the need to update policies and procedures for the area. It had also been determined that as interpreting costs are currently charged to a central budget, service users are not easily held accountable for inappropriate use or cost effectiveness. As such, it is recommended that consideration be given to decentralising the budget to ensure that the Division is charged for the cost of using the service. A high level of late bookings and inconsistent notification of cancellation had been noted as part of the review. Mrs Hunjan asked whether the Trust's staff get engaged with interpretation if they speak a language other than English. Mr White advised that this was the case in some instances, however from a perspective of independence staff are discouraged from doing so, as are family members. Mrs Hunjan suggested that guidelines should

be developed to set out the permissible level of staff involvement in interpreting. It was further suggested that a language bank could be established. Mr White agreed to communicate this suggestion back to the Chief Nurse.	
ACTION: Mr White to advise the Chief Nurse of the feedback from the Audit Committee concerning staff involvement in interpreting	
Outpatient utilisation	SWBAC (12/10) 056 SWBAC (12/10) 056 (a)
Mrs Chaudary presented the draft report on patient outpatient utilisation. It was highlighted that moderate assurance had been provided and was based on a review of two specialities.	
It was highlighted that planning and construction of clinics is out of step with consultant job plans where these are in place, therefore a key recommendation of the review suggests that these be harmonised. The issue concerning absence of work plans was reported to have been brought to the attention of the Chief Operating Officer for his action.	
In terms of clinic sessions, it was reported that the planned length was an average of three hours, however in reality the sessions last for in excess of four hours. Much variation in the length of sessions was observed however, due to a difference in clinical practice between consultants.	
Mr Trotman noted that the findings of the review impact on theatre utilisation and asked what the timeframe for responses to the recommendations had been set at. He was advised that the recommendations would be available for review at the next meeting of the Audit Committee.	
Professor Alderson noted that there were a number of practical issues that needed to be considered as part of the work, such as lunchtimes and travelling time. He also noted that there would be significant variability between different specialities due to a difference in clinical practice and consultant preference.	
Dr Sahota asked whether cancelled appointments had been encompassed within the work. Mrs Chaudary advised that the review suggested that clarification and verification of the 'Did Not Attend' process is needed.	
Pharmacy stores	SWBAC (12/10) 057 SWBAC (12/10) 057 (a)
Mrs Chaudary presented the report on Pharmacy stores, highlighting that a moderate level of assurance had been provided. The key findings of the report were reviewed.	
Mr Trotman asked whether a robust algorithm for reordering was in place. Mr White advised that the JAC system in place is the current industry leader for stock management. Mr Trotman suggested that	

the system needed to be flexible enough to permit manual intervention if necessary. He asked whether 10% of the inventory is physically verified at the end of each month. Mrs Chaudary advised that the system automatically identifies the stock to be checked, although physical verification is not yet undertaken on a systematic basis. Professor Alderson asked whether the audit pertained to stock taken to the main Pharmacy or whether it considered 'write offs' across the entire organisation including operating theatres. Mrs Chaudary confirmed that the audit focussed on the main stores. Mr Capener advised that a system to return unused stock from wards is in place. Mrs Hunjan asked whether there was a clear understanding as to how the Pharmacy stocks are controlled in the wider context. Mr White suggested that the Chief Pharmacist be asked to determine the scale of loss from ward waste. It was agreed that Mr White should circulate the response obtained to the Audit Committee prior to the next meeting. Mr White to approach the Chief Pharmacist to **ACTION:** determine the scale of loss of Pharmacy stocks that is attributable to ward waste SWBAC (12/10) 059 5.4 Counter fraud progress report, including update on open SWBAC (12/10) 059 (a) cases Mr Westwood presented an update on progress with the Counter Fraud workplan for 2010/11. The Committee was advised that participation in staff inductions was continuing, covering 187 staff. It was highlighted that there had been a reduction in the number of presentations delivered to staff groups. Much time had however, been spent on investigations. The Committee was advised that changes in the Counter Fraud Service are planned, which may have an impact on the workload of the local resources. In terms of deterrent and prevention, a Counter Fraud newsletter has been issued. Regarding detection, a national fraud initiative has been undertaken, with the results being expected in January 2011. The Committee was advised that since the last meeting, there had been three further referrals from the Trust for investigation by the Local Counter Fraud Service. The level of detail within the update on individual cases was discussed. Mrs Moore suggested that a balance needed to be reached between sufficient information to ensure the Audit Committee is kept informed of the work and ensuring that

confidentiality is maintained. Mrs Hunjan asked Mr Westwood to seek advice as to the most appropriate level of detail to be provided to the Audit Committee on cases being handled by the Local Counter

Fraud Service.

ACTION: Mr Westwood to seek advice as to the most appropriate level of detail to be provided to the Audit Committee on cases being handled by the Local Counter Fraud Service	
5.5 CFSMS report on employment, business, invoicing, timesheet processes and action plan	SWBAC (12/10) 060 SWBAC (12/10) 060 (a) SWBAC (12/10) 060 (b)
Mr Westwood reminded the Committee that during 2009/10, the CFSMS had issued a proactive risk exercise in which the Loca Counter Fraud Services were required to participate. Its aim was to undertake a review of recruitment agency timesheets and invoice formats and procedures, together with a sample check of medica agency worker timesheet and invoices to confirm that correct claims for payments had been made.	
The Committee was asked to receive and note the national recommendations raised in connection with the work. It was reported that Trust's position will be assessed and the action plan would be presented at a future meeting of the Audit Committee. M White emphasised the need to assess fully the impact of discharging the proposed actions to address the recommendations. Mrs. Chaudary remarked that the outcomes of the recent agency staff audit are likely to address some of the issues raised.	
ACTION: Mr Westwood to present the LCFS response to the national recommendations to the CFSMS report on employment, business, invoicing and timesheet processes, including a full assessment of the impact o delivering the actions proposed at the next meeting of the Audit Committee	
6 Minutes from Trust Board Committees	
6.1 Finance and Performance Management Committee	SWBFC (8/10) 093 SWBFC (9/10) 108 SWBFC (10/10) 122 SWBFC (11/10) 133
The Committee noted the minutes of the Finance and Performance Management Committee meetings held on the 18 August, 23 September, 21 October and 18 November 2010.	
Mr Trotman reported that the draft minutes of each meeting are now presented at the meeting of the Trust Board during the subsequence. This ensures that consideration of finance and performance reports at the Trust Board are better informed by the discussions at the Finance and Performance Management Committee meetings.	
6.2 Charitable Funds Committee	SWBCF (9/10) 018
The Committee noted the minutes of the Charitable Funds	

Committee meeting held on 2 September 2010.	
6.3 Governance & Risk Management Committee	SWBGR (9/10) 052
The Committee noted the minutes of the Governance & Risk Management Committee held on 23 September 2010.	
7 Forward schedule of meetings 2011	SWBAC (12/10) 061
The forward schedule of meetings of the Audit Committee for 2011 was reviewed.	
It was suggested and agreed that the meeting planned for 8 September 2011 should be changed to 15 September 2011 to allow sufficient time for the preparation of meeting papers following the late summer bank holiday period.	
8 Any Other Business	Verbal
Mrs Hunjan reported that she had received an invitation to some sessions arranged by KPMG for the development and training of Non Executive Directors. She suggested that any further interested Non Executive Directors should make their interest known to Mr Grainger-Payne who would book places on the relevant courses for those individuals.	
ACTION: Mr Grainger-Payne to book places on relevant courses for Non-Executive Directors expressing an interest in KPMG training courses	
9 Date and time of next meeting	Verbal
The date and time of the next meeting will be 3 February 2011 at 10.30am in the Executive Meeting Room.	

There followed a private meeting between the auditors and members of the Audit Committee.

Signed:
Name:
Date:
Date

MINUTES

Sandwell and West Birmingham Hospitals NHS Trust

Governance and Risk Management Committee - Version 0.2

<u>Venue</u> Executive Meeting Room, City Hospital <u>Date</u> 18 November 2010; 1030h – 1230h

Members Present

Professor D Alderson [Chair] Mr D O'Donoghue (Part)

Mr R Trotman Miss K Dhami
Mrs G Hunjan Miss R Overfield
Mr J Adler Mr R White

<u>In Attendance</u> <u>Secretariat</u>

Mr S Parker Mr S Grainger-Payne

Ms A Binns

Minutes	Paper Reference
1 Apologies for absence	Verbal
The Committee received no apologies for absence.	
2 Minutes of the previous meeting	SWBGR (9/10) 052
The Governance and Risk Management Committee approved the minutes of the meeting held on 23 September 2010 as a true and accurate reflection of discussions held.	
AGREEMENT: The minutes of the previous meeting were approved	
3 Matters arising from the previous meeting	SWBGR (9/10) 052 (a)
The updated actions list was noted by the Committee.	
4 Risk Management strategy update	SWBGR (11/10) 055 SWBGR (11/10) 055 (a)
Ms Binns advised that the current risk management strategy had been routinely updated, although a more comprehensive review is planned in 2011. The amendments concerned clarification of the frequency of the reports being presented to the Trust Board and the references to the Heathcare Commission's Standards for Better Health had been replaced by the CQC registration process.	
Ms Binns advised that there is a need for the strategy to be refined further and made more specific, however this would be done as part of the major review in 2011 when the strategy is due for renewal.	
Mr White asked whether the deliverables of the strategy could be audited and was	

advised that this is the case if needed. Professor Alderson suggested that indicative or outline dates by when the various objectives may be delivered could be added into the strategy when it is revised. Mrs Hunjan agreed that dates for the delivery of the objectives would be useful to assess the progress with achieving the action plan. Miss Dhami advised that actions plans were already in place for a number of the actions, although she acknowledged that dates within the overall action plan are required.

Mr Adler advised that part of the reason for the routine update is to support the

Mr Adler advised that part of the reason for the routine update is to support the forthcoming NHS Litigation Authority assessment and to ensure that the strategy is linked in with the development of the Service Quality System. Ms Binns emphasised the need for the strategy to be flexible. Mr Adler remarked that in future a Quality Management strategy may be developed which would include Risk Management.

5 Risk Management strategy priorities

SWBGR (11/10) 056 SWBGR (11/10) 056 (a)

Ms Binns reported that delivery of the majority of the Risk Management strategy priorities is already in progress. An audit of risk assessments and of the Trust's approach to Being Open have been raised as priority areas of focus. Root cause analysis training was also reported to be underway.

6 NRLS feedback report

SWBGR (10/10) 057 SWBGR (10/10) 057 (a)

Ms Binns advised that the most recent feedback report from the National Reporting and Learning Service (NRLS) highlighted that the Trust was performing less well than desired in terms of reporting of incidents and in particular patient safety incidents. The Committee was advised that as part of the new electronic reporting system, an option to flag whether an incident involves patient safety is possible and therefore it is expected that an increase in the reporting of these incidents will be seen. Professor Alderson asked what proportion of staff may make an electronic incident report. He was advised that this option is available to mainly medical staff as nurses have limited access to computers. At present however, until the new electronic system is fully embedded, both manual and electronic systems will be run in parallel.

Mrs Hunjan noted that the report suggested that one member of staff should have responsibility for reporting. Ms Binns advised that this related to making submissions to the NRLS, rather than the overall responsibility for reporting of incidents.

Ms Binns was asked why there appeared to be a time delay between the incident occurring and the reporting to the NRLS. She advised that this lag was not clearly understood but may be a reflection of a different reporting frequency to the NRLS than some other trusts who report on a more frequent basis.

Mr Trotman returned to the point regarding availability of computers to nurses for reporting incidents and suggested that the Ward Manager should take the responsibility for reporting the incidents on behalf of the nursing staff. Miss Overfield advised that a Ward Manager is not present for the entire day therefore it would be impractical to route all electronic reports through this individual.

It was noted that the reporting culture at some of the local trusts is good and reporting has been made simpler to encourage staff to report incidents. Mr Adler asked for a report into plans to achieve a similar approach within the Trust, which Miss Dhami advised would be presented at a future meeting of the Governance Board.

be high comp were attributed investigate the incidents was report had be	oted that the number of treatment/procedure incidents appeared to pared with other acute trusts. Miss Binns advised that these incidents able to the Medicine and Emergency Care division and offered to be reasons behind this position. The number of medication-related also noted to be significant and Miss Binns was asked whether the been shared with the Pharmacy division. She advised that the ad been discussed with Pharmacy and work is underway to address				
ACTION:	ACTION: Miss Dhami to arrange for the plans for improving the incident reporting culture to be presented at a future meeting of the Governance Board				
ACTION:	Miss Binns to investigate the reasons behind the high level of treatment/procedure incidents				
7 Update	e on preparations for the NHSLA assessment	Verbal			
November, w the hot spot during the Lev The format of	ported that an interim visit by the NHSLA assessor had occurred on 11 hich had provided a useful opportunity to ask questions and discuss areas. The progress with addressing the recommendations raised wel 1 assessment was reported to have been shared with the assessor. The assessment was reported to have been discussed, including the bach staff across the Trust as part of the assessment.				
and induction still significant was highlight required traini	as flagged as an issue, which was noted to include mandatory training a. Although significant progress has been made, it is clear that there is further work to undertake. Low returns for medical devices training ed as a particular issue, including the capacity for providing the ng. Consent was also reported to be an issue, especially the evidence he delegation of consent.				
	Community Services (TCS) plans were discussed, where it was not the impact of the transfer on NHSLA accreditation needed to be				
8 Trust Ri	isk Register update – Quarter 2	SWBGR (11/10) 054 SWBGR (11/10) 054 (a)			
Ms Binns prese	ented the updated Trust Risk Register for receipt and noting.				
mitigation. M	oted that in some instances the risk scores are identical pre and post s Binns advised that work is underway to ensure that proposed tions are improved which should address this issue.				
9 Assura	nce Framework update - Quarter 2	SWBGR (11/10) 063 SWBGR (11/10) 063 (a)			
Mr Grainger-F noting.	Payne presented the updated Assurance Framework for receipt and				
10 Dr Fost	er and CQC alerts update	SWBGR (11/10) 059 SWBGR (11/10) 059 (a)			
alerts that had	sented the update on Dr Foster and Care Quality Commission (CQC) d been received by the Trust. He advised that one new alert had been ch concerned the diagnostic category 'other psychoses', where				

twelve deaths had been reported against an expected number of 5.5. The issue was reported to have been raised at and discussed by the Mortality Steering Group and Dr Stuart Hutchinson was reported to be investigating the matter.

In terms of the CQC alerts, the Committee was advised that the audit into ischemic bowel conditions had been completed. A reaudit of emergency admissions following hernia repair is planned. Regarding the PCTA alert, Mr Parker advised that the alert had been investigated and the findings were due for presentation at a future meeting of the Mortality Steering Group. The Non-Hodgkinson Lymphoma alert was reported to have been investigated and an action plan developed, part of which implemented an element of continuous audit.

Mr Parker reported that patient safety indicators available on the RTM system were now being used as part of the Dr Foster hospital guides, including one concerning pressure ulcers, against which the Trust was showing to be an outlier. The indicator was noted not to distinguish between hospital and non-hospital acquired ulcers however. The details have been sent to the Tissue Viability Team, which is considering the cases to determine the proportion of the cases that are hospital acquired.

Professor Alderson noted that the alert concerning hernia readmissions had been received in 2009, yet had not yet been completed. Mr O'Donoghue advised that the Trust had responded in a timely manner to the CQC, which expressed an interest in some follow up work. The results of the reaudit are to be reported to the CQC shortly.

11 NICE Quality Standards

SWBGR (11/10) 060 SWBGR (11/10) 060 (a)

Mr Parker reported that the initial NICE Quality Standards had been set in relation to stroke, dementia and VTE. The Committee was advised that a new standard had been published in relation to neonatal specialist unit.

A baseline assessment was reported to have been undertaken against the standards and action plans will be developed to address areas of shortfall. A number of areas in relation to the stoke standard were reported to require attention, although programmes of work are underway which will address these issues, including swallowing assessments and conducting brain scans within an hour of arrival at Accident and Emergency. Miss Overfield highlighted the difficulty with meeting the elements set in relation to speech and language.

Professor Alderson remarked that it would be challenging to achieve all elements of the standards.

12 Clinical Audit Forward Plan: monitoring report

SWBGR (11/10) 058 SWBGR (11/10) 058 (a)

Mr Parker presented the latest Clinical Audit Forward Plan monitoring report, advising that there had been little change from the previous version presented. The resources required to support the SINAP audit were highlighted to be an issue for the Trust. The audit however features as one of those that need to be reported in the Quality Accounts.

It was reported that some corporate audits are delayed, however optical scanning software will be trialled to establish whether this may assist with expediting areas of delay. A revision to the timing of the three delayed corporate audits was suggested.

13.1 – 13.3	Minutes from Governance Board	SWBGB (10/10) 178 SWBGB (10/10) 203 SWBGB (10/10) 203 (a)
minutes from October 201	ance and Risk Management Committee received and noted the the Governance Board meeting held on 3 September 2010 and 8 0. The Committee also noted the actions list discussed at the meeting ovember 2010.	
14.1 – 14.2	Minutes from Clinical Quality Review Group	SWBGR (11/10) 061 SWBGR (11/10) 062
minutes from and from the walkabout v positive. The highlighted	ance and Risk Management Committee received and noted the the Clinical Quality Review Group meeting held on 1 September 2010 he walkabout on 6 October 2010. Miss Overfield reported that the was the second one completed and overall the feedback had been flooring in the Sandwell Accident and Emergency Department was as a matter that needed to be addressed however, which Miss vised would be handled by the Executive Team.	
15 Sche	dule of Committee Meetings 2011	SWBGR (11/101) 064
	dule of Committee Meetings 2011 ee received and noted the schedule of meetings for 2011.	SWBGR (11/101) 064
The Committ	<u> </u>	SWBGR (11/101) 064 Verbal
The Committ	tee received and noted the schedule of meetings for 2011. Other business	
The Committee 16 Any of there was no	tee received and noted the schedule of meetings for 2011. Other business	

signed	I	 	 	 	
Print		 	 	 	
Dato					

Sandwell and West Birmingham Hospitals NHS Trust

Charitable Funds Committee - Version 0.1

<u>Venue</u> Executive Meeting Room, City Hospital <u>Date</u> 2 December 2010 at 1430h

Present

Dr S Sahota [Chair] Mr M Sharon

Mr R Trotman Mr R Kirby

Mrs S Davis Mrs J Kinghorn

Mrs G Hunjan Mr S Grainger-Payne [Secretariat]

Mr J Adler Mr R White

Mr D O'Donoghue

Minu	tes	Paper Reference
1	Apologies	Verbal
	ogies were received from Mr Gary Clarke, Mrs Olwen Dutton, Prof Derek son, Miss Rachel Overfield and Mr Pete Smith.	
2	Minutes of the previous meetings	SWBCF (9/10) 018
The n	ninutes of the meeting held on 2 September 2010 were approved.	
AGRE	EMENT: The minutes of the previous meetings were approved.	
3	Matters arising from the previous meeting	SWBCF (9/10) 018 (a)
The T	rustees received and noted the updated actions log.	
4	Investment report	
4.1	Investment review and valuation from Barclays Wealth for the three month period until 30 September 2010	SWBCF (12/10) 022
highli June	hite presented the updated investment update from Barclays Wealth, ghting that the last reported value of the portfolio was £4.6m as at 30 2010. Investment return on the portfolio was reported to be £371,499 ng the value of the portfolio as at 30 September 2010 to be c. £4.9m.	
portf	otman asked whether a shortfall against the target income for the olio is expected. Mr White advised that there is anticipated to be a fall due to the external financial pressures at present. Dr Sahota advised	

Sandwell and West Birmingham Hospitals NHS Trust



	NHS Trust
that some of the stocks should start paying dividends from the next financial year which should assist with the position.	
Mr Trotman noted that less than 1% interest on cash was being gained and suggested that measures should be taken to improve on this return. Mr White recommended that this situation be discussed with the Barclays Wealth adviser at the next meeting, however cautioned that the Trust was in no position to be able to invest the cash in ways that could be considered to be risky.	
It was noted that the value of the portfolio in the investment summary was different to that reported in the quarterly finance report, due to the timing of the preparation of the reports, however the Trustees were reassured to note that the value is rising overall.	
5 Quarterly finance report	SWBCF (12/10) 023 SWBCF (12/10) 023 (a) SWBCF (12/10) 023 (b) SWBCF (12/10) 023 (c) SWBCF (12/10) 023 (d)
Mr White presented the quarterly finance report and asked Trustees to note the balance of Charitable Funds was £4.7m	
Expenditure for all individual items of £1,000 or more was reported to be £194k, representing 77.6% of total disbursements. Income during the period was reported to be £178k, including £109k associated with donations of £1k and above. It was noted that expenditure was in excess of income during the period. Mr White advised that some Charitable Funds need to be paid back into the exchequer account, therefore a portion of the portfolio will be liquidated to make this payment of £300k.	
Mr Trotman asked what funds were classified as dormant. He was advised that although there is no technical definition for dormant funds, the term was used to apply to funds where there had been no income or expenditure for 18 months.	
Mr White was asked to highlight a list of funds of £500 or less where there has been no movement for 18 months, with a view to agreeing consolidation at the next meeting.	
ACTION: Mr White to highlight a list of funds of £500 or less where there has been no movement for 18 months, with a view to agreeing consolidation at the next meeting	
6 Draft annual accounts and report 2009/10	SWBCF (12/10) 024 SWBCF (12/10) 024 (a) SWBCF (12/10) 024 (b)
Mr White presented the draft annual accounts and annual report for 2009/10. He advised that the annual report covered the usual statutory requirements and asked the Trustees to note the income and expenditure	

Sandwell and West Birmingham Hospitals **NHS**



	NHS Trust
for the year. In particular the Trustees noted that there had been investment gains of £1m during the year which reversed the losses incurred during the previous year.	
Reserves were noted to be below the required level of £500k, being £327k at the year end.	
Revised ranges for the asset portfolio had been set during the year, moving it to a more conservative position.	
It was highlighted that an amendment to the annual report was needed to clarify that Professor Alderson remained in post during the year.	
Subject to final auditor sign-off, all supported the adoption of the annual accounts and approved the annual report.	
AGREEMENT: The Trustees supported the adoption of the annual accounts and approval the annual report 2009/10 subject to final auditor sign-off.	
7 Future plans for the generation of donations	Verbal
Dr Sahota reminded the Trustees of the discussions at previous meetings concerning the measures that could be taken to improve proactively the level of donations received.	
Mrs Davis advised that approaches had been made from a number of organisations who had offered to assist with the generation of donations. It was also highlighted that some local hospitals have good processes already in place. Mrs Davis remarked that although in general, the local populace was not affluent, many individuals are accustomed to donating for religious and cultural reasons.	
Mr Trotman observed that there needed to be a central point for donations, however he understood that financing the fund raising facility was an issue. Mrs Hunjan suggested that there was a need to be specific about the intended purpose of the donations. Mr Sharon advised that the new hospital plans could form a useful platform to use for launching a donations campaign. Mr Adler indicated his support for initiating fund raising plans however asked for a view as to whether new resources should be appointed internally for the management of the fundraising activity or whether some consultancy should be used for this purpose. In relation to either option, a source of finance for the work needed to be identified, the options being either from the Trust's funds or from Charitable Funds. Mr White advised that the advice from the NHS Association of Charities is that the Trust should look for an internal resource to support the work. Consultancy was highlighted to have potentially significant financial implications. Mrs Davis suggested that external advice was needed to discuss the options, but highlighted that it was clear that the fund raising activity should be self-financing. Mr White suggested that a member of the NHS Association of Charities should meet with the Trustees at a future meeting, which was	

Sandwell and West Birmingham Hospitals NHS Trust



	NHS Trust
supported. Mr O'Donoghue asked where the activity would be most appropriately managed. Mr White suggested that the most sensible remit would be within Communications and Engagement. Mrs Kinghorn remarked that the activity would link well with the membership work in her team.	
ACTION: Mr White to invite a member of the NHS Association of Charities to speak to the Trustees at a future meeting	
8 Applications for the use of Charitable Funds	
8.1 Support for academic services in Acute Medicine and/or Cardiology	SWBCF (12/10) 025 SWBCF (12/10) 025 (a) SWBCF (12/10) 025 (b)
Mr O'Donoghue presented a proposal for the use of Charitable Funds to provide support for academic services in Acute Medicine and/or Cardiology.	
The Trustees were advised that following the appointment of Professor Gregory Lip as a professor of Cardiology, the University of Birmingham was keen to build on this success by appointing a second full time academic professor jointly with the Trust. In addition, it was proposed that there be an appointment of a Senior Lecture of Acute Medicine as a key initial step in the development of a full academic department in Acute Medicine.	
Mr Trotman asked why one of the current vacant Acute Medicine posts could not be used to support the academic services work in the area. He was advised that those vacancies need to be filled by senior clinicians who are focussed on clinical activity. Mr Adler explained that the Medicine and Emergency Care Division's CIP was reliant on clinicians reviewing patients in Accident and Emergency and the Assessment Units to manage demand, therefore the Trust could not afford to divert one of these individuals into focussing on academic work. He added that the recruitment of the additional individual for academic purposes would be viewed favourably on a national level in terms of the Trust's reputation for Acute Medicine services. Mr White confirmed that the proposal to fund the post was in line with the agreed uses of Charitable Funds and reported that there were sufficient funds in the research element of the funds to support the proposal. It was noted however, that the request for funding was one of the most significant requested and agreement to support the proposal would reduce the ability of the portfolio to absorb a further drop due to stock market fluctuations. Mrs Davis asked what the plans would be after the three year funding had been used. Mr O'Donoghue advised that it was hoped that the concept would be proven and the benefits of such a post be clearly understood after three years. He suggested that there would be a possibility of creating a Chair in Acute Medicine at this point and a case would be made to the University of Birmingham to cover the full salary of the individual. Mrs Davis asked whether it was envisaged that the post would improve patient outcomes. Mr O'Donoghue confirmed that this would be case in terms of hospital avoidance. Mr Trotman asked how employment of further consultants in the Medicine and Emergency Care Division was	

Sandwell and West Birmingham Hospitals



	NHS Trust
expected to impact on its current deficit. Mr Kirby advised that part of the Division's CIP is to increase the number of Acute Medicine consultants to manage demand and therefore reduce the deficit. Mr Sharon gave his support to the proposal, on the basis that it supported the core strategy of the Trust in strengthening its academic portfolio.	
The Trustees agreed to support the use of Charitable Funds to 'pump prime' the funding of three PAs to support the non-clinical elements of both the academic professor of Cardiology and Senior Lecturer in Acute Medicine at a cost of c. £120,000 over three years.	
AGREEMENT: The Trustees agreed to support the use of Charitable Funds to 'pump prime' the funding of three PAs to support the non-clinical elements of both the academic professor of Cardiology and Senior Lecturer in Acute Medicine at a cost of c. £120,000 over three years	
9 Any other business	Verbal
Dr Sahota reported that a system had been put into place to ensure that any proposals for the use of Charitable Funds would be reviewed by the Executive Team prior to presentation to the Trustees.	
10 Forward schedule of meetings 2011	SWBCF (12/10) 020
The Trustees received and noted the forward schedule of meetings for 2011.	
It was agreed that the meeting planned for 13 January 2011 was not required and should be rescheduled to 3 February 2011 to coincide with the date of the next Audit Committee meeting.	
11 Details of the next meeting	Verbal
The next meeting is to be held on 3 February 2011 at 1430h in the Executive Meeting Room at City Hospital.	
Signed	
Print	
Date	