Sandwell and West Birmingham Hospitals NHS
NHS Trust

AGENDA

Trust Board – Public Session

Venue Anne Gibson Boardroom, City Hospital **Date** 29 July 2010; 1430h - 1730h

Members

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

In Attendance

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

Secretariat

Mr S Grainger-Payne	(SGP)	[Secretariat]

Item	Title	Reference No.	Lead
1	**Apologies**	**Verbal**	**SGP**
2	**Declaration of interests** *To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting*	**Verbal**	**All**
3	**Chair's opening comments**	**Verbal**	**Chair**
4	**Minutes of the previous meeting** *To approve the minutes of the meeting held on 24 June 2010 as true and accurate records of discussions*	**SWBTB (6/10) 140**	**Chair**
5	**Update on actions arising from previous meetings**	**SWBTB (6/10) 140 (a)**	**Chair**
6	**Questions from members of the public**	**Verbal**	**Public**
	MATTERS FOR APPROVAL		
7	**Carefusion Asena GH+ syringe pumps – Single Tender Action**	**SWBTB (7/10) 150** **SWBTB (7/10) 150 (a)**	**GS**
8	**Community gynaecology business case**	**SWBTB (7/10) 154** **SWBTB (7/10) 154 (a)**	**MS**
	MATTERS FOR INFORMATION/NOTING		
9	**Quality and Governance**		
9.1	Patient experience update	SWBTB (7/10) 155 SWBTB (7/10) 155 (a) - SWBTB (7/10) 155 (d)	RO

9.2	Assurance Framework update – Quarter 1	SWBTB (7/10) 147 SWBTB (7/10) 147 (a)	SGP
10	**Strategy and Development**		
10.1	'Right Care, Right Here' programme: progress report	SWBTB (7/10) 151 SWBTB (7/10) 151 (a)	MS
10.2	New acute hospital project: progress report	SWBTB (7/10) 142 SWBTB (7/10) 142 (a)	GS
11	**Performance Management**		
11.1	Monthly finance report	SWBTB (7/10) 153 SWBTB (7/10) 153 (a)	RW
11.2	Monthly performance monitoring report	SWBTB (7/10) 156 SWBTB (7/10) 156 (a)	RW
11.3	NHS Performance Framework monitoring report	SWBTB (7/10) 157 SWBTB (7/10) 157 (a)	RW
11.4	Corporate objectives progress report – Quarter 1	SWBTB (7/10) 144 SWBTB (7/10) 144 (a)	RW
12	**Operational Management**		
12.1	Sustainability update	SWBTB (7/10) 152 SWBTB (7/10) 152 (a)	GS
13	**Update from the Board Committees**		
13.1	Finance and Performance Management Committee		
▶	Minutes from meeting held 17 June 2010	SWBFC (6/10) 069	RT
13.2	Governance and Risk Management Committee		
▶	Minutes from meetings held on 20 May 2010	SWBGR (5/10) 035	DA
13.3	Charitable Funds Committee		
▶	Minutes from meetings held on 6 May 2010	SWBCF (5/10) 011	SS
14	**Any other business**	**Verbal**	**All**
15	**Details of next meeting** *The next public Trust Board will be held on 26 August 2010 at 1430h in the Churchvale/Hollyoak Rooms, Sandwell Hospital*	**Verbal**	**Chair**
16	**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**

MINUTES

Sandwell and West Birmingham Hospitals NHS Trust

Trust Board (Public Session) – Version 0.2

Venue Churchvale/Hollyoak Rooms, Sandwell Hospital **Date** 24 June 2010 at 1430 hrs

Present:	Mrs Sue Davis	Prof Derek Alderson	Mr Donal O'Donoghue
	Mr Roger Trotman	Mr Gary Clarke	Miss Rachel Overfield
	Mrs Gianjeet Hunjan	Mrs Olwen Dutton	Mr Robert White
	Dr Sarindar Sahota	Mr John Adler	Mr Richard Kirby
In Attendance:	Miss Kam Dhami	Mrs Jessamy Kinghorn	Mr Graham Seager
	Mrs Chris Rickards		

Secretariat: Mr Simon Grainger-Payne

Minutes	**Paper Reference**
1 Apologies for absence	**Verbal**
No apologies were received.	
2 Declaration of interests	**Verbal**
There were no declarations of interest in connection with any agenda item.	
3 Chair's opening comments	**Verbal**
The Chair advised that during the month, there had been significant steps made towards acquiring the site for the new hospital, with over a third of the land having now been purchased. Mr Seager and his team were congratulated on this pleasing news. The Chair reported that the Trust had recently won an award from the Healthcare People Management Association in recognition of its use of 'Listening into Action'. Congratulations were extended to Mr Adler, Mrs Sally Fox and the 'Listening into Action' Sponsor Group for this achievement. Mr Grainger-Payne was asked to investigate how 'corporate awards' could be displayed in a public setting.	
ACTION: Mr Grainger-Payne to investigate how 'corporate awards' could be displayed in a public setting.	
4 Minutes of the previous meeting	**SWBTB (5/10) 122** **SWBTB (6/10) 123**
The minutes of the previous meetings were presented for approval and subject to minor amendment, were accepted as an accurate record.	
AGREEMENT: The minutes of the previous meeting on 27 May 10 and 10 June 10	

were approved as a true and accurate reflection of discussions held	
5 Update on actions from previous meetings	**SWBTB (5/10) 122 (a)**
The updated actions list was reviewed. There were noted to be no outstanding actions requiring escalation. In connection with action SWBTBACT.122, Mr O'Donoghue reported that the blood transfusion policy had now been amended to eliminate any potential Disability Discrimination Act implications.	
6 Questions from members of the public	**Verbal**
There were no members of the public in attendance at the meeting.	
7 Phillips Intellivue Monitoring – Single Tender Action	**SWBTB (6/10) 130** **SWBTB (6/10) 130 (a)**
Mr Seager requested approval to use a single tender agreement for the purchase of replacement patient monitors in the Coronary Care Unit at City Hospital. The Board was advised that Phillips had been selected as the preferred provider as the equipment available would be compatible with other monitoring systems used within the Trust. Dr Sahota remarked that for single tender arrangements, there needed to be clear benefits with using a particular supplier. Mrs Hunjan asked whether peer organisations used the same equipment. She was advised that they may use alternative suppliers, however it was not possible to interchange equipment and the difference in cost would be negligible. The Trust Board gave its approval to the single tender arrangement.	
AGREEMENT: The Trust Board approved the use of a single tender arrangement for the purchase of replacement patient monitors for the City Hospital Coronary Care Unit	
8 Quality Accounts 2009/10	**SWBTB (6/10) 127** **SWBTB (6/10) 127 (a)**
Mr O'Donoghue presented the Quality Accounts 2009/10 for the Trust Board's approval. He reported that this was the first time that the accounts had been produced and this was an important framework to be able to demonstrate to patients and staff how the Trust has worked over the year to continually improve the care offered to patients. The Board was advised that the Quality Accounts had been circulated widely outside the Trust for comments and input and had been considered internally within a number of different fora. The Trust also had a duty to ensure that the accounts are signed off by its commissioners. Miss Dhami confirmed that the accounts had been issued to PCTs, the Strategic Health Authority, LINks and the Overview and Scrutiny Committees. The priorities for improvement in 2010/11 were outlined to be stoke care; basic nursing care; mortality; the implementation of the Quality Management Framework;	

and accident and emergency services. In terms of targets around the priorities, Mr White advised that performance against some of these could be found in the Trust's corporate performance report. Mr Adler added that there were no targets set as yet against some elements of the priorities. It was reported that the Quality Accounts were due to be added to the Trust's internet site when finalised. Mr White advised that the Trust's external auditors will be required to make an opinion on the accounts for 2010/11 onwards. Mr Adler noted that some minor drafting amendments were required before the Quality Accounts were finalised, which the Board agreed could be made without the need for it to be reviewed at a Board meeting again. It was agreed that the basic nursing care reviews would be conducted monthly as opposed to twice a year as suggested within the Quality Accounts, which Mr O'Donoghue agreed to amend. Mr O'Donoghue was further asked to add some context around performance in relation to delivery of single sex accommodation. Subject to the amendments suggested, the Trust Board approved the Quality Accounts.	
ACTION: **Mr O'Donoghue to amend the Quality Accounts in line with suggestions made by the Trust Board** **AGREEMENT:** **The Trust Board approved the Quality Accounts 2009/10 subject to amendments suggested**	
9 Quality and Governance	
9.1 Integrated risk, complaints and claims update – Quarter 4 2009/10	**SWBTB (6/10) 131** **SWBTB (6/10) 131 (a)**
Miss Dhami presented the latest quarterly integrated report covering risk, complaints and claims, highlighting that it had been considered in detail by the Governance Board at its June meeting. It was highlighted that there had been a reduction in the number of incidents when compared to the same quarter in 2009/10, however there had been an upward trend overall. The Board was advised that a significant area of concern was incidents in Sandwell Accident and Emergency department, where although the number of incidents reported is not large, there is a trend whereby incidents are being repeated, suggesting that lessons are not being learned from previous incidents. Regarding complaints, it was highlighted that the number of complainants who are dissatisfied with their first response from the Trust has declined, suggesting that the new system and more detailed responses are being well received. Communications issues were noted to feature significantly in complaints in Quarter 4. Returning to the incidents in Accident and Emergency and also related to maternity, the Chair highlighted that action plans had been developed to address the issues. Formal Action Teams had been put in place in both cases. It was observed that record keeping issues featured in a number of incidents and	

was suggested that this may need to be a matter that the Governance and Risk Management Committee may need to consider in more detail. Dr Sahota recommended that the number of thank you letters should be included within the report. It was noted that there was no detail in the report concerning the improvements and action taken in response to incidents, complaints and claims, particularly of when they are planned for completion. Miss Dhami advised that this detail was considered by the Adverse Events Committee. Mr Trotman remarked that litigation cases appeared to be taking longer to resolve. Mr O'Donoghue advised that this was reflective of the increased complexity of cases which required more in depth investigation. Professor Alderson commented that although it was good to see the number of complaints reducing, the number of incidents was still concerning. He underlined however the need to ensure that all incidents are reported to allow identification of any trends and as such consideration should be given to broadening the culture of incident reporting. Miss Dhami acknowledged that the Trust was poorer at reporting incidents than some peer organisations. Mrs Dutton suggested that the increased number of incidents may be linked to the higher number of patients seen recently. Miss Dhami advised that in future incidents would be reported in the relation to the number of bed days, which could help contextualise the information.	
9.2 Health and Safety annual report	**SWBTB (6/10) 132** **SWBTB (6/10) 132 (a)**
Miss Overfield presented the annual health and safety report, advising that it had been considered in detail by the Governance and Risk Management Committee in May. Mrs Dutton asked whether there was an overlap between the information in the integrated risk, complaints and claims report and the heath and safety report. She was advised that health and safety incidents are a subset of the information presented in the integrated report, however there is a statutory requirement to provide the Board with an annual health and safety report. Mr Adler observed that the last staff survey results indicated that there had been a reduction in violence and aggression, which was contrary to the information in the health and safety report. Miss Overfield advised that incidents may involve a repeat offender and may only affect a small number of individuals. Dr Sahota noted that incidents involving slips, trips and falls appeared to be increasing and asked for reasons behind this. He was advised that these incidents are often caused by the poor quality of floor coverings in some areas and issues concerned with the Trust's ageing estate. These were being addressed on a priority basis.	
9.3 Sandwell Mental Health Trust Governor's annual update	**SWBTB (6/10) 128** **SWBTB (6/10) 128 (a)**
The Trust Board received and noted the Sandwell Mental Health Trust Governor's annual update.	

10 Strategy and Development	
10.1 Staff Health and Wellbeing strategy	**SWBTB (6/10) 133** **SWBTB (6/10) 133 (a)** **SWBTB (6/10) 133 (b)** **SWBTB (6/10) 133 (b)**
Miss Overfield presented the staff health and wellbeing strategy and action plan. Regarding the Boorman Review, the Board was advised that a committee had now been established to progress actions to address the recommendations within the report. Dr Peter Verrow the Trust's occupational health consultant, was also reported to have taken on responsibility for these activities at a regional level. Much work is to be targeted at reducing sickness absence levels in the Trust. The Trust Board was advised that a Board champion for the Boorman Review work needed to be identified, which given her overarching responsibility for workforce, was agreed should be Miss Overfield. In terms of reporting to the Board on progress with the Boorman Review action plan, it was agreed that this should be twice yearly, with the next report therefore being due at the December Trust Board meeting. Mrs Dutton asked whether the Trust had a healthy eating policy for internal meetings. She was advised that although this was not yet in place, there are plans to implement such a policy. A healthy eating policy was highlighted to be in place for patients however.	
ACTION: **Miss Overfield to present an update on the Boorman Review action plan at the December meeting of the Trust Board** **AGREEMENT:** **It was agreed that the Board champion for the Boorman Review action plan should be Miss Overfield**	
10.2 'Right Care, Right Here' programme progress report	**SWBTB (6/10) 138** **SWBTB (6/10) 138 (a)** **SWBTB (6/10) 138 (b)**
Mr Kirby presented the latest update on progress with the 'Right Care, Right Here' programme, which was received and noted by the Board. The Board was advised that work was underway to move further outpatient work into the community and at present in a number of specialties, there is a high proportion of delivery in non-hospital settings. Further work is being undertaken to address the number of patients presenting at Accident and Emergency in an attempt to limit the demand.	
10.3 New Acute Hospital project: progress report	**SWBTB (6/10) 129** **SWBTB (6/10) 129 (a)**
Mr Seager presented the new acute hospital project progress report, which the Board received and noted. The Board was advised that recent land acquisition had been the most significant development. In addition, the public inquiry into the compulsory purchase plans	

had been held on 15 June with the outcome expected shortly. The process for naming the new hospital was reported to be underway. The Board was advised that the revised outline business case for the new hospital would be presented for approval at its September meeting.	
11 Performance Management	
11.1 Monthly finance report	**SWBTB (6/10) 126** **SWBTB (6/10) 126 (a)**
Mr White presented the monthly finance report which had been considered in detail previously by the Financial Management Board and by the Finance and Performance Management Committee. Mr White reported that an in-month surplus of £164k had been achieved against a target of £134k. The Board was advised that budgetary pressure in operating expenses had been experienced during the month, which was reflective of the higher than expected levels of activity. Mr White reported that a number of amendments to the financial plan would be needed, which would be presented for approval at the July meeting of the Trust Board. In terms of capital expenditure, it was highlighted that a spike in spend would be seen next month in line with the recent land acquisition. It was reported that budgeted and actual pay expenditure had been considered by the Finance and Performance Management Committee and the higher level of actual expenditure had been noted to concern the high number of waiting list initiatives. Mr Trotman reported that the Committee had also considered the impact of the 30% tariff being applied to excess emergency activity. Mr Kirby advised that the Trust was handling a very high number of referrals at present, the resulting operational pressure from which had driven expenditure upwards. Miss Overfield added that in addition to the financial implications, patient experience was also being affected by the higher levels of activity. Mr Adler reported that the performance against the Cost Improvement Programme (CIP) had been discussed by the Financial Management Board in depth. In the context of the high levels of activity and the reduced tariff for over performance, it had been agreed that there was limited flexibility to offset any CIP underperformance from corporate reserves and any slippage would therefore need to be addressed by the relevant divisions.	
ACTION: Mr White to present the proposed amendments to the financial plan at the July meeting of the Trust Board	
11.2 Monthly performance monitoring report	**SWBTB (6/10) 124** **SWBTB (6/10) 124 (a)**
Mr White presented an update on the Trust's performance against all key targets, which again had been considered in detail previously by the Financial Management Board and by the Finance and Performance Management	

Committee. It was reported that the Hospital Standardised Mortality Rates are due to be rebased shortly. The Trust Board received and noted the report.	
11.3 NHS performance framework monitoring report	**SWBTB (6/10) 125** **SWBTB (6/10) 125 (a)**
Mr White presented the NHS Performance Framework monitoring report, which had been considered in detail at the earlier meetings of the Financial Management Board and by the Finance and Performance Management Committee. It was highlighted that the overall performance was at green status.	
12 Update from the Committees	
12.1 Finance and Performance Management Committee	**SWBFC (5/10) 056**
The Board received and noted the minutes of the Finance and Performance Management Committee meeting held on 20 May 2010.	
12.2 Audit Committee	**SWBTB (6/10) 136** **SWBTB (6/10) 136 (a)**
The Board received and noted the annual report from the chair of the Audit Committee.	
13 Any other business	**Verbal**
There was none.	
14 Exclusion of the press and public	**Verbal**
The Board resolved that representatives of the Press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1 (2) Public Bodies (Admission to Meeting Act 1960).	

Signed ……

Print……

Date ……

Next Meeting: 29 July 2010, Churchvale/Hollyoak Rooms @ City Hospital

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

24 June - Sandwell Hospital

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

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

Apologies: None

Secretariat: Mr S Grainger-Payne (SGP)

Last Updated: 23 July 2010

Reference No	Item	Paper Ref	Date	Agreement
SWBTBAGR.174	Minutes of the previous meeting	SWBTB (5/10) 122 SWBTB (6/10) 123	24-Jun-10	The minutes of the previous meeting were accepted as a true and accurate reflection of discussions held
SWBTBAGR.175	Phillips Intellivue Monitoring systems	SWBTB (6/10) 130 SWBTB (6/10) 130 (a)	24-Jun-10	The Trust Board approved the use of a single tender arrangement for the purchase of replacement patient monitors for the City Hospital Coronary Care Unit
SWBTBAGR.176	Quality Accounts 2009/10	SWBTB (6/10) 127 SWBTB (6/10) 127 (a)	24-Jun-10	The Trust Board approved the Quality Accounts 2009/10 subject to amendments suggested by the Trust Board
SWBTBAGR.177	Staff Health and Wellbeing strategy	SWBTB (6/10) 133 SWBTB (6/10) 133 (a) SWBTB (6/10) 133 (b) SWBTB (6/10) 133 (c)	24-Jun-10	It was agreed that the Board champion for the Boorman Review action plan should be the Chief Nurse

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Single Tender Approval – Asena GH Syringe Pumps
SPONSORING DIRECTOR:	Graham Seager, Director of Estates/New Hospital
AUTHOR:	Lawrence Barker, Deputy Manager of Medical Engineering
DATE OF MEETING:	29 July 2010

SUMMARY OF KEY POINTS:

The former City Hospital NHS Trust standardised on the Alaris Asena range of syringe pumps in 2001following a comprehensive review of the market, trials and a competitive tendering exercise. Since the merger, these pumps have been introduced to Sandwell ITU and Paediatric units where they have been well received. There are in excess of 150 of these pumps in service within the Trust. The Sandwell site had previously standarised on Graseby 3100 pumps, however these are an old design that lack the requirements of a modern device, such as event and error logging.

The City Equipment Library has stocked 2 models of syringe pump, the Ivac P3000 and the Asena described above. The P3000 pump is now obsolete and spares are no longer available. The Sandwell Library Graseby 3100 Syringe pump lacks the requirements of a modern device. It is therefore proposed to replace these devices with the Asena range.

The standardisation of infusion devices has reduced the range of devices which staff need to be familiar with/trained on and has therefore increased patient safety.

Trust Board is asked to approve this single tender action for the purchase of 78 Carefusion Asena GH+ Syringe Pumps at £101,120.00 + VAT

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

Approval	Receipt and Noting	Discussion
X		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

Trust Board is asked to approve a single tender action for the purchase of this equipment at a cost of £101,120.00 + VAT.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	None specifically
Annual priorities	
NHS LA standards	
Core Standards	
Auditors' Local Evaluation	

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

Financial	**X**	£101,120.00 + VAT
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		

PREVIOUS CONSIDERATION:

Standardisation decision agreed with key clinical teams including Critical Care Services, Pain Relief Team, A&E etc.

Briefing Paper – Carefusion Asena GH + Syringe Pumps

Trust Board – 29 July 2010

Introduction

The former City Hospital NHS Trust standardised on the Alaris Asena range of syringe pumps in 2001following a comprehensive review of the market, trials and a competitive tendering exercise. Since the merger, these pumps have been introduced to Sandwell ITU and Paediatric units where they have been well received. There are in excess of 150 of these pumps in service within the Trust. The Sandwell site had previously standarised on Graseby 3100 pumps, however these are an old design that lack the requirements of a modern device, such as event and error logging.

The City site Equipment Library, BMEC Theatres and CCS still have 45 of the previous standard pumps in service, IVAC P3000. These are now obsolete and parts are no longer available. The Sandwell Equipment Library still has the old design Graseby 3100 that lacks the requirements of a modern device, such as event and error logging. It is therefore proposed to replace 45 of the IVAC P3000 in the City Equipment Library and 33 of the Graseby 3100 in the Sandwell Equipment Library with the Asena model of syringe pump.

Background

City Hospital standardised on Ivac P3000 syringe pumps in 1990, whilst Sandwell Hospital standardised on Graseby 3100 syringe pumps in 1994. Both devices were reliable and easy to use devices which were well liked by the users. They have given good performance over many years of service

When it was introduced, the pumps were transferred into the Equipment Library, which supplies general Wards & Departments with infusion devices. Specialist areas such as Critical Care Services have their own pumps.

In 2001, the Trust undertook an evaluation of the market, as well as clinical trials and a new standard model of pump was agreed, the Asena range, which incorporates a number of technical advances over the P3000 and 3100, including greater resilience to drop damage, improved resistance to interference to mobile phones, error and event logging and improved information on battery capacity. They are compatible with all major brands of syringe and therefore do not restrict purchasing the best value accessories. The design of the pumps has evolved since 2001, and the current version, the GH+ was introduced in 2009 and incorporates medication safety features.

At the merger, it was agreed that the Sandwell standard syringe pump, the Graseby 3100 would also be phased out in favour of the Asena range, as it is an old design that lacks many essential features of modern pumps.

The Asena pumps has been supplied by the Library at City for many years and there is no need to undertake additional training to facilitate the

replacement programme on the City Site. On the Sandwell Site the IV Team and Medical Engineering will facilitate any training needs.

It is anticipated that only the Asena pumps will transfer to the New Acute Hospital.

Recommendation

That the Trust Board approve a single tender action for the purchase of 78 Carefusion Asena GH+ Syringe Pumps at £101,120.00 + VAT

Lawrence Barker
Deputy Manager – Medical Engineering
07/06/2010

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Developing a Community Gynaecology Service
SPONSORING DIRECTOR:	Richard Kirby, Chief Operating Officer
AUTHOR:	Chief Operating Officer / DGM Women and Child Health
DATE OF MEETING:	29 July 2010

SUMMARY OF KEY POINTS:

The Trust has been asked by Sandwell and Heart of Birmingham PCTs to provide a community gynaecology service (led by GPs with a special interest) in line with the Right Care Right Here model of care for the specialty.

The paper considers two options: do not provide the service (option 1) and provide the service (option 2).

In the non-financial option appraisal; option 2 scores more favourably than option 1. Option 1 has the potential to create boundaries between organisations and to obstruct the seamless delivery of care across providers. Option 1 is also likely to sustain the Trust's strategic partnership through the Right Care Right Here programme.

In the financial option appraisal Option 2 scores more favourably than Option 1 due to a potentially more stable catchment for the Trust's specialist gynaecology service. Both options however present a significant challenge to the Trust due to the impact of decommissioning of current hospital gynaecology outpatient activity.

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

Approval	Receipt and Noting	Discussion
X		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

1. APPROVE the development of a community gynaecology service in line with the service specification produced by Sandwell and Heart of Birmingham PCTs;

2. APPROVE revenue expenditure on the service of £541.7k to be covered by income in line with our agreement with commissioners.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	1. Accessible and Responsive Care 3. Care Closer to Home
Annual priorities	3.1 Make full use of the outpatient facilities at Rowley Regis Hospital. 3.2 Make contribution to the Right Care Right Here programme.
NHS LA standards	
Core Standards	
Auditors' Local Evaluation	

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

Financial	**X**	£541.7k of revenue expenditure to provide the new service to be covered by income.
Business and market share	**X**	Should support preservation of market share for our specialist gynaecology service.
Clinical		
Workforce		
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience	**X**	Improves local access to services for patients in line with Right Care Right Here model.
Communications & Media		
Risks		1. That the service cannot be delivered within the tariff price set by commissioners. 2. That the trust will not be able to respond to the decommissioning of current hospital activity.

PREVIOUS CONSIDERATION:

Approved by SIRG on 13th July 2010.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Division of Women and Child Health
Gynaecology Directorate

Development of a Community Gynaecology Service for Sandwell and Heart of Birmingham PCTs Business Case

1. Proposed Development

1.1 A service specification for a Community Gynaecology service has been developed by Sandwell Primary Care Trust and the Heart of Birmingham teaching Primary Care Trust in consultation with Sandwell and West Birmingham Hospitals NHS Trust (SWBH); as part of the Right Care, Right Here (RCRH).

1.2 Confirmation has been received by SWBH that the Trust has been asked to provide this service for the PCTs.

1.3 The development of this service will fulfill a number of local and national requirements regarding health service delivery, including:

- The shift of appropriate Gynaecology Outpatient appointments into the community by 2010/11 and beyond in support of the RCRH programme.
- Support the PCT in achieving financial balance through the commissioning of cost-effective services.

1.4 The Community Gynaecology service specification is for the transfer of 6,891 general gynaecology outpatient attendances in a full year, which equates to 40% of the current general activity (27% of total gynaecology activity). This transfer is in line with the decommissioning of activity as part of the 2010/11 LDP. The part year effect in 2010/11 of the PCTs decommissioning is 2,933 attendances.

1.5 The service specification requires a community service to be established in each of the PBC localities and the provider will be expected to accept referrals from all local practices across Sandwell and Heart of Birmingham (HoB).

1.6 The planned service is expected to be delivered by a combination of GPs with Specialist Interest (GPwSI) and Nurse Practitioner with Specialist Interest (PwSI) although there may be some input initially from consultants while the GPwSIs complete their training.

2. Strategic Context

2.1 Compliance with Trust Priorities

Development of a community gynaecology service supports the Trust's strategic objectives set out in the Trust's Annual Plan, namely;

- Accessible and Responsive Care – ensure continued achievement of national access targets

- Care Closer to Home – ensure participation in delivery of Right Care, Right Here Programme exemplar projects
- 21st Century Facilities – fully engage with PCTs in design of major community facilities
- To meet the requirements of the PCT decommissioning intentions for 2010/11 & 2011/12.

2.2 **Reasons for Proposed Change**

2.2.1 Gynaecology is a high volume outpatient specialty where patients have traditionally been seen in secondary care even though it is proposed that much of this activity could be seen within a community setting. Community providers will develop services that offer diagnostic testing and treatment for less complex conditions which would reduce the number of secondary care outpatient attendances.

2.2.2 The table below provides Gynaecology activity information in HoB for the period April 1st 2008 to March 31st 2009 for all providers: It has been costed based on 2008/09 PBR tariff. This table has been extrapolated from the service specification provided by the PCTs.

	Activity	Cost	Total
New	7,203	£1,037,232	
F/Up	8,725	£663,100	**£1,700,332**

2.2.3 The table below provides Gynaecology activity information in Sandwell for the period April 1st 2008 to March 31st 2009 for all providers: It has been costed based on 2008/09 PBR tariff. This table has been extrapolated from the service specification provided by the PCTs.

	Activity	Cost	Total
New	11,400	£939,102	
F/Up	6,043	£870,024	**£1,809,126**

2.2.4 SWBH currently provides consultant led care for 25,904 Gynaecology outpatient attendances delivered in a combination of acute and community settings. Of this 17,135 are for general gynaecology attendances.

2.2.5 A summary of gynecology outpatient planned activity at SWBH is detailed below.

2009/10	Total activity	General activity
NEW OUTPTS	8,958	6,128
FOLLOW-UP OUTPTS	12,584	8,983
OUTPT + PROCEDURE	4,362	2,024
TOTAL	25,904	17,135
Decommissioned in 10/11 (full year effect)	6,891	6,891
% of activity	**27%**	**40%**

2.2.6 It should be noted that the transfer of 27% of gynaecology outpatients equates to 40% of all general gynaecology outpatients.

2.2.7 It is not intended to transfer specialist gynaecology clinics into the Community Gynaecology Service. These clinics include Early Pregnancy Assessment Clinics, Colposcopy, Infertility, Post Menopausal bleeding, Urogynaecology and Vulval disease.

3. Planned Outcomes and Benefits

3.1 The following benefits have been identified:

Benefits	Achieved by when	How will it be measured	Review Date and Forum	Lead Manager
Commenced shift of appropriate gynaecology activity into the community in line with RCRH and decommissioning	3rd quarter	Audit	Dec 10 Community Gynaecology Implementation Committee	DGM
Delivery of a responsive service	4th quarter	Audit	Mar 11 Community Gynaecology Implementation Committee	DGM
To reduce the number of referrals to secondary care and release of secondary care capacity for other activity	4th quarter	Capacity monitoring in secondary care	Mar 11 Community Gynaecology Implementation Committee	DGM
To provide appropriate community based alternatives to acute care	3rd quarter	Satisfaction surveys and audit	Dec 10 Community Gynaecology Implementation Committee	DGM
Support PCT in achieving financial balance through the reduction in tariff to 76%	3rd quarter	By PCT	Dec 10 RCRH Project Board	PCT Leads

4. Options

4.1 Two options have been identified for appraisal. The options identified are:

Option	Description
1	Do nothing – do not provide the service allowing provision to be provided by an alternative Trust, group of GPs or private provider. Outpatient activity has already been decommissioned in relation to this transfer of activity away from an acute provider setting.
2	Provide the new service at 76% of 2010/11 tariff, service to be delivered from 7 community locations of which 3 have been agreed to be BTC, Sandwell Hospital and Rowley Regis Hospital.

5. Non Financial Option Appraisal

5.1 Non financial option appraisal:

Benefit Description	Option Scores	
	Option 1	Option 2
Patients are seen in the appropriate primary, community or secondary care setting	3	4
Increase clinician choice for patients	4	4
Care closer to home	4	4
Seamless delivery of care across providers	2	4
Development opportunities for GPs and nurse practitioners	4	4
Total Score	**17**	**20**

5.2 Whilst SWBH would have preferred a model delivered by a Community Gynaecologist rather than GPwSI, this was not supported by the Right Care Right Here Gynaecology Steering Group and following further discussion, SWBH are now committed to the clinical model in the specification and believe implementation and sustainability of the new service model will be more robustly implemented and sustained if SWBH is the provider of the service which affects the scores under Option 1.

5.3 The non-financial option appraisal therefore identifies Option 2 – Provide the Service as the option that will deliver greater benefit in terms of integrated service delivery and seamless care across the care pathway.

6. Estimated Capital Cost and Funding

6.1 The service specification requires the provision on one-stop ultrasound scanning as part of the provision of the service.

6.2 The trust already has static ultrasound provision at the BTC and Sandwell and Rowley Hospitals. The plan includes the purchase of two mobile scanners in order to support the other venues. There is some further work in progress on the relative advantages and disadvantages of mobile vs static scanners but we are unlikely to have sufficient capital resources nor would it be value for money to equip all seven proposed locations with static equipment.

6.3 The proposal there includes the capital cost for the purchase of two mobile scanners:

Expenditure/Funding Item	Option 1 £000s	Option 2 £000s
Expenditure:		
Furniture & Equipment	0	(60.0)
VAT	0	(10.5)
Other		
Total Expenditure	**0**	**(70.5)**
Funding:		
Trust Capital Programme	**0**	**70.5**
Total Funding	**0**	**70.5**

6.4 The capital for these scanners is already provided for within the Trust's 2010/11 capital programme.

7. Estimated Revenue Costs and Income of Option 2

7.1 The income & expenditure for the community gynaecology service is detailed in the table below. The PCTs have been clear that they expect the service to be provided at less than the full acute tariff in line with the Right Care Right Here agreed models.

	WTE	10/11 £	11/12 £	12/13 £	13/14 £
Expenditure		PYE			
GPwSI - 12 clinics @ £260 (plus on-costs)	1.20	-55,900	-179,400	-179,400	-179,400
Specialist nurse @ £120	0.10	-1,560	-5,520	-5,520	-5,520
Nurse - band 5	1.20	-12,669	-36,300	-36,300	-36,300
HCA - band 3	1.20	-10,334	-29,610	-29,610	-29,610
Sonographer	1.20	-13,960	-40,000	-40,000	-40,000
Service Manager	1.00	-23,000	-30,000	-20,000	-20,000
Bookings co-ordinator - band 2	1.30	-8,725	-25,000	-25,000	-25,000
Consultant appraisals / supervision		-8,376	-24,000	-24,000	-24,000
Interpreters services		-15,705	-45,000	-45,000	-45,000
Accommodation		-10,819	-31,000	-31,000	-31,000
Non pay consumables		-13,611	-39,000	-39,000	-39,000
Mileage		-2,792	-8,000	-8,000	-8,000
Transport		-5,235	-15,000	-15,000	-15,000
Capital charges		-3,520	-10,085	-10,085	-10,085
Maintenance - 2 machines		0	-6,000	-8,000	-8,000
Pathology		0	0	0	0
Trust overheads		-9,310	-26,196	-25,796	-25,796
TOTAL COST OF RUNNING NEW SERVICE	5.90	-195,517	-550,111	-541,711	-541,711
Tariff (76% of 10/11 tariff price)					
New		£103	£103	£103	£103
Follow up		£56	£56	£56	£56
Activity (attendances)		2,314	6,891	6,891	6,891
		£	£	£	£
New income generated		115,154	354,887	354,887	354,887
Follow-up income generated		66,976	192,948	192,948	192,948
TOTAL INCOME GENERATED		182,130	547,835	547,835	547,835
(Shortfall) / Surplus		-13,387	-2,276	6,124	6,124

7.2 At the price set by the commissioners the Trust will therefore receive £547.8k income for providing the new service.

7.3 The Trust's costs for providing the service on an ongoing basis are £541.7k. It should however be noted that this level of cost has in part been achieved by assuming a much lower contribution to overheads from the new service than would be normal. It is judged that this is appropriate in light of the potential benefits to the Trust of operating the service but this would not be possible across all services.

7.4 The PCTs have agreed to provide £25k non-recurrent contribution to set-up costs which will cover the initial shortfall in 2010/11 and 2011/12 plus provide some further non-recurrent support.

7.5 The table below provides a summary of the estimated financial impact of the two options in a full year.

Factors Affecting Income / Expenditure	**Option 1: Do Not Provide New Service** **£**	**Option 2: Provide New Service** **£**	**Difference** **£**
Activity decommissioned from acute contract	(911,067)	(911,067)	
Further loss of income if not community provider	(280,000)	0	
Income from new service	0	547,835	
Total Income Change	(1,191,067)	(363,232)	827,835
Savings from decommissioned activity (short-term)	117,000	117,000	
Cost of new service	0	(541,711)	
Total cost changes	0	(541,711)	(541,711)
Net Position	(1,074,067)	(787,943)	286,124

7.6 In both options the Trust income from current gynaecology activity reduces. These reductions are in line with the Right Care Right Here model and the part year effect has already been included in the LDP and Trust financial plan for 2010/11 contributing to the need for a significant CIP and support from the Strategic Change Reserve. In Option 1 it is also assumed that there would be a further loss of activity if the community service were to be provided by another provider.

7.7 Some provision has been made in Option 1 for costs that could be released as activity drops but these are at marginal rates only until the Trust can fully align its future costs and income following the opening of the new acute hospital. Option 2 includes the full year costs of running the new service.

7.8 The financial option appraisal therefore shows that both options present a challenge to the Trust in releasing costs as activity reduces. This challenge has been addressed in our financial plan for 2010/11 through delivery of a significant CIP and the Strategic Change Reserve. Because Option 2 provides a more secure base for the Trust's specialist gynaecology activity it results in less of a financial challenge overall.

8. Staffing Numbers (Full Year Effect)

8.1 The table below indicates the additional weekly staffing required under options 2

Staff Type/Grade	Option 2 WTEs
GPwSI	1.20
PwSI	0.10
Service manager (initially f/t band 7 – reduce to p/t band 6 during 2011/12)	1.00 / 0.40
Qualified Nurse band 5	1.20
HCA band 3	1.20
Sonographer	0.80
Secretary – band 4	Within current resources
Project Manager 6 months	Provided by PCT
Booking co-ordinator – band 2	1.30
Total	5.50/4.90

9. Activity & Capacity (express on full year basis)

9.1 GPwSI led Community Service

Activity Phasing	10/11 PYE	11/12	12/13	13/14
NEW	1,118	3,446	3,446	3,446
FOLLOW-UP	1,196	3,446	3,446	3,446
TOTAL	**2,314**	**6,892**	**6,892**	**6,892**

The activity decommissioned for 2010/11 is 2,933 as part of the LDP however on review of when the clinics are likely to be set up and running the forecast attendance through these clinics is only likely to be 2,314 a shortfall of 619 attendances.

It is envisaged that the new to review ratio will be 1:1.

9.2 **Capacity required**

9.2.1 To undertake 6,892 outpatient episodes the new Community GPwSI service will need to undertake 13 sessions per week, 1 of which is a nurse led follow-up clinic.

9.2.2 These session numbers are based on booking 13 patients in each GPwSI led clinic and 6 patients per nurse led clinic. This would give enough capacity to see 7,452 allowing for some growth and/or DNAs (7%)

9.2.3 It has been assumed that the GPwSI's will see a mixture of both new and review patients, whilst the nurse led clinic will see only review patients.

9.3 **Phasing of new clinics**

9.3.1 Realistically, it is expected that these clinics will start to be operational from October 2010 due to the requirement to train the GP's. Phasing of the clinics is shown in the table below:

MONTH	Clinics per wk	Clinics per mth	Patients per month
OCT	3	12	156
NOV	4	16	208
DEC	6	24	312
JAN	8	32	416
FEB	10	40	520
MAR	12	48	624
JAN - MAR - nurse led	1	13	78
TOTAL NUMBER OF CLINICS	**44**	**185**	**2314**

9.3.2 Due to the planned phasing of this development it is only feasible to deliver 2,314 outpatient episodes in the new service during 2010/11. It is envisaged that the service will be fully operational by April 2011 with a proviso that the GPs refer into the service.

10. Investment Appraisal

Option 2	Current Year 2010/11 PYE £	Year 2 2011/12 £	Year 3 2012/13 £	Year 4 2013/14 £	Year 5 2015/16 £	Year 6 2016/17 £	Year 7 2017/18 £
Capital Expenditure (-)	-70,500						
Income (+)	182,130	547,835	547,835	547,835	547,835	547,835	547,835
Revenue Expenditure (-)	(192,307)	(540,911)	(532,511)	(532,511)	(532,511)	(532,511)	(532,511)
Cost Savings (+)	0	0	0	0	0	0	0
Net Cash Flow (+/-)	**-80,677**	**6,924**	**15,324**	**15,324**	**15,324**	**15,324**	**15,324**
Discount rate 3.5%	1	0.965	0.930	0.895	0.86	0.825	0.790
DCF	-80,677	6,681	14,251	13,715	13,178	12,642	12,106

The cashflow excludes capital charges as it is a non-cash transaction.

Measure	Option 2 £
Capital	70.5
Payback	in year 7
Payback (discounted)	in year 8
Net Present Value (NPV) [Discounted Cash Flow]	3,466

11. Risk Assessment and Management

Risk	Option 1	Option 2	Mitigation
Loss of day case / inpatient conversions	4	1	Marketing of accessible and responsive SWBH service
Further decommissioning of service	5	5	Partnership working with PCTs
GPs not referring into service	4	3	Marketing by SWBH as current and future provider
Patients not choosing to utilise the Community service	4	3	Marketing of the service
Reduced secondary care service but activity continuing at the same level	4	3	Partnership working with PCTs and effective triaging of referrals
Increased waiting times for secondary care if activity does not reduce	4	3	Effective marketing of the new service and ongoing review of demand / capacity
Failure to be remunerated for over performance if activity levels remain constant against reduced plan	4	3	Agreed patient pathways across providers and LDP negotiations
Not meeting implementation timescales – readiness of GPwSI and required service infrastructure	0	4	Partnership working with PCTs to agreed achievable timescales
Further reduction in tariff in 2011/12 and onwards	0	5	Re-negotiation with the PCTs on 76% payment on a reducing tariff
Creation of boundaries between providers	4	2	Development of patient pathways
Total scores	33	32	

12. Analysis of Options

12.1 **Non financial option appraisal**
Under the non financial option appraisal; options 2 scores more favourably than option 1. Option 1 has the potential to create boundaries between organisations and for the seamless delivery of care across providers to be reduced. Option 1 is also likely to sustain the Trust's strategic partnership through the Right Care Right Here programme.

12.2 **Financial option appraisal**
Under the financial option appraisal Option 2 scores more favourably than Option 1 due to a potentially more stable catchment for the Trust's specialist gynaecology service.

12.3 **Risk assessment appraisal**
The risk assessment highlights that option 1 carries the greatest risk, however it should be notes that Option 2 also brings financial and operational risk to the Trust.

12.4 **General**
The development of the Community Gynaecology fits with the wider strategic model for care under RCRH. There are some diseconomies of scale for SWBH as a result of the community model (the community clinics will have less capacity that acute hospital based clinics for example) and as noted above carries some level of financial risk. Providing the

service from SWBH, however, presents an opportunity to provide seamless care for patients and develop an integrated local service.

13. Proposed Timetable

The timetable for the development of the service is dependent upon:

1. competency acquisition of the GPwSI and PwSI
   - capital equipment purchase
   - confirmation of localities
   - development of service infrastructure; particularly referral, triage and booking processes

14. Recommendation

The Trust accepts Option 2 status with a phased implementation over 2010/11 in line with likely completion of training for GPwSIs. Marketing the new service to GPs and patients will need to be a key focus to ensure success of the new model of care.

The Trust Board is recommended to:

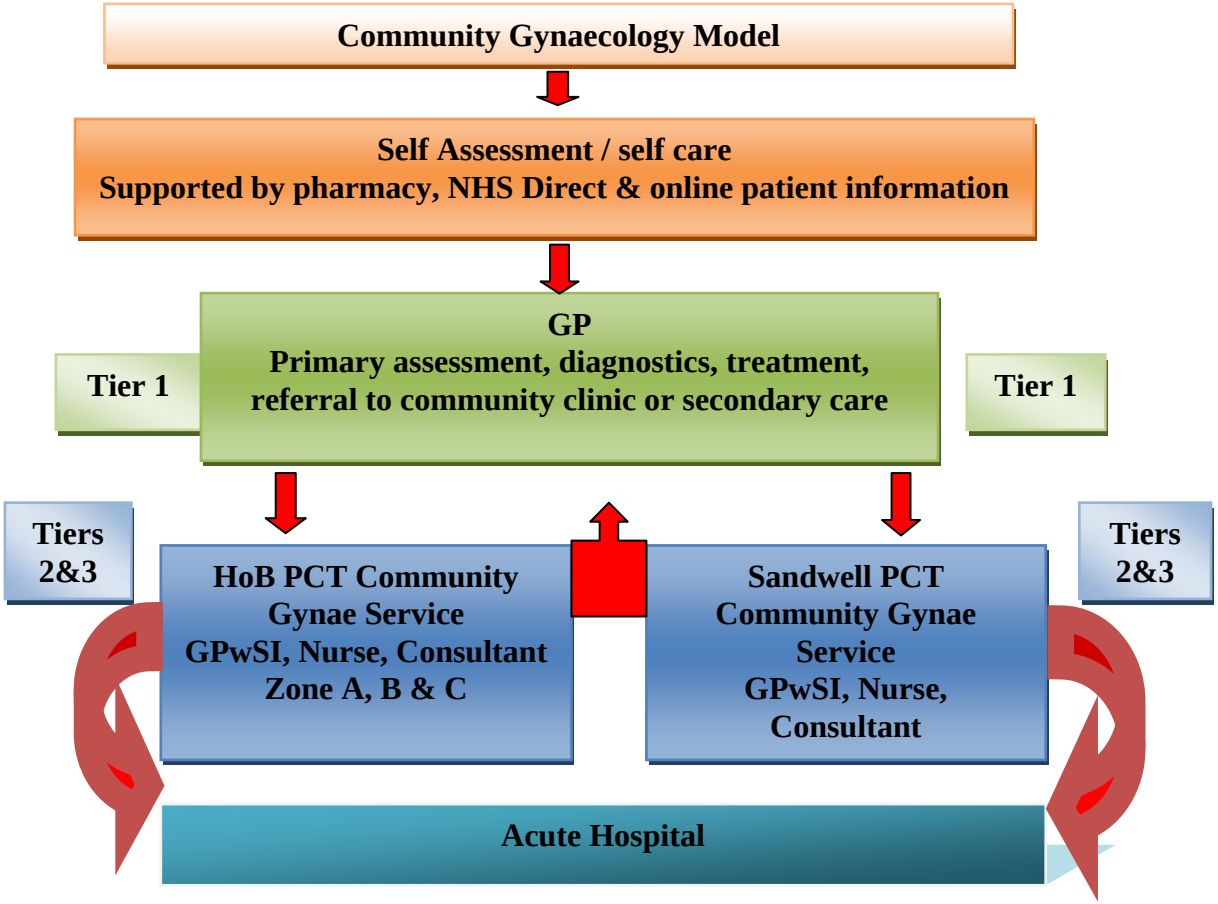
1. APPROVE the development of a community gynaecology service in line with the service specification produced by Sandwell and Heart of Birmingham PCTs;

2. APPROVE revenue expenditure on the service of £541.7k to be covered by income in line with our agreement with commissioners.

Richard Kirby
21st July 2010

Appendix

Service Model & Care Pathway



Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Patient Experience Report
SPONSORING DIRECTOR:	Rachel Overfield, Chief Nurse
AUTHOR:	Rachel Overfield, Chief Nurse
DATE OF MEETING:	29 July 2010

SUMMARY OF KEY POINTS:

There are a number of systems in place for monitoring the quality of the patient experience within the Trust. These being:

- National Patient Surveys (Inpatient survey reported May 2010)
- Local Inpatient Surveys – completed on a continuous basis in all inpatient areas with the exception of Critical Care areas.
- Trends in Complaints and PALS reports
- Contact with patient representation groups
- Divisional initiatives, eg 'tea with Matron'; local surveys; PEAT

The outcome of all these systems/process are collated as part of the work of the Patient Experience Committee and recurring themes developed into corporate actions.

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 content of this report and the actions planned.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Accessible and responsive care
Annual priorities	1.2 Continue to improve the experiences of our patients by focussing on basic nursing care and standards of privacy and dignity
NHS LA standards	
CQC Essential Standards Quality and Safety	
Auditors' Local Evaluation	

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

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

PREVIOUS CONSIDERATION:

The Patient Experience Report is presented to the Trust Board on a quarterly basis.

Report Title	*Patient Experience Report*
Meeting	*Trust Board*
Author	*Rachel Overfield*
Date	*29th July 2010*

Introduction

There are a number of systems in place for monitoring the quality of the patient experience within the Trust. These being:

- National Patient Surveys (inpatient survey reported May 2010).
- Local Inpatient Surveys – completed on a continuous basis in all inpatient areas with the exception of Critical Care areas.
- Trends in Complaints and PALS reports.
- Contact with patient representation groups.
- Divisional initiatives, eg 'tea with Matron'; local surveys; PEAT.

The outcome of all these systems/processes are collated as part of the work of the Patient Experience Committee and recurring themes developed into corporate actions.

Recurrent Themes

These themes remain fairly consistent across all of our systems for collating patient views

- Attitude and communication of staff to patients
- Issues around nutrition, meal time and access to food
- Provision of adequate patient information
- Administration issues around clinical appointments
- Noise levels at night
- Excessive ward to ward transfers
- Confidence in staffing levels

The results of the National Inpatient Survey were reported to the Trust Board in May.

The results of the Trust local Inpatient Survey are attached (appendix 1) and include patients surveyed between October 09 and May 10 – 1000 patients in total.

Key findings:

- The patient demographics remain the same as the previous survey report.
- It is likely that the limitations of the survey process mean that vulnerable patients and patients with communication difficulties are not included in survey results – this is supported by the demographics of the sample.
- Overall, 90% of patients rated their care as good or excellent. This is a slight reduction to last time and there has been a 10% adverse shift from excellent to good ratings.

- Discussion of dietary requirements with patients continues to be a problem but there has been an improvement in assisting patients with meals.
- Meeting hygiene needs and privacy and dignity standards all received high ratings. 'Meet and greet' remains very good.
- Being involved in care decisions and receiving information remains below the standard we would like to achieve.

Trends for the last 3 patient survey reports are reported in Appendix 2 and relate to a total sample size of 1000 patients over the period May 09 – May 10.

The trends suggest:

- A move of overall rating of care upwards for good and fair ratings and downwards for excellent and poor ratings. This suggests that generally care is becoming more consistent in its standard and that there are less peaks and troughs.
- Mixed sex – Less patients over time report being in a bed next to a member of the opposite sex.
- Meet and greet – more patients over time report being made to feel welcome when arriving on the ward.
- Respect and dignity – shows a consistently good performance.
- Patients feeling involved in decisions shows a deteriorating picture and information provision has consistently been problematic.
- Disappointingly there has been a 10% reduction in patients thinking wards are very clean although these patients still report the ward as being fairly clean.
- Nutritional management continues to be an area of concern.

As the Trust Board knows, the hospitals have been extremely busy since October last year with many additional beds open for extra capacity. It may well be that this pressure is adversely reflecting in reported patient experience.

Ward Reviews

We have just completed the medical ward reviews (see attached Appendix 2). The Board should note that out of 26 ward/department reviews:

- 2 remained the same
- 9 had deteriorated – almost all entirely due to issues around nutrition and equipment cleaning
- 15 had improved
- None are currently in special measures but the following are receiving additional support:
    - N1 (previously P5)
    - D11
    - N4
    - EAU/A&E Sandwell
    - D43

We have just commenced the surgical ward reviews. Early indications suggest that the Sandwell Trauma and Orthopaedic Wards and N3 continue to have difficulty

meeting some standards. This is being discussed with the operational management and additional staff and support has been given to these areas.

It should be emphasised that the ward review process is an early warning system and that steps are in hand to avoid any patient safety issues.

Action Planned

- The introduction of the new patient and carer surveys in August will give us a much richer and deeper understanding of patient and carer perception of their care experience.
- The new surveys will provide patient and carer views to individual consultant level.
- The new surveys may well reflect a poorer position than this report suggests because it will include vulnerable groups.
- Increase the number of surveys returned and introduce some targeted surveys.
- There continues to be significant action and detailed audit around care experience in the form of:
    - Observations of care
    - Record audits
    - Meal time audits
    - Ward performance reviews
- The following actions are some of the actions currently in progress:
    - Measures Boards to demonstrate to staff and the public ward performance
    - Purchase of microwaves for every ward to reintroduce hot milk
    - Purchase of mugs to replace paper cups
    - Huge focus on pressure damage and falls prevention
    - Dementia and learning disability training
    - Purchase of new ward based equipment
    - Introduction of more visible cleaning staff
    - Review of cleaning standards
    - Introduction of bedside folders
- Trust Board walkabouts to be introduced from September.
- Patient stories to the Trust Board. We would like to suggest that in the future we take a themed approach to bringing the patient experience to the Board. Themes to be around:
    - End of Life Care
    - Nutrition
    - Patient Confidence and Safety (falls, pressure damage)
    - Privacy, dignity and respect (mixed sex, age, culture, religion)
    - Communication and information

This will be in the form of a report, audit/survey results, presentation and real patient experience by complaint, video or thank you letters.

In Conclusion

The systems in place continue to give us a good picture of patient experience although it needs to be improved around vulnerable groups. Ward reviews continue and as an early warning system are effective in targeting support where it is required at an early stage.

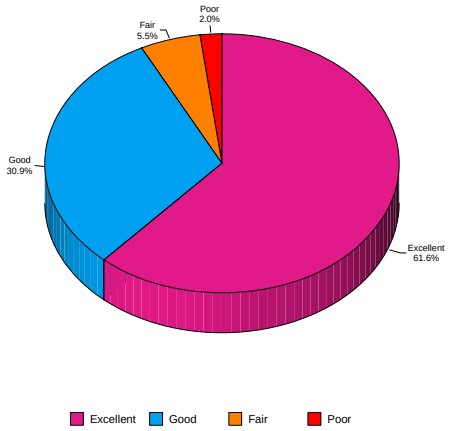
The Trust Board are recommended to note the contents of the report and agree an approach to bringing patient stories to the board in the future.

ADULT INPATIENT SATISFACTION SURVEY
TRUST RESULTS
(Base: 1000 patients)
MAY 2010

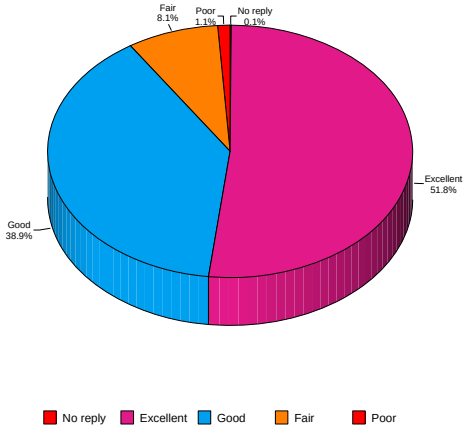
Note: The results are compared with the Oct 2009 survey and trends analysis looks over the last 3 surveys.

OVERALL CARE AS RATED BY THE PATIENTS:

Oct 2009 (1000 patients)



May 2010 (1000 patients)



PATIENT PROFILE

	Oct 2009	May 2010
Are you		
Male…….	50.2%	47.5%
Female…….	49.8%	52.3%
What is your age?		
Under 18……	0.6%	0.4%
18 to 24……	4.6%	2.9%
25 to 44……	17.8%	12.3%
45 to 60……	25.3%	23.0%
Over 60……	51.7%	61.3%
Which of the following best describes your ethnic background?		
White - British……	62.1%	62.5%
White - Irish……..	3.1%	3.5%
White - any other White background (b/g)	1.2%	0.8%
Mixed-White & Black Caribbean…….	2.5%	2.2%
Mixed-White & Black African	0.6%	0.4%
Mixed-White & Asian	0.3%	0.7%
Mixed- any other mixed b/g..	0.2%	0.4%
Asian/Asian Brit – Indian……..	9.8%	7.4%
Asian/Asian Brit – Pakistani……..	6.0%	5.3%
Asian/Asian Brit – Bangladeshi……..	2.1%	3.2%
Asian/Asian Brit-any oth Asian b/g…..	0.7%	0.9%
Black/Blk Brit-Caribbean……	7.9%	8.5%
Black/Blk Brit-African	1.0%	1.4%
Black/Blk Brit – Any other Blk b/g	0.3%	0.0%
Other Ethnic Group - Chinese	0.3%	0.1%
Other Ethnic group	0.3%	0.6%

Not stated	1.5%	1.8%

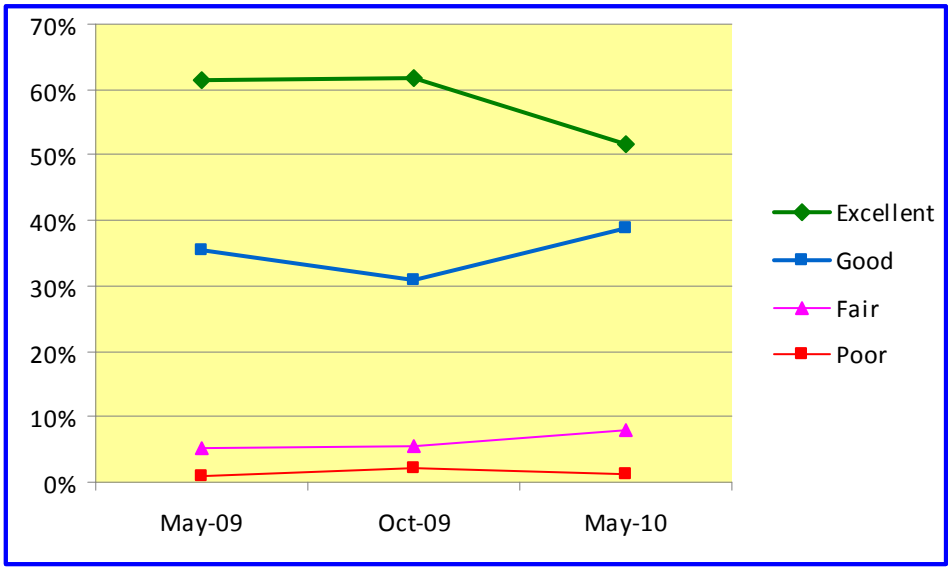
THE WARD AND STAFF	Oct 2009	May 2010
On admission to this ward, was your bed next to a member of the opposite sex?		
Yes	5.7%	5.1%
No	94.3%	94.9%
When you arrived at this unit/ward, were you made to feel welcome by the staff?		
Yes	94.3%	96.4%
No	5.7%	3.6%
Were you treated with respect and dignity while you were in this ward?		
Yes	96.3%	96.7%
No	3.7%	3.2%
Were you kept well informed & involved in your treatment and care by the staff?		
Yes	93.0%	89.1%
No	7.0%	10.9%
Was the amount of information (leaflets, etc) about your condition or treatment given to you.....		
The right amount	73.5%	73.4%
Not enough	25.4%	24.3%
Too much	1.1%	1.5%
WARD ENVIRONMENT AND PATIENT NEEDS		
How clean was the ward/room that you were in?		
Very clean	86.1%	74.0%
Fairly clean	13.4%	24.1%
Not at all clean	0.5%	1.9%
Were you satisfied with your hygiene (washing & toileting) arrangements as a patient on this ward?		
Yes	94.7%	92.8%
No	5.3%	7.1%
Did a nurse discuss your dietary needs (food & drink) when you were admitted to this ward?		
Yes	64.9%	59.6%
No	35.1%	39.9%
Were you provided assistance with feeding when required?		
Yes	27.3%	30.2%
No	3.0%	5.0%
Not needed	69.7%	64.6%
Overall, how would you rate the care you received:		
Excellent	61.6%	51.8%
Good	30.9%	38.9%
Fair	5.5%	8.1%
Poor	2.0%	1.1%

TRENDS OVER THE LAST 3 INPATIENT SATISFACTION SURVEYS:

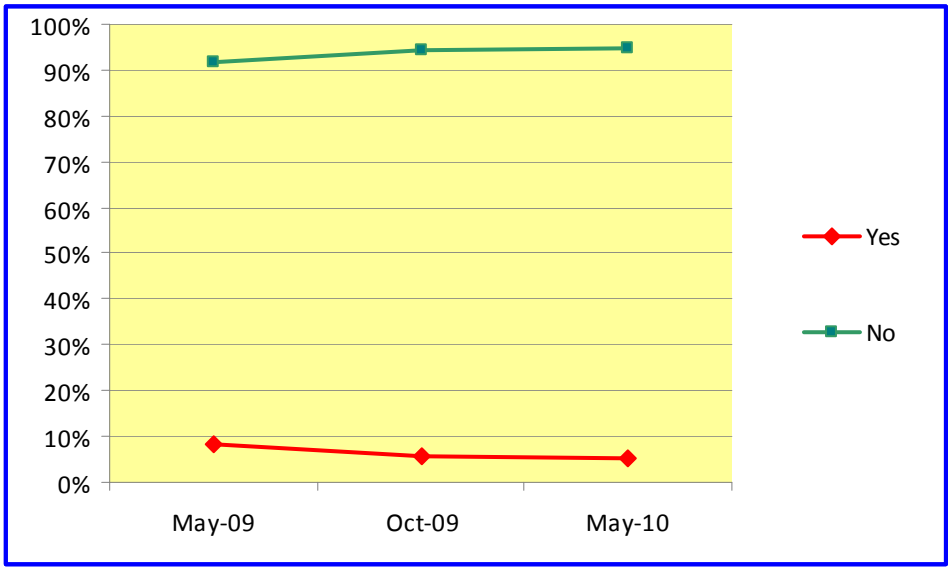
(Patient base: 1000)

Note: In calculations for the trends analysis, decimals have been rounded to the nearest whole number.

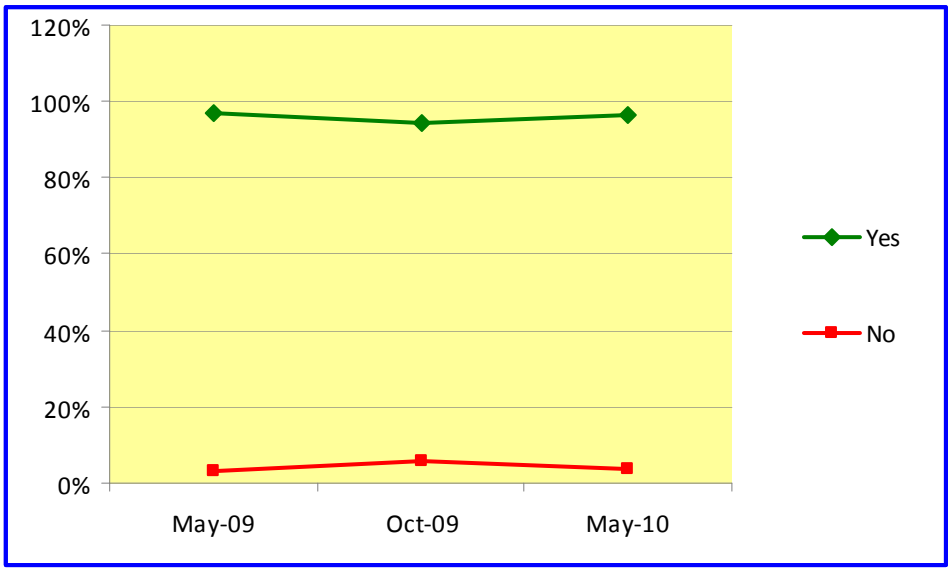
Overall care as rated by the patients:



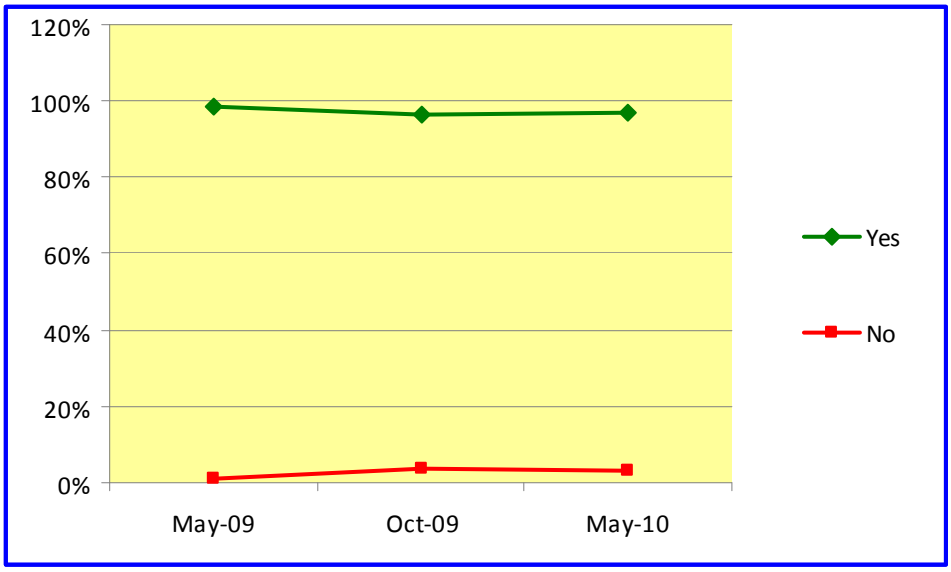
Were patients' beds next to a member of the opposite sex:



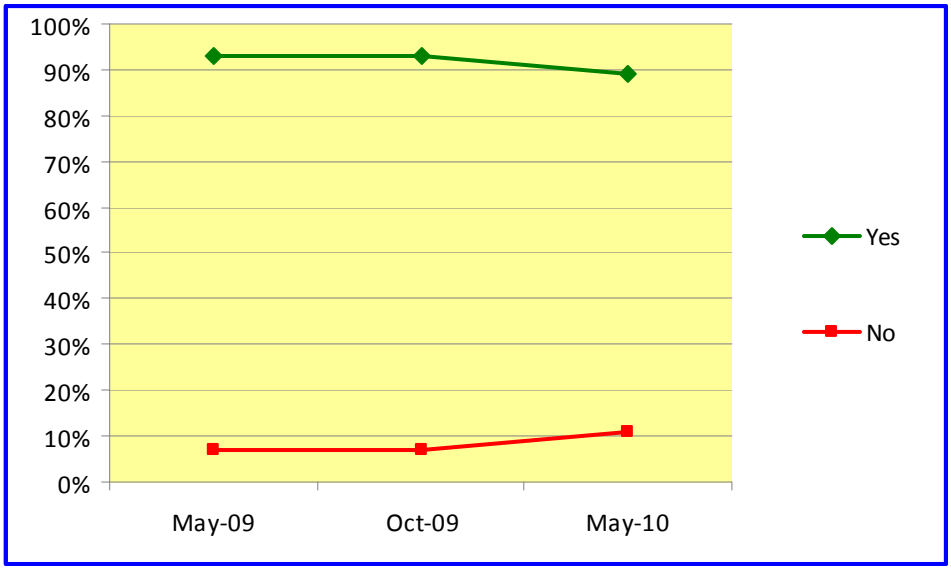
Were patients made to feel welcome by the staff when arriving at a ward:



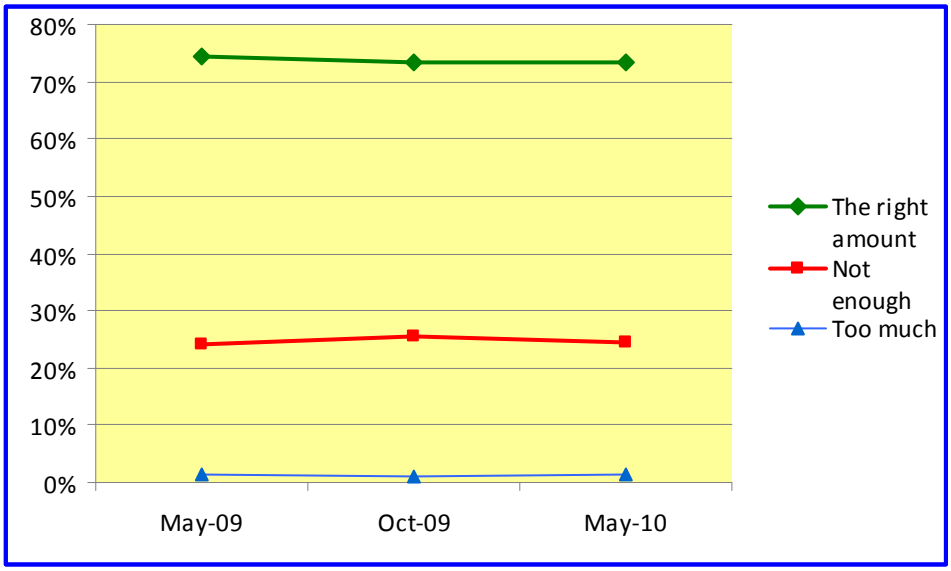
Were patients treated with respect and dignity while on a ward:



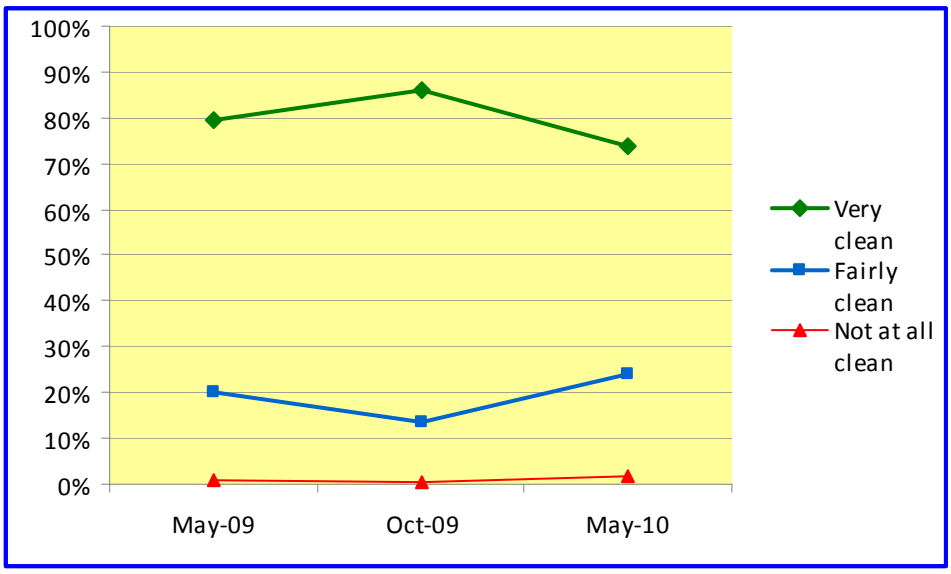
Were patients kept well informed & involved in their treatment and care by the staff:



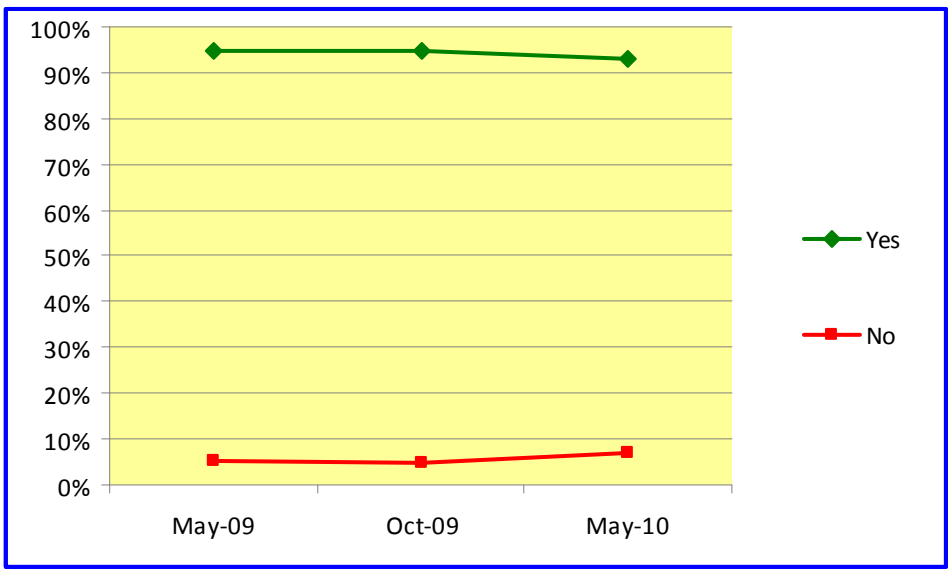
How was the amount of information (leaflets, etc.) about conditions or treatment given to patients:



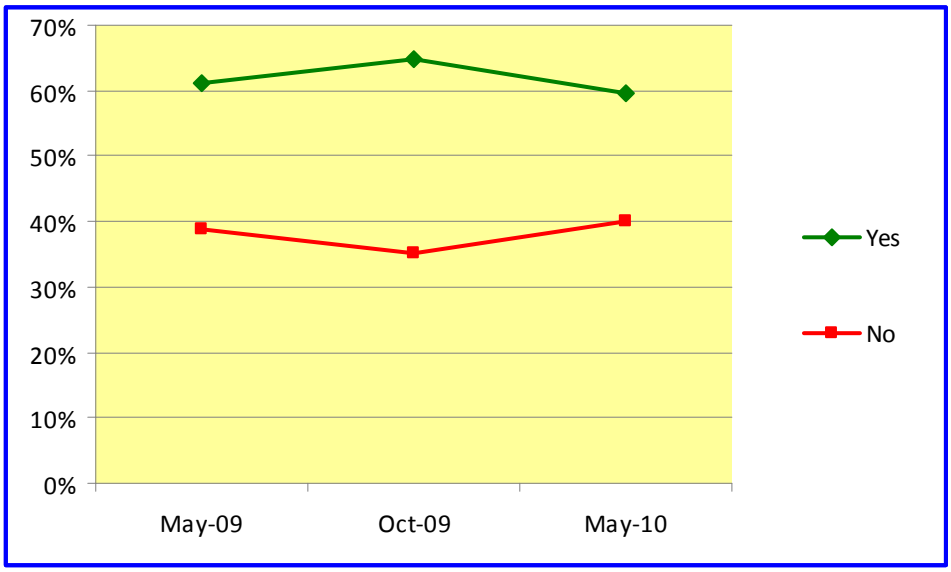
How clean was the ward/room that patients were in:



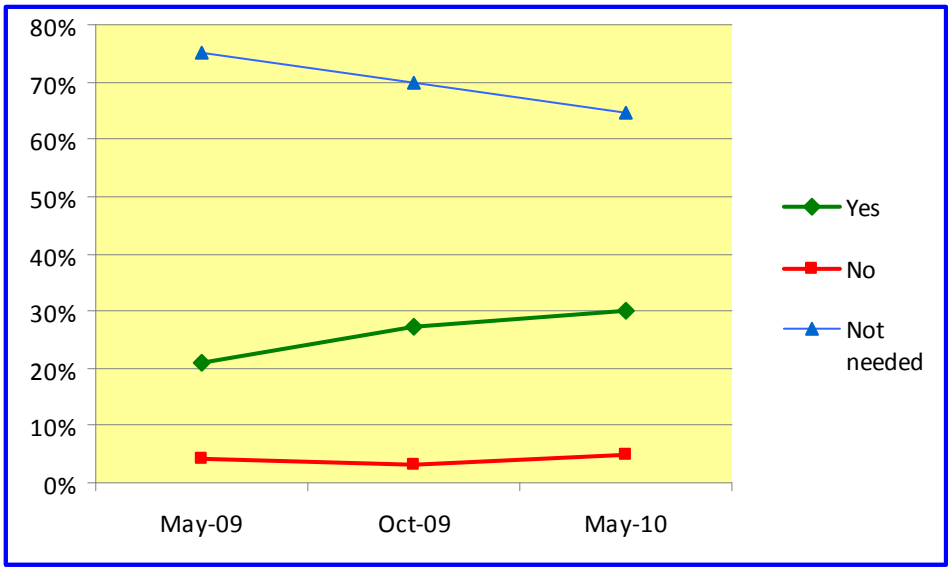
Were patients satisfied with hygiene arrangements (washing & toileting):



Did a nurse discuss patients' dietary needs (food & drink) when admitted to a ward:



Were patients provided assistance with feeding when required:



Grading		
Red< 30 %	Amber > 60 %	Green - 100%

Ward Review Objective Rag Rating - Status change in target met

Ward	Quarter 3 - June- Aug 09				Quarter 4 - Oct- Dec 09-10					Ward	Quarter 1 - June- Aug 10				
Med A (16)	R	A	G	N/A	R	A	G	N/A	↑ or ↓	**Med A (16)**	R	A	G	N/A	↑ or ↓
D5/ PCCU	0	6	2		0	3	5		↑	D5/PCCU	0	3	5		—
D7	0	5	3		0	2	6		↑	D7	0	2	6		—
D11	0	8	0		0	4	4		↑	D11	0	5	3		↓
D12	0	2	6		0	2	5	1	↓	D12	0	0	8		↑
D15	0	3	5		0	4	4		↓	D15	0	5	3		↓
D16	0	5	3		0	1	7		↑	D16	0	4	4		↓
D18	0	1	7		0	4	4		↓	D18	0	3	6		↑
D24	0	4	4		2	4	2		↓	D17 (D24)	0	4	4		↑
D28	0	6	2		0	1	7		↑	D28	0	2	6		↓
D29	0	5	3		0	2	6		↑	D24 (D29)	0	1	7		↑
D41	2	4	2		0	2	6		↑	D41	0	0	8		↑
D43	0	3	5		0	2	6		↑	D43	0	3	5		↓
D47	0	8	0		0	4	4		↑	D47	0	1	7		↑
D48	0	5	3		0	1	7		↑	D48- Skin	**Oustanding**				
MAU	Done	With	EAU		1	5	2			MAU	0	7	1		↓
A&E	No	Review	Done		No	Review	Done			A&E	No	Review	Done		
Med B (12)	R	A	G		R	A	G			**Med B (12)**	R	A	G		
P3	0	1	7		0	2	6		↓	P3	0	1	7		↑
L4	0	4	3	1	1	3	4		↓	L4	0	5	3		↑
N4	0	5	3		0	5	3		—	N4	1	4	3		↓
P4	0	5	3		0	3	5		↑	P4	**Oustanding**				
L5	0	5	3		0	5	3		—	L5	0	4	4		↑
N5	0	7	1		0	3	5		↑	N5	0	0	8		↑
										Priory 5 1st review	0	5	3		
P5	2	6	0		Not	Done	SpMea			Priory 5 2nd review	0	3	5		↑
CCU	0	6	2		0	3	5		↑	CCU	0	1	7		↑
McCarthy	5	2	1		0	3	5		↑	McCarthy	0	1	7		↑
Eliza Tinsley	0	3	5		0	3	5		—	Eliza Tinsley	Not	Done	Closed		
EAU	1	5	2		0	5	3		↑	EAU	1	5	2		↓
A&E	0	3	4		0	5	3		↓	A&E	0	6	2		↓
Surgery A (13)	R	A	G		R	A	G								
D6	0	3	5		0	3	5		—						
D20	0	4	4		Not	Done	Closed								
D21	0	2	6		0	2	6		—						
D25	1	6	1		0	3	5		↑						
D26	0	5	3		0	5	3		—						
D30 (D17)	0	6	2		0	2	6		↑						
D42 SAU	0	4	4		0	4	4		—						
ASU, BTC	No	Review	Done		0	3	5								
L2	0	3	5		0	4	4		↓						
N2	0	2	6		1	4	3		↓						
P2	1	5	2		0	5	3		↑						
L3	0	6	2		0	4	4		↑						
N3	0	3	5		1	5	2		↓						
Surgery B (1)	R	A	G		R	A	G								
Eye Ward	0	3	5		0	4	4		↓						
W&C (5)	R	A	G		R	A	G								
D27	0	1	7		0	4	4		↓						
N1	1	5	1		Not	Done	Closed								
Colp CH	0	2	6		0	1	7		↑						
Colp SGH	0	2	6		0	2	6		—						
Dartmouth	1	4	2	1	0	1	5		↑						

Total Wards/Dept	Quarter 3	
47	Done	Not Done
	45	ASU- BTC
		A&E- CHT

Total wards/dept	Quarter 4	
47	Done	Not Done
	42	P5
		N1
		D20
		A&E- CHT

Total Wards Medicine Division	Done	Outstanding
28	26	Priory 4
		D28 - Skin

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Assurance Framework 2010/11 – Quarter 1 Update
SPONSORING DIRECTOR:	Kam Dhami, Director of Governance
AUTHOR:	Simon Grainger-Payne, Trust Secretary
DATE OF MEETING:	29 July 2010

SUMMARY OF KEY POINTS:

This report is provided to update the Trust Board on progress with actions undertaken to address the gaps in control and assurance against corporate objectives, which were identified in the Assurance Framework.

A summary of pre and post mitigation scores is below:

Pre mitigation		Post mitigation	
Risk Status	**Corporate Objectives**	**Risk Status**	**Corporate Objective**
RED	1.2, 2.1, 2.4, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 3.2, 4.4, 6.1, 6.5, 6.6	**RED**	None
AMBER	1.1, 1.4, 1.5, 2.2, 2.3, 3.1, 4.1, 4.2, 5.2, 6.3, 6.4, 6.8, 6.10	**AMBER**	1.1, 1.4, 2.1, 2.3, 2.4, 2.6, 2.7, 2.9, 2.11, 3.1, 3.2, 4.1, 4.2, 4.4, 5.2, 6.1, 6.3, 6.5, 6.8,
YELLOW	1.3, 2.5, 4.3, 5.1, 5.3, 5.4, 6.2, 6.9, 6.11	**YELLOW**	1.2, 1.3, 1.5, 2.2, 2.5, 2.8, 2.10, 4.3, 5.1, 5.3, 5.4, 6.2, 6.4, 6.6, 6.9, 6.10, 6.11
GREEN	None	**GREEN**	None

Following the application of the proposed mitigating treatment, no risks remain at red status.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is recommended to note the risks associated with the delivery of the Trust's corporate objectives and progress with actions to address the gaps in assurance and control.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Relevant to all strategic objectives
Annual priorities	Relevant to all annual priorities
NHS LA standards	
CQC Essential Standards Quality and Safety	
Auditors' Local Evaluation	Supports the evidence required for the internal Control dimension

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

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

PREVIOUS CONSIDERATION:

Routine quarterly update, which was considered by the Governance Board on 9 July 2010.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

ASSURANCE FRAMEWORK 2010-11 – QUARTER 1

The Assurance Framework provides the Trust with a simple and comprehensive method for the effective and focused management of the principal risks to meeting its corporate objectives. It also provides evidence to support the Statement on Internal Control.

The Framework identifies where action plans are needed to develop further controls and assurances to allow more effective management of the Trust's risks. These are reflected in the Trust Risk Register.

June 2010

Abbreviations:

CE	Chief Executive
CN	Chief Nurse
COO	Chief Operating Officer
DE / NHPD	Director of Estates/New Hospital Project Director
DFPM	Director of Finance and Performance Management
DG	Director of Governance
MD	Medical Director

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

ASSURANCE FRAMEWORK 2010/11

Principal risks				Controls			Assurances		Action plan to address gaps		Progress with the actions planned to address gaps			
	Pre-mitigation			Key controls	Assurances on controls	Gaps in controls	Positive assurances	Gaps in assurance				Post-mitigation		
What could or is preventing this objective from being achieved?	Probability	Severity	Risk score	*What controls / systems we have in place to assist in securing delivery of our objective*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*Where are we failing to put controls/systems in place? Where are we failing to in making them effective?*	*We have evidence that we are reasonably managing our risks and objectives are being delivered*	*Where are we failing to gain evidence that our controls / systems, on which, we place reliance, are effective?*	*What needs to be done to address the identified gaps in control and assurance*	*Executive Lead and due date*	*Outline of progress to date on actions taken to minimise risk and/or progress with addressing the gaps in control and assurance*	Probability	Severity	Risk score
1. Accessible and Responsive care														
1.1 Continue to achieve national waiting time targets (including A&E, cancer targets and 18 weeks)														
High levels of demand for elective and/or emergency treatment mean that the Trust does not have capacity to hit targets.	4	3	**12**	Well established system for managing capacity.	Daily, weekly and monthly performance reports. Comparative performance with rest of SHA.	No significant gaps in control	The Trust systems have a track record of delivery.	No significant gaps in assurance.	No significant gaps.	COO	Project team to revise action plan in July	4	3	**12**
Planned reductions to bed capacity take place without associated service changes resulting in insufficient capacity to hit targets.				Project team established chaired by Deputy COO.	Progress with capacity reductions reviewed at FMB and F&PC through CIP reports.	Currently have range of actions plans rather than single comprehens ive plan.	Regular reports to FMB and F&PC show progress.	No significant gaps in assurance.	Project team to pull together single action plan for all changes to capacity during 2010/11.					

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
1. 2 Continue to improve the experiences of our patients by focusing on basic nursing care and standards of privacy and dignity														
a) Inadequate staffing levels	4	4	**16**	-Minimum staff policy -Establishment reviews -E-rostering -Bank and agency provision -Recruitment strategies	-Ward reviews -Quality audits -Incident reporting trends -Staff in post figures -Bank use		Board reports x 2 year. Incident and complaint reports. Bank reports.		Continue ward reviews. Implement e-rostering and activity measurement tools. Regular establishment reviews.	CN		4	2	**8**
b) Staff not focussed on delivery of high quality care.				-Training and competency assessment -Policies on basic care provision -Stated standards expected -Patient surveys -Carer surveys -Facilitators -Patient Experience Committee -Optimal Wards	-Ward Reviews -Quality audits -Survey results -Incident data -Patient feedback/ stories -Patient Experience Committee minutes.		Board reports. Complaint and incident reports. CQUIN targets. Patient survey reports.		Data collection. Increase frequency audits and observations of care. Reporting regularly. Appropriate equipment.					
1.3 Make communication with GPs about their patients quicker and more consistent														
Insufficient management capacity to make changes to communication as well as other changes.	4	2	**8**	Project team being established and key measures being identified.	Limited current assurances.	No system at present for measuring / reporting progress on this objective.		No system at present for reporting progress on this objective.	Establish clear project plan for improvement. Identify measures and introduce system for reporting progress.	COO (Sept)	Action to be delivered in July/August	4	2	**8**
Limitations in the Trust's IT restrict the scale of change that can be delivered.				As above	As above.	As above.		As above,	As above.					

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
1.4 Improve our outpatient services, including the appointments system (QuEP)														
Insufficient management capacity to make changes to outpatient system on scale required.	3	4	**12**	Outpatient project board and project team established. Both chaired by COO. Project plan agreed.	Operational progress reviewed at project board and COO team meeting. Progress overseen by FMB and F&PC.	No system for reporting key measures by directorate.	FMB and F&PC oversight of progress with project.	No system for wider reporting of actions and progress to consultants / external stakeholders.	New trust dashboard to include key measures of success on this objective at directorate level. Monthly "public" report on progress and performance to be produced for wide dissemination.	COO (Jul) COO (Jul)	Key actions to be taken during July 2010	3	4	**12**
Changes to the system for booking follow-up appointments and reducing cancellations to be piloted in autumn do not have expected effect.				Project plan agreed for BMEC pilot in autumn. Overseen by OP project board.	As above.	As above.	As above.	As above.	As above.					
Continued high levels of elective demand mean we remain reliant on high levels of premium rate activity.				System introduced for tracking PRW sessions. Plans being developed with directorates to address key concerns.	As above.	As above.	As above.	As above.	Monthly PRW reports to be shared from June onwards. Directorate-level plans to be agreed to reduce where necessary.	COO (Jul) COO (Sept)				
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														
Failure to effectively embed promises in day to day working of Trust	3	3	**9**	Implementation action plan developed, including recruitment aspects	Implementation plan monitored by LiA sponsor group	None identified	None available yet. Outcomes can be monitored via patient survey and complaint trends.	Sponsor Group has not yet reviewed progress with action plan.	Ensure that Sponsor Group reviews implementation of plan at regular intervals	CEO	Review scheduled for 6 July 2010 meeting	2	3	**6**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
2. High Quality Care														
2.1 Continue to keep up high standards of infection control and cleanliness														
Infection control practices not adhered to by all staff all of the time.	4	4	**16**	- Training Standards set - Policies - Screening processes - IC team - DIPC - Action plans and assurance framework - Hygiene Code - Cleaning standards - PEAT processes	- Board reports - IC data and trends - Audit programme - Screening numbers - RAG rating action plan - IC Committee minutes.	None identified	Board reports. Data reports.	None identified	Not applicable	CN	Not applicable	3	4	**12**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
2.2 Formalise our quality system to bring together all that we can do to maintain and improve our quality of care														
Complexity of the task of bringing together exiting data systems / process and organisational structures	3	3	**9**	Regular RAG rated reports covering: Performance, Quality, Nursing, Clinical Effectiveness, Patient Experience and Safety,	Monthly reporting on performance and quality indicators to the Trust Board, its sub-committees and Executive Committees.	None identified	External oversight by the SHA, PCTs and regulatory bodies.	None identified	Not applicable	DG	Board and Executive Team discussions held to review existing quality and performance assurance and outcome measures. Agreed to develop a 'Service Quality Strategy'. The draft will be discussed by the Board in September / October.	3	2	**6**
2.3 Improve the protection and care we provide to vulnerable children and adults														
Vulnerable adults and children are not identified and protected effectively.	3	4	**12**	- Committee structure - Dedicated experts - Policies - Training levels 1-3 - Action plans.	- Committee minutes - Board reports - Incident data - Ward reviews	None identified	Board reports. Incident and data reports.	None identified	Not applicable	CN	Not applicable	3	4	**12**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
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														
The Trust may fail to achieve level 2 NHSLA risk management standards in February 2010 as a result of: ▪ Lack of awareness of and/or failure of staff to follow policy requirements, ▪ Inability to collect adequate evidence due to unavailability of evidence ▪ Interpretation of policies/ evidence by assessors at assessment The Trust may fail to achieve level 1 CNST maternity standards in Q4 2011/12 as a result of: ▪ Failure to evidence proper effective implementation of approved guidelines and processes.	4	4	**16**	Monthly project groups chaired by Director of Governance (NHSLA standards) and Clinical Director for Obstetrics (CNST maternity) Regularly reviewed action plans Executive and Operational Leads for specific standards/ criteria Work streams for identified "hot spot" standards Regular liaison with assessors. Dedicated NHSLA posts now funded	Regular updates to: Governance Board and Governance and Risk Management Committee	Band 7 newly created NHSLA post currently vacant	Successful Level 1 assessment in March 2010 at which 50 out of 50 policies were approved by the NHSLA assessor.	Lack of centralised evidence for some standards, resulting in difficulties in assessing status Compliance levels with some aspects of induction / mandatory training requirements Systems / processes to evidence implementation of policies need to be identified / developed for some policies.	▪ Fill vacant post ▪ Continue collection and assessment of evidence from leads / ward / service areas ▪ Continue targeted "hot spot" work streams (mandatory training, medical devices training, consent, blood ▪ Raise awareness across the organisations of the assessment process.	DG	The options for gaining the most from the vacant post are being explored. Once agreed this will be advertised. An electronic evidence repository is being developed. ‣ Process checklists developed for every criterion and sent to operational leads for approval. ‣ Evidence review: gap analysis underway A new Trust Policy Handbook has been designed and inserts are being produced. <u>CNST Maternity</u> [probability 4, Severity 2 = risk score 8] ‣ Planned visit to Worcester – 8th July ‣ Evidence repository being developed	4	3	**12**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
2.5	**Successfully implement the outcome of the Maternity Review**													
Failure to open City Birthing Centre on schedule Failure to successfully implement obstetric reconfiguration Failure to adequately progress stand alone midwifery led unit in Sandwell (due to open Oct 2011)	2	4	**8**	Maternity Action Team acting as Project Board for scheme, chaired by CEO. Also overseen by Maternity Taskforce and Scrutiny Committee	Progress reports to MAT, MTF and Scrutiny	None Identified	Progress reports show all schemes progressing to timetable. City Birthing Centre open and operating well	None identified	No additional actions required	CEO	Not applicable	2	4	**8**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
2.6 Continue to improve our services for Stroke patients														
The Stroke Service is complex, cross-site and cross-divisional which makes it difficult to implement and embed operational change. Large number of new targets and standards set for 2010-11 – team may not have the capacity to deliver all. Data collection resources may not be adequate. Challenging targets may require fundamental review of emergency admission processes to resolve. Resistance from clinicians who may be adverse to change or perceived additional work	4	4	**16**	Stroke action team headed by Deputy Medical Director and Deputy Ops Director draws all the elements together. Objectives for 2010/11 prioritised in Integrated Stroke Action Plan Data collection clerk in post. Stroke implementation officers out to appointment Corporate oversight of information Stroke Action team Stroke Action Team - multidisciplinary - secures commitment from all stakeholders	Integrated stroke action plan Minutes of Stroke action team Monthly performance reports(not yet live)	Trust does not currently provide information on pathway basis across all elements of the service	Some elements of data corporately monitored – time to scan for all admitted patients and % of time on stroke unit. Evidence of re-engineering of pathways including protected beds Delivery of stroke action plan.	Operational Divisional teams currently not receiving stroke performance data Action plans not completed for all Workstreams PCTS not assured we are meeting contractual specifications. Data currently not accurate and incomplete	Deputy GM Medicine (Stroke) initiating overall comprehensive information package which will be reviewed by Elderly Care Directorate in short term. Trust to review reporting lines for cross cutting services including Stroke. Action Plans to be completed. Improve data.	MD 30/9/10 31/3/11 31/3/11 31/3/11		3	3	**9**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
2.7 Improve the quality of service and safety within our A&E departments														
Improvement requires a change in culture which takes time to embed. Difficulty recruiting quality staff – medical and nursing. Attempting service improvement in period of increasing activity. Clinician resistance to change in practice (eg cross-site working) or perceived increase in workload. IT infrastructure currently different on the two sites. Major adverse publicity due to unexpected event could overtake ED Action plan.	4	5	**20**	ED Action team meets fortnightly ED Risk Register Ongoing reporting of SUIs Ongoing monitoring of TTR action plans at AEC and EDAT External reviews- WMQRS , HEFT	ED action plan reported monthly to Trust Board Reports of external reviewers	Operational dashboard to be developed	Improvement in number of SUIs reported Improvement in staff survey results	No patient feedback	Complete actions on ED action plan Develop operational dashboard Plan program of patient surveys for 2011/12	MD 31/3/11 30/9/10 2011/12		2	5	**10**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
2.8 Achieve the new Quality and Innovation targets agreed with our commissioners (CQUIN) for 2010/11														
IMT resource needed to design electronic data capture solutions for VTE, smoking, stroke and Think Glucose Do not yet have shared agreement and understanding of targets or priorities See Stroke (section 2.6 above) Targets are not achieved in relation to: Tissue Damage Falls Patient Survey	4	4	**16**	Smoking system already implemented Stroke systems under development as described in section 2.6 - Data collection - Training standards known - Internal surveys - Equipment in place - Relevant policies - Incident reporting - Optimal Wards	Regular reporting in performance report. Monthly reports Real time survey results Ward reviews Incident data	VTE and Think Glucose – similar risks to Stroke (see section 2.6). Systems under development.	Delivery of CQUIN targets Performance reports	n/a	Deliver stroke action plan Develop systems for think glucose and VTE	MD/ COO /CN 31/3/ 11 30/9/ 10		2	3	**6**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
2.9 Improve our key patient pathways so that they improve patient experience and use of resources (QuEP)														
Operational pressures due to increased demand restrict our ability to deliver sustainable service improvement. Insufficient management capacity (either general mgmt or service improvement capacity) limits our ability to make changes.	4	4	**16**	Project teams and plan established for 4 key pathways. Specific measures of progress being identified.	Progress reported to COO Team and reviewed at F&PC monthly. Quarterly benchmarking information from BCBV provides external check.	Do not yet have specific set of measures of progress for each pathway.	Monthly reports to FMB, F&PC and TMB. Quarterly benchmarking information from BCBV.	No significant gaps in assurance.	Agree and begin to report specific measures for each of the 4 pathways.	COO (Aug)	Progress made with service changes but needs to be translated into measurable performance	3	4	**12**
2.10 Deliver quality and efficient projects led by clinical directorates (QuEP)														
Not all directorates have proposed QUEP plans Need to co-ordinate and monitor proposed plans	5	3	**15**	Overall Directorate QUEP plan (under development) Monthly progress reporting from directorates Review through QMF process Monthly reports to FMB	Directorate QUEP plan Progress Reports Monthly reports to FMB	Lack of robust infrastructure for monitoring plans	Monthly monitoring and reporting to QUEP Workstreams at FMB.	n/a	Clinical fellow in medical leadership to be appointed and take overall project monitoring role.	MD 30/9/10		3	2	**6**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
2.11 Implement the National Nursing High Impact Changes (QuEP)														
Staff do not adhere to plans for delivering high impact actions and patient care and experience does not improve.	4	4	**16**	- Action plans - Education and plans - ADN leads - Data collection - Nursing structure and appropriate staffing - Optimal Wards.	- Ward Review results. - Data reports.		Board reports. Incident reports. Patient survey results.		Reinstate and revitalise patient experience/ nursing quality group. Recruit Heads of Nursing posts. Electronic data capture. Regular reporting.	CN		3	4	**12**
3. Care Closer to Home														
3.1 Make full use of the outpatient and diagnostic centre at Rowley Regis Hospital														
There is insufficient space at Rowley to increase outpatient activity. There is insufficient demand for services provided from Rowley.	4	3	**12**	Outline plan for future of Rowley produced. Needs to be developed into more detailed plans for 2010/11	Progress monitored through COO Team and RCRH Strategy Group.	Detailed plan for Rowley for 2010/11 still to be produced.	Plan will be presented to appropriate committee plus RCRH Strategy Group when prepared.	Arrangements for oversight to be agreed once plan produced.	Agree detailed plan for Rowley for 2010/11. Establish appropriate arrangements for sign-off of the plan and monitoring progress with delivery.	COO (Sep) COO (Sep)	Planning for future developments now underway.	3	3	**9**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
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														
That the Trust has insufficient capacity (management and/or clinical) to contribute to these projects. That the projects are not able to deliver changes on the scale needed to support progress towards the RCRH model of care.	4	4	**16**	Trust has identified lead managers to support the projects. Progress is reported to RCRH Implement ation Board monthly (chaired by CEO).	RCRH Programme Director also produces monthly report on progress that is shared with Partnership Board and Trust Board.	Trust will need to keep level of resources committed to this work under review as it progresses.	RCRH Programme Director's report to Trust Board.	No significant gaps.	Keep level of project management support and input from Trust under review as projects develop.	COO (ong oing)	Trust playing full role in the delivery of the project to date	3	3	**9**
4. Good Use of Resources														
4.1 Deliver a planned surplus of £2.0m														
The risks that could materialise include an under-delivery of efficiency savings, unplanned costs arising especially where these are not offset by additional income for activity above targeted levels.	3	4	**12**	Performan ce Framework , F&PMC and TB. Qtrly reviews and Divisional scrutiny at F&PMC provides robust system of checks & corrective action.	Independent verification of strength of systems via IA plan, non-Exec chairing of committees and external audit opinion on Use of Resources.	The closing details of the modified contract for managing elective activity with SPCT and HoBtPCT must be finalised.	Risks identified and costed as part of the startpoint plan together with monitoring of that plan routinely at F&PMC and TB. Final drafts prepared for C&V elective element of overall contract.	None identified.	Director level resolution of final points of the elective agreement (overall contract value and volumes previously signed off). The outstanding element pertains to the monitoring of referral patterns and the consequent impact on income.	DFPM	Drafts of contract amendment complete, shared with all parties, sign-off or escalation anticipated by Q2.	3	3	**9**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
4.2 Improve our expenditure by delivering a Cost Improvement Programme for £20m														
Potential risks include a delay in delivering savings targets leading to a financial shortfall that is not bridged via other new schemes. A further potential risks involves the replacement of recurrent schemes with non-recurrent savings leading to an underlying pressure in 11/12.	3	3	**9**	FMB monitoring and scrutiny of exception report together with discretion to agree replacement schemes.	Minutes of meeting, upward reporting to F&PMC.	None identified.	Line by line reporting at FMB, incorporated into Divisional Reviews, F&PMC review of Div position, minutes of meetings.	None identified.	None required. There are some challenges within the CIP but there are no weaknesses in the system for identifying these and implementing rectification plans.	DFPM	As some slippage exists as at May '10 (£133k), together with challenging schemes coming into place the post mitigation score reflects the startpoint and will be updated throughout the year.	3	3	**9**
4.3 Review corporate expenditure in key areas (QuEP)														
Non availability of comparative data or baseline analysis	2	3	**6**	Routine monitoring to FMB, F&PMC, availability of benchmarking data	Progress reports with achievement of deadlines together with ad hoc decision points on future strategy for certain corporate expenditure areas.	None identified.	Evidence gain from updates on project plan.	None identified	None required.	DFPM	Significant paper being prepared on the future of procurement, analysis has commenced of the central DH feedback from the back office benchmarking exercise.	2	2	**4**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
4.4 Ensure that we have the right amount of ward, operating theatre and clinic capacity for our needs (QuEP)														
That we are not able to deliver our bed reconfiguration plans for 2010/11 either due to increases in demand or difficulties in delivering service redesign.	4	4	**16**	Project team for medical bed changes established and being chaired by Dep COO. Progress reported to FMB and F&PC.	Reports to F&PC and FMB on progress with delivery of bed changes.	No significant gaps	Current delays to delivery due to increases in demand identified and plans being developed to respond to them.	No significant gaps in assurance.	Further development of bed reconfiguration project plan to respond to current levels of demand.	COO (Aug)	Bed reconfiguration plan to be reviewed in July in the light of level of demand	3	4	**12**
That we are not able to improve theatre and outpatient efficiency in line with our plans.				Project plans in place for outpatient and theatre work. Progress reported to FMB and F&PC.	Progress reports to F&PC.	No significant gaps in control.	Progress being made and reported to F&PC.	No significant gaps in assurance.						
5. 21st Century Facilities														
5.1 Continue the process to buy the land for the new hospital														
CPO to be confirmed	2	4	**8**	Trust had professional advice and representation at Public Inquiry - now completed. Awaiting report form inspector followed by approval by SoS	Witness statements, Inquiry statements	None identified	Professional opinion of advisors, LAG meeting notes. Compliance with project timescales	None identified	None identified	DE/ NHPD	None required	2	4	**8**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
5.2 Start the formal procurement process for the construction of the new hospital														
Failure to achieve project plan, this could be due to:- Lack of resources, Change in requirements Technical difficulties, Failure of approval steps in timescales allowed, Failure of CPO	4	3	**12**	Agreed project plan and resource schedule in place	Acute hospital project board receive routine report and scrutinise process/ plans	None known	Board minutes and reports	Gateway Review planned	No further actions	DE/ NHPD	Not applicable	3	3	**9**
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)														
Insufficient resources to engage fully	2	3	**6**	Project teams for City and SGH established	Project team minutes and reporting Monthly report to Implementation Board	None identified	Projects progressing as planned	None identified	Secure sufficient resources to deliver projects	DE/ NHPD	None required at present.	2	3	**6**
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														
Insufficient resources to deliver programme	2	3	**6**	Project teams established	Project reported to SIRG (monthly)	None identified	SIRG project reports available	None identified	Not applicable	DE/ NHPD	None required at present.	2	3	**6**
6. An Effective NHS Foundation Trust														
6.1 Ensure that the Trust is registered with the Care Quality Commission and maintains its registration throughout 2010/11														
Failure to evidence compliance with essential quality and safety requirement for CQC registration which could lead to restrictions on service provision and/or financial penalty. Indicators 'flagged' on the Trust's Quality and Risk Profile of held by the CQC e.g. Staff and Patient survey results, response to NPSA safety alerts, NHSLA accreditation status etc.	4	4	**16**	Exec leads assigned to self-assess against CQC require-ments Assurance frameworks / action plans / perform-ance monitoring reports.	Regular updates to the GB and G&RMC Regular liaison with CQC Compliance Manager Internal Audit review (planned for Q4)	n/a	Application for Registration granted by the CQC wef 1st April 2010 with no conditions.	Outcome indicators need to be compiled and reviewed on a timely basis	System to provide monitoring of on-going compliance with CQC requirements to be developed. Electronic evidence repository to be developed.	DG	Report cover sheet now requires reference to be made to the relevant Essential Standards of Quality and Safety. CQC Regulations Evidence Repository created on the Exec Team shared drive	4	3	**12**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
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														
Failure to maintain momentum and continuing spread of LiA Removal of resources supporting LiA	2	3	**6**	Monthly LiA Sponsor Group, chaired by CEO – reviews all projects on rolling basis Action Plan developed to ensure embeddin g	Notes of sponsor group meetings and progress reports on action and communicati ons plans. Cyclical reports to Trust Board. Results of staff survey	None identified	Evidence of continuing large scale organic spread of LiA. Improved scores in latest staff survey.	None identified	Not applicable	CEO	Not applicable	2	3	**6**
6. 3 Implement the next stages of our new clinical research strategy														
Maintenance of reliable income streams Failure of research governance Lack of clarity about the plan	3	4	**12**	Regular reporting of progress on R&D strategy to trust board/ governanc e board Reengineer ing of R&D finance at directorate level New governanc e reporting arrangeme nts in trust	Reports Budget reports Reports to R&D committee	None identified	Delivery of R&D strategy	None identified	Not applicable	MD	Not applicable	3	4	**12**
6. 4 Reduce our impact on the environment by continuing to implement our sustainability strategy														
Lack of resources to manage sustainability action plan	3	3	**9**	Routine group meeting and quarterly reporting to Trust	Reports to Trust Board	None identified	Progress against plan	None identified. Progress against plan could be verified by IA	Not applicable	DE/ NHPD	Not applicable	2	3	**6**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
				Board										
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														
Uncertainty over options available (national policy) Inadequate resources to carry forward plans effectively Lack of ownership by staff, patients and public Failure to deliver Right Care Right Here derails organisational strategy	3	5	**15**	Monitoring of progress at Board Seminars. FT trajectory agreement with SHA	Limited evidence other than ad hoc updates	No formal project plan in place	Updates indicate good progress with ideas development	Lack of progress reports against plan (as plan does not exist as such) National policy not yet clear	Development of formal action plan, linked to FT application process Identification of Exec lead for project with adequate capacity Engagement process with internal and external stakeholders (using LiA)	CEO	Strategy and OD Director appointed – will be project lead Engagement activity begun – LiA event on incentivisation and further LiA work at Leadership Conf planned White Paper expected to be published Jul 2010. FT trajectory agreed with SHA Actions related to RCRH (see secs 3 & 5)	2	5	**10**
6. 6 Embed clinical directorates and service line management into the Trust														
Insufficient CD time available Insufficient management resources available (finance , hr , general management) IMT resources not made available to enable information reporting by directorate Coding issues often make identification of data by directorate difficult Directorate teams do not have skills to fulfil roles Divisional reluctance to take ownership of common set of standards and processes in	4	4	**16**	QMF QMF directorate review process Divisional Reviews Performance Management Dashboards	QMF documents produced quarterly for each directorate Minutes of divisional reviews	Some information not yet available to QMF Information in QMF does not add to division to trust yet Dashboard still under construction	Service Line Implementation Steering Group monitors overall project plan for implementation of objective	No formal divisional review of directorates	Complete design and implementation of comprehensive quality and performance dashboards Engage with divisions to align formal directorate review by divisions with QMF	MD/ COO /DFPM 31/8/ 10 31/3/ 11		2	3	**6**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
respect of performance management of directorates														
6. 7 Implement our Leadership Development Framework														
To be picked up by Director of Strategy and Organisational Development when commences in post – update will be provided for Quarter 2														
6. 8 Refresh the Workforce Strategy and make progress with its implementation														
That Trust priorities and /or insufficient HR capacity may result in delay in/failure to deliver the work programme	4	3	**12**	HR work programme for 2010/11 Alignment of strategic HRM with Trust OD plans Repriority of HR service outputs and method of delivery	Regular review of progress against plan at Workforce DMT Regular reports to TMB Twice yearly reports to TB	HR work programme not yet finalised HR service priorities and method of delivery not finalised	Recent strategy review and update to TB Quarterly HR Dashboards Evidence of integrated approach to national staff survey, Boorman review, LiA, Leadership Framework etc.	No significant gaps in assurance	Finalise HR work programme Restructure HR service and set clear priorities and plans for deliverables	CN	Alternative models of HR being considered LiA event scheduled (8th July) to engage Trust leaders and managers in influencing HR focus and priorities	3	3	**9**
6. 9 Continue to develop our strategy for Information Management and Technology and improve the systems we use														
That we do not have the resources to develop our IM&T system as quickly as we would like. That we are not able to secure sufficiently wide clinical engagement for our work on IM&T.	4	2	**8**	List of IM&T projects for 2010/11 agreed at TMB. Progress reported in detail to SIRG, TMB and F&PC.	In addition to our internal reporting to F&PC, there is external assurance from the reports of the LHE IM&T Board.	Need to review the Trust's structure for engaging clinicians in IM&T.	Reports to F&PC and oversight of LHE Board provide assurance.	No significant gaps.	Review current structure for IM&T engagement and make changes as necessary.	COO (Sep)	Work in progress to review structure.	3	2	**6**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
6. 10 Develop our strategy for medical education and training														
No one individual with overall operational responsibility for medical education and training Multiple external organisations have a view on our outputs eg UoB, deanery, SHA	4	3	**12**	Regular feedback on standards of training from deanery and medical school Internal self assessment by specialties Periodic external specialty reviews	Minutes of Gov Board Internal asst reports to Gov Board Reports from external bodies	Education and Training committee not live	None identified	None identified	Set up regular meetings of education and training committee Identify overall medical training lead Develop strategy	MD /DG 31/10 /10 31/10 /10 31/3/ 11		2	2	**4**
6. 11 Make improvement to the Health and Well-being of staff, including reducing sickness absence														
Failure to reduce sickness absence as planned/in line with national target (3.39%) Failure to develop leaders and managers to improve organisational behaviours to create a healthy workplace	4	2	**8**	Staff Health and Well Being Strategy approved Action plans developed (H&WB + Sickness Absence) H&WB Board level Champion identified Focus on sickness absence + H&WB through Divisional reviews	Staff Health & Well-Being Committee chaired by Exec Lead for Workforce Regular progress reporting through LiA sponsor group, H&WB Committee, H&S Committee. Specific reports to TMB and TB twice yearly	Resource and funding stream to support implementation not yet identified	Staff H&WB strategy and action plan approved Trust absence level currently at 3.58% Dedicated HR resource driving reduction in sickness absence	Resource(s) not identified Future of dedicated sickness team in HR under review	To identify potential resources/funding support delivery of strategy and action plan To review HR approach to dedicated sickness resources (sickness absence team)	CN	Discussions with Sandwell PCT and other avenues being explored Will be considered as part of review of HR service delivery (LiA event on 8th July)	3	2	**6**

Principal risks				Controls			Assurances		Action plan to address gaps		Progress with the actions planned to address gaps			
				Key controls	Assurances on controls	Gaps in controls	Positive assurances	Gaps in assurance						
				Identify potential resource(s) available to support implement ation of H&WB strategy										

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Right Care Right Here Progress Report
SPONSORING DIRECTOR:	Richard Kirby, Chief Operating Officer
AUTHOR:	Jayne Dunn, Redesign Director – RCRH
DATE OF MEETING:	29 July 2010

SUMMARY OF KEY POINTS:

The paper provides a progress report on the work of the *Right Care Right Here* Programme as at the end of June 2010 and includes a copy of the *Right Care Right Here* Programme Director's report to the Right Care Right Here Partnership.

It covers:

- Progress of the Programme.
- Update of the Reviews of Acute and Urgent Care capacity in the Black Country and Birmingham, Sandwell and Solihull.
- The summary findings from the baseline phase of the CLAHRC project on service redesign.

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.
2. NOTE that a review of acute and urgent care capacity in the Black Country is underway in addition to that being undertaken in Birmingham, Sandwell and Solihull.
3. NOTE the summary of findings from the first phase of the Collaborations for Leadership in Applied Health Research and Care (CLAHRC).

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Care Closer to Home: Ensure full Trust participation in the delivery of Right Care, Right Here programme exemplars project
Annual priorities	
NHS LA standards	
CQC Essential Standards of Quality and Safety	
Auditors' Local Evaluation	

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

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

PREVIOUS CONSIDERATION:

Usual monthly progress report to the Trust Board

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

RIGHT CARE RIGHT HERE PROGRAMME: PROGRESS REPORT JULY 2010

INTRODUCTION

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

This report is in three sections:

a) Overview of the work of the Right Care Right Here Programme
b) Programme Director's report as presented to the Right Care Right Here Partnership and the Boards of Sandwell and HoB PCTs (Appendix 1)
c) Summary baseline report from the Collaborations for Leadership in Applied Health Research and Care (CLAHRC) work (Appendix 2)

OVERVIEW

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

Acute and Urgent Care Capacity Review

Work on the review of acute and urgent care capacity in Birmingham is ongoing and the first provider engagement group meeting was held at the end of June. The review is due to report its findings in September 2010.

The Black Country Cluster of PCTs (Sandwell, Dudley, Walsall and Wolverhampton) is also undertaking a review, with the intention to develop a five year plan for acute activity and capacity across the Black Country. This review will also include workforce planning and providers will be involved from the outset.

Medical Engagement Action Plan

Following the medical engagement events in January and February 2010, an action plan has been developed with lead responsibility for 22 actions being identified. Progress against this is being monitored each month through the Medical Engagement Sponsor Group, which comprises Chief Executives and lead clinicians from the two PCTs, Sandwell and West Birmingham Hospitals and Sandwell Mental Health and Social Care NHS Foundation Trust. A social event for GPs and Consultants was held on 26th May 2010 and was well attended with a further event being arranged for September. The proposed shadowing arrangements (for GPs to shadow Consultants and Consultants to shadow GPs, to achieve better understanding of pressures, workloads and challenges) were launched at the event in May.

Joint Health Scrutiny Committee

The RCRH Programme Director along with representatives from partner organisations will be attending the Joint Health Scrutiny Committee on 14th July. The Committee have requested an update on the following areas:

- A general update on the Programme
- Budget/ targets for the new hospital
- How the challenges of moving money from acute settings to community settings are being met

- How the Programme is linking in with transforming community services so that community services are up and ready by the time the new hospital opens
- An update on the work done on intermediate care and financial modelling
- An update on the work being undertaken on clinical pathways.

Project Performance

Work continues within the Programme team and in liaison with key information staff in partner organisations, to design future project performance report formats and establish a systematic, automated means of populating the reports to provide 'context' reports that demonstrate progression to delivering the activity and financial parameters within the Programme.

Service Redesign Activity :

Work continues within the three new work streams, i.e. *Urgent and Emergency Care Network, Intermediate Care* and *Demand Management - Referrals/Outpatients.* Each group has identified objectives and is now identifying priority areas and setting up working groups and processes to undertake work around these priorities.

Care Pathways

The two care pathway reviews undertaken in May (Acute Coronary Syndrome and Arrhythmia) have produced 4 proposed redesigned pathways:

- Arrhythmia
- Ectopic Beats
- Acute Coronary Syndrome
- Cardiovascular Disease Risk Management

All four pathways have been approved by the nominated Pathway Approver. High level resource impact statements are now being produced for the 4 proposed pathways in order to enable a systematic assessment of the strategic impact of each proposed redesigned pathway and respective financial viability. This will inform the decision to proceed to implementation through commissioners.

The Heart Failure care pathway review was held on the 22nd June. The aim is to undertake the Diabetes Care Pathway Review in July once a GP representative has been identified from HoB tPCT.

Collaborations for Leadership in Applied Health Research and Care (CLAHRC)

The Trust along with Walsall Hospitals NHS Trust and University Hospitals Birmingham Foundation Trust, is participating in the Collaborations for Leadership in Applied Health Research and Care (CLAHRC) initiative. There are a number of projects within the CLAHRC with one being service redesign. This project has two main purposes:

- to identify the drivers for change and observe how the Trusts respond to these;
- and to explore ways in which academia and the NHS may work better together, helping evidence based innovation to be put into practice for maximum effectiveness.

The project has just completed its first/baseline phase and a summary report from this can be found in Appendix 2. The baseline phase found that the three Trusts varied considerably in the demography of their population, case mix, workforce, organisational identity and relationship with the outside world. They were similar to each other in terms of needing to meet national policies and targets, but their attitude and priority towards these issues varied considerably.

The next step is a 'longitudinal' phase in which a number of themes will be tracked over three years using specific clinical services as exemplars for each theme. The themes felt to exemplify the issues concerning change that faced the Trusts over the next few years are:

- Handling unplanned care
- The interface between the hospital and community providers
- Identifying and dealing with complex care
- The provision and handling of information

- Corporate working and the culture of organisational change

The next steps in the project are to identify the clinical and managerial areas that will act as the exemplars for each of these themes. These are currently being followed up and developed in collaboration with colleagues (both clinical and non-clinical) at the partner Trusts, to ensure that the areas of study are helpful to their organisations. Clinical leads from the Trust are involved in this work.

The project will issue reports at agreed intervals to ensure that findings are shared in a timely, yet objective manner.

RECOMMENDATIONS

The Trust Board is recommended to:

1. NOTE the progress made with the Right Care Right Here Programme.
2. NOTE that a review of acute and urgent care capacity in the Black Country is underway in addition to that being undertaken in Birmingham, Sandwell and Solihull.
3. NOTE the summary of findings from the first phase of the Collaborations for Leadership in Applied Health Research and Care (CLAHRC).

Jayne Dunn
Redesign Director – Right Care Right Here
20th July 2010

APPENDIX 1

RIGHT CARE RIGHT HERE PROGRAMME

Report to:	**Right Care Right Here Partnership Board**
Report of:	**Les Williams, Programme Director**
Subject:	**Programme Director's Report**
Date:	**Monday, 28th June, 2010**

1. Summary and Recommendation

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

The Partnership Board is recommended to:

- Note the content of the report.

2. Acute and Urgent Care Capacity Reviews

As reported last month, the Birmingham PCTs have commenced their capacity review which covers Birmingham, Sandwell and Solihull.

Detailed analysis has been undertaken and this is to be presented to a Provider Engagement Group on Wednesday 22nd June. An update on the outcomes will be given at the meeting. The Programme will be well represented at Chief Executive and Clinical Lead level.

The intention of the meeting is stated to be:

'To review the current capacity across the city of Birmingham to set out;

a. How capacity is utilised across the city.

b. Any differences in infrastructure of current capacity.

c. To take a long view of the needs of the population over the next ten years.

d. To apply need to capacity and best practice models in the future.

e. Utilise the intelligence to model future potential options or scenarios.

f. This will form the basis of the work required for an acute strategy in the new Birmingham PCT. It will also form a key part of the QIPP review work across the City.

g. A mapping will be made of commissioner assumptions regarding acute capacity and provider assumptions over the next 5 year period.'

The timeframe for a completed report, with recommendations, remains September 2010 to acknowledge the timeframe being pursued for the New Acute Hospital's Outline Business Case.

A copy of the briefing note provided to invited clinicians is attached at Appendix 1.

The Black Country Cluster of PCTs (Sandwell, Dudley, Walsall and Wolverhampton) is also undertaking a review, with the intention to develop a five year plan for acute activity and capacity across the Black Country. The approach being adopted is shown at Appendix 2. This identifies additional elements to the review being undertaken in Birmingham, particularly workforce planning. It is also notable that this will be conducted with the involvement of providers from the outset, rather than through a consultative approach as in Birmingham.

2. Medical Engagement Action Plan

As members will recall, following the medical engagement events in January and February 2010, an action plan has been developed with lead responsibility for 22 actions being identified. A copy of the updated action plan is given at Appendix 3. Progress against this is being monitored each month through the Medical Engagement Sponsor Group, which comprises Chief Executives and lead clinicians from the two PCTs, Sandwell and West Birmingham Hospitals and Sandwell Mental Health and Social Care NHS Foundation Trust.

The social event for GPs and Consultants on 26th May 2010 at the Botanical Gardens, Birmingham was well attended and very successful and a further event is being arranged for September. The proposed shadowing arrangements (for GPs to shadow Consultants and Consultants to shadow GPs, to achieve better understanding of pressures, workloads and challenges) were launched at this event.

3. Invitation to present to Joint Overview and Scrutiny Committee, 14th July 2010

I have received an invitation for the Programme to present to the Joint Overview and Scrutiny Committee on 14th July. The areas the Committee wish us to cover are:

- A general update on the Programme
- Budget/ targets for the new hospital
- How the challenges of moving money from acute settings to community settings are being met
- How the Programme is linking in with transforming community services so that community services are up and ready by the time the new hospital opens
- An update on the work done on intermediate care and financial modelling
- An update on the work being undertaken on clinical pathways

I have invited Chief Executives to attend or nominate a representative and will be meeting with John Garratt to discuss joint responses on a number of these areas.

4. Recommendation

The Partnership Board is recommended to:

- Note the content of the report.

Les Williams
Programme Director

Birmingham and Black Country (BBC) Collaborations for Leadership in Applied Health Research and Care

Theme 1: from structure to function

As a publicly funded, politically driven system, the NHS is subject to many pressures, whether clinical, financial, professional, or cultural. Theme 1 of the BBC CLAHRC is using a case study approach to investigate how these pressures affect three local acute hospitals: University Hospitals Birmingham Foundation Trust (UHBFT), Sandwell and West Birmingham Hospitals Trust (SWBHT) and Walsall Hospitals Trust (WHT).

The project has two main purposes: to identify the drivers for change and observe how the Trusts respond to these; and to explore ways in which academia and the NHS may work better together, helping evidence based innovation to be put into practice for maximum effectiveness.

The study has just completed its 'baseline' phase that looked at the pressures driving change at the Trusts, and outlined the approaches taken by each of them in response to these. It has also identified several themes to track in the next 'longitudinal' phase, following these using a number of clinical conditions over the next three years or so.

As expected, the three Trusts varied considerably in the demography of their population, case mix, workforce, organisational identity and relationship with the outside world. They were similar to each other in terms of needing to meet national policies and targets, but their attitude and priority towards these issues varied considerably.

For example, UHBFT seemed to follow its own internal agenda in areas such as the development of an electronic patient record system, and its approach to workforce policies and regulations. WHT on the other hand, appeared to be more outward facing with a sense that the Trust tended towards a 'crisis management' approach to the demands made on it. SWBHT seemed to lie between the other two Trusts, clearly understanding the need to meet targets but also being more grounded in its long term strategy. The evolving nature of national initiatives can place conflicting demands on the organisations, which may lead to a barrage of transient responses unless Trusts can find a way of incorporating them into their longer term strategic aims.

The key issues raised by interviewees included: a strong sense of loyalty tempered by perceptions of inconsistency of message about Trust priorities (WHT); an emphasis on being the 'best in care' offset by little evidence of real user involvement (UHBFT); the prominence of the 'Right Care Right Here' project balanced by uncertainties about the future of the planned new hospital (SWBHT); issues of Trust organisation and structure (SWBHT and WHT); the challenges of moving into new premises (UHBFT and WHT); variations in management style and staff engagement (all three Trusts).

The baseline analysis produced five key themes that were felt to exemplify the issues concerning change that faced the Trusts over the next few years. These are:

- Handling unplanned care
- The interface between the hospital and community providers
- Identifying and dealing with complex care
- The provision and handling of information
- Corporate working and the culture of organisational change

The next steps in the project are to identify the clinical and managerial areas that will act as the exemplars for each of these themes. Ideas for specific services have been generated by the baseline interviews and from workshops held at each of the participating Trusts, and these are currently being followed up and developed in collaboration with colleagues (both clinical and non-clinical) at the partner Trusts, to ensure that the areas of study are helpful to their organisations.

Once identified, the study areas will continue to be reviewed using a combination of quantitative methods (such as activity and cost data, surveys, 'data mining' etc) and qualitative ones (e.g. interviews and workshops). Reports of the findings will be issued in 'real time' at intervals agreed with those involved in service delivery, to ensure that findings are shared in a timely, yet objective manner.

The CLAHRC Theme 1 Team
May 2010

Sandwell and West Birmingham Hospitals NHS
NHS Trust

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:	29 July 2010

SUMMARY OF KEY POINTS:

The Project Director's report gives an update on:

- Land acquisition
- Outline Business Case (OBC)
- Naming the Hospital
- Commercial Documents

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	21st Century Facilities
Annual priorities	
NHS LA standards	
CQC Essential Standards Quality and Safety	
Auditors' Local Evaluation	

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

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

PREVIOUS CONSIDERATION:

Routine monthly update to the Board.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

right care right here

Report to:	**Trust Board**
Report of:	**Graham Seager / Andrea Bigmore**
Subject:	**Project Director's Report**
Date:	**July 2010**

1. Land Acquisition

Following the Compulsory Purchase Order Inquiry the team are awaiting the recommendation of the inspector. In the meantime the team are continuing to pursue voluntary acquisitions

2. Outline Business Case (OBC)

Most of the sections of the OBC Update have been drafted and are now being collated into a refreshed document for approval at the end of the year. The document needs to be revised for all changes since it was approved by the Department of Health (DH) in August 2009. It will also need to take the financial context and emerging health policy into account. The Project Team will do some quality checks on the document over the next two weeks before sending the draft document to the Strategic Health Authority (SHA) for review in August. The SHA gave us some really helpful guidance and feedback during the previous approvals process, so we anticipate that this review will help us ensure that our documents are as robust as possible.

The OBC will be presented to the September Trust Board to seek agreement to formal submission to the SHA, DH and HM Treasury.

3. Naming the Hospital

Ideas for names for the new hospital are now pouring in. An interim report on the hospital name will be considered at the end of this month before careful checks are made on whether potential names have been used elsewhere or have any other constraints upon them. A shortlist will be agreed in August and an engagement process will follow to help the Board select a name in October.

4. Commercial Documents

The team is developing the procurement documents for the project and has started the process of review with the Private Finance Unit (PFU).

In summary the documents consist of the following:

- **Documents to initiate the procurement including:**
    - An Official Journal of the European Union (OJEU) notice to invite applications from interested parties.

- A Memorandum of Information (MOI), which provides details of the scheme for potential bidders.

- A Prequalification Questionnaire for bidders to complete on application.

- **The Invitation to Participate in Dialogue**, which is a suite of many documents that provide the bidders who are selected at prequalification with the information they require for the procurement process. The table below gives an outline of the scope and structure of the ITPD.

Volume	Title	Content
One	Introduction and Scope	Project overview, scope and background Services and facilities to be provided Outline of procurement process and timescales
Two	Design Specification	Clinical and functional requirements Architectural design strategy Quality of construction Technical information
Three	Commercial Document	Summarises Trust's commercial position Fully worked up Project Agreement and schedules
Four	Competitive Dialogue Process	Details the procurement process and timetable Describes the deliverables required from bidders Outlines the evaluation strategy

There will be four main body documents supported by a large number of legal, commercial and technical documents, drawings, reports and spreadsheets.

It is essential that all of these documents are as clear and consistent as possible to ensure that bidders understand our project specific requirements.

The PFU has already started advising us on ITPD volume One and Four and will be receiving a lot more documents from us during August. Their feedback will help us develop fit for purpose documents.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Financial Performance Report – June 2010
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Robert White/Tony Wharram
DATE OF MEETING:	29 July 2010

SUMMARY OF KEY POINTS:

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

For the year to date, the Trust has posted a deficit of (£3,000) against its statutory accounts target and a surplus of £270,000 against its DoH control total. Both are £46,000 above the planned position.

Capital expenditure for the year to date is £6,347,000 and the cash balance at 30th June was £0.3m higher than planned.

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

Approval	Receipt and Noting	Discussion
X	**X**	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

NOTE the contents of the report;
ENDORSE any actions taken to ensure that the Trust remains on target to achieve its planned financial position; and
Based on a recommendation from the F&PM Committee, APPROVE the revised financial plan.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Financial Management Board and Trust Management Board on 20 July 2010; Finance and Performance Management Committee on 22 July 2010.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – June 2010

EXECUTIVE SUMMARY

• For the period 1st April 2010 to 30th June 2010, the Trust produced a "bottom line" surplus of £270,000 which is £46,000 better than the planned position (as measured against the DoH performance target).

• A very prudent view of over performance (based on priced May activity) has been included in the financial position. The remaining details of the elective referral based element of the SLA are being finalised with Sandwell PCT.

• At month end, WTE's (whole time equivalents) were approximately 15 above plan, including the effect of agency workers (the equivalent of 104 wte's in month). This includes an increase of approximately 29 in the actual number of wte's from all sources compared with the equivalent position reported for May although total pay expenditure for the month, inclusive of agency costs, was £87,000 below plan,

• The month-end cash balance is broadly in line with the planned cash profile, largely driven by the payment of approximately £5.7m in respect of Grove Lane land purchase which was originally expected later in the year.

• As a result of the payment for Grove Lane land, capital expenditure is now significantly ahead of plan although this is only a phasing issue as this payment was included within the original programme. Other than this, capital expenditure continues at a fairly low level.

Financial Performance Indicators

Measure	Current Period	Year to Date	Thresholds		
			Green	Amber	Red
I&E Surplus Actual v Plan £000	15	46	> Plan	> = 99% of plan	< 99% of plan
EBITDA Actual v Plan £000	9	33	> Plan	> = 99% of plan	< 99% of plan
Pay Actual v Plan £000	87	-262	< Plan	< 1% above plan	> 1% above plan
Non Pay Actual v Plan £000	-225	-239	< Plan	< 1% above plan	> 1% above plan
WTEs Actual v Plan	-15	10	< Plan	< 1% above plan	> 1% above plan
Cash (incl Investments) Actual v Plan £000	355	355	> = Plan	> = 95% of plan	< 95% of plan
CIP Actual v Plan £000	-24	-102	> 97½% of Plan	> = 92½% of plan	< 92½% of plan

Note: positive variances are favourable, negative variances unfavourable

Performance Against Key Financial Targets

Target	Year to Date Plan £000	Year to Date Actual £000
Income and Expenditure	224	270
Capital Resource Limit	1,935	6,347
External Financing Limit	---	361
Return on Assets Employed	3.50%	3.55%

2010/2011 Summary Income & Expenditure Performance at June 2010	Annual Plan £000's	CP Plan £000's	CP Actual £000's	CP Variance £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's	Forecast Outturn £000's
Income from Activities	341,883	28,486	28,546	60	85,450	86,011	561	342,633
Other Income	39,990	3,356	3,443	87	9,950	9,923	(27)	39,990
Operating Expenses	(355,162)	(29,687)	(29,825)	(138)	(88,981)	(89,482)	(501)	(355,957)
EBITDA	26,711	2,155	2,164	9	6,419	6,452	33	26,666
Interest Receivable	25	2	8	6	6	19	13	70
Depreciation & Amortisation	(18,612)	(1,338)	(1,338)	0	(4,015)	(4,015)	0	(18,612)
PDC Dividend	(7,656)	(638)	(638)	0	(1,914)	(1,914)	0	(7,656)
Interest Payable	(2,180)	(182)	(182)	0	(545)	(545)	0	(2,180)
Net Surplus/(Deficit)	**(1,712)**	**(1)**	**14**	**15**	**(49)**	**(3)**	**46**	**(1,712)**
IFRS/Impairment Related Adjustments	3,750	91	91	0	273	273	0	3,750
SURPLUS/(DEFICIT) FOR DOH TARGET	**2,038**	**90**	**105**	**15**	**224**	**270**	**46**	**2,038**

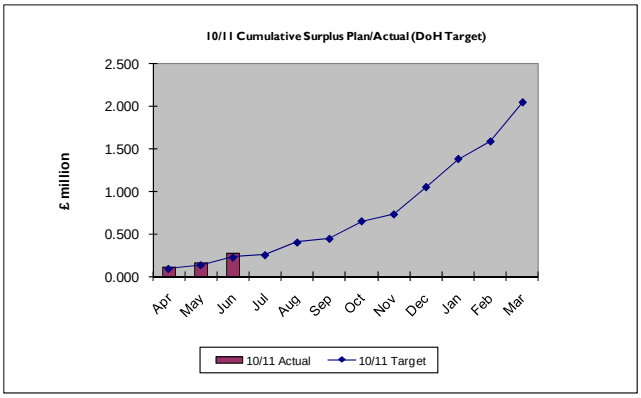
The Trust's financial performance is monitored against the DoH target shown in the bottom line of the above table. IFRS and impairment adjustments are technical, non cash related items which are discounted when assessing performance against this target.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – June 2010

Overall Performance Against Plan

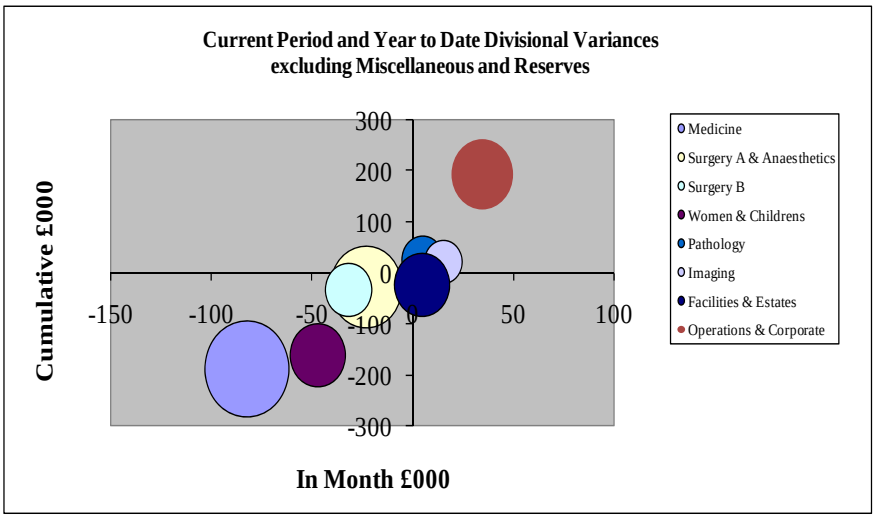
• The overall performance of the Trust against the DoH planned position is shown in the adjacent graph with current performance marginally ahead of plan.



Divisional Performance

• Some divisions (Medicine, Women & Childrens, and to a lesser extent, the two surgical divisions) recorded budget deficits during the month when compared with start-point plans. This adverse performance is more than offset by better than planned results in Corporate and Miscellaneous Services. The net Trustwide performance therefore, shows a position which is marginally better than plan. Patient care activity (especially admissions) continues to exceed anticipated levels and a significant element of budgetary pressure can be attributed to this and the associated need to maintain capacity at higher than planned levels. This is particularly prevalent within the Medicine Division where high levels of temporary staffing costs, both bank and agency, continue to be incurred.

• To put the Medicine position into context, it remains essential to recognise that changes to the tariff in 2010/2011 (particularly the 30% marginal rate tariff for emergency over performance) as well as the planned changes in activity levels linked with the RCRH programme discourage over performance. Given the likelihood of an increasingly difficult financial outlook, it is essential that all divisions are successful in containing costs within agreed plans and to implement plans to improve upon any net deficit existing at the end the first quarter.

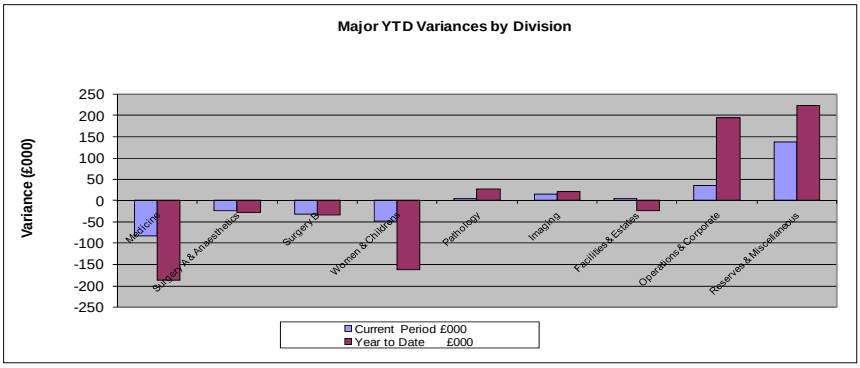


The tables adjacent and below show a mixed position across divisions. Medicine and Womens & Childrens both have significant in month and year to date deficits, Corporate Services has an offsetting surplus whilst most other operational divisions have generated a year to date position relatively close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

Sandwell and West Birmingham Hospitals NHS
NHS Trust

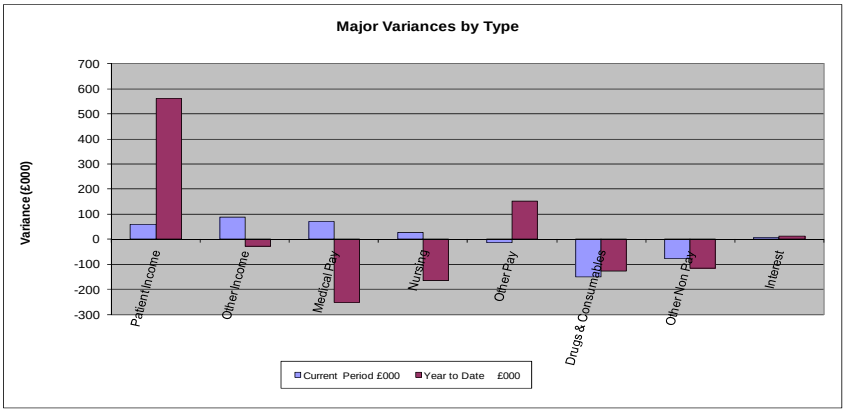
Financial Performance Report – June 2010

Divisional Variances from Plan	Current Period £000	Year to Date £000
Medicine	-82	-187
Surgery A & Anaesthetics	-23	-27
Surgery B	-32	-33
Women & Childrens	-47	-161
Pathology	5	27
Imaging	15	22
Facilities & Estates	4	-23
Operations & Corporate	35	194
Reserves & Miscellaneous	138	224



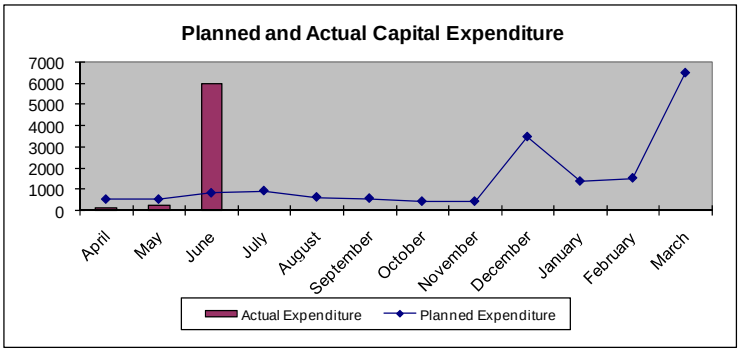
The tables below illustrate that overall, income is performing significantly better than plan but offset by higher levels of expenditure required to maintain additional capacity and deliver higher activity levels.

Variance From Plan by Expenditure Type	Current Period £000	Year to Date £000
Patient Income	60	561
Other Income	87	-27
Medical Pay	71	-250
Nursing	28	-164
Other Pay	-12	152
Drugs & Consumables	-148	-125
Other Non Pay	-77	-114
Interest	6	13



Capital Expenditure

• Planned and actual capital expenditure by month is summarised in the adjacent graph. Expenditure of almost £6m was incurred in June, the vast majority in relation to Grove Lane land purchases.



Sandwell and West Birmingham Hospitals NHS
NHS Trust

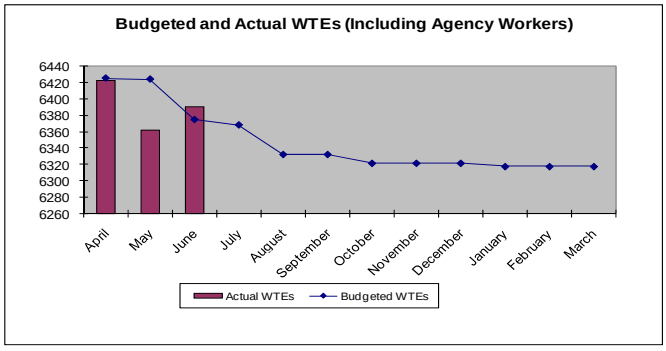
Financial Performance Report – June 2010

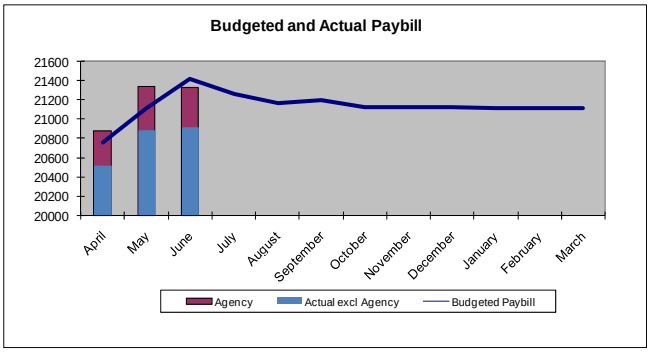
Paybill & Workforce

• Workforce numbers, including the impact of agency workers, are approximately 15 wtes above plan for June. This represents an increase in the actual number of wtes of around 29 compared with the position in May.

• Total pay costs (including agency workers) are £63,000 below budgeted levels for the month although this performance does incorporate the effect of some release of divisional reserves in month. This compares with an adverse variance against plan of (£230,000) in May. The main areas where expenditure is still in excess of plan are nursing and midwifery, healthcare assistants and support staff and medical staff offset by lower than planned expenditure among other pay groups. Higher than planned levels of spend in key areas are driven, in part at least, by additional capacity continuing to be open.

• Expenditure for agency staff in June was £413,000 compared with £467,000 for May. Again, around half of this expenditure, whether for June 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 June					
		Actual				
	Budget £000	Substantive £000	Bank £000	Agency £000	Total £000	Variance £000
Medical Staffing	18,376	18,048		578	18,626	(250)
Management	3,349	3,157		0	3,157	192
Administration & Estates	7,170	7,032		219	7,251	(81)
Healthcare Assistants & Support Staff	6,796	6,325	448	191	6,964	(168)
Nursing and Midwifery	18,669	17,781	862	190	18,833	(164)
Scientific, Therapeutic & Technical	8,884	8,650		63	8,713	171
Other Pay	38	0			0	38
Total Pay Costs	63,282	60,994	1,310	1,240	63,544	(262)

Sandwell and West Birmingham Hospitals NHS Trust

Financial Performance Report – June 2010

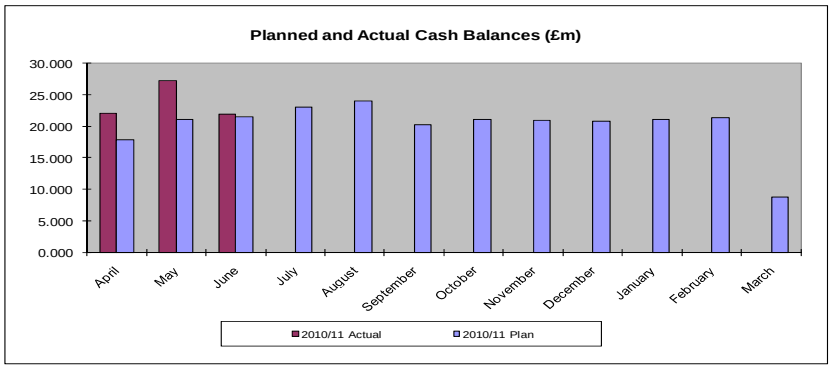
Balance Sheet

• 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 30th June are approximately £0.3m higher than the plan, the reduction in month primarily being the result of payments of around £5.7m in respect of Grove Lane land purchases.

Sandwell & West Birmingham Hospitals NHS Trust
STATEMENT OF FINANCIAL POSITION

		Opening Balance as at March 2010 £000	Balance as at June 2010 £000	Forecast at March 2011 £000
Non Current Assets	Intangible Assets	426	388	400
	Tangible Assets	220,296	222,666	219,610
	Investments	0	0	0
	Receivables	1,158	1,250	1,350
Current Assets	Inventories	3,439	3,592	3,450
	Receivables and Accrued Income	19,289	18,811	19,500
	Investments	0	0	0
	Cash	15,867	21,850	13,967
Current Liabilities	Payables and Accrued Expenditure	(31,962)	(42,506)	(34,017)
	Loans	0	0	0
	Borrowings	(1,698)	(1,695)	(1,690)
	Provisions	(5,338)	(3,277)	(5,000)
Non Current Liabilities	Payables and Accrued Expenditure	0	0	0
	Loans	0	0	0
	Borrowings	(32,476)	(32,052)	(30,786)
	Provisions	(2,175)	(2,175)	(2,150)
		186,826	186,853	184,634
Financed By				
Taxpayers Equity	Public Dividend Capital	160,231	160,231	160,231
	Revaluation Reserve	36,545	36,575	36,575
	Donated Asset Reserve	2,148	2,148	1,698
	Government Grant Reserve	1,103	1,103	1,043
	Other Reserves	9,058	9,058	9,058
	Income and Expenditure Reserve	(22,259)	(22,262)	(23,971)
		186,826	186,853	184,634



Sandwell and West Birmingham Hospitals NHS

NHS Trust

Financial Performance Report – June 2010

Cash Flow

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

Sandwell & West Birmingham Hospitals NHS Trust

CASH FLOW

12 MONTH ROLLING FORECAST AT June 2010

ACTUAL/FORECAST	Jun-10 £000s	Jul-10 £000s	Aug-10 £000s	Sep-10 £000s	Oct-10 £000s	Nov-10 £000s	Dec-10 £000s	Jan-11 £000s	Feb-11 £000s	Mar-11 £000s	Apr-11 £000s	May-11 £000s	Jun-11 £000s
Receipts													
SLAs: Sandwell PCT	**12,761**	13,503	13,503	13,503	13,503	13,503	13,503	13,503	13,503	13,506	13,236	13,236	13,236
HoB PCT	**7,114**	7,156	7,156	7,156	7,156	7,156	7,156	7,156	7,156	7,165	7,022	7,022	7,022
Associated PCTs	**4,948**	4,857	4,857	4,857	4,857	4,857	4,857	4,857	4,857	4,862	4,765	4,765	4,765
Pan Birmingham LSCG	**1,298**	1,260	1,260	1,260	1,260	1,260	1,260	1,260	1,260	1,257	1,232	1,232	1,232
Other SLAs	**513**	1,342	1,342	1,342	1,342	1,342	1,342	1,342	1,342	1,328	1,328	1,328	1,328
Over Performance Payments	**1,073**	500											
Education & Training	**1,131**	1,416	1,416	1,416	1,416	1,416	1,416	1,416	1,416	1,416	1,416	1,416	1,416
Loans	**0**												
Interest	**8**	2	2	2	2	2	2	2	2	2	2	2	2
Other Receipts	**3,507**	1,858	1,858	1,858	1,858	1,858	1,858	1,858	1,858	1,858	1,858	1,858	1,858
Total Receipts	32,353	31,893	31,393	31,393	31,393	31,393	31,393	31,393	31,393	31,393	30,858	30,858	30,858
Payments													
Payroll	**12,337**	11,808	11,712	11,712	11,675	11,675	11,675	11,663	11,663	11,663	11,663	11,663	11,663
Tax, NI and Pensions	**8,610**	9,113	9,113	9,113	9,113	9,113	9,113	9,113	9,113	9,113	9,113	9,113	9,113
Non Pay - NHS	**4,095**	2,043	2,043	2,290	2,110	2,357	1,616	2,164	2,164	2,505	2,000	2,001	2,001
Non Pay - Trade	**4,733**	6,129	6,129	6,870	6,331	7,072	4,849	6,492	6,492	6,902	6,500	6,500	6,500
Non Pay - Capital	**5,950**	595	595	595	595	595	3,595	940	940	4,422	750	750	750
PDC Dividend	**0**			3,828						3,828			
Repayment of PDC	**0**												
Repayment of Loans	**0**												
Interest	**0**												
BTC Unitary Charge	**367**	380	380	380	380	380	380	380	380	380	390	390	390
Other Payments	**1,583**	350	350	350	350	350	350	350	350	350	250	250	250
Total Payments	37,675	30,419	30,323	35,139	30,555	31,543	31,579	31,102	31,102	39,163	30,665	30,666	30,666
Cash Brought Forward	**27,172**	21,850	23,325	24,395	20,650	21,489	21,340	21,154	21,445	21,736	13,967	14,159	14,351
Net Receipts/(Payments)	**(5,322)**	1,475	1,071	(3,745)	839	(149)	(185)	291	291	(7,770)	193	192	192
Cash Carried Forward	**21,850**	23,325	24,395	20,650	21,489	21,340	21,154	21,445	21,736	13,967	14,159	14,351	14,542

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

Risk Ratings

Measure	Description	Value	Score
EBITDA Margin	Excess of income over operational costs	7.2%	3
EBITDA % Achieved	Extent to which budgeted EBITDA is achieved/exceeded	100.5%	5
Return on Assets	Surplus before dividends over average assets employed	3.5%	3
I&E Surplus Margin	I&E Surplus as % of total income	0.0%	2
Liquid Ratio	Number of days expenditure covered by current assets less current liabilities	-1.5	1
Overall Rating			**2.5**

Risk Ratings

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

•The only significantly weak area remains liquidity which is to be expected as non Foundation Trusts do not have access to a Working Capital Facility, this being prerequisite to authorisation as an FT.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – June 2010

Revised Financial Plan

As a result of a number of significant changes to elements of the Trust's financial plan originally approved at the March 2010 Board meeting, a refreshed summary plan is shown in the table below. This has been subject to detailed review at the Finance and Performance Management Committee.

Sandwell & West Birmingham Hospitals NHS Trust Income and Expenditure: Summary Revised Financial Plan	Annual Financial Plan Jun-10 £000
INCOME	
Income from NHS Patient Care	
Main Commissioner Contracts	333,272
Other SLA Income	17,132
Total Income from NHS Patient Care	**350,404**
Non NHS Clinical Income	
Private Patient Income	91
Other Non Protected Income	1,952
Total Non NHS Clinical Income	**2,043**
Other Operating Income	
Education and Training	17,395
Services Provided	9,211
Research & Development	1,092
Other Income	2,154
Total Other Operating Income	**29,852**
TOTAL INCOME	**382,299**
OPERATING COSTS	
Pay	(252,596)
Non Pay	(106,171)
TOTAL OPERATING COSTS	**(358,768)**
EBITDA	**23,531**
Depreciation & Amortisation	(13,074)
Impairment of Assets	(2,650)
Total interest receivable/ (payable)	25
Total interest payable on Loans and leases	(2,115)
PDC Dividend	(5,855)
TOTAL NON OPERATING COSTS	**(23,669)**
Net Surplus/(Deficit)	**(137)**
Technical Adjustments	
Impairments	2,650
IFRIC 12 Impact	(475)
NET BREAK EVEN PERFORMANCE FOR DoH TARGET	**2,038**

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – June 2010

Revised Financial Plan (cont)

The planned overall performance of the Trust against the DoH target has not been changed and the Trust still aims to achieve a "bottom line" surplus of £2,038k against this target. Individual elements of the plan have been amended to incorporate the following:

- finalisation of some LDP agreements with commissioners (particularly with the Birmingham, Sandwell & Solihull Consortium and the Black Country Consortium);
- confirmation of final arrangements for Strategic Change Reserve funding;
- recognition of the RCRH and Quality Review costs; and
- reductions in estate related capital charges following the DV valuation of property at 31st March 2010.

External Focus

•The publication of the Health White Paper on 12th July significantly shifts responsibility for the commissioning of healthcare services from PCTs to consortia of GP practices. The detailed proposals within the White Paper are likely to have a significant effect on all NHS trusts and the relationships between providers and commissioners of secondary care services.

• The additional performance monitoring introduced by the Department of Health and the Strategic Health Authority for those organisations in receipt of Strategic Change Reserve funding has been fully implemented and forms a key element of the quarterly FIMS returns due for submission shortly. This process will monitor not just "bottom line" performance but also actual activity levels and income and expenditure against a monthly profile. The monthly profile was established as part of the Strategic Change Reserve funding process and shows a planned position of downward movements in all elements. This is consistent with the Right Care Right Here trajectory but also reflects the expected tightening of resources for future years across the whole NHS.

• Work is continuing with Sandwell PCT as co-ordinating commissioner on finalising details of the elective, referrals based SLA for the year. Again, this is a key determinant of the Trust's financial and operational performance as well as a significant element of the RCRH transitional process.

Conclusions

• For the first three months of the financial year, the Trust has posted a deficit of (£3,000) against its statutory accounts target and a surplus of £270,000 against its DoH control total. Both are £46,000 above the planned position.

• Capital expenditure in June was almost £6m, the bulk related to the purchase of land for the Grove Lane site.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – June 2010

Conclusions (cont)

•At 30th June, cash balances are approximately £0.3m higher than the cash plan, the reduction in month primarily being related to the purchase of land.

• There are ongoing indications of cost pressures manifesting in a number of clinical and operational divisions, particularly Medicine, Surgery A, Anaesthetics & Critical Care and Womens & Childrens. To an extent these pressures are offset by additional income from patient related SLAs, but a significant element of these cost pressures can be directly attributed to additional capacity being maintained.

•Performance of Corporate Divisions continues to be better than planned and this has made a significant contribution to the overall position of the Trust.

•Given the strong likelihood of increased financial and operational pressures later in the year and the worsening situation with general public finances, it is essential that the Trust maintains a healthy financial position for the remainder of the year. Any cost pressures inherent within the current position need to be addressed urgently in order to ensure this is delivered.

Recommendations

The Finance & Performance Management Committee is asked to:

i. **NOTE the contents of the report;**

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

iii. **Based on a recommendation from the F&PM Committee, APPROVE the revised financial plan summarised in the table above.**

Robert White

Director of Finance & Performance Management

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Monthly Performance Monitoring Report
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Mike Harding, Head of planning & Performance Management
DATE OF MEETING:	29 July 2010

SUMMARY OF KEY POINTS:

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

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Financial Management Board, Trust Management Board and Finance and Performance Management Committee.

SANDWELL AND WEST BIRMINGHAM HOSPITALS PERFORMANCE MONITORING REPORT - JUNE 2010

EXECUTIVE SUMMARY

Note	Comments
a	The percentage of **Cancelled Operations** has remained essentially stable at 1.0% during the last 4 months, although this remains higher than the target of 0.8% or less. Highest numbers reported in the most recent month, June, relate to Urology and Ophthalmology.
b	**Delayed Transfers of Care** increased on both sites during June, to an overall level of 5.1%. Approximately 75% of delays were attributable to Social Services, with a fairly even distribution between Sandwell and Birmingham local authorities.
c	**Stroke Care** - the proportion of patients spending at least 90% of their hospital stay on a Stroke Unit remained stable at 72.0% for the month of June. The year to date performance is 68.5%.
d	**Accident & Emergency 4-hour waits** - performance during the first 3 months has remained stable at just below 98%. The Trust's year to date performance of 97.82%, increases to 98.30%. when Type III activity, undertaken at community walk-in centres is mapped to the Trust.
e	The overall number of cases of **C Diff** reported across the Trust during the month of June decreased to 15 with an even distribution across sites. The total number of cases reported to date is within the External (DH) trajectory, but exceeds the internal trajectory, which is based upon last year's outturn. No cases of **MRSA Bacteraemia** were reported in month, performance to date remains within the trajectory for the period.
f	**Referral to Treatment Time** milestones for Admitted and Non-Admitted Care were met during the month of June, with the exception of Trauma & Orthopaedics, where RTT Admitted Care performance was 73.0%.
g	**Sickness Absence** - absence for the period to date remains stable, with an overall level of 3.74%. This is very similar to the absence for the same period last year, reported as 3.71%.
h	Overall compliance with **Mandatory Training** modules is reported as 71.5% at the end of June. The total number of PDRs undertaken reported for the months April to June inclusive is 579, representing less than half (43%) of those expected to have been undertaken during this period.
i	**CQUIN:**
	Overall scheme financial values are included within the main body of the report.
	VTE (Venous Thromboembolism) Risk Assessment - The data currently includes the total number of recorded risk assessments compared with the total number of admissions. Reports are being refined to take into account medically agreed excluded categories of patients, such as paediatrics. The target is to achieve 90% of patients 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*). Baseline to be assessed during Quarter 1. Target is baseline plus 10%.
	Tissue Viability (Pressure Ulcers) - Comprises 3 components; Assessment on admission, Decrease in number of acute hospital acquired grade 2, 3 and 4 ulcerations (revised recently from grade 3 and 4) and Table Top Reviews on all ulcerations of grade 3 or 4. Measured through bi-annual audit. • Base line data (from a snap-shot audit of 5 patients per ward) for Quarter 1 indicates 86% of patients had a risk assessment carried out. • Data for April and May indicates that 121 patients developed hospital acquired pressures sores. Of these 98 were graded 2, 3 or 4. It should be noted that a small number of wards failed to submit data for this period.
	Inpatient Falls - the target has been revised, and now 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. Baselines to be determined during Quarter 1. • A sample of patient records undertaken during Quarter 1 revealed an assessment rate of 83.6%. • Base line data on falls has been captured for April and May. The number of falls reported during April was 36, 3 of which resulted in a fracture. Falls during May totalled 81, with 2 fractures.
	Brain Imaging for Emergency Stroke Admissions (within 24 hours admission) - data for June indicates performance of 86.5%, with performance for Quarter 1 overall of 86.4%.
	Hip Fracture Operations within 24-hours of admission - data for the period April to June is included in the report. Performance for the first two months fell short of the baseline 55%, derived from Quarter 4, 2009 / 10. Performance improved significantly during June to 70.8%.
	Smoking (Brief Intervention in Outpatients) - a total of 469 referrals are recorded during the first quarter of the year.
	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.
	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. Target to be determined following collection of Quarter 1 baseline data which has now been completed.
	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. Target to be determined following collection of Quarter 1 baseline data which has now been completed.
	Herceptin Home Delivery - the home delivery scheme for Herceptin Chemotherapy has now re-commenced following a short period of curtailment.

j **Readmission Data** - this now includes emergency readmissions within both 14 and 28 days. The data is split by readmission to any specialty, irrespective of the discharge specialty, as well as readmission to the same specialty, as the patient was discharged from.

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

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

	Month				Year to Date			
	Actual	Plan	Variance	%	Actual	Plan	Variance	%
IP Elective	1049	1138	-89	-7.8	2995	3059	-64	-2.1
Day case	4939	4117	822	20.0	13476	11071	2405	21.7
IPE plus DC	5987	5255	732	13.9	16471	14130	2341	16.6
IP Non-Elective	5105	5226	-121	-2.3	15366	15616	-250	-1.6
OP New	14839	14021	818	5.8	40787	37702	3085	8.2
OP Review	39287	35749	3538	9.9	110494	96126	14368	14.9
OP Review:New	2.6	2.5	0.1	3.8	2.7	2.5	0.2	6.3
AE Type I	15535	18033	-2498	-13.9	47569	52182	-4613	-8.8
AE Type II	3100	3303	-203	-6.1	9106	9556	-450	-4.7

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

	2009 / 10	2010 / 11	Variance	%
IP Elective	3380	2995	-385	-11.4
Day case	12826	13476	650	5.1
IPE plus DC	16206	16471	265	1.6
IP Non-Elective	16016	15366	-650	-4.1
OP New	40503	40787	284	0.7
OP Review	101000	110494	9494	9.4
OP Review:New	2.5	2.7	0.2	8.6
AE Type I	51767	47569	-4198	-8.1
AE Type II	9048	9106	58	0.6

Overall Elective and Outpatient activity for the period to date exceeds the plan for the period, and that delivered during the corresponding period last year. The Outpatient Follow-Up to New ratio for the period to date (2.7), exceeds that derived from the contracted activity plan (2.5).

m **Bank and Agency Use** - Nurse Bank and Nurse Agency use and costs remain within targets for the month and period to date. Expenditure on Medical Agency and Medical Locum staff reduced by almost £200K in month, although overall expenditure on Medical Staff remains in excess of budget, by 3.20%. The overall spend on agency staff, expressed as a percentage of total staff costs, reduced in month to 1.95% and year to date to 1.93%.

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

Exec Lead	NATIONAL AND LOCAL PRIORITY INDICATORS			February	March	April	May		June			To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS			08/09 Outturn	09/10 Outturn
				Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	10/11						
RW	Net Income & Expenditure (Surplus / Deficit (-))		£000s	96 ▼	47 ▼	114 ▼	→		128 ▲	→		105 ▼	270	224	2038		0%	0 - 1%	>1%	2535	2279
RK	Cancer	2 weeks	%	94.7 ▲	94.2 ▼	93.7 ▼	→		94.6 ▲	→			94.1	=>93	=>93		No variation		Any variation	98.6	93.9
		2 weeks (Breast Symptomatic)	%	93.5 ▲	94.2 ▲	94.0 ▼	→		93.0 ▼	→			93.5	=>93	=>93		No variation		Any variation	n/a	93.6 (Q4 only)
		31 Days	%	100 ▲	100 ■	100 ■	→		100 ■	→			100	=>96	=>96		No variation		Any variation	100	99.7
		62 Days	%	85.0 ▼	89.6 ▲	90.9 ▲	→		86.0 ▼	→			88.0	=>85	=>85		No variation		Any variation	98.6	89.1
RK	Cancelled Operations	Elective Admissions Cancelled at last minute for non-clinical reasons	%	0.6 ■	1.0 ■	0.9 ▲	1.0 ■	1.0 ■	1.0 ▼	1.2 ■	1.0 ■	1.0 ■	0.9	<0.8	<0.8	a	<0.8	0.8 - 1.0	>1.0	1.0	0.8
		28 day breaches	No.	0 ■	0 ■	0 ■	→		1 ■	→		0 ■	1	0	0		3 or less	4 - 6	>6	0	0
	Delayed Transfers of Care	Total	%	3.1 ■	4.9 ■	4.3 ▲	3.4 ■	3.3 ▲	3.3 ■	4.5 ■	5.6 ■	5.1 ■	4.3	<3.0	<3.0	b	<3.0	3.0 - 4.0	>4.0	3.1	3.0
	Cardiology	Primary Angioplasty (<150 mins)		100 ▲	100 ■	100 ■	100 ■	75 ■	92 ▼				96	80	80		>80	75-80	<75	83.6	86.2
		Rapid Access Chest Pain	%	100 ■	100 ■	100 ■	100 ■	100 ■	100 ■	100 ■	100 ■	100 ■	100	=>98	=>98		>99	98 - 99	<98	100.0	99.7
		Thrombolysis (60 minutes)	%	no pts	no pts	no pts			no pts				no pts	80	80		>80	75-80	<75	0	no pts
DO'D	Stroke Care	>90% stay on Stroke Unit	%	74.1 ▲	67.9 ▼	60.0 ▼	→		72.5 ▲	→		72.0 ▼	68.5	70	80	c	=>60	31-59	=<30	36.5	62.0
RK	A/E 4 Hour Waits		%	98.0 ■	98.8 ▲	97.8 ■	99.3 ■	97.1 ▲	97.9 ▲	98.6 ▼	97.3 ▲	97.8 ▼	97.82	98	98	d	=>96	95 - 96	<95	98.16	98.55
	GUM 48 Hours	Patients seen within 48 hours	%	80.7 ▼	82.5 ▲	86.0 ▲	→		83.2 ▼	→		87.5 ▲	85.6	=>90	=>90		=>90	80-89	<80	81.0	86.8
		Patients offered app't within 48 hrs	%	100 ■	100 ■	100 ■	→		100 ■	→		100 ■	100	=>98	=>98		=>98	95-98	<95	98.3	99.8
R0	Infection Control	C. Diff - EXTERNAL (DH) TARGET	No.	12 ■	16 ▼	13 ▲	12 ■	7 ▼	19 ▼	8 ■	7 ■	15 ▲	47	63	243	e	No variation		Any variation	163	158
		C. Diff - INTERNAL TARGET	No.	12 ■	16 ▼	13 ▲	12 ■	7 ▼	19 ■	8 ▲	7 ■	15 ▲	47	38	158		No variation		Any variation	163	158
		MRSA - EXTERNAL (DH) TARGET	No.	2 ▼	1 ▲	0 ▲	0 ■	1 ▼	1 ▼	0 ■	0 ▲	0 ▲	1	3	6		No variation		Any variation	15	14
RK	Data Quality	Valid Coding for Ethnic Category (FCEs)	%	94 ■	95 ▲	94 ▼	→			→			94	90	90		>/=90	89.0-89.9	<89	87.0	95.5
		Maternity HES	%	6.2 ▼	6.1 ▲	6.8 ▼	→		7.3 ▼	→		7.8 ▼	7.3	<15	<15		=<15	16-30	>30	n/a	5.8
RO	Infant Health & Inequalities	Maternal Smoking Status Data Complete	%	→	99.3 ▲		→			→				=>98.0	=>98.0		=>98	95-98	<95	99.9	99.3
		Breast Feeding Status Data Complete	%	→	99.8 ▲		→			→				=>98.0	=>98.0		=>98	95-98	<95	97.8	99.3
		Maternal Smoking Rates	%	→	11.0 ▼		→			→				<11.5	<11.5		<11.5	11.5 - 12.5	>12.5	12.6	11.6
		Breast Feeding Initiation Rates	%	→	64.2 ▲		→			→				>63.0	>63.0		>63.0	61-63	<61.0	54.2	63.1
RK	RTT Milestones	Admitted Care (RTT <18 weeks)	%	94.1 ▼	93.4 ▼	94.0 ▲	→		94.0 ■	→			94.0*	=>90.0	=>90.0	f	=>90.0	85-90	<85.0	98.6	93.4
		Admitted Care - Data Completeness	%	101.3 ■	102.6 ■	95.8 ■	→		101.0 ■	→			101.0*	90-110	<90 or >110		90-110		<90 or >110	100.4	102.6
		Non-Admitted Care (RTT <18 weeks)	%	98.9 ▲	97.6 ▼	97.6 ■	→		97.7 ▲	→			97.7*	=>95.0	=>95.0		=>95.0	90 - 95	=<90.0	98.8	97.6
		Non-Admitted Care - Data Completeness	%	97.7 ■	92.4 ■	91.7 ■	→		93.4 ■	→			93.4*	90-110	<90 or >110		90-110		<90 or >110	98.1	92.4
		Audiology Direct Access Waits (<18 wks)	%	100 ■	100 ■	100 ■	→		100 ■	→			100*	=>95	=>95		=>95.0	90 - 95	=<90.0	99.0	100.0
		Audiology Data Completeness	%	108.0 ■	94.0 ■	109.0 ■	→		108.0 ■	→			108.0*	90-110	<90 or >110		90-110		<90 or >110	96.0	94.0
DO'D	Mortality in Hospital	Hospital Standardised Mortality Rate	HSMR	99.7 Nov '09	98.6 Dec '09	108.0 Jan '10	→		89.0 Feb '10	→		83.3 Mar '10	93.0	< Lower Confidence Limit			< Lower Confidence Limit		>Upper Confidence Limit	105.1	93.0
		Peer (SHA) HSMR	HSMR	90.6	89.8	93.5	→		90.4	→		87.7	93.5							103.9	93.5
RO	Sickness Absence	Long Term	%	3.34 ■	3.20 ▲	3.01 ▲	→		2.71 ■	→		2.68 ▲	2.80	<3.00	<3.00	g	<3.0	3.0-3.35	>3.35	3.16	3.10
		Short Term	%	1.25 ■	1.25 ■	0.95 ■	→		0.87 ▲	→		1.00 ▼	0.94	<1.25	<1.25		<1.25	1.25-1.40	>1.40	1.22	1.31
		Total	%	4.59 ■	4.45 ▲	3.96 ■	→		3.58 ▲	→		3.68 ▼	3.74	<4.25	<4.25		<4.25	4.25-4.75	>4.75	4.38	4.41
	Learning & Development	PDRs (includes Junior Med staff)	No.	289 ▲	290 ▲	195 ▼	→		202 ▲	→		182 ▼	579	1335	5341	h	0-15% variation	15 - 25% variation	>25% variation	4518	4748
		Mandatory Training Compliance	%	65.2 ▲	71.1 ■	74.3 ▲	→		68.7 ▼	→		71.5 ▲	71.5	100	100		=>80	50 - 79	<50	4044 (No.)	71.1

Exec Lead	NATIONAL AND LOCAL PRIORITY INDICATORS (Cont'd)		Value £000s		February Trust	March Trust	April Trust	May S'well	May City	May Trust	June S'well	June City	June Trust	To Date (*=most recent month)	TARGET YTD	TARGET 10/11	Exec Summary Note	THRESHOLDS			08/09 Outturn	09/10 Outturn
DO'D	CQUIN	VTE Risk Assessment (Adult IP)	454	%			0.1 ■	→		0.6 ▲	→		11.9 ▲	11.9*	30	90	i	=>90		<90	n/a	n/a
RO		Breast Feeding (At D'charge from M'wife)	420	%				Baseline to be established in Q1			Baseline to be established in Q1					Base +10%					n/a	n/a
RO		Tissue Viability - assessment <12hrs	210	%				→			→		86.0 ■	86.0	75	75		=>75		<75	n/a	n/a
RO		Tissue Viability - Hosp Acq'd Grade 2/3/4	84	%				Measured through bi-annual audit			Measured through bi-annual audit					Base - 10%					n/a	n/a
RO		Tissue Viability - TTR of Grade 3/4	126	%				Measured through bi-annual audit			All TTRs are up to date		100 ■	100	100	100		100		<100	n/a	n/a
RO		Inpatient Falls Assessment	420	%									83.6 ■	83.6		75					n/a	n/a
RO		Inpatient Falls reduction		%												Base - 10%					n/a	n/a
RO		Inpatient Falls - TTR of all Fractures		%				All TTRs are up to date		100 ■				100	100	100		100		<100	n/a	n/a
DO'D		Brain Imaging for Em. Stroke Admissions	420	%	86.9 ▲	93.6 ▲	85.7 ▼	→		86.8 ▲	→		86.5 ▼	86.4	79.0	90.0		No Variation	0 - 2% Variation	>2% Variation	72.0	81.8
RK		Hip Fracture Op's <24 hours of admission	420	%			51.4 ■			36.0 ▼			70.8 ■	70.8*	58.0	70.0		No Variation	0 - 2% Variation	>2% Variation	n/a	55.0
DO'D		Smoking - Brief Intervention in OP	420	No.			154 ■	→		162 ▲	→		151 ▼	469	500	2000		=>167	per month	<167	7	1164
RK		Safer Prescribing of Warfarin	420	%				Baseline audit at 2 months		65.13 ■				65.13	65.0	65.0		=>65		<65	n/a	n/a
RO		Patient Experience	454	%				Composite of 5 Qs - Survey October			Composite of 5 Qs - Survey October					09/10 +2%					n/a	n/a
DO'D		Think Glucose	420					Participation in Think Glucose Programme			Participation in Think Glucose Programme										n/a	n/a
RK	CQUIN (Specialised Commissioners)	Parent's consultation with senior clinician	51	%			61			42	Baseline to be established in Q1		86	62.4							n/a	n/a
		Neonates Offered Breast Milk	51	%			61			63	Baseline to be established in Q1		69	63.9							n/a	n/a
		Herceptin Home Delivery	85	%				Introduction of service in Q2			Introduction of service in Q2			Service Live		95.0		=>95		<95	n/a	n/a
	CLINICAL QUALITY																					
RK	Readmission Rates within 28 days of discharge	Readmission to any specialty		%	11.7	11.1	12.5	15.2	10.8	12.8				12.7	No. Only	No. Only	j				11.6	11.1
		Readmission to same specialty		%	4.9	4.8	6.0	8.7	4.4	6.3				6.2	No. Only	No. Only					4.6	4.9
	Readmission Rates within 14 days of discharge	Readmission to any specialty		%	8.7	8.5	9.6	12.0	8.0	9.7				9.7	No. Only	No. Only					7.3	8.5
		Readmission to same specialty		%	4.0	3.9	4.9	7.0	3.5	5.0				5.0	No. Only	No. Only					3.4	3.8
R0	Infection Control	Savings Lives Compliance		%	99 ■	99 ■	100 ▲	→		99 ▼	→		100 ▲	100*	>95	>95		< YTD target		> YTD target	99.0	99.0
		MRSA Screening (Elective)		No.	2231	2707	2312 ■	→		2353 ▲	→		2824 ▼	7489	7260	30000		0-15%	16-30%	>30%	6495	24710
		MRSA Screening (Non-Elective)		No.	2112	2408	2518 ■	→		2487 ▼	→		2544 ▲	7549	7530	30000		0-15%	16-30%	>30%	n/a	18571
DO'D	Obstetrics	Post Partum Haemorrhage (>2000 ml)		No.	1 ▼	0 ▲	0 ■	0 ■	0 ■	0 ■	1 ▼	1 ▼	2 ▼	2	8	48		=<2	3 - 4	>4		10
		Admissions to Neonatal ICU		%	5.3 ▼	3.3 ▲	5.3 ▼	3.1 ▼	6.5 ▲	5.1 ▲	1.9 ▲	6.2 ▲	4.5 ▲	4.9	=<10	=<10		=<10	10.0-12.0	>12.0		5.5
		Adjusted Perinatal Mortality Rate		/1000	2.0 ▲	10.9 ■	14.1 ▼	10.4 ■	3.6 ■	6.4 ■				6.4*	<8.0	<8.0		<8	8.1 - 10.0	>10		10.9
		Caesarean Section Rate		%	23.1 ▲	22.7 ▲	26.1 ■	20.8 ■	19.1 ■	19.8 ■	25.6 ■	20.5 ▼	22.5 ▼	22.8	<25.0	<25.0		=<25.0	25-28	>28.0	27.0	23.3
	FINANCE & FINANCIAL EFFICIENCY																					
RW	Gross Margin			£000s	2259 ▼	4603 ▲	2267 ▼	→		2189 ▲	→		2164 ▼	6452	6419	26711	k	0%	0 - 1%	>1%	26436	30436
	CIP			£000s	1168 ▼	1254 ▲	1332 ■	→		1425 ■	→		1580 ■	4472	4574	20840		0 - 2.5%	2.5 - 7.5%	>7.5%	11084	15075
	In Year Monthly Run Rate			%	37.14 ▲	27.03 ▼	4.59 ▼	→		197.67 ▲	→		16.67 ▼	20.54	0	0		NO or a + variation	0 - 5% variation	>5% variation	1.4	0.44
RK	Income / WTE			£s	5022 ▼	5877 ▲	5021 ■	→		5150 ■	→		5090 ■	5087	5127	5127		No variation	0 - 5% variation	>5% variation	5014	5058
	Income / Open Bed			£s	31920 ■	38857 ▲	33600 ▼	→		34137 ▲	→		34732 ▲	33768	32697	32697		No variation	0 - 5% variation	>5% variation	30498	32697
	Income per Spell	Total Income		£s	3101 ▲	3250 ▲	3063 ▼	→		3065 ▲	→		2884 ■	3013	2908	2908		No Variation	0 - 4% Variation	>4% Variation	2701	2908
		Clinical Income		£s	2775 ▲	2553 ■	2759 ■	→		2749 ▼	→		2573 ■	2702	2580	2580		No Variation	0 - 4% Variation	>4% Variation	2400	2580
		Non-Clinical Income		£s	326 ▲	697 ▲	304 ■	→		316 ■	→		311 ■	311	328	328		No Variation	0 - 4% Variation	>4% Variation	301	328
	Cost per Spell	Total Cost		£s	3092 ▼	3244 ▼	3052 ▲	→		3061 ▼	→		2882 ■	3013	2891	2891		No Variation	0 - 4% Variation	>4% Variation	2682	2891
		Total Pay Cost		£s	2072 ▼	1841 ■	2012 ■	→		2030 ▼	→		1923 ■	1996	1909	1909		No Variation	0 - 4% Variation	>4% Variation	1785	1909
		Medical Pay Cost		£s	594 ▼	526 ■	577 ■	→		576 ▲	→		541 ■	567	555	555		No Variation	0 - 4% Variation	>4% Variation	532	555
		Nursing Pay Cost (including Bank)		£s	735 ▼	596 ■	696 ■	→		609 ■	→		585 ▲	600	660	660		No Variation	0 - 4% Variation	>4% Variation	625	660
		Non-Pay Cost		£s	1020 ▼	1402 ▼	1040 ▲	→		1031 ▲	→		960 ■	1017	982	982		No Variation	0 - 4% Variation	>4% Variation	897	982
		Mean Drug Cost / IP Spell		£s	126 ■	143 ■	134 ▲	→		134 ■	→		121 ■	130	124	124		No Variation	0 - 4% Variation	>4% Variation	120	124
		Mean Drug Cost / Occupied Bed Day		£s	51 ■	60 ▼	53 ▲	→		52 ▲	→		52 ■	52	49	49		No Variation	0 - 4% Variation	>4% Variation	47	49

Exec Lead				February	March	April	May		June		To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS			08/09 Outturn	09/10 Outturn
				Trust	Trust	Trust	S'well	City	S'well	City		YTD	10/11						
RK	Same Sex Accommodation Breaches	Number of Breaches	No.	604	721	843	→		→		2335	1500	6000		<500 pcm	501 -800 pcm	>800 pcm	n/a	3711 (Nov - Mar)
		Percentage of overall admissions	%	5.70	5.81	7.91	→		→		7.00	<3%	<3%		<3%	3 - 6%	>6%	n/a	6.47 (Nov - Mar)
KD	Complaints	Number Received	No.	→	213		→		→		875 (09/10)	No. Only	No. Only					789	875
		Response within initial negotiated date	%	→	70.4		→		→		70.6 (09/10)	85	85		80%+	70 - 79%	<70%	81.1	70.6
	Thank You Letters		No.	→	664		→		→		2286 (09/10)	No. Only	No. Only					2912	2286
RK	Elective Access Contact Centre	Number of Calls Received	No.	12866	14286	11589	→		→		24139	No. Only	No. Only					190434	
		Average Length of Queue	mins	4.14	2.56	2.00	→		→		3.01*	0.5	0.5		No variation	0 - 10% variation	>10% variation	0.44	incomplete data
		Maximum Length of Queue	mins	32.1	39.6	30.1	→		→		26.5*	6.0	6.0		No variation	0 - 10% variation	>10% variation	17.4	
	Telephone Exchange	Number of Calls Received	No.	75208	84026	74895	→		→		227906	No. Only	No. Only					1559688	1100521
		Calls Answered	%	84.0	84.1	88.3					89.9	No. Only	No. Only					82.3	83.6
		Answered within 15 seconds	%	39.8	39.0	47.5					50.8	No. Only	No. Only					39.1	43.8
		Answered within 30 seconds	%	53.9	53.2	62.6					66.6	No. Only	No. Only					55.5	58.8
		Average Ring Time	Secs	35.9	36.0	28.3					23.8*	No. Only	No. Only					28.8	36.0
		Longest Ring Time	Secs	485	646	727					755*	No. Only	No. Only					695	646
STRATEGY																			
RK	Referrals	Total By Site	No.	15626	18584	15880	→		→		31184	29861	192945		No Variation	0 - 2% Variation	>2% Variation	178070	192945
		Total GP Referrals	No.	10481	12326	10587	→		→		20974	19655	127001		No Variation	0 - 2% Variation	>2% Variation	120138	127001
		Total Other Referrals	No.	5145	6258	5293	→		→		10210	10206	65944		No Variation	0 - 2% Variation	>2% Variation	57932	65944
		By PCT - Heart of B'ham	No.	4391	5073	4294	→		→		8519	8141	52604		No Variation	0 - 2% Variation	>2% Variation	49859	52604
		By PCT - Sandwell	No.	7787	9333	8119	→		→		15984	14965	96699		No Variation	0 - 2% Variation	>2% Variation	87779	96699
		By PCT - Other	No.	3448	4178	3467	→		→		6681	6755	43642		No Variation	0 - 2% Variation	>2% Variation	40453	43642
		Conversion (all referrals) to New OP Att'd	%	83.8	84.8	80.3	→		→		82.6	No. Only	No. Only					85.9	85.3
		OP Source of Referral Information	%	1.81	1.01	0.88	→		→		0.86	=<5.0	=<5.0		No variation		Any variation	10.0	1.4
ACTIVITY																			
RK	Spells	Elective IP	No.	1086	1341	1073	→		→		2995	3059	12641	I	No Variation	0 - 2% Variation	>2% Variation	13106	13722
		Elective DC	No.	4184	5105	4240	→		→		13476	11071	45747		No Variation	0 - 2% Variation	>2% Variation	50873	52729
		Total Elective	No.	5270	6446	5313	→		→		16471	14130	58338		No Variation	0 - 2% Variation	>2% Variation	63979	66451
		Non-Elective - Short Stay	No.	1385	1428	1296	→		→		4252	3944	15712		No Variation	0 - 2% Variation	>2% Variation	12770	18769
		Non-Elective - Other	No.	3575	3950	3767	→		→		11114	11672	46502		No Variation	0 - 2% Variation	>2% Variation	56226	47072
		Total Non-Elective	No.	4960	5378	5063	→		→		15366	15616	62214		No Variation	0 - 2% Variation	>2% Variation	68996	65841
	Outpatients	New	No.	12981	15595	12748	→		→		40787	37702	155792		No Variation	0 - 2% Variation	>2% Variation	152923	164358
		Review	No.	34412	42309	35633	→		→		110494	96126	397213		No Variation	0 - 2% Variation	>2% Variation	374867	425850
	A/E Attendances	Type I (Sandwell & City Main Units)	No.	13490	15921	15485	7303	9246	6586	8949	47569	52182	191845		No Variation	0 - 2% Variation	>2% Variation	191141	190254
	A/E Attendances	Type II (BMEC)	No.	2750	3061	3010	→	2996	→	3100	9106	9556	35133		No Variation	0 - 2% Variation	>2% Variation	30800	34836

Exec Lead	PATIENT ACCESS & EFFICIENCY			February	March	April	May		June			To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS			08/09 Outturn	09/10 Outturn
				Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	10/11						
RK	Waiting Times	Diagnostic Waits greater than 6 weeks	No.	5	3	4	→		41	→		19	19*	0	0		0		>0	26	3
	Length of Stay	Average Length of Stay	Days	4.5	4.2	4.4	4.1	3.9	4.0				4.19	5.0	5.0		No Variation	0 - 5% Variation	>5% Variation	5.0	4.4
		All Patients with LOS > 14 days	No.	329	356	326	169	169	338	165	162	327	327	No. Only	No. Only					312	356
		All Patients with LOS > 28 days	No.	174	195	187	100	96	196	89	87	176	176	No. Only	No. Only					152	195
		Min. Stay Rate (Electives (IP/DC) <2 days)	%	93.2	92.5	93.1	96.0	91.7	93.5	96.0	91.7	93.5	93.4	92.0	92.0		No Variation	0 - 5% Variation	>5% Variation	91.6	92.3
	Admissions	Day of Surgery (IP Elective Surgery)	%	88.8	87.3	89.8	90.2	87.8	88.7	89.5	88.0	88.5	87.5	82.0	82.0		No Variation	0 - 5% Variation	>5% Variation	79.4	85.5
		Day of Surgery (IP Non-Elective Surgery)	%	69.3	70.0	71.7	68.8	73.3	70.9	68.1	72.4	70.4	71.7	No. Only	No. Only					70.2	69.7
		With no Procedure (Elective Surgery)	%	9.4	9.4	7.7	8.5	7.9	8.1				7.9	No. Only	No. Only					10.6	9.7
		Per Bed (Elective)	No.	5.10	5.58	5.40	4.75	5.84	5.32	4.88	6.16	5.55	5.42	5.90	5.90		No Variation	0 - 5% Variation	>5% Variation	5.33	5.49
	Discharges	Pt's Social Care Delay	No.	15	28	15	13	18	31	14	20	34	34*	<18	<18	b	No Variation	0 - 10% Variation	>10% Variation		
		Pt.'s NHS & NHS plus S.C. Delay	No.	8	12	12	1	5	6	4	8	12	12*	<10	<10		No Variation	0 - 10% Variation	>10% Variation		
	Beds	Occupied Bed Days	No.	25455	27959	26314	11718	15231	26949	10967	15005	25972	79235	79034	331946		No Variation	0 - 5% Variation	>5% Variation	342793	331946
		Occupancy Rate	%	85.9	85.4	85.6	88.0	85.7	86.8	87.6	85.5	86.5	86.4	86.5-89.5	86.5-89.5		86.5 - 89.5	85.5-86.4 or 89.6-90.5	<85.5 or >90.5	90.3	86.0
		Open at month end (exc Obstetrics)	No.	994	989	944	468	508	976	437	484	921	921*	980	920		No Variation	0 - 2% Variation	>2% Variation	975	989
	Day Case Rates	All Procedures	%	79.4	79.2	79.8	85.2	77.4	80.8	85.3	78.7	81.5	81.1	80.0	80.0		No Variation	0 - 5% Variation	>5% Variation	79.0	79.4
		BMEC Procedures	%	85.4	79.5	82.8	→	82.6	82.6	→	82.7	82.7	83.0	80.0	80.0		No Variation	0 - 5% Variation	>5% Variation	79.7	79.7
	Non-Admitted Care	New : Review Rate	Ratio	2.65	2.72	2.80	2.83	2.58	2.66	2.80	2.58	2.65	2.71	2.30	2.30		No Variation	0 - 5% Variation	>5% Variation	2.45	2.59
		DNA Rate - New Referrals	%	13.8	12.5	13.4	13.3	14.5	14.1	13.7	15.8	15.1	13.9	9.0	9.0		No Variation	0 - 5% Variation	>5% Variation	12.0	13.5
		DNA Rate - Reviews	%	12.7	11.8	11.8	12.3	13.1	12.8	13.1	13.5	13.3	12.5	9.0	9.0		No Variation	0 - 5% Variation	>5% Variation	13.5	12.3
		OP Cancellations - Trust Initiated	No.	3907	3532	3757	→		3449	→			7206	No. Only	No. Only					n/a	20348 (Oct-Mar)
		OP Cancellations - Patient Initiated	No.	3876	3568	3322	→		3576	→			6898	No. Only	No. Only					n/a	22820 (Oct-Mar)
		OP Cancellations as % OP activity	%	16.4	12.3	14.6			14.7				14.7	No. Only	No. Only					n/a	14.4 (Oct-Mar)
	Diagnostic Report Turnaround	Cervical Cytology Turnaround	Weeks	1.2	0.9	0.9	→		0.9	→		2.4	2.4*	<4.0	<4.0		<4.0	4.0-6.0	>6.0	2.7	0.9
	Ambulance Turnaround	In Excess of 30 minutes	%	22.6	23.9	20.5	24.4	23.5	23.9	36.2	23.5	29.0	29.0*	<10.0	<10.0		<10	10 - 12.5	>12.5	19.0	23.9
		(West Midlands average)	%	27.4	25.5	26.2	→		29.7	→		32.3	32.3*	No. Only	No. Only					21.0	25.5
		In Excess of 60 minutes	No.	38	46	45	15	26	41	56	19	75	75*	0	0		0	1 - 5	>5		46
	THEATRE UTILISATION																				
RK	Sitrep Declared Late **Cancellations** by Specialty	General Surgery	No.	6	5	8	15	2	17	4	0	4	29	15	60	a	0-5% variation	5 - 15% variation	>15% variation	104	81
		Urology	No.	4	9	7	0	1	1	3	9	12	20	12	48		0-5% variation	5 - 15% variation	>15% variation	102	48
		Vascular Surgery	No.	1	2	0	0	1	1	0	1	1	2	1	3		0-5% variation	5 - 15% variation	>15% variation	7	8
		Trauma & Orthopaedics	No.	0	2	2	1	3	4	5	3	8	14	18	72		0-5% variation	5 - 15% variation	>15% variation	75	66
		ENT	No.	1	0	1	0	2	2	0	1	1	4	3	12		0-5% variation	5 - 15% variation	>15% variation	23	23
		Ophthalmology	No.	12	18	17	1	13	14	1	9	10	41	27	108		0-5% variation	5 - 15% variation	>15% variation	153	139
		Oral Surgery	No.	0	2	0	0	0	0	0	2	2	2	2	8		0-5% variation	5 - 15% variation	>15% variation	19	24
		Cardiology	No.	0	1	1	2	0	2	3	1	4	7	5	21		0-5% variation	5 - 15% variation	>15% variation	31	7
		Gynaecology / Gynae-Oncology	No.	2	9	5	2	1	3	0	0	0	8	14	54		0-5% variation	5 - 15% variation	>15% variation	71	63
		Plastic Surgery	No.	0	1	1	0	2	2	0	0	0	3	3	12		0-5% variation	5 - 15% variation	>15% variation	21	11
		Dermatology	No.	0	9	0	0	4	4	0	0	0	4	6	24		0-5% variation	5 - 15% variation	>15% variation	24	27
		TOTAL	No.	26	58	42	21	29	50	16	26	42	134	106	422		0-5% variation	5 - 15% variation	>15% variation	630	497

Exec Lead	WORKFORCE			February	March	April	May		June		To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS			08/09 Outturn	09/10 Outturn
				Trust	Trust	Trust	S'well	City	S'well	City	Trust	YTD	10/11						
RK	WTE in Post	Total	No.	6318 ▲	6539 ■	6317 ■	→		→		6285 ▼	6285*	6375	6107		No Variation	0 - 1% Variation	>1% Variation	6042	6539
		Medical and Dental	No.	752 ▲	825 ■	739 ■	→		→		740 ▲	740*	775	790		No Variation	0 - 1% Variation	>1% Variation	755	825
		M'ment, Admin. & HCAs	No.	2004 ▼	2046 ■	2019 ■	→		→		2561 ▲	2561*	2710	2492		No Variation	0 - 1% Variation	>1% Variation	1852	2046
		Nursing & Midwifery (excluding Bank)	No.	2363 ▲	2385 ▼	2342 ▼	→		→		1779 ▼	1779*	1830	1822		No Variation	0 - 1% Variation	>1% Variation	2259	2385
		Scientific and Technical	No.	970 ▼	1002 ▼	987 ▲	→		→		978 ▲	978*	1054	1003		No Variation	0 - 1% Variation	>1% Variation	913	1002
		Bank Staff	No.	229	281	230	→		→		227	227*	No. Only	No. Only					260	281
		Gross Salary Bill	£000s	21193 ▼	21768 ■	20875 ■	→		→		21327 ■	63544	63282	250319		No Variation	0 - 1% Variation	>1% Variation	238674	252557
RK	Bank & Agency	Nurse Bank Fill Rate	%	83.2	86.9	89.1	→		→		86.5	87.4	No. Only	No. Only	m				81.8	85.1
		Nurse Bank Shifts covered	No.	4969 ▼	5534 ■	4419 ■	→		→		4158 ▲	12790	15405	61621		0 - 2.5% Variation	2.5 - 5.0% Variation	>5.0% Variation	69675	61621
		Nurse Agency Shifts covered	No.	538 ▲	509 ▲	320 ■	→		→		290 ▲	973	1191	4765		0 - 5% Variation	5 - 10% Variation	>10% Variation	4765	5388
		Nurse Bank AND Agency Shifts covered	No.	5507 ■	6043 ■	4739 ■	→		→		4448 ▲	13763	16596	66386		0 - 2.5% Variation	2.5 - 5.0% Variation	>5.0% Variation	74440	67009
		Nurse Bank Costs	£000s	544 ▼	529 ▲	424 ▲	→		→		482 ▼	1310	1601	6404		0 - 2.5% Variation	2.5 - 5.0% Variation	>5.0% Variation	6844	6263
		Nurse Agency Costs	£000s	85 ■	249 ■	51 ■	→		→		65 ▲	190	248	992		0 - 5% Variation	5 - 10% Variation	>10% Variation	832	1268
KD		Medical Agency Costs	£000s	187 ▲	436 ▼	148 ▲	→		→		189 ▲	576	298	1192		0 - 5% Variation	5 - 10% Variation	>10% Variation	2026	2384
		Medical Locum Costs	£000s	218 ▼	246 ▼	287 ▼	→		→		230 ▲	877	562	2250		0 - 2.5% Variation	2.5 - 5.0% Variation	>5.0% Variation	2747	2896
		Med Ag./Loc Costs as % Total Med Costs	%			7.1	→		→		6.7	7.7	No. Only	No. Only					6.6	7.0
		Med Staff Exp variance from Budget	%			2.5 ■	→		→		3.2 ▲	3.20	0	0		No Variation	0 - 1% Variation	>1% Variation	2.86	3.24
RK		Other Agency Costs	£000s	160 ▲	293 ▼	161 ▲	→		→		159 ▼	474	352	1410		0 - 5% Variation	5 - 10% Variation	>10% Variation	3759	2600
RK/KD		Agency Spend cf. Total Pay Spend	%	2.04 ▲	4.49 ▼	1.72 ■	→		→		1.95 ■	1.93	<2.00	<2.00		<2	2 - 2.5	>2.5	2.77	2.47
RO	Recruitment & Retention	Permission to Recruit	wte	31	47	36	→		→		76	206	No. Only	No. Only					1124	813
		New Starters	wte	58	73	44	→		→		14	89	No. Only	No. Only					1066	1017
		Leavers	wte	66	121	54	→		→		45	157	No. Only	No. Only					999	928
		Inductions	No.	38	49	32	→		→		43	109	No. Only	No. Only					896	805

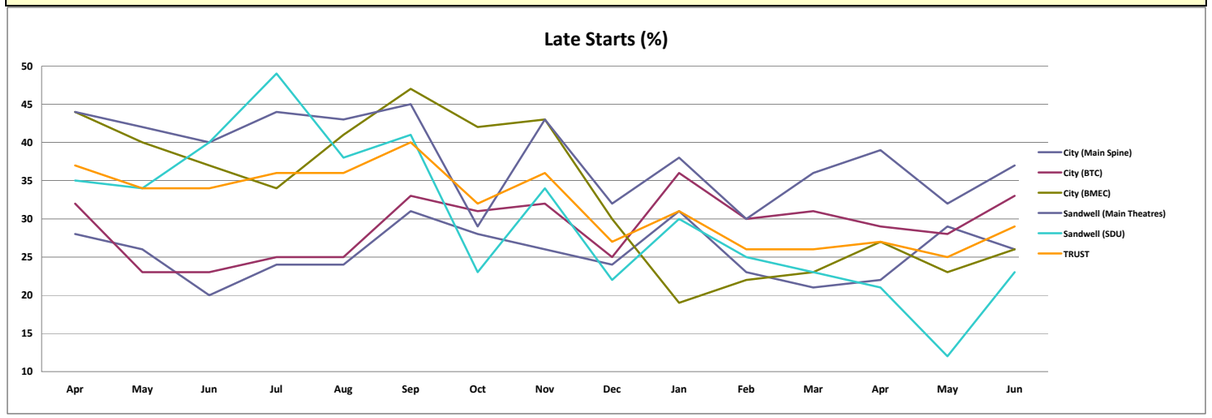
KEY TO PERFORMANCE ASSESSMENT SYMBOLS	
▲	Fully Met - Performance continues to improve
■	Fully Met - Performance Maintained
▼	Met, but performance has deteriorated
▲	Not quite met - performance has improved
■	Not quite met
▼	Not quite met - performance has deteriorated
▲	Not met - performance has improved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

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

SUPPLEMENTARY DATA THEATRE UTILISATION

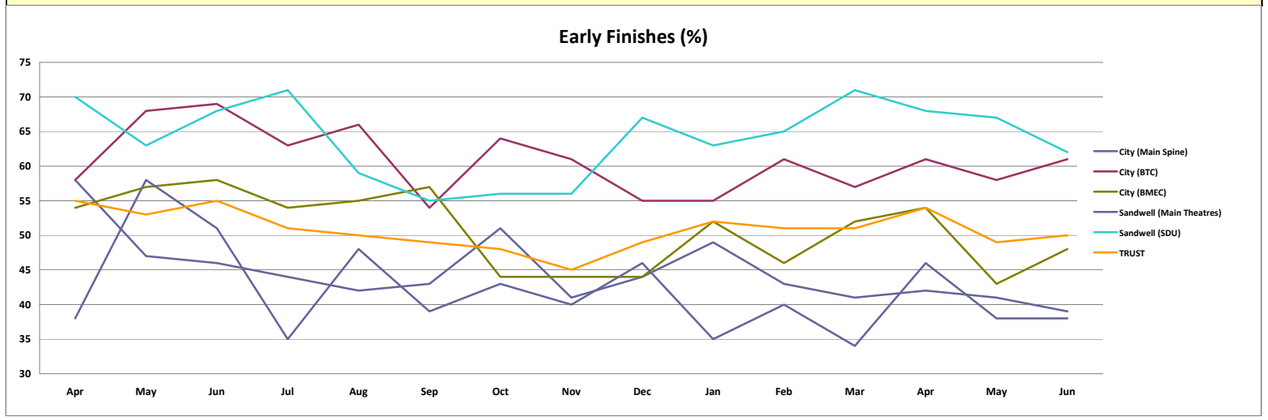
LATE STARTS (%)	2009 / 2010												2010 / 2011				
Theatre Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
City (Main Spine)	28	26	20	24	24	31	28	26	24	31	23	21	22	29	26		
City (BTC)	32	23	23	25	25	33	31	32	25	36	30	31	29	28	33		
City (BMEC)	44	40	37	34	41	47	42	43	30	19	22	23	27	23	26		
Sandwell (Main Theatres)	44	42	40	44	43	45	29	43	32	38	30	36	39	32	37		
Sandwell (SDU)	35	34	40	49	38	41	23	34	22	30	25	23	21	12	23		
TRUST	37	34	34	36	36	40	32	36	27	31	26	26	27	25	29		

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



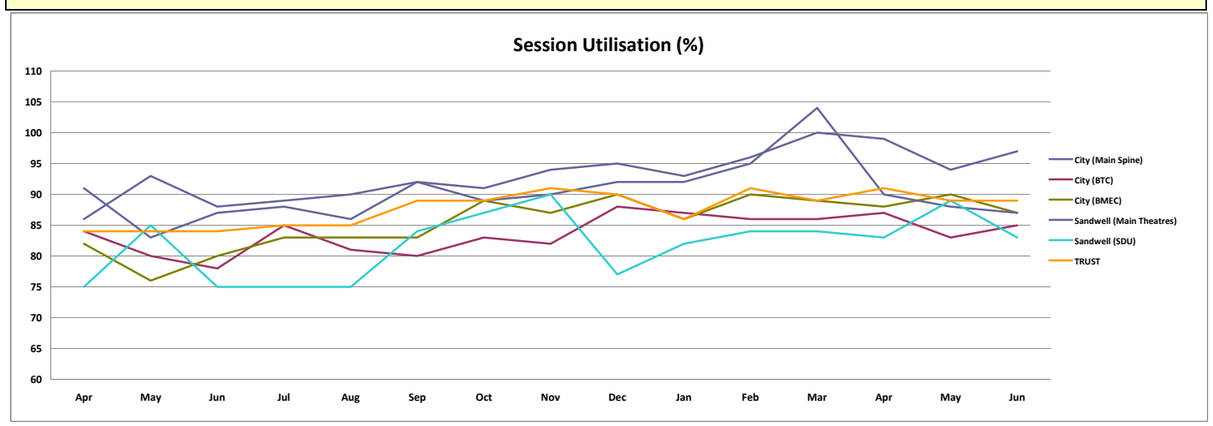
EARLY FINISHES (%)	2009 / 2010												2010 / 2011				
Theatre Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
City (Main Spine)	58	47	46	44	42	43	51	41	44	49	43	41	42	41	39		
City (BTC)	58	68	69	63	66	54	64	61	55	55	61	57	61	58	61		
City (BMEC)	54	57	58	54	55	57	44	44	44	52	46	52	54	43	48		
Sandwell (Main Theatres)	38	58	51	35	48	39	43	40	46	35	40	34	46	38	38		
Sandwell (SDU)	70	63	68	71	59	55	56	56	67	63	65	71	68	67	62		
TRUST	55	53	55	51	50	49	48	45	49	52	51	51	54	49	50		

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



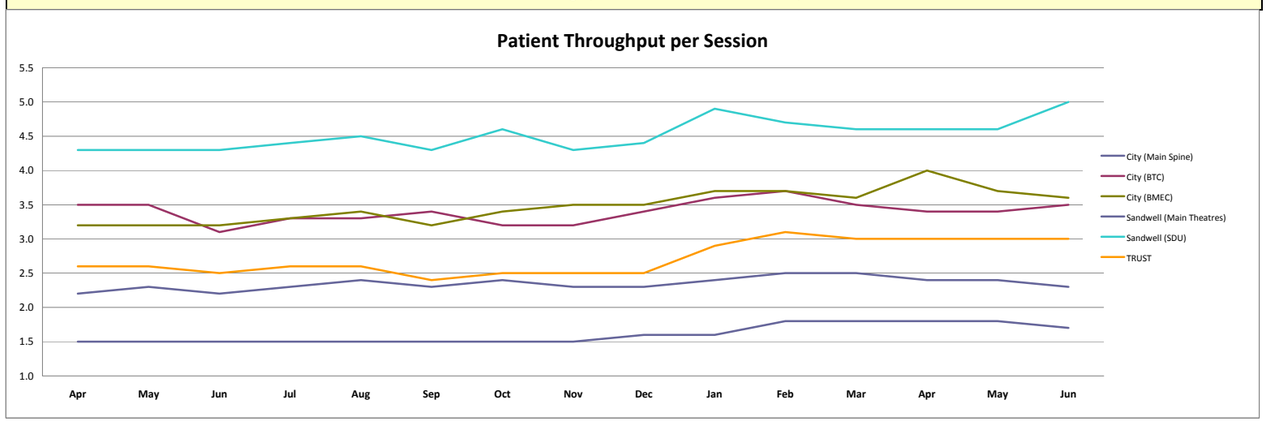
SESSION UTILISATION (%)	2009 / 2010												2010 / 2011				
Theatre Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
City (Main Spine)	86	93	88	89	90	92	91	94	95	93	96	100	99	94	97		
City (BTC)	84	80	78	85	81	80	83	82	88	87	86	86	87	83	85		
City (BMEC)	82	76	80	83	83	83	89	87	90	86	90	89	88	90	87		
Sandwell (Main Theatres)	91	83	87	88	86	92	89	90	92	92	95	104	90	88	87		
Sandwell (SDU)	75	85	75	75	75	84	87	90	77	82	84	84	83	89	83		
TRUST	84	84	84	85	85	89	89	91	90	86	91	89	91	89	89		

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



THROUGHPUT / SESSION	2009 / 2010												2010 / 2011				
Theatre Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
City (Main Spine)	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.6	1.6	1.8	1.8	1.8	1.8	1.7		
City (BTC)	3.5	3.5	3.1	3.3	3.3	3.4	3.2	3.2	3.4	3.6	3.7	3.5	3.4	3.4	3.5		
City (BMEC)	3.2	3.2	3.2	3.3	3.4	3.2	3.4	3.5	3.5	3.7	3.7	3.6	4.0	3.7	3.6		
Sandwell (Main Theatres)	2.2	2.3	2.2	2.3	2.4	2.3	2.4	2.3	2.3	2.4	2.5	2.5	2.4	2.4	2.3		
Sandwell (SDU)	4.3	4.3	4.3	4.4	4.5	4.3	4.6	4.3	4.4	4.9	4.7	4.6	4.6	4.6	5.0		
TRUST	2.6	2.6	2.5	2.6	2.6	2.4	2.5	2.5	2.5	2.9	3.1	3.0	3.0	3.0	3.0		

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



Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	The NHS Performance Framework Monitoring Report and summary performance assessed against the NHS FT Governance Risk Rating (FT Compliance Report)
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Mike Harding, Head of planning & Performance Management and Tony Wharram, Deputy Director of Finance
DATE OF MEETING:	29 July 2010

SUMMARY OF KEY POINTS:

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

Service Performance - The Trust underperformed in June and for Quarter 1 overall with A/E 4-hour wait performance. It is also anticipated that the 18-week RTT performance target will not be achieved in all Admitted and Non-Admitted specialties. Performance during the month of June on Delayed Transfers of Care also exceeded the 'Underperforming' threshold.

For both the month of June and Quarter 1 the Trust remains within the 'Performing' threshold.

There have been no revisions to date to the A&E and RTT thresholds within the NHS Performance Framework, following the recent publication of amendments to 2010/2011 Operating Framework.

Financial Performance - Underperformance is indicated in June in 4 areas, with the weighted overall score reducing slightly to 2.85. The Trust remains within the overall 'Performing' threshold. The Trust did not Fail any indicators.

Foundation Trust Compliance Report – Following the amendments to the 2010/2011 Operating Framework (21 June 2010) Monitor issued a schedule of changes to the 2010/2011 FT Compliance Framework; a reduction in the A&E 4-hour wait trigger for governance from 98% to 95%, removal of the 18-weeks RTT governance triggers (aggregate and specialties) and changes to the scoring of the governance risk rating to reflect the above. All changes are effective for Quarter 1 data.

The Trust's Overall Governance Rating for the month (June) and Quarter 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)*:

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

PREVIOUS CONSIDERATION:

Finance and Performance Management Committee on 22 July 2010.

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

Operational Standards and Targets

Indicator	Weight	Thresholds		April 2010	Score	Weight x Score	May 2010	Score	Weight x Score	June 2010	Score	Weight x Score	Q1 2010-11	Score	Weight x Score
		Performing	Underperforming												
A/E Waits less than 4-hours	1.00	98.00%	97.00%	97.80%	2	2.00	97.90%	2	2.00	97.80%	2	2.00	97.82%	2	2.00
Cancelled Operations - 28 day breaches	1.00	5.0%	15.0%	0	3	3.00	2.4%	3	3.00	0	3	3.00	<5.0%	3	3.00
MRSA Bacteraemia	1.00	0	>1.0SD	0	3	3.00	1	3	3.00	0	3	3.00	1	3	3.00
Clostridium Difficile	1.00	0%	>1.0SD	13	3	3.00	19	3	3.00	15	3	3.00	47	3	3.00
18-weeks RTT (Admitted)	1.00	90.0%	85.0%	94.0%	3	3.00	94.0%	3	3.00	93.9%	3	3.00	>90.0%	3	3.00
18-weeks RTT (Non-Admitted)	1.00	95.0%	90.0%	97.6%	3	3.00	97.7%	3	3.00	98.1%	3	3.00	>95.0%	3	3.00
18-weeks RTT - achievement in all specialties (Admitted & Non-Admitted)	1.00	0	>0	>0	0	0.00	>0	0	0.00	>0	0	0.00	>0	0	0.00
Cancer - 2 week GP Referral to 1st OP Appointment	0.50	93.0%	88.0%	93.7%	3	1.50	94.6%	3	1.50	>93.0%*	3	1.50	>93.0%*	3	1.50
Cancer - 2 week GP Referral to 1st OP Appointment - breast symptoms	0.50	93.0%	88.0%	94.0%	3	1.50	93.0%	3	1.50	>93.0%*	3	1.50	>93.0%*	3	1.50
Cancer - 31 day second or subsequent treatment (surgery)	0.33	94.0%	89.0%	100%	3	0.99	100%	3	0.99	>94.0%*	3	0.99	94.0%	3	0.99
Cancer - 31 day second or subsequent treatment (drug)	0.33	98.0%	93.0%	100%	3	0.99	100%	3	0.99	>98.0%*	3	0.99	>98.0%*	3	0.99
Cancer - 31 day second or subsequent treatment (radiotherapy)	0.33	96.0%	91.0%	100%	3	0.99	100%	3	0.99	>96.0%*	3	0.99	>96.0%*	3	0.99
Cancer - 62 day referral to treatment from screening	0.33	90.0%	85.0%	96.8%	3	0.99	100%	3	0.99	>90.0%*	3	0.99	>90.0%*	3	0.99
Cancer - 62 day referral to treatment from hospital specialist	0.33	85.0%	80.0%	100%	3	0.99	100%	3	0.99	>85.0%*	3	0.99	>85.0%*	3	0.99
Cancer - 62 day urgent referral to treatment for all cancers	0.33	85.0%	80.0%	90.9%	3	0.99	86.0%	3	0.99	>85.0%*	3	0.99	>85.0%*	3	0.99
Reperfusion - Primary Angioplasty (within 150 minutes of call)	0.50	75.00%	60.00%	100%	3	1.50	92.00%	3	1.50	>75.00%*	3	1.50	>75.00%*	3	1.50
Reperfusion - Thrombolysis (within 60 minutes of call)	0.50	68.00%	48.00%	no patients		0.00	no patients		0.00	no patients*	-	-	no patients*	-	-
2-week Rapid Access Chest Pain	1.00	98.0%	95.0%	100.00%	3	3.00	100.00%	3	3.00	100.00%	3	3.00	100.00%	3	3.00
48-hours GU Medicine Access	1.00	98.0%	95.0%	100.00%	3	3.00	100.00%	3	3.00	100.00%	3	3.00	100.00%	3	3.00
Delayed Transfers of Care	1.00	3.5%	5.0%	4.30%	2	2.00	3.30%	3	3.00	5.10%	0	0.00	3.5 - 5.0%	3	3.00
Stroke (Stay on Stroke Unit)	1.00	60.0%	30.0%	60.00%	3	3.00	72.50%	3	3.00	64.86%	3	3.00	65.81%	3	3.00
Sum	**15.00**					**38.44**			**39.44**	*projected		**36.44**	*projected		**39.44**
Average Score						**2.65**			**2.72**			**2.51**			**2.72**

Scoring:	
Underperforming	**0**
Performance Under Review	**2**
Performing	**3**

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

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

Financial Indicators

Criteria	Metric	Weight (%)		SCORING 3	SCORING 2	SCORING 1	2010 / 2011 April	Score	Weight x Score	May	Score	Weight x Score	June	Score	Weight x Score
Initial Planning	Planned Outturn as a proportion of turnover	5	5	Planned operating breakeven or surplus that is either equal to or at variance to SHA expectations by no more than 3% of income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to SHA expectations by more than 3% of planned income.	Operating deficit more than or equal to 2% of planned income	0.00%	3	0.15	0.00%	3	0.15	0.00%	3	0.15
Year to Date	YTD Operating Performance	25	20	YTD operating breakeven or surplus that is either equal to or at variance to plan by no more than 3% of forecast income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to plan by more than 3% of forecast income.	Operating deficit more than or equal to 2% of forecast income	-0.01%	3	0.6	0.01%	3	0.6	0.01%	3	0.6
	YTD EBITDA		5	Year to date EBITDA equal to or greater than 5% of actual year to date income	Year to date EBITDA equal to or greater than 1% but less than 5% of year to date income	Year to date EBITDA less than 1% of actual year to date income.	6.96%	3	0.15	6.70%	3	0.15	6.73%	3	0.15
Forecast Outturn	Forecast Operating Performance	40	20	Forecast operating breakeven or surplus that is either equal to or at variance to plan by no more than 3% of forecast income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to plan by more than 3% of income.	Operating deficit more than or equal to 2% of income	0.00	3	0.6	0.00	3	0.6	0.00	3	0.6
	Forecast EBITDA		5	Forecast EBITDA equal to or greater than 5% of forecast income.	Forecast EBITDA equal to or greater than 1% but less than 5% of forecast income.	Forecast EBITDA less than 1% of forecast income.	7.05%	3	0.15	7.01%	3	0.15	6.97%	3	0.15
	Rate of Change in Forecast Surplus o Deficit		15	Still forecasting an operating surplus with a movement equal to or less than 3% of forecast income	Forecasting an operating deficit with a movement less than 2% of forecast income OR an operating surplus movement more than 3% of income.	Forecasting an operating deficit with a movement of greater than 2% of forecast income.	0.00%	3	0.45	0.00%	3	0.45	0.00%	3	0.45
Underlying Financial Position	Underlying Position (%)	10	5	Underlying breakeven or Surplus	An underlying deficit that is less than 2% of underlying income.	An underlying deficit that is greater than 2% of underlying income	0.54%	3	0.15	0.53%	3	0.15	0.53%	3	0.15
	EBITDA Margin (%)		5	Underlying EBITDA equal to or greater than 5% of underlying income	Underlying EBITDA equal to or greater than 5% but less than 1% of underlying income	Underlying EBITDA less than 1% of underlying income	7.05%	3	0.15	7.01%	3	0.15	6.97%	3	0.15
Finance Processes & Balance Sheet Efficiency	Better Payment Practice Code Value (%)	20	2.5	95% or more of the value of NHS and Non NHS bills are paid within 30days	Less than 95% but more than or equal to 60% of the value of NHS and Non NHS bills are paid within 30days	Less than 60% of the value of NHS and Non NHS bills are paid within 30 days	82.00%	2	0.05	80.00%	2	0.05	68.00%	2	0.05
	Better Payment Practice Code Volume (%)		2.5	95% or more of the volume of NHS and Non NHS bills are paid within 30days	Less than 95% but more than or equal to 60% of the volume of NHS and Non NHS bills are paid within 30days	Less than 60% of the volume of NHS and Non NHS bills are paid within 30 days	77.00%	2	0.05	81.00%	2	0.05	79.00%	2	0.05
	Current Ratio		5	Current Ratio is equal to or greater than 1.	Current ratio is anything less than 1 and greater than or equal to 0.5	A current ratio of less than 0.5	1.01	3	0.15	1.03	3	0.15	0.93	2	0.1
	Debtor Days		5	Debtor days less than or equal to 30 days	Debtor days greater than 30 and less than or equal to 60 days	Debtor days greater than 60	23.00	3	0.15	20.99	3	0.15	20.84	3	0.15
	Creditor Days		5	Creditor days less than or equal to 30	Creditor days greater than 30 and less than or equal to 60 days	Creditor days greater than 60	42.31	2	0.1	46.02	2	0.1	43.59	2	0.1
						Weighted Overall Score			2.9			2.9			2.85

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

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

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Corporate Objectives 2010/11 – Progress Report (Quarter 1)
SPONSORING DIRECTOR:	Richard Kirby, Chief Operating Officer
AUTHOR:	Ann Charlesworth, Head of Corporate Planning Laura Whittle, Planning and Performance Mgt Officer
DATE OF MEETING:	29 July 2010

SUMMARY OF KEY POINTS:

The report contains a summary of progress at the end of Quarter 1, towards the achievement of the Trust's Corporate Objectives set out in the Annual Plan 2010/11.

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 progress on the Corporate Objectives at Q1.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Outlines progress towards those objectives.
Annual priorities	
NHS LA standards	
Core Standards	
Auditors' Local Evaluation	

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

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

PREVIOUS CONSIDERATION:

Routine quarterly update.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Sustainable Development Management Plan Update
SPONSORING DIRECTOR:	Graham Seager, Director of Estates/New Hospital Project Director
AUTHOR:	Rob Banks, Head of Estates
DATE OF MEETING:	29 July 2010

SUMMARY OF KEY POINTS:

The purpose of this paper is to update the Trust Board on the progress to date with the sustainability agenda following the previous sustainability management action plan presented to the Board in April 2010

KEY POINTS:

- Carbon Management Programme
- IT Plan
- Sustainability Champions NVQ

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

Approval	Receipt and Noting	Discussion
	✓	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to note the progress made to date and next steps.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Improve the environmental sustainability of the Trust's operations by responding to the national carbon reduction strategy.
Annual priorities	
NHS LA standards	
Core Standards	
Auditors' Local Evaluation	Standard 2.3.4 – Trust can demonstrate commitment to sustainability

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

Financial	**x**	Potential for cost efficiencies through sustainability projects such as IT power save and waste minimisation
Business and market share		
Clinical		
Workforce	**X**	Promotion and link to Health and Wellbeing project. Potential for reduction in staff sickness levels
Environmental	**X**	Reduction in SWBH carbon emissions baseline
Legal & Policy	**X**	Compliance with Climate Change Bill 2008 Good corporate citizen targets
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		Non compliance with : Climate Change Bill 2008 Good Corporate Citizen Staff morale and engagement Carbon emission reductions affected Missed cost saving and efficiency opportunities

PREVIOUS CONSIDERATION:

The Sustainability Development Group has approved:

- The Sustainability Action Plan
- The GCC Assessment
- The Sustainability Champion Update
- Carbon Management Programme

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Sustainability Update

Trust Board – 29 July 2010

Introduction

The purpose of this report is to update the Trust Board on progress to date with sustainability and identify next steps.

Carbon Management Programme (May 2010)

The Trust has commenced the ten month schedule to complete the NHS Carbon Management Programme Phase 5 in conjunction with the Carbon Trust.

SWBH now have a draft carbon management plan for approval by Project Sponsor/Project Team in July 2010 and approval will be sought through Trust Board in August 2010.

The plan identifies and calculates the SWBH baseline carbon figures using data from ERIC and local information such as waste management and expenses claimed for travel.

SWBH have used 2008/09 as the baseline year and the Project Lead and Project Team are prioritising actions identified through Sustainability LiA projects to calculate potential savings in terms of carbon emissions and finance.

The Carbon Trust Director will meet with Project Sponsor (Graham Seager), Chief Executive and Director of Finance on the 27th July 2010 to review project.

IT Plan

IT have developed a draft plan to address issues around sustainability, which include energy reduction measures and use of work space.

The introduction of power save software to PCs has been identified as a project and funding has been requested to allow the installation on non clinical user PCs as part of phase 1. Carbon reduction and energy saving calculations are being worked upon to provide cost benefit analysis.

Other initiatives include:

- Promotion of laptop/docking stations for flexible working
- Remote working with connection via home PCs
- Centralised network printing
- Recycling of IT equipment including printers
- Standardisation on Laser printers
- IT link to procurement to ensure standardisation

Sustainability Champions

Continued engagement with sustainability champions through local meetings and email has provided a positive way to promote issues around sustainability. SWBH currently have 47 champions with a further training session scheduled for August with 15 additional champions due to attend.

A number of champions have now commenced their NVQ 2 in Environmental and Energy Awareness through Birmingham Metropolitan College. They attended a workshop on the 7th July 2010 and have come back with interest to know more around issues such as waste management and energy.

Local Champions are now starting to get sustainability on their departmental agendas and Steve Lawley has supported the development of business cases for such things as central printers and process changes to reduce energy, paper usage and improve the work process in general.

All sustainability champions are now issued with ID badges depicting their additional role and further engagement is planned for July/August to keep momentum.

Next Steps

Focused work on waste minimisation has commenced and an action plan and savings is being developed. This project is being led by facilities with support from Estates to calculate carbon footprint savings. Implementation will use the sustainability champions to promote at a local level and through high visibility of Waste Manager to key areas.

Energy saving schemes at local level and as part of site infrastructure will be developed to present within the carbon management programme to work towards the aspirational target of 25% reduction in measurable carbon footprint by 2015. An evaluation of all projects will be presented as part of the next Sustainability board paper in October 2010.

Rob Banks
Head of Estates

Sandwell and West Birmingham Hospitals NHS
NHS Trust

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

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 ONE PROGRESS

A summary of the position on each objective at the end of Quarter 1 is set out in the table that accompanies this report. An overview of the Q1 RAG assessment for each objective is set out in the table below.

Objective	**R / A / G 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 / G Assessment			
	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. 21st 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 one, over three quarters of objectives are green and the remainder are amber with the exception of 2.10 (Deliver quality and efficiency projects led by clinical directorates – QuEP), which is red. Progress from directorates on this objective continues to be pursued through the QMF process.

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 1. The Trust Board is recommended to:

1. NOTE the progress made on the corporate objectives at Q1.

July 2010

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST
TRUST OBJECTIVES 2010/11: QUARTER ONE 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

Trust Objectives 2010/11					
Ref.	**Objective**	**Measure of Success**	**Baseline (2009/10)**	**Summary Position as at end of Quarter One (June 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 = 97.82% (Q4). 98.3% with Type 3 activity mapped. • 94.0% Admitted (May 2010). 97.7% Non-Admitted (May 2010). • 2- Week (All Cancers) – 94.1% (April – May 2010) • 2 Week (Breast Symptomatic – 93.5% (April – May 2010) • 31-day – 100% (April – May 2010) • 62-day – 88% (April – May 2010)	**3**
1.2	**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 moving to quarterly once Heads of Nursing in post.	**3**
1.3	**Make communication with GPs about their patients quicker and more consistent** RK	• Set standards for key communications with GPs (e.g. clinic letters, discharge letters) • Improve performance against standards	Baseline measures to be set.	Project group established to identify key areas for improvement and develop action plans for the second half of the year.	**3**

Trust Objectives 2010/11					
Ref.	**Objective**	**Measure of Success**	**Baseline (2009/10)**	**Summary Position as at end of Quarter One (June 2010)**	**Red /Amber /Green Assessment**
1.4	**Improve our outpatient services, including the appointments system [QuEP]** RK	• 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 (Q1) Diagnostic Waits > 6 weeks = 19 (June 2010)	**2**
		• Reducing cancellations / rescheduling	14.4% overall 20348 Trust initiated cancellations Q3/Q4. 22820 Patient initiated cancellations Q3/Q4.	14.7% overall (April – May 2010) 7206 Trust initiated cancellations (April – May 2010) 6898 Patient initiated cancellations (April – May 2010)	
		• Reducing Did Not Attend rate	13.5% - new pts 12.3% - review pts	13.9 % New Outpatient DNAs (Q1) 12.5% Review Outpatient DNAs (Q1)	
		• Improving response from Call Centre	Ave length of wait for response 2.56 mins. Max length of wait for response 39.6 mins. (March 2010)	Average length of wait for response – 2.00 mins (April 2010) Maximum length of wait for response – 30.1 mins (April 2010)	

Trust Objectives 2010/11					
Ref.	**Objective**	**Measure of Success**	**Baseline (2009/10)**	**Summary Position as at end of Quarter One (June 2010)**	**Red /Amber /Green Assessment**
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** JA	• 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 updated and progress reviewed by LiA Sponsor Group. 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** RO	• Achieve national, local and internal targets *(Targets for 2010/11 MRSA <6; C Diff <243 external - <158 internal)* • • Achieve national standards of cleanliness ratings • Achieve at least "good" rating in PEAT assessments • Achieve 95% hand hygiene compliance • Achieve less than 1% phlebitis rate • Achieve 95% Saving Lives audits	MRSA=14 cases, target<33 C Diff=158 cases, target<264 88% compliance 99%	Plan continues; within targets currently. – MRSA 1 case (=<2 target). C Diff 47 cases (=<63 target) Compliance against standards remains good. 100% Compliance (June 2010)	**3**

Trust Objectives 2010/11					
Ref.	**Objective**	**Measure of Success**	**Baseline (2009/10)**	**Summary Position as at end of Quarter One (June 2010)**	**Red /Amber /Green Assessment**
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		• Discussions with directorates continue in respect of governance systems and integration with divisional systems. Decision taken to design a 'Service Quality System' that encompasses data, regulation, review and structures. Board discussion about the proposed system for September /October 2010. • QMF metrics identified in respect of all Trust Objectives and work is under way to develop relevant dashboards. • Directorate reviews are occurring quarterly in the main. Discussions with divisions continue in respect of devolving ownership of the process. • 2009/10 Quality Account approved by the Board and published on NHS Choices.	**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. Ofsted report received for Sandwell, awaiting Birmingham. Plans for recommendations in place. Safeguarding action plans progressing. Newly funded posts being appointed to.	**3**

Trust Objectives 2010/11					
Ref.	**Objective**	**Measure of Success**	**Baseline (2009/10)**	**Summary Position as at end of Quarter One (June 2010)**	**Red /Amber /Green Assessment**
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** KD	Level 2 accreditation for NHSLA risk management standards Level 2 accreditation for CNST maternity standards		<u>NHSLA Risk Management Standards</u> The following dates agreed with the NHSLA Assessor for the general risk management standards: - informal visit: 11 November 2010 - Level 2 assessment: 17+18 February 2011 Key activities in preparation for the informal visit include: - Development of an electronic evidence repository - Identification of gaps in evidence to support compliance - Clarification from the Assessor on points raised during the Level 1 assessment - Trust Policy Handbook being produced <u>CNST Maternity Standards</u> The date for the Level 2 assessment has not been set yet but is planned for Q4 of 2011/12. The systematic collection of data to support level 2 compliance is being reviewed Visit planned to Worcester NHS Trust, as they recently gained Level 2	**3**
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		Co-located MLU opened 5th 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 on schedule.	**3**

Trust Objectives 2010/11					
Ref.	**Objective**	**Measure of Success**	**Baseline (2009/10)**	**Summary Position as at end of Quarter One (June 2010)**	**Red /Amber /Green Assessment**
2.6	**Continue to improve our services for Stroke patients** DOD	• Achievement of CQUIN targets for 10/11 • Significant improvement in Sentinel Stroke Audit measures	Brain imaging within 24 hrs of admission – 81.8% Patients spending >90% of hospital stay on stroke unit – 62%	Target 90% for 2010/11 Q1 84% (trajectory 79%) Target 80% for 2010/11 Q1 65.8% (trajectory 70%) The Stroke Action Team continues to implement plans to improve the Stroke pathway but the Trust is currently under performing in this area.	**2**
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 close to 98%, although national revised standard is now 95%. ED activity remains challenging.	**3**
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 • Tissue viability care • Inpatient falls causing fracture • Stroke (time to brain imaging)	 60% 22 falls 81.8%	Initial work on the CQUIN VTE assessment target has been completed. Clinical and executive leads have been assigned to the project. Following consultation with the IT department an electronic form has been derived to sit within the iCM computer system allowing medical and appropriately trained nursing staff to complete the DoH VTE assessment form on all in-patient emergency admissions. 1276 forms were completed in June. There is ongoing debate as to which patients the form needs to be completed for which means that the percentage cannot be accurately estimated for a few more days however it is likely to be between 20% and 30%. TV CQUiN target still under discussion re detail. Falls as above.	**2**

Trust Objectives 2010/11					
Ref.	**Objective**	**Measure of Success**	**Baseline (2009/10)**	**Summary Position as at end of Quarter One (June 2010)**	**Red /Amber /Green Assessment**
		• Fractured neck of femur (time to operation) • Smoking cessation (intervention in OPD) • Safer Warfarin prescribing • Patient experience • Compliance with Think Glucose guidance • 4 further specialised services measures	Within 48 hours 84.1% for the year 100% for March10 1164	Target for 2010/11 – 70% within **<u>24 hours</u>**. Actual June – 70.8% Smoking Cessation extended to a wider range of clinics. Target 2000 referrals this year. To the end of June 574 referrals had been made so we are on target. Target for 2010/11 – 65%. Actual – 65.13% (audit at 2 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. Stroke (time to brain imaging) was at 84% (target 90%, trajectory for period 79%) by end of June. The Stroke Action Team continues to work to improve performance.	**2**
2.9	**Improve our key patient pathways so that they improve patient experience and use of resources (QuEP)** RK	• 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. • Discharges: concentrate 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: project being launched will focus on elective pre-op bed days.	**3**

Trust Objectives 2010/11					
Ref.	**Objective**	**Measure of Success**	**Baseline (2009/10)**	**Summary Position as at end of Quarter One (June 2010)**	**Red /Amber /Green Assessment**
2.10	**Deliver quality and efficiency projects led by clinical directorates (QuEP)** DOD	• 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 12 Directorates. A further 4 are in the process of preparing submissions. It has been agreed to extend the exclusion to Obstetrics given the service reconfiguration agenda. That leaves 9 directorates who have not yet submitted any proposals. Will continue to chase through QMF process.	**1**
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. Need to improve ability to capture audit data.	**3**
3.	***Care Closer to Home***				
3.1	**Make full use of the outpatient and diagnostic centre at Rowley Regis Hospital** RK	• 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. • Plan agreed to deliver Ophthalmology outpatients from Rowley later this year. • Developing plan to deliver Dermatology outpatients from 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. • Urgent Care: supporting PCT work on pathways	**2**

Trust Objectives 2010/11					
Ref.	**Objective**	**Measure of Success**	**Baseline (2009/10)**	**Summary Position as at end of Quarter One (June 2010)**	**Red /Amber /Green Assessment**
4	***Good Use of Resources***				
4	**Deliver a planned surplus of £2.0m** RW	• Surplus delivered as planned	£2.279m surplus delivered in 2009/10	On course to deliver bottom line target.	**3**
4	**Improve our expenditure by delivering a Cost Improvement Programme of £20m** RW	• CIP delivered as planned	£15.075m CIP delivered in 2009/10	Some pressure exists on schemes relating to capacity changes as a result of on-going demand. Replacement schemes ratified. Net Q1 shortfall c£130k.	**2**
4	**Review corporate expenditure in key areas (QuEP)** RW	• QuEP projects relating to corporate expenditure delivered as planned		Contributed to national benchmarking exercise. Formal feedback being prepared for subcommittee review.	**3**
4	**Ensure that we have the right amount of ward, operating theatre and clinic capacity for our needs (QuEP)** RK	• Agreed capacity plans for beds, theatres and outpatient clinics. • Successful delivery of medical bed reconfiguration project.		• Bed capacity plan agreed although making slower progress with delivery than anticipated due to increased demand. • Theatre capacity planning work in progress – to be completed during Q2. • Outpatient work to commence once progress made with redesign work (see above).	**2**
5	***21st 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.	**3**
5.2	**Begin the formal procurement process for the new hospital** GS	• OJEU advertisement following DH/HMT sign-off of refreshed OBC		Business Case and procurement documentation being prepared to project plan time scales.	**3**

Trust Objectives 2010/11					
Ref.	**Objective**	**Measure of Success**	**Baseline (2009/10)**	**Summary Position as at end of Quarter One (June 2010)**	**Red /Amber /Green Assessment**
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)** GS	• 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**
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** GS	• Successful completion of estates elements of capital programme		SIRG approved estates elements of Capital Programme commenced on plan.	**3**
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		Introductory meeting between the Director of Governance and the newly appointed local CQC Compliance Manager. Repository for the collection of data to support on-going compliance with the Regulations set up and available on the S: Drive.	**3**
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		2nd LIA "Birthday Party" held May 2010 – 98% rated very good/excellent. Excellent output re valuing colleagues and incentivisation. Number of LiA projects continues to expand. LiA action plan in place to ensure embedding and monitored by Sponsor Group – on track.	**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 this time.	**3**

Trust Objectives 2010/11					
Ref.	**Objective**	**Measure of Success**	**Baseline (2009/10)**	**Summary Position as at end of Quarter One (June 2010)**	**Red /Amber /Green Assessment**
6.4	**Reduce our impact on the environment by continuing to implement our sustainability strategy** GS	• 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** JA	• Develop detailed plan by end July 2010 • Progress in line with plan		"Owning the Future" launched at Leadership Conference July 2010. Strategy and OD Director appointed to lead project. White Paper includes Trust preferred option for organisation form. Project Plan will be delayed to Sept. Due to DSOD appointment timescale.	**3**
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.	**3**
6.7	**Implement our Leadership Development Framework** RO	• Leadership Development Framework agreed • Framework implemented in line with plan		Limited progress. Agreed approach for securing funding. Need to discuss with Director Strategy/Organisational Development.	**2**
6.8	**Refresh the Workforce Strategy and make progress with its implementation** RO	• Updated strategy agreed by Board • Key priorities and indicators identified and progressed		Continue to deliver against plan.	**3**

Trust Objectives 2010/11					
Ref.	**Objective**	**Measure of Success**	**Baseline (2009/10)**	**Summary Position as at end of Quarter One (June 2010)**	**Red /Amber /Green Assessment**
6.9	**Continue to develop our strategy for Information Management and Technology and improve the systems we use** RK	• 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.	**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.	**3**
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 group and plan established. OH review commenced. New sickness absence target agreed - 3% (3.49% external).	**3**

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Finance and Performance Management Committee – v0.2

Venue Executive Meeting Room, City Hospital **Date** 17 June 2010; 1430h – 1630h

Members Present
Mr R Trotman [Chair]
Dr S Sahota
Mrs G Hunjan
Prof D Alderson
Mr G Clarke
Mr J Adler
Mr R White
Mr R Kirby

In Attendance
Mr T Wharram

Guests
Mr A Brown
Mr P Stanaway

Secretariat
Mr S Grainger-Payne

Minutes	**Paper Reference**
1 Apologies for absence	**Verbal**
Apologies were received from Mrs Sue Davis, Mrs Olwen Dutton and Mr Mike Harding.	
2 Minutes of the previous meeting – 20 May 2010	**SWBFC (5/10) 056**
The minutes of the previous meeting were accepted as a true and accurate record of discussions held on 20 May 2010.	
AGREEMENT: The minutes of the previous meeting were approved	
3 Matters arising from the previous meeting	**SWBFC (5/10) 056 (a)**
The Committee noted the updated actions log.	
4 Medicine and Emergency Care division's performance	**SWBFC (6/10) 063**
Mr Andrew Brown and Mr Paul Stanaway joined the meeting to present an overview of the performance and key activities of the Medicine and Emergency Care division. Mr Brown reported that as at the end of May 2010, the division was in deficit by £105k. The key drivers for this position were outlined to include the higher than planned emergency and medical admissions into the Trust, which was reported to be 14% higher than that of the same period in 2009/10. This higher than forecast activity has prevented the planned closure of beds and has exacerbated the financial position further as the tariff payable is only 30% for cases over and above the 2009/10 outturn level. Mr Trotman asked how this income compared with the cost per spell. He was advised that the average cost per spell is not covered by the income received. Mr White remarked that should this trend continue, the matter will	

escalate into a more serious issue and therefore needs to be addressed as soon as possible. As such, work with commissioners is required to reduce the demand. Mrs Hunjan asked for further information in support of the reported £215,000 loss due to the tariff situation, particularly in relation to the overall deficit reported for the division of £105,000. Mr Kirby advised that this was the amount of income that would have been received, should the full payment for cases have been received from commissioners, rather than 30% actually received. It was noted that the entire amount would not however have been due solely to the division, as a proportion would need to be allocated to supporting areas, such as Facilities. Mr Trotman asked that a fuller explanation of the situation be provided for the next meeting.

Mr Brown reported that the division's Cost Improvement Plan had been factored into the overall forecast. In terms of elective work, there is an intention to reduce the number of new to review cases and consultant to consultant referrals. A reduction in the undertaking of procedures deemed to be of low clinical value is also planned, as is a move away from reducing the activity currently undertaken by the Trust that is more suited to handling in Primary Care. It was highlighted that the number of follow up appointments had reduced, although the Trust is still exceeding the contracted level of outpatient appointments. In response, Mr Trotman asked why these were still being undertaken. Mr Brown advised that agreement had not yet been reached at an operational level as to what appointments were needed.

Mr Trotman asked what the impact of GPs referring patients to Accident and Emergency would be on the Trust. Mr White advised that the Trust, in this situation, would be able to make an appropriate charge for these cases. In relation to skin procedures however, the Trust would refer the patients back to the GP making the initial referral as the Trust is not contracted to undertake these cases. The Trust is however required to handle rheumatology cases, given the more advanced monitoring processes in place within the Trust as opposed to those within PCTs.

Medical staffing was highlighted as a further issue impacting on the division's performance, where some specific issues at Sandwell Accident and Emergency department have necessitated additional medical staffing support. Gaps in the current medical staffing rotas also need to be addressed. In the meantime however, there are controls in place to ensure that any requests for locum support need to be approved by the Divisional General Manager or by the Divisional Director. The gaps within the rota were reported to be reflective of training places that have not been filled by the Deanery, a junior doctor that had left post early or an individual that had taken maternity leave. Mr Kirby acknowledged that further attention needed to be given to ensure that the issues with the medical staffing rota are addressed and advised that solutions to on call arrangements from substantive staff are being investigated to avoid the use of locum staff.

Mr Brown advised that in terms of nurse staffing, the Trust had a high number of patients requiring specialised nursing where a patient requires intensive nursing on a one to one basis. Mrs Hunjan asked what frequency such patients were treated by the Trust. Mr Brown advised that at any period, there is usually one such patient being handled by the Trust, which therefore provides additional pressure on Critical Care.

Expenditure on waiting list initiatives was noted to be high as a number of staff due to take up post are still to commence.

Mr Kirby summarised that the Medicine and Emergency Care division was expected to have a challenging and demanding year ahead.

Mr Trotman thanked Mr Brown and Mr Stanaway for their informative update.

ACTION:	**Mr Kirby to present a further update on the situation regarding the tariff payable for over performance in the Medicine and Emergency care division at the next meeting**	
6	**Trust Board performance management reports**	
6.1	**2010/11 month 2 financial position and forecast**	**SWBFC (6/10) 067** **SWBFC (6/10) 067 (a)** **SWBFC (6/10) 067 (b)**
Mr Wharram reported that in month the Trust had posted a deficit of £18,000 against its statutory accounts and a surplus of £164,000 against its Department of Health control total. It was noted that the cost associated with the impairment of the Trust's assets is to be treated as a technical issue. It was agreed, in view of the number of changes to the original financial plan, that a report would be presented at the next meeting outlining these amendments. It was suggested that this be presented to the Trust Board at its July meeting. In terms of overall performance, the Trust was noted to be performing marginally ahead of plan, although the over performance on activity and associated higher than planned level of spend was noted to be a significant issue. At a divisional level performance is concerning in the Medicine and Emergency Care and Women and Child Health divisions. In these cases, the issues are driven by the income situation, although performance is being offset by better performance in some other non-clinical areas. Capital expenditure was observed to be negligible to date, although this would change significantly when the effect of the recent land purchase is included in the position. Pay expenditure overall was highlighted to be lower than planned, however costs associated with bank and agency staff are still high. Mr Trotman reminded the Committee that the situation with pay expenditure has been discussed on a number of occasions at previous meetings at which clear direction had been given to ensure that the situation is resolved. He observed that this remained an issue however and was therefore a matter of concern for the Committee. Mr Adler advised that the issue was reflective of the need to respond to the current higher than planned activity and until this was addressed staffing would need to remain higher than forecast to ensure that care is delivered safely. It was also reported that the high level of premium rate working was also affecting the position, particularly in surgical specialities. Mr Adler highlighted that this situation may be alleviated to some degree by the planned changes to the current 18-week waiting time targets proposed within the revised Operating Framework. Mrs Hunjan asked whether the PCTs were working with community provider arms to assist with addressing the high admissions rates. Mr Kirby advised that it was difficult to ensure a lower level of admissions regardless of whether community services are in place or not. However work is being undertaken to determine the root cause of the higher number of admissions. Mr Clarke asked whether it was possible to determine the percentage increase in admissions by area. He was advised that in terms of the category of patients that have increased, the number of patients admitted with cardiac, respiratory and mental health issues are greater. It was reported that there is early research findings to suggest that the increase in these admissions generally follows three to six months after an economic recession.		
ACTION:	**Mr Wharram to provide a report outlining the key changes to the**	

Financial Plan for the next meeting **ACTION:** **Mr Grainger-Payne to ensure that the paper discussing key changes to the Financial Plan is presented at the July meeting of the Trust Board**	
6.2 Update on debtors	**SWBFC (6/10) 066** **SWBFC (6/10) 066 (a)** **SWBFC (6/10) 066 (b)**
Mr Wharram presented an overview of all debts owed to the Trust, advising that the overall debtor balance had reduced. It was noted that the balance of debts due from Heart of England Foundation Trust and University Hospital Birmingham Foundation Trust is approximately equal to the balance of debts owed to these organisations by the Trust itself.	
6.3 Performance monitoring report	**SWBFC (6/10) 059** **SWBFC (6/10) 059 (a)**
Mr White reported that cancelled operations had not changed considerably from the previous month and was 0.9% year to date. One 28-day breach of a previous cancelled operation was reported during the month. Delayed Transfers of Care was reported to be 3.3% and the situation was reported to have been challenging in Birmingham. Dr Sahota asked whether the level of Delayed Transfers of Care was expected to rise further. Mr Kirby advised that a new in hospital social services team was now in place, which it is hoped will address the situation. Performance against the stroke care target was reported to have improved slightly to 65%. The number of reported *C difficile* infections was noted to have risen in month and had exceeded both the internal and local stretch targets. This had been impacted by the new, more sensitive tests used which are detecting more cases. As a consequence, mortality associated with these infections was reported to have declined. A series of deep cleaning sessions was reported to be being arranged to tackle the increased number of infections. In terms of performance against the referral to treatment time targets, 97% of non-admitted cases met the target across all specialities and 94% had been achieved for admitted cases. The Committee was advised that meeting the targets for Trauma and Orthopaedic remained challenging however. Regarding CQUIN targets, it was noted that the 'Think Glucose' initiative will be progressing under the overall CQUIN portfolio. It was highlighted that referrals to smoking cessation clinics needed to be given additional focus in the coming months to regain the good performance achieved in 2009/10. It was agreed that at the next meeting of the Financial Management Board, consideration should be given to the presentation of over performance against activity as part of the future versions of the corporate performance monitoring report.	
ACTION: **Mr Grainger-Payne to ensure an item is added to the agenda of the next meeting of the Financial Management Board regarding the presentation of over performance against activity as part of the**	

future versions of the corporate performance monitoring report	
6.4 HR dashboard	**SWBFC (6/10) 058** **SWBFC (6/10) 058 (a)** **SWBFC (6/10) 058 (b)** **SWBFC (6/10) 058 (c)**
It was agreed that the HR dashboard would be considered at the next meeting.	
6.5 Foundation Trust compliance report	**SWBFC (6/10) 064** **SWBFC (6/10) 064 (a)**
As the information presented was noted to be a subset of the monthly performance management information, the Committee received and noted the report. It was highlighted that the overall performance was at green status.	
6.6 NHS performance framework	**SWBFC (6/10) 065** **SWBFC (6/10) 065 (a)**
Mr White presented the Trust's performance against the indicators comprising the NHS performance framework. It was highlighted that the overall performance was at green status.	
7 Cost improvement programme (2010/11) – delivery report	**SWBFC (6/10) 068** **SWBFC (6/10) 068 (a) -** **SWBFC (6/10) 068 (c)**
Mr Wharram advised that performance against the Cost Improvement Programme was £133,000 below plan. Adjustments had been made to three schemes concerning bed closures, car parking charges and orthopaedics. Mr Wharram was asked to differentiate between schemes that are recurrent and non-recurrent in future versions of the report.	
ACTION: Mr Wharram to differentiate between CIP schemes that are recurrent and non-recurrent in future versions of the delivery report	
8 Quality and Efficiency Programme (QuEP) update	
8.1 Status report	**Hard copy paper**
Mr Adler presented a summary of the progress with the workstreams forming the Quality and Efficiency Programme (QuEP). Mr Adler reported that in connection with the QuEP workstream concerned with bank and agency staff, that an administration bank had been established and recruitment into this was currently underway. Mr Trotman asked whether there would be a fee incurred if agency staff currently used are recruited into the administration bank. Mr White advised that this was not the case if the member of staff had been working within the Trust for some time. It was noted that the estates workstream was graded at red, although as agreement has now been reached that the impairment of assets would be treated as a technical adjustment within the accounts, the next update would show an improved position. It was reported that the workstream concerned with market share and business	

development would move to the new Director of Strategy and Organisational Development when he commenced in post.	
8.2 QuEP benchmarking exercise	**SWBFC (6/10) 061 SWBFC (6/10) 061 (a) SWBFC (6/10) 061 (b)**
Mr Kirby reported that the overall benchmarking work undertaken recently had suggested that there is significant scope for improvement regarding outpatient process efficiencies. The 'DNA' rate for the Trust was highlighted to be high compared with peer organisations and the new to review rate was shown to be rising and is also higher than performance in peers organisations. In terms of inpatient performance, the Trust's position was shown to be closer to the national average. Mr Kirby advised that the small gain in productivity in this area would be financially advantageous. Trauma and Orthopaedics performance was shown to be poor across all indicators. A set of action plans will be developed to address the areas of improvement identified by the work, which will be updated and shared with the Finance and Performance Committee at a future meeting.	
ACTION: Mr Kirby to share the action plans to address benchmarking recommendations at a future meeting of the Finance and Performance Management Committee	
9 'Better Care, Better Value' indicators update	**SWBFC (6/10) 062 SWBFC (6/10) 062 (a) - SWBFC (6/10) 062 (d)**
The Committee received and noted the update on the Trust's performance against 'Better Care, Better Value' indicators.	
10 Minutes for noting	
10.1 Minutes of the Strategic Investment Review Group	**SWBSI (6/10) 001**
The Committee noted the minutes of the SIRG meeting held on 11 May 10.	
10.2 Actions and decisions from the Strategic Investment Review Group	**SWBFC (6/10) 060**
The Committee noted the actions and decisions arising from the meeting of SIRG meeting held on 8 June 10.	
10.3 Minutes of the Financial Management Board	**SWBFM (5/10) 057**
The Committee noted the minutes of the FMB meeting held on 18 May 10.	
11 Any other business	**Verbal**
There was none.	
12 Details of next meeting	**Verbal**
The next meeting is to be held on 22 July 2010 at 1430h in the Executive Meeting	

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Room at City Hospital.	

Signed .....

Print .....

Date .....

MINUTES

Sandwell and West Birmingham Hospitals NHS Trust

Governance and Risk Management Committee – Version 0.1

Venue Executive Meeting Room, City Hospital **Date** 20 May 2010; 1030h – 1230h

Members Present

Professor D Alderson	[Chair]	Mr D O'Donoghue
Mr R Trotman		Miss K Dhami
Mr J Adler		
Mr R White		

In Attendance		**Secretariat**
Ms S White	[Browne Jacobson]	Mr S Grainger-Payne
Ms M Print	[Browne Jacobson]	
Mr P Finch	[Item 5 only]	
Mr S Parker		
Mrs D Talbot		

Minutes	**Paper Reference**
1 Apologies for absence	**Verbal**
The Committee received apologies from Miss Rachel Overfield. Mrs Debbie Talbot was welcomed in her place.	
2 Minutes of the previous meeting	**SWBGR (3/10) 024**
The Governance and Risk Management Committee approved the minutes of the meeting held on 18 March 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 (3/10) 024 (a)**
The updated actions list was noted by the Committee.	
3.1 Rationale behind the deviation from NPSA alert on wristbands	**Verbal**
The Committee was reminded that the NPSA alert had requested that only one wristband be worn by patients, however Trust practice currently uses two wristbands: one red and one white. This practice is well embedded and has caused few incidents, therefore from a risk perspective, this was noted not to be an issue. Mr Trotman remarked that the recent ward review outcomes had not highlighted this practice as an issue for concern. Miss Dhami added that the patient identification	

policy was well embedded, therefore she urged that given the forthcoming assessment by the NHS Litigation Authority, that the policy should not be amended. Professor Alderson asked whether the deviation from the alert would be defensible, should the practice be challenged. Mrs Talbot advised that the associated audit results would confirm that the practice did not present an issue and if incidents arise, then adequate processes are in place to respond to them. Mr O'Donoghue reported that although the default position requires the Trust to adhere to the NPSA guidance, it is within the Trust's right to review the recommendations and decide whether to implement the guidance. As such it was agreed to retain the current practice in relation to wristbands for the present, however the situation would be kept under review.	
3.2 Incident reporting practice	**Verbal**
Miss Dhami reminded the Committee that at the last meeting, it was suggested that the current incident reporting processes should be reviewed. A framework has been issued by the NPSA and therefore the Trust is to align the grading of incidents to be consistent with this framework, particularly for red and amber incidents. Red flagging had been introduced at the request of the Trust Board, however the handling of the incidents was identical to all other red incidents. The delays in arranging Tabletop Reviews (TTRs) had been noted and work is underway to ensure that these are expedited where required. The Committee was advised that more incidents will be given red status in future, as the range of incidents needing to be categorised as red now included fractured neck of femur cases and pressure sores. Miss Dhami advised that the overall level of incidents being reported was declining, therefore consideration is being made to ensure reporting is as simple as possible and feedback is given to those individuals reporting an incident in terms of what action was taken or planned. Lessons learned will also be communicated. The Committee was advised that these matters would be picked up by the new Head of Risk Management on her commencement with the Trust. It was suggested that the detail of the red incidents and feedback from TTRs would be added as a standard item to future agendas of the Governance and Risk Management Committee. After considerable debate, it was agreed that the detail of red incidents and their action plans should continue to be reviewed by the Adverse Events Committee, however the report to the Governance and Risk Management Committee might focus on the incident process, themes and trends. The red incident report should continue to be provided to the Trust Board at its private session. Miss Dhami was asked to present the proposed information concerning incidents for the Governance and Risk Management Committee, at a future meeting of the Executive Team.	
ACTION: **Miss Dhami to present the proposed information concerning incidents for the Governance and Risk Management Committee, at a future meeting of the Executive Team**	
3.3 Comparative measure for incident rates	**Verbal**

Miss Dhami advised that consideration of a meaningful comparative measure for incidents would be built into the workplan for the new Head of Risk Management.	
4 Legal Services update	**SWBGR (5/10) 030** **SWBGR (5/10) 030 (a)**
Professor Alderson welcomed Ms Sarah White and Ms Melanie Print representing the Trust's solicitors, Browne Jacobson. Ms White reported that Browne Jacobson had been acting on behalf of the Trust since September 2009 and costs incurred during the first seven months of the contract had totalled £34,000 plus disbursements and VAT. The free advice hotline had been used during the period of the contract, to the nominal value of £1000. Ms White outlined the detail of the work with which Browne Jacobson had been engaged during the period of the contract to date. Professor Alderson asked how many trusts were supported by Browne Jacobson. He was advised that this exceeded 50, including acute and mental health trusts. Professor Alderson asked whether the work from the Trust was comparable to that of other organisations. Ms White advised that the type of work was comparable, although of a lesser volume than expected, although it is anticipated that this may be reflective of the handover period between the previous provider and Browne Jacobson. The Trust was also noted to employ a large and experienced team to support inquest work, therefore there is less support needed from the firm in this area. Professor Alderson asked how the free hotline worked. He was advised that this is a 24 hour service, with the first 20 minutes of use being provided free of charge. It was noted that the out of hours service had been used only 2 or 3 times since the start of the contract. Mr Trotman noted that length of the delay between dismissal of an individual and a tribunal was considerable and asked whether the Trust would be liable for any fines in connection with this delay. Ms Print advised that fines may not be levied by ACAS and the process was being addressed at a national level to minimise any delays. Mr Trotman highlighted that a number of individuals may wish to work above the age of 65 and asked how this matter be handled from a legal perspective. Ms Print advised that the Trust may not make any proposals in relation to age under the terms of the Age Discrimination Act and therefore suggested that a robust appraisal system be implemented to ensure that individuals are appropriately performance managed. Mr Adler suggested that the legal services update be shared with the Executive Team. Mr White asked what key issues would likely affect the Trust in the future. He was advised that the recently publicised Act concerning Coroners and the Police might impact, whereby the process for managing inquests is to be more centralised. At present however, this Act has not been brought into force, given the significant cost implications. In terms of training and seminars, the Committee was advised that two free seminars are provided under the terms of the contract and it had been suggested that these might focus on clinical negligence & inquests and perhaps for the Trust Board, a seminar concerning the Corporate Manslaughter Bill.	

Ms White and Ms Print were thanked for their useful presentation and report.	
ACTION: Mr Grainger-Payne to ensure that the legal services update is circulated to the Executive Team at a future meeting	
5 Local Security Management Specialist outturn report and forward workplan	**SWBGR (5/10) 031** **SWBGR (5/10) 031 (a)** **SWBGR (5/10) 031 (b)**
The Trust's Local Security Management Specialist, Mr Peter Finch joined the meeting to present the outturn position on his workplan, highlighting that only minor areas of the plan had not been achieved by the year end but were being addressed at present. Mr Trotman asked whether the separation of security and portering had been implemented at Sandwell Hospital as planned. He was advised that this was the case and the arrangements were embedding well. Mr Adler asked whether staff rotation was being considered between the two sites. Mr Finch advised that a 'Listening into Action' exercise was planned, with a view to revising the current role descriptions and building in cross-site rotation. In 2010/11, gaining guidance on 'lock down' is planned, which concerns the practicalities in the event of a major incident and how individuals self presenting at Accident and Emergency would be handled. Mrs Talbot highlighted the need for seclusion and restraint information as part of the forthcoming LCMS workplan and was advised that this is being pursued at present. Professor Alderson asked whether there were any potential biological hazard issues that could potentially impact on the Trust. He was advised that these were minor and were offsite near to Sandwell Hospital. Mr Trotman noted that baby tagging and security arrangements in the maternity area were ongoing. Mr Finch reported that security arrangements in maternity had been reviewed and one of the recommendations suggested that the security review group continues to exist. The matter has now been transferred to the divisional risk register. Mr Trotman asked what the value of the LCMS Cost Improvement Programme was for 2010/11. He was advised that this was set at 1.5% of pay revenue. Mr Finch was thanked for his informative report.	
6 Mortality alerts update	**SWBGR (5/10) 028** **SWBGR (5/10) 028 (a)**
Mr Parker advised that between February 2009 and January 2010, no new alerts for diagnoses had been received from the Dr Foster real time management system. In terms of the Care Quality Commission (CQC) generated alerts, in October 2009 an alert was generated in connection with peripheral and visceral atherosclerosis, where it had been detected that more deaths had occurred than would have been expected. The matter has been investigated and the findings were communicated to the CQC which confirmed that no further action was needed. A major factor which prompted the alert concerned the management of guidelines and the coding of cases for ischemic bowel cases.	

Further intelligence from the CQC alerts system prompted an investigation into hernia repair readmissions, which again has been investigated and an action plan developed to address any areas of concern. A further audit is planned to establish whether a trend is developing in these cases. The investigation into the alert revealed that patients appear to be representing at Accident and Emergency rather than to Primary Care as access to these services across the region is limited. Mr O'Donoghue advised that the matter was being kept under review by the Mortality Steering Group and the approach being taken to handle the issue has been endorsed by the CQC. Professor Alderson suggested that there needed to be a clear indication as part of the next update that admissions due to hernia were no longer generating alerts and progress with addressing the matter were being progressed. Alerts previously generated by the Dr Foster system continue to be investigated, including PCTA mortality and mortality associated with Non Hodgkinson Lymphoma.	
7 Clinical audit forward plan 2009/10 outturn report	**SWBGR (5/10) 026** **SWBGR (5/10) 026 (a)**
Mr Parker presented the outputs of the clinical audit forward plan for 2009/10. It was highlighted that the profile of clinical audit has been raised at a national level and is a pilot indicator as part of the NHS Litigation Authority assessment against risk management standards for 2010/11. Participation in clinical audit was also noted to be important for maintaining CQC registration and evaluating services. Participation in clinical audits also needs to be disclosed within the Quality Accounts. Excluding ongoing audits, 60% reached the data collection stage, yet only 30% completed the process and were reported to a corporate governance group or committee. Actions to improve this performance have been suggested and agreed by the Governance Board. The Clinical Effectiveness Committee is to be reinvigorated to assist with this work, the objectives of which will concern ensuring recommendations arising from clinical audits are implemented. The reporting process for the outcomes of clinical audits is to be made more systematic by being linked into the Quality Management Framework. A report on areas where progress is not being made is also to be developed. The clinical audit proposal form is to be amended to be more in line with those used in other trusts and ensures that there is more accountability for ensuring audits are completed. Findings from audits are to be reported in a standard way and consideration is to be given to the way in which the Trust Board is informed of the audits being undertaken, particularly those listed within the Quality Accounts. Professor Alderson asked that future updates to the Committee be concise and highlight by exception areas requiring attention and escalation. He noted that the current completion rate for clinical audits is disappointing, however Miss Dhami advised that the increased profile of clinical audits will assist.	
8 Clinical audit forward plan 2010/11	**SWBGR (5/10) 027** **SWBGR (5/10) 027 (a)**
Mr Parker advised that the forward plan for 2010/11 included 62 audits, the majority of which are mandated externally for Quality Assurance purposes. Department of Health recommended audits are to be included within the plan when available. It was noted that the volume of mandatory national audits is increasing. Professor Alderson asked for details of the process for communicating audit	

outcomes. Mr Parker advised that a review is undertaken each year and audits are presented and discussed as part of clinical governance afternoons, teaching sessions and divisional governance groups. Outcomes are also discussed as part of the Quality Management Framework meetings. A national reporting policy is in place which supports the overarching process.	
9 Update on progress with addressing actions arising from safety alerts	**SWBGR (5/10) 032** **SWBGR (5/10) 032 (a)**
Miss Dhami reminded the Committee that there had been concern over the number of safety alerts, where the action plans to address the alert currently remains unresolved or are overdue. Since the last meeting of the Governance and Risk Management Committee, the matter had been discussed by the Adverse Events Committee. Executive leads or senior managers had now been assigned to the various actions and progress with addressing these would be considered as a routine item by the Governance Board. It was agreed that a relative judgement as to the magnitude and urgency of the issues needed to be provided for the next meeting of the Committee.	
ACTION: Miss Dhami to present a relative judgement as to the magnitude and urgency of the actions in connection with safety alerts at the next meeting of the Governance and Risk Management Committee	
10 Update on preparations for the NHS Litigation Authority assessments	**SWBGR (5/10) 033** **SWBGR (5/10) 033 (a)** **SWBGR (5/10) 033 (b)**
Miss Dhami presented the final reports received from the NHS Litigation Authority in connection with the Level 1 assessments against both general and maternity standards. The assessment against Level 2 general risk management standards was reported to be scheduled for 21-22 February 2011 at present, with an interim visit planned for November 2010. The timing of the assessment against Level 2 maternity standards is to be confirmed during 2011. Mr Adler confirmed that the Executive Team will be monitoring progress with the preparations on a regular basis.	
11 Freedom of Information update for 2009/10	**SWBGR (5/10) 029** **SWBGR (5/10) 029 (a)**
Mr Grainger-Payne presented an update on Freedom of Information requests received by the Trust during 2009/10. He reported that during the year 241 requests had been received, all but seven of which had been answered within the statutory 20 working day deadline. April and June 2009 saw the highest number of requests in year at 26 each month. The Committee was advised that although the actual number of requests did not appear to have increased from the previous year, the complexity of requests is increasing, meaning that more requests are received which require either a significant amount of time to be spent providing the answers to the request or which contain several linked requirements for information within a single request.	

Mr Grainger-Payne advised that the majority of Freedom of Information requests are answered in full, as very few exemptions apply to information held by public sector bodies. Mr Grainger-Payne was asked whether the Trust was comparable with other trusts in terms of the numbers and types of requests received. He advised that this was the case.	
12 Minutes from the Governance Board	
12.1 Minutes from the meeting held on 5 March 2010	**SWBGB (3/10) 061**
The Governance and Risk Management Committee received and noted the minutes from the Governance Board meeting held on 5 March 2010.	
12.2 Minutes from the meeting held on 9 April 2010	**SWBGB (4/10) 083**
The Governance and Risk Management Committee received and noted the minutes from the Governance Board meeting held on 9 April 2010.	
12.3 Actions list discussed at the meeting held on 7 May 2010	**SWBGB (4/10) 083 (a)**
The Governance and Risk Management Committee received and noted the actions list discussed at the Governance Board meeting held on 7 May 2010.	
13 Minutes from the Clinical Quality Review Group	**SWBGR (5/10) 034**
The Governance and Risk Management Committee received and noted the minutes from the Clinical Quality Review Group meeting held on 3 March 2010.	
14 Any other business	**Verbal**
There was none.	
15 Details of the next meeting	**Verbal**
The date of the next meeting is 22 July 2010 at 1030h in the Executive Meeting Room, City Hospital.	

Signed ……

Print ……

Date ……

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Charitable Funds Committee – Version 0.2

Venue Executive Meeting Room, City Hospital **Date** 6 May 2010 at 1430h

Present

Dr S Sahota	[Chair]	Mr P Smith	
Mr R Trotman		Mr M Burgess	[Barclays Wealth]
Miss I Bartram		Mrs C Potts	[Item 6.2 only]
Mr G Clarke		Mrs H Lemboye	[Item 6.3 only
Mr J Adler		Mrs J Wennen	[Item 6.3 only]
Mr R White		Mr S Grainger-Payne	[Secretariat]
Mr D O'Donoghue			

Minutes	**Paper Reference**
1 Apologies	**Verbal**
Apologies were received from Mrs Sue Davis, Professor Derek Alderson, Mrs Gianjeet Hunjan, Mr Richard Kirby and Miss Rachel Overfield. Mr Gary Clarke was welcomed to his first meeting as a Trustee.	
2 Minutes of the previous meetings	**SWBCF (12/09) 021** **SWBCF (1/10) 005**
The minutes of the meetings held on 3 December 2009 and 14 January 2010 were approved.	
AGREEMENT: The minutes of the previous meetings were approved.	
3 Matters arising from the previous meeting	**SWBCF (1/10) 005 (a)**
It was agreed that the action to add the consolidation of Charitable Funds into exchequer funds onto a future agenda should be closed, given that this proposal had been deferred for the present.	
3.1 Updated proposal for the rationalisation of funds	**Verbal**
Mr Smith reported that the funds had been rationalised as far as possible, with balances assigned to identical managers having been amalgamated where possible. Effort has also been put into requesting expenditure plans from fund managers. Mr Clarke asked how simple it would be to reinstate a fund if this was	

required after rationalisation. Mr White advised that it would be unlikely that this would be required and it would be more practical to source requirements from general funds if this was needed. Dr Sahota suggested that further work be undertaken to rationalise funds less than £500. Mr White asked for the rationale behind the desire to reduce the number of funds. Dr Sahota suggested that attention be instead given to funds which are not being spent at present. As such it was agreed that funds where there had been no activity for 18 months and are £500 or less are to be amalgamated. Mr Trotman suggested that given the reconfiguration of the divisions recently, consideration be given to divisional allocation of the amalgamated funds to ensure better use of the charitable funds.	
ACTION: **Mr Smith to arrange for funds showing no activity for 18 months or more and of a value less than £500 to be amalgamated**	
3.2 Standard proforma for donations	**Verbal**
Mr Smith presented a draft proforma for donations to the Trustees for comment. Mr O'Donoghue suggested that it be made clear within the proforma that the funds would be used to support activities and purchases that would be supplementary to the usual business of the Trust. Mr Trotman also suggested that the section on the intranet dealing with donations should be amended to reflect the new form. Mr Clarke suggested that consideration be given to the use of regular payments, such as direct debit, for people who wished to make a donation greater than a single offering. Mr Trotman suggested that the proforma should deal with leaving a legacy. Dr Sahota added that thought should be given to using a tear off slip on the bottom of the proforma to acknowledge receipt to the person donating. It was agreed that Mr White should circulate the revised form to Trustees by e-mail.	
ACTION: **Mr Smith to amend the donations proforma in line with comments at the meeting** **ACTION:** **Mr White to circulate the revised donations proforma to Trustees**	
3.3 Governance allocation in the annual accounts	**Verbal**
Mr Smith reported that following the request to determine the breakdown of the 'governance' allocation in the annual accounts, that this related to £18k for external audit fees and £31k for manpower time for senior officers.	
4 Investment report – Barclays Wealth	

4.1 Investment review and valuation from Barclays Wealth for the three month period until 31 March 2010	**SWBCF (5/10) 007**
Mr Burgess was welcomed to the meeting and explained that in terms of the Trust's investment portfolio, the financial climate had improved for equities and therefore the value of the portfolio had increased. Key areas of benefit were highlighted to be particularly in the financial sector. The Trustees were reminded that at the meeting in December 2009, the decision had been taken to reduce the portfolio's level of risk from medium/high to medium to ensure greater stability. It had also been agreed that the income generated from the portfolio would not be drawn, but would be reinvested into the portfolio. The Trustees were advised that the income generated was a higher level than the six months prior given the changing financial climate. In terms of equity market changes, it was highlighted that the Greek economy was currently in deficit, although the Greek economy was noted to be a small percentage of the overall international economy. Mr Burgess advised that other countries that were suffering financial difficulty included Ireland and Portugal, however he assured the Trustees that this situation was expected to have little impact on the Trust's portfolio. A concern however was described as being the Government bonds that had been sold to a number of institutions across the world, which if they suffered difficulty, could have a wider impact on other international organisations. Regarding the possibility of a hung parliament as an outcome of the forthcoming general election, the long-term effect was suggested to be negligible, although the uncertainty around this arrangement could impact in the short term. Dr Sahota asked what effect would be expected if Greece was asked to withdraw from the Euro. Mr Burgess advised that this would have bigger ramifications for Greece itself, rather than the European economy. The situation was highlighted to be unlikely however. Dr Sahota commented that the Chinese economy had also shown uncertainty. Mr Burgess advised that the Chinese economy was difficult to invest in and had little liquidity. As such, investing in China is avoided, although investing in surrounding countries may be more beneficial. Mr O'Donoghue asked in terms of asset allocation, on what basis the decision was made to invest in UK equities. Mr Burgess advised that the reduction in the risk profile of the portfolio had prompted investment in more bonds, given that these are less volatile than equities, although 40% of the portfolio was highlighted to be still invested in UK equities, with 10% in overseas. Mr O'Donoghue remarked that the United States markets in recovery appeared to be outperforming others. Mr Burgess advised that this was not the case to date, although Gross Domestic Profit had increased.	

Dr Sahota returned to the earlier decision to diversify the portfolio by exposure to overseas markets. Mr White acknowledged this decision and explained that there had been an effort to balance the risk of the portfolio with a desire to diversify. Dr Sahota requested that the table which outlined the parameters for investment, which had previously been included in investment reports, be reinstated in future versions of the report. Mr Trotman asked whether cash would be increasing in the market at present due to companies paying a year end dividend. Mr Burgess advised that quarterly dividend payments are now usually made, therefore the influx in cash was likely to be more balanced over the year.	
ACTION: **Mr Burgess to reinstate the parameters for investment within future versions of the investment report**	
5 Quarterly finance report	**SWBCF (5/10) 008** **SWBCF (5/10) 008 (a)** **SWBCF (5/10) 008 (b)** **SWBCF (5/10) 008 (c)** **SWBCF (5/10) 008 (d)**
Mr Smith presented the detail of the significant transactions that had occurred during the quarter, alongside the list of fund balances. Cash was noted to be low at £59k, which was reflective of the transfer into the Barclays Wealth portfolio and expenditure in excess of income during the previous financial year. As such it was agreed that there should be not be further investment into the portfolio for the present. Dr Sahota asked whether the fall in cash was a concern. He was advised the position had been made starker by the previous significant legacies that the Trust had been fortunate enough to receive. Dr Sahota asked whether interest was being paid on the monies held. He was advised that this was the case. It was noted that some salaries were being paid from charitable funds and was suggested that a review be undertaken to determine whether these payments remained necessary, appropriate and sufficient to cover the full term of employment. On a separate matter, Mr Smith advised that the Trust's bank details had changes and agreed to provide these to Mr Burgess.	
ACTION: **Mr White to review salaries paid from Charitable Funds to determine whether these payments remained necessary, appropriate and sufficient to cover the full term of employment** **ACTION:** **Mr Smith to provide Mr Burgess with the Trust's new bank details** **AGREEMENT:** **It was agreed that no further investment should be made from charitable funds into the Barclays Wealth investment portfolio**	

for the present	
6 Applications for the use of Charitable Funds	
6.1 Ratification of the decision to use Charitable Funds for Wayfinding signage	**SWBCF (5/10) 011**
Mr White presented the updated bid for the use of charitable funds to support the implementation of wayfinding signage, which had been agreed by Trustees at a previous meeting. Mr Trotman questioned whether charitable funds should be used to pay for the ongoing maintenance of the signage, however Mr Adler reminded the Trustees that it had been agreed to fund the total cost of a three year pilot. However should the decision be made that wayfinding signage should be installed on a substantive basis, the ongoing costs would not be met from charitable funds.	
AGREEMENT: The Trustees ratified the decision to use charitable funds to support a pilot of wayfinding signage	
6.2 Refurbishment of the children's play area at Sandwell Hospital	**SWBCF (5/10) 009**
Mrs Carole Potts attended the meeting to present a bid for the use of charitable funds for the refurbishment of the children's play area at Sandwell Hospital. The Trustees were advised that the current play area was currently pitted with shards of glass and was therefore unusable by children. The refurbishment would ensure that the area was fit for purpose and a canopy would be built over the playground to prevent dangerous items falling onto the area in future. The Trustees were advised that the play equipment would be provided from the results of recent fundraising. It was highlighted that only two quotes for the refurbishment had been obtained and a third was required. It was agreed however that subject to the third quote being received, that the bid would be approved, with an upper expenditure limit of £30,000. Mr Adler suggested that a promotional activity be undertaken when the playground had been refurbished.	
AGREEMENT: Subject to a third quotation being obtained, the Trustees approved the use of charitable funds to support the refurbishment of the children's play area at Sandwell Hospital	
6.3 Birmingham and Midlands Eye Centre Outpatient Seating	**SWBCF (5/10) 010** **SWBCF (5/10) 010 (a)**
Mrs Hilary Lemboye and Mrs Jane Wennen attended the meeting to present a bid for the use of charitable funds for new outpatient seating in the	

Birmingham and Midlands Eye Centre (BMEC). The Trustees were advised that the proposal had been suggested as an outcome from the 'Listening into Action' event around patient experience. New seating was also highlighted to be required to conform to Infection Control regulations. The Trustees were advised that examples of chairs had been reviewed by a number of patients and those regarded most favourably and cost effective were from Ness Furniture Limited at a cost of £21k. Dr Sahota reminded the Committee that bid should only be put forward for initiatives that cannot be met from existing funds. Mr White advised that there was currently little flexibility in terms of non-capital equipment purchases from exchequer funds and therefore the bid was justified in his view. Mr Trotman asked whether BMEC had charitable funds allocated to it from which the costs could be met. Mr Adler advised that funds were available to BMEC, but only for specific purposes. Mr Clarke noted that the VAT within the quotations needed to be amended from 15% to 17.5%. Mr Trotman asked whether more than one quotation had been obtained for the seating and was advised that three had been obtained. Mr White advised that according to the Trust's standing orders and standing financial instructions, four quotations were required. The Trustees approved the use of charitable funds to support the purchase of new outpatient seating in the Birmingham and Midlands Eye Centre, subject to obtaining a further quotation.	
AGREEMENT: The Trustees approved the use of charitable funds to support the purchase of new outpatient seating in the Birmingham and Midlands Eye Centre, subject to obtaining a further quotation	
7 Any other business	**Verbal**
There was none.	
8 Details of the next meeting	**Verbal**
The next meeting is to be held on 2 September 2010 at 1430h in the Executive Meeting Room at City Hospital.	

Signed ……

Print ……

Date ……