Sandwell and West Birmingham Hospitals NHS
NHS Trust

AGENDA

Trust Board – Public Session

Venue Anne Gibson Boardroom, City Hospital **Date** 25 March 2010 at 1430h

Members

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

In Attendance

Mr G Seager	(GS)
Miss K Dhami	(KD)
Mrs L Barnett	(LB)
Mrs J Kinghorn	(JK)
Miss J Whalley	(JW)
Mr J Cash	(JC)

Guests

Mrs S Wilson	[Item 7]
Mrs S Fox	[Item 10]
Dr D Situnayake	[Item 16.1]

Secretariat

Mr S Grainger-Payne (SGP) [Secretariat]

Item	Title	Reference No.	Lead
1	**Apologies for absence**	**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 25 February 2010 as true and accurate records of discussions*	**SWBTB (2/10) 047**	**Chair**
5	**Update on actions arising from previous meetings**	**SWBTB (2/10) 047 (a)**	**Chair**
6	**Questions from members of the public**	**Verbal**	**Public**
	PRESENTATIONS		
7	**Update on progress with the IM & T strategy**	**Presentation** **SWBTB (3/10) 052** **SWBTB (3/10) 052 (a)**	**SW**
	MATTERS FOR APPROVAL		
8	**Corporate Plan 2010/11**	**SWBTB (3/10) 068** **SWBTB (3/10) 068 (a)**	**RK**
9	**Financial Plan 2010/11**	**SWBTB (3/10) 069** **SWBTB (3/10) 069 (a)** **SWBTB (3/10) 069 (b)**	**RW**

10	**'Leadership for the Future'**	**SWBTB (3/10) 056** **SWBTB (3/10) 056 (a)**	**SF**
11	**Single sex accommodation progress report and declaration**	**SWBTB (3/10) 058** **SWBTB (3/10) 058 (a)**	**RK**
12	**Information Governance toolkit**	**SWBTB (3/10) 053** **SWBTB (3/10) 053 (a)**	**RK**
MATTERS FOR INFORMATION/NOTING			
13	**Quality and Governance**		
13.1	Nursing update – end of year report for 2009/10	SWBTB (3/10) 062 SWBTB (3/10) 062 (a) - SWBTB (3/10) 062 (f)	RO
13.2	Care Quality Commission report of integrated inspection of safeguarding and looked after children's services in Sandwell	SWBTB (3/10) 061 SWBTB (3/10) 061 (a)	RO
13.3	Integrated risk, complaints and claims report	SWBTB (3/10) 070 SWBTB (3/10) 070 (a)	KD
13.4	Assurance Framework update – Quarter 4	SWBTB (3/10) 054 SWBTB (3/10) 054 (a)	SGP
14	**Strategy and Development**		
14.1	'Right Care, Right Here' programme: progress report	SWBTB (3/10) 071 SWBTB (3/10) 071 (a) SWBTB (3/10) 071 (b)	RK
14.2	New acute hospital project: progress report	SWBTB (3/10) 063 SWBTB (3/10) 063 (a)	GS
15	**Performance Management**		
15.1	Monthly finance report	SWBTB (3/10) 051 SWBTB (3/10) 051 (a)	RW
15.2	Monthly performance monitoring report	SWBTB (3/10) 049 SWBTB (3/10) 049 (a)	RW
15.3	NHS Performance Framework monitoring report	SWBTB (3/10) 050 SWBTB (3/10) 050 (a)	RW
16	**Operational Management**		
16.1	Medical education plans	SWBTB (3/10) 059 SWBTB (3/10) 059 (a)	DS
17	**Update from the Board Committees**		
17.1	Finance and Performance Management Committee		
▶	Minutes from meeting held 18 February 2010	SWBFC (2/10) 023	RT
17.2	Audit Committee		
▶	Minutes from meeting held 4 February 2010	SWBAC (2/10) 016	GH
17.3	Governance and Risk Management Committee		
▶	Minutes from meeting held 21 January 2010	SWBGR (1/10) 009	IB
18	**Any other business**	**Verbal**	**All**
19	**Details of next meeting** *The next public Trust Board will be held on 29 April 2010 at 1430h in the Churchvale/Hollyoak Rooms, Sandwell Hospital*	**Verbal**	**Chair**

20	**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
NHS Trust

Trust Board (Public Session) – Version 0.2

Venue Churchvale/Hollyoak Rooms, Sandwell Hospital **Date** 25 February 2010 at 1430 hrs

Present:	Mrs Sue Davis	Prof D Alderson	Mr Donal O'Donoghue
	Mr Roger Trotman	Mr John Adler	Miss Rachel Overfield
	Mrs Gianjeet Hunjan	Mr Robert White	
	Dr Sarindar Sahota	Mr Richard Kirby	

In Attendance:	Mrs Lesley Barnett	Miss Kam Dhami	Mr Graham Seager
	Mrs Jessamy Kinghorn	Miss Judith Whalley	Mr John Cash
	Dr Jacky Chambers [Item 7]	Ms Polly Goodwin [Item 8]	Mrs Jayne Dunn [Items 8 & 9]
	Dr B Oppenheim [Items 10 & 13.1]		Prof C Clark [Item 14.4]

Secretariat: Mr Simon Grainger-Payne

Minutes	**Paper Reference**
1 Apologies for absence	**Verbal**
Apologies were received from Miss Isobel Bartram.	
2 Declaration of interests	**Verbal**
No declarations of interest were made in connection with any agenda item.	
3 Chair's opening comments	**Verbal**
The Chair welcomed Councillors Edwards and Alden and Ms Jenny Drew to the meeting.	
4 Minutes of the previous meeting	**SWBTB (1/10) 025**
A number of minor amendments to the minutes were suggested. Subject to the incorporation of these changes, the minutes of the previous meeting were accepted as a true and accurate record of discussions held on 28 January 2010.	
AGREEMENT: The minutes of the previous meeting on 28 January 10 were approved as true and accurate reflections of discussions held	
5 Update on actions from previous meetings	**SWBTB (1/10) 025 (a)**
The updated actions list was reviewed. There were noted to be no outstanding	

actions requiring escalation.	
6 Questions from members of the public	**Verbal**
A member of the public attended the meeting and asked the Board for information concerning the timetable for the completion of the Compulsory Purchase Order (CPO) for the land on which the new hospital is to be built. The Chair advised that the timeframe for consultation on the CPO had now concluded and as a small number of objections had been received, an inquiry is planned. The inquiry should be held by the end of June 2010. Mr Seager provided additional detail regarding the projected timetable for the overall land acquisition plans.	
7 Update on Public Health – Heart of Birmingham tPCT	**Presentation**
Dr Jacky Chambers joined the meeting to provide an update on public health matters from the perspective of Heart of Birmingham tPCT. Dr Chambers reported that the Marmot Review had provided significant policy context recently, in which one of the key findings was that there was a significant difference in the health of individuals living in rich and poorer areas. People living in a rich area for instance, spent on average 17 years longer living without a disability than people in poorer areas. A key priority was reported to be ensuring that children experienced good health in their early years of life, however overall the NHS is required to provide an active focus on prevention of ill health across all age groups. The population served by the PCT was noted to be approximately 200,000, living in one of the most deprived areas of the country. The population in the area is growing significantly and comprises a high proportion of younger individuals. 30% of individuals in the region are white, with Pakistani forming the next highest proportion of the population. It is expected that the ethnic element of the population is due to rise, while the white population will decline. The major causes of death in the region were highlighted to be heart disease and stoke. Of particular note was that of all deaths before the age of 75, 22% are associated with infant mortality. This position is being addressed but was reported to remain an outlier at present. Dr Chambers highlighted that addressing midwifery care will assist greatly in reducing infant deaths. Other measures that may assist include genetic counselling; early booking; risk assessment and case management. There is also a significant focus on delivery of glucose tolerance tests and addressing smoking during pregnancy. Greater numbers of neonatal BCG vaccinations will be administered as a rise in the number of tuberculosis cases has been seen. Dr Chambers reported that life expectancy in the region is improving, although there remains a gap with the rest of the country. Outcomes desired include improvement in childhood mortality; reduction in childhood obesity; smoking cessation; improved patient experience; a reduction in delayed transfers of care; a reduction in the number of individuals admitted with alcohol-related illness; and improved stroke care. A number of strategic initiatives were noted to be underway including a complete care franchise and the 'Be Active' programme, which was reported to have won some national awards. The scheme provides free exercise facilities, including access to swimming baths and gym membership.	

The PCT was noted have a good relationship with local acute trusts and is engaged with the 'Right Care, Right Here' programme. In terms of culture, the PCT encourages empowerment; not paternalism. Assisting with addressing social needs was noted to be incorporated within the PCT's key aims, including housing. The PCT was also reported to support the 'Stop Before the Op' initiative, to encourage patients to cease smoking prior to the undergoing surgery. This was noted to be one of the Trust's CQUIN targets. The Chair commented that a number of the issues which the PCT faces appear to be similar to those experienced by Sandwell PCT. Mr O'Donoghue advised that the role of the acute trust in delivering public health goals was being explored and reported that there was much work to do to raise awareness of these plans with the Trust's doctors. As such, the Directors of Public Health from both PCTs are engaged with clinical leaders to achieve this level of awareness and agreement of the outcomes expected if better care is delivered. Mr Cash asked what measures the PCT was implementing to engage patients with delivery of better healthcare. He was advised that more patient surveys are being undertaken, and a collaborative venture with 22 general practices is underway, involving a combination of mystery shopping and phone calls, from which feedback is given on the experience from the perspective of a patient. Mr Cash suggested that a relationship with the Local Involvement Networks (LINKs) may be useful to support this work. Dr Sahota further recommended that partnership work with community centres and religious centres be built into plans. Dr Chambers reported that a health exchange centre had been established which provided information across the region, however there were some improvements that were needed to ensure wider integration within the community. The Chair thanked Dr Chambers for the useful and informative presentation and expressed her pleasure at the progress made in addressing public health issues and collaborative work with the Trust.	
8 Maternity services consultation	**SWBTB (2/10) 035** **SWBTB (2/10) 035 (a)**
Ms Polly Goodwin and a colleague from Merida Associates attended the meeting to present an overview of the outcome of the recent maternity services reconfiguration consultation. The Board was advised that the consultation had included the participation of 21 focus groups, 15 of which were held in Sandwell and 6 within the Heart of Birmingham PCT areas. A number of public meetings were also attended at which the plans were discussed as part of the agenda. Other sources of opinion included questionnaires collected at the various meetings, staff consultation outcomes and input from the Overview and Scrutiny Committee, 'Right Care, Right Here' programme and Sandwell LINKs. The work was reported to have generated 780 responses via completed questionnaires, 682 of which were from women, the remainder being from men. Of the total respondents, 30% identified themselves as having a disability and 60% were already parents. Targeted work with young people and young parents was undertaken. Of the options presented, Option 3, to transfer all consultant-led care, inpatient care and births on a temporary basis, to City Hospital and then at a later date establish a low risk midwifery-led birth centre in Sandwell, was reported to be the	

most popular, which was chosen by 43% of people. It was noted that there was a difference between the responses provided by individuals from Sandwell as opposed to Heart of Birmingham. A key perception was noted to be that it was a considerable distance between Sandwell and City Hospitals, with particular concern around the cost involved in travelling between the two sites and the traffic problems. Other concerns centred on the capacity of the City Hospital site in terms of staff and visitor parking. For visitors in particular, it was suggested that there may be a higher transport cost and may be a more complicated route. Visiting times were perceived to be more restrictive at City Hospital than at Sandwell Hospital. There was also a concern that women may not be able to have the birth that they wished, such as a water birth and staff may be overstretched in terms of cleaning and catering. It was highlighted that Options 1 and 2 do not provide women with the opportunity to give birth in Sandwell in the short and medium term. In terms of Option 3, it was noted that there is currently a lack of clarity as to where the standalone midwifery-led unit would be located. Feedback suggested that the unit must have good transport links however. When asked what type of birth facility they would prefer, a co-located midwifery-led unit was seen as the preferred option, however of the 404 respondents living within a Sandwell postcode, 29% identified City Hospital as the preferred hospital of choice in which to give birth if there were no birth facilities at Sandwell Hospital. The Chair noted that over a quarter of Sandwell residents already choose somewhere other than Sandwell Hospital to give birth. Feedback from the Father's Group suggested that the safety of the mother was more important than the location of the unit. Professor Alderson noted that much of the information had been gleaned from questionnaires and asked how widely questionnaires had been distributed. He was advised that the questionnaires were included in the consultation leaflets that had been widely circulated and were available on the Trust and PCT internet sites. All members attending public meetings and focus groups had also been given a questionnaire, as well as women attending antenatal clinics, meaning approximately 5-6000 had been distributed. Patient and Public Involvement groups in Heart of Birmingham and Sandwell were reported to have distributed many copies of the consultation document to inform the opinion of respondents to the questionnaires and had also assisted respondents in completing the questionnaires, for example in antenatal clinics. Professor Alderson asked how many questionnaires had been returned which had been completed in languages other than English. He was advised that there had been an option to request the questionnaire in a number of languages, but there no such returns in other languages. Considerable effort had however, been made to ensure that translation services had been used where possible and hard to reach groups had been engaged; Yemeni women and Somali women had been particularly targeted. Mr Adler advised that the Trust had conducted its own survey in conjunction with LINKs which had contributed to the consultation. Ms Goodwin and colleague were thanked for the enlightening presentation.	
9 Maternity services reconfiguration business case	**SWBTB (2/10) 045** **SWBTB (2/10) 045 (a)** **SWBTB (2/10) 045 (b)** **SWBTB (2/10) 045 (c)**
Mrs Jayne Dunn joined the meeting to present the business case for the reconfiguration of the Trust's maternity services.	

Mrs Dunn reminded the Board that the decision-making body for the business case was the Sandwell PCT Board, however the Trust Board was being asked to support the recommendations being presented to the PCT at its meeting later in the day.

The Board was advised that the Trust and the PCT had agreed that a consultation on the reconfiguration plans was needed, which closed on 18 January 2010. The favoured option arising from the consultation was Option 3, to transfer all consultant-led care, inpatient care and births on a temporary basis, to City Hospital and then at a later date establish a standalone low risk midwifery-led birth centre in Sandwell. The Board was advised however, that there was an outstanding issue registered by the Joint Health Scrutiny Committee, whereby it supported Option 3 only on the basis that the stand alone unit be set up in Sandwell, before services move to City Hospital. A dialogue with the Committee is continuing and the Board was advised that the clinical case outlining reasons why the proposal may not be feasible is due to be presented shortly.

In terms of the impact of the plans on the community, Mrs Dunn advised that an equality impact assessment had been undertaken which commenced in September 2009 and was lead by Sandwell PCT. A summary of the progress to date with the assessment was distributed to all present. The process was noted to follow nine stages, where stages beyond phase four may not be progressed until the preferred option is reached. Mrs Dunn advised that following the completion of phase one, further targeted work was undertaken to engage discrete groups of women as part of the public consultation.

The details of the business case were considered, where it was noted that a 'do minimum' option had been included for completeness, although it was highlighted to be the weakest option in most areas of the option appraisal and had not been included in the shortlist of options that formed the basis of the public consultation. Option 3 was proposed as the recommended option, which meets the recommendations of the external clinical reviews of maternity and has the strongest non-financial appraisal score. The option was noted to be weaker financially however and it carries some risks associated with the standalone midwifery-led birth centre. It was noted to carry similar financial and activity risks to Options 1 and 2.

The capital investment to deliver option 3 was highlighted to be c. £1.8m and the revenue analysis is driven by activity forecast. The activity model assumes some loss of births from Sandwell to neighbouring trusts, although a proportion of these women are assumed to be attracted back once the standalone birth centre is established.

The issue put forward by the Joint Health Scrutiny Committee had been considered by the Project Steering Group and it was agreed that the possibility of delaying consolidating all high risk births and securing the appropriate midwifery experience in the stand alone birth centre, in the time required to consolidate the high risk births is not feasible. Mrs Dunn advised that the implementation of the co-located midwifery-led unit at City Hospital due to open shortly, was a foundation from which the skills necessary for the stand alone birth centre will be gained. Further work is therefore recommended to identify an acceptable approach and location for the stand alone birth centre, to minimise the time between the consolidation of all high risk births at City Hospital and the opening of the stand alone birth centre.

Mr Paul Bosio, Clinical Director for Obstetrics and Mrs Elaine Newell, Head of Midwifery, were invited to assist with any questions the Board members had

concerning the plans.

Mrs Hunjan observed that the attraction of women back to Sandwell once the stand alone birth centre was established had been assumed and asked on what basis this assumption had been made given that the outcome of the consultation suggested that women would prefer to attend a co-located unit. She was advised that the activity around stand alone models in other parts of the country had been investigated and it was evident that the units were popular locations in which to give birth. The Chair suggested that a visit to the co-located unit at City Hospital by the Board should be arranged once it had been constructed and open days for the public be organised. Mrs Hunjan asked how many women being booked into a stand alone birth centre need to be transferred to a co-located unit part way through labour. Mrs Newell advised that 25-30% of patients need to be transferred due to a complication that requires the attention of a consultant.

Miss Whalley asked how the plans for recruiting expert midwives sat in the context of current plans for disestablishing roles in the area. She was advised that the current skills and experience within the midwifery team are not suitable to support the plans therefore the reorganisation was required.

Mr Adler noted that there was a balance to be reached in terms of access to services and safety. On balance, people appeared to favour co-location, therefore the unit due to be opened at City Hospital shortly would provide this option for those women preferring this facility. The stand alone birth centre will provide greater local access.

It was highlighted that the business case is highly sensitive to what facility women would prefer to use as it is to be funded by a tariff-based system. It was noted however that the earlier presentation by Dr Chambers from Heart of Birmingham tPCT had suggested that there is significant demand for maternity services and a rising birthrate in the region. In Sandwell it appears that more women are receiving antenatal care from the Trust's service than are giving birth in the Trust. Mr Kirby reported that the 'Right Care, Right Here' model included these assumptions in terms of capacity.

Mr Trotman remarked that the business case was very comprehensive but he welcomed the further update planned for May 2010.

Mr Bosio was asked to comment on the plans and advised that in terms of the quality of maternity services, there had been great improvement over recent months and standards of care were now much higher. Implementation of the plans for reconfiguration was however in his view, essential to further developing and improving services. He continued that at present, the current arrangements do not lend themselves to the pre-birth care which Dr Chambers discussed in her earlier public health presentation. It was noted that this had been confirmed by the external reviews of the service that had been undertaken recently.

Addressing the recommendations of the report in turn, the Chair asked the Board to confirm its support for the recommendation that the business case for change should be approved. The proposal was unanimously agreed. Likewise the Board supported the recommendation that Option 3 should be agreed as the preferred option.

The Board was asked to approve the proposed capital investment of £1.85m required to support the preferred option and to endorse the financial

consequences of Option 3. The Board gave its unanimous approval. The Chair asked the Board to support the plan for the Project Steering Group to undertake further work to identify a way to minimise the time between reconfiguring consultant led high risk births to City Hospital and opening a stand alone birth centre in Sandwell without delaying the reconfiguration of the consultant led births. The Trust Board supported this plan. It was agreed that a timetable for the identification of a new site and the skills required for the stand alone birth centre should be presented at a future meeting of the Trust Board. The detailed implementation plan for the reconfiguration of maternity services was noted to be being presented at the Trust Board meeting in May 2010.	
ACTION: **Jayne Dunn to present the implementation plan for the reconfiguration of maternity services at the May meeting of the Trust Board** **ACTION:** **Jayne Dunn to present the timetable for the identification of a location for a new stand alone midwifery-led unit at a future Trust Board meeting** **AGREEMENT:** **The Trust Board approved the business case for change of the Trust's maternity services** **AGREEMENT:** **The Trust Board approved Option 3, the recommended option for reconfiguration** **AGREEMENT:** **The Trust Board approved the proposed capital investment of £1.85m required to support Option 3** **AGREEMENT:** **The Trust Board supported the plan for the Project Steering Group to undertake further work to identify a way to minimise the time between reconfiguring consultant led high risk births to City Hospital and opening a stand alone birth centre in Sandwell without delaying the reconfiguration of the consultant led births**	
10 Infection Control policy	**SWBTB (2/10) 036** **SWBTB (2/10) 036 (a)** **SWBTB (2/10) 036 (b)** **SWBTB (2/10) 036 (c)**
Dr Oppenheim joined the meeting to present the infection control policy for approval. She advised that the policy governed the overall arrangements for the management of infection control arrangements within the Trust and only minor amendments to the reporting structures had been made. The Trust board approved the revised policy.	
AGREEMENT: **The Trust board approved the revised Infection Control policy**	
11 Consent to treatment policy	**SWBTB (2/10) 037** **SWBTB (2/10) 037 (a)** **SWBTB (2/10) 037 (b)** **SWBTB (2/10) 037 (c)** **SWBTB (2/10) 037 (d)**

	SWBTB (2/10) 037 (e)
Mr O'Donoghue presented the revised consent to treatment policy for approval. He advised that the policy had been amended to incorporate the changes in the law around mental capacity and set out a revised process around delegated consent. Mr Trotman noted that there was an action plan for the implementation of the policy presented and asked who would be responsible for monitoring progress with the actions. Mr O'Donoghue advised that this would fall within the responsibility of the Trust consent group which was accountable to the Governance Board. The Trust Board approved the revised consent policy.	
AGREEMENT: The Trust Board approved the revised consent to treatment policy	
12 Blood tracking system – transfer of agreement from Olympus to Haemonetics	**SWBTB (2/10) 040**
Mr Kirby advised that notification had been received that Olympus, the current supplier of the Trust's blood tracking system, has entered into a transfer agreement whereby it has agreed to transfer its blood tracking business to Haemonetics. The Trust Board was asked to approve the application of the Trust Seal to the Deed of Novation that was received by the Trust to confirm the acceptance of the transfer of the contractual arrangements. The Trust Board approved the application of the Trust Seal.	
AGREEMENT: The Trust Board approved the application of the Trust Seal to the Deed of Novation confirming acceptance of the transfer of agreement from Olympus to Haemonetics in respect of the Trust's blood tracking system	
13 Quality and Governance	
13.1 Quarterly update on infection prevention and control	**SWBTB (2/10) 038** **SWBTB (2/10) 038 (a)**
Dr Oppenheim reported that the current arrangements for the management of infection control within the Trust were adequate and work was underway to strengthen community initiatives and participate in regional projects. The Board was advised that as from 2010/11, MRSA bacteraemia infections will be separated between those diagnosed within 48 hours of admission and those diagnosed after this. Data was noted to have been published outlining trusts' relative performance on infection control targets and the Trust is reported to be within the top quartile. Most trusts have however made good progress in addressing infection rates, making it harder to achieve a further reduction. In terms of *C difficile* infections, low numbers are now reported and there is much work underway to understand how those from the community impact on the Trust. Antibiotic prescribing and use in particular is being monitored. The Board was advised that winter is a difficult time for outbreaks of infection however numbers of swine 'flu cases had been less than envisaged. Norovirus	

outbreaks had however affected the Trust more significantly. Further measures were reported to include the review of all deaths in which *C difficile* infection plays a role and a policy will be introduced that stipulates the avoidance of penicillin being prescribed to certain individuals. The Chair congratulated Dr Oppenheim on the successful management of infections. Mr Adler supported this and noted the considerable efforts that had been taken to ensure that the recent Norovirus outbreaks introduced from community sources were well controlled.	
13.2 Quarterly update on the infection control Assurance Framework	**SWBTB (2/10) 046** **SWBTB (2/10) 046 (a)**
Miss Overfield presented the updated infection control assurance framework for noting by the Board. She advised that the Hygiene Code had changed in some areas, which would be reflected in the next version of the Assurance Framework.	
13.3 Quarterly cleanliness report	**SWBTB (2/10) 027** **SWBTB (2/10) 027 (a)**
Miss Overfield reported that the latest cleanliness results suggested continued improvement in this area. She advised that external PEAT audits are underway. The Board reviewed the information concerning year to date expenditure on cleanliness initiatives. In terms of related initiatives, Miss Overfield reported that work is underway nationally to devise new patient gowns as a measure to support improved privacy and dignity in hospitals. A Trust in Bristol was reported to be trialling a new design. Miss Overfield highlighted that the new gowns may result in the need to process laundry differently, however Mr Adler reported that one of the workstreams within the related national initiative concerns the logistics of laundry. Mr Trotman, on a separate matter, asked whether consideration had been given to introducing wheelchairs which incorporated a coin slot, in an attempt to reduce loss of these chairs from the Trust. Miss Whalley advised that this had been trialled previously and had been unpopular.	
13.4 Update on ALE 2009/10	**SWBTB (2/10) 039** **SWBTB (2/10) 039 (a)**
Mr White presented an update on the Trust's preparation for the forthcoming Auditors' Local Evaluation (ALE), advising that the plans and progress had been considered in detail by the Governance and Risk Management Committee and the Audit Committee. Mr White reported that a risk-based approach was being taken to the ALE exercise and evidence to support the assessment had been submitted and was currently being reviewed by the Trust's external auditors.	
14 Strategy and Development	
14.1 'Right Care, Right Here' programme: progress report	**SWBTB (2/10) 029** **SWBTB (2/10) 029 (a)** **SWBTB (2/10) 029 (b)**

Mr Kirby presented the latest update on progress with the 'Right Care, Right Here' programme. He advised that the activity model for the new hospital is being developed at present. Mr Adler reported that as part of the review of commissioning arrangements in Birmingham, an acute capacity review is underway, led by Ms Moira Dumma, Chief Executive of South Birmingham PCT. The impact of this on the 'Right Care, Right Here' programme would need to be monitored. Mr Cash observed that a number of projects within the programme were reported to be at red status and asked for the reasons behind these alerts. Mr Kirby advised that the ophthalmology work was at red status due to issues with the supply of data for this project, not due to the performance of the project itself. The issues in relation to the cardiology work concern the delay incurred as a consequence of changes made to the project, although the work is now on track to deliver, following an imminent validation exercise.	
14.2 New Acute Hospital project: progress report	**SWBTB (2/10) 028** **SWBTB (2/10) 028 (a)**
Mr Seager reported that notification was awaited of the timing of the inquiry following the objections received in relation to the recent Compulsory Purchase Order consultation. A meeting had been held with the Department of Health to discuss the project and the updating of the Outline Business Case and procurement documentation is to be developed. The Board was advised that a regeneration event had been held with stakeholders, which had been a useful exercise. Mr Adler advised that the relevant documentation for Treasury consideration requires submission at the end of October 2010, meaning that the documentation needs to be ready for internal review and sign off within the summer.	
14.3 Update on the IM & T strategy	**SWBTB (2/10) 041** **SWBTB (2/10) 041 (a)**
It was agreed that this item would be deferred to the March meeting.	
14.4 Research and Development strategy	**SWBTB (2/10) 030** **SWBTB (2/10) 030 (a)**
Professor Carl Clarke joined the meeting to present an outline of the Trust's Research and Development strategy, which he advised had been prepared in the light of changes in the Government's approach to research at a national level. The Board was advised that the Government had proposed that double the current number of patients should participate in research trials. In terms of the vision of research and development within the Trust, Professor Clarke suggested that this should focus on a number of aspects, including reaffirming the Trust's international standing in this arena; improving the quality and quantity of work; attracting and retaining the best researchers; strengthening and streamlining systems in research and development; and looking to introduce mandatory government training programmes.	

It is the intention to change the current control of funding arrangements within the Trust to ensure that funding streams into Research and Development and out to directorates and divisions are controlled appropriately and are given sufficient oversight. It is anticipated that this funding model will be in place by March 2010.

The Board was advised that there are plans to support researchers through the job planning process and that effort will be dedicated to increasing the amount of research that the Trust undertakes. Research will be supported by research nurses, which although are already in place in some areas, currently receive little oversight. Recruitment into a number of key roles to support the strategy is planned.

In terms of governance arrangements for research and development, plans are underway to strengthen existing arrangements and will be supported by appropriate training courses. The Board was reminded that it is the intention to build a research unit within the new hospital site.

Dr Sahota expressed his support for the plans and highlighted that to reduce the financial burden of research on the Trust, various international and national funding bodies should be approached. Professor Clarke reported that there is a possibility that income from commercial work may also provide a valuable means of financial assistance.

Mr Trotman suggested that greater promotion of the Trust's work on research and development should be considered. He was advised that a communications plan had been developed which should address this matter.

Mr O'Donoghue affirmed that the strategy was a significant step forward for the Trust and the work would benefit the local population significantly. He noted however, that the governance associated with research and development was considerable and arrangements should be developed as a priority. Professor Clarke advised that the research nurses will assist with this work.

Mr Kirby reported that cancer trials currently run separately to the mainstream research programme and suggested that, given the overall plans, that these trials be brought back within the general research and development portfolio.

It was suggested that consultant recruitment interviews should include a greater focus on research experience.

Mr Cash observed that there may need to be a balance between research work and clinical activity and asked how this would be achieved. He was advised that research is generally undertaken in addition to usual activity, rather than instead of programmed work.

It was highlighted that research support for Pathology, Pharmacy and Imaging was being thought through, particularly in terms of costs and staffing required.

Professor Alderson encouraged Professor Clarke to ensure that in-house training of aspirant researchers is given attention. Professor Clarke advised that this issue was being considered, particularly through a qualifications-based mechanism.

The Chair summarised that the Board welcomed the work. All Board members approved the strategy as requested.

AGREEMENT: The Trust Board approved the research and development strategy	
15 Performance Management	
15.1 Monthly finance report	**SWBTB (2/10) 031** **SWBTB (2/10) 031 (a)**
Mr White reported that the in-month surplus achieved was £258k against a target of £231k; £27k above plan. The year to date surplus was reported to be £2,119k against a plan of £2,163k. In month WTEs were reported to be 112 below plan and the cash balance is approximately £1.8m above plan as at 31 January 2010, mainly driven by over performance on specialist services. It was noted that there had been a slight reduction in the pay bill during the month. The Board was advised that the end of year forecast position had been agreed with Sandwell PCT as the Trust's principal commissioner. Agreement of the position with the Trust's associate PCTs is to be negotiated by Sandwell PCT.	
15.2 Monthly performance monitoring report	**SWBTB (2/10) 044** **SWBTB (2/10) 044 (a)**
Mr White reported that cancelled operations had risen slightly, however there had been a reduction in the number of Delayed Transfers of Care. Performance against the Accident and Emergency four hour waiting time remains above the 98% threshold. Referral to Treatment times were noted to be being met with the exception of that for Orthopaedics. In terms of performance against the CQUIN indicators, the Board was advised that there is an expectation that the smoking cessation 'Stop Before the Op' referrals target will be met. Mrs Hunjan asked whether the opt out system had been implemented. Mr Adler advised that this was the case and the weekly level of referrals would ensure that the end of year target will be met. The Board was advised that activity remains strong; there had been a slight increase in sickness absence; and reported compliance with Mandatory Training continues to rise.	
15.3 NHS performance framework monitoring report	**SWBTB (2/10) 042** **SWBTB (2/10) 042 (a)**
Mr White presented the NHS Performance Framework monitoring report. The Board was pleased to note that the Trust remains classified as a 'performing' organisation, despite amber ratings associated with accident and emergency waiting times and performance against payment to creditor targets.	
16 Operational Management	
16.1 Executive and Clinical Management Structure	**SWBTB (2/10) 043** **SWBTB (2/10) 043 (a)**
Mr Adler reported that the changes to the executive and clinical management	

structures had been discussed extensively and reminded the Board of the unsuccessful recruitment exercise for a replacement Director of Workforce, following the retirement of Mr Colin Holden. The Board was advised that the Workforce function will now report through the Chief Nurse. A Director of Strategy and Organisational Development is also to be appointed as a voting director. It was highlighted that the plans contribute to the overall Cost Improvement Programme (CIP) in that they reduce the Trust's executive management pay costs. In relation to changes planned to the clinical management structure, Mr Kirby reported that a single medicine division will be established to replace the current Medicine A and Medicine B structure. The current divisions of Anaesthetics and Critical Care and Surgery A will also be amalgamated. Changes to the structure overseeing the management of IM & T are also planned. Miss Whalley asked whether there was any intention to dilute the strength of the Workforce team as part of the plans. Mr Adler advised that this was not the intention, at present although it would be within the remit of the Chief Nurse to review the structure if required. Mrs Kinghorn remarked that providing the Trust with a strong organisational development focus will be beneficial. Mrs Hunjan asked how the plans would assist with embedding service line reporting. Mr Kirby advised that further resources had been added to the clinical directorates in an effort to embed this work. This will ensure that Divisional management can focus on strategy rather than the day to day operational issues and Clinical Directors and their supporting managers can focus on the delivery of services. The Chair noted that the weight of the divisions appeared unbalanced at present and asked that the structure be kept under review. Mr Kirby assured the Board that this would be the case. The Board registered its support for the planned structure changes.	
17 Update from the Committees	
17.1 Finance and Performance Management	**SWBFC (1/10) 010**
The Board received and noted the minutes of the Finance and Performance Management Committee meeting held on 21 January 2010.	
18 Any other business	**Verbal**
There was none.	
19 Details of the next meeting	**Verbal**
The next meeting is scheduled for Thursday 25 March 2010 at 14.30pm in the Anne Gibson Boardroom at City Hospital.	
20 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 ……

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	IM&T Strategic Update
SPONSORING DIRECTOR:	Richard Kirby, Chief Operating Officer
AUTHOR:	Sue Wilson, Deputy Director of Elective Access & EPR
DATE OF MEETING:	25 March 2010

SUMMARY OF KEY POINTS:

The Trust has an IM&T strategy for the period 2009 – 2013 designed to ensure that we make progress towards the IM&T infrastructure needed to support the new acute hospital and the provision of care closer to home. The paper presents an annual review of this strategy including:

- the impact of the recent review of the National Programme for IT on the delivery of the planned electronic patient record (Lornenzo);
- projects being pursued by IM&T to support the Quality and Efficiency Programme;
- other key IM&T developments.

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

Approval	Receipt and Noting	Discussion
		X

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Board is asked to:

- Note the annual IM&T strategic update and progress made and the new plans regarding supporting QuEP.
- Note the risks raised in association with the delivery of Lorenzo Regional Care from CSC and the NPfIT Programme.
- Note the actions that are being taken to manage these risks solutions to mitigate them.
- Note that the Trust has met the IG Statement of Compliance by achieving level 2 and above across the core 25 standards.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	An Effective NHS Foundation Trust
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		
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		

PREVIOUS CONSIDERATION:

IM & T strategy considered annually by the Trust Board

Sandwell and West Birmingham Hospitals NHS
NHS Trust

IM&T Strategic Direction – Annual Update to Trust Board

1. Introduction

The purpose of this report is to provide the annual update on the Trust's IM&T strategic direction and any major risks with the approach. In 2008 a 5 year IM&T strategy (2008-2013) was produced to steer the Trust towards the opening of the new hospital and the associated plans to have a state-of-the-art hospital enabled by the latest technology, with clinical professionals delivering their services in a totally paperless environment. The strategy was subject to annual review.

2. Current IM&T Strategy - 2008-2013

Decisions were made back in 2004, due to the announcement of the National Programme for IT (NPfIT), that the Trust would implement the new solutions for Electronic Patient Records supplied by NHS Connecting for Health (CfH) and Computer Sciences Corporation (CSC), the Local Service Provider (LSP). This would include a fully integrated solution across the Local Health Economy (LHE). These solutions were free to the Trust, during CSC's contractual lifetime with CfH to deliver the Lorenzo solution set.

Originally back in 2004, the systems had to be fully delivered by 2010, but a number of delays have occurred and the delivery timeframe has changed several times. The solutions were designed to operate within a Data Centre provided by CSC, which removed the need for management of the systems and associated hardware e.g. servers by local IM&T departments.

The Trust had planned to start moving to Lorenzo in late 2010 or early 2011. This would give sufficient time to implement EPR functionality to support a paperless hospital in 2016.

Lorenzo Regional Care comprises of 4 major releases to make up a single integrated clinical solution across the LHE, and broadly comprises of the following:

- Release 1 – Clinic documents, assessments and results reporting
- Release 2 – Requesting of tests and investigations, replacing PAS, outpatient prescribing, Care Plans and TTO/Discharge process.
- Release 3 – Theatres, Maternity, Inpatient Prescribing and Medicines Administration, Advanced Bed Management, Multi-Resource Scheduling and integration with social care messaging.

- Release 4 – Protocols, Integrated Care pathways, Interactive Charting, Tray/Instrument Management, Stock Management, Surveillance and Screening, Document Management screening, Non-Patient Requests and mobile device integration.

Taking into account the delays with Lorenzo delivery in 2008, our strategy for 2008-2013 identified a need to continue with our current electronic patient record (iCM) as an interim solution, whilst ensuring a migration path to Lorenzo in 2009-2011.

3. Latest position on Delivery of Lorenzo Regional Care from CSC/NPfIT

The National Programme for IT (NPfIT) continues to remain a high profile and widely discussed programme. It has been announced recently that NPfIT would find £600m in savings within the programme as part of the wider drive to improve efficiency in the Department of Health and NHS.

Following a review of NPfIT nationally, there will be a scaling back in the amount of functionality and releases to be delivered in Lorenzo Regional Care. Discussions are still ongoing at a national level to agree the final deliverables and the implications to local Trusts of the functionality they will not receive. The CIO for West Midlands has called a meeting on the 25th February, where we will be advised of the latest position and possibly the final agreement.

Timeframes of early 2011, can be achieved to commence implementation of Release 1 and 2 of Lorenzo, but no timeframes have as yet been agreed for Release 3 until the renegotiation of the contracts have been concluded with CSC.

4. Risks to the Trust of delays with Lorenzo Regional Care

The delays in the delivery of Lorenzo will create the following list of risks to the Trust, which we will need to mitigate.

- If Lorenzo Regional Care is scaled back on functionality to a level which will mean we do not have a joined up integrated record, then there would be risks attached to taking even the first 2 releases. However, the alternatives, which would need to be fully explored, could require the Trust to invest in a different solution which would be very difficult in view of the expected future financial climate.

- If the Trust decided to move to Lorenzo Releases 1 and 2, it is likely that it could be an early adopter for Release 3, but restricted functionality as discussed above. To enable the fully integrated EPR to be achieved, we may have to procure from CSC the missing functionality we require.

- The new hospital which will open in 2016 is at this time considered to be supported by a fully electronic patient record. Any further delays in rolling out functionality to

support this paperless goal, will compromise this being achieved. This will mean that the Trust may have to address the need for a Medical Records Library in the new Trust or invest fully in document management systems to scan in the paper record. At this time this represents a risk due to the timeframe to finalise the new hospital build and the OBC.

5. Option Appraisal to determine Strategic Way Forward

There are several options which will need to be explored over the next 2-3 months in order that a final decision can be made on the way forward with indicative costs for each option. This will also need to be supported by a clinical stakeholder group to input to final decision.

- Move to Lorenzo releases 1 and 2, request early adopter for Release 3 and procure remaining functionality if required when content of these releases if confirmed.

- Continue with iCM and local solutions and progress to Lorenzo directly with iSoft rather than through NPfIT.

- Explore with SHA whether we can choose to take other NPfIT solutions than Lorenzo (although this may be unlikely);

- Procure an alternative electronic patient record.

6. Quality and Efficiency Programme (QuEP)

To support the Trust's Quality and Efficiency Programme an IM&T workstream is being formed to support the other QuEP workstream outcomes, as well as explore other benefits IT may bring through new technologies. Some of the projects below will require investment to deliver returns and business cases will need to be assessed. In addition, some of the benefits may be "breaking new ground" in their identification due to the lack of published research. The projects include, but are not exclusive to:

- Digital dictation
- NHS Mail
- Electronic Bed Management system including nursing and medical handover reports
- ePrescribing – linked to Lorenzo Regional Care timeframes
- Ophthalmology system to support BMEC
- Improved specification for PCs, extending mobile devices, single sign-on and patient in context software – designed to give the technical illusion of an integrated system and avoid multiple sign-ons.
- Automatic dialling re: clinical reminders to reduce DNA rate
- Planning for paperLite/paperless hospital
- Digital pens – aim for system in which no-one has to transcribe data simply for input purpose
- Single A&E system across the Trust – options under discussion.

- Rotawatch scheduling tools

7. Other IT projects in progress or completed

In 2009-10 there have been several notable achievements with delivery of clinical systems to support the Trust:

- Upgrade of the iPM PAS system to be 18 week compliant
- Implementation of the eVolution Maternity system in the acute Trust and piloting in the Community settings. The Community setting has proved very challenging with issues primarily concerned with the hand-held record and how to produce that electronically.
- Support to the Hospital at Night project with an electronic handover reporting system
- Trust-wide implementation of electronic requesting of tests and investigations
- Revision of the TTO/Discharge letter and roll-out now commenced to Sandwell GPs, as City GPs already receive the electronic discharge summary.
- Electronic referral to support smoking cessation
- Alerts by SMS and texting to alert MRSA, C-Diff, EBSL, TB etc.
- Historical load of all clinical letters at Sandwell to support paperless in the outpatient setting potentially within 18 months.
- Expansion of the locally developed Clinical Data Archive (CDA) to support the creation of a passive Electronic Patient Record which can be viewed. The CDA now includes all Pathology, Radiology, some Cardiology Results, Endoscopy reports, ECG reports, alerts, clinical letters, TTO/Discharge summaries.

8. Information Governance

An Information Governance (IG) update will be presented to the next Trust Board meeting. Our key target for this year is that by March 31st, 2010, we must meet compliance by achieving the appropriate level on the Information Governance toolkit which is an assurance tool.

Compliance has been obtained for the **IG Statement of Compliance** by achieving level 2 and above across the core 25 standards.

9. Conclusion and Recommendations

The Board is recommended to:

- Note the annual IM&T strategic update and progress made and the new plans regarding supporting QuEP.

- Note the risks raised in association with the delivery of Lorenzo Regional Care from CSC and the NPfIT Programme

- Note the actions are being taken to manage these risks and find solutions to mitigate them.

- Note that the Trust has met the IG Statement of Compliance by achieving level 2 and above across the core 25 standards,

Sue Wilson,

Deputy Director of Elective access & EPR

18th February 2010

Next Meeting: 25 March 2010, Anne Gibson Boardroom @ City Hospital

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

25 February 2010 - 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 J Adler (JA), Mr D O'Donoghue (DO), Mr R White (RW), Mr R Kirby (RK)

In Attendance: Mrs L Barnett (LB), Miss K Dhami (KD), Mr G Seager (GS), Mrs J Kinghorn (JK), Miss J Whalley (JW)

Apologies: Miss I Bartram (IB)

Secretariat: Mr S Grainger-Payne (SGP)

Last Updated: 19 March 2010

Reference	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status	Review Date
SWBTBACT. 084	MRI business case	SWBTB (4/09) 093 SWBTB (4/09) 093 (a)	30-Apr-09	Present a post implementation review of the City Hospital MRI scanner	RK	29-Apr-10		In hand - review next meeting	
SWBTBACT. 117	Single Equality Scheme update	SWBTB (1/10) 009 SWBTB (1/10) 009 (a) SWBTB (1/10) 009 (b)	28-Jan-10	Include greater level of supportive data into future versions of the equality and diversity updates and amend the list of languages using translation services to include Spanish	RO	29-Apr-10		In hand - review next meeting	
SWBTBACT. 118	Patient satisfaction survey	SWBTB (1/10) 010 SWBTB (1/10) 010 (a)	28-Jan-10	Circulate the revised version of the patient satisfaction survey	RO	25-Mar-10	Nor yet ready to circulate as still being amended	Future	27-May-10
SWBTBACT. 114	Communication and engagement strategy update	SWBTB (12/09) 251 SWBTB (12/09) 251 (a)	17-Dec-09	Present an update on the communications and engagement strategy at the meeting of the Trust Board in May 2010	JK	27-May-10	**ACTION NOT YET DUE**	Future	
SWBTBACT. 117	Maternity services reconfiguration business case	SWBTB (2/10) 045 SWBTB (2/10) 045 (a) SWBTB (2/10) 045 (b) SWBTB (2/10) 045 (c)	25-Feb-10	Present the implementation plan for the reconfiguration of maternity services at the May meeting of the Trust Board	JD	27-May-10		Future	
SWBTBACT. 118	Maternity services reconfiguration business case	SWBTB (2/10) 045 SWBTB (2/10) 045 (a) SWBTB (2/10) 045 (b) SWBTB (2/10) 045 (c)	25-Feb-10	Present the timetable for the identification of a location for a new stand alone midwifery-led unit at a future Trust Board meeting	JD	27-May-10	To be presented as part of the May update	Future	
SWBTBACT. 113	Update on delivery of single sex accommodation	Hard copy papers	17-Dec-09	Present an update on delivery of single sex accommodation requirements at the meeting of the Trust Board in March 2010	RK	25-Mar-10	Included on agenda of March meeting	Completed Since Last Meeting	

Next Meeting: 25 March 2010, Anne Gibson Boardroom @ City Hospital

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

25 February 2010 - 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 J Adler (JA), Mr D O'Donoghue (DO), Mr R White (RW), Mr R Kirby (RK)

In Attendance: Mrs L Barnett (LB), Miss K Dhami (KD), Mr G Seager (GS), Mrs J Kinghorn (JK), Miss J Whalley (JW)

Apologies: Miss I Bartram (IB)

Secretariat: Mr S Grainger-Payne (SGP)

Last Updated: 19 March 2010

Reference No	Item	Paper Ref	Date	Agreement
SWBTBAGR.150	Maternity services reconfiguration business case	SWBTB (2/10) 045 SWBTB (2/10) 045 (a) SWBTB (2/10) 045 (b) SWBTB (2/10) 045 (c)	25-Feb-10	The Trust Board approved the business case for change of the Trust's maternity services
SWBTBAGR.151	Maternity services reconfiguration business case	SWBTB (2/10) 045 SWBTB (2/10) 045 (a) SWBTB (2/10) 045 (b) SWBTB (2/10) 045 (c)	25-Feb-10	The Trust Board approved Option 3, the recommended option for reconfiguration of maternity services
SWBTBAGR.152	Maternity services reconfiguration business case	SWBTB (2/10) 045 SWBTB (2/10) 045 (a) SWBTB (2/10) 045 (b) SWBTB (2/10) 045 (c)	25-Feb-10	The Trust Board approved the proposed capital investment of £1.85m required to support Option 3
SWBTBAGR.153	Maternity services reconfiguration business case	SWBTB (2/10) 045 SWBTB (2/10) 045 (a) SWBTB (2/10) 045 (b) SWBTB (2/10) 045 (c)	25-Feb-10	The Trust Board supported the plan for the Project Steering Group to undertake further work to identify a way to minimise the time between reconfiguring consultant-led high risk births to City Hospital and opening a standalone birth centre in Sandwell without delaying the reconfiguration of consultant-led births
SWBTBAGR.154	Infection control policy	SWBTB (2/10) 036 SWBTB (3/10) 036 (a) SWBTB (3/10) 036 (b) SWBTB (3/10) 036 (c)	25-Feb-10	The Trust Board approved the revised Infection Control policy
SWBTBAGR.155	Consent to treatment policy	SWBTB (2/10) 037 SWBTB (3/10) 037 (a) SWBTB (3/10) 037 (b) SWBTB (3/10) 037 (c) SWBTB (3/10) 037 (d) SWBTB (3/10) 037 (e)	25-Feb-10	The Trust Board approved the revised consent to treatment policy
SWBTBAGR.156	Blood tracking system - transfer of agreement from Olympus to Haemonetics Ltd.	SWBTB (3/10) 040	25-Feb-10	The Trust Board approved the application of the Trust Seal to the Deed of Novation confirming acceptance of the transfer of the agreement from Olympus to Haemonetics Ltd. in respect of the Trust's blood tracking system
SWBTBAGR.157	Research and Development strategy	SWBTB (2/10) 030 SWBTB (2/10) 030 (a)	25-Feb-10	The Trust Board approved the research and development strategy

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Annual Plan 2010/11 (v2.1)
SPONSORING DIRECTOR:	Richard Kirby, Chief Operating Officer
AUTHOR:	Richard Kirby, Chief Operating Officer / Ann Charlesworth, Head of Corporate Planning
DATE OF MEETING:	25 March 2010

SUMMARY OF KEY POINTS:

Our Annual Plan for 2010/11 sets out our priorities for 2010/11. These are designed to: continue to improve the services we provide, make progress with our long-term strategy and respond to a challenging financial position by improving both quality and productivity. We expect 2010/11to be another important year for our services as we continue to make progress towards our six strategic objectives.

- Accessible and Responsive Care.
- High Quality Care.
- Care Closer to Home
- Good Use of Resources.
- 21st Century Facilities.
- An Effective Organisation.

Successful delivery of the objectives set out in this plan will ensure that we continue to develop the Trust as a provider of high quality healthcare services to the population of Sandwell, western and central Birmingham and surrounding areas.

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

Approval	Receipt and Noting	Discussion
X		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

1. APPROVE the Annual Plan 2010/11

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Annual plan sets strategic objectives
Annual priorities	Annual plan sets annual priorities for 2010/11
NHS LA standards	
Core Standards	
Auditors' Local Evaluation	Meets ALE standards relating to annual planning process

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

Financial	**X**	Summarises our financial plan for 2010/11
Business and market share		
Clinical	**X**	Sets out our service priorities for 2010/11
Workforce	**X**	Summarises our workforce plan for 2010/11
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience	**X**	Sets our our priorities for 2010/11
Communications & Media		
Risks		Main risks to delivery set out in section 3 of the plan.

PREVIOUS CONSIDERATION:

Presented to Trust Management Board on 16th March 2010

Sandwell and West Birmingham Hospitals NHS
NHS Trust

ANNUAL PLAN 2010/11

v2.1

March 2010

Sandwell and West Birmingham Hospitals NHS
NHS Trust

ANNUAL PLAN 2010/11

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Sandwell and West Birmingham Hospitals NHS
NHS Trust

ANNUAL PLAN 2010/11

Introduction

This Annual Plan sets out our priorities for 2010/11. These are designed to:

- continue to improve the services we provide to the people of Sandwell, western and central Birmingham and surrounding areas;
- make progress with our long-term strategy for a new acute hospital as part of the Right Care Right Here Programme;
- respond to a challenging financial position by improving both quality and productivity.

The context in which we expect to be operating is set out in more detail in what follows. We expect 2010/11 however to be another important year for the future of our services as we continue to make progress towards our six strategic objectives.

- **Accessible and Responsive Care.** In 2009/10 we launched our nine Customer Care Promises setting out the standards patients can expect. In 2010/11 we aim to embed these standards in the way we deliver care.
- **High Quality Care.** We plan to continue our work to improve stroke and A&E services. 2010/11 will also see delivery of changes to our maternity services following the major public consultant exercise recently undertaken.
- **Care Closer to Home.** We plan to continue to work with Sandwell and Heart of Birmingham PCTs to deliver our long-term strategy of care closer to home. In 2010/11 this will include developing the outpatient and diagnostic services we provide from Rowley Regis Hospital and working with our PCTs on an agreed programme of change arising from the Local Delivery Plan agreement.
- **Good Use of Resources.** To respond to the increasingly challenging national financial climate we have launched our Quality and Efficiency Programme – the programme supports our plans for cost improvement in 2010/11 including planned improvement in length of stay for our inpatients.
- **21st Century Facilities.** 2010/11 will be a crucial year for our plans to build a new acute hospital following approval of the our Outline Business Case and CPO last year.
- **An Effective Organisation.** We will continue to develop our approach to staff engagement – "Listening into Action" – to ensure our organisation is well-placed to respond to the challenges we will face in the future.

Successful delivery of the objectives set out in this plan will ensure that we continue to develop the Trust as a provider of high quality healthcare services to the population of Sandwell, western and central Birmingham and surrounding areas.

Sue Davis CBE
Chair

John Adler
Chief Executive

1. Past year performance

1.1 Chief Executive's summary of 2009/10

2009/10 has been another significant year in the development of the Trust and the services that we provide. Thanks to the hard work, energy and commitment of our staff, we have continued to make important progress in improving our services. This section provides an overview of our progress in 2009/10 and it is right to acknowledge some of our significant achievements at the start of our plan for 2010/11.

- We have worked hard to improve our services for patients with stroke launching 24 hour 7 day a week thrombolysis services at both our acute sites, speeding up access to brain imaging for stroke patients and increasing the proportion of patients spending most of their hospital stay on a designated stroke unit.

- We continued to develop maternity services working with Sandwell PCT to consult on changes for the future. In addition to existing plans to open a midwife-led unit at City Hospital, in February we agreed to centralise consultant-led births at City Hospital and develop a midwife-led maternity in the borough of Sandwell.

- We are on track to achieve our six quality targets agreed with local PCTs through the CQUIN programme including brain imaging for stroke, time to operation for patients with fractured neck of femur, reduced caesarean section rate, smoking cessation referrals and patient surveys.

- We continued to develop our facilities by commissioning a new MRI scanner at City Hospital, completing the upgrade of facilities in City A&E department and undertaking a major upgrade of ward D16 at City Hospital. The wards at Sandwell also saw improvements to support high standards of privacy and dignity.

- We achieved two major milestones in our longer-term plans with approval of the Outline Business Case for the new acute hospital and the launch of the Compulsory Purchase Order for the land.

- We were pleased to maintain our ratings for "Good" for Quality of Services and "Good for Use of Resources in the Healthcare Commission Annual Healthcheck sustaining previous improvement.

- Alongside these developments we continued to achieve national targets for infection control, standards of cleanliness and patient waiting times as well as maintaining financial stability and delivering a small planned surplus of £2m.

- We submitted our application for NHS Foundation Trust status at the end of 2008/9. The major change in the external financial climate that took place during 2009/10 meant that we decided not to pursue the application until we have updated our financial plans. This will also enable us to ensure that the most up to date version of our plans for the new acute hospital can be incorporated into this work. We will continue to work on plans for our future organisational structure during 2010/11.

This level of continued progress represents a significant achievement by the staff of the Trust during 2009/10 and provides us with a strong platform from which to address the challenges that we face during 2010/11.

1.2 Performance against our Corporate Objectives for 2009/10

The Trust set 32 annual objectives for 2009/10. The table below contains a summary of our corporate objectives for 2009/10 with a "traffic light" indication of their achievement.

Strategic Objective	Annual Objective	R / A/ G Rating
1. Accessible and Responsive Care	1.1 Ensure continued achievement of national access targets.	
	1.2 Deliver Single Equality Scheme for 2009/10	
	1.3 Improve compliance with single sex accommodation standards	
	1.4 Improve communication with patients about their care	
	1.5 Identify key hospital actions to improve public health	
2. High Quality Care	2.1 Infection control – achievement of national and local targets	
	2.2 Complete implementation of surgical reconfiguration	
	2.3 Improve quality of care for patients with stroke/TIA	
	2.4 Deliver improvements in the Trust's maternity services	
	2.5 Deliver the Trust's "Optimal Wards" programme	
	2.6 Develop approach to clinical quality	
	2.7 Deliver CQUIN targets	
	2.8 Achieve NHSLA standards	
	2.9 Improve care provided to vulnerable adults and children	
	2.10 Ensure the Trust fully meets the EWTD standards	
3. Care Closer to Home	3.1 Right Care Right Here Programme exemplar projects	
	3.2 Outpatient facilities in Aston HC, Rowley Regis Hospital	

Strategic Objective	Annual Objective	R / A/ G Rating
	3.3 Community Ophthalmology service for S. B'ham PCT	
4. Good Use of Resources	4.1 Delivery of planned surplus of £2.3m	
	4.2 Delivery of CIP of £15m	
	4.3 Service improvement – theatres, outpatients, bed mgt.	
	4.4 Introduce routine service line reporting	
5. 21st Century Facilities	5.1 Continue to deliver New Hospital Project as planned	
	5.2 Deliver the Capital Programme	
	5.3 With PCTs design major community facilities	
6. An Effective NHS FT	6.1 Continue to pursue NHS FT status	
	6.2 Continue to achieve Annual Healthcheck Core Standards	
	6.3 Mandatory training and the Listening into Action "Time to Learn" project	
	6.4 Spread staff engagement through Listening into Action	
	6.5 Next stages of the Trust's clinical research strategy	
	6.6 Improve the Trust's approach to leadership development	
	6.7 Improve response to the national carbon reduction strategy	

[Performance as at Q3 – will be updated for Q4 for later versions of the plan]

1.3 Annual Healthcheck

The Trust's ratings in the Healthcare Commission's Annual Healthcheck (Oct 2009) are included in the table below. We were pleased that we were able to maintain our 2007/8 ratings of "Good" for quality of services and "Good" for use of resources showing that we have sustained the improvement delivered since 2005/6. At the time of writing it is not yet clear what form the Care Quality Commission's rating for 2009/10 may take.

Annual Healthcheck Ratings 2005/6 – 2008/9

Area	*2005/06 Rating*	*2006/07 Rating*	*2007/08 Rating*	*2008/09 Rating*
Quality of Services	Fair	Good	Good	Good
Use of Resources	Weak	Fair	Good	Good

1.4 National Survey Results

The Trust participates in the national patient and staff surveys for the NHS. These surveys ask a wide range of questions and only a summary is presented here.

The most recent published national surveys results include:

- Inpatients (2008): the Trust scored 78/100 in response to the question about overall care and 89/100 for treating patients with dignity and respect. These scores were in line with most other acute trusts. [2009 inpatient survey results to be added when published nationally].
- Outpatients (2009): the Trust scored 82/100 in response to the question about overall outpatient care and 92/100 for treating patients with dignity and respect. These scores were in line with most other acute trusts.
- Staff (2008): the Trust scored 3.41/5 for overall staff satisfaction. Although below the national average of 3.45 this represented a significant improvement on our 2007 score of 3.35. [2009 staff survey results to be added when published nationally].

1.5 Patient Activity in 2009/10

The table below summarises the Trust's high level activity for 2007/08 – 2009/10.

Patient Activity 2007/8 – 2009/10 (projected)

Type	*2007/08 Outturn*	*2008/09 Outturn*	*2009/10 Plan*	*2009/10 Projected Outturn*	*2009/10 vs 2008/09*
Admitted Patient Care: (Spells)					
Day cases	47,198	50,936	49,593	52,543	+3.2%
Electives	13,296	13,120	13,062	13,151	+0.2%
Emergencies	67,196	69,494	58,190	62,662	-9.8%
Unbundled			14,745	16,354	* +1.1%
Total	127,690	133,550	120,845	144,710	+8.4%
Outpatients (attendances):					
New	131,766	155,584	159,645	158,360	+1.8%
Review	370,285	380,578	377,819	403,505	+6.0%
With Procedure			7,662	25,295	* +230.0%
Total	502,051	536,162	545,126	587,160	+9.5%
A&E	231,938	226,871	227,562	225,591	-0.6%
Rehabilitation OBDs	32,344	23,096	21,380	24,077	+4.2%
Neonatal OCDs	8,552	9,549	9,804	10,190	+6.7%
Births	6,201	6,711	6,755	6,131	-8.6%
Referrals	151,755	266,227	265,501	265,989	-0.1%

NB. Births are also included in the emergency spell totals in the first section of the table

* Percentage change from 2009/10 plan.

Overall admitted patient care activity rose by 8% between 2008/9 and 2009/10 forecast outturn. The significant drop in emergency activity relates to a change in classification for obstetric admission not resulting in a bith (N12s). Outpatient activity also rose with a faster rise (6%) in review activity than in new (2%). A&E attendances, however, actually fell slightly compared with 2008/9.

1.6 Financial Performance in 2009/10

The table below summarises the Trust's financial performance in 2009/10.

Financial Performance 2007/8 – 2009/10 (projected)

£ million	***2007/08 Outturn £m***	***2008/09 Outturn £m***	***2009/10 Plan £m***	***2009/10 Forecast Outturn £m***
Income				
NHS Clinical Income	302.5	321.0	324.3	338.1
Non NHS Clinical Income	1.6	1.8	1.3	2.1
Other Income	35.1	36.4	39.3	38.5
Total Income	339.2	359.2	364.9	378.7
Expenditure				
Pay costs	(219.7)	(238.7)	(240.4)	(252.7)
Non-pay costs	(95.5)	(94.0)	(96.8)	(97.5)
Total Costs	(315.2)	(332.7)	(337.2)	(350.2)
Operating Surplus (EBITDA)	33.3	26.5	27.7	28.5
Depreciation, Amortisation, Interest and Impairments	(18.7)	(16.5)	(16.2)	(18.5)
PDC Dividend	(8.8)	(9.3)	(9.2)	(7.7)
Net surplus/(deficit)	6.5	2.5	2.3	2.3

The Trust is forecast to successfully achieve its target of a small surplus of £2.3m. Expenditure in 2009/10 is forecast to be 5.1% above plan covered by an increase in income under payment by results as the Trust delivered more activity than planned. Our operating surplus was slightly larger than planned at £28.5m.

2. Future Business Plans

2.1 Strategic overview

Our planning for 2010/11 has been based on our assessment of the national and local context within which we operate. It takes account of the need to continue to make progress with the implementation of our local health economy shared service strategy, "Right Care Right Here". It also recognises the significant challenge facing public services in the future in needing to continue to improve the quality of services whilst delivering improvements in productivity.

2.1.1 National Context

"The Operating Framework for the NHS in England 2010/11" sets national priorities, the financial regime and the national planning process for 2010/11. The framework operationalises the first year of the 5 year vision set out in *"NHS 2010-2015: from good to great"*.

The five main national priorities for the NHS remain:

- Improving cleanliness and reducing infection.
- Improving access.
- Improving health and reducing health inequalities. Comprising a focus on stroke, cancer, children and young people and maternity and neo-natal services. s four areas:
- Experience, satisfaction and engagement.
- Emergency Preparedness.

The Framework also identifies "areas to support local prioritisation". These include:

- continuing to ensure early detection of cancer
- continuing to extend diabetic retinopathy screening.
- continuing to deliver same-sex accommodation
- improving access to services for veterans
- improving assessment and management of venous thromboembolism.

The Operating Framework also makes clear the significant financial challenge facing the NHS in the years to come. For PCTs average growth in allocations for 2010/11 remains at 5.5%. Locally Heart of Birmingham tPCT will have received 10.6% 2 year growth across 2009/10 and 2010/11 and Sandwell PCT 11.3% 2 year growth. PCTs are however required to plan for no increase above inflation in allocations for 2011/12 and 2012/13 and PCTs to commit at least 2% of their allocation for 2010/11 non-recurrently.

NHS Trusts are required to plan for surplus necessary "to strengthen financial positions as a precursor to NHS FT authorisation". The Framework also sets out a series of changes to the tariff for acute hospitals for 2010/11

- Introducing four best practice tariffs for 2010/11: cataracts, cholecystectomy, fragility hip fracture and stroke.
- Achieving quality targets (CQUIN) to be worth 1.5% of contract income.
- No payment for seven NPSA "never events".
- No uplift to acute tariff – impact of inflation offset by 3.5% efficiency requirement. Expected to apply to non-tariff services as well.
- 30% marginal rate to be paid for emergency admissions over 2008/9 baseline costed at 2010/11 tariff. "Saving" to be retained by SHAs to support risk management / transformation.

Taken together the national service priorities and financial planning assumptions represent a major challenge in continuing to improve quality whilst delivering significant improvements in productivity.

2.1.2 Local Context

The local context for our planning for 2010/11 remains the Right Care Right Here Programme with its aim of delivering a major redevelopment of local health and social care services including a new acute hospital, the shift of care closer to home and significant investment in primary and community services.

For 2010/11 the Trust's main commissioners remain Sandwell PCT and Heart of Birmingham tPCT who are key partners in the Right Care Right Here Programme and are expected to continue concentrating on their key population and public health priorities.

<u>Sandwell PCT</u>

World Class Commissioning priorities:

- improving maternity & antenatal care
- young people's health
- tackling harm caused by alcohol
- improving mental health
- community diabetes services
- long-term neurological conditions
- cancer
- cardiovascular disease
- services for older people

CQUIN priorities include:

- Venous-thromboembolism (VTE) assessment
- Patient Experience
- Stroke
- Smoking Cessation
- Breast Feeding

<u>Heart of Birmingham tPCT</u>

New mission statement *"Eliminating health injustice for richer, longer lives"*.
World Class Commissioning priorities:

- infant mortality
- teenage conceptions
- smoking cessation
- CHD cholesterol control
- breast cancer screening uptake
- delayed transfers of care
- end of life care
- patient experience

Focus on "deadly trio" of heart failure, kidney disease and diabetes and action to reduce high cardio-vascular mortality rates.

A recent review of the Right Care Right Here programme has resulted in an updated agreed activity and capacity model for the health economy. Both Sandwell and Heart of Birmingham PCTs have made it clear that continued progress towards the pattern of care envisaged under the Right Care Right here Programme in 2010/11 is central to the continued stability of the health economy in Sandwell and central and western Birmingham.

In addition there are two structural changes in the local health economy that may affect our plans for 2010/11.

1. Following the change in national policy that PCTs should divest themselves of their provider arm function of running community services and concentrate on commissioning; it is proposed that in Birmingham there should be a Community Foundation Trust. It is likely that most of the services currently provided by Sandwell PCT will also be included in this organisation. It will be important for the Trust to build strong relations with any new community provider organisation.

2. At the same time, as commissioners, the three Birmingham PCTs have agreed to work more closely together with the potential to create a single Birmingham PCT in April 2011. NHS West Midlands have, however, confirmed that the Right Care Right Here Programme is fully supported and will form part of the mandate of the combined PCT.

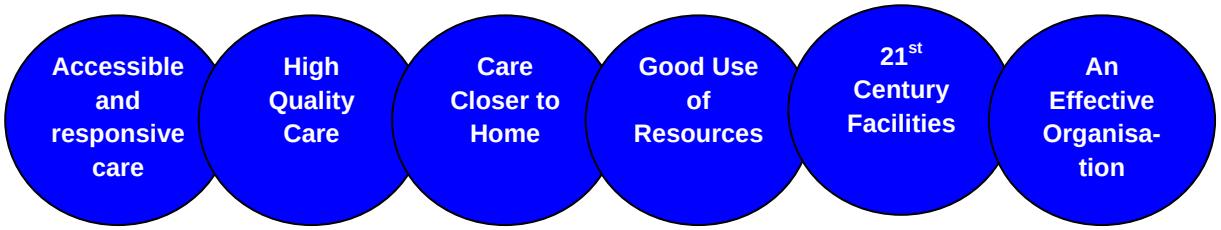
These possible local structural changes, the priorities of our main commissioners for improving local health and need to make continued progress towards Right Care Right Here programme models of care provide the local context for our planning for 2010/11.

2.1.3 Trust Strategy

The Trust's vision for the future and six strategic objectives were set originally in 2008/9 and have not changed for 2010/11. They were set in the context of the Right Care Right Here Programme shared long-term strategy for the local health economy including Heart of Birmingham and Sandwell PCTs.

Our vision describes an ambitious future for our organisation.

Our six strategic objectives are designed to ensure we make progress towards the successful delivery of our vision.



We will provide services that are quick and convenient to use and responsive to individual needs treating patients with dignity and respect.

Our access times and patient survey results will be amongst the best of Trusts of our size and type.

We will provide the highest quality clinical care.

Our clinical outcomes will be amongst the best of Trusts of our size and type.

Patients and frontline staff will be fully engaged in improving our services.

In partnership with our PCTs we will deliver a range of services outside of the acute hospital.

We will make good use of public money.

On a set of key measures we will be among the most efficient Trusts of our size and type.

We will ensure our services are provided from modern buildings fit for 21st Century health care.

An effective NHS organisation will underpin all we do.

We will develop our workforce, promote education, training and research, and make good use of technologies.

2.1.4 Annual Objectives 2010/11

In order to ensure continued progress towards our six strategic objectives the Trust has set 36 objectives for 2010/11. These have been prepared following consultation with public and staff. The objectives, the measures we will use to judge our success and the lead director responsible are set out in the table below.

Strategic Objective	Annual Objective 2010/11	Measure of Success	Lead Director(s)
1. Accessible and Responsive Care	1.1 Continue to achieve national waiting time targets (including A&E, cancer targets and 18 weeks)	• A&E 4 hour standard • 18 week elective standard • Cancer standards	Chief Operating Officer
	1.2 Continue to improve the experiences of our patients by focusing on basic nursing care and standards of privacy and dignity.	• 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.	Chief Nurse
	1.3 Make communication with GPs about their patients quicker and more consistent	• Set standards for key communications with GPs (e.g. clinic letters, discharge letters) • Improve performance against standards	Chief Operating Officer
	1.4 Improve our outpatient services, including the appointments system [QuEP]	• Maintained low waiting times • Reducing cancellations / rescheduling • Reducing Did Not Attend rate • Improving response from Call Centre	Chief Operating Officer
	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	• Reduction in formal complaints relating to staff attitude/system failures	Chief Executive

Strategic Objective	Annual Objective 2010/11	Measure of Success	Lead Director(s)
		• Improvement in national patient survey scores relating to patient experience	
2. High Quality Care	2.1 Continue to keep up high standards of infection control and cleanliness	• Achieve national, local and internal targets • 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	Chief Nurse
	2.2 Formalise our quality system to bring together all that we can do to maintain and improve our quality of care	• 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	Director of Governance with Medical Director / Chief Nurse
	2.3 Improve the protection and care we provide to vulnerable children and adults	• 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	Chief Nurse

Strategic Objective	Annual Objective 2010/11	Measure of Success	Lead Director(s)
		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	
	2.4 Demonstrate we have improved our management of risk by achieving NHS Litigation Authority accreditation at Level 2 for both general and maternity standards	• Level 2 accreditation for NHSLA risk management standards • Level 2 accreditation for CNST maternity standards	Director of Governance
	2.5 Successfully implement the outcome of the Maternity Review	• Open the co-located MLU at City in May 2010. • Reconfigure obstetric services in Q4 2010/11	Chief Executive
	2.6 Continue to improve our services for Stroke patients	• Achievement of CQUIN targets for 10/11 • Significant improvement in Sentinel Stroke Audit measures	Medical Director
	2.7 Improve the quality of service and safety within our A&E departments	• Successful integration of both EDs • Reduction in SUIs graded red • Maintenance of 4hr targets (see 1.1)	Medical Director
	2.8 Achieve the new Quality and Innovation targets agreed with our commissioners (CQUIN) for 2010/11	• Achievement of 2010/11 CQUIN targets (see section 2.2.3 below for more details)	Medical Director/ Chief Operating Officer / Chief Nurse
	2.9 Improve our key patient pathways so that they improve patient experience and use of resources (QuEP)	• 4 major pathway reviews completed (outpatients, discharges, emergency	Chief Operating Officer

Strategic Objective	Annual Objective 2010/11	Measure of Success	Lead Director(s)
		assessments, elective surgery) • Improvements on agreed measures for each pathway.	
	2.10 Deliver quality and efficiency projects led by clinical directorates (QuEP)	• QUEP projects identified for all clinical directorates (except ED) • At least 50% of projects on track at year end	Medical Director
	2.11 Implement the national Nursing High Impact Changes (QuEP)	• 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	Chief Nurse
3. Care Closer to Home	3.1 Make full use of the outpatient and diagnostic centre at Rowley Regis Hospital	• Clear agreed plan for future of Rowley Regis Hospital • Levels of outpatient and diagnostic activity at Rowley.	Chief Operating Officer
	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	• SWBH staff play full role in RCRH projects • Agreed plans leading to development of new models of care	Chief Operating Officer
4. Good Use of Resources	4.1 Deliver a planned surplus of £2.0m	• Surplus delivered as planned	Director of Finance
	4.2 Improve our expenditure by delivering a Cost Improvement Programme of £20m	• CIP delivered as planned	Director of Finance

Strategic Objective	Annual Objective 2010/11	Measure of Success	Lead Director(s)
	4.3 Review corporate expenditure in key areas (QuEP)	• QuEP projects relating to corporate expenditure delivered as planned	Director of Finance
	4.4 Ensure that we have the right amount of ward, operating theatre and clinic capacity for our needs (QuEP)	• Agreed capacity plans for beds, theatres and outpatient clinics. • Successful delivery of medical bed reconfiguration project.	Chief Operating Officer
5. 21st Century Facilities	5.1 Continue the process to buy the land for the new hospital	• Achievement of a clear route to title of all land required for the acute hospital will be the measure of success	Director of Estates/New Hospital Project
	5.2 Ensure we are fully involved with our Primary Care Trusts in the design of major community facilities (i.e. City, Rowley and Sandwell)	• Active participation in project team led by Sandwell PCT • Agreed Development Control Plan for City Site	Director of Estates/New Hospital Project
	5.3 Continue to improve current facilities, including a new CT scanner at Sandwell and a major redevelopment of the Medical Assessment Unit at City	• Successful completion of estates elements of capital programme	Director of Estates/New Hospital Project
6. **An Effective Organisation**	6.1 Ensure that the Trust is registered with the Care Quality Commission and maintains its registration throughout 2010/11	• 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	Director of Governance
	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	• Improvement in Staff Survey score questions relating to engagement • Improvement in Staff Survey scores relating to LiA specifically • Increase in number of wards/ departments	Chief Executive

Strategic Objective	Annual Objective 2010/11	Measure of Success	Lead Director(s)
		/ teams using LiA approach	
	6.3 Implement the next stages of our new clinical research strategy	• Annual report to Board shows continued progress with strategy	Medical Director
	6.4 Reduce our impact on the environment by continuing to implement our sustainability strategy	• The sustainability strategy action plan has identified actions for 10/11 achievement of the action will be the measure of success	Director of Estates/New Hospital Project
	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	• Develop of detailed plan by end July 2010 • Progress in line with plan	Chief Executive
	6.6 Embed clinical directorates and service line management into the Trust	• Routine Divisional reviews of directorates established • SLM (QMF) reports developed and informing Divisional reviews • Board reports & Executive Dashboards informed by SLM (QMF) reports	Medical Director/ Chief Operating Officer/ Director of Finance
	6.7 Implement our Leadership Development Framework	• Leadership Development Framework agreed • Framework implemented in line with plan	Chief Nurse
	6.8 Refresh the Workforce Strategy and make progress with its implementation	• Updated strategy agreed by Board • Key priorities and indicators identified and progressed	Chief Nurse
	6.9 Continue to develop our strategy for Information Management and Technology and improve the systems we use	• IM&T strategy updated and agreed by Board • Progress with specific IM&T priorities for 2010/11	Chief Operating Officer

Strategic Objective	Annual Objective 2010/11	Measure of Success	Lead Director(s)
	6.10 Develop our strategy for medical education and training.	• 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	Medical Director/ Director of Governance
	6.11 Make improvements to the health and well-being of staff, including reducing sickness absence.	• Agreed trust plan for improving the health and well-being of staff • Reduced sickness absence rates	Chief Nurse

2.2 Service Development Plans

Our plans for 2010/11 are designed to ensure delivery of these Annual Objectives. This section provides an overview of the most significant service developments included within these plans.

2.2.1 Activity Levels

The table below sets out planned activity levels for 2010/11 – 2012/13 based on the agreed LDP for 2010/11 and the assumptions in our Long-Term Financial Model.

Clinical Activity

000's of cases

	Plan 09/10	Forecast Outturn 09/10	2010/11 Plan	2011/12 Forecast	2012/13 Forecast
Elective	62.7	65.7	60.8	59.5	54.3
Non-elective	58.2	62.6	60.3	55.4	54.3
Unbundled	22.5	* 16.3	17.4	21.5	21.7
Outpatients	537.7	** 587.1	582.6	547.7	500.9
A&E	230.0	225.6	222.2	229.3	232.5
Rehab OBDs	25.7	24.1	23.8	*** 15.7	*** 18.4
Neonatal OCDs	9.8	10.2	10.6	9.0	9.2

* Excludes 41,856 unbundled imaging

** Includes 25,295 outpatient w procedure

*** 2010/11 Plan is draft activity prior to PCT disinvestment proposals being formalised.

Our activity plan for 2010/11 as agreed with our commissioners, therefore, includes reductions in activity from the 2009/10 forecast outturn (although in some categories such as outpatients this is still above the 2009/10 plan). This reflects the long-term strategy of our health economy, Right Care Right Here, to reduce levels of acute hospital activity by developing community services. We will need to work closely with our PCT partners to ensure that the health economy remains on track to deliver these activity levels in 2010/11.

2.2.2 Service Plans

Our main service plans for 2010/11 are included within our corporate objectives as set out in section 2.1.4 above. This section of the plan provides further information on the main elements of the plan for the year.

Accessible and Responsive Care. We are proud of and will continue to maintain our track record of delivery on national access standards ensuring quick access to our services. In 2009/10 we launched our nine Customer Care Promises designed to ensure that all our services respond to the needs of our patients. 2010/11 will see a major

programme of work to ensure that these promises are embedded in the way in we operate as an organisation.

High Quality Care. Our plans for 2010/11 include a set of priorities designed to ensure we provide high quality care including:

- Maintaining our focus on high-standard of infection control including MRSA and clostridium difficile.
- Delivering the outcome of our maternity review including opening a midwife-led maternity unit at City Hospital, concentrating consultant-led obstetric care at City and continuing to develop plans for a midwife-led unit in the borough of Sandwell.
- Continuing to improve stroke and A&E services;
- Demonstrating improvement in our risk management by achieving NHSLA Level 2 standards.

Care Closer to Home. Our priorities for 2010/11 include developing the outpatient and diagnostic centre at Rowley Regis Hospital as part of an agreed plan for the future of that important local facility. The LDP also commits us to work closely with our PCT to support moves to the levels of work agreed through the Right Care Right Here programme including changes in key areas including:

- reduction in follow-up hospital outpatients
- increasing use of community alternatives to outpatients (e.g. orthopaedics, gynaecology, diabetes)
- working with our PCTs to agree our approach to a set of planned procedures.

Good Use of Resources. Our financial plan for 2010/11 is set out in more detail in section 2.3.1 below. Central to our plans for the year, however, is our Quality and Efficiency Programme. This is the first year of a three year programme designed to ensure continued improvement in quality and improvement in productivity. The programme has a number of workstreams:

- Benchmarking
- Patient Pathway Redesign
- Establishment Review
- Capacity Review
- Directorate Quality Projects
- Specific Corporate Projects / Reviews

The Quality and Efficiency Programme has supported the development of our cost improvement programme for 2010/11. This includes some important projects to improve our productivity including:

- a major review of medical bed capacity aiming to improve initial assessment, reduce length of stay and speed up discharges to support the closure of c. 100 beds across the Trust reducing our total numbers of beds from c. 1,000 to c. 900. This includes investment in new consultant acute physicians. As part of this programme it is proposed to close the remaining acute hospital run beds at Rowley Regis transferring the majority to Sandwell Hospital. We are working closely with Sandwell PCT on options for more community-focussed intermediate care services at Rowley in their place.

- reductions in the amount of outpatient and elective surgical activity that takes needs to take place in "premium rate" sessions to ensure we make the best use of our facilities.

21st Century Facilities. 2010/11 will be crucial year for the new acute hospital project in establishing a clear route to ownership of the land for the new facility and aiming to launch the procurement process for the new building. We will also continue to improve our existing facilities. More detail is provided on our capital programme in section 2.3.3 below but key projects for 2010/11 include:

- redevelopment of City Hospital Medical Assessment Unit;
- improvement of Neurophysiology Outpatients at City Hospital;
- purchase of new dual-source CT scanner for Sandwell Hospital;
- major improvement in maternity facilities at City Hospital;
- investment in digital equipment of the Breast Screening service.

An Effective Organisation. In addition to our service plans, our objectives for 2010/11 include a set of plans to improve the underlying effectiveness of our organisation including:

- expanding our successful staff engagement programme "Listening into Action";
- progressing plans for a new organisational status and structure which will give staff and public a clear voice in the organisation in the future;
- developing our approach to leadership development;
- ensuring we fully embed work begun in 2009/10 to introduce a system of service-line management based on clinical directorates.

2.2.3 CQUIN Targets

As part of the LDP agreed with commissioners the Trust has agreed to a range of Commissioning for Quality and Innovation (CQUIN) targets. The scope of the CQUIN targets has increased significantly since 2009/10 and c. £4.5m of the Trust planned income for 2010/11 rests on the successful delivery of the targets.

The targets for 2010/11 cover the following areas:

- Venous-thromboembolism (VTE) assessment
- Breast feeding
- Tissue viability care (preventing pressure sores)
- Falls without fractures (reducing risk of future falls)
- Stroke (time to brain imaging)
- Fractured neck of femur (time to operation)
- Smoking cessation (intervention in outpatients)
- Warfarin prescribing
- Patient Experience
- Think Glucose Programme
- Specialised services measures – 6 measures relating to services commissioned by the West Midlands Specialised Services Commissioning Group.

2.3 Operating Resources Required to Deliver our Annual Plan

This section of the plan sets out the Trust's finance, workforce and capital plans for 20010/11.

2.3.1 Finance

The table below summarises the Trust's financial plan for 20010/11 – 2012/13.

Summary Financial Plan 2010/11 – 2012/13

Category	2007/8	2008/9	2009/10 Forecast Outturn	2010/11 Plan	2011/12 Plan	2012/13 Plan
	£m	£m	£m	£m	£m	£m
NHS Clinical Income	302.5	316.1	337.2	**337.4**	324.0	313.3
Non NHS Clinical Income	1.6	1.5	2.1	**2.1**	2.1	2.1
Other Income	35.1	37.8	38.2	**37.1**	36.7	36.8
Total Income	339.2	355.4	377.6	**376.7**	362.8	352.2
Total Costs	(305.2)	(329.1)	(349.1)	**(348.5)**	(335.9)	(325.5)
Operating Surplus (EBITDA)	34.0	26.3	28.5	**28.2**	26.9	26.7

Category	2007/8	2008/9	2009/10 Forecast Outturn	2010/11 Plan	2011/12 Plan	2012/13 Plan
	£m	£m	£m	£m	£m	£m
Depreciation, Amortisation, Interest and Impairments	(18.7)	(14.5)	(18.5)	**(18.5)**	(18.0)	(17.8)
PDC Dividend	(8.8)	(9.3)	(7.7)	**(7.6)**	(7.0)	(7.0)
Net Surplus / (Deficit)	6.5	2.5	2.3	**2.0**	1.9	1.9

The key elements of this plan include:

- a small drop in our income from £377.6m in 2009/10 to £376.7m in 2010/11. This reflects levels of activity required by our commissioners plus the impact of changes in the national tariff;
- aiming to maintain our recent track record of delivering a small surplus of £2.0m;
- a reduction in our operating costs from £349.1m in 2009/10 to £348.5m in 2010/11. This includes a Cost Improvement Programme of £20m;
- provision of resources to address unavoidable increases in the costs of running the organisation (e.g. due to regulatory requirements);
- £4.5m of our planned income will be linked to the achievement of the CQUIN targets set out above;
- our income assumptions include our application to the Strategic Change Reserve held by NHS West Midlands for £9m to support the cost of transition from current levels of acute hospital activity to the lower levels planned under Right Care Right Here;
- to try to share risk more appropriately between our PCT commissioner and providers we have agreed to develop a sophisticated cost and volume approach to elective activity in which the PCTs bear the risk of growth in activity due to growth in referrals but the trust takes the risk of growth due to increases in intervention rates. Standard national PBR rules will apply for emergency and A&E activity.

2.3.2 Workforce

The table below sets out a summary of our workforce plans for 2010/11.

Budgeted WTE by Staff Group 2009 - 2011

Category	April 2009	March 2010 projected	April 2011 projected
Medical	755	794	789
Managers	258	251	242
Administrative and Estates	1,148	1,212	1,140
Nursing and Midwifery / Healthcare Assistants and Support	3,178	3,159	2,930
Scientific Therapeutic and Technical	996	1,028	1,003
TOTAL	**6,355**	**6,444**	**6,104**

Our workforce has increased by 90 during 2009/10 largely as a result of treating increased numbers of patients during the year.

We are planning a reduction of 340 during 2010/11 as a result of the Cost Improvement Programme described above. The vast majority of the reduction in our budgeted WTE numbers will be through the removal of posts that are already vacant or that we expect to become vacant during the year.

Note: at this stage the workforce plan does not include the WTE impact of agreed cost pressures. These will be included in later versions and are likely to increase slightly the overall totals.

2.3.3 Capital Programme

The table below summarises the Trust's Capital Programme for 2009/10. The capital programme totals £19.7m including £4.1m of planned loans designed to support the purchase of land for the new acute hospital in line with the Outline Business Cases (OBC) for Land Acquisition and the New Hospital.

Capital Programme 2010/11

	£000
Capital Resources	
Internally Generated Cash (depreciation)	16,000
NHS Capital Loans	1,900
Total Resources	**17,900**

Capital Expenditure	
Right Care, Right Here - Land Acquisition	6,000
Statutory Standards/Fire/DDA Compliance/ Estates/ Security	3,000
MAU Redevelopment	1,645
Sandwell Replacement CT Scanner	900
Sandwell Replacement CT Scanner - contingency	200
Medical Equipment	400
IT Programmes	700
Neurophysiology Out-Patients	200
Capitalised Salaries	300
Other Slippage and Retentions B/F	300
Available for other schemes – not yet committed	4,255
Total Expenditure	**17,900**
Under/(Over) Commitment against CRL	**0**

Main features of the capital programme include:

- Replacement CT Scanner at Sandwell Hospital
- Redevelopment of MAU at City Hospital
- Improvements to Neurophysiology Outpatient department at City Hospital

From the sum available for other schemes but not yet committed, it is anticipated that there will be:

- Investment in Digital Mammography equipment to meet national requirements
- Investment in Maternity facilities to support the service change resulting from the recent Maternity Review.

3. Risk Analysis

The Trust has a well-established system for identifying and managing risk to the delivery of our services and the achievement of our objectives. In line with this process a detailed review of the risks to delivery of our objectives for 2010/11 will be undertaken in April and May and included in an updated version of this plan. At this stage the plan contains a high level assessment of the major risks to delivery of our plan.

The risks have been scored in line with the Trust's stand approach to risk assessment based on a scale of 1-5 for impact and likelihood.

Risk		Score (Impact x Likeli-hood)	R /A / G	Lead Director	Mitigating Action
1	That demand for acute hospital services exceeds plan (especially during winter) and presents a risk to achievement of waiting times targets.	(4x3) 12		COO	• Clear baseline capacity in place. • Winter plan to be developed based on experience in 2009/10. • Pathway improvement activity. • Continued close management of capacity.
2	That changes to bed configuration and/or staffing in the CIP present a risk to continued delivery of high standards of care on wards.	(4x4) 16		CN / COO	• Clear set of measures in place to track standards of care. • CIP reviewed to assess areas of high risk. • Project team for medical bed changes to oversee changes.
3	That we do not achieve NHSLA level 2 accreditation.	(3x3) 9		DoG	• Project plan well established and progress reviewed regularly. • Close contact with NHSLA reviewers to understand and address areas of concern.
4	That we are not able to deliver the planned maternity changes including a Sandwell-based midwife led maternity unit.	(4x2) 8		CEO	• Local agreement following consultation in 2009/10. • Project management structure and plans to be established.
5	That achieving the expanded CQUIN targets requires more resource than we have included in our plans.	(3x3) 9		COO / MD / CN	• Targets and lead directors / managers identified. • Plans to be agreed.

Risk		Score (Impact x Likeli-hood)	R /A / G	Lead Director	Mitigating Action
6	That we are not able to deliver all of our £20m CIP.	(4x4) 16		All	• Set of CIP schemes totalling £20m identified. • Project plans being produced for major schemes. • Well-established system for managing delivery will remain.
7	That the LDP assumptions about shift of activity away form the acute hospital do not happen in practice.	(3x4) 12		COO / MD	• Scale of changes in line with RCRH trajectory. • Will require agreed programme of work with the PCTs to deliver successfully.
8	That increases in expenditure that may be required to cope with additional activity are not covered by increases in income.	(3x4) 12		FD / COO	• Maintain controls on expenditure already introduced. • Continue work on bank and agency expenditure. • Work closely with PCTs to keep activity to planned levels.
9	That the Trust does not maintain its CQC registration.	(4x2) 8		DoG	• Structured approach to review of standards for registration. • Position will be kept under regular review.
10	That the updated OBC for the new acute hospital is not approved and/or the CPO is not successful.	(5x3) 15		DoE/ NHP	• Revised project management arrangements led by CEO now in place. • Clear timetable / project plan for delivery.
11	That we are unable to produce clear plans that secure agreement from stakeholders for future organisational structure.	(4x2) 8		CEO	• Significant work already undertaken on organisation forms. • Stakeholders already engaged in our plans. • Timetable clear for next stages of the work.
12	That we are unable to reduce sickness absence as planned.	(3x2)		CN	• Focus on sickness absence through Divisional reviews. • Project plan to be developed early in 2010/11.

[To be updated by end of May]

4. Membership

4.1 Membership Report

The Trust has had considerable success in recruiting public membership from our local population. The Trust has begun to work with this membership in preparation for acquiring NHS FT status and this section provides a report on this activity.

The size of our membership and expected movements in 2010/11 are set out in the table below.

Membership size and movement

Public constituency	Last Year 2009/10	Next Year (estimated) 2010/11
At year start (April 1)	6,500	7,542
New members	1,557	650
Members leaving	515	500
At year end (March 31)	7,542	8,192
Staff constituency	**Last Year**	**Next Year (estimated)**
At year start (April 1)	6,485 (eligible members)	6,684
New members	685	548
Members leaving	486	486
At year end (March 31)	6,684	6,746

Analysis of current membership *(based on 7,540 public members as at February 2010)* of total public constituencies *(the wider West Midlands)* is shown in the table below.

Public constituency	Number of members	Eligible membership
Age (years):		
0-16	305	428,612
17-21	462	332,660
22+	6,411	3,768,599
Not Known	362	
Ethnicity:		
White	4,455	4,674,296
Mixed	41	73,225
Asian or Asian British	1,652	385,573
Black or Black British	815	104,032
Other	274	30,182
Not Known	303	
Socio-economic groupings:		
ABC1	2,841	1,913,858
C2	1,229	685,541

Public constituency	Number of members	Eligible membership
D	1,566	794,461
E	1,904	700,084
Gender:		
Male	2,951	2,575,111
Female	4,435	2,692,197
Not Known	154	

The data provided below is an analysis of our current membership from the seven geographical constituencies in Sandwell and West Birmingham, excluding the Wider West Midlands. This reflects the demographics of our members who live in our immediate catchment area.

Public constituency	Number of members	Eligible membership
Age (years):		
0-16	183	57,710
17-21	267	51,905
22+	5,093	450,780
Not Known	289	
Ethnicity:		
White	3,294	444,820
Mixed	36	19,938
Asian or Asian British	1,350	140,324
Black or Black British	716	52,217
Other	209	7,686
Not Known	227	
Socio-economic groupings:		
ABC1	2,010	187,833
C2	928	82,657
D	1,265	119,569
E	1,629	109,074
Gender:		
Male	2,308	323,159
Female	3,411	341,801
Not Known	113	

4.2 Membership Commentary

Our membership growth remains stable; however, the number of members that have left the Trust is greater than estimated. The most common reasons include notification of deaths and members choosing to leave due to change in their medical health or people that they care for.

In the past year we have managed to exceed the estimated target of new members joining, with a significant increase in the number of young people. Since last year we

have run two recruitment campaigns, one for young people and one for under-represented geographical areas.

Our young membership of 0-22 year olds has risen by 428 members over the past year as a result of the Trust's Young Peoples Campaign. The membership office worked closely with local schools, colleges and universities to ensure young people were aware of the benefits of becoming a member of the Trust. We actively listened to their views and ran activities that they were interested in such as NHS careers and health promotion workshops.

We have not actively recruited BME groups over the past year as we are currently over represented in these areas within our membership.

During 2009 a series of seminars and events took place for both public and staff members covering topics including Allergies, Stroke, Infection Control, Healthy Lifestyles and Hospital Facilities.

Members also fed their views into the Trust through a series of strategic events that took place, which enabled the Trust to shape its plans for e.g. the New Hospital, Single Sex Wards, the Re-organisation of Maternity Services and the Trust's Corporate Objectives for the year ahead. Additional involvement was encouraged through Member Surveys e.g. on the type of involvement they would like with the Trust and the Customer Care Promises.

Staff remain engaged with our membership programme and attendance at events is continuing to grow. There has been a minimal opt out of 31 staff members.

5. Monitoring our Performance

The Trust has in place a Performance Management Framework that is continually developing. Key elements of the Framework include:

- Monthly review of performance on a wide-range of measures by Executive Team and Trust Management Board;
- Monthly oversight through Finance & Performance Committee chaired by a Non-Executive Director;
- Monthly reports to Trust Board;
- Quarterly review of Divisional performance by Executive Team;
- Quarterly review of Clinical directorate performance by Divisional management teams;
- Quarterly report to Trust on progress with corporate objectives.

We will continue to use this established system to ensure the successful achievement of our objectives for 2010/11.

March 2010

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Final Draft Annual Plan
SPONSORING DIRECTOR:	Robert White, Director of Finance & Performance Mgt
AUTHOR:	Robert White, Director of Finance & Performance Mgt
DATE OF MEETING:	25 March 2010

SUMMARY OF KEY POINTS:

This paper presents the final draft budget plan for 2010/11 as well as the medium term plan. The plan has been compiled in accordance with the statutory duties of an NHS Trust. All supporting schedules and the narrative of this paper will be brought together in a 'Budget Book'. As in previous years, the Budget Book will be available on the intranet with hardcopies made available to Board members. The financial assumptions and forecasts have been presented to F&PMC (Finance and Performance Management Committee) for scrutiny. .

The Trust is in the process of working through detailed contractual terms as part of the LDP settlement. The plan relies on a contribution from the WM Strategic Change Reserve Fund. This value sought is very close to the resources paid into the fund by the two main PCTs and a measured bid was submitted to enhance the likelihood of success. As the outcome of the SCR process was not complete as at 15 March 2010, the SHA is issuing further guidance on schemes in an effort to clarify matters prior to the end of March 2010.

A number of risks have been considered as described earlier in the document and due consideration is given to issues within the corporate risk register, RCRH risk register and assurance framework.

The Finance & Performance Management Committee met on Thursday 18th March 2010 to review the draft plan in detail and recommends that the Trust Board approve the plan subject to an update on the status of the SCR resources applied for.

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

Approval	Receipt and Noting	Discussion
X		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

RECEIVE AND CONSIDER the final draft budget

NOTE the recommendation from the F&PMC and the position on strategic change funds

APPROVE the budget subject to an updated position on SCR funding

AGREE to receive in-year monitoring of financial performance

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Delivery of CIP plan and financial surplus target.
Annual priorities	Supports achievement of strategic and operational objectives
NHS LA standards	
Core Standards	
Auditors' Local Evaluation	Meets ALE standards relating to annual planning process

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

Financial	**X**	Provides the basis for approving a new year financial plan for the Trust
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		Main financial planning risks described in the document.

PREVIOUS CONSIDERATION:

Presented to F&PMC on 18 March 2010

Sandwell & West Birmingham Hospitals NHS Trust

Paper to the Trust Board

Thursday 25th March 2010

2010/11 Budget & Medium Term Financial plan

1.0 Introduction

This paper presents the final draft budget plan for 2010/11 as well as the medium term plan. The plan has been compiled in accordance with the statutory duties of an NHS Trust. All supporting schedules and the narrative of this paper will be brought together in a 'Budget Book'. As in previous years, the Budget Book will be available on the intranet with hardcopies made available to Board members. The financial assumptions and forecasts have been presented to F&PMC (Finance and Performance Management Committee) for scrutiny. A 'Foreword' is to appear at the beginning of the Budget Book. The suggested draft is as follows:

Foreword

At the time of writing the Trust is on course to deliver a surplus of £2,269,000 in 2009/10. This was the value of the surplus agreed by the Board in March 2009 and the organisation can be proud of itself for continuing to deliver high quality healthcare to its patients within the resources available to it. These results mark ongoing strong performance in budgetary management. Whilst the 'bottom line' will be achieved, it should be noted that income from commissioners was significantly above the plan. This additional income was offset by the costs of undertaking additional patient care activity. The Trust and its partners are acutely aware that the funding position in the health economy is set to change and a range of system levers will be introduced in 2010/11 that seek to dampen down demand for secondary care services.

The Trust is well placed to respond to these challenges given the RCRH (right care, right here) partnership and its plans to devolve activity to the community and concentrate inpatient and specialist acute services. It is important in the period of transition that costs are effectively managed and quality is maintained and improved. The Budget Book plan contains challenging targets in this respect and all staff members have a role to play in ensuring delivery of 'value for money' services. The efficiencies required and streamlining of services will only be achieved through the joint efforts of all stakeholders. This is vital for ensuring effective, safe, clean and efficient services to patients.

Roger Trotman
Chair
Finance & Performance Management Committee

Robert White
Director of Finance & Performance Mgt

Schedules supporting this document include:

Annex/App	Description
Annex 1	Draft components for LDP Heads of Terms
1	Summary I&E statement 10/11 and prior
2	SLA (Service Level Agreement) values
3	Divisional Startpoint Budget values *(memo CIP targets)*
4	Startpoint Workforce Budgets
5	Balance Sheet
6	Capital Programme
7	Cashflow Statement
8	Baseline Budget Reserves
9	CIP summary
10	Sensitivity Analysis
11-1	Medium Term plan I&E
11-2	Medium Term plan Balance Sheet
11-3	Medium Term plan Cash Flow
11-4	Medium Term plan KPIs and compliance

2.0 Planning Context

2.1 High Level Control Totals

For as long as the Trust remains within the performance management remit of the West Midlands SHA (Strategic Health Authority) it must adopt high level control totals involving surplus results and capital spend limits. If circumstances required the Trust to deviate from SHA I&E control totals, it would negotiate a revised plan. The SHA issued multi-year surplus control totals over a year ago and broadly speaking these have not changed. Irrespective of the corporate form (Foundation Trust or NHS Trust), the department of health requires the delivery of surpluses. This approach fosters financial stability and other associated benefits such as:

- future investment (predominately a conversion into capital spending where additional Capital Resource Limit is granted)
- strengthening of the Statement of Financial Position (balance sheet) as organisations prepare for self-governing status
- creating sufficient surpluses to counteract the effects of an adverse risk

The SHA must share out its overall underspending target and for PCTs & Trusts this is decreasing over time (£115m in 09/10 and £100m - £75m in each of 10/11 and 11/12). Consequently, there is downward trend in the value of surplus targets for non Foundation Trust hospitals.

Within our Health Economy, Sandwell PCT is pursuing a breakeven position in 2010/11, Heart of Birmingham – a planned underspend of £9.6m and SWBH, a surplus of £2m. This latter target sits within the context of a challenging cost improvement programme (£20m). Activity reductions agreed as part of the LDP must be accompanied by strategic transition resources given the nature of fixed cost behavior in the short to medium term. The application for these resources was the subject of a bid submitted to the SHA on 5th March 2010.

2.2 DH planning timetable 2010/11

When publishing the Operating Framework for 2010/11, the Department of Health set out the following timetable:

Deliverable	Date
Revised set of National contracts issued	16 January 2010
Applications for CQC registration	29 January 2010
Initial SHA plans for finance, workforce, targets	29 January 2010
Contracts to be agreed	01 March 2010
Contracts to be signed	15 March 2010
Final SHA plans for 2010/11	26 March 2010
NHS providers publish declaration on elimination of mixed sex accommodation	31 March 2010
PCTs to agree structures for provider arms	March 2010
Providers to publish Quality Accounts	June 2010

The Trust and PCTs reached agreement on overall resource and activity volumes on 4th March 2010, within the locally extended deadline of 5th March 2010.

Much of the modeling was undertaken against the previous 'road test' tariff. The DH have confirmed there will be no further changes to this which is good news in terms of ensuring the validity of agreements reached. The LDP negotiations explored measures aimed at better managing demand for acute services, which was as much linked to preparing for reduced funding settlements as it was ensuring partners were on course to meet the trajectories within the RCRH programme. This culminated in a range of intended variations to standard contract terms **(see Annex 1).** The Trust and PCT are currently formalising the Heads of Terms and contract documentation. The West Midlands SCR (strategic change reserve) panel met on 15 March 2010 and did not at that stage finalise their deliberations. Advice is awaited from the SHA with further information being released on or around 23rd March 2010 in terms of reaching allocation decisions. As the value of the local Health Economy's application is very close to total PCT payments into the fund, the plan continues to assume these funding streams. A joint application has been submitted on behalf of the health economy which aims to create incentives in both primary and secondary care that ensure services are delivered in accordance with RCRH plans.

3.0 The Operating Framework

David Nicholson introduced the Operating Framework (OF) by saying:

"After a decade of investment . . . the NHS . . . is about to enter perhaps the toughest financial climate it has ever known. 2010/11 is a pivotal year. . .
We need a relentless focus on three things. Firstly improving quality whilst improving productivity . . . Secondly having local clinicians and managers working together across boundaries . . . And thirdly to act now and for the long-term"

The Operating Framework represents the first operational year of the 5 year vision outlined in *"NHS 2010-2015: from good to great".* This publication develops the approach originally set out in *"High Quality Care for All"* by making quality the organising principle of the NHS. It is complemented by *"Putting the Frontline First. Smarter Government"* which sets the national context for improving productivity in public services including the NHS. Many of the productivity initiatives contained in these documents feature within the Trust's QuEP (quality and efficiency programme).

3.1 Priorities

The five main national priorities have not changed, e.g.

- **Improving cleanliness and reducing infection.** New MRSA "objective", new minimum standards for c diff to be published in spring 2010 for implementation from April 2011 and continued screening of elective and emergency admissions for MRSA.

- **Improving access.** 18 week target to be met in all specialties unless patients choose to wait longer or it is clinically appropriate that they do so i.e. not acceptable to have capacity-related 18 week breaches (replaces 13 week and 26 week maximum wait targets).

- **Improving health and reducing health inequalities.** Comprises four areas:

1. **Stroke**: Making more progress on stroke including brain scans within one hour of admission and improvement to TIA pathway.
2. **Cancer:** extension of breast screening age-range and delivery of NRAG report.
3. **Children and Young People**: CAMHS, weight management, teenage pregnancy and sexual health and safeguarding agenda.
4. **Maternity and Neo-Nates**: ensuring women access services by 12th week of pregnancy plus improvements in quality of services.

- Experience, satisfaction and engagement. Expanding range of feedback available from patients and improving staff satisfaction and engagement including developing "organisational health and well-being strategies" and setting targets for reducing sickness absence.

- Emergency Preparedness. Set of measures for board assurance of emergency preparedness plans.

The OF also identifies "areas to support local prioritisation" including:

- Early detection of cancer – moving towards right for patients to have results of key diagnostic tests should be provided within one week with interim milestone of two weeks.

- Diabetic retinopathy screening – maintaining momentum.

- Same-sex accommodation – published declarations of compliance with standards ("virtually eliminating") by March 2010.

- Veterans – ensuring good access to services for veterans.

- VTE – all patients to receive risk assessment for venous thromboembolism on admission.

3.2 System Levers and Enablers

Unlike in previous years there is very little known about the allocations to the health service beyond 2010/11 other than brief descriptions as part of the pre-budget report, e.g. a 1% cap on salaries, assumption of 'flat real' allocations to PCTs where underlying funding is frozen but inflation costs above the determined efficiency gain level may be funded with additional cash. A budget report is expected in the latter part of March 2010 and this should reveal further future year spending plans.

For now, the focus of attention for detailed financial planning is on 2010/11 with medium and long term plans reflecting prudent assumptions. PCTs can expect average growth of 5.5% in 2010/11 and no PCT should receive less than 10.6% growth since 2008/9. Heart of Birmingham teaching PCT will receive 10.6% over 2 year growth with Sandwell receiving 11.3%, although for next year it is expected to receive the average (5.5%). Thereafter PCTs are to plan for "flat real" allocations for 2011/12 and 2012/13)

PCTs must reserve at least 2% of their allocations to be used non-recurrently (NB: to be measured in aggregate at SHA-level). Locally 1% remains with the PCT to make progress with QUiPP schemes and 1% being managed centrally by the SHA (to fund the SCR).

NHS Trusts should plan for a surplus necessary "to strengthen financial positions as a precursor to NHS FT authorisation".

The DH will introduce an "appropriate capital prioritisation process" to make best use of available capital going forward.

The "Smarter Government" approach to improving productivity is to include reducing back office costs, improving procurement and reducing estates costs and carbon emissions. This initiative envisages spending departments to pursue targets such as HR (set ratios of HR personnel to other staff), Finance (a cap on costs as a percentage of organisational budget), Occupancy (fixed 'm2' space per FTE in terms of accommodation), reduced spending on Consultancy and Marketing and Communications, improved value for money from IT systems and projects, shared services, collaborative procurement, energy procurement and asset ownership changes.

The national tariff for services covered by Payment by Results contains a number of changes such as:

Introducing four best practice tariffs:

- **Cataracts** – a streamlined pathway with fewer visits resulting in some OP activity not paid if pathway not improved

- **Cholecystectomy** – priced to incentivise daycases. British association of day surgery regards 60% as achievable, i.e more than ½ carried out as daycases

- **Fragility hip fracture** – time to surgery to be 36 hours with input from geriatrics and orthopaedics in terms of proper assessments (fit for surgery). Tariff will have additional payment if met, the idea being that extra payment covers other specialist input and dedicated theatre capacity. A national audit is required to monitor compliance to allow PCTs to pay.

- **Stroke** – CT scan must be rapid or no payment, additional payment for stroke unit/patient, reduction in base tariff for compliance (to avoid paying twice). If performance below average, then in theory provider is paid less.

- CQUIN to be worth 1.5% of contract income. National and regional priorities for CQUIN targets to be confirmed.

- No payment for seven NPSA "never events". These are wrong site surgery, retained instruments, chemotherapy incorrect route of administration, misplaced naso- or orogastric tube, inpatient suicide by use of non-collapsible rails, in-hospital maternal death from pph post elective caesarean and intravenous administration of mis-selected concentrated potassium chloride.

- No uplift to acute tariff – impact of inflation offset by 3.5% efficiency requirement. Expected to apply to non-tariff services as well.

- 30% marginal rate to be paid for emergency admissions over 2008/9 baseline costed at 2010/11 tariff. "Saving" to be retained by SHAs to support risk management / transformation.

There is to be a focus on developing a more flexible workforce including supporting newly qualified staff, making transfer between organisations easier and improving education and training.

A revised set of national contracts is to be published for 2010/11. Hospital contracts will require schedules of elective activity to be agreed that deliver 18 week guarantee and other key targets and permit commissioners to set thresholds for specific interventions.

NHS Trusts are to set a trajectory by the end of March 2010 for reaching FT status by March 2014 at latest. At recent conferences David Nicholson made reference to Trusts working on alternative ownership models and SWBH is included in this.

More guidance is promised on the "NHS first" approach regarding preferred provider status for services in context of commitments on choice.

PCTs must have agreed future organisational structure for provider arms by end of March 2010.

Organisations are urged to be "ambitious and innovative" in use of IM&T. Expected to move to NHS Mail, use Choose and Book for all referrals, make full use of products available through NHS enterprise-wide agreements and make full use of PACS.

The definition of a "performing' acute Trust is:

- registered with CQC without conditions
- delivering on existing commitments and Vital Signs tiers 1 and 2

- meeting financial duties
- application for FT status at “advanced stage”.

Although the OF envisages doing more with less, a number of the initiatives described above, e.g. extension of screening is likely to give rise to additional capacity related costs that will be discussed with commissioners.

4.0 Financial Plan

This year’s round of financial planning was arguably more challenging than in previous years, not simply owing to the changes described above, but also due to ensuring the affordability of the Right Care, Right Here programme. Longer term financial planning continues with partners in refining affordability positions in 2016/17. To this end, the 2010/11 contract is based on revised trajectories as per RCRH. Working back from 2016/17 will ensure financial stability for the partners in the intervening period.

The key agreements and assumptions supporting this draft financial plan are:

4.1 Income assessment:

The income figures represent the level of funding the Trust has agreed with PCTs coupled with an assumption of £9m from the Strategic Change Reserve. This funding is necessary to recognise the lagging nature of fixed and semi-fixed cost release as activity reduces (more is said about this in the SCR bid).

Income has been modeled at a level slightly below the current year’s forecast in cash terms owing to a 0% inflation factor on tariff prices (3.5% inflation less 3.5% efficiency deduction)

CQUIN funding 1.5% in total or c. £4.5m is anticipated. The headline schemes are agreed in principle with discussions regarding precise targets and thresholds. The schemes are described in the annual plan presented to the March meeting of the Trust Board.

Activity supporting income values broadly reflect 2009/10 levels as supported by strategic change reserve funding. In this respect, the PCT can plan for reduced activity against a lower financial baseline and the Trust can work collaboratively on getting towards RCRH trajectories without a major risk of income loss.

A number of non-recurrent income streams have been removed from baseline contracts. These adjustments included an anticipated withdrawal of HRG pricing support for BMEC activity, junior doctor funding as the Trust will no longer host the rotations in radiology, pathology and ophthalmology (except for on-call purposes) and infection control investment now residing in tariff prices.

An estimate has been made regarding other non patient related income sources (educational levies and research) and formal notification is yet to be received.

The Market Forces Factor funding is no longer paid separately by the department of health. All Trusts are being moved to target in 2010/11. For SWBH, this will see a move from a 4.1% uplift to PbR income to approximately 3.9%.

4.2 Expenditure Plans (including key schedules) and Cost Improvement Plan

Expenditure Plans are based on startpoint budgets, activity related changes, the implementation of cost improvement plans, regulatory pressures, wage and other contractual increases and agreed developments with commissioning bodies. An overall picture of Income and Expenditure is presented at **appendix 1.** This shows total income as £376,702,000 and expenditure of £374,689,000 based on SHA control totals, resulting in a surplus of £2,038,000. The income position is now based upon agreed values for those PCT contracts overseen by Sandwell PCT (i.e. general and acute services for West Midlands PCTs). Final confirmation of other income budgets is not yet complete, e.g. specialised services and meetings are occurring in the week commencing 15th March.

This year's plan contains less flexibility when compared with 2009/10. This reflects a challenging CIP target within the tariff (3.5%) coupled with additional local savings plans. Reserve allocations are now frozen in value terms although the detailed distribution will undergo further internal review based on annual plan submissions, CIP performance and affordability positions.

A number of reserves have been established through a combination of reinvested cost savings, inflation within tariff and non-tariff prices and discrete investment decisions by the PCTs.

Appendix 8 for example contains a schedule of pay settlement cost changes and other nationally directed/estimated cost pressures. These reflect known indices as part of agenda for change 3 year agreements as well as a provision for more recent pressures, e.g. the uplift to specialist and associate grades (SAS).

INFLATION	Total £000
Pay Award	4,830
AfC	597
Consultant Contract	750
SAS Contract Issues (10-11) incl Disc Points	150
Local Discretionary Points (10-11)	360
Inflation: VAT	900
Inflation: Blood	150
Inflation: Drugs	550
Inflation: Other	551
Non Pay Pressures (as per National Guidance)	2,212
CNST (based on actual proposed charge)	1,014
TOTAL	**12,064**

As a general point, any non-recurrent slippage owing to a delay in implementing various schemes reverts to the control of the accountable officer (CEO).

Any reserves linked to pay awards and costs occurring from 1 April 2010 onwards will be allocated to budgets from the outset. Other reserves are subject to further scrutiny and will be held pending these reviews. As divisional startpoint budgets are known along with CIP targets, divisions and corporate areas are able to sign-off schedules.

4.3 QuEP (Quality and Efficiency Programme)

The Trust's Quality and Efficiency Programme (QuEP) sits within the context of the overall national approach to delivering quality and productivity improvement (QUIPP) in order to ensure the NHS as a whole makes best use of its resources. The Trust launched its QuEP last October with an emphasis on improving quality at the same time as delivering services more efficiently. It is within this context that operational and corporate departments were asked to approach their cost improvement planning. There are a range of QuEP projects which should be viewed as 'enablers' during the process of identifying the overall CIP of £20.8m.

The projects include

- each of the new clinical directorates identifying in a bottom-up way, four or five projects to take forward in 2010/11 with the aim of delivering health care of the same or better quality, but at a significantly lower cost
- significant service redesign around outpatients, complex discharges, emergency medical assessments and surgical inpatients
- reductions in sickness absence through more pro-active management and better rehabilitation – this is something that has been consistently raised by staff through LiA
- creating a paperless purchasing system
- use of bank and agency staff being more closely monitored. All areas will be asked to ensure they have policies for the use of bank and agency staff and to agree a reduction plan based on usage in past year
- a review of every post in the Trust is being carried out by divisions to ensure each adds value
- a number of initiatives are also proposed to improve the Trust's market share in the local health economy
- ensuring that we get paid for everything that we do through better coding and counting of patient activity
- vacating some of our outlying buildings through redevelopment and refurbishment
- ensuring that 'back office functions' are as efficient as they can be and pursuing shared services where there are real gains to be made

The QuEP projects have been heavily influenced by the views of frontline staff through the recent LiA events. As stated, the over-arching QuEP provides the context for the planning and delivery of the cost improvement programme, the financial impact of which is summarised in appendix 9

4.4 Financial Appendices

Each of the financial appendices is described below.

Appendix 1 – Income and Expenditure

This schedule shows the financial plan in the context of prior year outturn performance. Care is required when making comparisons as 2009/10 will contain one-off income not replicated entirely in 2010/11. Unlike in previous years the schedule shows pay and nonpay quantums after the allocation of reserves. This provide a basis for comparison notwithstanding the comment above and shows a cessation of the annual growth in income and expenditure.

Appendix 2 – Service Level Agreements

This schedule holds SLA values for PCTs and other income sources. The Sandwell and HoB figures are subject to minor adjustment following the final format of Heads of Terms (i.e. they

may be adjusted further for items held in PCT reserves). However, the schedule of income does represent the latest estimate of income which in turn supports the expenditure base.

Appendix 3 – Divisional Startpoint Budgets

This schedule summarises the divisional rollover budgets as set against CIP targets. The process of sign-off of these control totals is underway.

Appendix 4 – Divisional Workforce Budgets

This schedule charts the whole time equivalent budgets contained in pay budgets prior to the allocation of in year reserves associated with developments.

Appendix 5 – Statement of Financial Position (Balance Sheet)

The schedule includes new borrowings and the impact of the capital programme on fixed asset carrying values along with the main categories of assets and liabilities. It has been stated on the basis of International Financial Reporting Standards.

Appendix 6 – Draft Capital Programme

The plan is presented for a 3 year period and at this stage contains an estimated level of resource limit as this has not yet been confirmed by the SHA. One factor influencing the level of resource will be the final effect of MEA (modern equivalent asset) valuation insofar as a downward valuation affects depreciation which in turn is usually referenced by SHAs in determining a Trust's allowable spend.

The programme has 3 main components, committed, land and uncommitted allocations. Normal business case rules apply and therefore approval of the overall plan does not negate the need to bring properly costed and risk assessed business cases to the Trust Board.

A level of borrowing is assumed and this is reflected both in the capital resources section and the cashflow statement. The borrowing over 3 years is consistent with the Land business case but the Trust may wish to explore a greater degree of borrowing depending strategic plans. If an adverse CRL is granted, the programme will have to be reprioritised.

Appendix 7 – Cash Flow

The cashflow reflects all movements of cash (both revenue and capital) and assumes a degree of borrowing contingent upon progress with land acquisition.

Appendix 8 – Budget Reserves

These reserves are established to meet unavoidable pressures associated with pay awards and nonpay inflation. Other reserve allocations are also shown including an element of the activity related costs associated with delivering services in 2009/10 over and above the startpoint plans. As part of its financial strategy, the Trust is preparing to create underlying surpluses as part of RCRH. In the transition period these can be used non-recurrently. The presentation at this point shows a proportion of these resources used for recurrent schemes coming into force after 1 April 2010. The schemes in question will provide a full year effect in 2011/12.
Efforts to mitigate the need for this 'risk cover' through other short term savings measures will be pursued, however at this stage a prudent application of resources is presented.

Appendix 9 – CIP

The cost improvement programme (£20m, 2010/11 element) has been the subject of separate reports to the Finance & Performance Management Committee. The schedule at appendix 9 confirms the delivery values set for 2010/11 which in turn support the financial plan targets. The development of the plan is the direct result of the QuEP (quality and efficiency programme) of the which the CIP is just one component. The QuEP is designed to achieve quality gains at the same time as improving productivity and cost effectiveness.

Appendix 10 – Sensitivity

This section describes a range of financial planning risks and how they would be managed in the event they materialised.

Appendix 11 – Medium Term Analysis

The prime financial statements are presented for a three year period including the 2010/11 financial year such that a view of future I&E, balance sheet values and cashflow can be gained. A fourth schedule is included capturing financial metrics and the compliance hurdles for aspirant Foundation Trusts as set out in the Long Term Financial Model provided by the department of health. These metrics indicate a compliant plan for the period.

5.0 Acute Hospital Project - related costs

Both income and expenditure plans are excluded at this stage for the costs associated with the RCRH acute project fees. Separate financial arrangements are in place via the SHA and PCT for the funding of the programme and resources are available to meet the 2010/11 forecast expenditure. This will result in additional income and expenditure over and above the current draft plan levels.

6.0 Financial Planning Risks

A risk arising each year is demand risk, especially where this results in higher than planned activity. The risk for the Trust is both operational (achieving access targets) and financial (where additional income is insufficient to cover increases in capacity – principally staffing costs). Longer term, the risk of unmanaged growth in the secondary care threatens the success of the RCRH programme and all of its objectives. Consequently, a modified set of contract terms were agreed with PCT partners (Sandwell & HoB only) aimed at creating incentives workable for both primary and secondary clinicians.

Efficiency risk may materialize where any deviation occurs in delivery of the CIP plan. Contingency reserves exist for non-recurrent risk but the full year effect of the programme needs to be delivered during 2010/11.

Risks to the current favourable performance for control of infection measures and cleaning regimes. This is a complex risk and one that sits in the context of regulatory authorities setting further reduction targets for the incidence of infection. The Trust has invested heavily in this area in recent years. A plan to protect this investment via the allocation of budget reserves will mitigate this risk and preserve the positive performance in this area.

A potential rise in medical emergencies is a significant risk given the introduction of a 30% tariff rate for activity above 08/09 outturn (the baseline). The Division of Medicine has an ambitious plan to introduce greater coverage of the acute physician model such that the need for downstream bed capacity is mitigated.

Practice Based Commissioning continues as does the programme within PCTs that encourages competition. However, for the Trust's current catchment area its RCRH programme directs the changes in activity and this is confirmed in PCT procurement strategies.

General unforeseen cost rises could include anything from drug costs, to consumables through to additional capacity changes. The nature of the contracting terms assists in reducing reliance on the acute sector and this coupled with a degree of contingency reserves provides some mitigation. The Trust's approach to procurement of goods and services is changing and confidence regarding long term pricing agreements is one such feature.

External constraints placed on the amount of available capital, represents a risk. Early indications are that the Trust may receive the capital resource limit (CRL) it is seeking which is important given planned land purchases during the year (subject to the outcome of the SoS enquiry into the CPO process). Any shortfall will create the need to review the current programme and reassess priorities.

A material reduction in the funds sought as part of the Strategic Change Reserve. An assumption remains in the plan to the level of income applied for, on the basis that this was significantly reduced from the first stage submission and is in line with payments into the fund by the Trust's principal commissioners. The outcome of the process is expected in March 2010. The Trust and its partners will be working with the SHA to ensure a decision is reached as soon as possible given the assumptions made in the plan. At the time of writing the SHA had not completed its process of assigning/approving funds to individual health economies.

7.0 Next Steps

In terms of setting budgets, the next steps include but are not limited to:

- Conversion of contract activity targets to divisional contracts
- Final prioritisation of cost pressure support
- Divisional startpoint budget and CIP sign-off
- Trust Board to approve the final draft financial plan for incorporation into the Budget Book

8.0 Summary and Recommendations

The Trust is in the process of working through detailed contractual terms as part of the LDP settlement. The plan as presented relies on £9m from the Strategic Change Reserve Fund. This sum is very close to the resources paid into the fund by the two main PCTs and a measured bid was submitted to enhance the likelihood of full funding to the level required. The PCT is in a position to address a degree of shortfall. As the outcome of the SCR process was not complete as at 15 March 2010, the SHA is issuing further guidance on schemes in an effort to clarify matters prior to the end of March 2010.

Given the degree of volatility within NHS funding generally, it is important for the Trust Board to understand the context of the £20m CIP and why this represents the limit of what the organisation should have to deliver especially as 2010/11 represents a year of growth for the NHS and one of transition. It is vital that the LHE receives its fair share of transition resources given the funding position of Sandwell (where the PCT maintains it has fundamental pressures) and HoB (whose funding position is much stronger).

A number of risks have been considered as described earlier in the document and due consideration is given to issues within the corporate risk register, RCRH risk register and assurance framework.

The Finance & Performance Management Committee met on Thursday 18th March 2010 to review the draft plan in detail and recommends that the Trust Board approve the plan subject to an update on the status of the SCR resources applied for.

The Trust Board is asked to:

RECEIVE AND CONSIDER the final draft budget

NOTE the recommendation from the F&PMC and the position on strategic change funds

APPROVE the budget subject to an updated position on SCR funding

AGREE to receive in-year monitoring of financial performance

Robert White
Director of Finance & Performance Management

18 March 2010

ANNEX 1

Introduction

Finalising the LDP process for 2010/11 requires, amongst other things, a signed contract based on agreed Heads of Terms as supported by an activity and finance plan.
The coordinating commissioner (Sandwell PCT) along with Heart of Birmingham teaching PCT and the Trust concluded negotiations on the substantive activity and finance plan and have begun work on the detailed Heads of Terms.

As expected the financial settlement was very tight (for all parties, including HoB as it will be managed to a sizeable surplus target) and this is in part a function of PCTs preparing for significantly reduced resources from 2011/12 onwards and the need to stem the rise in acute based activity and get back towards the RCRH trajectories that underpin new hospital planning the devolvement of services to the community.
The Operating Framework for 2010/11 introduced a number of system levers aimed at creating incentives for managing and delivering care in a different way (e.g. introducing a 30% marginal rate for emergency admissions above a predetermined baseline 08/09). For the RCRH partnership to deliver its objectives it was agreed (for Sandwell and HoB only) that a number of innovative mechanisms would be introduced aimed at creating congruous goals for the management of activity, finance and RCRH objectives. This paper summarises the features of some of these contract relations.

LDP Features

The LDP negotiations commenced with a significant financial gap (12% of the value of the West Midlands general and acute contract values for PCTs). This gap arose from an initial contract offer from PCTs that reflected a move to lower activity levels. This 'move' was consistent with RCRH activity levels in future years and also quantified the impact of moving a range of indicators to top quartile and decile performance (e.g. Outpatient review to new attendance rates, a reduction in consultant to consultant referrals, further devolvement of chronic disease management and alterations in the treatment thresholds for certain elective care). However, it was not realistic in terms of the level of planning and clinical engagement needed to implement any agreed changes. The gap was closed significantly through the application of local transitional resources (PCTs are required to demonstrate a non-recurrent use of 1% of their total budget into local QuIPP schemes). The remaining financial gap represented a combination of differences in activity assumptions, the value of certain developments and costs pressures and the intention by PCTs to withdraw funding previously agreed on a non-recurrent basis.

Through a combination of negotiated changes to each party's position, as supported by a bid to the SHA to access the SCR (Strategic Change Reserve), a financial quantum was agreed for planning purposes. The SCR is made up of payments from PCTs (a further 1% of total allocations) and is adjudicated on by a panel. The outcome of the joint £13m bid (£11m to SWBH, £4m to SPCT) will be known later in March. It was agreed that the strength of the bid would be its interface to the RCRH programme and the shared goals contained therein, including the management of activity levels. To this end, a series of innovative contract terms were agreed in principle. Work is underway now to refine these especially the precise operation of mechanisms aimed at sharing the activity risk associated with referral sources and onward patient treatment.

Contract Terms – agreements in principle

NON-ELECTIVE ACTIVITY:

The nature of the contract for Non-Elective activity remains unchanged and continues to be subject to PbR or Non-PbR based tariff for activity as appropriate. It was felt that the introduction of the 30% marginal rate was a sufficient system lever such that no local alteration was needed. This is especially the case given the Trust's plan to reduce its bed holding numbers.

ELECTIVE ACTIVITY:

For the coming year 2010 / 2011 a sophisticated Cost & Volume Contract has been agreed for Elective Activity. The contract has an agreed volume of elective activity aligned to an agreed financial value. A level of clinical disinvestment in procedures of low clinical value is reflected in the contracted volume of activity and further work is needed internally once the final schedule from the PCT is received. A movement towards reduced Outpatient to New Follow-Up ratios is also a fundamental component of this agreement.
In general terms, the overall level of contracted activity correlates with an agreed Right Care, Right Here straight-line trajectory (applying 2009/10 Trust outturn as start point).
Adjustment to the income the Trust receives will be determined by a set of thresholds, which will trigger either increased or decreased payment depending on referral source and behaviour. Specific Key Performance Indicators are to be determined and agreed between the Trust and Commissioner for this system to operate effectively and to avoid perverse incentives. GPs will be monitored by the PCT on their referral patterns to all providers, which will control their use of other providers and ensure that the Trust is not disadvantage by this approach.
The principle of this type of contract supports a coordinated approach in delivery of Right Care, Right Here, between the Trust and its principal commissioners and also provides clarity for the PCT and the Trust on its likely financial exposure and likely activity related income respectively.
This arrangement will only apply to activity undertaken for Sandwell and Heart of Birmingham (HOB) PCTs. Arrangements for charging of activity for other commissioners will continue as at present, although activity plans for these commissioners also contains a level of disinvestment in certain clinical procedures. Nevertheless, normal PbR rules shall apply to non Sandwell and HoB commissioners on the principle that local activity management arrangements are not in place in those locales.
A review of this arrangement will be undertaken prior to LDP discussions for 2011/2012.

ACCIDENT & EMERGENCY ATTENDANCES:

Again the nature of this contract remains unchanged and will continue to be subject based upon national tariff. The 2010/2011 outturn activity and casemix forms the basis of the contractual agreement. This provides the Trust with a degree of financial protection, should there be any migration of low complexity activity to Urgent Care Centres.

OTHER NON-PBR CONTRACT LINES:

A level of investment historically associated primarily with Rowley Regis Hospital occupied bed days is retained by the Trust on a recurrent basis. The Trust will, during the course of the year, rebase this income within its existing contract portfolio (for example into areas where service delivery is occurring and not reimbursed to a level commensurate with costs).
Existing Terms and Conditions for a range of other contract lines will be maintained. These include High Cost Drugs, Direct Access Cost and Volume contracts and a number of Block Contract lines.
Commissioners withdrew non-recurrent investments, in excess of tariff activity payments which were made in 2009/2010 in the following areas:

- Infection Control Measures

- Top up support for a range of Ophthalmology procedures

- Breathlessness Nurse

  Historical funding support for Specialist Registrars on the West Midlands rotation no longer forms part of the contractual agreement. These payments historically covered pathology, radiology and ophthalmology rotations. As from 1 April 2010, SWBH will only employ doctors on rotation at its hospitals save for a small number of ophthalmology juniors who make a contribution to on-call commitments at the eye centre.

  COST PRESSURES AND DEVELOPMENTS:

  A limited number of Cost Pressures and Developments presented to commissioners were recognised within the contractual agreement. Those which were acknowledged and supported financially were:

- Bowel Cancer Screening Programme – monies for the existing programme are to be devolved to commissioners from the Department of Health, these will be passed on to the Trust accordingly. Additional monies to enable expansion of the existing programme will come directly to the Trust from the Department of Health.

- Breast Screening Programme – Conversion to Digital Mammography and Age Expansion – submissions will be subject to a prioritisation process of developments to be undertaken by Sandwell PCT. It is anticipated that these will be passed for approval.

- Breast Screening Baseline Funding – there is an identified shortfall in funding of the existing scheme from Birmingham East and North Commissioners. Sandwell PCT in its role as coordinating commissioner will seek to enforce payment of this shortfall to the Trust. The Trust considers the withdrawal of non-recurrent funding by this commissioner in a number of other existing areas should provide support to meeting these costs.

- Intermediate Care Facility – HOBtPCT specifically have earmarked funds to invest in new Intermediate Care facilities following an intended in-year review of existing facilities and needs. This would benefit the Trust in the provision of additional Intermediate Care capacity, assisting the Trust in its planned bed reduction. This funding stream is by no means agreed and further engagement with the PCT is needed.

- HOB Commissioners have recognised their responsibility to fund sessions undertaken by Renal Physicians in the community.

- Sandwell Commissioners will continue to fund Enhanced Nurse Practitioners within the Accident and Emergency Department at Sandwell. An in-year review of this arrangement is planned, although it is not intended to withdraw funding for this service in-year.

- Commissioners recognise the importance of screening for Vitamin D deficiency within the local population. A level of additional costs, over and above existing direct access contractual arrangements was supported, although a review of use is planned.

- Sandwell PCT has confirmed its funding support with effect from June 2010 for a Community Cardiologist.

- Sandwell PCT intends to continue to fund the Trust for the backfill arrangements in Diabetology. It is intended that this will continue initially for a period of 6 months during which

time, following a review of existing services, a tender for a new service specification will be issued.

- Sandwell and HOB PCTs will with effect from 1 April 2010 fund directly the provision of Cancer Psychology services, hitherto funded via a Cancer Network arrangement.

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2010/2011

Income & Expenditure Position Actual, Forecast and Plan

		Accounts Mar - 06 £000's	Accounts Mar - 07 £000's	Accounts Mar - 08 £000's	Accounts Mar - 09 £000's	Forecast Mar - 10 £000's	Outline Mar - 11 £000's
INCOME							
Main Commissioner Contracts		266,940	271,388	290,081	296,695	330,921	330,676
Other SLA Income						6,297	6,746
Market Forces Factor		0	15,977	18,499	20,458	0	0
Total Category A Income		**266,940**	**287,365**	**308,580**	**317,153**	**337,218**	**337,422**
Non NHS Clinical Income							
Private Patient Income		177	234	134	132	110	100
Other Non Protected Income		1,211	1,420	1,031	1,712	2,030	1,973
	Total	**1,388**	**1,654**	**1,165**	**1,844**	**2,140**	**2,072**
Other Income							
Education and Training		22,436	19,297	16,874	17,062	17,880	16,990
Research & Development		0	1,285	1,082	1,303	958	534
Other Income		22,624	17,935	20,774	21,799	19,363	19,684
	Total	**45,060**	**38,517**	**38,730**	**40,164**	**38,201**	**37,208**
TOTAL INCOME		**313,388**	**327,536**	**348,475**	**359,161**	**377,559**	**376,702**
EXPENDITURE							
Base Position							
Pay			(220,244)	(219,686)	(238,675)	(252,414)	(248,201)
Non Pay			(80,990)	(95,484)	(93,929)	(96,671)	(97,239)
						0	0
PAY: RCRH - Transition Fund						0	(2,170)
NON PAY: RCRH Transition Fund						0	(930)
TOTAL OPERATING COSTS		**(298,046)**	**(301,234)**	**(315,170)**	**(332,604)**	**(349,085)**	**(348,539)**
EBITDA		**15,342**	**26,302**	**33,305**	**26,557**	**28,474**	**28,163**
Profit / loss on asset disposals		0	(114)	(101)	(109)	0	0
Fixed Asset impairments		0	0	(3,346)	0	0	0
Depreciation & Amortisation		(13,136)	(14,632)	(15,725)	(15,587)	(16,444)	(16,444)
						0	0
Total interest receivable/ (payable)		397	803	1,664	1,048	75	25
Total interest payable on Loans and leases		0	(12)	(442)	(104)	(2,180)	(2,050)
PDC Dividend		(8,329)	(8,948)	(8,831)	(9,258)	(7,656)	(7,656)
NET SURPLUS/(DEFICIT)		**(5,726)**	**3,399**	**6,524**	**2,547**	**2,269**	**2,038**

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2010/2011

Patient Related Service Level Agreements

Commissioner	Base Position £000	Developments £000	Total SLA Value £000
Sandwell PCT	152,678	340	153,018
Heart of Birmingham tPCT	85,588	293	85,881
Associated PCTs	58,244	45	58,289
Strategic Change Reserve	9,021		9,021
Pan Birmingham LSCG	15,117	513	15,630
Black Country LSCG	460	0	460
Neonatal Activity	5,850	30	5,880
Non Commissioned Activity/Wales	2,497		2,497
Total	**329,455**	**1,221**	**330,676**

APPENDIX 3
SWBTB (3/10) 069 (b)

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2010/2011

Divisional Pay and Non Pay Base Budgets and Cost Improvement Targets

Division	Pay £000	Non Pay Budget £000	Total Expenditure £000	CIP Target £000
ANAESTHETICS & CRITICAL CARE	16,411	1,169	17,580	1,170
CHIEF EXECUTIVE	1,814	367	2,181	135
FACILITIES	16,959	6,304	23,263	1,205
ESTATES	3,420	7,985	11,405	745
FINANCE	3,532	761	4,293	281
GOVERNANCE	2,132	496	2,628	166
IM & T/PATIENT PROCESS	11,177	2,058	13,235	864
IMAGING	12,957	2,980	15,937	930
MEDICINE A	37,466	8,733	46,199	3,372
MEDICINE B	26,806	12,224	39,030	2,784
MISCELLANEOUS	1,041	37,586	38,627	
NURSING & THERAPIES	6,582	2,350	8,931	514
OPERATIONS	3,252	497	3,749	283
PATHOLOGY	12,911	6,799	19,710	1,105
STRATEGY	1,649	24	1,673	113
SURGERY A	32,625	11,284	43,909	2,951
SURGERY B	17,196	5,293	22,489	1,447
WOMENS & CHILDRENS	32,792	3,273	36,064	2,463
WORKFORCE	4,728	584	5,312	249
OTHER	2,404	484	2,888	63
TOTAL	**247,855**	**111,250**	**359,105**	**20,841**

Notes

Budgets Based on Month 10 Rollover

Other includes National Poisons Information, Research and Development, Post Graduate Centre and Other Corporate Services.

Miscellaneous includes NHSLA clinical negligence and other insurance, BTC operating costs and depreciation charges.

APPENDIX 4
SWBTB (3/10) 069 (b)

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2010/2011

Divisional Workforce Budgets (Whote Time Equivalents)

Division	Mar-10	April	May	June	July	August	September	October	November	December	January	February	March
ANAESTHETICS & CRITICAL CARE	273.34	270.54	270.54	270.54	268.54	268.54	268.54	263.76	263.76	263.76	263.76	263.76	263.76
CHIEF EXECUTIVE	25.10	23.70	23.70	23.70	23.70	23.70	23.70	23.70	23.70	23.70	23.70	23.70	23.70
FACILITIES	724.36	709.36	709.36	709.36	707.36	707.36	707.36	707.36	707.36	707.36	707.36	707.36	707.36
ESTATES	109.92	103.92	103.92	103.92	103.92	103.92	103.92	103.92	103.92	103.92	103.92	103.92	103.92
FINANCE	96.72	94.72	94.72	94.72	94.72	94.72	94.72	93.72	93.72	93.72	93.72	93.72	93.72
GOVERNANCE	65.79	59.96	59.96	59.96	59.96	59.96	59.96	59.96	59.96	59.96	59.96	59.96	59.96
IM & T/PATIENT PROCESS	393.63	383.83	383.83	383.83	383.83	383.83	383.83	383.83	383.83	383.83	383.83	383.83	383.83
IMAGING	287.10	278.60	278.60	278.60	278.60	278.60	278.60	278.60	278.60	278.60	278.60	278.60	278.60
MEDICINE A	888.17	832.82	832.82	786.86	786.86	776.96	776.96	774.00	774.00	774.00	774.00	774.00	774.00
MEDICINE B	702.70	671.78	671.78	671.78	670.78	645.78	645.78	645.78	645.78	645.78	645.78	645.78	645.78
NURSING & THERAPIES	212.15	198.70	198.70	198.70	198.70	198.70	198.70	198.70	198.70	198.70	198.70	198.70	198.70
OPERATIONS	117.54	111.04	111.04	111.04	111.04	111.04	111.04	111.04	111.04	111.04	111.04	111.04	111.04
PATHOLOGY	356.33	347.16	347.16	347.16	347.16	347.16	347.16	347.16	347.16	347.16	347.16	347.16	347.16
STRATEGY	39.10	35.28	35.28	35.28	35.28	35.28	35.28	35.28	35.28	35.28	35.28	35.28	35.28
SURGERY A	832.94	823.42	823.42	823.42	819.42	819.42	819.42	818.42	818.42	818.42	814.42	814.42	814.42
SURGERY B	358.23	351.21	351.21	351.21	349.21	348.21	348.21	348.21	348.21	348.21	348.21	348.21	348.21
WOMENS & CHILDRENS	766.48	728.58	728.58	728.58	728.58	728.58	728.58	727.58	727.58	727.58	727.58	727.58	727.58
WORKFORCE	136.63	133.60	133.60	133.60	133.60	133.60	133.60	133.60	133.60	133.60	133.60	133.60	133.60
OTHER	58.02	57.02	57.02	57.02	57.02	57.02	57.02	57.02	57.02	57.02	57.02	57.02	57.02
TOTAL	**6,444.25**	**6,215.24**	**6,215.24**	**6,169.28**	**6,158.28**	**6,122.38**	**6,122.38**	**6,111.64**	**6,111.64**	**6,111.64**	**6,107.64**	**6,107.64**	**6,107.64**

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2010/2011

Statement of Financial Position

		Opening Balance as at 1st April 2010 £000	Balance as at 31st March 2011 £000
Non Current Assets	Property, Plant and Equipment	257,371	258,952
	Intangible Assets	522	397
	Trade and Other Receivables	1,200	1,350
Current Assets	Inventories	3,300	3,050
	Trade and Other Receivables	19,500	18,000
	Investments	0	0
	Cash	8,852	8,852
Current Liabilities	Trade Payables	(32,806)	(30,799)
	DH Capital Loans	0	(950)
	Borrowings (Note 3)	(1,880)	(1,630)
	Provisions for Liabilities and Charges	(2,200)	(2,200)
Non Current Liabilities	Borrowings (Note 3)	(31,127)	(29,877)
	DH Capital Loans	0	(950)
	Provisions for Liabilities and Charges	(1,943)	(1,743)
		220,789	222,452
Financed by: Taxpayers Equity	Public Dividend Capital	159,663	159,663
	Retained Earnings	6,906	8,944
	Revaluation Reserve	40,966	40,966
	Donated Asset Reserve	2,391	2,191
	Government Grant Reserve	1,805	1,630
	Other Reserves	9,058	9,058
		220,789	222,452

Sandwell & West Birmingham Hospitals

Financial Plan 2010/2011

Draft Capital Programme

			2010/11 £000	2011/12 £000	2012/13 £000
Capital Resources					
	Internally Generated Cash (depreciation)		16,000	16,000	16,000
	Loan Proceeds		1,900	5,225	875
Total Resources			**17,900**	**21,225**	**16,875**
Committed Expenditure					
Brought Forward Commitments	MAU Redevelopment		1,645		
	Sandwell Replacement CT Scanner		900		
	Sandwell Replacement CT Scanner - contingency		200		
	Neurophysiology Out-Patients		200		
	Capitalised Salaries		300	300	300
	Other Slippage and Retentions B/F		300		
	Total Brought Forward		**3,545**	**300**	**300**
Ongoing Schemes	Statutory Standards and Estates Risk Related Expenditure		3,000	3,000	3,000
	IT Programmes		700	700	700
	Medical Equipment		400	750	750
	Total Ongoing Schemes		**4,100**	**4,450**	**4,450**
Land	Land Purchases (partly funded by loan)		6,000	8,000	8,000
Total Commitments			**13,645**	**12,750**	**12,750**
Balance Available for Other Schemes			**4,255**	**8,475**	**4,125**
Uncommitted Schemes					
Imaging	**Ultrasound Replacements 4 @ £70k**		**280**		
	Digital Mammography BTC		**1,000**	**400**	
	Breast Screening Mobiles (conversion to digital)			**500**	**500**
	Breast Screening Mobiles (contingency)			**100**	**100**
Capacity/Efficiency	**Maternity Moves**		**1,000**	**900**	
	Pharmacy - Autodispensing			**500**	
CIP Related	**Back Office Systems Improvements**		**75**	**75**	**75**
	Other				
Regulatory/Other	**D5 Same Sex Alterations**	}			
	SDU Laminer flow	}			
	SDU Refurbishment	}			
	Main Theatre at SGH (central recovery)	}	**1,900**	**3,500**	**2,500**
	Side Rooms @ Sandwell	}			
	Ward Refurbishment	}			
	Out-Patient Accomodation (Rowley/Sandwell Ophthalmology)	}			
	Plaster Room	}			
	Gamma Camera	}			
	Gamma Camera - Associated Building Work	}			
	Hearing Services Centre			**2,500**	**2,500**
Slippage Across 3 Year Programme					**(1,550)**
Total Expenditure			**17,900**	**21,225**	**16,875**
Net under/(Over) Spend Against Capital Resources			**0**	**0**	**0**

APPENDIX 7
SWBTB (3/10) 069 (b)

Sandwell & West Birmingham Hospitals

Financial Plan 2009/2010

Cash Flow

	April £000s	May £000s	June £000s	July £000s	August £000s	September £000s	October £000s	November £000s	December £000s	January £000s	February £000s	March £000s
Receipts												
SLAs	28,118	28,118	28,118	28,118	28,118	28,118	28,118	28,118	28,118	28,118	28,118	28,118
Over Performance Payments	3,000	2,000	500	500								
Education & Training	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												1,900
Interest	2	2	2	2	2	2	2	2	2	2	2	2
Other Receipts	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	**34,394**	**33,394**	**31,894**	**31,894**	**31,394**	**31,394**	**31,394**	**31,394**	**31,394**	**31,394**	**31,394**	**33,294**
Payments												
Payroll	11,958	11,958	11,848	11,808	11,712	11,712	11,675	11,675	11,675	11,663	11,663	11,663
Tax, NI and Pensions	3,419	9,113	9,113	9,113	9,113	9,113	9,113	9,113	9,113	9,113	9,113	12,525
Non Pay - NHS	2,006	1,881	2,250	2,043	2,043	2,290	2,110	2,357	1,616	2,164	2,164	2,505
Non Pay - Trade	6,017	5,642	6,749	6,129	6,129	6,870	6,331	7,072	4,849	6,492	6,492	7,515
Non Pay - Capital	1,298	798	798	595	595	595	595	595	3,595	940	940	7,058
PDC Dividend						3,828						3,828
Repayment of Loans												
Interest												5
BTC Unitary Charge	380	380	380	380	380	380	380	380	380	380	380	380
Other Payments	350	350	350	350	350	350	350	350	350	350	350	350
Total Payments	**25,428**	**30,122**	**31,488**	**30,419**	**30,323**	**35,139**	**30,555**	**31,543**	**31,579**	**31,102**	**31,102**	**45,829**
Cash Brought Forward	8,852	17,818	21,090	21,496	22,971	24,043	20,298	21,137	20,988	20,803	21,095	21,387
Net Receipts/(Payments)	8,966	3,272	406	1,475	1,071	(3,745)	839	(149)	(185)	292	292	(12,535)
Cash Carried Forward	17,818	21,090	21,496	22,971	24,043	20,298	21,137	20,988	20,803	21,095	21,387	8,852

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2010/2011

Reserves

INFLATION	Total £000
Pay Award	4,830
AfC	597
Consultant Contract	750
SAS Contract Issues (10-11) incl Disc Points	150
Local Discretionary Points (10-11)	360
Inflation: VAT	900
Inflation: Blood	150
Inflation: Drugs	550
Inflation: Other	551
Non Pay Pressures (as per National Guidance)	2,212
CNST (based on actual proposed charge)	1,014
TOTAL	**12,064**

OTHER RESERVES	Total £000
RCRH Transition Fund	3,100
Use of RCRH to Support 2010-11 CIP Non Recurrently	-1,415
Income Related CIPs	4,050
Divisional Cost Pressures	8,253
PCT Funded Developments	1,221
TOTAL	**15,209**

TOTAL RESERVES	**27,273**

Sandwell & West Birmingham Hospitals

Financial Plan 2010/2011

Divisional Summary Cost Improvement Programme

	TARGET £000	PAY £000	NON PAY £000	INCOME £000	TOTAL £000	2010-11 (Under)/Over Achievement £000	Recurrent Value of 2010-11 Schemes £000	Recurrent (Under)/Over Achievement £000
OPERATIONAL DIVISIONS								
ANAESTHETICS & CRITICAL CARE	1,170	693	128	220	1,041	-130	1,170	0
IMAGING	930	431	220	279	930	0	930	0
MEDICINE A	3,372	3,100	10	142	3,252	-120	3,892	520
MEDICINE B	2,784	1,569	170	205	1,944	-839	2,264	-520
NURSING & THERAPIES	514	514	0	0	514	0	514	0
OPERATIONS	283	183	80	20	283	0	283	0
PATHOLOGY	1,105	358	427	321	1,105	0	1,105	0
SURGERY A	2,951	1,448	454	600	2,502	-449	2,951	0
SURGERY B	1,447	874	175	398	1,447	0	1,529	83
WOMEN'S & CHILD HEALTH	2,463	1,732	204	527	2,463	0	2,463	0
CORPORATE AREAS								
CHIEF EXECUTIVE OFFICER	135	117	139	0	256	121	135	0
STRATEGY	113	95	0	18	113	0	113	0
FACILITIES	1,205	545	60	600	1,205	0	1,220	15
ESTATES	745	155	590	0	745	0	745	0
FINANCE	281	65	46	170	281	0	287	6
GOVERNANCE	166	152	10	9	171	5	171	5
POSTGRADUATE CENTRE	63	21	0	37	58	-5	58	-5
WORKFORCE	249	205	0	44	249	0	249	0
IM&T	864	356	427	81	865	0	1,032	168
INTERNAL TRANSITION RESERVES			1,415		1,415	1,415	0	0
TOTAL	**20,841**	**12,613**	**4,555**	**3,672**	**20,841**	**0**	**21,114**	**273**

Note

CIP includes £841,000 in respect of brought forward non recurrent schemes
Recurrent over-achievements will be put towards 2011-12 CIP requirements

Sandwell & West Birmingham Hospitals

Financial Plan 2010/2011

Risk and Sensitivity Analysis

Area of Risk/Sensitivity	Financial Effect	Mitigating Actions	
		Value	Details
	£000	£000	
20% reduction in CIP delivery	(4,168)	1,562	Delivered corporately through release of reserves
		1,221	Delay/review implementation of discretionary/developmental spending
		1,385	Utilisation of budget slippage within targeted reserves
PbR Data Challenges	(1,000)	500	Overperformance mitigating effects of challenges
		500	Improvements in data quality and timeliness of production, review and challenge
			Implementation of wider LDP agreement on activity management should reduce risks
Practice Based Commissioning	(2,500)	2,500	Capacity via business development unit to respond to service offerings and changes in referral patterns
Underlying Inflationary Pressures	(12,064)	12,064	Specific reserves held to cover known/expected inflationary pressure
Other Category C Income under performs by 1%	(372)	372	Impose additional CIP on divisions affected by reduction
AfC Incremental Growth 10% higher than budget	(60)	60	Utilisation of other pay related reserves
1 ward additional capacity required for whole year	(850)	850	Capacity would only be opened in response to increased demand therefore generating additional income
Drugs cost rise by 10%	(2,600)	700	Use of drug cost reserve
		900	Volume changes funded via high cost drug recharge mechanism
		1,000	Use of other non pay reserves
Unforeseen divisional cost pressures	(1,000)	800	Use of cost pressure reserve
		200	additional CIP from affected divisions
Other Unforeseen Events	(2,000)	1,562	Use of contingency reserve
		438	Additional CIP imposed selectively in key areas

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2010/2011

Medium Term Financial Plan: Extract from Long Term Financial Model

Units
£m unless otherwise stated
All amounts shown here are nominal

Income Statement

	Plan Mar-11	Forecast Mar-12	Forecast Mar-13
NHS Acute Activity Revenue			
Elective revenue (long and short stay)	59.0	53.4	47.7
Non-Elective revenue	95.2	96.2	93.7
Outpatient	65.9	63.0	58.6
A&E	16.5	16.4	16.3
Other NHS	100.8	95.0	97.0
NHS Acute Activity Revenue, Total	337.4	324.0	313.3
PBR (Clawback)/ Relief	0.0	0.0	0.0
NHS Clinical Revenue, Total	337.4	324.0	313.3
Non NHS Clinical Revenue			
Private patient revenue	0.1	0.1	0.1
Other non-NHS clinical revenue (incl. CRU)	2.0	2.0	2.0
Non NHS Clinical Revenue, Total	2.1	2.1	2.1
Other Operating income			
Research and Development income	0.5	0.5	0.5
Education and Training income	17.0	14.2	14.2
PFI Specific income	0.0	0.0	0.0
Other Operating Income	19.6	22.0	22.1
Other Operating income, Total	37.1	36.7	36.8
Operating Revenue and Income, Total	**376.7**	**362.8**	**352.2**
Operating Expenses			
Employee benefits expense	(250.4)	(225.2)	(218.4)
Drug expense	(24.3)	(24.9)	(25.5)
Clinical supplies	(32.3)	(32.7)	(33.7)
Non Clinical Supplies	(40.0)	(51.7)	(46.0)
PFI operating expenses	(1.5)	(1.5)	(2.0)
Other Operating expenses	0.0	0.0	0.0
Operating Expenses, Total	**(348.5)**	**(335.9)**	**(325.5)**
EBITDA	**28.2**	**26.9**	**26.7**
Surplus (Deficit) from Operations margin	*7%*	*7%*	*8%*
Non-Operating income			
Gain/(loss) on asset disposals	0.0	0.0	0.0
Income from NHS Charitable Funds			
Other Non-Operating income			
Non-Operating income, Total	**0.0**	**0.0**	**0.0**
Non-Operating expenses			
Interest expense on overdrafts and working capital facilities	0.0	0.0	0.0
Interest expense on loans and leases	(2.1)	(2.0)	(1.9)
Depreciation and Amortisation	(16.4)	(15.9)	(15.9)
PDC Dividend	(7.6)	(7.0)	(7.0)
Impairment Losses (Reversals) net	0.0	0.0	0.0
Other Non-Operating expenses			
Non-Operating expenses, Total	**(26.2)**	**(25.0)**	**(24.8)**
Surplus (Deficit) before Tax	**2.0**	**1.9**	**1.9**
Tax expense/ (income)	0.0	0.0	0.0
Surplus/(Deficit)	**2.0**	**1.9**	**1.9**
Net margin	*1%*	*1%*	*1%*

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2010/2011

Medium Term Financial Plan: Extract from Long Term Financial Model

	Plan Mar-11	Forecast Mar-12	Forecast Mar-13
Units			
£m unless otherwise stated			
All amounts shown here are nominal			
Balance Sheet			
ASSETS, NON CURRENT			
Property, Plant and Equipment and intangible assets, Net	240.5	246.5	248.8
Property, plant & equipment (PFI)	19.1	18.6	17.9
PFI Other Assets	0.0	0.0	0.0
Investments, Non-Current	0.0	0.0	0.0
Trade and Other Receivables, Net, Non-Current (including prepayments)	1.3	1.3	1.3
Other Assets, Non-Current	0.0	0.0	0.0
Assets, Non-Current, Total	**260.9**	**266.4**	**267.9**
ASSETS, CURRENT			
Inventories	3.0	3.0	3.0
NHS Trade Receivables, Current	10.4	10.3	0.0
Non NHS Trade Receivables, Current	2.2	2.2	(1.1)
Other Receivables, Current	1.4	1.4	1.4
Other Financial Assets, Current (e.g. accrued income)	2.1	2.1	2.1
Prepayments, Current, non-PFI related	1.9	1.9	1.9
Cash and Cash Equivalents	8.9	8.5	10.6
Other Assets, Current	0.0	0.0	0.0
Assets, Current, Total	**29.9**	**29.5**	**17.9**
ASSETS, TOTAL	**290.8**	**295.9**	**285.9**
LIABILITIES, CURRENT			
Interest-Bearing Borrowings , Current (including accrued interest)	(1.0)	(2.7)	(1.7)
Deferred Income, Current	(6.7)	(6.7)	(6.7)
Provisions, Current	(2.2)	(2.2)	(2.2)
Trade Payables, Current	(7.7)	(8.0)	0.0
Other Payables, Current	(1.6)	(1.6)	(1.6)
Capital Payables, Current	(2.0)	(2.0)	(2.0)
Accruals, Current	(13.3)	(13.3)	(13.3)
Payments on Account	0.0	0.0	0.0
Finance Leases, Current	(0.3)	(0.3)	(0.3)
PDC dividend creditor, Current	0.0	0.0	0.0
Other Liabilities, Current	(0.8)	(0.9)	(0.8)
Liabilities, Current, Total	**(35.6)**	**(37.7)**	**(28.6)**
NET CURRENT ASSETS (LIABILITIES)	**(5.8)**	**(8.2)**	**(10.7)**
LIABILITIES, NON CURRENT			
Interest-Bearing Borrowings, Non-Current	(1.0)	(3.5)	(1.7)
Deferred Income, Non-Current	0.0	0.0	0.0
Provisions, Non-Current	(1.7)	(1.7)	(1.7)
Trade and Other Payables, Non-Current	(0.2)	(0.2)	(0.2)
Finance Leases, Non-current	(0.7)	(0.3)	(0.1)
Other Liabilities, Non-Current	(29.1)	(28.3)	(27.5)
Liabilities, Non-Current, Total	**(32.7)**	**(34.0)**	**(31.3)**
TOTAL ASSETS EMPLOYED	**222.5**	**224.1**	**225.9**
TAXPAYERS' EQUITY			
Public dividend capital	159.7	159.7	159.7
Retained Earnings (Accumulated Losses)	9.0	10.9	12.8
Charitable Funds	0.0	0.0	0.0
Donated asset reserve	2.3	2.1	2.0
Revaluation reserve	41.0	41.0	41.0
Miscellaneous Other Reserves	10.7	10.5	10.5
TOTAL TAXPAYERS EQUITY	**222.5**	**224.1**	**225.9**
Balance sheet check	*TRUE*	*TRUE*	*TRUE*
KPIs			
NHS Trade Receivable Days	11.0	11.4	0.0
Non NHS Trade Receivable Days	30.8	31.0	0.0
Trade Payable Days	28.4	26.0	0.0

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2010/2011

Medium Term Financial Plan: Extract from Long Term Financial Model

Units
£m unless otherwise stated
All amounts shown here are nominal

Cash flow

	Plan Mar-11	Forecast Mar-12	Forecast Mar-13
EBITDA			
Other increases/(decreases) to reconcile to profit/(loss) from operations	**28.2**	**26.9**	**27.0**
	(0.1)	(0.1)	(0.1)
Operating cash flows before movements in working capital			
	28.0	**26.7**	**26.8**
Movement in working capital:			
(Increase)/decrease in Inventories			
(Increase)/decrease in NHS Trade Receivables	0.3	0.0	0.0
(Increase)/decrease in Non NHS Trade Receivables	(0.0)	0.1	10.3
(Increase)/decrease in other Receivables	(0.0)	0.0	3.3
(Increase)/decrease in Other financial assets (e.g. accrued income)	(1.1)	0.0	0.0
(Increase)/decrease in Prepayments	2.6	0.0	0.0
(Increase)/decrease in Other assets	0.0	0.0	0.0
Increase/(decrease) in Deferred Income & Payments on account	0.0	0.0	0.0
Increase/(decrease) in Provisions	0.0	0.0	0.0
Increase/(decrease) in Trade Payables	0.0	0.0	0.0
Increase/(decrease) in Other Payables	0.0	0.3	(8.0)
Increase/(decrease) in PDC Dividend Creditor	0.0	0.0	0.0
Accrua Increase/(decrease) in accruals			
Increase/(decrease) in Other liabilities	(2.3)	0.0	0.0
Increase/(decrease) in working capital			
	(0.5)	**0.3**	**5.6**
Increase/(decrease) in Non Current Provisions			
	(0.2)	0.0	0.0
Net cash inflow/(outflow) from operating activities			
	27.3	**27.1**	**32.4**
Cash flow from investing activities			
Property, plant and equipment expenditure	(18.3)	(21.4)	(17.2)
Proceeds on disposal of property, plant and equipment	0.0	0.0	0.0
Other cash flows from investing activities			
Net cash inflow/(outflow) from investing activities	**(18.3)**	**(21.4)**	**(17.2)**
CF before Financing	**9.0**	**5.6**	**15.2**
Cash flow from financing activities			
Public Dividend Capital received	0.0	0.0	0.0
Public Dividend Capital repaid	0.0	0.0	0.0
Dividends paid	(7.6)	(7.0)	(7.0)
Interest (paid) on Loans and Leases	(2.2)	(2.1)	(2.4)
Interest received on Cash and Cash equivalents	0.0	0.0	0.0
Drawdown of Loans and Leases	1.9	5.2	0.0
Repayment of Loans and Leases	(1.1)	(2.1)	(3.8)
Net cash inflow/(outflow) from financing	**(9.0)**	**(5.9)**	**(13.2)**
Net cash outflow/inflow	**(0.0)**	**(0.3)**	**2.1**

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2010/2011

Medium Term Financial Plan: Extract from Long Term Financial Model

		Plan Mar-11	Forecast Mar-12	Forecast Mar-13
Units				
£m unless otherwise stated				
All amounts shown here are nominal				

Key Ratios

Data				
Revenue		376.7	362.8	352.2
Revenue available for debt service		28.2	26.9	27.0
Annual dividend payable		7.6	7.0	7.0
Annual Debt Service		3.2	4.1	5.9
Annual Interest payable		2.1	2.1	2.1
Debt		32.8	35.9	32.2
PBC Ratios				
Dividend Cover		3.4x	3.5x	3.5x
Interest Cover		13.3x	13.0x	12.6x
Debt Service Cover		8.8x	6.5x	4.5x
Debt Service to Revenue		0.9%	1.1%	1.7%
Tier 1 Test	Limits			
Minimum Dividend Cover	1.0x	TRUE	TRUE	TRUE
Minimum Interest Cover	3.0x	TRUE	TRUE	TRUE
Minimum Debt Service Cover	2.0x	TRUE	TRUE	TRUE
Maximum Debt Service to Revenue	2.5%	TRUE	TRUE	TRUE
Tier 1 PBC ratio test passed		TRUE	TRUE	TRUE
Tier 2 Test	Limits			
Minimum Dividend Cover	1.0x	TRUE	TRUE	TRUE
Minimum Interest Cover	2.0x	TRUE	TRUE	TRUE
Minimum Debt Service Cover	1.5x	TRUE	TRUE	TRUE
Maximum Debt Service to Revenue	10.0%	TRUE	TRUE	TRUE
Tier 2 PBC ratio test passed		TRUE	TRUE	TRUE

Risk rating

Metric			
EBITDA margin	7.5%	7.4%	7.7%
EBITDA, % achieved	100.0%	100.0%	100.0%
ROA	4.3%	3.9%	3.9%
I&E surplus margin	0.5%	0.5%	0.5%
Liquid ratio	7.5	8.1	11.1

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Leadership for the Future at SWBH NHS Trust
SPONSORING DIRECTOR:	John Adler, Chief Executive
AUTHOR:	Sally Fox, 'Listening into Action' Facilitator
DATE OF MEETING:	25 March 2010

SUMMARY OF KEY POINTS:

The paper outlines the current provision of leadership/management development activities, identifies the gaps and makes recommendations for addressing these.

It proposes:

- the adoption of the 'Leadership Framework' detailed at Appendix 1
- the review of relevant organisational processes to ensure they are designed to recruit, retain and develop the right kind of leaders,
- focusing on the development of front line leaders across all disciplines,
- developing a tailored approach to development using 360 degree appraisal for senior staff in all disciplines
- developing medical staff as managers
- maximising opportunities to work across the local health economy, and with Right Care Right Here partners
- continuing to use systematic talent management processes
- Clarifying the resources available to enable better planning

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

- APPROVE the paper and Leadership Framework.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	An effective organisation
Annual priorities	Informs 2010/11 leadership development objective. Supports Listening into Action Programme (2009/10 and 2010/11 priority).
NHS LA standards	
Core Standards	
Auditors' Local Evaluation	

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

Financial	**X**	Potential costs in implementing certain aspects which require further assessment.
Business and market share		
Clinical		
Workforce	**X**	Fundamental enabler to LiA and engagement strategy.
Environmental		
Legal & Policy		
Equality and Diversity	**X**	Designed to promote E&D in the Trust
Patient Experience		
Communications & Media		
Risks		

PREVIOUS CONSIDERATION:

The Leadership Framework was developed following the Board Seminar in November 2009. The paper and framework have been shared with the Senior Leadership Team and Non Executive Directors for comment.

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

TRUST BOARD

25 MARCH 2010

LEADERSHIP FOR THE FUTURE

1. Introduction

1.1 The purpose of this paper is to:

- Map the current provision of leadership/management development activities
- Identify the key gaps/issues
- Make recommendations for the future, taking into account the current context

The paper has been informed by the views of individual Executive Directors, the collective views of the Board about the type of leaders the Trust needs to recruit, retain and develop; and input from the Acting Directors of Workforce and members of the Workforce Directorate involved in the direct provision of management development/leadership activity.

It has also benefited from the input of the workforce lead for the Right Care Right Here Programme, and takes into account the activity currently being undertaken on a health economy basis and across the SHA.

1.2 It is important to recognise the context in which leaders will be operating over the coming years. The national context is one of improving quality whilst achieving significant cost reduction, which is reflected in the Trust's local Quality and Efficiency Programme (QuEP)

In addition, the Trust has to manage the challenges presented by 'Right Care, Right Here', and the significant service reconfiguration which will be necessary as part of that programme.

2 Current provision of leadership/management development activity

2.1 There is currently a range of activity undertaken across the Trust to meet learning and development needs in management skills/ leadership. This includes various formal course/programmes at Trust level:

Learning to lead

This programme, run on a local health economy basis, is aimed at Ward/Department manager level and is usually attended by staff at Bands 6-8a. It is funded by the Locality Board, and the Trust has access to approximately 6 places.

The programme can lead to a level 3 Certificate in Leadership, although entering for the award is optional. It is managed by the Trust's in house learning and development team on behalf of the local health economy.

The number of places available on this programme is insufficient to meet the needs of the organisation.

Managing for managers

This programme is aimed at staff with management responsibilities and is predominantly attended by staff at Band 6/7 level. It can lead to a Level 5 Award in Management, although the achievement of this does depend on the completion of an assignment, although not all participants choose to do this piece of work.

This programme is managed by the in house Learning and Development team.

Leadership and Management in Health Care

This new development programme was originally designed for newly appointed Clinical Directors and senior Clinical Managers, and the focus is on basic managerial skills, as much as higher leadership education. The programme has the potential to include others, such as DGMs/matrons, etc. and has been designed by the Medical Director and a team of experienced medical managers with support from the FT Project Manager.

The introduction of the programme was a response to the perceived lack of managerial skills amongst the medical workforce, who have had very little exposure to, (and opportunity to develop) these skills, whilst it is important to recognise that they may be very skilled in other areas of management and leadership.

It will be delivered as a series of evening seminars, interspersed with a number of 2 day modules. The precise arrangements for delivery are still evolving, but include both internal Trust speakers and external speakers and facilitators. It is externally accredited for the purposes of CPD, but will not lead to a specific degree or diploma.

There will be a need to identify some future resource if the Trust wishes to continue to develop/continue this programme.

Ward Manager/Matron Development Programme

Similarly, the Chief Nurse has developed a series of Master classes for both ward managers and matrons, as well as a process for funding new ideas/innovations- 'Matron's Den'. This programme was developed partly to fill a gap, given the limited number of places on the 'Learning to Lead' programme.

The master classes are delivered by internal staff, but there has been some external support from a consultant in designing the original 'Matrons Den' concept.

These interventions have been possible this year, but there is a question about having the necessary capacity to undertake similar activity in the longer term. This programme is not externally accredited and will not lead to a specific award.

Leadership, Nursing and Consultants' Conferences

These conferences were originally developed to provide a forum to share key messages with all those in leadership positions, and to provide an opportunity for some team building/development activity.

They are annual events and provide a useful platform for communication and reinforcement of the Trust's preferred model of leadership, as well as a forum for professional development.

Other Internal Programmes

The Trust also has a range of 'one off ' modules to improve skills in specific areas- such as handling disciplinary/grievance cases, assertiveness, presentation skills etc.

It also has the expertise in house to deliver a Level 2 Supervisory Award, and Level 3 Award in Leadership, but does not have sufficient capacity to do so within the Learning and Development team as it is currently configured.

2.3 Access to external opportunities

SHA Programmes

Aspiring Directors Programme

The SHA runs a programme for Aspiring Directors on an annual basis and to date the Trust has been able to secure two places per cohort.

The potential audience within the Trust for such a programme is actually quite large, considering the number of staff at Deputy or equivalent level reporting to Directors.

The Trust is unable to access the number of places it requires, and this will continue to be as problem if the constraints on numbers remain in place.

Aspiring Chief Executives Programme

The SHA also has a programme designed for those who are considering becoming Chief Executives, and the audience for this is by definition small (restricted to those currently holding Director posts). The Trust has access to sufficient places on this programme to meet its current needs.

Other external programmes

Leadership for Health Care Practitioners

This programme is delivered by Wolverhampton University and is aimed at clinical staff in Bands 5-8 A. The Trust has staff enrolled on this programme.

Programmes led by Professional Bodies

In addition to all of the above, there is a plethora of external programmes and professionally led development activity which will touch on management and leadership-such as the development activities run by the HFMA (Healthcare Finance Management Association), or the CIPD (Chartered Institute of Personnel and Development) and many similar bodies.

Maintaining a central record of this type of activity depends on the completion of paper based study leave forms, and this means that it is highly likely that some of this activity is not recorded.

Clinical Leaders Programme

This SHA programme is open to clinical leaders, at Band 8 or equivalent level. The Trust currently has 2 participants enrolled, but can access up to 4 places.

MSC in Medical Leadership

This 3 year programme is being delivered by the University of Warwick and the Trust has 4 clinical leaders enrolled on the programme at present. These places are funded by the SHA, and there is some uncertainty as to whether this funding will be continued.

If it is not, and the Trust wishes to continue to make this programme available to Clinical Leaders there will be a need to identify resources and a methodology for selecting candidates, (This was done by open competition for the last cohort, and it would seem appropriate to continue this approach).

Top Leaders Programme

The National Leadership Council has developed a ‘Top Leaders Programme’ to support the NHS, which aims to ensure it has ‘the right leaders in the right place at the right time’. The programme has ambitious objectives, including better representation of the
communities served by the NHS at a leadership level, developing a ‘community of purpose-leaders mobilised for QIPP’ and nurturing the next generation of senior leader.

3 of the Trust’s Executive Directors have been included in this programme to date..

2.4 Other Development Interventions

Whilst some needs may be met by attending formal programmes, there are many others which need a different approach. These might typically include action learning sets, shadowing, mentoring, coaching, the use 360 degree appraisal, specific project work etc. Activity in these areas is more difficult to capture, given that it is undertaken on an individual basis within Divisions/Directorates, and may not be recorded centrally.

All development interventions-whether programme based or not should be planned as part of the PDR process. Whilst the Trust has high levels of completed appraisals, the quality of these conversations is harder to measure-yet critical to the individual concerned. Good quality appraisal and knowledge of what is available to staff, are key to choosing the
right type of development intervention.

Action Learning Sets

There is no formal use of these in the Trust, although individuals attending other programmes might be aware of their use and may be part of an action learning set as part of that programme. There is expertise within the existing Learning and Development function to train others in how to facilitate an action learning set.

Shadowing/Secondment

Individuals within the Trust may access this-but it is generally on an ad hoc basis, and depends on the individual or their manager identifying it as an appropriate development opportunity.

Mentoring

There is no formal mentoring scheme within the Trust, although some staff do choose to have a mentor-sometimes within the organisation and sometimes outside it, and make arrangements on an individual basis.

Coaching

Coaching is available to staff/managers who ask for it. There is an SHA pool of coaches and there is also access to external coaching support should it be needed, but its use is limited. There is now some resource to support this activity following a successful bid to the SHA.

360 degree appraisal

The most widely recognised 360 degree tool for use in development in the NHS was developed as part of the Leadership Qualities Framework (LQF), although there are of course many other reputable 360 degree tools.

Participants in the ‘Learning to Lead’ programme have the opportunity to undertake 360 degree feedback using the LQF or the Kouzes-Posner tool, and 2 staff within Learning and Development are trained to give feedback. One member of staff is also accredited to train others in giving feedback.

360 degree feedback is also used on an ad hoc basis if individuals request it, but it is not used in a systematic way to plan individual development activity.

Project Work

Some individuals will undertake specific pieces of work which assist with an aspect of their development, once again this will be on an individual basis and it is unlikely that it will be recorded centrally.

2.5 Talent Management

The Trust does not yet have a systematic approach to Talent Management, but has recently begun some work in this area. An initial exercise of 'talent mapping' using some tools developed for the SHA has been undertaken at Executive Director level, and there are plans in place to extend this work within the Nursing and Operations Divisions.

2.6 Resourcing

The Trust employs 6400 WTEs, and the Learning and Development function has approximately £49,000 to distribute between Directorates/Divisions for learning and development activity, including management and leadership.

The money is allocated on a per capita basis. In addition to this funding Divisions/Directorates will identify additional resources to fund management development/leadership activity.

The Trust has a full time Head of Learning and Development post (currently vacant.) and a full time post with a remit including management/leadership development, induction and mandatory training, and there is a further part time post to provide support.

3. Analysis of the current position

3.1 This section of the report does not attempt to analysis the quality/content of the existing programmes, but rather to identify the current gaps and organisational issues which stem from the current approach.

The current approach has been developed in response to perceived needs and organisational priorities. However, it is relatively 'piecemeal', and there is no coherent framework/strategy which drives leadership/management development activity. The list of current activity above indicates that a number of people are involved in developing initiatives, without the benefit of an overarching framework/or in some cases expertise in learning design and delivery. There is no consistent approach to the accreditation of learning.

The Trust has only recently defined the characteristics/qualities/skills and behaviours that it wishes to see displayed by its leaders, these are not yet used in the recruitment, retention and development processes.

There are, however, some clear expectations of leaders, and the most significant of these is that they will lead in an engaging way, using 'Listening into Action' techniques as the principal means of doing so. This Chief Executive uses his regular messages to leaders
to reinforce this expectation.

3.2 There are some specific gaps in provision-the most critical of these relates to supervisors/first line managers in all areas across the organisation. There are individual skills modules for these staff, but there are no tailored interventions aimed at developing their people skills at this level.

3.2 There is arguably a gap at the DGM/Deputy DGM/Matron or equivalent level outside the Divisional structure, where individuals are sometimes recruited from outside the organisation, and certain assumptions are made about their ability to lead.

Access to development opportunities-such as the Aspiring Director programme is limited. There was a consistent view in the Trust that this group (particularly DGM and Deputy DGMs) is relatively poorly served in development terms

3.3 There is limited provision for medical staff. The current 'Leadership and Management in Healthcare' programme is beginning to address the needs of the Clinical Directors and the senior medical management team, but there are many consultant medical staff who would benefit from this kind of programme. There is no funding yet identified to support this programme in the future.

There is no systematic way of encouraging junior doctors to become involved in management, although there are plans to establish a 'medical management' Registrar post (subject to the availability of funding) and juniors are given the opportunity to shadow senior doctors.

3.4 There is some evidence of collaborative working on a health community basis, for example the' Learning to Lead' programme, but it is limited, despite the existence of a Locality Board for Birmingham and Sandwell and the other local health economies. Working collaboratively always proves to be challenging, and takes a considerable amount of time and effort.

However, there may be more potential to develop 'cohorts' of learners, particularly at a senior level across the local health community, or even the SHA as a whole. The Right Care Right Here programme has undertaken some work on scoping all the management development/leadership activity locally, and indeed across the SHA. The picture that emerges is a complex one, but unsurprisingly there is lots of duplication of activity and potential for greater efficiency in the delivery of some learning and development activity.

3.5 There is currently a gap in identifying and developing potential within the organisation-or 'talent management.' There has been no systematic approach to this in the past, and to a degree it has been a matter of chance as to whether an individual with potential has 'come to the fore'.

The Trust has recently, however, embarked on some work in this area and has recently completed a talent map for Chief Executive and Director posts. More work to cascade this approach in specific areas (Nursing and Operations) is now being undertaken, and the learning from this will be critical to informing the overall approach to talent management.

3.6 The Trust has a diverse workforce, and needs to examine whether that diversity is represented at senior levels in terms of gender, BME background , disability, age

etc

Further work is ongoing to examine this issue.

The Trust has used the 'Breaking Through' programme in the past, which is designed to support BME staff in their development. There is however, no systematic way of selecting staff at attend this programme.

3.7 There is no consistent provision of resources year on year to fund management development/leadership activity. This makes it difficult to plan ahead effectively, as monies are often time limited and non-recurring. There has been funding for example, for the Learning to Lead programme this year, but no guarantee that it will continue next year. Similarly, there has been sufficient money/capacity available to plan the Matron and Ward Manager programmes, but this may not be sustainable in the longer term.

4. Recommendations

4.1 Setting the overall direction

The Trust needs an overarching framework which governs the provision of leadership/management development activity. This framework should define the type of leader the Trust requires, and set some parameters for development activity in this area to
ensure that all activity stems from the Trust's requirements and is congruent with the Trust's preferred model of leadership. A draft framework is attached at Appendix 1.

4.2 Reviewing relevant organisational processes

The Trust needs to review all its current programmes to ensure that they reflect and reinforce the preferred leadership style and include sufficient reference to the Trust's model of 'engaging' leadership. It may be appropriate to develop specific input/materials on staff engagement, including LiA, for use in existing and future programmes.

4.3 The Trust needs to review some of its processes to ensure that they are congruent with the Trust's preferred leadership style.

Recruitment/selection process

This needs to ensure that the ability/capacity to lead in an engaging way is part of the person specification for leadership roles, and that this is tested by the recruitment process, through use of appropriate selection techniques.

Performance appraisal

The Trust needs to ensure that those in leadership roles are appropriately managed, and that any assessment of their performance includes examining how they have engaged with their staff to achieve their objectives.. PDR paperwork and

any training materials may need to be amended to reflect this approach, and there will be a need to communicate this change to all those involved in the appraisal process.

Development activity

The Trust needs to ensure that all leadership and management development activity reinforces the desired leadership behaviours, and consistently produces leaders able to engage effectively with their teams.

The staff survey and 'staff pulse surveys' will be important tools for assessing levels of engagement across the organisation and to a degree evaluating the success of development activity in this area.

Targeting front line managers in all disciplines

4.4 The Trust needs to invest some time in developing appropriate (and mandatory) development interventions at the Supervisor/First Line manager level. This may include use of the current Supervisory award, but will also need to focus on the principles of engagement, and how to use these within individual teams. This is critical to the success and sustainability of staff engagement with the organisation.

This should include the production of some straightforward resource materials to support and assist managers in day to day engagement with their staff.

Developing a tailored approach for senior managers using 360 degree appraisal and feedback

4.5 The development of DGM/ Head of/Deputy DGMs/Matrons and others at equivalent levels in all areas across the Trust may need further examination, but on the basis that development interventions at this level need to be individually tailored the Trust should consider as a first step the use of 360 degree appraisal. There may be merit in considering the use of the 360 tool developed by Beverly Alimo-Metcalfe, which is based on a model of engaging leadership.

This appraisal should identify development needs on an individual basis, and where there are common needs these might be addressed by designing specific topic based modules-or attending one of the programmes already available within the Trust.

However, it is likely that this approach will also lead to the identification of development needs which do not require a programme based solution-such as the use of shadowing, mentoring, coaching etc.

The Trust might wish to consider a more formal approach to mentoring-perhaps by developing a list of mentors within or outside the organisation.

The Trust now has access to some limited funding for coaching, and could choose to use some of this resource in a targeted way at this group of leaders.

Developing medical staff as leaders

4.6 The Trust should develop a clear role specification for Clinical Directors so there is absolute clarity about what is expected. It should also consider the use of 360-degree appraisal for this group, which would help inform tailored personal development plans. Further discussion with current CDs would help to inform future plans.

In addition, the Trust needs to provide development opportunities in management and leadership for consultant medical staff. This might include access to the 'Leadership in Management in Healthcare' programme, and resources to support the continuation of this programme (and explore the possibility of accreditation) will need to be identified. It might also include some of the other development interventions identified above for DGMs.

The Right Care Right Here programme has benefited from a number of joint events between primary and secondary care, and given the need for close collaboration on the development of services, it would seem logical to hold some joint development events on relevant topics. This would have the advantage of strengthening the links between primary and secondary care medical colleagues in advance of the changes to health care provision and configuration envisaged as part of the 'Right Care Right Here' programme.

It is often the case that doctors 'come late' to management and leadership and have had very little exposure to it until they reach consultant/Clinical Director level. It might be helpful to provide some more structured opportunities for junior medical staff to 'shadow'
senior doctors involved in management and other senior managers.

There is also a need for clarity about the responsibilities of the Medical Director and the Director of Medical Education in relation to Leadership and management for doctors.

Staying connected across the local health economy/SHA

4.7 The Trust has begun to explore the possibility of closer working on learning and development activity across the local health economy, and is considering closer working with Sandwell PCT.

This approach can offer economies of scale and can help ensure that there is a sufficient number of learners to work on a cohort basis, this might be particularly helpful when designing interventions for more senior staff, where numbers within individual organisations may be relatively low.

There is also a need to keep track of the developments within the Right Care Right Here programme, and the potential for purchasing activity/ tools as part of a wider health economy.

There is a significant amount of activity at present which touches on leadership-including the development of a Workforce Transformation Toolkit, and the introduction of an Emerging Leaders network. All these developments could be of benefit to the Trust and it is important to identify an individual who tracks these and ensures that opportunities are not missed.

Tracking those with potential

4.8 The Trust has already begun some work on talent management, and this needs to be embedded across the organisation.

The ongoing work in the Nursing and Operations Divisions will road test the tools on a wider basis, and the learning will inform the development of a talent management framework.

An important part of this will be assessing the Trust's performance in appointing staff from diverse backgrounds to leadership posts, and developing as part of it a robust approach to the selection of individuals to attend specific programmes designed to help support their career advancement, such as 'Breaking Through'.

Clarity on resourcing

4.9 Whilst it is recognised that the Trust is facing some difficult times ahead, there is a need to identify the resources available to fund leadership and management development activity on a recurrent basis. This will allow certainty in planning terms, and will ensure that activity which is critical to the achievement of the Trust's objectives is continued. Wherever possible, this clarity should also be sought from bodies external to the Trust, such as the Locality Board.

It is not helpful to develop initiatives which meet a defined need and move the organisation forward, and then withdraw them because funding in non recurrent.

It is also necessary, given the scale of the work suggested in these recommendations, to review the overall resources available within the Learning and Development function, and assess whether they will be sufficient to deliver the activities suggested.

The recent departure of the Head of Learning and Development does provide an opportunity to review the role content, and responsibility for the delivery of the action plan could be a key responsibility for the new post holder.

5. Conclusion

The Trust's future success is affected by many factors, but the ability to recruit, develop and retain good leaders is key amongst these. This will be particularly important given the challenges the Trust will face over the coming years.

The implementation of the recommendations in this report requires long term commitment, and adequate resourcing, and the Trust will need to reach a balanced judgement about the investment it is prepared to make to achieve progress in this area.

Sally Fox
March 2010

Appendix One

Draft Leadership Framework

1. Introduction

Sandwell and West Birmingham NHS Trust believes that the quality of leadership within the Trust is the **key** to achieving success-better outcomes for patients, better working lives for staff and the successful development of an organisation recognised for its high standards, excellent customer care and commitment to patients.

The Trust believes that staff engagement is critical, and seeks to recruit, develop and retain leaders who are able to **engage** with staff and harness their ideas and enthusiasm to develop services.

This short framework sets out some of the principles that underpin our approach to achieving excellence in leadership practice.

2. What do we expect from our leaders?

The Board has defined the sort of leaders that the Trust needs, and a summary of its expectations is listed below.

The Trust's Leadership Model:

Leaders at this Trust are expected to :

- **Engage with** and **empower** staff
- Be open and **honest** and display **integrity**
- Be **accessible and visible** to both staff and patients
- Be **caring** and **compassionate** and **focused on the service**
- Expect and **deliver** high standards (from themselves and others)
- Be **realistic** but **optimistic**
- Be **courageous** and **innovative**
- Display **sound judgement**
- Be **flexible** and **adaptable**
- **Deliver** on their promises
- Be **committed** and **professional**
- Be **resilient** and **determined**
- **Build strong, motivated teams**

3. How will the Trust support and encourage good leadership?

The Trust is committed to recruiting, developing and retaining good leaders at all levels within the organisation. It will do this by adhering to the following principles:

- All development interventions will be part of a coherent corporate approach to leadership and development and aligned with the Trust's strategic priorities and values.

- Management and development programmes designed and delivered by the Trust will be developed in conjunction with the in house Learning and Development team, and will be externally accredited, wherever appropriate.

- All leaders will have access to appropriate management/ leadership development opportunities as part of their PDR process, as agreed by their line manager

- Management/leadership development interventions will be evaluated to assess their effectiveness

- All development opportunities offered by the Trust will reinforce the Trust's leadership model described above

- The Trust will ensure that its recruitment, selection, performance management and development processes deliver the right kind of engaging leaders

4. How can every leader help to reinforce the right culture for good leadership to flourish?

Every leader in the Trust has a responsibility to:

- Be a **role model** and lead by example
- **Support** and **encourage** others in their development and ensure every member of the team has a personal development plan
- Consider being a **mentor** for others
- Give **honest** and **constructive** feedback with sensitivity
- Constantly **assess** his/her own leadership style against the Trust's model of leadership
- Practice **evidence based** management

5. Management and leadership interventions

The Trust recognises the importance of developing its leaders, and will do this in a variety of ways. All leaders within the Trust have a responsibility for their own personal development and that of those who report to them. All leaders need to keep abreast of the sort of interventions that can be helpful in developing leadership/management skills.

These include:

- Formal management development programmes provided internally by the Trust
- External programmes provided by the SHA
- External programmes provided by professional bodies

- Mentoring
- Coaching
- Shadowing
- Secondment
- Action Learning Sets
- Project work
- Self directed learning

Choosing the right type of intervention is important, and leaders can get advice from the Learning and Development department if unsure about the best intervention in a particular set of circumstances.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Delivering Same-Sex Accommodation – Progress Report
SPONSORING DIRECTOR:	Richard Kirby, Chief Operating Officer
AUTHOR:	Richard Kirby, Chief Operating Officer
DATE OF MEETING:	25 March 2010

SUMMARY OF KEY POINTS:

This paper provides a progress report for the Trust Board on the actions that SWBH is taking to ensure achievement of its corporate objective for 2009/10:

1.4 Improve patient privacy and dignity by increasing compliance with same-sex accommodation standards.

The plan takes for the form of a ward / department level action plan focussed on same-sex accommodation. The Trust's approach to wider issues of privacy and dignity and patient experience are set out in a separate action plan which is also reported to the Trust Board.

The paper also presents the proposed text of our self-declaration of compliance with Delivering Same-Sex Accommodation for approval by the Trust Board.

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 to March 2010;
2. APPROVE the Trust's self-declaration on delivering same-sex accommodation.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	High Quality Care
Annual priorities	*1.4 Improve patient privacy and dignity by increasing compliance with same-sex accommodation standards.*
NHS LA standards	
Core Standards	Core Standard C20B – Privacy and Confidentiality
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**	Same-sex accommodation is a key part of patient experience.
Communications & Media		
Risks		

PREVIOUS CONSIDERATION:

Last progress report presented to Trust Board in December 2009.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

DELIVERING SAME-SEX ACCOMMODATION
PROGRES REPORT

MARCH 2010

1. INTRODUCTION

This paper provides a progress report for the Trust Board on the actions that SWBH is taking to ensure achievement of its corporate objective for 2009/10:

> *1.4 Improve patient privacy and dignity by increasing compliance with same-sex accommodation standards.*

The plan takes for the form of a ward / department level action plan focussed on same-sex accommodation. The Trust's approach to wider issues of privacy and dignity and patient experience are set out in a separate action plan which is also reported to the Trust Board.

The paper also presents the proposed text of our self-declaration of compliance with Delivering Same-Sex Accommodation for approval by the Trust Board.

2. OVERVIEW

The table below provides an overview of the position as at March 2010 for each of our three hospital sites. The detailed ward by ward position is set out in Appendix A.

Ward / Department Summary

Site	Wards / Departments				
	Red	Amber	Yellow	Green	Total
City	4	0	19	16	39
Sandwell & Rowley	2	1	3	18	24
Total	6	1	22	34	63

In summary:

- the wards at Sandwell are compliant based on separate male / female bays and separate male / female toilet and washing facilities. Wards at Rowley have a combination of single rooms and same-sex bays.

- a few of the Victorian nightingale wards at City operate on a same-sex basis. The rest provide specialty-based care with separate sleeping areas and separate toilet and washing facilities but

shared access to the ward (i.e. the sleeping area at the front of the ward has to be used to access the area at the back of the ward).

- there remain a small number of areas where further capital work is required to fully separate men and women (rated "red" in the plan below)
    - City CCU / PCCU – these units require major refurbishment to create separate male and female CCU and PCCU facilities. A scheme is being developed for consideration as part of the 2010/11 capital programme.
    - City D7b day case cardiology – a plan is being developed by end of April to use D7b and D8 to provide separate male and female medical day case facilities;
    - BMEC theatre recovery – a plan has been developed and is being tested further with staff to separate adults and children and men and women in the theatre recovery. The plan will be considered as part of the capital programme for 2010/11.
    - Sandwell theatres – SDU and main theatres both have potential capital schemes that would improve screening for and separation of men and women post-operatively. Again these schemes will be considered as part of the capital programme for 2010/11.

- the adolescent bay in paediatrics at Sandwell does not have the facility to separate males and females but the ward use side-rooms to prevent mixing of genders whenever possible. The number of breaches is being audited to assess the effectiveness of this operational solution.

3. BREACHES

The table below shows the number of reported breaches of the same-sex policy between October 2009 and February 2010.

Measure	Month 2009/10					
	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10
Breaches	449	856	592	859	604	
% of total adms	n/a	7.7%	5.7%	7.7%	5.7%	

Over this period there were very few breaches on the general wards (less than 10). The majority of breaches occur in a small number of specialist areas:

- critical care units which accounted for 14% of February's breaches
- assessment units (EAU and MAU) which accounted for 19% of February's breaches
- CCU / PCCU at City which accounted for 25% of February's breaches
- Imaging procedure unit recovery at Sandwell which accounted for 18% of February's breaches.

The improvement in performance between January and February was largely the result of reduced number of breaches in MAU and EAU and critical care as the major activity pressures that the trust faced in January eased.

Note: the table records the number of occasions on which a patient is admitted to a bed that breaches the standards. The total number of patients affected may be larger (i.e. the whole bay becomes mixed if one man is admitted to a designated female bay).

4. SELF-DECLARATION

The Operating Framework for 2010/11 requires Trusts to make a public declaration of their compliance with Delivering Same-Sex Accommodation. This declaration has to be available on Trust web-sites by 31st March 2010.

The Trust Board considered our approach to delivering same-sex accommodation in some detail at its meeting in December 2010. Since then this approach has been formally endorsed by the board of Sandwell PCT (our lead commissioner) at their meeting in January 2010 and is due to be presented to the Integrated Governance Committee of Heart of Birmingham tPCT on 17th March 2010.

Our declaration therefore reflects this locally agreed approach. The proposed text of our declaration is attached as Appendix B.

5. CONCLUSION AND RECOMMENDATIONS

This paper has provided a progress report for the Trust Board on our work to deliver same-sex accommodation. The Trust Board is recommended to:

1. NOTE the progress to March 2010;

2. APPROVE the Trust's self-declaration on delivering same-sex accommodation.

Richard Kirby
16th March 2010

APPENDIX A
WARD / DEPARTMENT LEVEL ACTION PLAN

RAG Status for wards / departments

Green: compliant with new standards
Yellow: as compliant as possible within current ward configuration
Amber: not compliant, plan agreed but not yet fully implemented
Red: not compliant / compliance not clear, no plan agreed yet

CITY HOSPITAL

Division	Ward / Unit	Current Use	Status / Action Planned	Lead	R/A/G
Surgery A / Anaesthetics & Critical Care	D6	Planned Admissions	Split into separate male and female areas.		
	D17	Male surgery & urology	D17 due to transfer to D30 in Nov 09. Split M / F but shared access. Single-sex use.		
	D25	Female surgery	Single-sex ward		
	D21	Vascular / ENT	Split M / F but shared access.		
	D26	Orthopaedics	Split M / F but shared access.		
	D30	Decant for D16	Current plan for D17 to move to D30 in Nov 09. Split M / F but shared access.		
	D42	SAU	Split M / F but shared access.		
	BTC Surgical Unit		Recovery pods now operating on same-sex basis. Compliance being audited.	CB	
	Main Theatres Recovery		Theatres separating sexes in recovery. Compliance to be audited.	CB	
	Critical Care Unit		Agreed approach to improving P&D. Breaches to be monitored.		
Medicine A	D5	CCU / PCCU	Aiming to create separate male sections but shared access. £330k capital required. Subject to capital programme.	AB	
	D7	Cardiology	Split M / F but shared access		
	D7b	DC cardiology	Develop plan for to use D7b and D8 as med DC unit – split M/F but share access. Plan to be agreed by end April.	AB	
	D8	Poisons Unit	To be transferred to D41 (short stay medicine). Transfered in October 09.		
	D11	Stroke unit	Split M / F but shared access.		
	D12	Side rooms	No issues.		
	D15	Gastro	Split M / F but shared access.		
	D16	Acute Med	Major refurbishment completed. Split M / F but shared access.		
	D18	MRSA ward	Split M / F but shared access.		
	D24	Respiratory	Split M / F but shared access.		

Division	Ward / Unit	Current Use	Status / Action Planned	Lead	R/A/G
	D28	Gen Med	Split M / F but shared access. Single-sex use currently.		
	D29	Renal / Diabetes	Split M / F but shared access.		
	D41	Short Stay	Will accommodate Poisons unit from Oct. Split M / F but shared access.		
	D43	Rehab	Partitions added across end of bays. Now compliant.		
	D47	Rehab	Partitions added across end of bays. Now compliant.		
	D48	Dermatology	Separate male and female bays.		
	M8	Medical DC	Separate male and female areas.		
	Hospital Lounge		Include medical DC activity as part of plan for D7b /D8. Plan agreed by end of April.	AB	
	Endoscopy – Main Unit		Operational changes made to deliver segregation in existing unit.		
	Endoscopy - BTC		Separate male and female bays. Need to confirm monitoring arrangments		
	Medical Assessment Unit		Major capital scheme planned. Operating with same-sex bays from October.	AB	
Surgery B	BMEC Theatres recovery		Significant issues with theatre recovery. Priority to separate adults and children.	JC	
	Day Surgery Unit		Minor capital works completed. Now operates with separate M/F bays.	JC	
	Eye Ward		Series of bays / side rooms enabling separation of males and females.		
Women & Children	M1	ADAU / Transfer Lge	Single sex use.		
	M2	Post natal	Single sex use		
	D19	PAU	PAU reviewed against national guidance. Cubicles available for adolescents.		
	Neo-Natal Unit (L2)		Assume not applicable.		
	D27	Gynaecology	Single sex use.		
Other	D20	Decant	Split M / F but shared access.		
	D14	Renal Dialysis	Not operated by SWBH.		

SANDWELL GENERAL AND ROWLEY REGIS HOSPITALS

Division	Ward / Unit	Current Use	Status / Action Planned	Lead	R/A/G
Surgery A / Anaesthetics & Critical Care	N1	Gynae / female surg	Single sex use. But need to consider screens in case of future change of use.		
	N2	Surgery	Complies with guidance.		
	L2	General surgery	Complies with guidance.		

Division	Ward / Unit	Current Use	Status / Action Planned	Lead	R/A/G
	P2	General Surgery	Complies with guidance.		
	N3	Trauma	Complies with guidance.		
	L3	Trauma	Complies with guidance.		
	Critical Care Unit		Agreed approach to improving P&D. Breaches to be monitored.		
	Sandwell Day Unit		Improvements made and being audited. Further changes identified (cost £62k). Will require theatre closure.	CB	
	Main Theatres Recovery		Separating men and women in recovery. Impact being audited. Options for screens being explored. Will require theatre closure.	CB	
Medicine B	P3	Rehab	Complies with guidance.		
	P4	Elderly Care	Complies with guidance.		
	L4	Cardiology	Complies with guidance.		
	N4	Medicine	Complies with guidance.		
	N5	Haematology	Complies with guidance.		
	P5	Respiratory	Complies with guidance.		
	L5	Gastro	Complies with guidance.		
	Emergency Assessment Unit		Moved to same sex bays (apart from monitored bay).		
	CCU		Operating on same-sex bays.		
Women & Children	PG	Paediatrics	Complies with guidance.		
	LG	Paediatrics	Complies with guidance.		
	L1	Paediatrics	Shared bay for adolescents not compliant with guidance. Ward use side-rooms to separate sexes when possible. Auditing levels of breaches.	CP	
	Mat 1	Maternity	Single sex use.		
	Neo-Natal Unit (L1)		Assume not applicable.		
Rowley	McA	Rehab	Compliant		
	ET	RCRH beds	Closed		

APPENDIX B
DELIVERING SAME-SEX ACCOMMODATION – DRAFT SELF-DECLARATION

Our Approach

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. Sandwell and West Birmingham Hospitals NHS Trust is committed to providing every patient with same-sex accommodation because it helps to safeguard their privacy and dignity when they are often at their most vulnerable.

We are pleased that we have made significant progress towards this aim during 2009/10 and that the vast majority of our patients will only share the room where they sleep with members of the same-sex and same-sex toilets and bathrooms will be close to their sleeping area. Sharing with members of the opposite sex will only occur in exceptional circumstances based on clinical need (for example where patients need specialist equipment such as in our critical care or coronary care units) or when our hospitals are exceptionally busy and it is safer to admit to a shared area than keep patients waiting for a bed.

What does Same-Sex Accommodation Mean?

Same-sex accommodation means:

- the room where your bed is will only have patient of the same-sex as you;
- the toilet and bathroom will be just for your gender and will be close to your bed area.

It is possible that there will be both men and women patients on the ward but they will not share your sleeping area. You may to cross a ward corridor to reach your bathroom but you will not have to walk through the opposite-sex areas.

You may share some communal space such as day rooms or dining rooms and it is very likely that you will see both men and women patients as you move around the hospital (e.g. on your way to x-ray or to the operating theatre).

It is probable that visitors of the opposite gender will come into the room where your bed is and this may include patients visiting each other. It is almost certain that both male and female nurses, doctors and other staff will come into your bed area.

If you need help to use the toilet or take a bath you then you may be taken to a “unisex” bathroom used by both men and women but a member of staff will be with you and other patients will not be in the bathroom at the same time.

The NHS will not turn away patients just because a “right-sex” bed is not available immediately.

What This Means in Our Hospitals

In our Trust this means that:

- Patients admitted to Sandwell Hospital, Rowley Regis Hospital or the wards in the Sheldon Block at City Hospital are admitted to same-sex bays clearly separate from the main ward corridor. Patients have access to separate male and female toilet and washing facilities on each ward.

- A few of the Victorian nightingale wards at City operate on a same-sex basis. The rest provide specialty-based care with separate sleeping areas and separate toilet and washing facilities but shared access to the ward (i.e. the sleeping area at the front of the ward has to be used to access the area at the back of the ward).

- We are committed to ensuring high standards of privacy and dignity for all our patients all of the time. These standards are regularly audited on all of our wards to ensure they are maintained,

There are a small number of specialist areas where we may not always be able to separate men and women including:

- the Critical Care Units at both hospitals;
- the Coronary Care Units at both hospitals;
- Recovery areas in some of our Theatres.

Our Emergency Assessment Unit at Sandwell Hospital and Medical Assessment Unit at City Hospital operate with a series of same-sex bays. Sometimes when we are exceptionally busy it has been necessary to admit patients to mixed-sex bays in these units and we are continuing to work with these units to avoid this in future.

What are our plans for the future?

We are continuing to work to improve standards of privacy and dignity including:

- undertaking a major redevelopment of our Medical Assessment Unit at City Hospital during 2010/11 that will amongst other improvements support the provision of same-sex bays and toilet and washing facilities;

- developing plans to improve our Coronary Care Unit at City Hospital and our theatre recovery areas at Sandwell Hospital. These schemes will be considered for future capital programmes;

- continuing our focus on standards of privacy and dignity on all of our wards through our system to regular ward reviews and audits;

- ensuring that high standards of privacy and dignity are built into the plans for our new acute hospital scheduled for 2015/16 and including 50% single rooms.

How do we measure success?

We measure our success in meeting these standards in a range of ways including:

- patient surveys – both the annual national patient survey and our rolling programme of local surveys;

- monitoring the number of occasions on which we breach these standards – these are reported monthly to our board in public;

- regular reviews of standards of care on all of our wards;

- regular (currently quarterly) reports to the Trust Board on progress with delivering same-sex accommodation.

Who do I contact for more information?

For more information or if you have any comments or concerns please contact:

Richard Kirby
Chief Operating Officer

0121 507 4790
richard.kirby@ swbh.nhs.uk

This declaration was approved by the Trust Board on 26th March 2010. It will be formally reviewed annually.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

REPORT TITLE:	Information Governance Report 2009 – 2010
SPONSORING DIRECTOR:	Richard Kirby, Chief Operating Officer
AUTHOR:	Claire Mazurkiewicz, Information Governance Manager
DATE OF MEETING:	25 March 2010

KEY POINTS:

The report is the final end of year report for the Information Governance Toolkit Assessment.

Information Governance Toolkit is a Connecting for Health self assessment audit tool. It is mandatory for all NHS Trusts to complete this annual self assessment. The IG Toolkit submission is due on the 31st March of each year.

The areas of performance are broad covering key management, processes, people, systems involving information management, quality and controls.

Initiative (Areas):

- Clinical Information Assurance (Health records and clinical record keeping standards)
- Confidentiality and Data Protection Assurance
- Information Governance Management
- Corporate Information Assurance (Records management)
- Information Security Assurance
- Secondary User Assurance (secondary user data, data quality)

The IG Toolkit Scores are based on the RAG principle: Red - Amber – Green performance rating.

Red 0 to 39%
Amber 40 to 69%
Green 70 to 100%

Compliance is achieved for the overall IG Assessment Score through obtaining a **'Green Status'**.

Compliance has been obtained for the **IG Statement of Compliance** by achieving level 2 and above across the core 25 standards.

Wider involvement and compliance within all areas of the organisation will improve the IG Toolkit assessment score and demonstrate a good IG culture within the organisation. This will be considerably facilitated by implementing the recommendation that the CFH IG e-learning training modules are mapped to staff roles and included on the essential mandatory training programme. Awareness should facilitate compliance.

Final highlight the Corporate Information Assurance initiative will require significant commitment from the Trust in order to ensure further improvements in this performance area can be achieved. This will involve considerable financial investment and commitment of resources.

The toolkit has been reviewed and approved by the Governance Board at its meeting on 5 March 2010.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

PURPOSE OF THE REPORT:

◉ **Approval** ○ **Noting** ○ **Discussion**

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to endorse the Information Governance Toolkit assessment proposed.

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

None specifically.

IMPACT ASSESSMENT:

FINANCIAL	☐	
ALE	☐	
CLINICAL	☐	
WORKFORCE	☐	
LEGAL	☑	Failure to meet certain key standards within the IG Toolkit may demonstrate lack of compliance with key legislation leading to damage to Trust reputation, litigation, fine or imprisonment for those responsible.
EQUALITY & DIVERSITY	☐	
COMMUNICATIONS	☐	
PPI	☐	
RISKS		Failure to ensure key requirements are implemented and effectively enforce could lead to the Trust or individuals facing legal action. This is further enforced through the new powers assigned to the Information

		Commissioner the government body who regulates and enforces the Data Protection Act 1998 through amendments to the Criminal Justice Act 2008. To ensure personal data is adequately protected by organisations. Damage to the Trust's reputation could occur if this policy is not enforced.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Information Governance Report 2009 – 2010
Author: Information Governance Manager – Claire Mazurkiewicz
March 2010

Introduction

Information Governance Toolkit is a Connecting for Health self assessment audit tool. It is mandatory for all NHS Trusts to complete this annual self assessment. The IG Toolkit submission is due on the 31st March of each year.

Standards within the toolkit tend to change from year to year. Sometimes these changes are significant which makes it difficult to compare year on year improvement. Other changes are less significant and hence allow the results to be comparable. The continual IG Toolkit development ensures Trusts know where to direct focus to ensure good practice guidelines, new requirements, circulars mandated by the Department of Health are adhered to and implemented within the Trust.

The areas of performance are broad covering key management, processes, people, system's involving information management, quality and controls.

Initiative (Areas):

- Clinical Information Assurance (Health records and clinical record keeping standards)
- Confidentiality and Data Protection Assurance
- Information Governance Management
- Corporate Information Assurance (Records management)
- Information Security Assurance
- Secondary User Assurance (secondary user data, data quality)

The IG Toolkit Scores are based on the RAG principle: Red - Amber – Green performance rating.

Red 0 to 39%
Amber 40 to 69%
Green 70 to 100%

Information Governance 2009 Performance

Please see below a comparison of the IG Toolkit version 7 (2010 submission) against version 6 (2009 submission) performance. Overall the results demonstrate a **-6% decrease** in performance from version 6 to version 7.

Version 6 to version 7 has demonstrated both minor and significant change with the introduction of new standards and the replacement or revision of others. This is documented in a separate IG Toolkit control record.

The tables indicate movement in terms of increase or decrease against key performance areas (initiatives). Comments are included to explain increases and decreases within performance levels.

Furthermore, 'Checklists' have now been introduced into the audit process to assess the core mandatory standards. Using an 'IG Standard Checklist' is more accurate than simply relying on a description of the type of evidence required which is how previous audits have been assessed and was greatly open to misinterpretation. The checklist contains questions to ensure the standard requirement is not misinterpreted and also ensures there is a quality assessment of the implementation of the standard.

Table 1 - A Comparison Of The Overall Result Against Version 6.

	Results (based on requirements version 6)	Comparison Results (based on requirements version 7)	Difference	Comments
Overall Results	85% (GREEN) (62 out of 62 answered)	79% (GREEN) (62 out of 62 answered)	- 6%	The difference is addressed in the comment section containing and overview of initiative performance in Table 2 below.

Table 2 - Initiative Performance Compared Against Version 6

Initiative	Results (based on requirements version 6)	Comparison Results (based on requirements version 7)	Difference	Comment
Clinical Information Assurance	83% (GREEN)	75% (GREEN)	- 8%	Standard 401 has been completely rewritten. Last year the Trust achieved level 3. Level 2 is the current level of achievement. The standard resides around NHS Number compliance for all clinical systems and key patient data flows. Standard 403 Does the Trust have an organisation-wide, multi-professional audit of clinical record keeping standards, including accuracy, for all professional groups in all specialities? When using the checklist to audit it is apparent that this should be graded as level 1 not level 2.
Confidentiality and Data Protection Assurance	80% (GREEN)	76% (GREEN)	- 4%	There is an issue with meeting statutory deadlines for subject access requests for X-Rays and other clinical images. The departments concerned are working through these issues. This issue has arisen due to encryption requirements. New facility SWBH Secure Dropbox should resolve the current delay issues. This standard could also be improved further if there were robust audits assessing 'Respect for privacy and confidentiality' across all patient groups.
Corporate Information Assurance	50% (AMBER)	50% (AMBER)	0%	There are four standards in this initiative however this initiative requires considerable resource to

				improve. It specifically focuses on non- clinical record management, the scope includes both electronic and manual records. Work has started but progress is expected to be slow due to the extent of the size of this type of audit. Electronic solutions are being evaluated but these types of solutions are expensive and will require considerable resourcing to implement. No mandatory standards fall within this initiative so it has a lower priority over the other initiative areas.
Information Governance Management	93% (GREEN)	86% (GREEN)	- 7%	Requires IG training to become part of the essential mandatory training.
Information Security Assurance	85% (GREEN)	71% (GREEN)	- 14%	Certain standards have become more difficult to achieve requiring a wider assessment of information security compliance within the organisation rather than concentrating on key IT Infrastructure maintained by IM&T. An extensive audit has been completed this year to identify all clinical and non-clinical systems and baseline current standards of practice against key Information Governance requirements. The results will be finalised in June 2010. Over 50% of the audit baseline is complete and it is noticeable there are compliance issues across a number of systems. The key IM&T systems are compliant but it is those systems existing outside of IM&T where IG compliance is weak.
Secondary Use	93% (GREEN)	96% (GREEN)	+ 3%	Improved reporting there is a quarterly Data Quality

Assurance				Report that is submitted to the Information Governance Steering Committee and Governance Board. Improvement in Completeness and Validity of data across the three patient groups.

IG Statement of Compliance

The Statement of Compliance is a formal document setting out the obligations on organisations to have the necessary infrastructure and information governance requirements in place before they can gain access to the new National Network (N3 and/or the digital services provided by NHS CFH. The new National Network replaced the NHS net, the private network for the NHS in 2004.
To comply with the Statement of Compliance, Trusts are expected to provide assurance to NHS Connecting for Health that they have robust and effective systems in place for handling information securely and confidentially. This assurance is provided through completion of the Information Governance Toolkit and, in particular, by attaining a minimum of level 2 compliance across 25 key standards.
An independent and internal assessment of the IG SOC standards has demonstrated compliance.

Additional Information

The submission of the results is dependant on completion of the Data Mapping Review which is currently under review and will be completed before the submission deadline of the 31st March 2010.

Auditing Process

The Information Governance Self Assessment has been completed by the Information Governance Manager in collaboration with members of the Information Governance Steering Committee. The attainment figures have been scored by the Information Governance Manager and verified by the Information Governance Steering Committee.

Furthermore independent validation of the IG SOC has been completed by the Sandwell Primary Care Trust's Information Governance Manager. This was a recommendation made by the Strategic Health Authority IG Lead for PCT's to validate their provider's IG returns.

Evidence Collection

Evidence is collated electronically throughout the year in an offline IG Toolkit database developed by the Information Governance Manager. Where evidence can not be held electronically within the database a reference point is inserted against the evidence item indicating where evidence is physically or manually held within the organisation.

Additionally the IG Checklists guidance provide by CfH to assist scoring of standard attainment have been utilised this year to assist validation of attainment within each IG SOC standard. These are available electronically.

Reporting Timeframes

The IGSC quarterly meetings are timed to occur one month before the Quarterly Divisional Governance Reports. This is to ensure that progress and submission to the IG Toolkit is signed off within each reporting quarter. A main recommendation is that The Trust Board should receive IG progress reports to ensure members are effectively briefed on Information Governance and are satisfied with the level of assurance reported across the organisation.

Conclusions

Compliance is achieved for the overall IG Assessment Score through obtaining a **'Green Status'**.

Compliance has been obtained for the **IG Statement of Compliance** by achieving level 2 and above across the core 25 standards.

Wider involvement and compliance within all areas of the organisation will improve the IG Toolkit assessment score and demonstrate a good IG culture within the organisation. This will be considerably facilitated by implementing the recommendation that the CFH IG e-learning training modules are mapped to staff roles and included on the essential mandatory training programme. Awareness should facilitate compliance.

Final highlight the Corporate Information Assurance initiative will require significant commitment from the Trust in order to ensure further improvements in this performance area can be achieved. This will involve considerable financial investment and commitment of resources.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Nursing Update – End of Year 2009/10
SPONSORING DIRECTOR:	Rachel Overfield, Chief Nurse
AUTHOR:	Rachel Overfield, Chief Nurse
DATE OF MEETING:	25 March 2010

SUMMARY OF KEY POINTS:

The attached report is intended to brief the Trust Board on recent reviews, audits and national papers as part of the year-end report.

The report should assure the Trust Board that nursing standards are being robustly monitored and where improvements need to be made that this is happening.

The report details the findings of various audits and reviews and also suggests a new performance and communication framework for the future. This should ensure that frontline staff have the opportunity to engage with the Trust Board and vice versa.

Finally, the Trust Board are asked to consider future information requirements.

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

Approval	Receipt and Noting	Discussion
	X	**X**

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to consider future information requirements.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Deliver the Trust's 'Optimal Wards' programme
Annual priorities	
NHS LA standards	
Core Standards	
Auditors' Local Evaluation	

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

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

PREVIOUS CONSIDERATION:

An update on the outcome of ward reviews was provided to the Governance Board at its meeting on 5 February 2010

Trust Board Report – 25.03.10
Nursing Update
Rachel Overfield, Chief Nurse

1) Introduction

The following report covers progress against nursing action plans for the period August '09 – March '10 and includes:

- Results from the last Quality Audits
- Results from the last set of Ward Reviews
- Results from the December Privacy and Dignity audit
- Progress on High Impact Actions – Nursing
- Communications structures (Ward to Board)
- Changes in the Nursing division
- National news/reports and recommendations
- Workforce developments
- Priorities for the next 6 months

The July '09 nursing report commented on the Healthcare Commission report on failings at Mid Staffordshire Foundation Trust which had just been released at that time. This nursing report has been produced just weeks after the Robert Francis Independent enquiry into care provided by Mid Staffordshire Hospital. The comments made in the nursing report in July are still valid in light of this latest report.

- Trust Boards should see and respond to data which captures patient experience
- Trust Boards should see staffing and capacity as safety issues including recruitment gaps, agency use, benchmarking, training on equipment and suspension of staff
- Trust Boards should ensure that basic standards of care are being delivered

The Robert Francis report makes many other observations about failing and lessons for Trust Boards to learn – this is subject to a separate Trust Board report but relevant to this report in particular are:

- The quality of nursing suggested that staffing levels had been low for a long time and that these had been known about
- Financial recovery took priority over safety, and systems, such as vacancy freezes, contributed to the failings
- Many of the issues were the cause of complaints from both patients and staff and therefore could have been acted on sooner
- Lack of clarity over the role of the Director of Nursing and Director of Operations created confusion
- Action to resolve problems was too slow
- Failure to listen to patients and relatives led to a lack of confidence and trust
- Staff disengaged from management
- There was a weak professional voice at Trust Board level and throughout the organisation
- Attention to the frail elderly and their specific needs was poor

These observations need to be considered alongside this report and future plans around nursing for the Trust.

This report seeks to assure the Trust Board that improvements continue to be made and sustained around nursing quality within the Trust. It also seeks to inform the Board of where problems do exist and what is being done to rectify these.

2) The Nursing Division/Nursing Structures

2.1 The Nursing Division

There is currently a restructuring of the nursing division in progress. This will result in:

- A greater link between quality and patient experience
- An improved relationship and link between clinical workforce needs and the workforce division

Currently there are three Assistant Directors of Nursing who lead for Quality, Patient Experience and Workforce. From 1st April the Quality and Patient Experience roles will be merged. Also, from 1st April the Chief Nurse assumes responsibility for the Workforce division. This will result in improved relationships between operational and service needs and the resources available to deliver.

2.2 Matrons

Within the divisions Matron structures are being realigned with the new Clinical Directorate structures and whilst there will be a net loss of two Matron posts across the Trust it is not envisaged that this will result in any reduction in robust leadership as it relates to bed reduction and consolidation programmes.

A second Matron development programme has been delivered over the past 6 months. One Matron has been working one day a week at Mid Staffs as part of the review team and a further Matron is now seconded to a Deputy Director of Nursing post at another Trust.

2.3 Heads of Nursing

We are currently working towards the creation of Heads of Nursing roles within the divisions who will form the third part of the divisional management triumvarite model that we are trying to reflect at all levels of the organisation.

Heads of Nursing will provide divisional nursing, clinical and professional advice and direction; they will serve to challenge and balance the medical and management agendas; they will co-ordinate the work of the Matrons and Ward Managers and provide a vital link into the clinical divisions from the corporate nursing and workforce divisions.

2.4 Ward Managers

Ward Managers are the single most critical posts in terms of delivering quality nursing care because they lead and directly manage the nursing resource on

a day to day basis and are tasked with setting the standards for their wards and raising concerns where these are not being met.

Over the past six months, following an LiA event, we have been offering a number of development opportunities to ward managers:

- 4 Ward Managers on SHA leadership programmes
- 5 Ward Managers on region-wide Learning to Lead programme
- 24 Ward Managers on an internal programme led by the nursing division and delivering a sense of practical Masterclasses on 'how to……..'.

The Ward Managers meet with the Chief Nurse on a 1:1 basis twice a year for their ward review. However, as the reviews will be moving to the Heads of Nursing, the Chief Nurse is establishing quarterly nursing business meetings for the Ward Managers specifically to have the opportunity to discuss issues with her and other members of the Executive Team and Trust Board.

2.5 Senior Nurse Forum

The Senior Nurse Forum continues to meet on a monthly basis and is the main decision making forum for nursing issues.

2.6 Professional Advisory Committee

A new Professional Advisory Committee is being established to merge the Assistant Directors of Nursing team meeting and the Patient Experience Group. This group will have oversight of and direct the following:

- Patient Surveys/Patient views
- Ward Reviews
- Quality Audits (nursing)
- High Impact Nursing Actions

It will involve the divisions via the Heads of Nursing when established.

(A communication structure is attached as appendix 1)

3) <u>Ward Review Results</u>

3.1 Tool and Methodology

The last set of ward reviews were conducted in October/November 2009. The tool and methodology used was the same as the previous reviews, but also included a patient safety bundle questionnaire around 'responding appropriately to early signs of deterioration' as advised by the NPSA (National Patient Safety Agency).

3.2 Criteria/Standards

Thirty eight adult inpatient wards were reviewed. Maternity, Paediatrics, OPD and ITU areas are currently piloting tools for their areas. Wards are RAG rated on 8 criteria within which there are several standards identified in the brackets below:

Infection Control, Cleanliness and Environment (9)
Basic Care Needs (13)
Use of Resources (7)

Patient Experience and Views (5)
Privacy and Dignity (9)
Vulnerable People (2)
Educational Environment (2)
Patient Safety (8)

- 18 wards had improved compared to previous quarter
- 8 wards had performed less well
- 9 wards remained the same
- 3 wards had not been reviewed before so could not be compared

RAG	Previous Review	This Review
R	13	5
A	165	126
G	132	177

(full details are available to the Trust Board if needed)

3.3 Performance

A number of wards dropped their performance due to mandatory training and PDR data being more accessible and accurate. Most had yet to do equality impact assessments and many wards were still not routinely offering formal clinical supervision to staff.

3.4 Clinical Practice

Positively, most wards had improved around ability to manage vulnerable patients and patients with mental health needs. Patient survey results were generally positive for all areas and there was improved practice around some aspects of meal times. Infection control and cleanliness scores were almost universally 'green'.

3.5 Use of Resources

On the whole bank/agency use was being managed within budget with few exceptions and the learning environment was considered good in the vast majority of wards reviewed. Vacancies are being managed well and in most cases sickness absence is understood and being managed.

3.6 Patient Bundle Questionnaire

The patient bundle questionnaire revealed to most Ward Managers that there were areas that could be improved around managing deterioration. The consolidated report from the questionnaires will go to the next Trust Resuscitation Committee for corporate action.

3.7 Evidence

Evidence supplied to the review process includes:

- Incident data
- Complaints and PALS data
- Patient survey results
- Quality audit results
- MUST/meal time audits
- Sickness absence data
- Bank/agency use data

- Staff survey results
- Infection control data
- Cleanliness/PEAT audits
- Hand Hygiene/Saving Lives data
- DSSA data

3.8 Conclusion from review process

The conclusion from this is that the majority of inpatient wards have either improved or remained the same against core standards. Those where performance has dropped generally this has been because of improved data or failure to do specific assessments.

3.9 'Special Measures' Process

Alongside the ward review process we have now adopted a 'special measures' process. Wards that are showing signs of deterioration in basic standards and/or have trends in incidents or complaints that are giving rise to concern will be put into 'special measures'. These wards will be given targeted support (led by either the Chief Nurse or a Deputy Director of Nursing) with regular review meetings against an agreed action plan. This process is clearly described in a guideline agreed at TMB.

To date one ward has had 'special measures' applied to them (P5). A further three wards are currently being robustly reviewed and condition reports generated which will inform the decision of whether to apply special measures (L3, D11, D17).

4) <u>Quality Audits (Essence of Care)</u>

4.1 Frequency

Quality audits are completed across all inpatient wards (including Paediatrics and Maternity) twice a year to coincide with ward reviews.

4.2 Method

To date this has been purely a notes review, ie, if it is not written down it has not happened.

4.3 Future Quality Audits

In future, quality audits will be augmented with observations of care so that wards will be recognised where care is good, even if records are poor.

4.4 Assessment

Forty two audits were completed in November and included assessment of:

- Ward Environment (observed) *
- Mental Health/self care (documents)
- Pressure ulcers (documents)
- Health Promotion (documents) *
- Manual Handling (documents)
- Pain (documents)
- Falls (documents)
- Communication (documents)
- Continence (documents)

- Personal Hygiene (documents)
- Patient ID (observed) *
- Record keeping (observed)
- Privacy and dignity (observed) *
- Uniform (observed) *
- Nutrition (MUST tool) (document and observed)

* = new this time

4.5 Compliance

Overall, the compliance trend has improved since the May '09 audit:

Criteria	May	November
Mental Health	59%	70%
Pressure Ulcers	62%	71%
Manual Handling	67%	78%
Pain	64%	78%
Falls	67%	79%
Communication	68%	79%
Continence	76%	79%
Personal Hygiene	77%	82%
Oral Hygiene	81%	85%
Record Keeping	87%	89%
Patient ID		85%
Privacy and Dignity		96%
Health Promotion		73%
Uniform	83%	94%
MUST (nutrition)	18%	31%

4.6 Individual Ward Results

Individual ward results are reported to Ward Managers and discussed at ward reviews.

4.7 Who Undertakes the Audits

Audits are undertaken by Matrons/Senior Nurses auditing each others areas.

4.8 Action Plans

Action plans for improvement are agreed with each Ward Manager and a corporate action plan is developed for areas of corporate need.

4.9 Poor Performances

Wards that perform poorly are considered as part of the 'special measures' process (see previous).

5) <u>High Impact Nursing Interventions</u>

5.1 Areas requiring robust attention

A number of areas of practice have been highlighted by the Chief Nursing Officer of England as requiring robust attention because of the potential to create improved efficiency as well as improved care. They are:

- Pressure ulcers reduction
- Falls reduction

- Caesarean Section Rates
- Nutrition and Hydration
- End of Life Care
- Nurse Led Discharge
- Hospital Acquired Catheter Infection

5.2 Who Will Drive and Monitor the Work

The newly formed Professional Advisory Group (previously Patient Experience Group) will drive and monitor work in high impact interventions that are not currently part of other Trust work streams.

The SHA has established focus groups which the Trust is participating in.

5.3 Action Plan

There is a robust action plan for each intervention and data quality is improving around them, although this is an issue for the nursing division in terms of data in-putters/analysts.

5.4 Pressure Ulcer and Falls Reduction

Both pressure ulcer and falls reduction will be part of CQUIN for 2010/2011.

5.5 Falls

A report is attached (appendix 2) to demonstrate to the Trust Board the data available and action being undertaken.

There are a number of reasons why patients fall in hospital:

- Unfamiliar surrounding, grab points and flooring
- Urgency to get to bathrooms, bed etc
- Failure to wait for assistance
- Confusion
- Ill health, injury, stroke
- Dizziness and loss of balance
- Rehabilitation risk

Hospitals should aim to improve reporting of all falls so that high risk areas can be identified and targeted for support. We are still at an early stage of developing this culture.

Trusts should aim to reduce the number of injurious falls and recurrent fallers.

5.6 Injurious Falls

The attached report (appendix 3) shows the number of falls being reported and the severity of them. The number of falls with injury have been relatively few and on investigation, in the main, assessment and falls reduction strategies have been applied.

5.7 Pressure ulcers

Reporting is still in the early stages but February showed an 87% return rate from the wards so the reporting culture is starting to embed.

Nationally, data is difficult to benchmark but we believe we are well within national averages – this will become clearer with the national focus in this area and regional work.

Reports are attached to demonstrate to the Trust Board information that is available (appendix 4).

5.8 Nutrition

There is a Trust Nutrition Steering Group chaired by Dr M Lewis. The Committee has led a number of excellent pieces of work including the introduction of the MUST nutritional assessment tool.

However, audits still demonstrate that meal times are at times not being managed well despite improvements to food choice and the introduction of Ward Service Offices at City. Urgent work for this year is around:

- An absolute commitment to protected meal times from all professional groups
- A priority order to all nursing staff
- Observations of care and feedback
- Greater involvement of carers and volunteers

5.9 End of Life Strategy

There is a Trust End of Life Strategy and action plan which has been agreed with the PCTs. Progress against the plan has been good:

- The Trust employs a nurse led Palliative Care Team, a full time Occupational Therapist and the PCT have now advertised for 1.5 WTE palliative medical posts.
- A supportive care pathway is now in place on 7 wards and a roll out programme is being implemented for other Trust wards.
- 'Breaking bad news' training, advanced communication skills and specific training for HCA's and staff nurses is offered to Trust staff.
- An end of life discharge pathway is being developed with the PCT.
- Anticipatory prescribing is in place in some areas.
- Key issues to be resolved this year are around identifying private space for difficult conversations, continuing to roll out supportive care pathway, training and key clinical practices.

6) <u>Privacy and Dignity</u>

6.1 Privacy and Dignity Campaign

The nursing division launched a privacy and dignity campaign in December 2009 with key expectations. The campaign included training sessions, Roadshows etc.

6.2 Audit

Alongside the campaign a robust audit was undertaken to see how we were doing against our expectations.

6.3 Matrons and Senior Nurses Observations

For four weeks, Matrons and Senior Nurses spent times on allocated inpatient wards observing care in terms of the privacy and dignity expectations.

Simultaneously, senior nursing staff in Imaging observed and recorded how patients arrived in the department from wards – patient journey audits. We also took the opportunity to undertake a fairly limited Visitor Policy audit and a further nutrition audit.

6.4 Findings

We found that generally privacy and dignity expectations were met, ie, patients were kept covered; not mixed with the opposite sex and were taken to the bathroom within a reasonable time of request. Staff attitude was observed as good in practically all cases and Trust promises adhered to.

6.5 Handover/Confidentiality

In some cases handover took too long and some concerns were highlighted around confidentiality especially with the use of the multi-disciplinary boards.

6.6 Pet Names

Use of inappropriate names, eg 'pet', 'love' etc were noted frequently with no evidence that this had been agreed with the patients.

6.7 Gloves

Staff were also noted as using gloves too frequently for delivering care. This creates an unnecessary barrier between the nurse and patient and is only necessary for handling bodily fluids or in infectious patients.

6.8 Private Conversations

Private conversations were difficult to have with patients on the wards and in few cases were curtains drawn or patients taken off the ward to facilitate some privacy.

6.9 Visitor Policy

There is work to do around the compliance with the Visitor Policy. It was noted that visitors sometimes came in before visiting hours unnecessarily; that there were more than two per bed; bed movements occurred during visiting hours and there was ad hoc visitor compliance with hand hygiene.

6.10 Nutrition Audit

The nutrition audit highlighted similar issues to previous audits:

- Good menu choice
- Patients generally sat up and prepared to eat
- No off putting smells
- Fluids available
- Patients were assisted where needed

However:

- Very little respect for mealtime show by other staff
- Nurses doing other activities
- Delays in patients being assisted due to the volume needing help
- Poor record keeping of food and fluid intake
- Bedside clutter

6.11 Transportation of Patients Between Departments
Patients were, in most cases, transported between departments appropriately.

6.12 Action Needing to be Resolved
The Professional Advisory Group will now determine action needed to resolve the issues discovered during this audit.

7) <u>Workforce</u>

7.1 Establishment
The review of medical and gynaecology ward establishments was reported within the last Nursing Board report. Wards were RAG rated.

This showed that the vast majority of wards were felt to be adequately resourced although on several wards, resources were not managed well with high sickness rates and poor rostering practices. Work has been progressing to resolve this and many wards have shown improvement.

7.2 Staffing Concerns
Five red rated wards were noted in the 2009 report. Since then two have been fully resolved and one partially. Discussions continue with the division to find a solution to the remaining wards. In the meantime gaps are being filled with bank staff and so wards remain safe.

A further ward has now been added to the list of red RAG'd wards as over-established posts have been lost with staff turnover. Two other wards are under review and may also be flagged as under-established depending on the outcome of bed configuration changes within the medical division. These wards are high users of bank staff.

An assessment of Trauma and Orthopaedic wards post-reconfiguration has also been undertaken and there are some concerns about the level of staffing on the trauma unit due to an under-assessment of the impact of concentrating all trauma in one place. This is being discussed with the division currently.

7.3 AUHUK acuity tool
The Trust is being encouraged to adopt the AUHUK acuity tool which is now being used quite widely in the NHS and therefore a case will be presented to SIRG within the next two months. This will formalise the assessment of staffing requirements based on the dependency of patient care.

7.4 Other Staffing Measures
To improve the numbers of staff on duty the following have been encouraged:

- Part-time recruitment of HCA's
- Mid shifts
- Robust leave management
- Sickness absence reduction strategies

An 'off duty' audit is currently being undertaken to see what impact this has had.

8) Bank and Agency

A detailed presentation is due for the Finance and Performance Committee.

8.1 Decline in Bank Use

Up to October '09 there had been a steady decline noted in bank use across the in patient wards. However, due to additional capacity being open this has reversed, especially in Medicine, since October. Use compared to 08/09 is however significantly less overall.

8.2 Critical Care

There has been a significant drop in bank use in critical care since a change in bank pay rates was introduced and vacancies filled.

The same strategy is about to be applied to Theatres.

8.3 Vacancies

Vacancies are being recruited to in a relatively timely way and there are no areas struggling to recruit with the exception of experienced Midwives, Critical Care and Theatre staff. This is not likely to change and therefore other roles need to be considered to release specialist staff to do specialist work.

8.4 Ward Managers

It remains difficult to attract high quality Ward Managers – this is a national issue and relates to the lack of pay incentive and unattractiveness of the post. We are currently developing ideas to resolve this.

8.5 Bank Pay Rates

New general bank pay rates have been introduced which has taken the Trust from 26 different rates to just 6. This will enable better control and audit of bank use. It has also aligned rates to other Trust banks.

8.6 E-Rostering

A paper is being prepared for SIRG for an e-rostering system which many Trusts report have decreased their bank use considerably.

9) Role Development

9.1 Assistant Practitioners

A second cohort of Assistant Practitioners has now commenced training and two further groups are planned. These will allow the creation of a Band 4 post at ward level aimed specifically at essential care delivery. By 2011 we should have around 80 in post. This provides improved career opportunities for non-registered staff and school leavers not able to undertake degree level courses.

Similar roles are being considered for Critical Care, Theatres and A&E.

9.2 HCA Competencies

HCA competencies are now fully embedded within a formal framework and within the next 12 months all of our existing HCAs will have an NVQ level 2 in care plus formal competency assessment.

For newly recruited HCAs we are developing an apprenticeship model which will give them a full package of skills prior to becoming a fully fledged HCA.

9.3 Leadership Development

We continue with our commitment to leadership development and are currently piloting talent mapping with the operational managers as a means of developing teams and individual leaders.

9.4 Advanced Practice

We are continuing to develop the advanced practice toolkit within the Trust. This will ensure advanced practitioners are fully competent, internally registered and providing a cost effective service. A skills and qualification audit has just been completed and will indicate our direction for the next 12 months.

9.5 Graduate Profession

As the Trust Board is aware, nursing is destined to move to an all graduate profession by 2013 in terms of new intakes to University courses and for existing staff by 2020.

We have undertaken an audit of registered nurses within the Trust to see how many of our nurses already have degrees. Although incomplete the indication is that it is around 34%. There will therefore be a significant 'catch up' process for existing staff

We are working closely with the SHA and Universities on the implementation of the graduate profession.

9.6 Preceptorship

A system of preceptorship for all newly qualified nurses is now in place and has been well received. This supports a new Staff Nurse development programme also introduced within the last 6 months.

10) <u>Optimal Wards – Happy Staff, Happy Patients</u>

This is the nursing element of Listening Into Action and aims to improve care for patients and working conditions for nurses through improved engagement.

10.1 Number of Optimal Wards

There are twenty-one wards in the programme and a further 8 are due to join in April.

10.2 Improvement in Patient Care and Ward Review

It is believed that much of the improvement seen in patient care and at ward review is due to improved staff engagement. Of the eighteen improved wards at ward review, eleven are in the Optimal Wards programme. Only two wards within the programme have deteriorated with their standards and it is thought this is due to poor leadership which is now being addressed.

10.3 Productive Ward Modules

We have used productive ward modules (LEAN) to support actions identified via staff engagement conversations – especially around improving the environment, handover and meal time.

Measures boards have been developed and will be in place by April for the public to see. These will demonstrate to the public how wards are performing against a range of measures. An internal version will also be put up within staff rooms.

11) Front Line Care – report by the Prime Minister's Commission on the future of Nursing and Midwifery in England 2010

This report was launched in March 2010 and reflects the major issues raised by nurses and midwives nationally and recommends a number of actions for the future of nursing and midwifery.

11.1 The Commission

The Commission was established to advise on how the professions could implement and accelerate the change agenda set out in High Quality Care for All DoH 2008, and was tasked with:

- Identifying competencies, skills and support required by front line nurses and midwives for care delivery in the 21st century. In particular, to note the barriers to the pivotal role of the Ward Manager/Sister/Charge Nurse.

- Identify potential benefits to nurses and midwives leading their own services away from general management and medical hierarchies.

- Engage with professionals, patients and the public to identify challenges and opportunities for nurses and midwives.

11.2 High Level Recommendations

The Commission's 20 high level recommendations are attached as Appendix 5. The Professional Advisory Group will review these recommendations and advise on actions in due course.

12) Future Plans

There is no doubt that our focus needs to continue to be on:

- Basic care delivery – especially nutrition
- Development of leaders especially ward managers

- Effective use of resources ensuring adequate staffing levels everywhere.

To do this we will put in place the structure described in Appendix 1 and ensure robust monitoring and reporting happens at ward, directorate, division and Trust level (Ward to Board).

Our focus for the next six months will be especially around improving nutritional standards and reducing hospital acquired pressure damage and falls. We will also focus on reducing inappropriate glove and pad usage.

Developing Ward Managers as leaders will be our workforce priority this year.

We will continue to use the performance system that is in place and report on results, especially around wards in Special Measures.

Optimal wards will continue to be the overarching product name for what we seek to achieve.

In Conclusion

There are very definitely improvements in nursing care standards to be seen. These are across all areas of the Trust and can be evidenced in a number of ways as reported here.

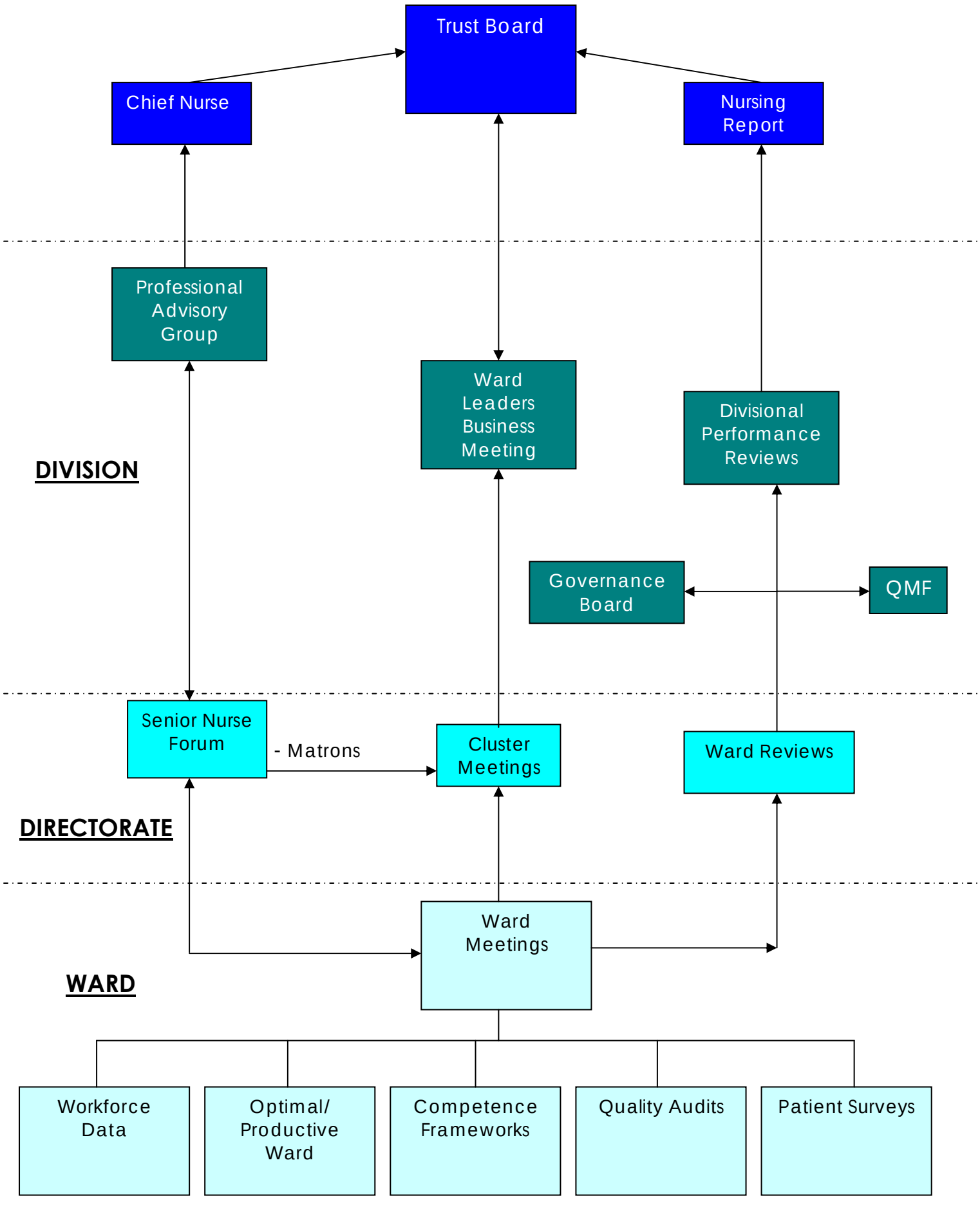
This does not make us complacent and we have also identified areas for more focused attention and effort. This will be detailed in nursing action plans and reported at the Professional Advisory Group and Governance Board in future.

The Trust Board is asked to:

- Note the content of the report.
- Note the proposed performance communication structure and indicate agreement to Trust Board engagement where suggested.
- Indicate what information and frequency of reports is required for the future.

Nursing Performance and Communication Structure

Ward → Board → Ward



Report to :	**Rachel Overfield-Chief Nurse**
Report from :	**Emma Tyson-practice Development Nurse-NSF Older People**
Date :	**24th February 2010**
Title :	**Trust Falls Incidence Q1 and Q2 (April-Sept 2009)**

Background: National Context

A patient falling is the most common patient safety incident reported to the National Patient Safety Agency (NPSA) from inpatient services.
In the period between September 2005 and August 2006 200,000 falls were reported to the NPSA from inpatient services.
There are an estimated 530 patients per year who suffer a hip fracture following a fall in hospital and a further 440 sustain another form of fracture.
26 of the reported falls appear to have directly contributed to the death of the patient with many more contributing indirectly.
In an average acute trust with approx 800 beds there are approximately 24 reported falls each week and over 1260 falls per year.
The associated costs of providing healthcare to these individuals is estimated at £92,000 per year per acute trust. (Slips, trips and falls in hospital-NPSA 2007)

In view of this patient falls have become a key focus especially when dealing with the older adult who make up 16% of the population and occupy approx two thirds of acute hospital beds.
(Philp 2007)
The publication of the High Impact Actions for Nursing and Midwifery by the Chief Nurse specifically highlights demonstrating a year on year reduction in the number of falls sustained by older people in NHS care as an indicator for quality and patient experience.

The National Service Framework for Older People (2001) a programme of action and reform set out by the Government to address problems encountered by older people and deliver consistently high standards of care - Standard 6 - fall

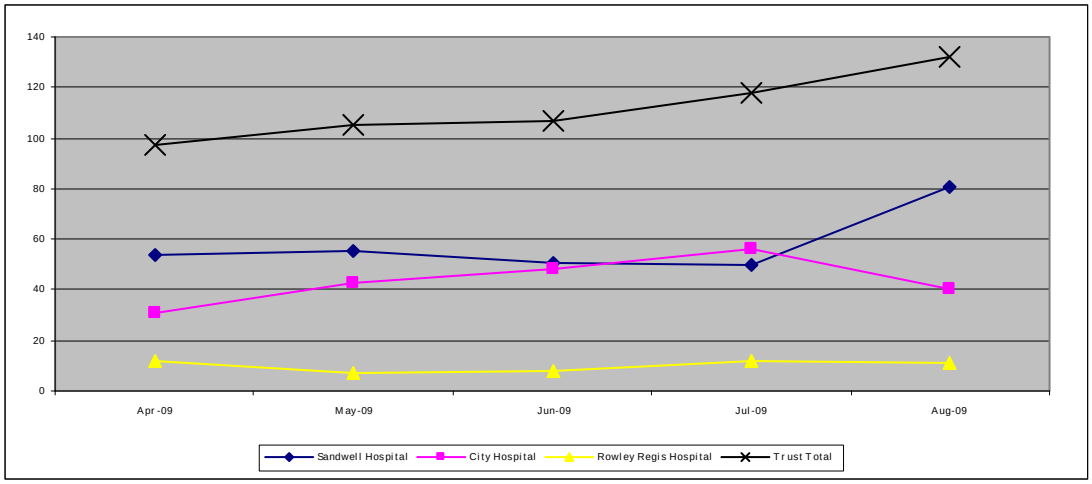
The National Institute for Clinical Excellence Clinical Guideline21 "The assessment and Prevention of falls in older people" (Nov 2004) Guidance issued by the National institute for clinical excellence to the NHS on falls prevention

The National Patient Safety Agency third report into Slips, Trips and fall in hospital (2007)
Report issued from the Patient Safety Observatory to improve the understanding of the scale and impact of falls within the NHS.
These reports have all raised the profile of the importance of effective assessment of risk factors and the implementation of strategies to prevent falls in the inpatient population as well as those in the community.

SWBH

In May 2009 the trust employed a practice development nurse for the NSF Older People to work within the Quality team. As one of the NSF Standards is Falls the responsibility for reporting on the trusts falls rates and education around falls prevention is within that remit.

From April 2009 to Sept 2009 there were **625** falls within the trust reported via the incident reporting process.



Incidence of falls per 1000 bed days April –September 2009

Trust total
The trust reported 625 falls in total

0 RED Fall was reported
17 AMBER Falls were reported
179 YELLOW Falls were reported
429 GREEN Falls were reported

City Site
The City site reported **239** falls in total

0 RED Fall was reported
6 AMBER Falls were reported
55 YELLOW Falls were reported
178 GREEN Falls were reported

Sandwell Site
The Sandwell site reported **328** falls in total

0 RED
10 AMBER
102 YELLOW
216 GREEN

Rowley Regis
The Rowley site reported **58** falls in total

0 RED
1 AMBER
22 YELLOW
35 GREEN

City Site

The City site reported **239** falls in total in the first 6 months of 2009/2010 (appendix 1)

The ward reporting the highest number of falls was **D47** with a total of **33** followed by **D43** with a total of **22**. Both reported high numbers of green non injurious falls and neither reported any amber or red falls.

Emma Tyson
Practice Development Nurse-NSF Older People
August 2009

D43, D47 and **D21** despite being the top 3 reporters all reported comparatively low numbers of yellow falls in relation to their green falls. This may be due to several factors

1) Incident reporting is consistently good on these wards
2) The patient group lends itself to the increased risk of falling-
   D43/47 are both rehabilitation wards encouraging independence
   D21 is a vascular ward caring for amputees and encouraging enablement
3) Risk assessments are completed and falls prevention strategies put in place preventing injurious falls.

Sandwell Site

The Sandwell site reported **328** falls in total in the first 6 months of 2009/10 (appendix 2)

The ward reporting the highest number of falls was **Priory 4** with a total of **66** followed by **Newton 4** with a total of **52**. Both reported high numbers of green non injurious falls however Priory 4 reported 5 amber falls all of which were fractures.

Newton 4, Priory 3, Priory 4 was the top 3 reporters**.** Apart from Priory 3 who reported as many yellow as green falls the other 2 reported at least twice as many green falls as yellow. This may again be due to several factors.

1) Incident reporting is consistently good on theses wards
2) The patient group lends itself to the increased risk of falling-
   Newton 4 is the stroke unit providing rehabilitation for neurological patients
   Priory 3 is the Acute Rehabilitation Assessment Unit encouraging independence
   Priory 4 specialises in care of the elderly and has admitted increased numbers of patients with cognitive disorders and challenging behaviours.
3) Risk assessments are completed and falls prevention strategies put in place preventing Injurious falls.

Rowley Regis site

The Rowley Regis site reported **58** falls in total **(**appendix 3)

0 RED Falls were reported
1 AMBER Falls were reported
22 YELLOW Falls were reported
35 GREEN Falls were reported

The ward reporting the highest number of falls was McCarthy with a total of **40** followed by Eliza Tinsley with a total of **14.** Both reported high numbers of green non injurious falls with McCarthy reporting 1 amber fall.

Again this may be due to several factors;

1) Incident reporting is consistently good on these wards
2) The patient group lends itself to the increased risk of falling-
   McCarthy is slow stream rehabilitation where patients are encouraged to maximise their independence.
   Eliza Tinsley is the PCT exemplar project ward where patients can be admitted directly from home, EAU or A/E with falls.
3) Risk assessments are completed and falls prevention strategies put in place preventing Injurious fall

Training

Ward based falls awareness sessions have been implemented across the three sites since June 2009.The sessions include:
How to recognise those at risk of falls

How to correctly complete the falls risk assessment
What care plans to implement
The correct implementation of the bed rails policy and how to complete the risk assessment tool.
Equipment availability and its correct usage.
Environmental considerations.
The wards have also been provided with a pack containing information for staff.

From June to September **199** staff received falls awareness training either ward based or as part of the Staff Nurse Development programme:

Trained staff	**69**
Health Care Assistants	**36**
Student Nurses	**91**
Others	**3**

To complement the sessions each ward has received a Falls Awareness Pack containing the relevant trust policies, care plans, operating instructions for equipment, equipment availability and general information.
The patient falls prevention policy has been reviewed and now contains an appendix of drugs related to falls to aid staff in their recognition of these.
There is now a specific section on the trust intranet containing contact information, care plans, policies etc for staff to access regarding falls.
As part of the NHSLA process fall awareness is now part of mandatory training and is delivered within Module 2 of manual handling. From June to September 490 staff received this session.

Equipment

The Trust has purchased specific equipment to help in the prevention of falls and this has been used widely across all 3 sites. This consists of:
40 Wander guard bed and chair alarm systems
12 Safe-T mats for use with the Ultra Low beds
5 Enterprise 9000 Huntleigh profiling beds.
16 Ultra Low beds
Training re the use of this equipment is continuing across the Trust and as its benefits becomes more widely known the demand especially for the ultralow beds and Safe-T mats often outstrips the availability. It is hoped that further investment in more Ultra Low beds and Safe-T mats may become a possibility in the near future.

Way Forward

Following reviewing the data it is clear that:

1) Some areas are still under reporting falls incidents.
2) All SWBH staff need to have an awareness of ways of preventing falls and act proactively as well as reactively.
1) All staff need to be aware of the trusts “Patient falls prevention policy” and how it relates to every day practice.
2) Awareness needs to be raised regarding the use and availability of specialist falls prevention equipment.
3) Continued education regarding the use of the trust falls risk assessment tool and the implementation of falls prevention strategies.
4) Continued awareness raising regarding the use of the trusts evidence based care plans
   - Orientation to the environment
   - At risk of falling
   - Has fallen

   to promote effective care delivery.
5) Education on accurate completion of Clinical Incident forms after each patient fall is required to standardise practice.

Summary

All 3 sites reported a low number of falls where patients sustained injuries (reds and ambers) in relation to the non injurious falls.
Sandwell site reported more Amber falls than the other two sites.
No Red fall incident has been recorded within the trust in the first 6 months of 2009/2010
Rowley Regis hospital despite only having 36 beds open in total reported a high number of falls in relation to the other 2 sites.
From the data it is clear that patients admitted to medical wards on any of the 3 sites are much more likely to have a fall than those admitted to the surgical wards. This is probably related to the type of patient admitted and the conditions they are admitted with. The six highest reporting wards are all medical wards (Priory 4 being the highest reporting in the trust)
A/E on both sites reported lower numbers of falls than may have been expected however City A/E reported three times as many as Sandwell.
MAU at City reported three times as many falls than EAU at Sandwell.
Patients can fall in any area with falls being reported in CCU, Critical Care, Maternity and outpatient departments.

Although there has been a rise in the number of falls reported this can be seen as a positive step as historically the trust is an under reporter .In the figures received from the SHA covering the period October 2008-March 2009 which although is labelled patient accidents, is predominantly populated by Falls, SWBH is categorised in the middle 50% portion of reporters in relation to other trusts within the locality. This equated to a reporting rate of 3.9 incidents per 100 admissions compared with the median of 4.7 incidents per 100 admissions when taking all 44 large acute organisations that provide information into account. This is however an improvement on the previous 6 months where the reporting rate was 3.3 incidents per 100 admissions. We are at present waiting the figures for April 2009 to September 2009 and hope to see a further rise.

Falls recorded on the City Site first 6 months **appendix 1**

Ward/Area	RED	AMBER	YELLOW	GREEN	TOTAL
Cardiology				1	1
Critical care				2	2
D12			3	4	7
D16			2	8	10
D18			7	9	16
D24			4	3	7
D26			1	3	4
D28		2	6	5	13
D43			6	16	22
D47			7	26	33
D7				13	13
Eye inpatient				2	2
Out patients BTC			1		1
D11				1	1
D17		1		1	2
D21			5	16	21
D25			1	1	2
D29			3	5	8
D41			4	11	15
D5		1		1	1
Dermatology			2	2	4
Hosp lounge			1		1
MAU			1	3	4
CT scanning			1		1
Endoscopy			1		1
D30			4	12	16
D27		1		4	5
PCCU				1	1
Eye-OPD				2	2
CCU				1	1
BTC-ops				1	1
S1			1	1	2
Mat 2			1		1
Eye-theatres				1	1
Admiss clinic			1		1
Radiology				1	1
D8			1		1
OPD-Paeds				1	1
Physio				1	1
Pt Trans				1	1
OPD-BTC				1	1
Theatres-BTC				1	1

Emma Tyson
Practice Development Nurse-NSF Older People
August 2009

Estates				**1**	**1**
A/E				**6**	**6**
D15		**1**			**1**
Mat 1				**1**	**1**

Falls recorded on Sandwell site first 6 months appendix 2

Ward/Area	RED	AMBER	YELLOW	GREEN	TOTAL
Radiology				**1**	**1**
Lyndon 4			**4**	**15**	**19**
Newton 4			**13**	**39**	**52**
Priory 3		**1**	**24**	**25**	**50**
Priory 5		**1**	**7**	**31**	**39**
Lyndon 5		**2**	**19**	**24**	**45**
Newton 5		**1**	**2**	**12**	**15**
Priory 4		**5**	**21**	**40**	**66**
Newton 3				**1**	**1**
Lyndon 3			**6**	**2**	**8**
Priory 2			**2**	**1**	**3**
Lyndon 2			**1**	**10**	**11**
EAU				**1**	**1**
OPD				**3**	**3**
A/E				**1**	**1**
Imaging				**1**	**1**
Labour suite				**1**	**1**
Newton 2			**2**	**6**	**8**
Pre-ad clinic			**1**		**1**
CCU				**2**	**2**

Falls recorded on Rowley Regis site first 6 months appendix 3

Ward/Area	RED	AMBER	YELLOW	GREEN	TOTAL
McCarthy		**1**	**18**	**21**	**40**
Eliza Tinsley			**4**	**10**	**14**
Day Hosp				**4**	**4**

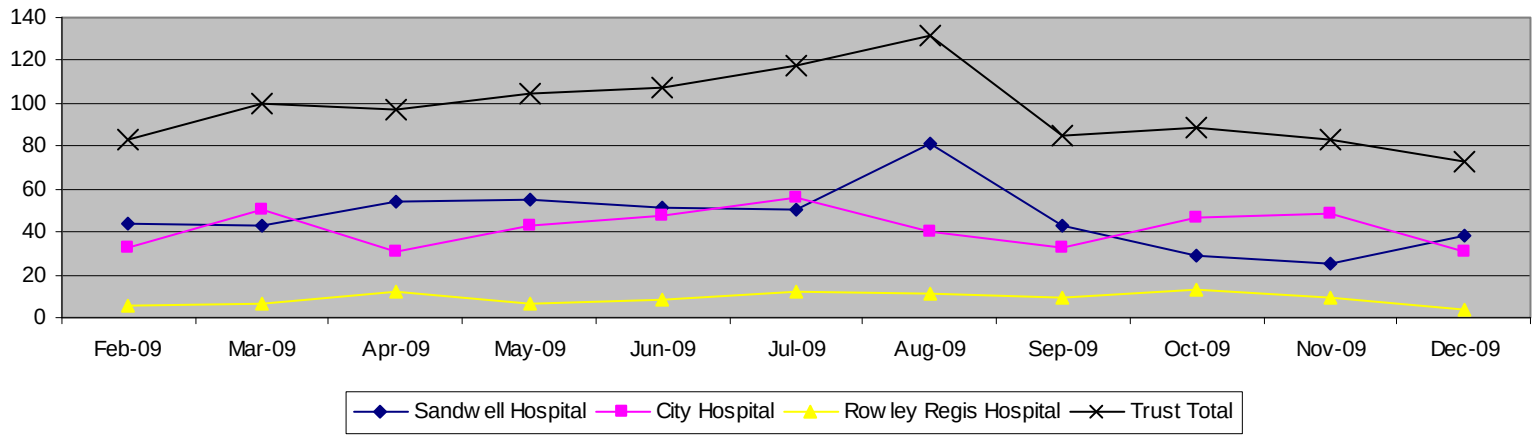
SWBTB (3/10) 062 (d)
Appendix 3

Sandwell and West Hospital Birmingham NHS Trust

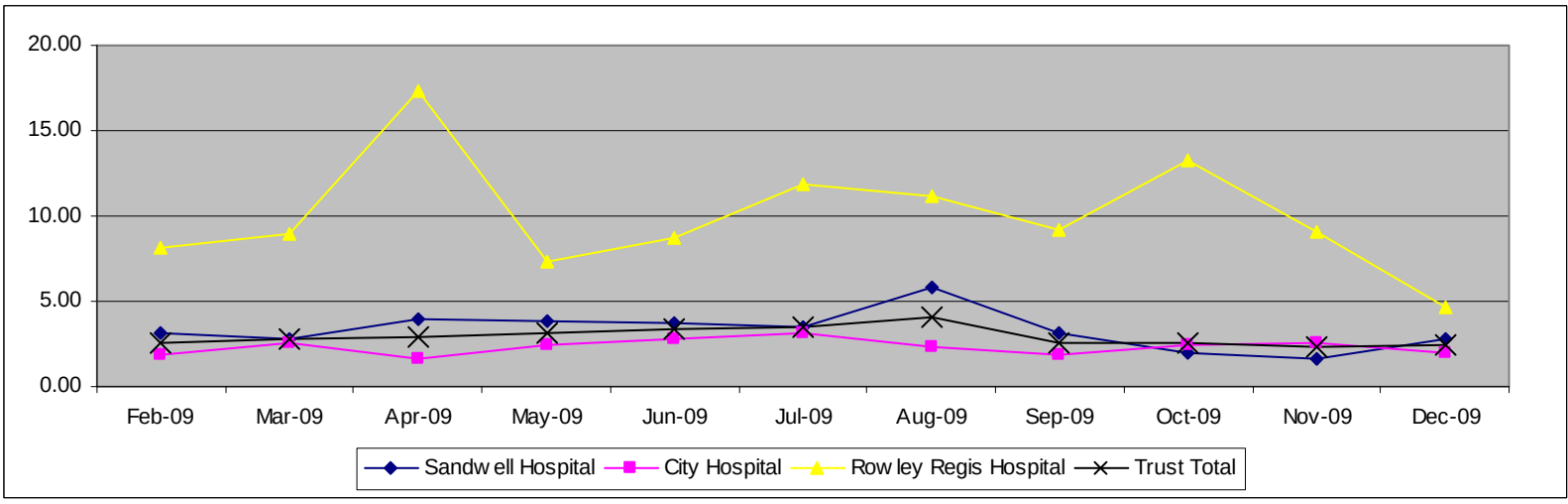
Report to:	**Senior Nurse Forum**
Report from :	**Emma Tyson-Practice development Nurse**
Date:	**March 2010**
Title:	**December 2009 – Falls Reporting**

There were 74 falls reported in the Trust in December compared to 83 in November. There were 47 green, 26 yellow and 1 amber fall recorded. The amber fall resulted in a serious head injury and has been discussed at an amber risk meeting.

Incidence of Falls Trust wide February to December 2009



Incidence of Falls Per thousand bed days February to December 2009



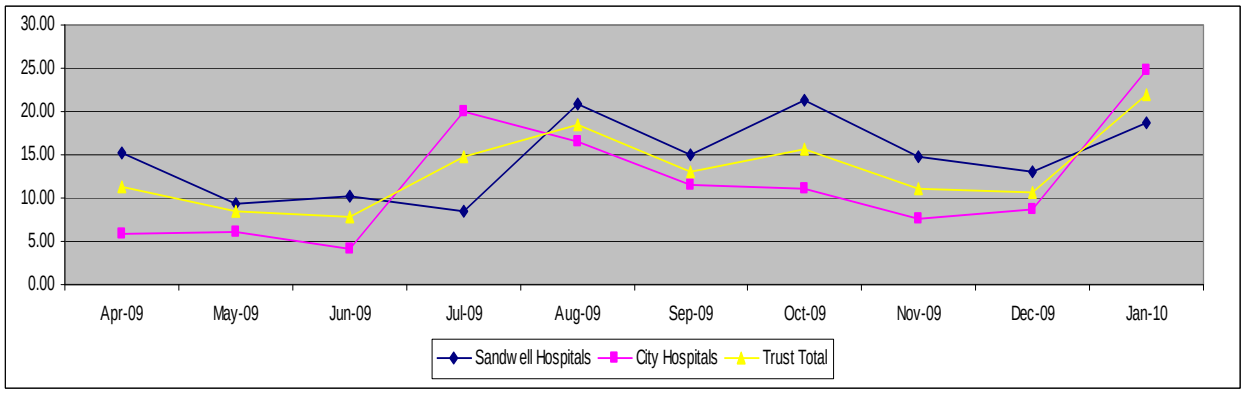
SITE	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC	TOTAL
SGH	3.11	2.88	3.95	3.88	3.73	3.48	5.81	3.15	1.95	1.67	2.85	3.29
CITY	1.82	2.57	1.68	2.42	2.77	3.12	2.30	1.82	2.47	2.52	1.99	2.32
RRH	8.20	8.93	17.29	7.33	8.76	11.81	11.13	9.17	13.27	9.11	4.61	9.90
TOTAL	2.51	2.82	2.96	3.19	3.36	3.54	4.09	3.73	2.55	2.35	2.45	2.94

Sandwell and West Hospital Birmingham NHS Trust

Sandwell and West Birmingham Hospitals
NHS Trust

Report to:	**Senior Nurse Forum**
Report from :	**Lesley McDonagh**
Date:	**March 2010**
Title:	**January 2010 – Pressure Ulcer Incidence Reporting**

Incidents of Pressure Ulcers - HOSPIAL ACQUIRED ONLY per 10,000 bed days



Rate per 10,000 bed days - Hospital acquired only

This month the incidence shown has been changed from 1000 bed day to 10 000 bed days, therefore, the incidence figures have changed since previous reports.

The trust incidence in January 2010 in 10,000 bed days is 21.93
The incidence of hospital acquired pressure ulcers has increased this month; however it is likely to be due to much improved reporting with compliance at an all time high of 87%. The severity of reported pressure ulcers remains consistent that grade 3 and 4 occur less frequently that grades 1 and 2

	2009-2010												
	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	09/10 Total
Sandwell Hospitals	15.32	9.38	10.30	8.46	20.76	15.03	21.40	14.85	13.02	18.72			14.71
City Hospitals	5.94	6.18	4.04	20.04	16.59	11.52	11.01	7.69	8.74	24.68			11.46
Trust Total	**11.26**	**8.56**	**7.83**	**14.70**	**18.51**	**13.09**	**15.73**	**11.01**	**10.73**	**21.93**			**13.24**

Total incidence- Hospital and non- hospital acquired per 10,000 bed days

	2009-2010												
	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	09/10 Total
Sandwell Hospitals	38.29	34.19	31.57	27.33	45.54	33.49	51.61	33.26	36.70	42.47			37.43
City Hospitals	16.75	11.23	29.40	45.09	28.60	28.53	28.84	22.57	26.22	37.03			27.26
Trust Total	**31.03**	**27.81**	**34.15**	**36.90**	**36.40**	**30.74**	**39.19**	**27.52**	**31.09**	**39.54**			**33.34**

The data suggests that half of the total pressure ulcers within the trust have are not hospital acquired.

Chapter 5.2
Recommendations

The report makes 20 high-level recommendations on seven key themes:

- high quality, compassionate care;
- health and wellbeing;
- caring for people with long-term conditions;
- promoting innovation in nursing and midwifery;
- nurses and midwives leading services;
- careers in nursing and midwifery;
- the socioeconomic value of nursing and midwifery.

1 **A pledge to deliver high quality care**
Nurses and midwives must declare their commitment to society and service users in a pledge to give high quality care to all and tackle unacceptable variations in standards. The pledge complements the Nursing and Midwifery Council Code, the NHS Constitution and other professional codes and regulatory standards. Nurses and midwives must use it to guide their practice, adapting it to their work settings, and regulators and employers must ensure that their codes, policies and guidance on nursing and midwifery support it.

2 **Senior nurses' and midwives' responsibility for care**
All directors of nursing, heads of midwifery and other nurses and midwives in senior management roles must uphold the pledge, accept full individual managerial and professional accountability for the quality of nursing and midwifery care, and champion care from the point of care to the board. Directors of nursing must maintain clinical credibility and act with authority to ensure that their organizations enable high quality care. As board members they must be accountable for agreeing the shape and size of the nursing and midwifery workforce.

3 **Corporate responsibility for care**
The boards of NHS trusts and other health employers must accept full accountability for commissioning and delivering high quality care, ensure clear lines of accountability and authority for care throughout their organizations, and appoint a director of nursing to champion care at board level. They must ensure that their cultures and structures recognize and support directors of nursing and senior nurses and midwives to execute their responsibilities fully in relation to quality and safety.

4 **Strengthening the role of the ward sister**
Immediate steps must be taken to strengthen the linchpin role of the ward sister, charge nurse and equivalent team leaders in midwifery and community settings. These clinical lead roles must have clearly defined authority and lines of accountability and be appropriately graded. They must drive quality and safety, and provide active and visible clinical leadership and reassurance for service users and staff in all care settings. Organizational hierarchies must be designed to ensure there are no more than two levels between these roles and the director of nursing. Heads of midwifery should report to the board directly or via the director of nursing.

5 **Evaluating nursing and midwifery**
Gaps in the evidence base for the evaluation of nursing and midwifery must be clearly identified to determine what further research is needed, and further steps taken to commission, fund, disseminate and utilize research on their social, economic and clinical effectiveness.

6 **Protecting the title 'nurse'**
The Nursing and Midwifery Council must take urgent steps to ensure public protection and safety, and to allay current confusion about roles, titles and responsibilities, by protecting the title 'nurse' and limiting its use solely to nurses registered by the Council.

7 **Regulating nursing and midwifery support workers**
Some form of regulation of non-registered nursing and midwifery staff, including health care assistants and assistant practitioners, must be introduced to protect the public and ensure high quality care. The government and stakeholders must urgently scope and review the options, and recommend what type and level of regulation are needed.

8 **Regulating advanced nursing and midwifery practice**
The Nursing and Midwifery Council must regulate advanced nursing practice, ensuring that advanced practitioners are recorded as such on the register and have the required competencies. Stakeholders must also consider how to reduce and standardize the proliferation of roles and job titles in nursing. The Midwifery 2020 programme should consider whether midwives working in specialist and consultant roles need advanced level regulation.

9 **Building capacity for nursing and midwifery innovation**
Fellows should be appointed to promote nursing and midwifery innovation in service design and delivery, as champions of change and leaders of transformational teams that raise standards and embed innovation and excellence through peer review and support. Development of the entrepreneurial skills that nurses and midwives need to lead and respond to changing demands and innovative models of care must be included in pre- and post-registration education and training.

10 Nursing people with long-term conditions
The redesign and transformation of health and social care services must recognize nurses' leading role in caring for people with long-term conditions. Care pathways must be commissioned for service users that maximize the nursing contribution. Nurses must be enabled to make direct referrals to other professionals and agencies, and all barriers that prevent them from utilizing their full range of capacities and competencies must be removed.

11 Nurses' and midwives' contribution to health and wellbeing
Nurses and midwives must recognize their important role in improving health and wellbeing and reducing inequalities, and engage actively in the design, monitoring and delivery of services to achieve this. Commissioners of services must create incentives to encourage nurses and midwives to turn every interaction with service users into a health improvement opportunity.

12 A named midwife for every woman
The contribution of midwifery to delivering health and wellbeing and reducing health inequalities must be enhanced by organizing services so that every woman has a named midwife responsible for ensuring coordination of her care and providing support and guidance.

13 Staff health and wellbeing
Nurses and midwives must acknowledge that they are seen as role models for healthy living, and take personal responsibility for their own health. The recommendations of the NHS Health and Wellbeing Review (Boorman report) must be implemented in full, so that employers value and support staff health and wellbeing and thereby enable them to support service users.

14 Flexible roles and career structures
Commissioners and providers of education must ensure that nurses are competent to work across the full range of health and social care settings. Flexible career structures must be developed to enable them to move across settings within existing roles and when they change jobs.

15 Measuring progress and outcomes
The development of a framework of explicit, nationally agreed indicators for nursing must be accelerated, with the full engagement of front-line nurses. Further work must be done in midwifery to identify better indicators of outcomes, including service user satisfaction.

16 Educating to care
To ensure high quality, compassionate care, the move to degree-level registration for all newly qualified nurses from 2013 must be implemented in full. All currently registered nurses and midwives must be fully supported if they wish to obtain a relevant degree. A relevant degree must become a requirement for all nurses in leadership and specialist practice roles by 2020. The Midwifery 2020 programme should consider whether a relevant degree should become a requirement for all midwives in leadership and specialist practice roles. There must also be effective revalidation, and greater investment in continuing professional development.

17 Marketing nursing and midwifery
Strong national campaigns must be launched to tell new stories of nursing and midwifery that inform the public, inspire the current and returning workforce, and highlight career opportunities. They must position the professions as popular choices for school-leavers, and boost the recruitment of high calibre male and female candidates of all ages and backgrounds.

18 Fast-track leadership development
Regional schemes must be established to develop potential nursing and midwifery leaders, building on existing national work and learning from similar successful schemes in other sectors. They will identify talent, offer training and mentorship, and ensure that successful candidates who reflect the diversity of the workforce are fast-tracked to roles with significant impact on care delivery.

19 Integrating practice, education and research
An urgent review must be conducted on how to strengthen the integration of nursing and midwifery practice, education and research; develop and sustain the educational workforce; facilitate sustainable clinical academic career pathways between the NHS, other health providers and universities; and further develop nurses' and midwives' research skills.

20 Making best use of technology
A high-level group must be established to determine how to build nursing and midwifery capacity to understand and influence the development and use of new technologies. It must consider how pre- and post-registration education and development programmes could best deliver technological understanding and skills for information, communications and practice.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Care Quality Commission report of integrated inspection of safeguarding and looked after children's services in Sandwell.
SPONSORING DIRECTOR:	Rachel Overfield, Chief Nurse
AUTHOR:	Rachel Overfield, Chief Nurse
DATE OF MEETING:	25 March 2010

SUMMARY OF KEY POINTS:

The attached letter from the CQC to the PCT Chief Executive sets out in detail the feedback of the findings from the CQC component of the recent joint Ofsted and CQC inspection in Sandwell Metropolitan Council. The Ofsted report was reported to last months Trust Board. The letter gives more detail regarding the health component of the inspection.

A joint action plan has been agreed with the PCT and submitted to the CQC and Ofsted.

The main issue for the Trust relates to a flagging system within A&E to check whether children have, or have had, child protection plans. IT services are considering options to resolve this and in the interim the policies and procedures that are in place to ensure children at risk are not missed will be reinforced.

A full safeguarding report is due to the Trust Board next month.

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 letter from the CQC.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Improve the quality of care provided to vulnerable adults and children – to include Safeguarding Childrens' Standards
Annual priorities	
NHS LA standards	2.3.3 – Safeguarding adults
Core Standards	C2 - Health care organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations.
Auditors' Local Evaluation	Improve the quality of care provided to vulnerable adults and children – to include Safeguarding Childrens' Standards

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

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

PREVIOUS CONSIDERATION:

The Board considers safeguarding on a periodic basis as part of its annual cycle of business.

CQC
Finsbury Tower
103-105 Bunhill Row
London
EC1Y 8TG
020 7448 9037
childrens-services-inspection@cqc.org.uk

10 February 2010

Mr Robert Bacon
Chief Executive
Sandwell Primary Care Trust
Kingston House
438 High Street
West Bromwich
B70 9LD

Dear Mr Bacon

Outcome of integrated inspection of safeguarding and looked after children's services in Sandwell

I am writing about the recent joint inspection by Ofsted and the Care Quality Commission in Sandwell Metropolitan Council to provide you with more detailed feedback on the findings from the CQC's component of the inspection. Thank you for your contribution to the inspection and for accommodating the requests for interviews and focus groups with your staff and those of partner agencies at relatively short notice.

As you will be aware, the team led by Ofsted colleagues provided feedback to your local Director of Children's Services at the end of fieldwork and the report to the authority is now published.

This letter sets out more detail of the underlying evidence which relates to your organisation and the provider units from which you commission services. It incorporates the findings from the overall inspection report, but provides greater detail about what we found, in order that your organisation can consider and act upon the specific issues raised.

The Inspection Process

The inspection was conducted between 30 November and 11 December 2009 and was conducted under the **framework for inspection** of safeguarding and looked after children's services published by Ofsted.

Ofsted's inspection principle takes account of the extent service providers have sought and acted on the views of children, young people, family and carers when reviewing and improving services and outcomes generally. Inspectors will also consider the views of those users and stakeholders they speak to during on-site evidence gathering. Details of the organisations involved are listed at the end of this letter.

The findings contribute to Ofsted's annual reviews of the performance of each local authority's children's services and its annual performance rating for each authority. The specific findings about health services' performance may also be used by the Care Quality Commission as a part of the assessment of NHS provision, registered health providers and PCT performance in delivering commissioning outcomes.

CQC's Involvement

As part of the overall inspection, CQC examined the effectiveness of the Commissioning PCT's delivery of outcomes for children and young people. We looked at the PCT and its health providers as follows:

- the role of the board: how boards assure themselves in relation to safeguarding and the health of looked-after children
- whether staff have the right skills and experience to recognise concerns, share information and escalate problems where necessary

The points discussed during meetings with the PCT commissioning board members were further explored with staff and, where possible local children across the Primary Care Trust, its providers, GPs, and community health teams.

Joint Area Summary

The integrated inspection focused upon health and social care services in relation to implementing child safeguarding procedures and delivering appropriate outcomes for 'looked after' children. It looked at outcomes for children and young people and practices to improve children's life experience. The joint inspection report **framework for inspection** was published within 20 days of completion of the inspection.

From the aggregated findings from the inspection, it was concluded that the overall effectiveness of the safeguarding services in Sandwell Metropolitan Council was **inadequate** and capacity for improvement was **inadequate**.

Overall effectiveness of services for looked after children and young people in Sandwell Metropolitan Council was judged to be **adequate**. The council and its partners were also judged to have **adequate** capacity for improvement.

Inspection Findings for Health Partners

The following sections provide details of CQC's findings which contributed to the overall inspection report. These are separated into two sections: safeguarding and looked after children. Where possible, evidence is attributed to a specific organisation.

CQC used a range of documentary evidence in advance of and during this inspection, and interviewed individuals and focus groups of selected staff and, where possible, children and young people, their parents and carers in order to provide a robust basis for the findings and recommendations.

Key findings – Safeguarding and health

Extract from Inspection report of safeguarding and Looked After Children Services – Ofsted January 2010

The Sandwell Local Safeguarding Children Board is not fully functional and safeguarding priorities across the partnership are not clearly defined.

Midwifery and health visiting services are managing growing workloads and staffing pressures exist with a current health visitor vacancy rate of 10%. There has been improved training in the health sector in relation to safeguarding and an improvement in the number of staff undertaking training at all levels related to their role. All Family Practitioners have received the safeguarding manual and have a named safeguarding lead.

The use of CAF is not yet fully embedded across the borough, although there are examples of positive use within some schools and by some health professionals.

Safeguarding is suitably embedded in school improvement partnership processes and all children and young people admitted to hospital because of self harm are assessed for need and risk

The lack of an effective flagging system in Accident and Emergency (A&E) services and in the General Practitioner walk-in centre has reduced the ability of staff to check whether children have, or have had, child protection plans. Good arrangements are in place to ensure that children admitted to A&E or hospitals are not discharged without a full medical assessment and that community services are suitably informed. Maternity services work closely with mental health and drugs and alcohol services to ensure that mothers are supported well during pregnancy. Mothers and babies receive

two visits before being transferred to a health visitor and this arrangement is adequate.

Health services contribute well to the provision of information and support to enable children to feel safe.

CAMHS have an input into youth offending and drugs and alcohol services, but there are gaps in services and the average waiting time is 16 weeks which is slightly below the national minimum target of 18 weeks. Some lower level services, such as counselling, social and emotional aspects of learning and educational psychologist support, are available during the waiting time for specialist services but access to specialist services for some vulnerable young people is not sufficiently timely or fully responsive to their immediate needs.

Supervision in social care and health services is available to staff but there is limited evidence that this is regular and helping to support improvements in the quality of practice.

Leadership

Sandwell PCT is a member of a number of local strategic partnerships. There is appropriate health representation at the Local Safeguarding Children's Board (LSCB); these reviews are disseminated to the named nurse and lead safeguarding nurses, including their various sub-groups. Safeguarding strategies, policies and procedures are in place and are understood by all staff. These effectively support practice within vulnerable groups.

The thresholds for safeguarding are less well defined between health and social care, resulting in some referrals being rejected.

The designated nurse and doctor for safeguarding are actively involved in serious case reviews, child death reviews and table top reviews. The outcomes of these reviews are disseminated to the lead safeguarding nurses and any changes in practice are implemented and monitored.

It is evident that the Local Authority, PCT and other partners are engaged and continue to work toward improving the safeguarding and health of children and young people. They recognise that some changes have only recently been implemented and further work is needed to ensure that all partners are providing services in accordance with their contracts.

PCT commissioning have commenced a more robust system to monitor partner functions in line with their contracts, which has resulted in discussions to change some

elements of provision - for example, the referral system to Child and Adolescent Mental Health Services (CAMHS) and the thresholds for assessment and treatment.

The designated doctor and designated nurse are established in their posts within the PCT commissioner. Within the PCT team, a doctor, 1.4 wte named nurses and 3 lead nurses support the implementation of safeguarding arrangements. This team has enabled the development of support and training for staff, improvement in practice in response to outcomes from serious case reviews and child death reviews.

Community Health staff have received safeguarding training and domestic violence training, and have not received training in areas such as diversity, forced marriages, female mutilation, transient families and asylum seekers; and the specific issues related to these areas which may or do relate to safeguarding and the protection of children.

Health visitors, midwifes and other key health community workers regularly use translation services by face to face and telephone to engage with parents and children.

Emergency Care (Sandwell Hospital)

There is an Emergency and Accident Unit (EAU) at Sandwell Hospital that contains a dedicated children's room. There is also an area specifically for children in the resuscitation area. Qualified children's nurses work in these areas, however, funding has only accounted for the day shifts and these areas are closed at night. This has been addressed by the unit manager, through the allocation of a children's nurse to work the night shift and an area in the general EAU has been allocated for the use of children and young people. This is adequate and although the service has made moves to improve the experience and safety of children and young people in the EAU, further work should be considered to ensure that the children's area is fully utilised.

The EAU unit has been fitted with a new computer system; this system no longer enables staff to have access to information that informs them if children or young people are the subject of safeguarding or at risk plans. This is addressed through policies and procedures on what to do if there is concern about a child who may be abused and domestic violence, however this system may result in children at risk being missed and insufficient action being taken.

There is a paediatric discharge nurse for all children admitted to EAU or the wards; all children are seen by a doctor before discharge and the nurse makes contact with health and social care colleagues where other professionals are required after discharge.

There is a new General Practitioner 'Walk-in-Centre', near to the Sandwell Hospital EAU. This has good systems in place for safeguarding and all staff have completed safeguarding training to at least Level 2. They follow established procedures where they inform the individual's general practitioner of all visits made by their registered

patients. The Walk-In-Centre does not, however, have access to information of children at risk or subject to safeguarding; this does not assure that all children are safe.

Partnership working

There is positive partnership working in a number of areas of health that ensure the safety of children and young people. This was particularly evident in maternity services, mental health and well being services, and the development of a service where health, social care and the police are actively involved together to ensure the safety of children and young people in relation to domestic violence.

The partnership working between health and social care is less defined and the understanding of thresholds for reporting safeguarding is inconsistent. Staff stated that not all referrals are accepted and when they are, the actions taken and outcomes are not always fed back.

Recent PCT Death Table Top Review reports showed that of the six deaths reviewed, the GP and health visitors' records were inadequate. In July 2008, it was actioned that GPs need to ensure that their records are recorded on the computerised system and where paper records are necessary that these are signed and scanned. This is an ongoing action through 2009-10. New records have been implemented for health visitors; Old records are labelled and these are used alongside the new record keeping system. Audits have been undertaken by the Team leaders and Health and Well Being coordinators to ensure that they meet the requirements.

The CAMHS service does not meet the needs of all young people effectively. There is a waiting list that averages 16 weeks or more and during this period there are other types of provision to assess and assist young people with mental health issues, such as counselling, and Emotional Aspects of Learning Educational Psychology Services. CAMHS have an input into various children's services such as the Youth Offending Team and Decca [Drug and alcohol service].

All young people who self harm are admitted to the hospital and seen within 36 hours by a designated nurse from CAMHS, to ensure that they are safe before discharge or referral to a suitable service.

There is a 10% vacancy in health visitors, which has meant that areas of moderate and high risk tasks are addressed, but health promotion and work with families is reduced or non-existent. Action has been taken to minimise this impact; some staff have agreed to work additional hours, and 5 staff are being trained for this role.

Maternity support workers based at the children's centre work in conjunction with the Health Visitor with families of new born babies until they are 6 months old. This practice occurs across the PCT and has been found to be a good service and staff are able to gain the confidence of people from ethnic backgrounds, transient families and

asylum seekers, who may not always feel at ease contacting statutory agencies and the children's centre.

The children's centre also offers a wider service to support children and families; they offer a well-being practitioner for mental health support and counselling to parents. The person employed is a psychologist and has links with CAMHS and can make direct referrals if needed.

This children's centre also has links with a domestic violence centre for women in the area; they offer places for pre-school children and are informed of any new births in this client group.

Parents reported that there have been some issues with the eligibility to services such as adaptations and continence services for children with a disability, as previously services were only available on referral from a social worker. This is inadequate and commissioning should ensure equitable access to services for parents of disabled children. Staff said that there were issues about how information about services is disseminated to parents, as information about what is available is not always reaching those who need it. Parents are now involved in looking at the information and how it can be improved and there is an aiming high website.

Training and supervision

The PCT provider arm and the acute service, provided by Sandwell and West Birmingham NHS Trust (SWBH), declared a part year non compliance in 2008 -2009 because they could not demonstrate the number of staff who had received training. The PCT provider arm has now declared they are compliant. SWBH were compliant by March 31 2009. The mental health trust (Sandwell Mental Health Foundation Trust) and the PCT commissioning arm declared that they were fully compliant for the year 2008-2009.

The appointment of a safeguarding trainer has further improved the organisation of training and support to staff and the PCT board is anticipating that this will be a permanent post from April 2010.

All general practitioners have received the Safeguarding Manual and 51 out of 63 GP practices attended the 'PCT Protected Day' training event in September 2008 on safeguarding. The PCT safeguarding trainer has now visited 50% of GP practices and all staff within these have received level 2 safeguarding training..

All employed staff in the PCT acute services and mental health have received level 1 safeguarding training and have received a leaflet with their payslips. Staff who work frequently with children have received level 2 training. Level 3 training has been completed for staff who have regular contact with children..

Training has also been undertaken by staff in areas where their main role is working with adults to raise their awareness of safeguarding and responsibility to child safety.

Records of PCT training records are maintained by the PCT Learning and Development department and are now held electronically, this is a new system and previous training may not be included in the database.

Training has also been made available to voluntary bodies who work with children and it was confirmed at a children's centre that volunteers were trained to level 1. Dentists working in the PCT provider salaried dental services have all received level 2 safeguarding training and 15% of general dental practices in Sandwell have also been trained. However, 34 general dental practices have not undertaken safeguarding training and but do have LSCB policies and procedures in place to ensure that they and their staff are conversant with local and national guidelines.

Supervision is available to staff through the named nurses, lead nurse for child death and the safeguarding lead nurses. Staff spoken with confirmed that this is a good service and they feel supported. The number of referrals and discussions with the safeguarding lead nurses indicates that staff in all areas are now recognising safeguarding issues more easily.

Contracts and performance management

There are clear contracts in place for partners, which state their responsibility for the service provided and requirements to ensure that children are safeguarded.

Health partners (acute, mental health and community providers) report their progress on core standards to their governance committees and Boards. The position against core standards is shared with the PCT via the Clinical Quality Review meetings which are held monthly with all three main providers - SWBH, SMHFT and Sandwell Community Healthcare Services (PCT Provider arm)

General Practitioners are monitored via clinical governance visits and self-assessment against core standards, action plans are agreed where required. Community pharmacists have been monitored since 2004 using self-assessment and visits against agreed regulatory framework.

Reports on independent contractors' performance are presented to the PCT Clincal Governance Committee on a regular basis.

The "safer sleeping initiative" developed by the lead nurse for Child Death Reviews in partnership with Public Health and Children Centres', was initiated in response to information obtained from death table top reviews. A number of child deaths involved co-sleeping; this initiative has been rolled out to all areas where parents and small children attend. Assessment of its success is ongoing and a report will be issued later in 2010.

Assessment, referral and case planning systems

Common Assessment Framework [CAF] training has only just been provided to midwives and is not used consistently by this group. In some cases professional multi-disciplinary meetings are called rather than using CAF.

In other areas CAF was used appropriately, where school nurses and health visitors have been actively involved.

Key findings – Looked after children and health

Extract from Inspection report of Safeguarding and Looked after Children Services – Ofsted January 2010

Outcomes for looked after children are adequate overall with some good examples of effective health and education support, including the proactive role of the looked after children nurse, the impact of health improvement programmes and the provision of targeted education support through virtual school arrangements.

There is good commitment to meeting the holistic needs of children and young people at practice level with good examples of collaboration by health, education, social care and third sector representatives. Nevertheless, some aspects of service remain stretched and increasing demands and pressures are having an impact on the quality of assessments and planning.

Elected members and senior managers are ambitious for the service and committed to improvement and there are good examples of effective partnership working in practice. These include education, health and youth offending services.

Services to promote good health amongst children in care are adequate. Performance on targeted health support has significantly improved over the last year. Health support is now received by 88% of children and young people. Improvements in access to behavioural and support services has been slower and is currently only 55%. Looked after children are appropriately 'fast tracked' where a specific need is identified. Access to CAMHS through educational psychologists in Sandwell schools is good but is significantly reduced for children and young people placed out of the borough. Some care leavers indicated that the provision of mental health services at the transition stage from children to adult services is less effective, with delays in service provision and problems in contacting appropriate support professionals at times of need. The designated nurse for looked after children provides a responsive service for children and young people placed out of borough.

Care leavers report good satisfaction with the health support they receive, including optical and dental care. The co-location of drugs and sexual health workers within the

leaving care service is seen by young people and their carers as a positive development and providing good access to key health services. Looked after young people who are pregnant or caring for their child receive good support through the family nurse partnership until their babies are over 2 years old.

The virtual teenage pregnancy team works in a cohesive and enthusiastic manner and is good. It has taken effective steps to ensure it has a good profile amongst the teenage population. Communication is good amongst staff members and they have identified and taken opportunities to engage young people through school and specialist nurses and maintained a presence at various outreach and consultation activities such as residential trips and specific looked after children events.

Overall Being Healthy grade – Adequate

Partnership working

There was evidence that the partnership between health provision and social care is adequate. Parents reported varied experiences in being able to access assistance and equipment for their children. Commissioners confirmed that some parents were unable to access respite care if they were not registered with a social worker. It was stated that they were increasing the number of places available to parents and were assessing the best way to ensure they are aware of the services available.

There is a designated doctor, lead nurse and community nurse for Looked after Children [LAC] who have made significant improvements in the service. For example, all looked after children placed out of borough are seen by the LAC team for their initial health assessments and further assessments are carried out in the locality they live. If this is not possible, the LAC nurse will go to the placement to conduct the holistic health assessment. This has resulted in an increased proportion of assessments being completed. The health assessment also includes social and psychological well being. There is a clear action plan developed with the child and this is followed up by the school nurse where needed.

However, access to CAMHS for looked after children placed outside the borough is inadequate Services in the area the child is placed with are reluctant to take on the referral and often the travelling distances are not conducive for access to the Sandwell service. This means that some children requiring CAMHS services may have to wait longer and their needs may not be met.

The youth drug team work closely with CAMHS to ensure that children and young people who are users receive a good service and all their needs can be met.

Contracts and Performance Management

There are a number of service commissioning specifications in place that demonstrate effective contracting and performance management arrangements, which take full account of safeguarding children who are looked after. There is good access to dental checks with rates in line with the national average. Immunisation rates are 65%, which is below the national average. Commissioning have recently changed the process of referral of LAC to CAMHS; this means that all children and young people will now be seen initially by a community psychiatric nurse and then referred onto appropriate services and treatment. The social worker teams and other professionals are still not fully aware of this change and therefore some children and young people would not be referred in this way.

Access to substance misuse services is good. The numbers who receive treatment is 78.9% against a national average of 61.7%. All those offered intervention accepted this; there were no refusals.

Commissioners recognise the need to involve children in the development of services so that their views can be considered during the commissioning process. They have recently involved a group of young people in discussions about services available. This is in its early stages and the commissioners recognise that more work in this area is needed.

Contracts monitoring has improved and new contracts require partners to demonstrate that they involve children and young people in the development and improvements of their services.

Assessment, referral and case planning systems

There has been a marked improvement in the access for initial health assessment; 88% of children are now assessed annually. This is an improvement from 44% in previous years.

Dental and ophthalmic assessments and referrals are good and all children are seen on a regular basis and appropriate treatment given in a timely manner. Looked after children told us that they had a good experience of health care. Looked after young people felt that some areas of health care infringed on their right to privacy where visits to their general practitioner were recorded by the social worker.

Involving Users

Looked after children felt that they were involved in their health care and that the health workers were ‘good’ and ‘understanding’. There is little evidence to show that looked after children are surveyed and their views are used to develop services.

Areas of Strength

There are a number of areas of strength:

1. There has been significant improvement in safeguarding training; all GP surgeries have a safeguarding lead and GPs are actively involved in all areas of safeguarding.
2. There has been a significant improvement in the management of health assessments for looked after children and this ensures that their health needs are met.
3. There is good understanding and attendance at Table Top Reviews of child deaths. The sharing of lessons learnt is now more effective and has enabled improvements.

Recommendations for Improvement from joint report - health

- *Take action to ensure children who have, or have had, child protection plans are suitably identified if admitted to Accident and Emergency (A&E) departments, General Practitioner walk-in centres or local hospitals*.

- *Evaluate the current impact of CAF and the consistency of joint working in preventing the need to accommodate children and young people or to invoke child protection processes when not appropriate according to the needs of the child and family.*

- *Undertake a comprehensive needs assessment of the area to develop priorities for joint support and intervention by agency partners for all groups of children and young people.*

- *Implement a joint information-sharing protocol between agencies.*

- *Improve access to support services for children and young people with lower levels of mental health and emotional need.*

Additional recommendations for improvement

- Further improvements should be made to the EAU to ensure that the needs of children and young people are met at all times and that the Children's area is fully utilised.

- Further work should be undertaken to ensure that the complement of qualified health visitors enable health promotions and support for families to continue effectively.

- Training needs assessment should be undertaken to determine the needs of staff in areas such as equality, diversity and culture of the local communities.

- Safeguarding training should be expanded to ensure that all professionals are up to date such as community dentists.

Conclusion

Your CQC Regional Director is copied into this letter and will arrange follow up on any actions detailed. We have also copied in the Strategic Health Authority and CQC's Head of National Inspection and Assessment, who has overall responsibility for this inspection programme. We also recommend that you share specific findings in this letter with your provider units. In respect of the recommendations, please complete an action plan detailing how they will be addressed and submit this to our regional director and your SHA Chief Executive within 20 working days of receipt of the final copy of this letter.

Yours sincerely

Charlotte Trimm
Project Manager – Children's Services Inspections
National Inspection and Assessment

Cc

Mr Ian R Cumming - Chief Executive - West Midlands SHA
Dr Andrea Gordon - CQC Regional Director West Midlands
Mr Nigel Ellis - CQC Head of National Inspections and Assessment
Mr Chris Batty - HMI Ofsted Managing Inspections
Mr Martin Ayres - HMI Ofsted Lead Inspector
Ms Suzette Farrelly – CQC Inspector
Ms Cecilia McKillop – CQC Inspector

Other organisations involved in this review

Sandwell and West Birmingham Hospitals NHS Trust
Sandwell Mental Health NHS and Social Care Trust
Sandwell Community Healthcare Services

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Integrated incidents, complaints and claims report Q3 2009/10
SPONSORING DIRECTOR:	Kam Dhami, Director of Governance
AUTHOR:	Ruth Gibson, Head of Risk Management Debbie Dunn, Head of Complaints and Litigation Dalvinder Masaun, Head of Health and Safety
DATE OF MEETING:	25 March 2010

SUMMARY OF KEY POINTS:

This report sets out details of incident, complaint and claims trends up to Q3 2009/10.

Summary of Quarter 3 Incident Data

- There were 1964 reported incidents (2187 in Q3 2008/9).
- Reported clinical incidents rose from 1458 in Q2 2008/9 to 1563 in Q3 2009/10.
- Reported health & safety incidents rose from 369 in Q2 2008/9 to 401 in Q3 2009/10.
- There were 52 incident forms received relating to red incidents (2.6% of the total), compared with 35 in Q3 2008/9.

Summary of Quarter 3 Complaints Data

- The Trust received 215 formal complaints, compared with 204 in the same quarter in 2008/09.
- The deadlines for 25% (53) of complaints were re-negotiated. In total there were 70 date changes.
- 1% of complaints were graded as red.

Summary of Quarter 3 Claims Data

- 27 clinical claims and 12 personal injury new claims were received during Q3.
- The Trust has 259 open clinical claims and 91 open personal injury claims.

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 contents of the report.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	High quality of care
Annual priorities	
NHS LA standards	Standard 5 'Learning from Experience'
Core Standards	SfBH Core Standard C1a
Auditors' Local Evaluation	

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

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

PREVIOUS CONSIDERATION:

Governance Board on 5 March 2010 and Governance and Risk Management Committee on 18 March 2010

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

Integrated Risk, Complaints and Claims Report: Quarter 3 2009/10

1. Overview

This report highlights key risk activity including:

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

2. Introduction

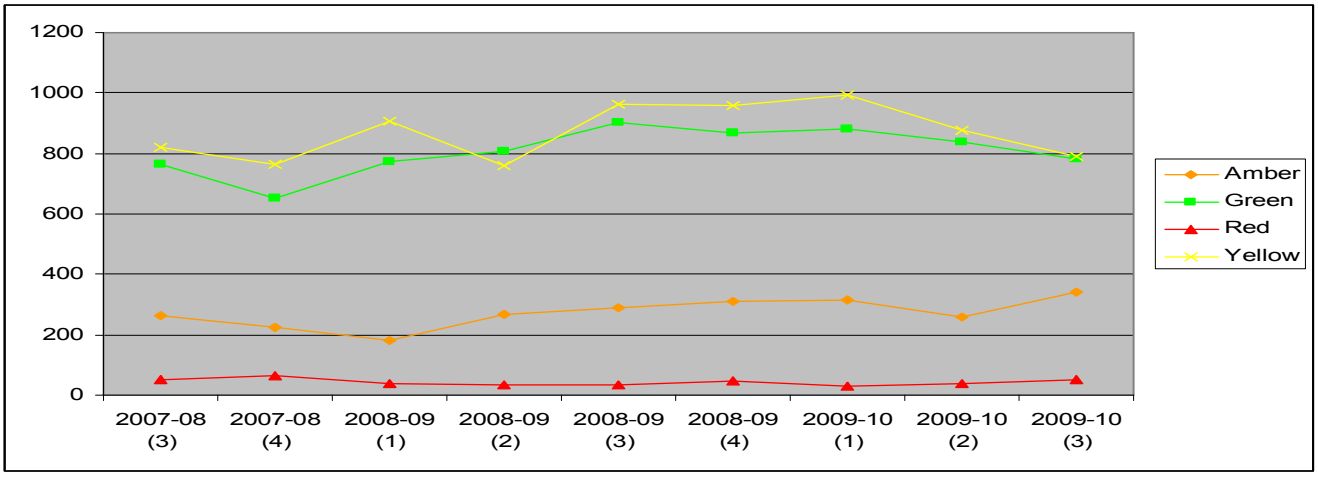
This report combines previous quarterly reports on incident/risk and complaints to implement the Policy for the Investigation, Analysis and Learning of Lessons from Adverse Events and meet NHS Litigation Authority assessment requirements. Where possible, comparisons across these areas of activity will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

3. Key Issues

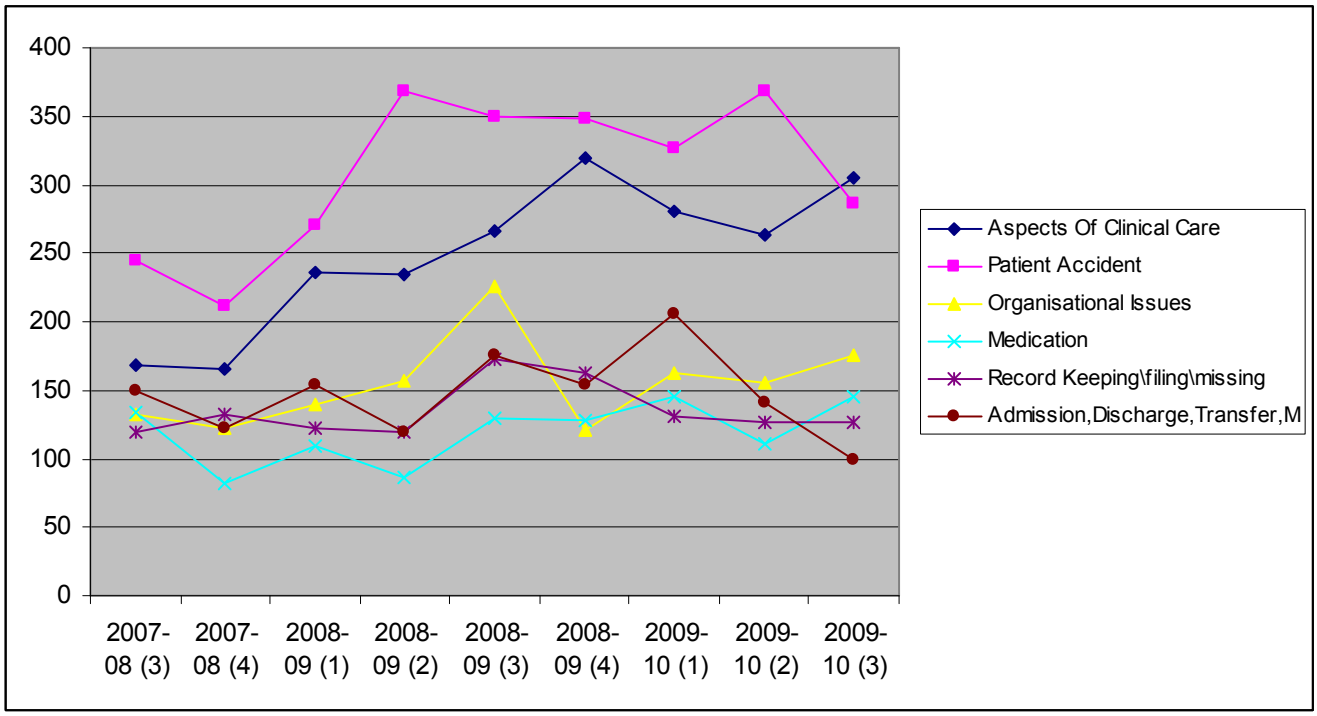
3.1 Review of Quarter 3 Incident Data

- There were 1964 reported incidents (2187 in Q3 2008/9).
- Reported clinical incidents rose from 1458 in Q2 2008/9 to 1563 in Q3 2009/10.
- Reported health & safety incidents rose from 369 in Q2 2008/9 to 401 in Q3 2009/10.
- There were 52 incident forms received relating to red incidents (2.6% of the total), compared with 35 in Q3 2008/9.

Graph 1 - Incident Trends by risk score 1/10/07 – 31/12/09

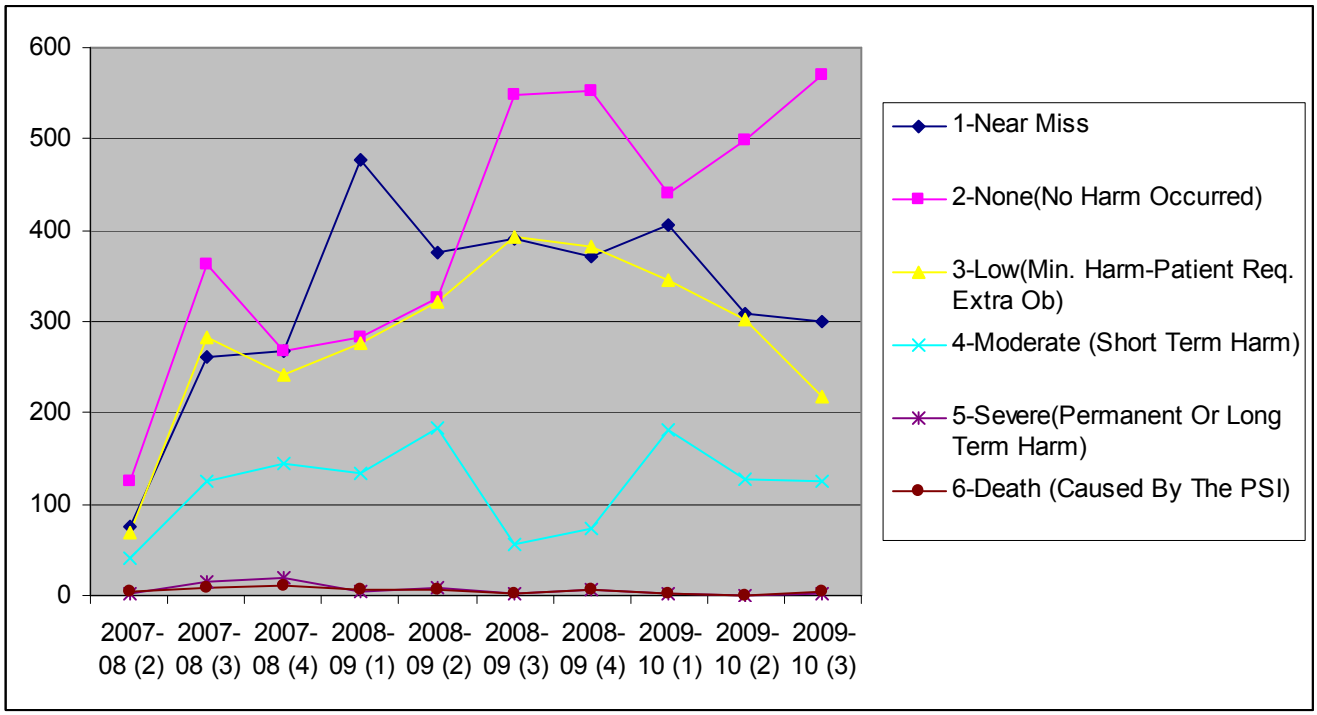


Graph 2 – Top 6 reported incidents by quarter (1/10/07 – 31/12/09)



The top 6 most frequently reported categories are the same as Q2 2008/9. There have been falls in reported patient accidents and admission/discharge/transfer incidents on Q2 2009/10, otherwise all other categories have shown an increase in reported incidents.

Graph 3 Patient Safety incidents by actual impact by quarter (1/10/07 – 31/12/09)



Graph 3 looks at reported actual harm suffered by the patient and allows benchmarking against the six monthly feedback reports provided by the National Patient Safety Agency

(NPSA) from its National Reporting and Learning System (NRLS). Benchmarking of percentages of actual harm for incidents reported for Q3 2009/10 show closer alignment with peers. This demonstrates that work to improve the accuracy of recording of the true impact of incidents has been effective. The next NPSA report is expected in March 2010.

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

3.2 Complaints

During the reporting period the complaints team dealt with 246 complaint contacts, an increase of 24 (+10.8%) over the same quarter for the previous year. The types of contact were as follows:

Formal Complaints	215	Formal complaints with negotiated timescales
Can't Accept	1	Concerns not addressed (due to time elapsed since incident etc)
General Query/Feedback	5	Not dealt with formally (concerns/query addressed via letter)
GP/intra NHS Concerns	5	Concerns raised by GPs or other NHS organisations/staff members
Dealt with informally	3	Not dealt with formally (concerns/query addressed via phone or meeting)
Under Review	0	Pathway not finalised (e.g. reviewing records to establish whether a complaint can still be reviewed given time elapsed)
Withdrawn	17	Complaints are typically withdrawn if a relative has made the complaint, but patient consent cannot be obtained. Occasionally complaints are withdrawn as the complainant changes their mind about taking their concerns forward.

The Trust dealt with 215 formal complaints, compared with 204 in the same quarter in 2008/09 – an increase of approximately 5%. Overall formal complaint volumes (excluding withdrawn) in the first three quarters of the financial year have risen by 10.8% (662 Q1-Q3 2009/10 compared to 597 for 2008/9).

Overall complaint contacts (all types as above) have risen by 16% (772 for Q1-Q3 during 2009/10 compared to 665 for the same period in 2008/9).

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

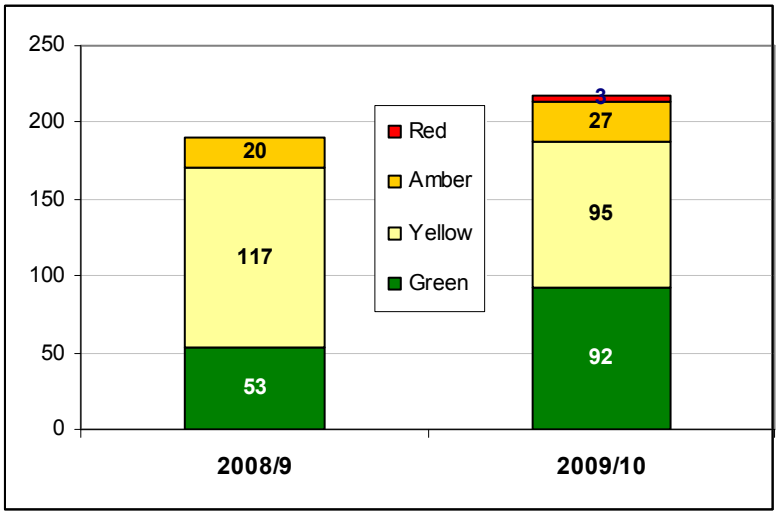
The deadlines for 25% (53) of complaints were re-negotiated. Some of these timescales had to be extended more than once. In total there were 70 date changes for the following reasons.

Agreed Date Change	18.5%
Clarification/Information Required	12.8%
Consultant Comments (Lead Division)	12.8%
Consultant Comments (Other)	10.0%
Draft Requiring Amendment	0.0%
Medical Records Delayed/Missing	5.7%
Nursing Comments (Lead Division)	11.4%

Nursing Comments (Other)	1.4%
Other Comments (Lead Division)	1.4%
Other Comments (Other)	8.5%
Other Reason	17.0%

Delays in some cases continue to be exacerbated by continued pressures within the complaints team. This has arisen due to the significant additional workload generated by each case with the new NHS procedure as well as overall increased complaint volumes. The department is planning to recruit additional staff to ensure the Trust's complaint handling capacity matches the responsibilities commensurate with the new NHS-wide procedure.

The complaints were graded as follows:-



To date, 5 (2%) of the complaints has been re-opened as the complainant raised queries or concerns with the original response. This is presently significantly below the same quarter last year (Q3 2008/9 was 10% based on current reports). Given the depth of the new-style investigation reports, it is expected that less complainants will be dissatisfied following the initial response, although it remains too early to draw robust conclusions at this stage

The main areas of concern in formal complaints were:-

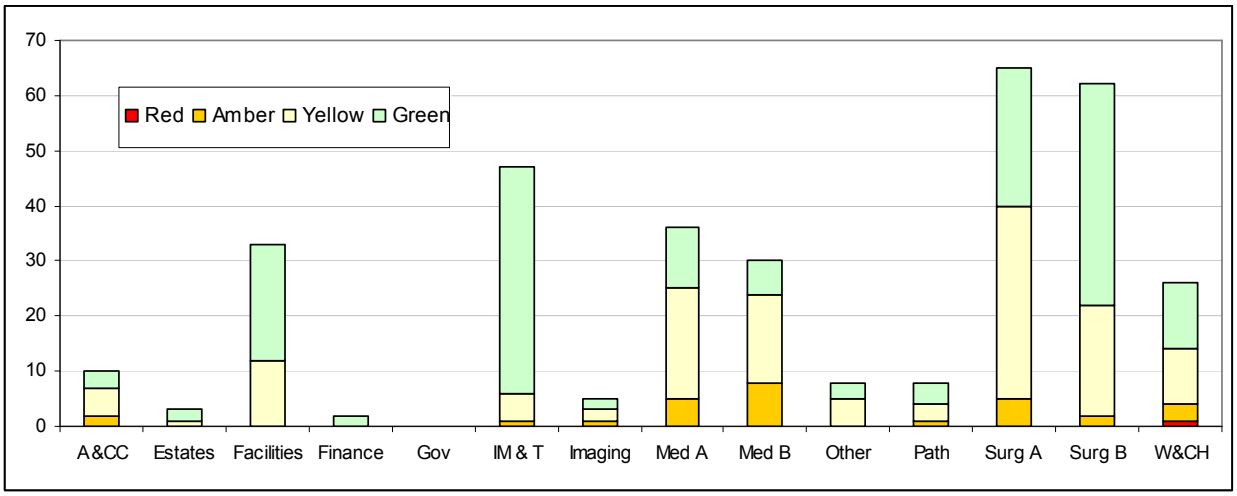
Category	**Q3 2008/9**	**Q3 2009/10**
Clinical treatment	47%	46%
Delays/cancellations	19%	25%
Staff attitude	8%	9%
Communication	6%	6%
Personal Records	4%	(0.5%)
Discharges/Transfers	3%	3%

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

Action Plan Completion

All divisions are required to submit a copy of a completed action plan to the Complaints Department following the finalising of the Trust's investigation and response to the complainant. From the 15th February 2010 monthly reports are being issued to relevant divisional managers containing details of any action plans yet to be submitted.

The graph below is a breakdown by division of action plans currently outstanding for complaints responded to up until the 31st December 2009.



3.3 Claims

The claims received are as follows:

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

The allegations for the claims received in Q3 fall into the following categories:

Category	Clinical Claims	Personal Injury Claims
Burns/scalds/reactions	1	1
Delay In Treatment	4	0
Dissatisfied With Treatment	6	0
Failure Or Delay In Diagnosis	8	0
Failure To Recognise Complications	1	0
Fall/slip	2	5
Lacerations/sores	1	0

Lifting/moving/handling	0	1
Needlestick Injury	0	3
Operation Carried Out Negligently	1	0
Treatment Carried Out Negligently	3	0
Violence & Aggression	0	2
Total	27	12

At present the Trust has 259 Clinical claims and 91 personal injury claims at various stages of the legal process.

Status Type	Clinical	Personal Injury
Disclosure Of Records	170	1
File In Abeyance	1	0
Interim Payment	1	0
Letter Of Claim	36	61
Letter Of Response	7	1
Liability Admitted	4	11
Liability Being Assessed	5	3
Liability Denied	3	5
Negotiate Settlement	6	0
Part 36 Offer	2	0
Proceedings Issued/served	5	1
Settlement Made	19	8
Total	259	91

The ongoing claims fall into the following directorates:

Directorate	Clinical	Personal Injury
Anaesthetic/Critical Care	6	3
Emergency Care (Old Division)	3	1
Estates	0	19
IM&T	0	3
Imaging	1	2
Facilities/N&T	0	22
Medicine And EC (A)	30	11
Medicine And EC (B)	40	9

Pathology	1	1
Surgery (A)	69	11
Surgery (B)	18	2
Women & Child Health	90	7
Workforce	0	1
Total	259	91

The ongoing claims fall into the following categories:

Category	Clinical	Personal Injury
Burns/scalds/reactions	3	5
Defective Equipment	1	3
Delay In Treatment	18	0
Dissatisfied With Treatment	60	0
Drug Error	2	0
Failure Or Delay In Diagnosis	77	0
Failure To Ob Informed Consent	1	0
Failure To Obtain Consent	2	0
Failure To Recognise Complications	20	0
Failure To Warn Of Risk	2	1
Fall/slip	5	36
Head Injury	0	2
Infection - MRSA	1	0
Infection - Other	2	0
Lacerations/sores	3	0
Lack Of Care	2	1
Late Diagnosis And Treatment	4	0
Lifting/moving/handling	2	8
Moving/Falling Objects	0	8
Needlestick	1	18
Operation Carried Out Negligently	33	0
Other	1	1
Stress	0	1
Toxic Fumes	0	1
Treatment Carried Out Negligently	19	0
Total	259	91

3.3 Aggregated analysis

There was a slight fall in number of incidents and a slight increase in the number of complaints reported in Q3 compared with Q3 2008-9, with an increase in numbers of new claims received (however, claims are often received some months/years after the initial event). A proactive safety culture has reducing numbers of complaints/claims and increasing incidents and so this trend will be monitored.

Aspects of care delivered to patients remains a strong feature across all three areas.

2.6% of incidents reported were graded as red, with 1% of complaints graded as red.

Details of key lessons learned are included at Appendix 1.

4. Recommendations

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

Appendix 1

Lessons Learned Q3 2009/10

1. Incidents

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

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

Examples of some of the red incidents and some key actions taken/lessons learned are set out below. Following a request at the Sandwell PCT Quality Review Meeting future reports will also try to build in when actions have been completed and assurance around implementation:

Incident type	**Lessons Learned/ Improvements/Actions taken**
Failure to review DNAR order and failure to check the resuscitation equipment	**Root cause** – DNAR process not followed and equipment not checked regularly **Action taken / lessons learned:** Handover sheet for junior doctors to be amended to include DNAR review dates Emergency equipment checklist introduced and used daily – **action complete**
Failure to restart Warfarin for patient with known AF	**Root cause** – Failure to complete VTE risk assessment on admission **Action taken/lessons learned :** Ongoing audit of VTE Risk Assessment completion. Results to be fed back to medical staff at Grand Round (21/1/10) and at Thrombosis training sessions in order to raise awareness. Trust Induction covers Warfarinisation and all Guidelines are available on the Intranet. Thrombosis currently investigating use of existing computer systems to flag up any patients who are discharged on Warfarin to ensure follow up of all patients
Delay in management of Head Injury in intoxicated patient	**Root cause** – recurrent failures in following head injury pathway in intoxicated patient **Action taken/lessons learned:** Full review of all action plans relating to such patients to be carried out incorporating the Corporate action plan which was developed following the Coroner's Rule 43 ruling – **action complete** Development of Protocol with clear criteria to support decision making with regard to admission of intoxicated head injury patients – **action complete** Department Policy to be re-issued to all staff and signed as read and understood – **action complete** Include Departmental Policy as part of local induction as a priority early on in the programme of induction – **action complete**
Missed Cancer	**Root cause** – Failure by Imaging to flag up abnormal CXR to Consultant and not copied to GP direct from Imaging **Action taken/lessons learned:** System now to allow alerts to be sent to MDT Co-Ordinator for any abnormal results. (from October 09) The CDA system will be further extended to ensure that the reports are flagged as seen when it has been reviewed by a clinican to provide audit trail. System to be developed within imaging to copy abnormal results to GP as

	well as MDT Co-Ordinator and Consultant The system will be further extended to ensure that the reports are flagged as seen when it has been reviewed by a clinician. New system to be audited to highlight any delays in reviewing Imaging investigation
Needlestick from device used by self administering Patient	**Root cause** – Lack of control of sharps used by the public on self – e.g. insulin injections. **Action taken/lessons learned:** New patient information leaflet drafted by Pharmacy for departments to issue to in-patients who self- administer medication. Leaflet provides guidance on safe storage and disposal of sharps.

Lessons Learned Q3 2009/10 (cont)

2a. Complaints

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

- Discussions between EAU and Surgery to streamline the process for surgical emergency patients
- The importance of documenting advice given to maternity patients over the telephone stressed at a departmental meeting
- Doctor to attend training to improve communication skills
- Nurses reminded to complete all documentation and assessments as part of discharge planning
- Consultant to review the surgery and the patient's concerns with the Registrar who undertook the repair operation

2b. Claims

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

- Recommended improvements to record-keeping (for a case where the standard of record-keeping had made an allegation of clinical negligence extremely difficult to defend).

- Identifying the need for the Trust to review procedures for referring patients between departments

- A recommendation that procedures relating to patients failing to attend hospital are tightened, so that the patient and GP are fully aware if the patient has been discharged from the clinic.

A key problem in ensuring robust learning from claims has traditionally been the time lag between the recommendations and the occurrence of the incident. For example, the referral highlighted above was made in 2003; the issue relating to the patient failing to attend was in 2005. In some cases (an example is the use of gestational age-specific jaundice charts recommended by an independent expert) the time-lag was such that the Trust had already fully implemented the system prior to the recommendation. In another case, the report noted that it had been difficult to make any recommendations in view of the amount of time passed since the incident.

The above problem is difficult to eliminate entirely given the relatively wide timescale allowed for the submission of claims. The Trust may not become aware of an issue until two to three years after the event. However, to ensure more robust learning, the remit of the department's Senior Clinical Advisor (SCA) has been extended from complaints to also incorporate clinical claims. The role of the SCA will be to help identify any learning from litigation cases at an early stage.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

REPORT TITLE:	Assurance Framework 2009/10: Quarter 4
SPONSORING DIRECTOR:	Kam Dhami, Director of Governance
AUTHOR:	Simon Grainger-Payne, Trust Secretary
DATE OF MEETING:	25 March 2010

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	1.1 (b), 1.3 (b), 2.3, 2.6, 2.7, 2.8, 5.1, 6.2, 6.3	RED	2.8, 6.3
AMBER	1.1 (a), 1.3 (a), 1.5, 2.1, 2.2, 2.4, 2.5, 2.9, 2.10, 3.1, 3.2, 3.3, 4.2, 4.3, 4.4, 5.2, 5.3, 6.1, 6.4	AMBER	1.1 (b), 1.3 (b), 1.5, 2.1, 2.4, 2.5, 2.9, 3.2, 4.2, 4.3, 5.1, 6.1, 6.2
YELLOW	1.2, 1.4 (a), 1.4 (b), 4.1, 6.5, 6.6, 6.7	YELLOW	1.1 (a), 1.2, 1.4 (a), 2.3, 2.6, 2.7, 3.3, 4.1, 4.4, 5.2, 5.3, 6.5, 6.6, 6.7
GREEN	None	GREEN	1.3 (a), 1.4 (b), 2.2, 2.10, 3.1, 6.4

Following proposed mitigating treatment, risks around the delivery of objectives 1.1 (b) (ensure achievement of national access targets), 2.8 (achievement of NHS LA standards) and 6.3 (delivery of Mandatory Training) remain as red.

The final position against delivery of the corporate objectives is to be reviewed at the Trust Board in April.

PURPOSE OF THE REPORT:

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

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.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

Relevant to all corporate objectives

IMPACT ASSESSMENT:

FINANCIAL	☑	
ALE	☑	
CLINICAL	☑	
WORKFORCE	☑	
LEGAL	☑	
EQUALITY & DIVERSITY	☑	
COMMUNICATIONS	☑	
PPI	☐	
RISKS		The update identified the principal risks to the achievement of the Trust's corporate objectives

Sandwell and West Birmingham Hospitals NHS
NHS Trust

ASSURANCE FRAMEWORK 2009-10 – QUARTER 4

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.

March 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
DW	Director of Workforce
MD	Medical Director

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

ASSURANCE FRAMEWORK 2009/10

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						
What could or is preventing this objective from being achieved?	*Pre-mitigation* 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*	*Post-mitigation* Probability	Severity	Risk score
1. Accessible and Responsive care														
1.1 Ensure continued achievement of national access targets (A&E, cancer, inpatient, outpatient and diagnostics and GUM)														
• Trust not able to adapt care pathways to respond to impact of new cancer targets for 2009.	3	3	9	Patient-level system for tracking performance against targets supported by new IT system. Weekly review of performance by the Cancer team. Monthly review by TMB and Finance Committee	Performance on cancer targets reported monthly to TMB, F&PC and Trust Board.	No gaps in control.	Performance to date is above expected thresholds. SHA performance Team and Cancer Network review performance targets monthly.	No significant gaps in assurance.	None required	COO	• Cancer Mgr now part of DGMs weekly meeting. • Cancer waiting times now included in weekly WL meeting • Meeting new national standards and working with PCTs to improve timeliness of referrals from GPs. • Continuing to achieve targets.	2	3	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						
• Major increase in activity due to swine flu / heatwave or winter pressures presents major capacity problems	4	5	20	Business Continuity / Flu Pandemic and Major Incident Plans in place. Routine winter planning arrangements in place to manage capacity. Regular capacity management meetings are held which are chaired by the COO. Flu preparations are led by the deputy COO through Flu group.	Trust plans meet NHS standards for business continuity,	No gaps in control – currently responding to flu pandemic in line with plan.	Trust has responded well to flu pandemic to date. Board has been briefed verbally.	More formal briefing for Trust Board required.	• Report to Trust Board in July on action taken to date and expectations for the summer. • September Trust Board receives formal assessment of state of readiness for autumn / winter.	Dep COO	• Influenza pandemic plan presented to the Trust Board in September • Vaccination programmes for seasonal and H1N1 flu were started in October and are ongoing (currently 31% of patient facing staff have been given the H1N1 vaccine) • Trust has adequate PPE to deal with increased numbers of patients with Swine 'Flu • Additional capacity has been identified to deal with seasonal (Winter) activity pressures • Winter capacity used as planned.	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			
1. 2 Deliver commitments in Single Equality Scheme for 2009/10														
Failure to meet statutory standards could result in Trust prosecution under Equality and Diversity legislation.	2	4	8	Meeting structure. E&D team. E&D training. E&D website. Action plan.	TB reports. E&D Steering group. Action Plan. Monitoring impact assessments.	Still need to train more staff. Greater interrogation of HR info. Impact assess all services.	TB reports.	None.	More training. Impact assessments.	CN	Infrastructure in place. E&D team in place. Compliant with publication duties. Report to Trust Board.	2	4	8 ▶
1.3 Improve patient privacy and dignity by increasing compliance with single sex accommodation standards														
• That activity pressures prevent access to undertake the necessary capital work to meet the standards.	4	3	12	Trust capacity plan revised to enable capital works to be undertaken. Plan agreed by TMB. Plan monitored through regular COO capacity management meetings.	Progress reported to Trust Board in July and expected again in September. Trust provides regular reports to SHA and has been pilot site for national support team visit.	No significant gaps in control.	Ongoing review of Trust plans by SHA and national support team.	No significant gaps in assurance.	None required	COO	• P&D work on wards at Sandwell completed. • Privacy and dignity work on Sheldon wards at City Hospital completed.	1	3	3 ▶

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			
• That the age and layout of the wards at City make it impossible to comply with the new standards.	4	4	16	Same sex accommodation plan being developed. Plan for City being produced for review by Trust Board in September	Ongoing review of Trust plans by SHA and national support team.	Need to establish monthly single-sex accommodation standards project team.	Ongoing review of Trust plans by SHA and national support team. Plans have been approved by Sandwell PCT Board and are being presented to Heart of Birmingham tPCT.	No significant gaps in assurance.	Four key areas of action agreed by Trust Board. • Awareness, bed management and escalation; • Ward P&D work (Sandwell & Sheldon) • Specialist areas at City; • Single-Sex wards at City.	COO	Same sex accommodation project team now established and meeting monthly. Progress to date reported to Trust Board in December. Monitoring now included in corporate performance report. Detailed option appraisal of arrangements for City presented to Board in December. Further update to be provided to the Trust Board in March.	4	3	12 ▶
1.4 Continue to improve communication with patients about their care														
1) Failure to seek views of patients about their care.	2	4	8	Twice year patient surveys. Patient views Committee and Action Plan.	Twice a year TB reports. Reports to Patient Views Committee.	Currently non recurrent funding for this activity.	Trust Board reports.	None identified	Recurrent funding identified for post and software licence	CN	Second round of surveys and reports complete. CQUIN target achieved. Trust Board report in January 2010 Surveys are now being conducted on A continual basis. Surveys for vulnerable groups and those whose first language is not English are currently being revised.	2	4	8 ▶
2) Failure to achieve CQUIN target.	2	4	8									1	4	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			
1.5 Work with Sandwell and HoBtPCTs to identify key hospital actions that will contribute to improvements in public health														
Financial difficulties could get so challenging that each party tries to defend their own position at the expense of the others	2	5	10	Right Care Partnership promotes deepening of the relationships necessary for the delivery of the objective	Financial, quality and performance data and systems.	None identified	Minutes of Partnership meetings, Quality review meetings with PCTs.	None identified	None required	MD	Monitoring framework established through a number of key committees and groups. Systems have been established around the collection of data for smoking referrals. Follow up meetings with the directors of public health have taken place. The way forward on indicators has been agreed. Heart of Birmingham tPCT's Director of Public Health has attended a Learning in Healthcare event to talk to CDs.	2	5	10 ▶
2. High Quality Care														
2.1 Ensure continued improvement in infection control and achievement of national and local targets														
1) Failure to meet Trust IC targets.	3	4	12	IC infrastructure. Monitoring reports. PEAT cleanliness plan.	TB reports. IC Committee reports.	None identified.	Trust Board reports.	None identified.	Continue with IC action plans.	CN	Action plan on target.	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 Complete implementation of surgical reconfiguration														
• That failure to agree appropriate arrangements for the medical staffing prevent successful implementation of reconfiguration.	3	4	12	Established project structure for delivering reconfiguration including steering group and project board.	Interim Reconfiguration project board oversees implementation on behalf of board.	No significant gaps in control.	Project board has strong NED representation.	No significant gaps in assurance.	None required	COO	Reconfiguration now implemented.	1	3	3 ▶
2.3 Deliver significant improvements in quality of care for patients with stroke/TIA														
Failure to implement 24/7 scanning and treatment. Failure to ensure that beds available throughout the pathway.	4	4	16	Stroke Action Team responsible for monitoring Pathways	Regular audits	Systems for monitoring performance not yet developed or in place	CQUIN data	Systems for monitoring performance not yet developed or in place	Stroke Action Team needs to develop appropriate systems and ensure that performance data flows to board level	MD	Stroke Action Team set up to implement Stroke Plan developed in 08/09 24/7 scanning implemented September 2009. Systems now much improved. Pathway performance remains a challenge.	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			
2.4 Deliver significant improvements in the Trust's maternity services														
Resource constraints Leadership capacity Difficultly in recruiting new staff Failure to monitor progress Lack of data to evaluate progress Stakeholder objections re configuration review	3	4	12	Maternity Taskforce, Maternity Action Team, Dashboard	Dashboard reports, Taskforce Minutes, Risk Mitigation Plan progress reports, Integrated Development Plan progress reports Risk Mitigation Plan overseen by Sandwell PCT Clinical Quality Group. Dashboard also reviewed there.	None identified	Recent progress reports indicate bulk of actions on track and quantifiable improvements	None identified	None required	CE	Risk mitigation pan continues to be monitored. Principal outstanding risk is community staffing levels – reorganisation planned. Trust and PCT Boards have approved reconfiguration plan – also agreed by Scrutiny Ctte. Follow-up clinical review and revised risk assessment completed. Resultant action plan in preparation.	3	3	9 ▶
2.5 Deliver the Trust's "Optimal Wards" programme														
Failure to improve patient and staff experience.	3	4	12	Optimal Ward Programme. Productive Ward tools. LiA toolkit. Nursing infrastructure.	Patient surveys. Staff surveys. Ward Reviews.	None identified	Trust Board reports.	None identified.	Revise patient experience group. Incorporate ten High Impact Nursing Actions. Focus on nutrition.	CN	21 wards in programme. Further 7 joining April 2010-03-11 Ward Reviews show improvement. Customer care promises launched Privacy and Dignity audit undertaken in December 2009 so that action can be targeted.	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			
2.6 Develop the Trust's approach to measuring and managing clinical quality														
Complexity of task and the multitude of departments and systems that need to be integrated	4	4	16	Basic quality data in F&P reports. Risk reports.	Minutes of Board meetings, Adverse events committee.	Integrated quality reports and systems not yet developed	Quality management framework basic data is available	QMF is still not fully developed or implemented	QMF development needs to be completed. Clinical Executive Team established to oversee QMF	MD	QMF already developed in basic form. CET meetings scheduled from 9/09 CET established September 2009 QMF review first quarterly cycle commenced 1 October 2009	1	4	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			
2.7	**Deliver CQUIN targets:** ▸ Time to surgery for fractures neck of femur; ▸ Access to CT scan for stroke patients; ▸ Reduced caesarean section rate; ▸ Improved outpatient data quality (referral source); ▸ Introduction of patient surveys; ▸ Referral of patients to smoking cessation services;													
Not all targets have systematic collection of relevant data	4	4	16	CQUIN data in performance reports	Minutes of Board and F&P meetings	Data collection is not yet robust	Existing data is reviewed monthly	Systems are not fully developed	Integrate CQUIN data into QMF and monitor regularly	MD	QMF already developed in basic form. Clinical Executive Team meetings commenced 9/09 First QMF cycle commenced 10/09. Systems now providing more data. Smoking referral target now likely to be achieved. Have developed a matrix allocating departments to directorates to allow more information to be extracted by directorate from 1 April 2010.	1	4	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			
2.8 Achieve NHSLA standards Level 2 (general) by December 2009 and new Level 1 (maternity) by March 2010														
The Trust may fail to achieve level 2 NHSLA risk management standards in December 2009 as a result of: ▪ Lack of awareness of and/or failure of staff to follow policy requirements, ▪ Inadequate/inappropriate requirements within policies and/or processes for them to be operationalised ▪ Inability to collect adequate evidence due to lack of resource within risk and/or unavailability of evidence ▪ Interpretation of policies/ evidence by assessors at assessment The Trust may fail to achieve level 1 CNST maternity standards in March 2010 as a result of: ▪ Failure to develop guidelines containing all minimum requirements ▪ Failure to ensure guidelines are approved appropriately	4	4	16	Monthly project groups chaired by Director of Governance (NHSLA standards) and Clinical Director for Obstetrics (CNST maternity) Regularly reviewed action plans 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	Interim visit January 2009 and September 2009 from NHSLA assessor approved Trust approach in many areas.	Lack of centralised evidence for some standards, resulting in difficulties in assessing status Key Training allocation/reporting systems around induction/mandatory training require development to establish levels of non-compliance with training	▪ Fill vacant posts ▪ Continue collection and assessment of evidence from leads / divisions ▪ Continue targeted "hot spot" work streams (mandatory training, medical devices training, consent, patient information, Being Open) ▪ Criteria leads to present evidence at 'mock assessments' during October/November 2009 to assess level 2 compliance ▪ Awareness raising in organisation by payslip leaflets, Hot Topics and project group	DG	Band 4 in post since August 2009. Band 7 post filled with temporary staff, pending readvertisement (awaiting vacancy approval) Shared drive set up to view evidence. Mock assessments carried out Ward reviews to establish compliance/raise awareness ongoing NHSLA leaflets published with payslips. Maternity Level 1 assessment on track General standards assessment deferred at request of NHSLA to end March to coincide with Maternity assessment	4	4	16 ▶

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 the quality of care provided to vulnerable adults (e.g. patients with Mental Health difficulties or learning disabilities) and children														
Failure to effectively safeguard vulnerable adults and children leading to incident and investigation.	3	4	12	Vulnerable Adults and safeguarding Children Nurse in post. Reporting system in place. Safeguarding Committee. Training for staff level 1+2.	Quarterly reports.	Insufficient resource to investigate and action plan incidents.	None identified at present.	None identified	Further resources need to be identified.	CN	Structures now established. Reporting systems in place. Training established.	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			
2.10 Ensure the Trust fully meets the EWTD standards for Junior Doctors by August 2009														
▪ Unfilled deanery posts from August 2009 (particularly in Trauma and Orthopaedics and General Surgery) ▪ Lack of availability of doctors to cover vacant posts with Trust doctors or locums ▪ Unexpected outcome of monitoring exercises of new EWTD compliant working arrangements	4	3	12	Structured action plan (managed by the Deputy Medical Director and Head of Medical Staffing) in place to oversee the process of EWTD compliance. Specialty working groups established to resolve difficulties. Ongoing attention to specialties where new working arrangements may impact on the organisation of training and service delivery and/or where there are unfilled deanery posts. All junior doctor posts to continue to be monitored every 6 months.	Monthly update to the Trust Management Board	No significant gaps in control identified	Monthly reports to the SHA. Monthly updates of RAG status.	No significant gaps in assurance identified.	None required	DG	EWTD compliant working patterns for all junior doctors employed by the Trust (366) were introduced from 15th June 2009. No issue reported concerning EWTD compliance of junior doctor working arrangements in place from 1 August 2009 EWTD compliance achieved and continues to be maintained.	1	1	1 ▶

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						
3. Care Closer to Home														
3.1 Ensure full Trust participation in delivery Towards 2010 Programme exemplar projects														
• That the Trust's teams do not participate fully in the work of the Right Care Right Here Programme resulting in delayed progress on new models of care.	3	4	12	Trust RCRH team has leads allocated to each project. Performance reviewed monthly internally. Includes as part of divisional review agenda.	Monthly report to Trust Board on progress with projects. External overview from RCRH Programme Director.	No significant gaps in control.	Health economy level oversight through Programme Director provides assurance.	No significant gaps in assurance	None required	COO	• Targets agreed for existing projects in 2009/10. • Progress on individual projects reviewed at RCRH Implementation Board. Most making good progress. • Agreed SWBH input to next set of RCRH projects. • Continue to work closely with the RCRH Programme to ensure delivery.	1	3	3 ▶

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						
3.2 Make full use of outpatient facilities in Aston HC, Rowley Regis Hospital														
• That the Trust cannot invest in the necessary levels of infrastructure to deliver increases in outpatient in Aston and Rowley.	4	3	12	RCRH Implement ation team leading the work on these projects. Progress reported monthly to RCRH Imp Bd chaired by CEO. Project plan for Aston and Rowley to be agreed.	PCTs ensuring progress made with plans through the RCRH Partnership Bd.	Will need project teams to be established for the capital works once agreed.	RCRH reports to Trust Board provide assurance.	No significant gaps in assurance.	• Finalise agreement on capital required to increase OP capacity at Rowley. • Agree list of specialties who will use new capacity at Rowley. • Agree approach to provision of outpatients outside of hospital for HoB.	COO	• Further discussions with HoB tPCT have shifted emphasis away from Aston and potentially towards Greet Health Centre as a base for Outpatient activity • Outline plan for Rowley agreed at SIRG in September. Detail to be developed. • Provision of ophthalmology outpatients to Rowley now expected in early 2010/11.	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			
3.3 Deliver successful community ophthalmology service for South Birmingham PCT														
• That the Trust does not attract sufficient activity to make the clinics viable or that the Trust cannot staff the clinics adequately.	4	3	12	Divisional level project team established, reporting monthly to COO and to RCRH Imp Bd.	Regular mthly mtgs with South Birmingham PCT provide feedback on commissioner view of the service.	No significant gaps in control.	Reported to Board through quarterly corporate objectives report. South Birmingham PCT keep service under close monthly review.	Consider further reporting to board and/or F&PC to strengthen oversight of this development.	• Deliver agreed plan for roll out of clinics including: - Hall Green - Edgbaston - Northfield - Selly Oak • Agree whether further board oversight is required.	COO	• Clinics established in Hall Green, Northfield and Edgbaston localities. • Now planning for launch of Selly Oak service. • Exec level review of progress through RCRH Implementation Board • Continue to expand the service as planned. Have identified options for premises in Selly Oak.	2	3	6 ▶
4. Good Use of Resources														
4.1 Delivery of planned surplus of £2.3m														
Unforeseen financial costs and/or income losses	2	3	6	Routine and ad-hoc monitoring	Non exec scrutiny	None identified	Board receives minutes and periodic updates from Finance Committee, which have highlighted emerging risks	None identified	Dedicated meetings with PCT to discuss and agree a way forward specifically in the area of data and income challenges	DFPM	Chief Executive to Chief Executive meetings held with commissioner and agreement reached on year end balances. South Birmingham PCT has raised queries which are being addressed. Specialised services year end position is currently under negotiation.	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			
4.2 Delivery of CIP of £15m														
Slippage on higher risk schemes not covered by replacement schemes	3	3	9	FMB detailed monitoring	Monthly interrogation of performance	None identified	Variances spotted with replacement schemes identified	None identified	None required	DFPM	CIP slippage reduced to within 0.5%	3	3	9 ▶
4.3 Develop approach to service improvement concentrating on theatres, outpatients and bed management														
• That the Trust is not able to deliver improvements in productivity in the key areas of theatres and outpatients.	3	3	9	Project plans for all areas agreed through FMB, Progress reports monthly to TMB. Project team for theatres meets monthly.	Improvements in productivity should be seen in Trust monthly performance report.	Need to establish project teams for the outpatient and bed mgmt exercises.	Trust performance reports show impact of activity.	No significant gaps in assurance.	• Establish project teams for outpatient and bed management exercises. • Deliver action plans as agreed by FMB.	COO	• Theatres showing improvement in number of lists starting on time. Now focussing on throughput as part of next stage. Now aiming for no more than 20% late starts. • Continuing to work to improve outpatient performance through LiA action plan. Will need further work in 2010/11. • Bed management system now being developed for launch in early 2010/11.	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			
4.4 Introduce routine service line reporting to support development of clinical management structure														
Lack of pathway and/or reserves	3	3	9	Corporate objectives reporting	Steering Group set up	None identified	Recent updates provided to Trust Board, F & PMC and FMB. Will report progress as part of Steering Group.	None identified	None required	DFPM	SLR reporting (routine) incorporated into work programme for SLM (therefore pathway clearer). Working with software provider to resolve implementation issue	3	2	6 ▶
5. 21st Century Facilities														
5.1 Continue to deliver New Hospital Project as planned														
Failure to achieve approval of OBC Failure to launch CPO Failure to maintain affordability of project	5	4	20	Project structure and management processes established Affordability review taking place.	Project Board minutes made available to Trust board. Green Gateway Review	None identified	Project Board minute available in Project office shows delivery against plan.	None identified	None required	DE/ NHPD	Affordability review initiated. Quarterly risk review completed	4	3	12 ▶
5.2 Continue to improve current facilities through the delivery of the capital programme including: ▸ Replacement MRI scanner at City ▸ Upgrade of accommodation at City (MAU and D16) ▸ New facilities for PCCU at Sandwell														
Insufficient resources to deliver programme	3	3	9	Project teams established	Project reported to SIRG (monthly)	Imminent retirement of Capital projects staff	SIRG project reports available	None identified	Staff succession plan undertaken	DE/ NHPD	Succession plan to be developed	2	3	6 ▶
5.3 Fully engage with PCTs in design of major community facilities (Aston, BTC, Rowley Regis and Sandwell)														
Insufficient resources to engage fully	3	3	9	Project teams for City and SGH established	Project team minutes and reporting Monthly report to implementation report.	None identified	Projects progressing as planned	None identified	Secure sufficient resources to deliver projects	DE/ NHPD	None required at present.	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			
6. An Effective NHS Foundation Trust														
6.1 Achieve NHS FT Status														
Requirement to revise IBP and LTFM in light of revised growth assumptions. Interface with review of Right Care Right Here programme Difficulty in meeting Prudential Borrowing Code requirements Variation in national assessment requirements. Objective amended to 'continue to pursue FT status and explore complementary approaches to further increasing patient, public and staff engagement'	4	3	12	FT Project Board, FT Seminars, Ft project Team	Project Plan updates, Project Board minutes	None identified.	Latest progress reports and analysis, although these do not eliminate risks. External oversight of progress by SHA Provider Devt unit	None identified.	None required	CE	Operating Framework requires trajectory for FT or other organisational form to be presented by 31-03-10. Capacity needs to be created to achieve this. New trajectory provisionally agreed with SHA subject to Board approval.	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 Continue to achieve Annual Health check Core Standards														
• Failure to implement the action plan for standards 20b (privacy and confidentiality) which was declared as 'not met' in 2008/09 and which should be achieved by December 2009 (see 1.3 above) • Inability to provide evidence to support continued compliance with the core standards	4	4	16	Executive Leads identified for each core standard Executive Team and Governance and Risk Management Committee oversee the declaration process and implementation of action plans.	Reports to the Executive Team and Governance and Risk Management Committee FT compliance report reviewed by the Finance and Performance Management Committee includes a statement on declaration of compliance against Core Standards	No significant gaps in control identified	Electronic system that centrally captures evidence to support compliance. Internal Audits Third party commentaries e.g. Overview and scrutiny committee NHSLA accreditation PEAT reports NHS Staff & Patient Surveys	No significant gaps in assurance identified	None required	DG	To avoid confusion with providers' applications for registration for 2010/11, which will start in January 2010, the CQC has requested a core standards declaration mid year. However, Trusts are required to comply with the core standards for the entire assessment year 1 April 2009 to 31 March 2010. Declaration submitted in December 2009, reporting ongoing non-compliance with standard C20b and also for C11b, in reflection of current mandatory training issues. Action plan to address single sex accommodation presented to the Trust Board in December which was approved. Action plan supported by the Strategic Health Authority.	4	3	9 ▶
6. 3 Deliver improved uptake of mandatory training and implement the LiA "Time to Learn" project														
It is important that managers clearly identify the training needs of their workforce set against the new policy and that they have regular appraisals . If this is done correctly and staff attend the sessions there should be few problems. TTL is being dealt with as the second phase of improving MT and is therefore not dealt with here.	5	4	20	Monthly reporting will allow managers to keep track of individuals status	Corporate level reports will be available	Reporting system needs to bed in.	MT policy reports	System and data quality issues have caused delays with issuing corporate level compliance reports. This should be resolved by the end of October 2009.	The Trust's IT department has developed a robust MT compliance reporting tool that is now fully operational. A process of data validation is ongoing. The Mandatory training programme has been and will continue to be the subject of review to ensure that the subject content,	DW	Internal web-based IT solution developed and introduced. Work ongoing to validate data and ensure accurate compliance reporting. Additional mandatory training capacity to be	4	4	16 ▶

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			
									programme design and modes of delivery are as effective and flexible as possible.		provided from January to March 2010, including increased access via e-learning. A 'Learning Passport' for the 'Time to Learn' Project has been designed and a revised implementation plan is being drawn up.			
6. 4 Continue to spread staff engagement through Listening into Action delivery of the LiA "Enabling Our People" projects														
Failure to maintain momentum and spread.	3	3	9	LiA Sponsor Group, project monitoring process Quarterly reports to Trust Board and TMB	Project progress reports, monthly LiA updates, updates to TMB and Trust Board	Lack of robust project monitoring system	Staff survey results, progress reports (but see gap at left) Independent evaluation being commissioned by SHA	Difficulty in accurately assessing project progress	Introduce more robust and cyclical project reporting process. Increase Divisional accountability for LiA projects.	CE	New project management arrangements working well. Big increase in projects and other workstreams using LiA techniques	1	3	3 ▶
6. 5 Establish the next stages of the Trust's clinical research strategy														
Trust R&D systems need to be completely overhauled.	2	3	6	Regular meetings of R&D committee	R&D committee minutes Annual report to Board	No gaps identified	R&D committee minutes Annual report to Board	No gaps identified	None required	MD	R & D strategy circulated for consultation. Remains on track.	2	3	6 ▶
6. 6 Improve the Trust's approach to leadership development														
We do not yet have a leadership development strategy although some early work has been produced on what should be included. It is important to note that LD is high on the DoH agenda and we will be expected to deliver against any targets that they set. As with any staff development issue resourcing will be a problem. We do run a risk of not identifying and developing our best leaders.	4	1	4	None as yet	Not applicable	We need to ensure that the PDR system is working and that it supports the identificatio n of leadership talent.	Not applicable	None identified	Development of a clear strategy and operational policy designed to identify and develop those who have leadership potential from the workforce. A report scoping the current position within the Trust and making recommendations on the way forward is due to be presented to the Trust Board in March	DW	The ethos and principles of the Trust's Staff Engagement approach (LiA) has been included in all existing management development programmes The review of leadership development activity is complete and makes a	4	1	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			
									2010.		recommendation for future work to commence to develop an overarching framework to govern leadership development activity and associated organisational processes.			
6. 7 Improve the environmental sustainability of the Trust's operations by responding to the national carbon reduction strategy														
A suitable strategy cannot be developed	3	2	6	Sustainability group in place	Quarterly report to Trust board	None identified	Minutes of meetings and sustainability strategy	None identified	None required	DE/ NHP D	Strategy developed. Action plan developed and under review.	2	2	4 ▶

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 – Right Care Right Here
DATE OF MEETING:	25 March 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 February 2010 and includes a copy of the *Right Care Right Here* Programme Director's report to the Right Care Right Here Partnership.

It covers:

- Progress of the Programme including performance data for exemplar projects against targets for April – December 2009.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Care Closer to Home: Ensure full Trust participation in the delivery of Right Care, Right Here programme exemplars project
Annual priorities	
NHS LA standards	
Core Standards	
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 update to Trust Board

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

RIGHT CARE RIGHT HERE PROGRAMME: PROGRESS REPORT
MARCH 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 February 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) Right Care Right Here Exemplar Project Performance for April – December 2009 (Appendix 2 – summary of the performance & Appendix 3 - separate spreadsheet with performance data)

OVERVIEW

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

Project Performance – Appendix 3 shows the performance of exemplar projects (first and second wave) for the period April – December 2009 whilst Appendix 2 provides some more detailed explanation around the performance.

There are five projects with 'Green' status – Rehab Beds - Sheldon, Urgent Care – Sandwell, Dermatology and ENT, Diabetes all of which are exceeding targets.

The following five the projects are rated as 'Amber' :

- *Gynaecology:* Sandwell PCT community clinic data not available.
- *Rehab Beds, Rowley*: Data for the STAR service is provided on a quarterly basis with the last set of data showing activity 8% below target. The Step Up bed provision is not being fully utilized by GPs.
- *Musculoskeletal*: there are areas of underperformance for Community Orthopaedics and Pain Management and no primary care data for GP led Rheumatology.
- *Respiratory:* There is concern about the activity data provided and ongoing work with the information leads to resolve this.

Two projects remain rated as 'Red':

- *Ophthalmology*: Performance in previous months has been below target and incomplete data has been provided for December 2009.
- *Cardiology*: There are ongoing concerns about the available data. The RCRH Programme Manager will meet with Sandwell PCT Information lead to seek resolution.
- *Urgent Care, HoB*: activity 10% below target. From 1st March, the service has been re-provided by Assura from Summerfield Health Centre.

The RCRH Programme Manager is meeting with information leads to improve the flow and accuracy of activity data relating to the transfer of activity from the acute hospital to community locations.

Service Redesign Activity :

The Strategic Model Of Care Steering (SMOCS) Groups – Further work is being undertaken on the Mental Health SMOC Strategy which is now due to be ready for approval in May 2010.

The RCRH Programme are producing a summary document for each SMOC.

New Service Redesign Workstreams - Initial meetings have been held for each new workstream and they are undertaking work to agree priority areas.

Map of Medicine – Work is ongoing to raise the profile of Map of Medicine

Review of the Programme:

The Programme presented the outcome of the review to the Joint Health Scrutiny Committee in February. The presentation started the stakeholder engagement process and effectively closed the Review of the Programme. The focus now needs to be on the delivery of service changes and their effective co-ordination, to achieve the agreed Partnership Objectives. The Programme objectives for 2010/11 will focus on ensuring delivery of service change through the service redesign workstreams and Care Pathway Reviews, supported by workforce planning and communications and engagement.

RECOMMENDATIONS

The Trust Board is recommended to:

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

Jayne Dunn
Redesign Director – Right Care Right Here
18th March 2010

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APPENDIX 1

Sandwell and the Heart of Birmingham Health and Social Care Community

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, 22nd February, 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:

- Comment on the draft Programme Objectives 2010/11 (Section 4 and Appendix 4)
- Note the content of the report

2. Service Redesign Performance Report

The information and updates on performance are being presented differently from this meeting onwards. Previously, this information has been included in this report, but given the need to increase significantly the delivery of service change being put into place, through the three service redesign workstreams and the Care Pathway Reviews, supported by the Map of Medicine, it is now more appropriate to bring all these elements of performance together into one report. This report will be presented to the Partnership Board by Angela Poulton, the Programme Manager. As members will see, it currently contains largely narrative but will move to include a wide range of metrics as these are agreed through the workstreams and Care Pathway Reviews, alongside the activity and financial parameters from the Activity and Capacity Model Version 5.1. The report will also include further progress updates on the SMOCS reports until these are completed.

3. Review of Programme

3.1 Joint Overview and Scrutiny Committee Meeting

A full presentation to the Joint Overview and Scrutiny Committee was made on Tuesday 9th February 2010. The meeting was attended by Doug Round, John Adler, Rob Bacon, Martin Samuels and I. The presentation provided is given at Appendix 1.

We responded to questions from committee members for an hour, with the major focus being on the issues of the number of beds in the whole system, single rooms in the new acute hospital, and the PCT capital schemes which had been deferred. Details of the questions asked and issues raised and the responses given are shown in Appendix 2.

Subsequent to the meeting, a press enquiry was received from the Birmingham Mail, with comments from Councillor Deirdre Alden, the Chair of the Birmingham OSC. This report contains a number of errors in terms of the bed numbers and gives a misleading impression in the headline: 'Network of health centres across Birmingham and Sandwell put on hold to save NHS at least £10m'. There is no reference to the new centres being provided, or those already in place, although those being deferred are individually identified. The Programme will need to ensure that we reverse this view through our stakeholder and public engagement and direct contact with colleagues, including those in Birmingham.

While the presentation to the Joint OSC commences the stakeholder engagement process, I believe it also effectively closes the Review of the Programme and the Programme Team is now looking forward to support the delivery of service changes and their effective co-ordination, to achieve the agreed Partnership Objectives.

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3.2 Overall Programme Plan

The development of the Overall Programme Plan continues, and an updated version of the control sheet has been prepared. This revision includes amendments and revised forecast availability dates for the new PCT facilities projects as formally confirmed by HoBtPCT and Sandwell PCT at the end of January. A time-lined version of the summary is shown at Appendix 3, which shows only those projects now confirmed as 'live' and those confirmed as 'deferred' listed in planned available sequence (part of the critical path).

Version 5.1 of the Activity and Capacity Model has been reviewed to determine if it can be further refined to identify activity by location (of the planned and confirmed facilities). This appears to be possible over time, but as an intermediate stage, it is intended to apportion activity to Zone in HoB and Town in Sandwell. This will allow further debate and agreement to be reached on levels of activity, cost and capacity required in each area, to be followed by further definition by specific location.

Development of the critical path for delivery of the remaining Programme is continuing, but this is a very complicated exercise with a number of interdependencies. Now that the target locations, content and sequence of the facilities projects have been confirmed it should be possible to establish a preliminary critical path analysis for the March Board report.

4. Draft Programme Objectives 2010/11

As members will be aware, the Review of the Programme has disrupted progress against 2009/10 objectives, although many elements have been delivered. A detailed review of progress in 2009/10 will be provided next month.

In looking forward, the Programme Team has developed proposed Programme Objectives for next year and these are given at Appendix 4. These focus on ensuring delivery of service change through the service redesign workstreams and Care Pathway Reviews, supported by workforce planning and communications and engagement.

Members are asked to comment on the draft Objectives, prior to Measures and Lead Responsibilities being added. It is intended that the amended draft Objectives will come back to the March Board meeting for agreement.

5. Review of Commissioning Arrangements in Birmingham

The latest update issued by the three Birmingham PCTs is attached at Appendix 5

6. Recommendation

The Partnership Board is recommended to:

- Comment on the draft Programme Objectives 2010/11 (Section 4 and Appendix 4)
- Note the content of the report

Les Williams
Programme Director

2010-02-16 – prog dir report – lnw

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APPENDIX 2

Sandwell and the Heart of Birmingham Health and Social Care Community

RIGHT CARE, RIGHT HERE PROGRAMME

Report to:	**Right Care, Right Here Partnership Board**
Report of:	**Angela Poulton, Programme Manager**
Subject:	**Service Redesign Performance Report**
Date:	**Monday, 22nd February 2010**

7. Summary and Recommendation

This paper summarises the main issues and developments in relation to Programme service redesign activities since the previous report. There are no items for decision.

The Partnership Board is recommended to:

- Note the content of the report

8. Development of Service Redesign Performance Report

As first and second wave pilot projects close or transfer into the new workstreams/care pathway reviews, it is recognised that a high level visual performance report needs to be designed to capture the new approach to redesign and to demonstrate progress against targets set out in the Activity and Capacity Model within the LHE context. The new service redesign performance report will incorporate:

- ongoing monitoring of activity that has been redesigned and transferred to community locations achieved by the pilot projects;
- service redesign project performance being delivered via the 3 workstreams
- care pathway reviews by stage within the process (Map of Medicine methodology)
- monitoring of progress in delivering actions agreed as a consequence of the clinical engagement process

Recognising previously expressed concerns of the Partnership Board, there is a clear need to demonstrate benefits realised that extends beyond the level of activity that has successfully transferred to community settings. Processes are being established to enable improvements in quality of care (clinical outcomes and patient experience) and value for money to be measured through identification of metrics for measurement from the outset of redesign work undertaken through the workstreams. The appointment of an interim Programme Business Analyst will enable the proposed design of the report to be finalised, and supporting processes to be established that will enable routine information feeds to populate the report on a monthly basis. The engagement and commitment of nominated Information and Finance leads is key to this.

9. Acute to Community Activity Transfer Report (previously Project Performance Report) April to December 2009/10

To note, the RAG status assigned indicates the extent to which services have transferred to community locations in accordance with 09/10 targets set. Where monthly monitoring data has not been provided, an amber or red status is assigned dependent upon the previous month's reported performance against year-to-date targets.

Given at Appendix 1 is the Project Performance report for April to December 2009.

In summary, the RAG status assigned to the projects (with reasons) and signed off by the Programme Delivery Group is as follows:

- **Red (3/12 Projects)**

Ophthalmology
Year to date performance was previously significantly below target and the data submission for December 2009 is incomplete.

Cardiology
The partial actual performance information to September is below target. It was previously reported that information provided by Sandwell PCT Information Department requires validation as not consistent with previously reported consultant led activity and non consultant led activity not identified, and this situation remains unchanged. Programme Manager to meet with Sandwell PCT Information lead to seek resolution.

Urgent Care – Heart of Birmingham
The level of underperformance against year to date target has increased from 5% in October to 10% in December, resulting in the RAG status being changed from amber to red this month. As previously reported this service will cease on 31/3/10 and be re-provided by Assura from Summerfield Health Centre from 1st March 2010.

- **Amber (4/12 Projects)**

Rehabilitation Beds - Rowley
Step-up capacity not being fully utilized by GPs. The GPs providing medical cover for this service have given notice to cease provision from the end of February 2010, and SWBH have been asked to provide this cover on an interim basis. STAR data previously below target by 8% with no data provided by the Local Authority to the interim Project Lead for November and December.

Musculoskeletal
Whist there are areas of overperformance there are areas of significant underperformance that persist and no primary care date for GP-led Rheumatology.

Respiratory
Lack of confidence in the activity data, particularly as there is a reduction when the Project Lead has anticipated an increase. Programme working with Information Leads to resolve.

Gynaecology
Sandwell PCT community clinic data not available. Request made for this information to be available for the next report.

- **Green (5/12 projects)**

Urgent Care – Sandwell
Rehabilitation Beds - Sheldon
Dermatology
ENT
Diabetes

A meeting is being scheduled between the Programme and Information Leads from SWBH, Sandwell PCT and HoB tPCT to resolve the ongoing performance monitoring issues with a view to ensuring the accuracy and completeness of data improves before next month's report, and that the required processes to enable the Information Leads to provide routine reports from now on are established.

The Programme Delivery Group is actively ensuring that the actions agreed at the Programme Final Project Review Meetings to enable projects to close/transfer to new workstreams by 31st March 2010 are being delivered.

10. SMOCS Update

The Acute Care and Staying Healthy SMOCS have been agreed by the Clinical Group via email and are being presented to Sandwell and HoBt PECs in February. This confirms that 8 out of the 9 SMOCS documents have successfully been approved and have been shared with all partner organisations for local dissemination and action as appropriate. Executive summaries in addition to their respective full SMOCS document will be added to the Right Care, Right Here website by the end of February 2010.

The meeting organised to enable the commissioning issues raised in relation to the Mental Health SMOCS to be understood was held on 5th February. It was agreed that the document needed to:

- increase its focus upon the acute/mental health/primary care interface, setting out the respective patient pathway;
- identify the priorities for service redesign across this interface.

The process through this will be achieved involves those present at the meeting and members of the SMOCS Group to review the document and propose changes. A further draft of the document will then be taken to a workshop event involving GPs and clinicians prior to the final version being re-presented a future Clinical Group (anticipated May 2010). It was previously reported that the Mental Health SMOCS document would be presented to the PECs in March 2010 but this is now anticipated to be May 2010.

5. Establishment of Workstreams – Progress Update

5.1 Demand Management - Referrals/Outpatients

The Programme Manager has had an initial meeting with John Adler. Owing to difficulties in co-ordinating diaries a second start-up meeting has been delayed until 8th March 2010.

5.2 Demand Management - Urgent and Emergency Care

The second meeting of the core workstream team took place on 8th February 2010. Key outcomes include:

- The decision to work with a smaller core team, with the extended workstream membership being routinely copied into minutes of all meetings and invited to quarterly workshop style sessions to contribute to the work. It is anticipated that representatives from the wider membership will contribute to the work of projects established as part of the workstream, as either project team members or on an ‘as required’ basis;
- To transfer the Urgent Care – Sandwell project into a new Urgent Care Centres project chaired by Anne Townsend (SPCT) to address the relevant recommendations made by the Acute Care SMOCS in addition to determining consistency across sites on the utilisation of these services. This will involve membership from the existing steering groups (Urgent Care – Sandwell and City projects);
- The need for a focus upon Mental Health which might be achieved through redesign projects being delivered by existing groups across the partner organisations (to be established). Existing redesign work led by Lisa Hill (SPCT) focussing upon developing primary care mental health services to effectively achieve an extension of the RAID services being provided at City will provide progress updates to the workstream;
- The Project Manager to develop proposed initial projects to establish within the workstream to address the SMOCS recommended priorities for service redesign, with associated metrics for measurement, for consideration at the meeting scheduled for 8th March;
- The decision to hold a workshop in May 2010 with the wider workstream membership to:
    - ensure shared understanding of the baseline position and priorities for service redesign (as set out by the SMOCS)
    - build the level of engagement and motivation required to drive the change agenda
    - inform the group of the initial projects identified;

- secure the commitment of the wider membership to assist with the work, either directly or through nominated representatives, and recognition of their responsibility to be actively involved in service redesign projects to agree the changes required and subsequent implementation.

5.3 Intermediate Care

An Intermediate Care workshop was held on 25th January which established the principles to be reflected in the development of the future model of care and integral pathways and further developed the debate regarding potential future options. A follow up meeting will take place in February to agree the way forward based upon the number of Rowley beds. The Assistant Programme Manager has met with Sandy Bradbrook and the workstream Project Manager, and arrangements are being made to schedule the first formal meeting during March.

6. Map of Medicine

Members of the Programme Team have received the initial training required to access the Map of Medicine. The Project Initiation Document is in the process of being finalised and will be submitted to Sue Hindle, Care Pathways and Knowledge Manager at WMSHA once formal approval has been achieved. On receipt of the approved Project Initiation Document, the team will then receive the full training required in order to utilise the tool. In addition the proposed governance framework, pathway review process, initial pathway review action plan with indicative timelines and the stakeholder engagement and communications plan is ready to present to Programme Groups for agreement. Clinical champions within primary and secondary care are being identified.

The Map of Medicine Manager has distributed a questionnaire to all clinicians within the two PCTs and SWBH to ascertain the level of awareness of the Map of Medicine and identify who currently has access and/or is using the tool in practice. Early responses indicate that current awareness is low, schedules and plans are therefore being drawn up in order to visit these areas in order to introduce the Map of Medicine and the localisation plans of the Programme.

The Map of Medicine Manager has started to give presentations at clinical meetings to increase awareness of the Map of Medicine and its potential benefits, the feedback from which is a keen interest in this tool and real energy to start using it.

7. Recommendation

The Programme Delivery Group is recommended to:

- Note the content of the report

Angela Poulton
Programme Manager

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

Key: **CL OPs** Consultant Led Outpatients **NCL Ops** Non Consultant Led Outpatients

PROJECT	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	% Over/ Under YTD	2008/09 Yearend Target	Status	PROJECT LEAD	Comments
	MONTH (2009/10)																	
URGENT CARE - SANDWELL																		
Target (Attendances)	976	976	976	976	976	976	976	975	976	0	0	0	8,783		11,710		Gill Gadd	Activity exceeding target. ENP activity increasing. Total walk-in attendances at Parsonage St
Actual	865	927	1,008	865	905	1,143	1,392	1,243	956	0	0	0	9,304				SWBH	for Aug-Dec 2009 is 5,667 and Anne Townsend is leading work to enable the identification
Variance													**521**	**6**				of the level of Emergency Department diversions within this total activity. This project has
																		transferred to the Urgent & Emergency Care workstream.
URGENT CARE - HoB																		
Targets (Attendances):																		
City	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	0	0	0	22,500		30,000		Mark Curran	Activity significantly below target - service ceasing 31/3/10, reprovided at Summerfield Health
Actual	2,424	2,433	2,113	3,176	2,233	2,014	2,157	1,993	1,964	0	0	0	20,507				HOB PCT	Centre with service commencing 1/3/10
Variance													**-1,993**	**-9**				
Primary Care	0	0	0	0	0	0	0	0	0	0	0	0	0		13,000			
Actual	0	0	0	0	0	0	0	0	0	0	0	0	0					
Variance													**0**	**n/a**				
REHAB BEDS - SHELDON																		
Targets:																		
Community - D43 (OBDs)	647	647	646	646	647	647	647	646	647	0	0	0	5,820		7,760		Angela Young	Project exceeding targets overall
Actual	638	783	631	643	643	584	693	716	630	0	0	0	5,961				HOB PCT	
Variance													**141**	**2**				
Care Centres (OBDs)	571	571	571	570	571	571	571	570	571	0	0	0	5,137		6,850			
Actual	595	657	592	662	606	625	652	650	607	0	0	0	**5,646**					
Variance													**509**	**10**				
Comm. Alternatives Sub-Acute D47 (?)	0	0	0	0	0	0	0	0	0	0	0	0	0		2625*			
Actual	0	0	0	0	0	0	0	0	0	0	0	0	0					
Variance													**0**	**n/a**				
Comm. Alternatives Rehabilitation (Patient Package)	292	292	292	291	291	292	292	291	292	0	0	0	2,625		3,500			
Actual	836	977	1,045	1,132	943	974	935	1,110	918	0	0	0	**8,870**					
Variance													**6,245**	**238**				
	Note: Target for Community Alternatives Sub-Acute D47 is HoBPCT only - Sandwell target to be agreed.																	
REHAB BEDS - ROWLEY																		
Targets:																		
Community Step Up - ET Ward (OBDs)	317	317	317	316	316	317	317	316	317	0	0	0	2,850		3,800		Chris Gibbs	Significant overperformance for step-down activity and undeperformance for step-up
Actual	48	231	246	285	300	266	279	312	310	0	0	0	2,277				(interim)	continues. The GPs currently providing the medical cover for the step-up beds have served
Variance													**-573**	**-20**			SPCT	notice on the existing contract, and Sandwell PCT have asked SWBH to provide medical
Community Step Down - Mc Ward (OBDs)	642	642	642	641	641	642	642	641	642	0	0	0	5,775		7,700			cover on an interim basis from 1st March 2010.
Actual	1,526	1,663	1,611	1,627	1,588	1,611	1,654	1,598	1,674	0	0	0	14,552					
Variance													**8,777**	**152**				
STAR (Av Admits)	83	83	84	83	83	84	83	0	0	0	0	0	583		1,000			
Actual	60	77	75	91	62	86	88	n/a	n/a	0	0	0	539					
Variance													**-44**	**-8**				
MUSCULOSKELETAL (includes Orthopaedic beds & outpatients, Rheumatology outpatients & Pain Management																		
Targets:																		
HoB Orthopaedics Triage (NCL OPs)	545	545	545	545	543	543	546	545	544	0	0	0	4,901		6,535		Paul Hazle	A mix of targets being exceeded, not being met and incomplete data provision.
Actual	641	556	902	884	739	918	1,019	1,222	1,042	0	0	0	7,923				SWBH	
Variance													**3,022**	**62**				
Sandwell Orthopaedics Triage (NCL OPs)	574	574	574	574	573	574	573	574	574	0	0	0	5,164		6,885			
Actual	580	521	617	659	503	641	687	584	489	0	0	0	5,281					
Variance													**117**	**2**				
Community Rheumatology (CL OPs)	381	381	381	381	378	380	380	380	380	0	0	0	3,422		4,564			
Actual	426	410	453	496	404	468	512	458	486	0	0	0	4,113					
Variance													**691**	**20**				
Primary Care Rheumatology (CL OPs)	0	0	0	0	0	0	0	0	0	0	0	0	0		140			
Actual	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0					
Variance													**0**	**n/a**				
Community Orthopaedics (CL OPs)	74	74	74	74	74	75	74	74	74	0	0	0	667		889			
Actual	50	4	43	47	72	56	29	34	19	0	0	0	354					
Variance													**-313**	**-47**				
Community Pain Management (CL OPs)	59	59	59	59	59	56	59	58	59	0	0	0	527		702			
Actual	11	13	15	20	20	35	26	26	42	0	0	0	208					
Variance													**-319**	**-61**				
	Note: Community Pain clinics excludes HoB tPCT and SGH clinics																	
	MONTH (2009/10)														2008/09			

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

PROJECT	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	% Over/ Under YTD	Yearend Target	Status	PROJECT LEAD	Comments
OPHTHALMOLOGY																		
Target (CL OPs)	1,273	1,273	1,273	1,272	1,273	1,273	1,273	1,273	1,272	0	0	0	11,455		15,274		Vacant	Incomplete data - no activity data for clinics provided at Regis Medical Centre since July 2009
Actual	1,162	971	1,169	1,183	1,004	1,267	968	806	76	0	0	0	8,606				SPCT	and no activity data for clinics at Sandwell General Hospital for December - request for the
Variance													**-2,849**	**-25**				information has been made to Andrew Wilson, Information Lead - Sandwell PCT
DERMATOLOGY																		
Targets:																		
Community (CL OPs)	267	267	267	265	266	267	266	267	267	0	0	0	2,399		3,198		Vacant	Project exceeding target overall.
Actual	219	250	246	268	138	221	205	137	159	0	0	0	1,843				HOB PCT	
Variance													**-556**	**-23**				
Community - GPwSI (OPs)	134	134	134	132	134	133	134	133	134	0	0	0	1,202		1,602			
Actual	178	187	260	275	188	288	290	258	280	0	0	0	2,204					
Variance													**1,003**	**83**				
RESPIRATORY																		
Targets:																		
Community - Nurse-led (OPs)	80	80	90	100	100	100	100	100	150	0	0	0	900		1,034		Vacant	Lack of confidence in the activity data submitted as it does not all match (from the range of
Actual	276	281	258	248	208	163	193	194	146	0	0	0	1,967				SPCT	sources) nor reconcile with performance data up to November. Urgent request made to
Variance													**1,067**	**119**				validate the information as activity data appears to be falling when this was not anticipated
Primary Care - GP/Nurse/GPwSI (OPs)	0	0	0	0	0	0	0	0	0	0	0	0	0		432			by the Project Lead prior to her going on maternity leave.
Actual	0	0	0	0	0	0	0	0	0	0	0	0	0					
Variance													**0**	**n/a**				
ENT																		
Target (CL Outpatients)	822	822	822	821	821	822	822	821	822	0	0	0	7,395		9,860		Jane Clark	Activity exceeding target
Actual	852	883	978	991	739	900	999	740	840	0	0	0	7,922				SWBH	
Variance													**527**	**7**				
CARDIOLOGY																		
Targets:																		
Community (CL OPs)	65	65	65	65	65	66	0	0	0	0	0	0	391		782			Partial year-to-date information. Information submitted by the support project lead and
Actual - Rowley & Neptune	61	61	54	79	37	80	n/a	n/a	n/a	0	0	0	372				Vacant	the Information leads at Sandwell PCT and HoB tPCT does not match. Programme
Variance													**-19**	**-5**			SPCT	Manager has requested urgent assistance from the Information leads to resolve this as it
Community (NCL OPs)	0	0	0	0	0	0	0	0	0	0	0	0	0		1,867			is not acceptable to have not had performance data for the year-to-date.
Actual	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0					
Variance													**0**	**n/a**				
GYNAECOLOGY																		
Target (CL OPs)	88	88	88	88	87	87	87	88	88	0	0	0	789		1,053		Therese	Incomplete data - only HoBt PCT Aston clinic activity data available for October - December
Actual	89	100	88	91	79	82	61	85	71	0	0	0	746				McMahon	Request for Sandwell PCT activity data made to Andrew Wilson, Information Lead - Sandwell
Variance													**-43**	**-5**			HOB PCT	PCT
	Note: Only included community Gynaecology provided at Aston since September 2009																	
DIABETES																		
Targets:																		
Community (CL OPs)	486	487	486	486	487	486	486	486	486	0	0	0	4,376		5,835		Olivia Amartey	Activity on target
Actual	383	465	638	607	373	518	454	562	396	0	0	0	4,396				HOB PCT	
Variance													**20**	**0**				
Primary Care (NCL OPs)	0	0	0	0	0	0	0	0	0	0	0	0	0		361			
Actual	n/a	0	0	0	0	0	0	0	0	0	0	0	0					
Variance													**0**	**n/a**				

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	'Right Care, Right Here' Acute Hospital Development: Project Director's Report
SPONSORING DIRECTOR:	Graham Seager, Director of Estates/New Hospital Project
AUTHOR:	Andrea Bigmore, New Hospital Project Manager Graham Seager, Director of Estates and New Hospital Project
DATE OF MEETING:	25 March 2010

SUMMARY OF KEY POINTS:

The Project Director's report includes reference to the following for discussion:

- Update of the Outline Business Case
- Progress with the Compulsory Purchase Order
- Children's Art competition
- Design Group Terms of Reference

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	
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		Risks identified in project risk register and where appropriate included in Trust risk register

PREVIOUS CONSIDERATION:

Usual monthly update

Sandwell and West Birmingham Hospitals NHS
NHS Trust

right care right here

RIGHT CARE, RIGHT HERE PROGRAMME
ACUTE HOSPITAL DEVELOPMENT

Report to:	**Trust Board**
Report of:	**Andrea Bigmore / Graham Seager**
Subject:	**Acute Hospital Development Progress Report**
Date:	**March 2010**

1. Update of the Outline Business Case

The Board will be aware that the Outline Business Case (OBC) for the Acute Hospital Development was approved by the Department of Health (DH) in August 2009 and that this allowed us to proceed with the Compulsory Purchase Order (CPO) to acquire the Grove Lane site. The OBC will require updating prior to final approval by HM Treasury to initiate procurement of the new hospital.

A number of factors have changed since DH approval which will need to be addressed in the OBC update. The most significant of these are as follows:

- The outcome of the Right Care, Right Here (RCRH) Programme Review, which reflects revised future public sector spending and will impact on Trust income
- The outcome of the clinical review of the scheme, which will impact on the clinical brief and on the space required

The Project Team is reviewing the impact of these factors and considering a range of solutions to ensure that the scheme continues to be affordable, value for money and will support best quality of care.

Any changes proposed will require careful modelling and testing to ensure that financial benefits can be realised without compromising clinical care. Engagement with the Clinical Executive Team (CET) has established the general approach and principles to be maintained in this work and clinical involvement will be maintained throughout the process.

In the meantime work on the OBC and procurement documents is continuing.

2. Compulsory Purchase Order (CPO)

Work continues on the CPO process with the preparation for the inquiry, the Trust is still waiting to be notified of the dates for CPO Inquiry. The team is also pursuing voluntary acquisitions of land.

3. Children's Art Competition

Local children are being invited to enter a New Hospital Design Competition. The aim of the competition is to develop images that can be used as publicity material for the Acute Hospital Development. There are two parts to this competition. The first one, being judged on 19th March, will

allow the two onsite nurseries and children of staff to apply. The other part of the competition, to be judged in April, will encourage the participation of schools. A good selection of prizes is being offered and winning designs will feature in leaflets and posters about the new hospital.

4. Design Group Terms of Reference

A Design Vision for the new hospital was developed in the early stages of the project. The Vision was developed in a series of workshops attended by staff and other stakeholders. It describes the Trust's aspirations for the architectural design of the hospital and informs the brief for the procurement process.

A Design Group is now being re-established to review the progress with the Design Brief. The terms of reference for this Group were agreed at the last Project Board Meeting. The remit of this group, led by the Design Champion (Trust Chair, Sue Davis), will be to ensure that the architectural appearance and quality of interior spaces meet the aspirations of the Design Vision as the designs are developed.

This group will also ensure that a wider cross section of the local community and staff will be involved in engagement events at key stages in the development and evaluation of the design.

The group will meet over the next few months to review the brief prior to initiation of the procurement.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

FINANCE & PERFORMANCE MANAGEMENT COMMITTEE

DOCUMENT TITLE:	Financial Performance – Month 11
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Robert White/Tony Wharram
DATE OF MEETING:	25 March 2010

SUMMARY OF KEY POINTS:

The report is provided to update the Board on financial performance for the eleven months to 28th February 2010.

In-month surplus is £96k against a target surplus of £70k; £26k above plan.

Year to date surplus is £2,202k against a plan of £2,232k, £30k below plan.

In-month WTEs are 127 below plan, excluding the effect of agency staff.

Cash balance is approximately £5m greater than the revised plan at 28th February.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

- To receive and note the monthly finance report.
- To endorse any actions taken to ensure that the Trust remains on target to achieve its planned financial position.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Deliver the financial plan including achieving a financial surplus of £2.269m and a CIP of £15m.
Annual priorities	
NHS LA standards	
Core Standards	
Auditors' Local Evaluation	Reporting and management of financial position.

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

Financial		Potential to fail to meet statutory financial targets.
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		Potential to fail to meet statutory financial targets.

PREVIOUS CONSIDERATION:

Financial Management Board and Trust Management Board on 16 March 2010 and Finance and Performance Management Committee on 18 March 2010

Sandwell and West Birmingham Hospitals NHS

NHS Trust

Financial Performance Report – February 2010

EXECUTIVE SUMMARY

• In the period 1st April 2009 to 28th February 2010, the Trust delivered an overall I&E surplus of £2,202,000 which is £30,000 below the planned position. During the month of February, a net surplus of £96,000 was generated exceeding the planned surplus by £26,000. This trend continues the progress achieved since July in steadily eliminating the shortfall against plan. The Trust continues to expect to achieve its planned surplus of £2,269,000 at the year end.

• Fully coded and priced activity information is available for February and patient related SLA income included within this report is based on this position. Forecast outturn is based on the agreement reached with the PCT cluster led by Sandwell PCT as the co-ordinating commissioner.

• At month end, WTEs (whole time equivalents) excluding the impact of agency staff were approximately 127 below plan, a further reduction of 15 WTEs compared with the January position. Total pay expenditure for the month, including agency costs, was £371,000 above plan, a slight worsening against the position reported for January although agency expenditure at £432,000 has fallen by approximately 30% compared with January.

• The month-end cash balance is approximately £5m above the revised cash profile.

• Performance continues to reflect higher than planned levels of activity and income with similar higher levels of expenditure particularly on more variable costs such as bank and agency pay and medical consumables.

Financial Performance Indicators

Measure	Current Period	Year to Date	Thresholds		
			Green	Amber	Red
I&E Surplus Actual v Plan £000	26	(30)	> Plan	> = 99% of plan	< 99% of plan
EBITDA Actual v Plan £000	32	36	> Plan	> = 99% of plan	< 99% of plan
Pay Actual v Plan £000	(371)	(3,291)	< Plan	< 1% above plan	> 1% above plan
Non Pay Actual v Plan £000	(150)	(3,050)	< Plan	< 1% above plan	> 1% above plan
WTEs Actual v Plan	127	75	< Plan	< 1% above plan	> 1% above plan
Cash (incl Investments) Actual v Plan £000	5,041	5,041	> = Plan	> = 95% of plan	< 95% of plan
CIP Actual v Plan £000	(7)	(65)	> 97½% of Plan	> = 92½% of plan	< 92½% of plan

Note: numbers in brackets represent unfavourable variances

Performance Against Key Financial Targets

Target	Year to Date Plan £000	Year to Date Actual £000
Income and Expenditure	2,232	2,202
Capital Resource Limit	11,858	10,140
External Financing Limit	---	16,808
Return on Assets Employed	3.50%	3.50%

2009/2010 Summary Income & Expenditure Performance at February 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	332,221	27,576	28,391	815	304,573	311,189	6,616	340,177
Other Income	38,878	3,599	3,337	(262)	35,395	35,156	(239)	38,539
Operating Expenses	(342,700)	(28,948)	(29,469)	(521)	(314,135)	(320,476)	(6,341)	(350,245)
EBITDA	28,399	2,227	2,259	32	25,833	25,869	36	28,471
Interest Receivable	150	13	7	(6)	138	72	(66)	78
Depreciation & Amortisation	(16,444)	(1,351)	(1,351)	0	(14,723)	(14,723)	0	(16,444)
PDC Dividend	(7,656)	(638)	(638)	0	(7,018)	(7,018)	0	(7,656)
Interest Payable	(2,180)	(181)	(181)	0	(1,998)	(1,998)	0	(2,180)
Net Surplus/(Deficit)	**2,269**	**70**	**96**	**26**	**2,232**	**2,202**	**(30)**	**2,269**

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – February 2010

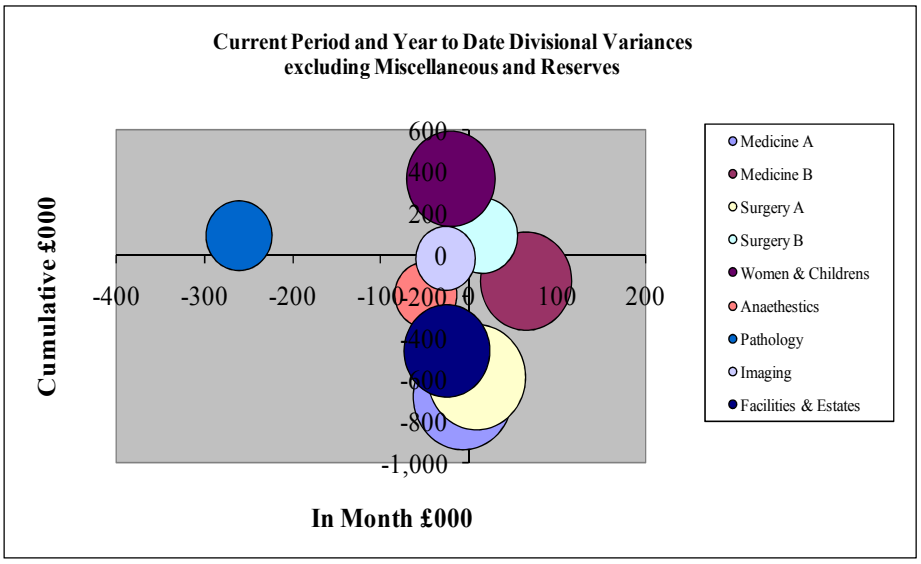
Divisional Performance

• From the beginning of the second quarter, the Trust has experienced a slow improvement in financial performance with the cumulative I&E shortfall being steadily reduced to its current adverse variance of (£30k). This continues to be driven by higher than planned activity levels generating higher patient related income and increased costs in delivering this activity including the opening of additional capacity and meeting national and local targets. Some minor adjustments have been made in February to brought-forward figures to update the IFRS (International Financial Reporting Standards) based position. However, these changes have no material impact on financial performance and do not affect the overall position.

•An yearend forecast position has been agreed for the PCT cluster headed by Sandwell PCT (this excludes non PCT activity, primarily the pan Birmingham LSCG) and this gives the Trust more confidence about a major proportion of its income base for the year end.

• Pay costs continue to be above plan now reaching £3,291k for the year to date with a further movement away from plan of £371k during the month. This adverse variance in the month is marginally greater than the January performance. Whole time equivalents (WTEs), excluding the impact of agency staff, are approximately 127 below plan, a reduction of 15 compared with January. When agency staff numbers are taken into account, this falls to 6 below plan. The non pay position also continues to be significantly higher than plan in month primarily driven by medical equipment and consumables.

• Deficits occurred during the month in a number of divisions, primarily Anaesthetics and Critical Care, Estates, Imaging, Women & Childrens and Pathology, although in the case of Pathology this is a purely technical position linked to agreed funding for the purchase of capital equipment. Generally, the ongoing strong income position is reflected in improved performance across many divisions, even those which remain in deficit. However, many operational divisions continue to experience significant pressures on both pay and non pay, particularly on bank and agency costs and patient related consumables as supported by the over achievement of income.



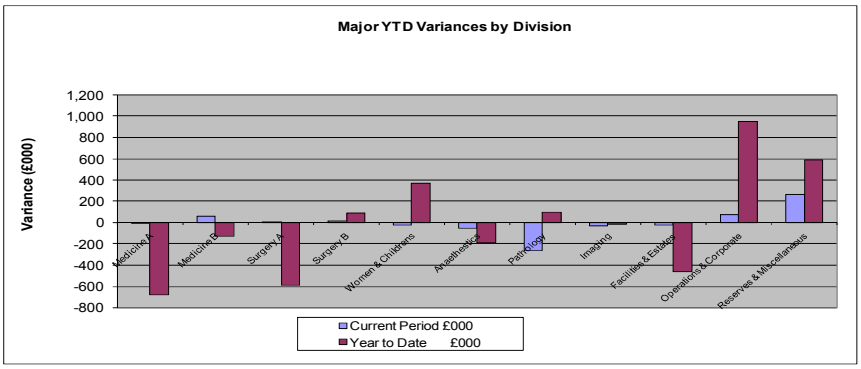
The tables adjacent and overleaf show a mixed position across divisions. The performance, particularly, of Pathology, Anaesthetics & Critical Care, Estates, Imaging and Women & Childrens Services worsened while Corporate Services, Medicine B, Operations, Facilities and Surgery improved. Medicine A, Medicine B, Surgery A, Anaesthetics & Critical Care and Facilities all continue to report sizeable year to date net deficit positions.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – February 2010

Divisional Variances from Plan

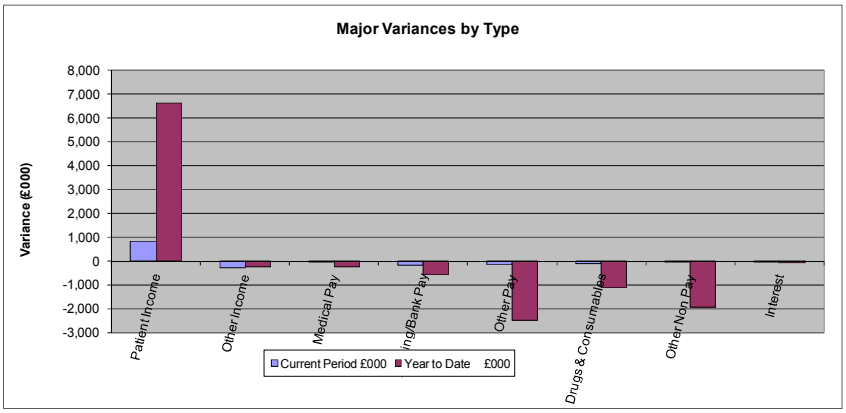
	Current Period £000	Year to Date £000
Medicine A	-7	-678
Medicine B	64	-125
Surgery A	9	-587
Surgery B	15	90
Women & Childrens	-21	367
Anaethestics	-49	-190
Pathology	-261	94
Imaging	-27	-16
Facilities & Estates	-26	-458
Operations & Corporate	73	953
Reserves & Miscellaneous	264	587



The tables below illustrate that overall, income continues to perform better than plan for the month and year to date, primarily driven by higher levels of patient related activity. Overall pay expenditure remains significantly above plan and expenditure on bank and agency remains high although agency expenditure has fallen significantly during February compared to the levels experienced in preceding months. In month, non pay expenditure remains in excess of plan, primarily driven by patient related medical consumables and equipment.

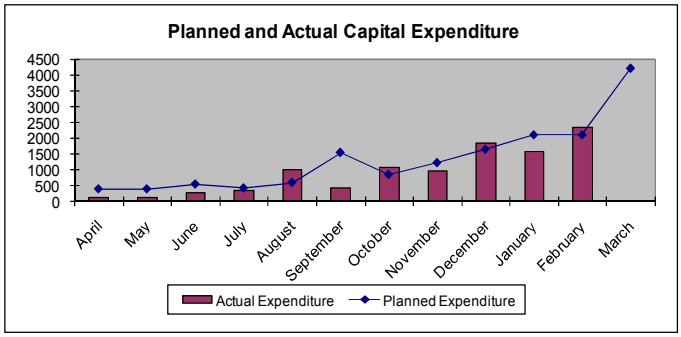
Variance From Plan by Expenditure Type

	Current Period £000	Year to Date £000
Patient Income	815	6,616
Other Income	-262	-239
Medical Pay	-32	-253
Nursing/Bank Pay	-186	-566
Other Pay	-153	-2,472
Drugs & Consumables	-99	-1,120
Other Non Pay	-51	-1,930
Interest	-6	-66



Capital Expenditure

• Planned and actual capital expenditure by month is summarised in the adjacent graph. Expenditure of £2,339,000 was incurred in February with the greatest proportion made up of imaging equipment (i.e. the City MRI scanner) and statutory standards. This brings total capital expenditure for the year to date up to £10,140,000.



Sandwell and West Birmingham Hospitals NHS
NHS Trust

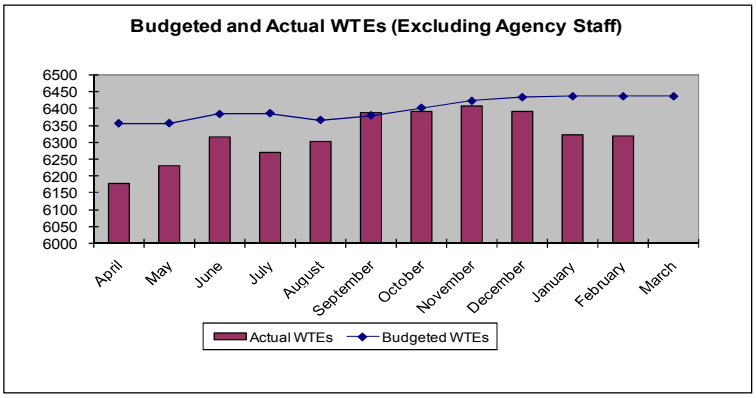
Financial Performance Report – February 2010

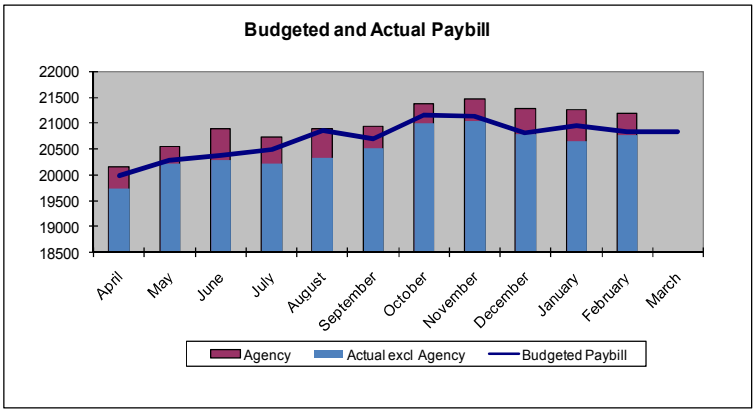
Paybill & Workforce

• Workforce numbers, excluding agency staff are approximately 127 wtes below plan for February. After adding agency numbers, this becomes a positive position of 6 wtes below plan.

• Total Pay Costs (including agency staff) is £371,000 above budgeted levels for the month and £3,291,000 for the year to date. This reflects a slight worsening of performance in February when compared with January but is an improvement compared with the levels of expenditure incurred in November and December.

• Expenditure for agency staff in February was £432,000, a decrease of £184,000 against expenditure in January.





Pay Variance by Pay Group

• The table below provides an analysis of all pay costs by major staff category by removing both bank and agency costs and allocating these into the appropriate main pay group.

• The table demonstrates that the major areas of pay overspend continue to lie within medical staffing and healthcare assistants and support staff, the latter group being broken down primarily into two sub groups: healthcare assistants in clinical divisions and support staff (primarily domestics) within Facilities.

Sandwell and West Birmingham Hospitals NHS

NHS Trust

Financial Performance Report – February 2010

Analysis of Total Pay Costs by Staff Group

	Year to Date to February					
		Actual				
	Budget £000	Substantive £000	Bank £000	Agency £000	Total £000	Variance £000
Medical Staffing	67,200	67,263		1,960	69,223	(2,023)
Management	12,507	11,712		0	11,712	795
Administration & Estates	25,745	24,985		1,067	26,052	(307)
Healthcare Assistants & Support Staff	11,288	11,091	1,795	1,078	13,964	(2,676)
Nursing and Midwifery	79,835	74,569	3,961	1,006	79,536	299
Scientific, Therapeutic & Technical	30,874	30,126		162	30,288	586
Other Pay	49	15			15	34
Total Pay Costs	227,498	219,761	5,756	5,272	230,789	(3,291)

Balance Sheet

• The opening Statement of Financial Position (balance sheet) for the year at 1st April reflects the IFRS based audited accounts for 2008/2009.

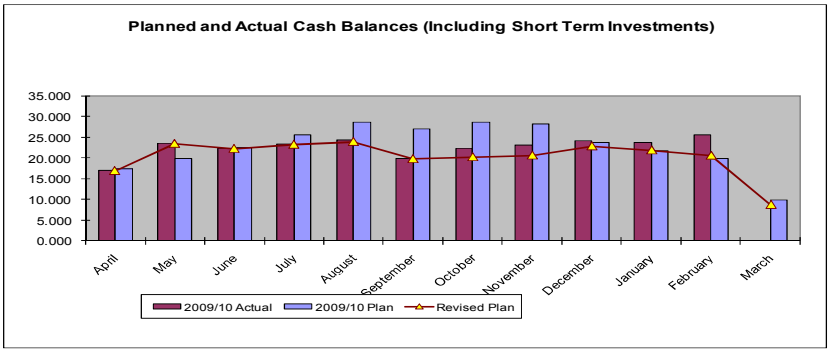
• Cash balances at 28th February are approximately £5m higher than the revised plan, an increase of approximately £3.2m against the position at 31st January primarily driven by over performance payments being received from Heart of Birmingham tPCT coupled with lower than planned payments in month to other NHS organisations.

Sandwell & West Birmingham Hospitals NHS Trust
STATEMENT OF FINANCIAL POSITION

		Opening Balance as at March 2009 £000	Balance as at February 2010 £000	Forecast at March 2010 £000
Non Current Assets	Intangible Assets	547	450	522
	Tangible Assets	277,912	273,329	257,371
	Investments	0	0	0
	Receivables	1,158	1,125	1,200
Current Assets	Inventories	3,295	3,301	3,300
	Receivables and Accrued Income	19,138	21,012	19,500
	Investments	0	0	0
	Cash	8,752	25,660	8,852
Current Liabilities	Payables and Accrued Expenditure	(28,516)	(44,124)	(32,806)
	Loans	0	0	0
	Borrowings	(1,885)	(1,880)	(1,880)
	Provisions	(5,440)	(3,110)	(2,200)
Non Current Liabilities	Payables and Accrued Expenditure	0	0	0
	Loans	0	0	0
	Borrowings	(33,627)	(32,227)	(31,127)
	Provisions	(2,193)	(2,193)	(1,943)
		239,141	241,343	220,789
Financed By				
Taxpayers Equity	Public Dividend Capital	160,231	160,231	159,663
	Revaluation Reserve	60,699	60,699	40,966
	Donated Asset Reserve	2,531	2,531	2,391
	Government Grant Reserve	1,985	1,985	1,805
	Other Reserves	9,058	9,058	9,058
	Income and Expenditure Reserve	4,637	6,839	6,906
		239,141	241,343	220,789

Sandwell and West Birmingham Hospitals NHS Trust

Financial Performance Report – February 2010



Cash Flow

• The table below shows cash receipts and payments for February 2010 and a forecast of expected flows for the following 12 months. This will be updated as part of the budget setting and financial planning process for 2010/11.

Sandwell & West Birmingham Hospitals NHS Trust
CASH FLOW

12 MONTH ROLLING FORECAST AT FEBRUARY 2010

ACTUAL/FORECAST	Feb-10 £000s	March-10 £000s	April-10 £000s	May-10 £000s	Jun-10 £000s	Jul-10 £000s	Aug-10 £000s	Sep-10 £000s	Oct-10 £000s	Nov-10 £000s	Dec-10 £000s	Jan-11 £000s	Feb-11 £000s
Receipts													
SLAs: Sandwell PCT	**13,013**	13,013	13,208	13,208	13,208	13,208	13,208	13,208	13,208	13,208	13,208	13,208	13,208
HoB PCT	**7,134**	7,195	7,303	7,303	7,303	7,303	7,303	7,303	7,303	7,303	7,303	7,303	7,303
South Birmingham PCT	**1,389**	1,263	1,282	1,282	1,282	1,282	1,282	1,282	1,282	1,282	1,282	1,282	1,282
BEN PCT	**1,733**	1,733	1,759	1,759	1,759	1,759	1,759	1,759	1,759	1,759	1,759	1,759	1,759
Pan Birmingham LSCG	**1,220**	1,213	1,231	1,231	1,231	1,231	1,231	1,231	1,231	1,231	1,231	1,231	1,231
Other PCTs	**2,278**	2,450	2,487	2,487	2,487	2,487	2,487	2,487	2,487	2,487	2,487	2,487	2,487
Over Performance Payments	**556**	0	3,000	2,000	500	500							
Education & Training	**977**	1,400	1,421	1,421	1,421	1,421	1,421	1,421	1,421	1,421	1,421	1,421	1,421
Loans	**0**	0	0	0	0	0	0	0	0	0	0	0	0
Interest	**7**	6	11	8	8	8	8	8	8	8	8	8	8
Other Receipts	**3,794**	3,200	2,300	2,300	2,300	2,300	2,300	2,300	2,300	2,300	2,300	2,300	2,300
Total Receipts	**32,101**	31,473	34,002	32,999	31,499	31,499	30,999	30,999	30,999	30,999	30,999	30,999	30,999
Payments													
Payroll	**12,492**	12,450	12,603	12,603	12,603	12,603	12,603	12,603	12,603	12,603	12,603	12,603	12,603
Tax, NI and Pensions	**8,317**	13,050	3,419	8,419	8,419	8,419	8,419	8,419	8,419	8,419	8,419	8,419	8,419
Non Pay - NHS	**800**	3,096	2,400	2,400	2,400	2,400	2,400	2,400	2,400	2,400	2,400	2,400	2,400
Non Pay - Trade	**6,129**	10,748	5,880	5,940	5,940	6,250	6,200	6,200	6,200	6,200	6,200	6,200	6,200
Non Pay - Capital	**2,018**	4,932	500	500	500	501	501	501	501	501	501	501	501
PDC Dividend	**0**	3,027	0	0	0	0	0	3,300	0	0	0	0	0
Repayment of PDC	**0**	568	0	0	0	0	0	0	0	0	0	0	0
Repayment of Loans	**0**	0	0	0	0	0	0	0	0	0	0	0	0
Interest	**0**	0	0	0	0	0	0	0	0	0	0	0	0
BTC Unitary Charge	**361**	360	371	371	371	371	371	371	371	371	371	371	371
Other Payments	**43**	50	355	355	356	357	358	359	360	361	362	362	363
Total Payments	**30,160**	48,281	25,528	30,588	30,589	30,901	30,852	34,153	30,854	30,855	30,856	30,856	30,857
Cash Brought Forward	**23,719**	25,660	8,852	17,326	19,737	20,648	21,246	21,393	18,239	18,385	18,529	18,672	18,816
Net Receipts/(Payments)	**1,941**	(16,808)	8,474	2,411	910	598	147	(3,154)	145	144	143	143	142
Cash Carried Forward	**25,660**	8,852	17,326	19,737	20,648	21,246	21,393	18,239	18,385	18,529	18,672	18,816	18,958

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

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – February 2010

SLA Performance

•The table below shows a summary of both activity and financial performance for major patient types across the Trust's SLA's. This demonstrates that the majority of the financial gain is the result of higher than planned levels of out-patient activity. Agreement has been reached with Sandwell PCT on an outturn position on behalf of the PCT cluster. This excludes a number of non PCT commissioning bodies, primarily the pan Birmingham LSCG although a significant payment by this organisation towards in year over performance has already been received (yearend discussions with this body continue).

Year to Date Key Performance Against SLA

PERFORMANCE UP TO JANUARY	Activity			Finance		
	Planned	Actual	Variance	Planned £000	Actual £000	Variance £000
Accident & Emergency	257,264	189,609	(1,657)	13,994	14,524	530
Admitted Patient Care - Elective	52,082	54,218	2,136	47,206	49,223	2,017
Admitted Patient Care - Non Elective	48,811	52,561	3,750	77,403	76,875	(528)
Excess Bed Days	30,479	30,882	403	6,309	6,151	(158)
Other	122	658	113	64,017	65,876	1,859
Out-Patients First Attendance	132,946	131,743	(1,203)	22,362	21,976	(386)
Out-Patients Follow Up	315,225	336,728	21,503	27,337	29,798	2,461
Out-Patients With Procedure	6,372	21,241	14,869	1,326	4,536	3,210
Unbundled Activity	12,319	48,794	36,475	9,213	10,073	860
Total	**855,620**	**866,434**	**76,389**	**269,167**	**279,033**	**9,866**

Note: This analysis does not cover all services provided under SLAs

SLA Performance by Commissioner

• The table adjacent shows overall financial performance by commissioner for the Trust's major commissioners. This demonstrates that over performance is spread over a large number of commissioners including specialised service agencies.

Year to Date SLA Performance by Commissioner

PERFORMANCE UP TO JANUARY	Finance		
	Planned £000	Actual £000	Variance £000
SANDWELL PCT	129,948	131,962	2,014
HEART OF BIRMINGHAM TEACHING PCT	72,147	74,090	1,943
BIRMINGHAM EAST & NORTH PCT	17,357	17,480	122
SOUTH BIRMINGHAM PCT	12,674	14,341	1,667
PAN BIRMINGHAM LSCG	12,153	14,414	2,261
WALSALL PCT	5,390	5,470	80
WEST MIDLANDS SCT	4,455	4,478	22
DUDLEY PCT	3,778	4,294	516
WORCESTERSHIRE PCT	2,247	2,569	322
SOLIHULL CARE TRUST	1,963	2,162	199
OTHERS	7,053	7,774	721
TOTAL	**269,167**	**279,033**	**9,866**

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – February 2010

SLA Performance by Specialty

• The table adjacent shows overall financial performance by specialty or service area for those services making the largest contribution to the Trust's net over performance. This is a summary of all types of activity within any given specialty or service area and includes both admitted patient care and out-patients. It therefore needs to be considered only as a broad indication of performance within each area as there may be different issues affecting various patient types within a service.

Year to Date SLA Performance: Variances From Plan

PERFORMANCE UP TO JANUARY	Finance		
	Planned £000	Actual £000	Variance £000
Gastroenterology	3,821	6,696	2,875
Cardiology	8,582	11,086	2,504
Elderly	16,370	17,838	1,469
Clinical Haematology	3,369	4,683	1,314
Respiratory Medicine	2,133	3,401	1,268
Urology	5,856	7,032	1,175
Ophthalmology	19,373	20,318	945
Oncology	10,960	11,845	884
ENT	4,312	5,105	792
Neurology	1,677	2,352	675
Paediatrics	8,427	9,102	674
Direct Access	4,269	4,935	665
Maternity	20,706	21,309	603
Vascular Surgery	2,010	2,597	587
Dermatology	3,937	4,430	493
Oral Surgery	843	1,304	460
Plastic Surgery	2,795	3,211	416
Gynaecological Oncology	1,978	2,264	286
Rehabilitation	0	258	258
Diabetes	1,053	1,295	241
Nephrology	135	359	224
Clinical Immunology	338	537	199
Trauma & Orthopaedics	21,602	21,317	(286)
A&E	16,897	15,868	(1,028)
General Surgery	17,282	16,233	(1,049)
General Medicine	31,717	23,078	(8,639)
Others	58,724	60,582	1,858
TOTAL	**269,167**	**279,033**	**9,866**

Note: the performance of general medicine needs to be viewed alongside other medical specialties with planned general medicine activity actually delivered within medical sub specialties.

Risk Ratings

Measure	Description	Value	Score
EBITDA Margin	Excess of income over operational costs	8.1%	3
EBITDA % Achieved	Extent to which budgeted EBITDA is achieved/exceeded	100.1%	5
Return on Assets	Surplus before dividends over average assets employed	4.1%	3
I&E Surplus Margin	I&E Surplus as % of total income	0.6%	2
Liquid Ratio	Number of days expenditure covered by current assets less current liabilities	3.4	1
Overall Rating			**2.5**

Risk Ratings

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

•The only significantly weak area remains liquidity which will only be substantially corrected with the introduction of a working capital facility.

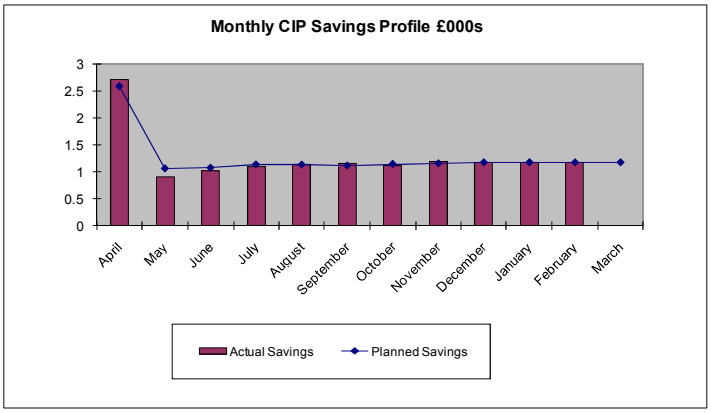
Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – February 2010

Cost improvement Programme

•The adjacent graph shows the monthly profile of the Trust's cost improvement programme and actuals achieved up to February.

•As at February, there is a shortfall against planned levels of £65k or 0.5% which is broadly stable compared with performance in January.



Forecast Outturn

• The trust continues to forecast a year end I&E position which is consistent with its agreed plan.

• Although not directly linked with the move to IFRS based accounts but taking place at the same time, all NHS organisations have been required to revalue their land and buildings on a Modern Equivalent Asset basis. This revaluation is required to take place not later than 31st March 2010. A significant reduction in asset values was expected as a combination of this changed valuation basis plus the general downward movements in property values although it was initially expected that this would largely and potentially wholly be charged to the Trust's revaluation reserve and therefore have no impact on the I&E position.

• The initial report from the District Valuer's Office has recently been received and, although further work is required on assessing the detail of the valuation, the overall effect is a downward valuation on existing buildings in the region of 25% of asset values which exceeds the value currently held in the revaluation reserve. This will mean that any excess will be chargeable to the I&E account although this will be treated as a technical adjustment and not affect performance measured against the Trust's I&E target.

External Focus and Forward Look

• Performance against Service Level Agreements with PCTs continues to rise and this is consistent with operational pressures within the Trust. Negotiations with Sandwell PCT (acting as co-ordinating commissioner on behalf of the PCT cluster) have concluded with a year end position agreed. This provides the Trust with a greater degree of certainty regarding its year end position although it should be noted that this agreement does not cover non PCT commissioners, primarily the pan Birmingham LSCG.

• Both Sandwell and Heart of Birmingham PCTs continue to report significant over performance on Acute service contracts. For Sandwell the pressure is mainly with the Dudley group of Hospitals whereas for HoB it is more mixed. Both PCTs continue to forecast meeting their end of year financial budget position (Sandwell - £0 or breakeven and HoB £7.4m underspend) . Unlike Sandwell, HoB PCT did report a recent increase in SWBH activity but this was offset by lower than planned activity at University Hospital Birmingham and the Women's Hospital Trust.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – February 2010

External Focus and Forward Look (Continued)

•Agreement has also been reached with Sandwell PCT (again acting as co-ordinating commissioner) on the 2010/2011 LDP which has been undertaken in the context of the Right Care, Right Here programme although part of the agreement includes a bid to the StHA Strategic Change Reserve (SCR) and the outcome of this bid will not be known until later in March. Further work is still required on finalising the detail of the agreement; however, overall resource levels have now been largely confirmed (subject to approval of the SCR bid). Developments in the financial planning process are dealt with as a separate item. The budgetary position of Sandwell and HoB for 2010/11 is breakeven and £9.6m underspend respectively.

• Given the expectation of a very tight financial settlements, particularly from 2011/2012 onwards, and the need to deliver very substantial cost improvement programmes, it is essential that the Trust is in the best possible financial position to move forward over the next few years. Part of this process needs to ensure that underlying financial performance is sound, especially the control of pay expenditure, whilst delivering effective and efficient healthcare.

Conclusions

• For the year to 28th February 2010, the Trust has generated an overall income and expenditure surplus of £2,202,000 which is £30,000 below plan. For the current month, the actual surplus of £96,000 was £26,000 better than plan.

• Capital expenditure in February continued at the higher levels witnessed over the last couple of months, primarily driven by the purchase of imaging equipment (mainly the City MRI scanner). However, the programme remains below profile for the year and there is still some considerable way to go to deliver the current programme by the year end.

•At 28th February, cash balances are approximately £5.0m higher than the revised cash plan.

• Anaesthetics and Critical Care, Estates, Imaging, Women & Childrens and Pathology have all generated in month deficits (although the Pathology deficit is technical in nature) and a number of divisions remain in year to date deficit, primarily Medicine A, Surgery A, Facilities and Anaesthetics & Critical Care. As in previous months, this continues to be balanced by better than planned performance in other divisions and, in particular, within corporate services.

• Expenditure against pay budgets continues to deviate from the startpoint plan with a further adverse move of £371k, a slight increase in month compared with the January performance. Excluding agency staff, actual numbers of whole time equivalents (wtes) in post has decreased by 15 in month although this is primarily driven by movements in bank staff. Taking into account the estimated effect on WTEs of agency staff, WTE numbers are 6 fewer than planned.

• Existing controls on pay and WTEs will continue to be rigorously applied, particularly as the Trust moves towards the new financial year and an expectation of a significantly tighter economic environment. With the forecast income agreed for a significant proportion of PCTs, it is vital that costs remain within these envelopes for the remainder of the year as balanced against the need to deliver access targets and a high quality service to patients.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – February 2010

Recommendations

The Trust Board is asked to:

i. NOTE the contents of the report; and

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

Robert White

Director of Finance & Performance Management

Sandwell and West Birmingham Hospitals NHS
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:	25 March 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 2009 – February 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	
Core Standards	
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 - FEBRUARY 2010

SWBTB (3/10) 049 (a)

EXECUTIVE SUMMARY

<table>
<tr><th>Note</th><th>Comments</th></tr>
<tr><td>a</td><td>Cancer urgent referral to first outpatient appointment waiting times assessment by the Care Quality Commission now includes (effective 1st January 2010), specifically for the two week wait, all referrals with breast symptoms, regardless of whether cancer is suspected. This data is now included within the report and indicated separately. Overall performance assessment in relation to the two-week wait will be by combination of the two measures in a matrix. Operational performance thresholds for the 2-week, 31-day and 62-day cancer targets were met in month and year to date.</td></tr>
<tr><td>b</td><td>During the month of February the percentage of Cancelled Operations reduced on both sites to 0.6% overall. Cancellations in Ophthalmology comprise almost 50% of total cancellations.</td></tr>
<tr><td>c</td><td>Delayed Transfers of Care increased to 3.1% overall, predominantly influenced by increased delays on the City site, attributable to Social Services.</td></tr>
<tr><td>d</td><td>Stroke Care - the recent increase in the proportion of patients spending at least 90% of their hospital stay on a Stroke Unit has continued and has been in excess of 70% throughout January and February.</td></tr>
<tr><td>e</td><td>Accident & Emergency 4-hour waits - performance improved overall to 98.0% for the month of February. Performance for the year to date is 98.38%.</td></tr>
<tr><td>f</td><td>The overall number of cases of C Diff reported across the Trust during the month of February reduced to 12 (3 Sandwell and 9 City). Two cases of MRSA Bacteraemia were reported during the month, both at Sandwell. The Trust continues to meet National and Local performance trajectories.</td></tr>
<tr><td>g</td><td>Referral to Treatment Time data for February was not available for inclusion within this report.</td></tr>
<tr><td rowspan="7">h</td><td>CQUIN:</td></tr>
<tr><td>Outpatient source of Referral - Performance remains well within the trajectory set for this target.</td></tr>
<tr><td>Caesarean Section Rate - reduced rates were seen on both sites during the month. The rate for the year to date remains 23.4%, within the trajectory for the period.</td></tr>
<tr><td>Brain Imaging - performance during February reduced slightly, with 77.1% of patients admitted as an emergency following a stroke receiving a brain scan within 24 hours of admission. Performance during the month, and year to date (80.3%), remains in excess of the agreed threshold for the period.</td></tr>
<tr><td>Hip Fracture - Performance during February fell to 80.0%.</td></tr>
<tr><td>Smoking Cessation Referrals - The number of referrals made to PCT smoking cessation services of patients specifically prior to listing for Elective Surgery increased further during the month of February, with 260 referrals to the service. This increased overall referrals for the year to date to 900. A further 53 referrals were made during the first week of March.</td></tr>
<tr><td>Inpatient Patient Satisfaction Survey - The second survey has been concluded with at least 50 responses received to the questionnaire per ward.</td></tr>
<tr><td>i</td><td>Detailed analysis of Financial Performance is contained within a separate paper to this meeting.</td></tr>
<tr><td>j</td><td>Activity (trust-wide) to date is compared with the contracted activity plan for 2009 / 2010 - Month and Year to Date.
<table>
<tr><th></th><th colspan="4">Month</th><th colspan="4">Year to Date</th></tr>
<tr><th></th><th>Actual</th><th>Plan</th><th>Variance</th><th>%</th><th>Actual</th><th>Plan</th><th>Variance</th><th>%</th></tr>
<tr><td>IP Elective</td><td>1086</td><td>1064</td><td>22</td><td>2.1</td><td>12474</td><td>11938</td><td>536</td><td>4.5</td></tr>
<tr><td>Day case</td><td>4184</td><td>4040</td><td>144</td><td>3.6</td><td>47608</td><td>45313</td><td>2295</td><td>5.1</td></tr>
<tr><td>IPE plus DC</td><td>5270</td><td>5104</td><td>166</td><td>3.3</td><td>60082</td><td>57251</td><td>2831</td><td>4.9</td></tr>
<tr><td>IP Non-Elective</td><td>4960</td><td>4824</td><td>136</td><td>2.8</td><td>60458</td><td>59694</td><td>764</td><td>1.3</td></tr>
<tr><td>OP New</td><td>12981</td><td>12422</td><td>559</td><td>4.5</td><td>148580</td><td>149575</td><td>-995</td><td>-0.7</td></tr>
<tr><td>OP Review</td><td>34412</td><td>30006</td><td>4406</td><td>14.7</td><td>382803</td><td>354980</td><td>27823</td><td>7.8</td></tr>
</table>
Activity to date is compared with 2008 / 09 for the corresponding period
<table>
<tr><th></th><th>2008 / 09</th><th>2009 / 10</th><th>Variance</th><th>%</th></tr>
<tr><td>IP Elective</td><td>11931</td><td>12474</td><td>543</td><td>4.6</td></tr>
<tr><td>Day case</td><td>46404</td><td>47608</td><td>1204</td><td>2.6</td></tr>
<tr><td>IPE plus DC</td><td>58335</td><td>60082</td><td>1747</td><td>3.0</td></tr>
<tr><td>IP Non-Elective</td><td>59913</td><td>60458</td><td>545</td><td>0.9</td></tr>
<tr><td>OP New</td><td>141449</td><td>148580</td><td>7131</td><td>5.0</td></tr>
<tr><td>OP Review</td><td>340012</td><td>382803</td><td>42791</td><td>12.6</td></tr>
</table></td></tr>
<tr><td>k</td><td>Bank and Agency - the overall use (shifts) of Nurse Bank and Nurse Agency staff fell during the month of February, with a corresponding fall in associated costs. Costs associated with the use of Medical Locum and Medical Agency staff remains essentially unaltered. Overall agency spend, expressed as a percentage of total pay spend reduced to 2.04% during the month (2.28% year to date).</td></tr>
<tr><td>l</td><td>Overall compliance with Mandatory Training modules is reported as 65.2% at the end of February. The number of PDRs reported as completed during the year increased to 4269, representing 80% of the total plan.</td></tr>
</table>

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

Exec Lead	NATIONAL AND LOCAL PRIORITY INDICATORS			October	November	December	January			February			To Date	TARGET		Exec Summary Note	THRESHOLDS			06/07 Outturn	07/08 Outturn	08/09 Outturn
				Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	09/10							
RW	Net Income & Expenditure (Surplus / Deficit (-))		£000s	251 ▲	135 ▼	160 ▲	→		258 ▼	→		96 ▼	2202	2232	2269		0%	0 - 1%	>1%	3399	6547	2535
RK	Cancer	2 weeks	%	94.5 ■	96.1 ▲	93.6 ▼	→		93.9 ▲	→			93.8	=>93	=>93	a	No variation		Any variation	100	97.1	98.6
		2 weeks (Breast Symptomatic)	%	→			→		93.2 ■	→			93.2	=>93	=>93		No variation		Any variation	n/a	n/a	n/a
		31 Days	%	99.4 ▼	99.4 ■	100 ▲	→		99.3 ▼	→			99.7	=>96	=>96		No variation		Any variation	99.9	99.9	100
		62 Days	%	89.2 ▼	89.9 ▲	89.1 ▼	→		86.5 ▼	→			89.4	=>85	=>85		No variation		Any variation	99.3	99.7	98.6
RK	Cancelled Operations	Elective Admissions Cancelled at last minute for non-clinical reasons	%	0.6 ▼	1.0 ■	0.7 ■	1.0 ■	1.1 ■	1.0 ■	0.4 ■	0.8 ■	0.6 ■	0.8	<0.8	<0.8	b	<0.8	0.8 - 1.0	>1.0	0.9	0.9	1.0
		28 day breaches	No.	0 ■	0 ■	0 ■	→		0 ■	→		0 ■	0	0	0		3 or less	4 - 6	>6	4	0	0
	Delayed Transfers of Care	Total	%	3.6 ■	2.6 ■	3.9 ■	2.6 ■	2.6 ■	2.6 ■	2.8 ▼	3.5 ■	3.1 ■	2.8	<3.0	<3.0	c	<3.0	3.0 - 4.0	>4.0	4.0	2.7	3.1
	Coronary Heart Disease	Primary Angioplasty (<90 mins)	%	79 ■	64 ■	62 ▼	80 ■	100 ■	89 ■				76.6	80	80		>80	75-80	<75	n/a	63.0	70.5
		Primary Angioplasty (<150 mins)		90 ▼	75 ■	64 ■	80 ■	100 ■	88 ■				84.2	80	80		>80	75-80	<75	n/a	n/a	83.6
		Rapid Access Chest Pain	%	100 ■	100 ■	100 ■	96 ■			100 ■			99.8	=>98	=>98		>99	98 - 99	<98	99.7	99.6	100.0
		Revascularisation >13 weeks	No.	0 ■	0 ■	0 ■	→		0 ■	→			0	0	0		0		>0	0	0	0
		Thrombolysis (60 minutes)	%	no pts	no pts	no pts			no pts				no pts	80	80		>80	75-80	<75	57	50	0
DO'D	Stroke Care	>90% stay on Stroke Unit	%	59.3 ■	51.7 ▼	64.0 ▲	→		73.3 ■	→		71.4 ▼	60.9	70	70	d	+>70	65 - 70	<65	n/a	n/a	36.5
RK	A/E 4 Hour Waits		%	99.0 ▲	96.7 ■	96.2 ▼	98.8 ■	97.2 ▲	97.8 ▲	99.3 ▲	97.3 ▲	98.0 ■	98.38	=>98	=>98	e	=>98		<98	98.20	98.28	98.16
	GUM 48 Hours	Patients seen within 48 hours	%	87.0 ▼	86.3 ▼	87.5 ▲	→		87.3 ▼	→		80.7 ▼	87.3	=>90	=>90		=>90	80-89	<80	n/a	n/a	81.0
		Patients offered app't within 48 hrs	%	99.5 ▼	100 ▲	100 ■	→		100 ■	→		100 ■	99.8	=>98	=>98		=>98	95-98	<95	35.8	80.7	98.3
R0	Infection Control	C. Diff - EXTERNAL (DH) TARGET	No.	14 ▼	14 ■	14 ■	3 ■	14 ■	17 ▼	3 ■	9 ■	12 ■	142	243	264	f	No variation		Any variation	n/a	355	163
		C. Diff - INTERNAL (LHE) TARGET	No.	14 ▼	14 ■	14 ■	3 ■	14 ▼	17 ▼	3 ■	9 ■	12 ■	142	203	220		No variation		Any variation	n/a	355	163
		MRSA - EXTERNAL (DH) TARGET	No.	1 ■	2 ▼	0 ▲	1 ▼	0 ■	1 ▼	2 ■	0 ■	2 ▼	13	31	33		No variation		Any variation	61	43	15
		MRSA - INTERNAL (LHE) TARGET	No.	1 ■	2 ▼	0 ▲	1 ▼	0 ■	1 ▼	2 ■	0 ■	2 ▼	13	22	23		No variation		Any variation	61	43	15
RK	Data Quality	Valid Coding for Ethnic Category (FCEs)	%	95 ■	94 ■	95 ▲	→		94 ▼	→		94 ■	94.5	90	90		>/=90	89.0-89.9	<89	90.0	89.0	87.0
		Maternity HES	%			5.7 ■	→			→			5.7	<15	<15		=<15	16-30	>30	n/a	n/a	
RO	Infant Health & Inequalities	Maternal Smoking Status Data Complete	%	→	→	99.0 ■	→			→			99.3	=>99.0	=>99.0		=>99	98-99	<98	99.9	99.5	99.9
		Breast Feeding Status Data Complete	%	→	→	99.3 ■	→			→			99.1	=>99.0	=>99.0		=>99	98-99	<98	98.3	99.8	97.8
		Maternal Smoking Rates	%	→	→	10.9 ▲	→			→			11.8	<12.0	<12.0		<12.0	12-14	>14.0	13.2	13.1	12.6
		Breast Feeding Initiation Rates	%	→	→	63.3 ▲	→			→			62.7	>57.0	>57.0		>57.0	55-57	<55.0	52.5	55.0	54.2
RK	Patient Access	Inpatients >26 weeks	%	0 ■	0 ■	0 ■	→		0 ■	→			0.000	0	0		<0.03		>0.03	1	0	0
		Outpatients >13 weeks	%	0 ■	0 ■	0 ■	→		0 ■	→			0.001	0	0		<0.03		>0.03	4	0	5
RK	RTT Milestones	Admitted Care (RTT <18 weeks)	%	97.6 ▲	93.4 ▼	92.8 ▼	→		95.5 ▲	→			95.5	=>90.0	=>90.0	g	=>90.0		<90.0	52.0	90.6	98.6
		Admitted Care - Data Completeness	%	108.4 ■	103.5 ■	99.8 ■	→		102.8 ■	→			102.8	90-110	<90 or >110		90-110		<90 or >110	n/a	n/a	100.4
		Non-Admitted Care (RTT <18 weeks)	%	97.7 ▼	97.3 ▼	96.7 ▼	→		98.4 ▲	→			98.4	=>95.0	=>95.0		=>95.0		=<95.0	n/a	95.5	98.8
		Non-Admitted Care - Data Completeness	%	108.3 ■	98.4 ■	90.9 ■	→		96.3 ■	→			96.3	90-110	<90 or >110		90-110		<90 or >110	n/a	n/a	98.1
		Audiology Direct Access Waits (<18 wks)	%	100 ■	100 ■	100 ■	→		100 ■	→			100	=>95	=>95		=>95		<95	n/a	n/a	99.0
		Audiology Data Completeness	%	108.0 ■	110.0 ■	102.0 ■	→		108.0 ■	→			108.0	90-110	<90 or >110		90-110		<90 or >110	n/a	n/a	96.0
		Diagnostic Waits greater than 6 weeks	No.	0 ■	2 ■	1 ▲	→		0 ■	→			0	0	0		0		>0	996	25	26
DO'D	Mortality in Hospital	Hospital Standardised Mortality Rate	HSMR	83.4 JuL '09	82.3 Aug '09	97.8 Sept '09	→		90.0 Oct '09	→		99.7 Nov '09	90.6	Rate only	Rate only					96.4	100.9	105.1
		Peer (SHA) HSMR	HSMR	90.7	91.5	85.7	→		90.4	→		90.6	93.6	Rate only	Rate only					108.8	106.0	103.9
RK	CQUIN	OP Source of Referral Information	%	1.18 ▲	1.04 ▲	1.64 ▼	→		1.13 ▲	→		0.8 ▲	1.30	5.0	5.0	h	No variation		Any variation	n/a	n/a	10.0
DO'D		Caesarean Section Rate	%	23.4 ■	24.2 ▼	22.0 ▲	24.1 ▼	27.1 ■	25.8 ▼	19.1 ▲	25.8 ■	23.1 ▲	23.4	26.0	26.0		=<26.0		>26.0	n/a	27.7	27.0
		Brain Imaging for Em. Stroke Admissions	%	88.0 ▲	82.4 ▼	85.2 ▲	→		84.7 ▼	→		77.1 ▼	80.3	72.0	72.0		=>72.0		<72.0	n/a	n/a	72.0
		Hip Fracture Op's <48 hours of admission	%	84.6 ▼	80.0 ■	89.7 ■	→		88.4 ▼	→		80.0 ■	80.0	87.0	87.0		No Variation	0 - 2% Variation	>2% Variation	63.6	70.1	77.8
		Smoking Cesssation Referrals	No.	173 ■	65 ■	59 ▼	→		172 ■	→		260 ▲	900	917	1000		=>83	per month	<83	n/a	n/a	7
RO		IP Patient Satisfaction (Survey Coverage)	%										Completed				=>90		<90	n/a	n/a	n/a

Exec Lead				Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust	To Date	YTD	09/10	Summary Note				06/07 Outturn	07/08 Outturn	08/09 Outturn
CLINICAL QUALITY																						
RK	Readmission Rates	(Within 28 days of discharge)	%	11.6	12.3	11.9	12.9	10.3	11.4				11.5	No. Only	No. Only					10.1	n/a	11.6
		(Within 14 days of discharge)	%	8.6	9.0	8.8	9.7	7.6	8.5				8.5	No. Only	No. Only					n/a	n/a	7.3
R0	Infection Control	Savings Lives Compliance	%	100 ▲	99 ▼	100 ▲	→		99 ▼	→		99 ■	99	>95	>95		< YTD target		> YTD target	n/a	n/a	99.0
		MRSA Screening (Elective)	No.	2305	2192	1611	→		2248	→		2231	22003	No. Only	No. Only		0 - 10%	10 - 15%	>15%	n/a	n/a	6495
		MRSA Screening (Non-Elective)	No.	2133	2125	2175	→		2203	→		2112	16163	No. Only	No. Only		0 - 10%	10 - 15%	>15%	n/a	n/a	n/a
DO'D	Obstetrics	Post Partum Haemorrhage (>2000 ml)	No.	2 ▼	0 ▲	0 ■	0 ■	0 ■	0 ■	0 ■	1 ▼	1 ▼	10	44	48		=<2	3 - 4	>4	n/a	n/a	
		Admissions to Neonatal ICU	%	5.5 ▲	4.1 ▲	4.6 ▼	7.5 ▼	2.9 ▲	5.0 ▼				5.0	=<10	=<10		=<10	10.0-12.0	>12.0	n/a	9.6	
		Adjusted Perinatal Mortality Rate	/1000	9.2 ■	16.6 ■	7.1 ■	4.0 ■	6.5 ▼	5.3 ▲				5.3	<8.0	<8.0		<8	8.1 - 10.0	>10	n/a	n/a	
FINANCE & FINANCIAL EFFICIENCY																						
RW	Gross Margin		£000s	2493 ▲	2377 ▼	2402 ▲	→		2501 ▲	→		2259 ▼	25869	25833	29805		0%	0 - 1%	>1%	26429	33250	26436
	CIP		£000s	1079 ■	1151 ■	1113 ■	→		1169 ■	→		1168 ▼	13821	13886	15075		0 - 2.5%	2.5 - 7.5%	>7.5%	19679	14027	11084
	In Year Monthly Run Rate		%	13.06 ▲	14.41 ▲	29.03 ▲	→		11.69 ▼	→		37.14 ▲	-1.34	0	0		NO or a + variation	0 - 5% variation	>5% variation	329	45	1.4
RK	Income / WTE		£s	4960 ▲	5001 ▲	5087 ▲	→		5088 ▲	→		5022 ▼	4982	5127	5127		No variation	0 - 5% variation	>5% variation	5460	4924	5014
	Income / Open Bed		£s	32496 ▲	32048 ▼	32518 ▲	→		30217 ■	→		31920 ■	32131	31184	31184		No variation	0 - 5% variation	>5% variation	24774	29065	30498
	Income per Spell	Total Income	£s	2762 ▼	2892 ▲	2994 ▲	→		3066 ▲	→		3101 ▲	2873	2762	2762		No Variation	0 - 4% Variation	>4% Variation	2635	2740	2701
		Clinical Income	£s	2483 ▼	2572 ▲	2695 ▲	→		2755 ▲	→		2775 ▲	2582	2454	2454		No Variation	0 - 4% Variation	>4% Variation	2317	2449	2400
		Non-Clinical Income	£s	279 ▼	320 ■	299 ■	→		311 ■	→		326 ▲	291	308	308	i	No Variation	0 - 4% Variation	>4% Variation	318	291	301
	Cost per Spell	Total Cost	£s	2740 ■	2880 ■	2980 ▼	→		3042 ▼	→		3092 ▼	2855	2742	2742		No Variation	0 - 4% Variation	>4% Variation	n/a	2643	2682
		Total Pay Cost	£s	1862 ■	1937 ■	1960 ▼	→		2027 ▼	→		2072 ▼	1915	1825	1825		No Variation	0 - 4% Variation	>4% Variation	1772	1737	1785
		Medical Pay Cost	£s	570 ■	580 ▼	564 ■	→		585 ■	→		594 ▼	558	544	544		No Variation	0 - 4% Variation	>4% Variation	543	517	532
		Nursing Pay Cost (including Bank)	£s	638 ■	671 ■	680 ▼	→		713 ▼	→		735 ▼	666	639	639		No Variation	0 - 4% Variation	>4% Variation	609	615	625
		Non-Pay Cost	£s	877 ▲	943 ■	1019 ■	→		1015 ▲	→		1020 ▼	940	917	917		No Variation	0 - 4% Variation	>4% Variation	n/a	906	897
		Mean Drug Cost / IP Spell	£s	123 ▼	130 ■	134 ▼	→		139 ▼	→		126 ■	122	123	123		No Variation	0 - 4% Variation	>4% Variation	n/a	95	120
		Mean Drug Cost / Occupied Bed Day	£s	52 ▼	52 ■	52 ■	→		50 ■	→		51 ■	49	48	48		No Variation	0 - 4% Variation	>4% Variation	n/a	35	47
PATIENT EXPERIENCE																						
RK	Same Sex Accommodation Breaches	Number of Breaches	No.	→	604	917	→		865	→		604	2990	No. Only	No. Only		To date = since 1 Nov 2009			n/a	n/a	n/a
		Percentage of overall admissions	%	→	5.09	8.06	→		7.77	→		5.70	6.65	No. Only	No. Only					n/a	n/a	n/a
KD	Complaints	Number Received	No.	→	→	217	→			→			662	No. Only	No. Only					673	697	789
		Response within initial negotiated date	%	→	→	70.5 ■	→			→			70.7	85	85		80%+	70 - 79%	<70%	77.4	81.2	81.1
	Thank You Letters		No.	→	→	729	→			→			1622	No. Only	No. Only					6026	3491	2912
	Telephone Exchange	Number of Calls Received	No.	86302	86020	81214	→		86311	→		75208	1016495	No. Only	No. Only					n/a	1826476	1559688
		Calls Answered	%	90.7	86.9	87.9	→		81.4			84.0	83.5	No. Only	No. Only					n/a	81.0	82.3
		Answered within 15 seconds	%	51.9	42.1	45.1	→		36.2			39.8	44.2	No. Only	No. Only					n/a	n/a	39.1
		Answered within 30 seconds	%	68.5	58.5	61.0	→		49.3			53.9	59.2	No. Only	No. Only					n/a	n/a	55.5
		Average Ring Time	Secs	23.1	30.7	29.5	→		39.2			35.9	35.9	No. Only	No. Only					n/a	n/a	28.8
		Longest Ring Time	Secs	774	1068	447	→		650			485	485	No. Only	No. Only					n/a	n/a	695
STRATEGY																						
RK	Referrals	Total By Site	No.	16609 ▼	16001 ▲	14394 ▼	→		14422 ■	→			158432	146908	178070		No Variation	0 - 2% Variation	>2% Variation	138580	151755	178070
		Total GP Referrals	No.	10696 ■	10380 ■	9538 ▲	→		9617 ■	→			104092	99474	120138		No Variation	0 - 2% Variation	>2% Variation	98476	95857	120138
		Total Other Referrals	No.	5913 ▲	5621 ▲	4856 ▼	→		4805 ■	→			54340	47433	57932		No Variation	0 - 2% Variation	>2% Variation	40104	55898	57932
		By PCT - Heart of B'ham	No.	4609 ▼	4501 ▲	4036 ▼	→		4050 ■	→			43350	40835	49859		No Variation	0 - 2% Variation	>2% Variation	40394	41628	49859
		By PCT - Sandwell	No.	8223 ▼	7813 ▲	7186 ▼	→		7305 ■	→			79335	72593	87779		No Variation	0 - 2% Variation	>2% Variation	72580	77592	87779
		By PCT - Other	No.	3777 ▼	3687 ▲	3172 ▼	→		3067 ■	→			35747	33480	40453		No Variation	0 - 2% Variation	>2% Variation	25606	32535	40453
		Conversion (all referrals) to New OP Att'd	%	89.7	87.5	87.4	→		85.8	→			85.4	No. Only	No. Only					91.5	87.0	85.9

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Exec Lead	ACTIVITY			Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust	To Date	YTD	09/10	Summary Note				06/07 Outturn	07/08 Outturn	08/09 Outturn
RK	Spells	Elective IP	No.	1200	1163	1059	336	781	1117	354	732	1086	12474	11938	13077	j	No Variation	0 - 2% Variation	>2% Variation	13887	13395	13106
		Elective DC	No.	4616	4636	4181	1926	2204	4130	1833	2351	4184	47608	45313	49636		No Variation	0 - 2% Variation	>2% Variation	45831	46304	50873
		Total Elective	No.	5816	5799	5240	2262	2985	5247	2187	3083	5270	60082	57251	62713		No Variation	0 - 2% Variation	>2% Variation	59718	59699	63979
		Non-Elective - Short Stay	No.	1421	1079	1302	703	709	1412	621	764	1385	17155	12581	13745		No Variation	0 - 2% Variation	>2% Variation	12414	11575	12770
		Non-Elective - Other	No.	4248	4202	4318	1689	2147	3836	1541	2034	3575	43303	47113	54971		No Variation	0 - 2% Variation	>2% Variation	52662	55163	56226
		Total Non-Elective	No.	5669	5281	5620	2392	2856	5248	2162	2798	4960	60458	59694	68716		No Variation	0 - 2% Variation	>2% Variation	65076	66738	68996
	Outpatients	New	No.	14904	13995	12585	4361	8011	12372	4494	8487	12981	148580	149575	163114		No Variation	0 - 2% Variation	>2% Variation	127449	131941	152923
		Review	No.	37203	35604	33118	11790	21940	33730	11775	22637	34412	382803	354980	385680		No Variation	0 - 2% Variation	>2% Variation	370970	361113	374867
	A/E Attendances	Type I (Sandwell & City Main Units)	No.	16084	14395	15165	6332	8080	14412	5765	7725	13490	174336	180327	197122		No Variation	0 - 2% Variation	>2% Variation	200561	195093	191141
	A/E Attendances	Type II (BMEC)	No.	2971	2448	2532	→	2572	2572	→	2750	2750	31774	28129	30749		No Variation	0 - 2% Variation	>2% Variation	31373	29803	30800
	PATIENT ACCESS & EFFICIENCY																					
	Length of Stay	Average Length of Stay	Days	4.2	4.5	4.7	4.7	4.1	4.4				4.5	5.0	5.0		No Variation	0 - 5% Variation	>5% Variation	5.7	5.0	5.0
		All Patients with LOS > 14 days	No.	298	316	344	177	148	325	184	145	329	329	No. Only	No. Only					n/a	345	312
		All Patients with LOS > 28 days	No.	147	163	157	90	85	175	96	78	174	174	No. Only	No. Only					190	174	152
		Min. Stay Rate (Electives (IP/DC) <2 days)	%	92.0	92.2	92.3	95.1	91.0	92.8	95.7	91.4	93.2	92.3	92.0	92.0		No Variation	0 - 5% Variation	>5% Variation	88.3	90.5	91.6
	Admissions	Day of Surgery (IP Elective Surgery)	%	84.5	85.8	87.7	87.6	87.3	87.4	94.0	85.8	88.8	85.4	82.0	82.0		No Variation	0 - 5% Variation	>5% Variation	63.2	76.5	79.4
		Day of Surgery (IP Non-Elective Surgery)	%	63.0	67.9	62.7	69.4	70.47	70.0	68.0	70.32	69.3	69.6	No. Only	No. Only					n/a	68.3	70.2
		With no Procedure (Elective Surgery)	%	9.4	10.4	7.5	11.3	7.9	8.9				9.8	No. Only	No. Only					10.6	n/a	10.6
		Per Bed (Elective)	No.	6.81	5.18	5.37	4.42	5.49	4.97	4.35	5.81	5.10	5.48	5.90	5.90		No Variation	0 - 5% Variation	>5% Variation	4.66	4.87	5.33
	Discharges	Pt's Social Care Delay	No.	15	15	23	3	6	9	6	9	15	15	<18	<18	c	No Variation	0 - 10% Variation	>10% Variation			
		Pt.'s NHS & NHS plus S.C. Delay	No.	9	9	10	1	6	7	3	5	8	8	<10	<10		No Variation	0 - 10% Variation	>10% Variation			
	Beds	Occupied Bed Days	No.	27392	27724	28232	13405	15724	29129	11695	13760	25455	303087	309293	342000		No Variation	0 - 5% Variation	>5% Variation	378060	348676	342793
RK		Occupancy Rate	%	86.5	90.7	86.4	87.5	84.7	86.1	88.0	83.9	85.9	86.1	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	88.6	90.8	90.3
		Open at month end (exc Obstetrics)	No.	976	1000	1000	516	549	1065	486	508	994	994	975	975		No Variation	0 - 2% Variation	>2% Variation	1039	1007	975
	Day Case Rates	All Procedures	%	78.1	78.2	77.8	85.2	73.8	78.7	83.8	76.3	79.4	79.2	80.0	80.0		No Variation	0 - 5% Variation	>5% Variation	76.0	76.9	79.0
		BMEC Procedures	%	78.81	80.29	77.3	→	81.17	81.2	→	85.35	85.4	79.7	80.0	80.0		No Variation	0 - 5% Variation	>5% Variation	71.5	77.2	79.7
	Non-Admitted Care	New : Review Rate	Ratio	2.50	2.54	2.63	2.70	2.74	2.73	2.62	2.67	2.65	2.58	2.30	2.30		No Variation	0 - 5% Variation	>5% Variation	2.91	2.74	2.45
		DNA Rate - New Referrals	%	14.0	12.8	15.9	16.0	17.3	16.8	12.1	14.6	13.8	13.7	9.0	9.0		No Variation	0 - 5% Variation	>5% Variation	10.8	10.9	12.0
		DNA Rate - Reviews	%	11.9	12.2	13.9	17.2	15.5	16.1	13.5	12.3	12.7	12.4	9.0	9.0		No Variation	0 - 5% Variation	>5% Variation	12.8	13.5	13.5
		OP Cancellations - Trust Initiated	No.	2770	2705	3259	→		4175	→			12909	No. Only	No. Only					n/a	n/a	n/a
		OP Cancellations - Patient Initiated	No.	3273	3524	3587	→		4992	→			15376	No. Only	No. Only		To date = since 1 Oct 2009			n/a	n/a	n/a
		OP Cancellations as % OP activity	%	11.6	12.6	15.0			19.9				14.6	No. Only	No. Only					n/a	n/a	n/a
	Pathology	Cervical Cytology Turnaround	Weeks	1.8	0.8	0.8	→			→			0.8	<4.0	<4.0		<4.0	4.0-6.0	>6.0	1.7 - 4.0	1.5 - 2.9	2.7
	Ambulance Turnaround	In Excess of 30 minutes	%	n/a	26.6	23.0	20.2	18.6	19.3	19.4	25.1	22.6	22.6	<10.0	<10.0		<10	10 - 12.5	>12.5	n/a	29.1	19.0
		(West Midlands average)	%	n/a	35.2	31.3	→		27.8	→		27.4	27.4	No. Only	No. Only					n/a	31.1	21.0
		In Excess of 60 minutes	No.	n/a	67	60	12	21	33	4	34	38	38	0	0		0	1 - 5	>5	n/a	n/a	
	THEATRE UTILISATION																					
RK	Sitrep Declared Late **Cancellations** by Specialty	General Surgery	No.	3	9	6	6	2	8	5	1	6	76	55	60	b	0-5% variation	5 - 15% variation	>15% variation	n/a	75	104
		Urology	No.	4	3	2	5	6	11	0	4	4	39	44	48		0-5% variation	5 - 15% variation	>15% variation	n/a	67	102
		Vascular Surgery	No.	4	0	0	0	0	0	0	1	1	6	3	3		0-5% variation	5 - 15% variation	>15% variation	n/a	1	7
		Trauma & Orthopaedics	No.	8	8	6	4	7	11	0	0	0	64	66	72		0-5% variation	5 - 15% variation	>15% variation	n/a	100	75
		ENT	No.	3	4	5	0	4	4	0	1	1	23	11	12		0-5% variation	5 - 15% variation	>15% variation	n/a	19	23
		Ophthalmology	No.	10	20	11	0	2	2	0	12	12	121	99	108		0-5% variation	5 - 15% variation	>15% variation	n/a	139	153
		Oral Surgery	No.	0	4	3	0	2	2	0	0	0	22	8	8		0-5% variation	5 - 15% variation	>15% variation	n/a	10	19
		Cardiology	No.	0	2	0	0	0	0	0	0	0	6	19	21		0-5% variation	5 - 15% variation	>15% variation	n/a	28	31
		Gynaecology / Gynae-Oncology	No.	4	4	3	6	8	14	0	2	2	54	50	54		0-5% variation	5 - 15% variation	>15% variation	n/a	69	71
		Plastic Surgery	No.	0	1	0	0	1	1	0	0	0	10	11	12		0-5% variation	5 - 15% variation	>15% variation	n/a	17	21
		Dermatology	No.	0	0	2	0	0	0	0	0	0	18	22	24		0-5% variation	5 - 15% variation	>15% variation	n/a	4	24
		TOTAL	No.	36	55	38	21	32	53	5	21	26	439	388	422		0-5% variation	5 - 15% variation	>15% variation	n/a	529	630

Exec Lead	WORKFORCE			Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust	To Date	YTD	09/10	Summary Note				06/07 Outturn	07/08 Outturn	08/09 Outturn
RK	WTE in Post	Total	No.	6394 ▪	6408 ▲	6393 ▲	→		6324 ▲	→		6318 ▲	6318	6442	6241		No Variation	0 - 1% Variation	>1% Variation	6000	5875	6042
		Medical and Dental	No.	769 ▼	770 ▲	759 ▲	→		757 ▲	→		752 ▲	752	794	761		No Variation	0 - 1% Variation	>1% Variation	822	736	755
		M'ment, Admin. & HCAs	No.	2038 ▲	2033 ■	2025 ▲	→		1992 ▪	→		2004 ▼	2004	2019	1952		No Variation	0 - 1% Variation	>1% Variation	1806	1765	1852
		Nursing & Midwifery (excluding Bank)	No.	2396 ▼	2409 ▼	2404 ▲	→		2373 ▲	→		2363 ▲	2363	2600	2547		No Variation	0 - 1% Variation	>1% Variation	2481	2255	2259
		Scientific and Technical	No.	966 ▼	958 ▲	973 ▼	→		961 ▲	→		970 ▼	970	1028	981		No Variation	0 - 1% Variation	>1% Variation	891	869	913
		Bank Staff	No.	225	238	232	→		241	→		229	229	No. Only	No. Only					n/a	250	260
		Gross Salary Bill	£000s	21389 ▼	21461 ▼	21290 ▼	→		21272 ▼	→		21193 ▼	230789	227498	243342		No Variation	0 - 1% Variation	>1% Variation	220244	219667	238674
RK	Bank & Agency	Nurse Bank Fill Rate	%	86.9	84.8	78.6	→		84.1	→		83.2	84.9	No. Only	No. Only	k				n/a	87.6	81.8
		Nurse Bank Shifts covered	No.	4966 ▼	5261 ▼	4734 ▲	→		4956 ▼	→		4899 ▲	56009	56683	61836		0 - 2.5% Variation	2.5 - 5.0% Variation	>5.0% Variation	67330	68707	69675
		Nurse Agency Shifts covered	No.	250 ▲	459 ■	715 ▼	→		766 ▼	→		416 ▪	4685	4558	4972		0 - 5% Variation	5 - 10% Variation	>10% Variation	2879	5524	4765
		Nurse Bank AND Agency Shifts covered	No.	5216 ▼	5720 ■	5449 ▪	→		5722 ■	→		5315 ▪	60694	61241	66808		0 - 2.5% Variation	2.5 - 5.0% Variation	>5.0% Variation	70209	74231	74440
		Nurse Bank Costs	£000s	509 ▲	544 ▼	536 ▲	→		503 ▲	→		544 ▼	5734	5888	6423		0 - 2.5% Variation	2.5 - 5.0% Variation	>5.0% Variation	6883	6980	6844
		Nurse Agency Costs	£000s	97 ■	72 ▪	167 ■	→		225 ▼	→		85 ▪	1019	909	992		0 - 5% Variation	5 - 10% Variation	>10% Variation	474	1078	832
KD		Medical Agency Costs	£000s	159 ▼	167 ▼	164 ▲	→		199 ▼	→		187 ▲	1948	1093	1192		0 - 5% Variation	5 - 10% Variation	>10% Variation	693	1296	2026
RK		Other Agency Costs	£000s	135 ▲	192 ▼	177 ▲	→		192 ▼	→		160 ▲	2307	1292	1410		0 - 5% Variation	5 - 10% Variation	>10% Variation	1661	2223	3759
KD		Medical Locum Costs	£000s	275 ▼	273 ▲	247 ▲	→		210 ▲	→		218 ▼	2650	2455	2250		0 - 2.5% Variation	2.5 - 5.0% Variation	>5.0% Variation	2566	2445	2747
RK/KD		Agency Spend cf. Total Pay Spend	%	1.83 ▪	2.01 ■	2.39 ▼	→		2.90 ■	→		2.04 ▲	2.28	<2.00	<2.00		<2	2 - 2.5	>2.5	1.50	2.15	2.77
CH	Sickness Absence	Long Term	%	3.42 ■	3.25 ■	3.40 ■	→		3.79 ▼	→			3.08	<3.00	<3.00		<3.0	3.0-3.35	>3.35	2.50	3.52	3.16
		Short Term	%	1.59 ■	1.59 ■	1.33 ■	→		1.60 ■	→			1.32	<1.25	<1.25		<1.25	1.25-1.40	>1.40	2.17	1.26	1.22
		Total	%	5.00 ■	4.84 ▲	4.73 ■	→		5.39 ■	→			4.40	<4.25	<4.25		<4.25	4.25-4.75	>4.75	4.67	4.78	4.38
	Recruitment & Retention	Permission to Recruit	wte	100	61	42	→		55	→		31	766	No. Only	No. Only					n/a	1143	1124
		New Starters	wte	85	50	28	→		43	→		58	944	No. Only	No. Only					n/a	855	1066
		Leavers	wte	73	43	65	→		40	→		66	807	No. Only	No. Only					n/a	1004	999
		Inductions	No.	83	71	31	→		52	→		38	756	No. Only	No. Only					n/a	442	896
	Learning & Development	PDRs (includes Junior Med staff)	No.	353 ■	242 ▼	184 ▼	→		269 ▲	→		208 ▼	4269	4896	5341	l	0-5% variation	5 - 15% variation	>15% variation	n/a	1963	4518
		Mandatory Training Compliance	%	40.1 ■	41.4 ▲	55.7 ▲	→		60.7 ▲	→		65.2 ▲	65.2	100	100		=>80	50 - 79	<50	4313 (No.)	2770 (No.)	4044 (No.)

KEY TO PERFORMANCE ASSESSMENT SYMBOLS

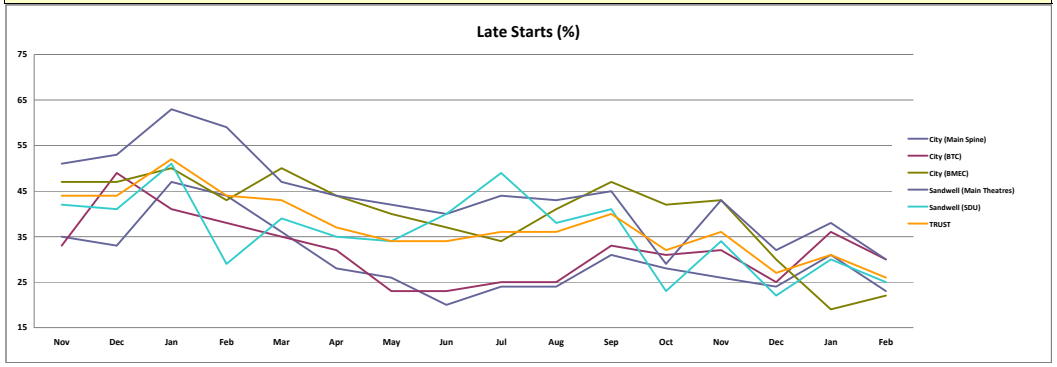
▲	Fully Met - Performance continues to improve
▪	Fully Met - Performance Maintained
▼	Met, but performance has deteriorated
▲	Not quite met - performance has improved
■	Not quite met
▼	Not quite met - performance has deteriorated
▲	Not met - performance has improved
■	Not met - performance showing no 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

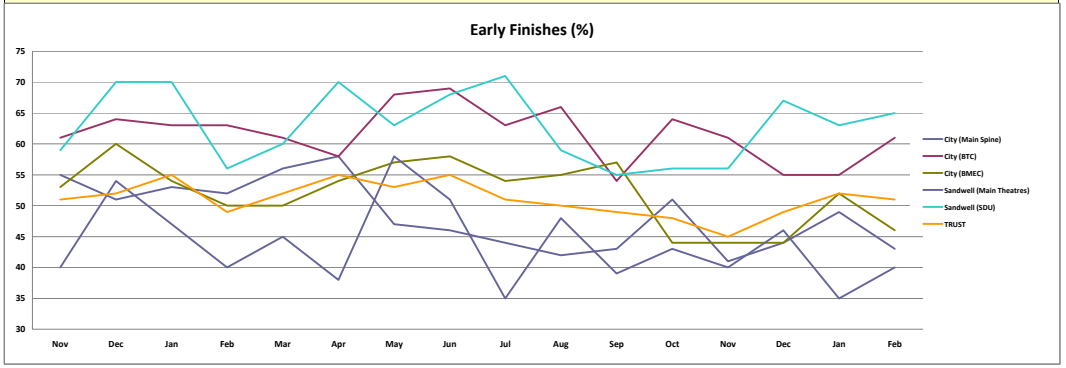
LATE STARTS (%)	2008 / 2009					2009 / 2010											
Theatre Location	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
City (Main Spine)	35	33	47	44	36	28	26	20	24	24	31	28	26	24	31	23	
City (BTC)	33	49	41	38	35	32	23	23	25	25	33	31	32	25	36	30	
City (BMEC)	47	47	50	43	50	44	40	37	34	41	47	42	43	30	19	22	
Sandwell (Main Theatres)	51	53	63	59	47	44	42	40	44	43	45	29	43	32	38	30	
Sandwell (SDU)	42	41	51	29	39	35	34	40	49	38	41	23	34	22	30	25	
TRUST	44	44	52	44	43	37	34	34	36	36	40	32	36	27	31	26	

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



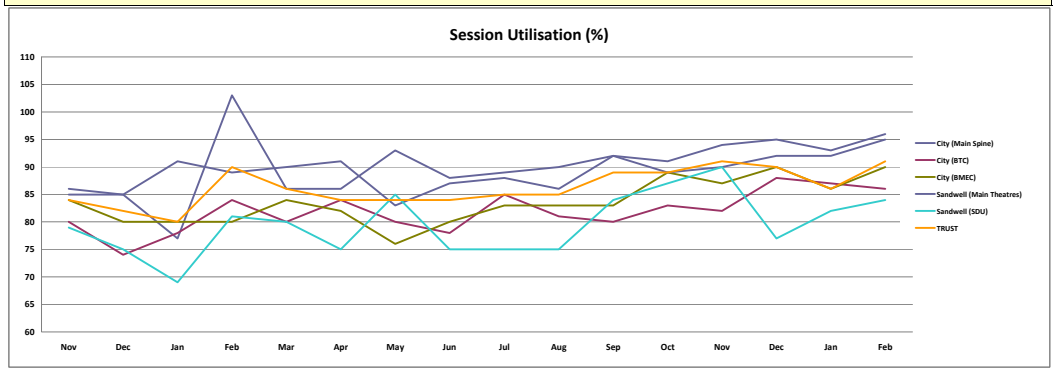
EARLY FINISHES (%)	2008 / 2009					2009 / 2010											
Theatre Location	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
City (Main Spine)	55	51	53	52	56	58	47	46	44	42	43	51	41	44	49	43	
City (BTC)	61	64	63	63	61	58	68	69	63	66	54	64	61	55	55	61	
City (BMEC)	53	60	54	50	50	54	57	58	54	55	57	44	44	44	52	46	
Sandwell (Main Theatres)	40	54	47	40	45	38	58	51	35	48	39	43	40	46	35	40	
Sandwell (SDU)	59	70	70	56	60	70	63	68	71	59	55	56	56	67	63	65	
TRUST	51	52	55	49	52	55	53	55	51	50	49	48	45	49	52	51	

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



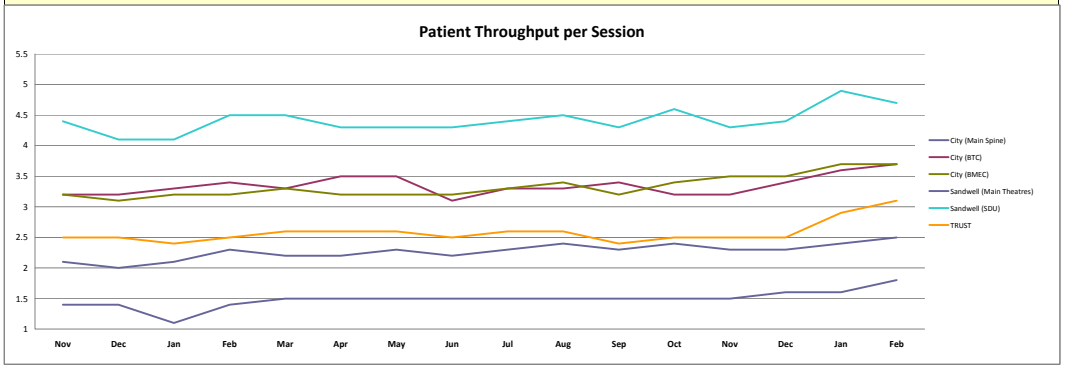
SESSION UTILISATION (%)	2008 / 2009					2009 / 2010											
Theatre Location	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
City (Main Spine)	86	85	77	103	86	86	93	88	89	90	92	91	94	95	93	96	
City (BTC)	80	74	78	84	80	84	80	78	85	81	80	83	82	88	87	86	
City (BMEC)	84	80	80	80	84	82	76	80	83	83	83	89	87	90	86	90	
Sandwell (Main Theatres)	85	85	91	89	90	91	83	87	88	86	92	89	90	92	92	95	
Sandwell (SDU)	79	75	69	81	80	75	85	75	75	75	84	87	90	77	82	84	
TRUST	84	82	80	90	86	84	84	84	85	85	89	89	91	90	86	91	

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



THROUGHPUT / SESSION	2008 / 2009					2009 / 2010											
Theatre Location	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
City (Main Spine)	1.4	1.4	1.1	1.4	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.6	1.6	1.8	
City (BTC)	3.2	3.2	3.3	3.4	3.3	3.5	3.5	3.1	3.3	3.3	3.4	3.2	3.2	3.4	3.6	3.7	
City (BMEC)	3.2	3.1	3.2	3.2	3.3	3.2	3.2	3.2	3.3	3.4	3.2	3.4	3.5	3.5	3.7	3.7	
Sandwell (Main Theatres)	2.1	2.0	2.1	2.3	2.2	2.2	2.3	2.2	2.3	2.4	2.3	2.4	2.3	2.3	2.4	2.5	
Sandwell (SDU)	4.4	4.1	4.1	4.5	4.5	4.3	4.3	4.3	4.4	4.5	4.3	4.6	4.3	4.4	4.9	4.7	
TRUST	2.5	2.5	2.4	2.5	2.6	2.6	2.6	2.5	2.6	2.6	2.4	2.5	2.5	2.5	2.9	3.1	

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:	25 March 2010

SUMMARY OF KEY POINTS:

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

- 'Achieve' thresholds for each of the indicators which comprise the schedule of Operational Standards were met during the period.
- The Underperformance against the 'Better Payment Practice Code Value' metric, which forms part of the Financial Assessment, was influenced by delayed payment of one high value invoice.

Foundation Trust Compliance Report – the overall Risk Score for the period reduced due to improved A/E 4-hour wait performance with the overall Governance Rating moving from AMBER to 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	
Core Standards	
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.

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST - NHS PERFORMANCE FRAMEWORK MONITORING REPORT - 2009/10

Operational Standards and Targets

Indicator	Weight	Thresholds Achieve	Thresholds Fail	2009 / 2010 Q1	Score	Weight x Score	Q2	Score	Weight x Score	Q3	Score	Weight x Score	January	Score	Weight x Score	February	Score	Weight x Score
A/E Waits less than 4-hours	1.00	98.00%	97.00%	99.39%	3	3.00	98.90%	3	3.00	97.26%	2	2.00	97.80%	2	2.00	98.00%	3	3.00
Cancelled Operations - 28 day breaches	1.00	5.0%	15.0%	0	3	3.00	0	3	3.00	0	3	3.00	0	3	3.00	0	3	3.00
MRSA Bacteraemia	1.00	0	>1.0SD	5	3	3.00	2	3	3.00	3	3	3.00	1	3	3.00	2	3	3.00
Clostridium Difficile	1.00	0%	>1.0SD	32	3	3.00	39	3	3.00	42	3	3.00	17	3	3.00	12	3	3.00
18-weeks RTT (Admitted)	1.00	90.0%	85.0%	98.0	3	3.00	>90.0%	3	3.00	>90.0%	3	3.00	95.5%	3	3.00	>90.0%*	3	3.00
18-weeks RTT (Non-Admitted)	1.00	95.0%	90.0%	98.5	3	3.00	>95.0%	3	3.00	>95.0%	3	3.00	98.3%	3	3.00	>95.0%*	3	3.00
• Achievement in all specialties (inc. DAA Audiology, exc. Orthopaedics)	0.50	95.0%	90.0%	>95.0%	3	1.50	>95.0%	3	1.50	>95.0%	3	1.50	>95.0%	3	1.50	>95.0%*	3	1.50
• Achievement in Orthopaedics	0.50	95.0%	95.0%	>95.0%	3	1.50	>95.0%	3	1.50	>95.0%	3	1.50	98.4%	3	1.50	>95.0%*	3	1.50
Cancer - 2 week GP Referral to First Outpatient Appointment	1.00	93.0%	88.0%	93.1%	3	3.00	93.3%	3	3.00	94.7%	3	3.00	93.9%	3	3.00	>93.0%*	3	3.00
Cancer - 31 day second or subsequent treatment (surgery)	0.33	94.0%	89.0%	100%	3	1.50	99.1%	3	1.50	>94.0%	3	0.99	100%	3	0.99	>94.0%*	3	0.99
Cancer - 31 day second or subsequent treatment (drug)	0.33	98.0%	93.0%							>98.0%	3	0.99	100%	3	0.99	>98.0%*	3	0.99
Cancer - 31 day diagnosis to treatment for all cancers	0.33	96.0%	91.0%	99.8%	3	1.50	99.8%	3	1.50	99.6%	3	0.99	99.3%	3	0.99	>96.0%*	3	0.99
Cancer - 62 day referral to treatment from screening	0.33	90.0%	85.0%	99.8%	3	0.99	100%	3	0.99	100%	3	0.99	100%	3	0.99	>90.0%*	3	0.99
Cancer - 62 day referral to treatment from hospital specialist	0.33	85.0%	80.0%	66.70%	0	0.00	98.6%	3	0.99	90%	3	0.99	100%	3	0.99	>85.0%*	3	0.99
Cancer - 62 day urgent referral to treatment for all cancers	0.33	85.0%	80.0%	90.6%	3	0.99	89.3%	3	0.99	89.3%	3	0.99	86.5%	3	0.99	>85.0%*	3	0.99
3-month revascularisation breaches (as % admissions)	1.00	0.1%	0.2%	0.0%	3	3.00	0.0%	3	3.00	0.0%	3	3.00	0.0%	3	3.00	0.0%*	3	3.00
2-week Rapid Access Chest Pain	1.00	98.0%	95.0%	99.50%	3	3.00	100%	3	3.00	100%	3	3.00	>98%*	3	3.00	100%*	3	3.00
48-hours GU Medicine Access	1.00	98.0%	95.0%	99.60%	3	3.00	100.00%	3	3.00	99.8%	3	3.00	100%	3	3.00	100%	3	3.00
Delayed Transfers of Care	1.00	3.5%	5.0%	2.60%	3	3.00	2.40%	3	3.00	3.40%	3	3.00	2.60%	3	3.00	3.10%	3	3.00
Stroke (Stay on Stroke Unit)	1.00	60%	30.0%	53.50%	2	2.00	59.60%	2	2.00	58.0%	2	2.00	73.3%	3	3.00	71.4%	3	3.00
Outpatient Waits >13 weeks (% of First OP Attendances)	0.50	0.03%	0.15%	0.002%	3	1.50	0.000%	3	1.50	0.000%	3	1.50	0.000%	3	1.50	0.000%*	3	1.50
Inpatient Waits >26 weeks (% of Elective Admissions)	0.50	0.03%	0.15%	0.000%	3	1.50	0.000%	3	1.50	0.000%	3	1.50	0.000%	3	1.50	0.000%*	3	1.50
													* Projected			* Projected		
Sum	**16.00**					**45.98**			**46.97**			**45.94**			**46.94**			**47.94**
Average Score						**2.87**			**2.94**			**2.87**			**2.93**			**3.00**

Scoring:	
Fail	0
Underachieve	2
Achieve	3

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

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST - NHS PERFORMANCE FRAMEWORK MONITORING

Financial Indicators				SCORING			2009 / 2010													
Criteria	Metric	Weight (%)		3	2	1	October	Score	Weight x Score	November	Score	Weight x Score	December	Score	Weight x Score	January	Score	Weight x Score	February	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	3	0.15	0	3	0.15	0	3	0.15	0	3	0.15	0	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	-0.04%	3	0.6	-0.03%	3	0.6	-0.02%	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.	7.80%	3	0.15	7.86%	3	0.15	7.78%	3	0.15	7.78%	3	0.15	7.47%	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	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.	7.69%	3	0.15	7.76%	3	0.15	7.73%	3	0.15	7.54%	3	0.15	7.52%	3	0.15
	Rate of Change in Forecast Surplus or Deficit		15	Still forecasting an operating surplus with a movement equal to or less than 3% of forecast income	Forecasting an operating deficit with a movement less than 2% of forecast income OR an operating surplus movement more than 3% of income.	Forecasting an operating deficit with a movement of greater than 2% of forecast income.	0.00%	3	0.45	0.00%	3	0.45	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	0.61%	3	0.15	0.60%	3	0.15	0.60%	3	0.15	0.60%	3	0.15	0.60%	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	7.69%	3	0.15	7.77%	3	0.15	7.74%	3	0.15	7.55%	3	0.15	7.53%	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	68.00%	2	0.05	69.00%	2	0.05	70.00%	2	0.05	69.00%	2	0.05	58.00%	1	0.025
	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	57.00%	1	0.025	67.00%	2	0.05	67.00%	2	0.05	62.00%	2	0.05	74.00%	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	1.05	3	0.15	1.05	3	0.15	1.04	3	0.15	1.04	3	0.15	1.02	3	0.15
	Debtor Days		5	Debtor days less than or equal to 30 days	Debtor days greater than 30 and less than or equal to 60 days	Debtor days greater than 60	20.35	3	0.15	21.00	3	0.15	22.10	3	0.15	22.76	3	0.15	21.34	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	42.53	2	0.1	44.19	2	0.1	46.80	2	0.1	46.61	2	0.1	45.98	2	0.1
						Weighted Overall Score			2.875			2.900			2.900			2.900			2.875

*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:	Developing the Reporting and Quality Assurance process for Undergraduate and Postgraduate Medical Education
SPONSORING DIRECTOR:	Deva Situnayake, Deputy Medical Director
AUTHOR:	Clinical Subdeans, Postrgraduate Tutors and Kam Dhami, Director of Governance
DATE OF MEETING:	25 March 2010

SUMMARY OF KEY POINTS:

Significant changes are planned over the next 5 years which will impact on the delivery of undergraduate and postgraduate medical education and additionally there will be an increasingly thorough external review including West Midlands Workforce Deanery QA visits on behalf of PMETB; undergraduate clinical education monitoring visits and college and sub-speciality led peer review visits and inspections.

It is proposed that a reporting process is developed to inform the Trust's Quality Management Framework (QMF) and Trust Management Board and Trust Board of the performance and development outcomes in both Postgraduate Medical Education and Undergraduate Clinical Education.

The Trust Board is asked to review the proposals for implementing a reporting and Quality Assurance process for Medical Education activity.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

To review the proposals for implementing a reporting and Quality Assurance process for Medical Education activity.

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

PREVIOUS CONSIDERATION:

To be discussed at the Trust's Clinical Executive and at the Trust Management Board on 16 February 2010

Developing the Reporting and Quality Assurance process for Undergraduate and Postgraduate Medical Education

Authors: R D Situnayake, K Dhami, J Chilvers, S Singhal, D Carruthers, K Wheatley

1.0 Background

1.1 Significant changes are planned over the next 5 years which will impact on the delivery of undergraduate and postgraduate medical education. These include;

- The Trusts interim reconfiguration proposals
- Plans for a more community based pattern of service delivery (RCRH programme)
- The continuing impact of MMC and EWTD
- The delivery of the new undergraduate curriculum

1.2 At both undergraduate and postgraduate levels there is a need for the Trust to ensure that these important areas of endeavour are delivered with high quality and that the trusts staff are both given the time and resources in job plans to deliver to the required standards defined by the university of Birmingham and the Deanery on behalf of PMETB. The Trusts appraisal process needs to be capable of ensuring this is delivered effectively at an individual level and that wherever possible this is also reflected in job planning discussions. New systems to facilitate more effective job planning such as CRMS will enable this.

1.3 The Trust will be subject to increasingly thorough external review for all of these areas;

- Undergraduate clinical education monitoring visits (most recent 27th January 2009, lead by Andrew Bradbury, College Head of Quality Assurance and Enhancement)
- West Midlands Workforce Deanery QA visits on behalf of PMETB (assesses the provision of medical education against the standards required by the Deanery as documented in the “Fifteen Requirements for Doctors and Dentists in Training Posts in the West Midlands Deanery” which have been mapped against PMETB standards)
- Deanery QA self assessment documentation completed annually (baseline assessments completed September 2008 and August 2009)
- College and sub-speciality led peer review visits and inspections

2.0 Proposal

2.1 Currently, though the Trust has in place undergraduate and medical education subcommittees lead respectively by the Clinical Sub-deans (Dr Kevin Wheatley and Dr David Carruthers) and Postgraduate Tutors (Dr Saket Singhal and Dr Julian Chilvers), these have historically not formally reported to Trust Management Board though all individuals sit on TMB.

2.2 Trust Management Board requires a robust system and process to internally review our practice and progress in delivering high quality undergraduate and postgraduate clinical education in between external visits and inspections.

2.3 Trust Management Board should ensure that standards are continuing to be met and that any problems identified in internal and external reviews have appropriate action plans in place.

2.4 ***It is proposed that a reporting process is developed to inform the Trusts Quality Management Process (QMF) and the Trust Management Board /Trust Board of performance and development outcomes in these areas. This will initially include the following information at six – twelve monthly intervals;***

For Postgraduate Medical Education - completion of an annual Deanery QA self assessment tool, co-ordinated through the Clinical Tutors , College tutor network, and Clinical / Divisional Directors.

A RAG rating system and action plans will be coordinated and reported through the medical Education subcommittees and clinical tutors, based on the Fifteen Requirements for Doctors and Dentists in Training Posts in the West Midlands Deanery" (mapped against PMETB standards).
This will be led by the two Clinical Tutors and supported by the Deputy Medical Director (acting on behalf of the Medical Director).

A rolling programme of structured speciality reviews based on the Deanery Self assessment tools and trainee/trainer feedback will be organised with each college tutor / speciality lead. This will lead to an agreed action plan for any areas identified as requiring progress and the sharing of best practice in areas identified as being strong with the completion of a 'RAG' rating for each speciality.

Appraisal of the College Tutor role can be facilitated by such a process provided this process feeds the CD led appraisal process.

The current corporate assessment for all areas is enclosed, including a RAG rating prepared by the Clinical tutors and Deputy MD after review of speciality returns.

For Undergraduate Clinical Education the Monitoring Visit Reports (every 5 years) and Action plans will be generated by the clinical subdeans. As monitoring visits may occur every 5 years they may not be a sensitive measure for change but will provide an important overview of what is going well and not so well. Change is also driven through student feedback collated by the university committees for different educational modules with the potential to develop a similar RAG rating system, corporate summary and action plan.

The development of an Academy structure, supporting the development of an 'Academy of Teachers' proposed by the University of Birmingham will facilitate the process of increased accountability and quality assurance.

Following visits on the 20th October 2008 (Sandwell site) and 27th January 2009 (City site) the College of Medical and Dental Sciences completed a 'Developmental visit' on the 22nd October 2009. The Trusts progress was mapped against 7 recommendations and action plans agreed for each of them to be delivered.

2.6 The new clinical directorate structure within the divisions provides the opportunity to identify a lead teacher for each directorate who has an overview of the teaching requirements across all 3 clinical years and how that can fit with the changing pattern of service provision, linking in with the broader clinical teams.

The lead teacher in each directorate would also take on more of the role of one of the academy of teachers/tutors, proposed by the university in their plans to develop increased accountability and responsibility for educational delivery within trusts. This would permit dedicated SpA time to be allocated, through team job planning, to the individual to carry out this role. In many instances these positions will be similar to the current module leads, but will take a broader overview of teaching within the directorate, reporting to the Clinical Directors and Liaising closely with the clinical sub-deans who will provide student feedback and recommendations for course changes to the teaching lead.

The Undergraduate Committee meetings currently provide the forum for this to take place.

3.0 Action

Having discussed these proposals at the Trusts Clinical Executive and the Trust Management Board, the Trust Board is asked to review the enclosed proposals.

RDS/KD 10/2/2010

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Finance and Performance Management Committee – v0.1

Venue Executive Meeting Room, City Hospital **Date** 18 February 2010; 1430h – 1630h

Members Present		In Attendance		Secretariat
Mr R Trotman	[Chair]	Mr T Wharram		Mr S Grainger-Payne
Mrs S Davis		Mr M Harding		
Mrs G Hunjan				
Dr S Sahota		**Guests**		
Mr J Adler		Mr S Clarke	[Item 4 only]	
Mr R Kirby		Mr P North	[Item 4 only]	

Minutes	**Paper Reference**
1 Apologies for absence	**Verbal**
The Committee received apologies from Robert White, Isobel Bartram and Derek Alderson.	
2 Minutes of the previous meeting – 21 January 2010	**SWBFC (1/10) 010**
The minutes of the previous meeting were accepted as a true and accurate record of discussions held on 21 January 2010.	
AGREEMENT: The minutes of the previous meeting were approved	
3 Matters arising from the previous meeting	**SWBFC (1/10) 010 (a)**
The updated actions log was noted by the Committee.	
4 Facilities performance	**SWBFC (2/10) 019**
Mr Steve Clarke and Mr Paul North joined the meeting to present an overview of the Facilities directorate's financial position and current activities. Mr North reported that the directorate was currently £577k in deficit, against a revised target deficit of £550k. In terms of income, any favourable variance was noted to be attributable to the directorate's share of other divisions' over performance. Catering income was reported to be underachieving by £160k, although the new catering outlets established were noted to be improving the position. Mr Trotman highlighted that the performance of three retail outlets was presented, all of which reported varying positions. Staff costs for the Millers restaurant were noted in particular to be far higher than those associated with the Birmingham Treatment Centre outlet. Mr Clarke reported that as yet consolidated trading accounts for catering were not developed. In terms of the situation at Millers restaurant, he reported that there were plans to close the facility at weekends and	

the choice of food available may be refreshed. Mr Adler added that the location of Millers is a contributory factor to the poor performance of the outlet, although there was no possible scope to relocate the facility. The areas of highest demand across the sites will be served by upgraded outlets however, including the Arches in the entrance to City Hospital and the Costa Coffee™ facility in the Birmingham Treatment Centre. By doing so, the loss making facilities will be scaled back, although it was reported that Millers restaurant was still required to serve staff working shifts.

Mr North reported that accommodation income is underperforming, although there are plans to consolidate facilities at Sandwell Hospital.

Income from car parking was noted to have declined slightly during the previous quarter. Dr Sahota reported that some members of the public were parking in disabled bays in Accident and Emergency at City Hospital and taking public transport into Birmingham City. He asked whether a barrier was being considered to prevent this issue. Mr Clarke reported that costs for a barrier are being investigated, although the problem persists at present. It was suggested that a fixed penalty be introduced for such abuse of the facilities, which Mr Trotman recommended should be extended more widely to all staff who park inappropriately.

In terms of the pay costs deficit, Mr Clarke highlighted that a significant proportion of this was attributable to cleaning staff. Funds for apprenticeships were being investigated however, although this would mainly benefit Hotel Services. Portering costs at Sandwell Hospital were also highlighted to be an issue, although plans are underway to introduce a similar system to that already in place at City Hospital. Mr Trotman remarked that the planned reconfiguration of Sandwell portering services seemed to be taking longer than expected. He was advised that the delay concerned vacancies in security staffing and car parking, some of which had needed to be covered by temporary staff.

Agency staff costs were reported to be mainly related to Patient Transport Services and ward services. In connection with Patient Transport Services, Mr Trotman asked whether services were still being supplied to Good Hope Hospital. Mr North advised that this was the case and payment for the services is regular.

Regarding non-pay costs, the main variance was highlighted to be associated with catering and provisions, due to an inflationary impact.

Mr Trotman noted that the directorate's budget is a deficit position and asked whether this was because the services were accepted as an overhead to the Trust. Mr Adler advised that the delivery of a balanced budget is desired, however the opportunity to maintain and extend cleanliness initiatives had been taken. The position had been discussed in detail at recent divisional review meetings, with the Cost Improvement Plan (CIP) for 2010/11 being required to ensure the delivery of a balanced budget.

Key issues for the directorate were discussed and highlighted to concern the challenging CIP for 2010/11. A plan to exceed target slightly has been devised. Mr Trotman asked whether there were any plans to disestablish posts in the area. He was advised that there may be a need to disestablish a small number of posts and absorb the current vacancies being carried at present. A site services restructure will be undertaken, including portering, for which new rosters have been developed. The Trust's security team will also be restructured to ensure maximum flexibility.

Mr Trotman noted that pay costs exceeded budget in the current year and asked what the position was expected to be in 2010/11. Mr Clarke advised that pay costs for the current year were £140k in deficit, however for next year this is expected to

reduce to £65-70k, some of which will be carried as a cost pressure. Mrs Hunjan asked for confirmation of the plans to increase the car parking fees from April 2010. Mr Clarke reported that additional income from staff and visitor car parking charges is expected, however staff would be able to take advantage of a salary sacrifice scheme, which means the real increase for staff would not be considerable. Dr Sahota asked how the proposed national policy for free car parking for certain outpatients would affect the overall car parking income. He was advised that this would have a significant effect. It was noted however, that the Government had suggested that this policy would apply when the NHS could to afford to implement the measure. Mrs Davis asked whether the forecast income plans for car parking had factored in any potential loss of staff from the Trust. She was advised that this had not yet been considered. Mrs Davis further asked whether additional car parking would lead to an increase in income. Mr Clarke advised that this may be the case, although the most significant issue at present is staff car parking capacity at both City and Sandwell Hospitals. Mr Trotman thanked Mr Clarke and Mr North for the useful and informative presentation.	
5 Trust Board performance management reports	
5.1 2009/10 month 10 financial position and forecast	**SWBFC (2/10) 014** **SWBFC (2/10) 014 a)** **SWBFC (2/10) 014 (b)**
Mr Wharram reported that the in-month surplus achieved was £258k against a target of £231k; £27k above plan. The year to date surplus was reported to be £2,119k against a plan of £2,163k. In month WTEs are 112 below plan and the cash balance is approximately £1.8m above plan as at 31 January 2010, mainly driven by over performance on specialist services. It was noted that income from activity is currently over performing. Costs are however keeping pace with the additional income. Mr Wharram reported that the year end position had been agreed with Sandwell PCT, which will secure the income position. Mr Adler highlighted that the deal needed to be agreed with all commissioners, although there is no anticipation that this will be an issue. In terms of the workforce position, it was noted that although there had been a decline in substantive WTEs, expenditure on agency staff was increasing. It had therefore been agreed by the Financial Management Board that the agency and bank staff usage will be considered in greater detail over coming months, particularly in non-medical and non-nursing areas. Capital spend was noted to be accelerating, although Mr Wharram reported that there was some distance to go to reach the Capital Resource Limit by the year end. In terms of the performance against prompt payment targets, Mrs Hunjan asked whether the new pharmacy interface would improve the position. Mr Wharram confirmed that this would be the case, as in excess of 40% of invoices relate to pharmacy. The new interface was reported to be being trialled at present.	
5.2 Performance monitoring report	**SWBFC (2/10) 020** **SWBFC (2/10) 020 (a)**

Mr Harding reported that performance against the stroke care target had improved significantly, although validation of case coding may temper the position to some degree. The Committee was advised that actions to improve the stoke pathway have been introduced. In terms of performance against the CQUIN targets, during January performance against the target associated with hip fractures fell. An investigation into reasons behind this is being conducted. The new measures to improve the number of smoking referrals were noted to be working well. In relation to activity levels, ward closures due to Norovirus and general operational pressures has influenced the position. Likewise, the adverse weather resulted in a decline in patients attending outpatient appointments. Sickness absence was noted to have increased to 5.4%. Performance against the 18 week waiting time target was reported to be good, apart from in orthopaedics, where measures are being considered to address the position.	
5.3 Foundation Trust compliance report	**SWBFC (2/10) 016** **SWBFC (2/10) 016 (a)**
As the information presented was noted to be a subset of the monthly performance management information, the Committee noted the report. The Governance Risk Rating was amber in reflection of the declaration of ongoing non-compliance against the Core Standard C11b.	
5.4 NHS performance framework	**SWBFC (1/10) 006** **SWBFC (1/10) 006 (a)**
Mr Harding presented the Trust's performance against the indicators comprising the NHS performance framework. The Committee was pleased to note that the Trust remains classified as a 'performing' organisation and the overall rating had improved from amber to green due to an improved performance against the stroke target and an adjustment in the threshold associated with this indicator.	
6 Financial planning update #2	**SWBFC (2/10) 022** **SWBFC (2/10) 022 (a)** **SWBFC (2/10) 022 (b)** **SWBFC (2/10) 022 (c)**
Mr Wharram reported that the detail of the strategic change reserve had been included in the update, together with the development of the 2010/11 CIP. The detail of the three-year capital plan was also incorporated in the report. It was noted that the outcome of the ongoing LDP discussions would impact on the final version of the financial plan due to be presented to the Trust Board in March 2010. The Committee noted that commissioners are expecting a growth of 5.5% in 2010/11, although a flat real allocation is expected from 2011/12 onwards. The Operating Framework was reported to suggest that in preparation for an application for Foundation Trust status, a surplus should be forecast. Mr Wharram confirmed that the Trust was forecasting a surplus of £2.0m for 2010/11.	

In terms of prioritisation for capital expenditure, it is anticipated that resources maybe more scarce in forthcoming years, although the detail still needed to be clarified. Two scenarios have been developed, that each include outflows in connection with the purchase of the land for the new hospital. The difference between the two forecasts is that one includes an £8m loan referenced in the Outline Business Case. The plan will incorporate measures for reducing back office costs and will take into account the introduction of the best practice tariffs. There is to be an increase in the overall tariff and a 30% marginal rate may be applied for emergency admissions. Regarding the Strategic Change Fund, an initial set of applications was reported to have been made, which are linked to 'Right Care, Right Here' transitional work; impairment of buildings when decommissioned as part of the plans to rationalise the estate; and redundancy funding. The 2010/11 is planned to be £20m, of which £3m is associated with income £14m is pay and c. £2.5m is non-pay. A key risk relating to the delivery of the financial plan was highlighted to be the lack of clarity as to how the new tariff will affect income. The proposed 30% tariff for emergency admissions was also proposed to be a concern. Mr Trotman observed that the plan suggests that there should be a significant reduction in the number of staff by 1 April 2010. He was advised that 78 members of staff left the Trust in December, therefore there was confidence that the plan could be achieved. Mr Trotman stressed that every effort should be made to ensure that these posts were not covered by agency staff. Mr Adler confirmed that a number had been covered by temporary staffing measures. Mr Trotman advised that there was concern from the Non Executive Directors about the current situation with pay costs in particular. He was advised that the matter would be discussed in further detail at the forthcoming Board Seminar, however a plan had been developed which profiled WTE changes from 1 April 2010 onwards. Mr Wharram advised that part of the reduction in WTEs concerned the disestablishment of currently carried vacancies. Returning to the issue of decommissioning parts of the Trust's estate, Mrs Davis asked whether an assumption had been built into the plan that funding would be received to cover the impairment costs. Mr Wharram confirmed that this was not the case. Mrs Davis asked where any surplus over and above the target was reported. Mr Wharram advised that this would be detailed on the balance sheet as a benefit. Mr Adler was advised that due to changes in employment legislation, any member of staff employed by the Trust on a temporary basis would acquire the same employment rights as a substantive member of staff. Mr Adler agreed to investigate this possibility and assess the impact of this change. Mr Kirby highlighted, that in connection with the tightening capital budget, it was likely that a prioritisation of capital schemes would be needed to establish which were most beneficial to deliver from the limited funds. Mrs Hunjan noted that there was a considerable distance between the Capital Resource Limit (CRL) and the current position and asked if this was likely to be met this year, given the shortfall reported in the previous financial year. She was advised that there is an expectation that the Trust will deliver an improved position in the current year. Mrs Hunjan asked that every effort be made to bring schemes forward	

if possible to ensure that the CRL is met. Mrs Hunjan noted that back office savings are required and asked what ratio these costs should be as a proportion of turnover. Mr Wharram agreed to provide this detail at the next meeting.	
ACTION: Mr Adler to investigate the impact of the change in employment legislation in respect of temporary staff employed within the Trust for 12 weeks or more **ACTION: Mr Wharram to provide the reference ratios for back office functions as a proportion of turnover at the next meeting of the Finance and Performance Management Committee**	
7 Cost improvement programme (2009/10)	
7.1 CIP delivery report	**SWBFC (2/10) 012** **SWBFC (2/10) 012 (a) - SWBFC (2/10) 012 (d)**
Mr Wharram presented the monthly 2009/10 CIP delivery report, which it was noted had been reviewed in detail at the Financial Management Board meeting. It was noted that there had been little change from the previous month, with performance being adrift of plan by 0.5%.	
7.2 Cost Improvement Plan 2010/11	**SWBFC (2/10) 018** **SWBFC (2/10) 018 (a) - SWBFC (2/10) 018 (f)**
Mr Wharram reported that the value of the Cost Improvement Programme (CIP) for 2010/11 was £20m, together with a balance of £841k brought forward from 2009/10 schemes. As part of the programme a reduction in WTEs by 330 is planned. A recurrent shortfall of £439k against the target has been identified, the majority of which relates to the Anaesthetics and Critical Care division, although there is an expectation that the forthcoming third round of CIP meetings will address the position. By 31 March 2010, there is anticipation that the WTE position will stand at 5994. The schemes proposed by each division were reviewed in detail. Mr Adler highlighted that a number of schemes need to be considered further to determine the impact and sensitivity of the proposal. Mr Kirby presented these schemes, advising firstly that half of the Medicine plan relies on the closure of c. 100 beds, including all of those based at Rowley Regis Hospital. To achieve the reduction in medical beds, a number of measures need to be put into place, including a redesign of services, incorporating the introduction of a greater number of acute physicians; an agreement around income for Rowley Regis Hospital as part of the ongoing LDP negotiations; and an agreement with Heart of Birmingham tPCT around the use of general rehabilitation wards at City Hospital. Most positively, however, these measures are expected to assist with managing demand. In terms of the Surgery divisions, a significant reduction in premium rate working needs to be achieved. A scheme within Surgery B's overall programme also proposed the loss of a key role that has the potential to generate adverse reaction. Anaesthetics and Critical Care was noted to have a small gap to close and reduction in Critical Care demand across the year is also forecast.	

Women and Children's division proposes the loss of a small net number of midwives and neonatal cots will be closed to match the level of activity that is agreed the Trust should be providing in line with the national position. In Nursing and Therapies, a small number of specialist support posts will be lost, which have the potential to provoke an adverse reaction. Mrs Davis suggested that consideration should be given to recruiting ward staff that would be able to assist with translation if required. Mr Grainger-Payne was asked to ensure that this suggestion was considered by the Executive Team. In terms of non-clinical schemes, the estates rationalisation plan overall is considered as high risk, given the potential impairment charges that may be levied on decommissioned buildings. Car park charge alterations and restructuring retail catering outlets were also noted to be potentially high risk. Mr Adler advised that discussions are underway with the relevant divisions to ensure that contingency schemes are identified, should there be a need to substitute the high-risk schemes.	
ACTION: **Mr Grainger-Payne to ensure the Executive Committee discusses the potential use of nurses to assist with translation on wards**	
7.3 Quality and Efficiency programme (QuEP) update	**SWBFC (2/10) 021** **SWBFC (2/10) 021 (a)**
Mr Adler presented a summary of the progress with the workstreams forming the Quality and Efficiency Programme (QuEP). The Committee noted that two workstreams were reported as being at red status: bank and agency staff use and estates. The former was reported at red, as although actions have been taken to limit the use of bank and agency staff, usage continued to increase. Non-medical and non-nursing areas will be reviewed next to establish reasons for and challenge the use of temporary staff. The estates workstream was reported at red status, given the risk in relation to the potential impairment charges to be incurred by decommissioning buildings.	
8 Trust banking arrangements	**SWBFC (2/10) 013** **SWBFC (2/10) 013 (a)**
Mr Wharram advised that the Trust's banking arrangements were due to change as the Bank of England plans to withdraw offering its services centrally. As such, banking support will be provided by the Royal Bank of Scotland and City Bank. This is expected to incur lower costs nationally, although little impact on the Trust is expected.	
9 Minutes for noting	
9.1 Minutes of the Strategic Investment Review Group	**SWBSI (2/10) 001**
The Committee noted the minutes of the SIRG meeting held on 12 December 09.	
9.2 Actions and decisions from the Strategic Investment Review Group	**SWBFC (2/10) 017**
The Committee noted the actions and decisions arising from the meeting of SIRG meeting held on 9 February 10.	
9.3 Minutes of the Financial Management Board	**SWBFM (1/09) 012**

Sandwell and West Birmingham Hospitals NHS
NHS Trust

The Committee noted the minutes of the FMB meeting held on 19 January 10.	
10 Any other business	**Verbal**
There was none.	
11 Details of next meeting	**Verbal**
The next meeting is to be held on 18 March 2010 at 1430h in the Executive Meeting Room at City Hospital.	

Signed .....

Print .....

Date .....

Sandwell and West Birmingham Hospitals NHS
NHS Trust

MINUTES

Audit Committee – Version 0.1

Venue Executive Meeting Room, City Hospital **Date** 4 February 2010; 1030h – 1230h

Members		In Attendance	Secretariat	
Mrs G Hunjan	[Chair]	Mr R White	Mr S Grainger-Payne	[Minutes]
Mr R Trotman		Mr T Wharram		
Miss I Bartram		Mr P Westwood		
Prof D Alderson		Ms R Chaudary		
		Mr M Watkins		

Minutes	Paper Reference
1 Apologies for absence	**Verbal**
Apologies were received from Dr Sarindar Sahota, Mr Paul Capener, Mr Mike McDonagh and Mrs Sarah-Ann Moore.	
2 Minutes of the previous meetings	**SWBAC (12/09) 077**
Mrs Hunjan noted that a slightly amended version of the minutes had recently been issued to the Trust Board. The Audit Committee approved this version of the minutes as a true and accurate record of discussions held.	
AGREEMENT: The minutes of the previous meeting were approved	
3 Matters arising from the previous meetings	**SWBAC (12/09) 077 (a)**
Mr Grainger-Payne highlighted that there were two actions requiring a verbal update, however these would be covered under separate agenda items.	
3.1 Audit Committee self-assessment	**SWBAC (2/10) 010** **SWBAC (2/10) 010 (a)**
Mr White reported that the Audit Committee self-assessment considered at the previous meeting had been updated in line with suggestions made at the meeting. In connection with item 36, Mr Trotman asked how, given that Internal Audit is subcontracted, the Audit Committee can confirm its assurance on staffing and resources. Mr White proposed that this would be evidenced by any	

problems with delivering the plan. In connection with item 26, Mr Trotman suggested that there had been a material change in the plan. Mr Watkins reported that the amendment to the plan had been a result of the absence of a key member of staff, however the situation had been rectified before the self-assessment exercise. In relation to item 50, Mr Trotman observed that meeting papers are not issued a week before the meeting. It was agreed however that the current timing for issuing papers is sufficient, therefore the self-assessment should be amended to reflect this. It was noted that within the evidence against item 35, the text should read 'at least one per annum'. Subject to the minor amendments proposed, the Committee approved the self assessment.	
ACTION: **Mr White to arrange for the Audit Committee self assessment to be amended based on comments received at the meeting** **AGREEMENT:** **Subject to minor amendment, the Audit Committee approved the self assessment of its performance**	
4 External Audit matters	
4.1 External audit progress report including audit fees	**SWBAC (2/10) 010** **SWBAC (2/10) 010 (a)**
Mr White advised that the external auditor was not able to attend as the meeting coincided with an annual public sector accounting conference he was speaking at and other commitments within the team. The Committee was advised that the Charitable Funds accounts had been submitted to the Charities Commission, following the conclusion of the recent audit. Mr Trotman observed that the timing with which the Charitable Funds draft accounts and supporting papers had been issued for consideration had been very close to the date for submission (31st January each year) to the Charities Commission and suggested that in future, papers should be issued at an autumn meeting. The audit plan and fees for 2010/11 were reviewed. The Committee noted the fee of £188,500 as being a reduction on that of the current year, however £12,000 had been added in respect of work on IRFS conversion. Mr White reported that the new Quality Accounts are to be prepared for submission in summer 2010. Professor Alderson noted that some of the performance indicators in the Quality Accounts were very specific and resource-demanding, including that in relation to MRSA infections. Mr White advised that the current level of information considered by the Trust Board	

would be sufficient to satisfy this indicator. A standard format for the accounts is to be set by the Department of Health. Mr Trotman asked that the 'Rising to the Challenge?' publication referenced in the external audit report be distributed. Mr Grainger-Payne offered to obtain a copy and circulate to members. The Committee members discussed the importance of having the external auditor at each committee meeting and it was agreed that Mrs Hunjan should send a letter to the team to suggest that alternative arrangements should be put into place, should a conflict of meetings occur in future.	
ACTION: Simon Grainger-Payne to obtain a copy of 'Rising to the Challenge?' and circulate to Audit Committee members **ACTION: Gianjeet Hunjan to write to KPMG concerning future arrangements in the event of a conflict of commitments**	
4.2 Audit recommendations – agreement of timing for discussions	**Verbal**
Mr White reported that as part of the recent self-assessment of the Audit Committee, it had been noted that the recommendations arising from annual audits were not routinely monitored by the Audit Committee. It had been agreed with External Audit, therefore, that recommendations would be included in future External Audit progress reports.	
5. Internal Audit matters	
5.1 Internal audit progress report and recommendation tracking	**SWBAC (2/10) 013** **SWBAC (2/10) 013 (a)**
Mr Watkins presented the internal audit progress report and advised that despite the shortfall against the plan by 20 days reported, the matter, which concerned the absence of a key member of staff, had been addressed. The Committee was advised that there was confidence that the plan could be delivered as forecast. A number of changes to the Internal Audit plan were outlined, which were presented for approval. It was noted that the Theatre Performance audit report had provided limited assurance. The audits concerning the financial ledger; income and debtors; and financial management all provided significant assurance. Limited assurance was also gained from the audit concerning compliance with the European Working Time Directive (EWTD), although Ms Chaudary highlighted that this concerned a lack of evidence available to be able to confirm a greater level of assurance, rather than an indication that the Trust was not compliant with the Directive. Mr Trotman noted that within a number of the reports, significant assurance	

as opposed to full assurance is reported. Mrs Hunjan added that this level of detail is provided as a consequence of the revised formats of the reports. Mr White emphasised that overall, there is a greater level of assurance in reports, which is to be regarded as a positive result. The recommendation tracking report was reviewed, where it was noted that by March 2010, more of the Trust's staff will be able to update progress against recommendations, without the need for these updates to be co-ordinated centrally. The tracking system reported that almost all recommendations raised had been implemented by the agreed date. Four were noted to be outstanding, although these were highlighted to be of lower priority and significance. In terms of escalation of recommendations that have not been implemented as planned, Mr White suggested that matters should be communicated to the relevant Executive lead. Miss Bartram commented that the issues raised in connection with the EWTD audit had not been raised before but was assured that they were being addressed as part of a wider programme. The issues concern arrangements with staff undertaking bank work specifically, whereby hours worked outside the Trust are not taken into account and therefore there is an inability to confirm compliance with EWTD for these individuals. It was agreed that a further update would be provided at the next meeting. Professor Alderson noted that there were a number of actions which were planned for completion some time ago, yet remained unresolved. Mr Watkins advised that this issue was an error with the timescales included in the report and agreed to amend for the next meeting. Mrs Hunjan summarised that the Internal Audit report was much improved and provided a greater level of information for the Committee to consider.	
ACTION: **Ms Chaudary to provide an update on progress with addressing the actions arising from the EWTD compliance audit at the next meeting of the Audit Committee** **AGREEMENT: The Audit Committee approved the proposed changes to the Internal Audit plan 2009/10**	
5.2 Internal Audit report on theatre performance	**SWBAC (2/10) 007** **SWBAC (2/10) 007 (a)**
Ms Chaudary presented the Internal Audit report on theatre performance, advising that the audit had focussed on the theatre management system which provides important performance data that is reviewed by the Trust Board. Limited assurance on the operation of the system was reported and a number of recommendations were made as an outcome of the report. One of the main issues concerned the ORMIS system, which did not appear to be recording sessions that were finishing early or overrunning. Logging onto and off from the system was also reported to be an issue. Some problems with	

the integrity of data were reported, although the extent to which there is inaccuracy is unclear. Ms Chaudary reported that although the issues clearly needed to be addressed, they would not affect the ongoing objective to improve theatre utilisation overall. Mrs Hunjan reported that a presentation had been received from the theatre management team at the January meeting of the Finance and Performance Management Committee on progress with improving theatre utilisation. The limited assurance report had been reviewed prior to the meeting and given the level of assurance received from the presentation at the Finance and Performance Management Committee, it had been agreed that there was no further need to invite theatre managers to discuss the position again. Mr Trotman asked whether the good practice and concerning issues were consistent on a month-by-month basis. Mr Watkins advised that further analysis would be needed to determine this. Professor Alderson asked if the ORMIS system is fit for purpose and whether there was adequate assurance that theatre staff have been trained in how to use the system effectively. Mr Watkins advised that training did not appear to be an issue, however functionality of the system was a problem. A further update on progress with the recommendations was requested for the next meeting. Professor Alderson suggested that the recent introduction of the World Health Organisation's theatre checklist should assist with standardising any parameters subject to interpretation and reinforce the need for sessions to start on time with a team briefing. Miss Bartram added that it would be useful to take into account the patients' experience of theatre management as part of the work.	
ACTION: **Internal Audit to present an update on progress with addressing recommendations arising from the Theatre Management internal audit at the next meeting**	
5.3 Draft Internal Audit plan 2010/11	**Hard copy paper**
Mr Watkins presented the draft Internal Audit plan for 2010/11, advising that the plan was risk-based, in that it takes into account any emerging risks known. The Assurance Framework was used to inform the plan in this respect. For each area of audit, an assessment had been made as to whether the work is essential or desirable. It was noted that the plan comprises significantly fewer days commitment in the plan, a significant reduction on the 2009/10 plan and Mr Watkins advised that the plan for 2011//12 would be further refined.	

Professor Alderson remarked that it was difficult to assess the areas of highest priority from the plan and what time is allocated to critical work needing to be undertaken by the senior audit team. It was suggested that the areas of critical work should be highlighted in future reports. Mr Trotman observed that audits covering patient experience did not seem to be included in the plan. Mr White drew his attention to the audits concerning equality and diversity and safeguarding, both of which would involve patient experience.	
ACTION: Internal Audit to ensure that areas of critical work are highlighted in future versions of the Internal Audit plan 2010/11	
5.4 Counter Fraud progress report	**SWBAC (2/10) 008** **SWBAC (2/10) 008 (a)**
Mr Westwood presented the updated progress with counter fraud activities within the Trust. He advised that awareness exercises are continuing, including participation in staff corporate induction. A revised counter fraud policy has been developed and a staff survey will be issued in line with the Compound Indicator action plan. A counter fraud newsletter will also be issued. In terms of detection, the Trust continues to participate in the national fraud initiative and proactive exercises around pre and post employment checks are ongoing. Mr White asked whether the participation in the national fraud initiative around managers represented good value for money. He was advised that as part of this work, the Trust employs an independent company to investigate whether any duplicate payments have been made. Mr Westwood was asked to report back on the cost of this work and the outcomes at the next meeting. Mr Westwood reported that in relation to investigations work, two new referrals had been received, one of which has been closed. Four cases remain ongoing. Concerning case 206/13, Mrs Hunjan asked whether an overpayment had been recovered. Mr Westwood offered to check whether this was the case. Mr White advised that controls were being strengthened in terms of leaver notifications especially in the area of junior doctors that rotate from hospital to hospital as part of West Midlands Deanery training programmes. The Committee reviewed all other cases in the counter fraud report including the details of a case needing to be brought to the attention of all staff. Staff have been advised of this incident which involved payroll data being transmitted outside of secure NHS email links and reassured that it did not contain information such as bank details. Mr Westwood concluded by advising that the current shortfall against the plan would not impact on the end of year assessment of the Trust.	

ACTION: Mr Westwood to update the Audit Committee on the cost and outcome of the work to identify duplicate payments at the next meeting **ACTION: Mr Westwood to report back at the next meeting whether the overpayment in respect of case 206/13 had been recovered prior to the individual leaving the Trust**	
5.5 Progress against the CFSMS compound indicator action plan	**Verbal**
Mr Westwood advised that local counter fraud arrangements were currently being embedded, however risk assessments will need further consideration and will be addressed in the coming months. Although the majority of issues have been addressed, Mr Westwood offered to provide a further update on progress against the plan at the next meeting.	
ACTION: Mr Westwood to provide an update on progress against the Compound Indicator action plan at the next meeting	
5.6 Counter fraud plan 2010/11	**SWBAC (2/10) 009** **SWBAC (2/10) 009 (a)**
Mr Westwood presented the draft counter fraud plan for 2010/11 which had been circulated for comment. Mr Trotman suggested that fraud training should form part of the Trust's mandatory training suite. Mr Westwood agreed to discuss the matter with the relevant Executive directors.	
ACTION: Mr Westwood to discuss inclusion of counter fraud training within mandatory training, with the relevant Executive directors **AGREEMENT: The 2010/11 counter fraud plan was approved**	
5.7 Counter fraud and corruption policy	**SWBAC (2/10) 006** **SWBAC (2/10) 006 (a)**
Mr Westwood presented the draft counter fraud and corruption policy which had been circulated for comments. He advised that the policy was due to be presented to the Trust Management Board for approval at a forthcoming meeting. The policy will be accompanied by an equality impact assessment and implementation plan. It was noted that the policy stipulates that it is the manager's responsibility to ensure that staff computers are being used for Trust use and not for personal matters. It was suggested that the right of representation at a disciplinary hearing should be incorporated into the policy, including the specific rights for	

medical staff. It was further recommended that 'Without Prejudice' be included on the referral form. Mr Westwood agreed to incorporate the suggestions into the policy.	
ACTION: Mr Westwood to amend the counter fraud policy to include the suggestions made by the audit Committee	
6 Assurance Framework	
6.1 Internal report on the Assurance Framework	**SWBAC (2/10) 012** **SWBAC (2/10) 012 (a)**
Mr Watkins reported that an interim audit on the Assurance Framework had been undertaken and two minor recommendations had been raised, which Mr Grainger-Payne had agreed to address by 31 March 2010.	
6.2 Assurance Framework – Quarter 3 update	**SWBAC (2/10) 005** **SWBAC (2/10) 005 (a)**
Mr Grainger-Payne presented the latest update on progress to address the gaps in control and assurance against the risks to the delivery of the Trust's corporate objectives. The Audit Committee received and noted the update.	
7 Approach to ALE 2009/10	**SWBAC (2/10) 003** **SWBAC (2/10) 003 (a)**
Mr White reported that the forthcoming Auditors' Local Evaluation (ALE) is to be on a risk-based approach, whereby detailed evidence is not to be reviewed by External Audit for dimensions where the Trust scored either 3 or 4 in the 2008/09 assessment. Instead a number of trigger measures have been identified, which may prompt a more detailed review dependent on the Trust's response to these. A review of the Financial Management, Internal Control and Value for Money dimensions will be considered initially, with the remaining dimensions to be reviewed after the year-end accounts have been prepared and submitted.	
8 Review of the changes to the Standing Orders, Standing Financial Instructions and Scheme of Delegation	**Verbal**
Mr White advised that all changes proposed at the previous meeting of the Audit Committee had been made. In terms of single tender requests, only those above the OJEU limit of £116,000 will be presented to Trust Board for approval. The Committee was advised that new single tender forms had been put into operation.	
9 Office of Fair Trading report	**SWBAC (2/10) 004**

	SWBAC (2/10) 004 (a)
Mr White reported that a report had been prepared by the Office of Fair Trading concerning 'bid rigging' by a number of construction companies responding to tenders involving capital projects. The lessons learned from the report were reviewed. Mrs Hunjan asked that Mr White confirm that appropriate legal advice had been taken in respect of the contract documentation that the Trust uses for such matters.	
ACTION: **Mr White to confirm that appropriate legal advice has been taken in respect of the contract documentation that the Trust uses**	
10 Review of the debtors report	**SWBAC (2/10) 002** **SWBAC (2/10) 002 (a)** **SWBAC (2/10) 002 (b)**
Mr Wharram reported that the value of overdue debts had not changed significantly from previous reports. Debtors as a proportion of turnover is monitored. The largest element of overdue debts was noted to be associated with recharges for rotational trainees, although this situation is being addressed. Debts associated with University Hospital Birmingham FT and Heart of England FT were also noted to be considerable. Debts associated with named patient ophthalmology were noted to have reduced and Solihull Care Trust had cleared its outstanding invoices. South Birmingham PCT and Birmingham East and North PCT are both addressing their outstanding debts. It was suggested that future versions of the report are presented to the Finance and Performance Management Committee, which the Audit Committee approved. Mrs Hunjan suggested that outstanding invoices that are written off should be considered, which it was agreed would fall within the remit of the Audit Committee.	
AGREEEMENT: **The debtors reports will in future be considered by the Finance and Performance Management Committee**	
11 Draft cycle of business for the Audit Committee 2010/11	**SWBAC (2/10) 011** **SWBAC (2/10) 011 (a)**
Mr Grainger-Payne presented the draft cycle of business for the Audit Committee for the forthcoming financial year. Subject to the removal of the debtors report from the cycle, the Audit Committee approved the workplan.	
AGREEMENT: **Subject the removal of the debtors report, the Audit**	

Committee approved its cycle of business for 2010/11	
12 Minutes from Trust Board committees	
12.1 Finance and Performance Management Committee	**SWBFC (11/09) 220** **SWBFC (12/09) 229**
The Committee noted the minutes from the Finance and Performance Management Committee meetings held on 19 November and 17 December 2009.	
12.2 Charitable Funds Committee	**SWBCF (12/09) 021** **SWBCF (1/10) 005**
The Committee noted the minutes from the Charitable Funds Committee meeting held on 3 December 2009 and 14 January 2010.	
12.3 Governance and Risk Management Committee	**SWBGR (11/09) 072**
The Committee noted the minutes from the Governance and Risk Management Committee meeting held on 19 November 2009.	
13 Any other business	**Verbal**
There was none.	
14 Details of next meeting	**Verbal**
The next meeting is planned for 6 May 2010 in the Executive Meeting Room, City Hospital at 1030h.	
Signed:	
Name:	
Date:	

MINUTES

Sandwell and West Birmingham Hospitals NHS Trust

Governance and Risk Management Committee – Version 0.1

Venue Executive Meeting Room, City Hospital **Date** 21 January 2010; 1030h – 1230h

Members Present

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

In Attendance

Mrs R Gibson

Mr D Masaun

Secretariat

Mr S Grainger-Payne

Minutes	**Paper Reference**
1 Apologies for absence	**Verbal**
The Committee received no apologies for absence.	
2 Minutes of the previous meeting	**SWBGR (11/09) 072**
The Governance and Risk Management Committee approved the minutes of the meeting held on 19 November 2009 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 (11/09) 072 (a)**
The updated actions list was noted by the Committee.	
4 Registration with the Care Quality Commission	**Hard copy papers**
Miss Dhami presented an update of the work undertaken since the previous meeting and the plan to submit an application for registration to the Care Quality Commission (CQC)at the end of January 2010. The Committee was reminded that all regulated activities need to be registered with the CQC for each of the Trust's locations. The application for registration was noted to be required by 29 January 2010, with registration taking effect from 1 April 2010. Legislation for the regulations covering registration were reported to be due to be laid before Parliament shortly. The Committee was advised that evidence is being proposed that demonstrates	

compliance with the regulations, however as outcomes need to be demonstrated, rather than process, consideration of evidence had been challenging. In line with this requirement, all 28 regulations have been mapped to suggested outcomes. Some of the regulations will be subject to the application of the 'Judgement Framework' when the CQC is reaching decisions about compliance. Miss Dhami advised that the regulations appear to take little account of how trusts are organised, as they cross over a number of different areas. As such it had been challenging in some cases to agree an appropriate Executive Lead for a regulation. Themes also run through some regulations, such as safeguarding and diversity. Miss Bartram asked what issues the regulations were attempting to address. Mr Adler advised that the new framework addresses critical events and required standards, allied to some recent high profile investigations of trusts. Miss Dhami reported that although the final application was not required until the end of January, a pre-registration application had already been submitted, confirming details such as the Trust's locations. Mrs Davis observed that the Trust undertakes some work in locations other than in the Trust's three hospitals. Miss Dhami advised that if the Trust's registered activity is undertaken in premises not belonging to the Trust, then it would be outside of the Trust's remit to register these locations. The Committee was advised that the Trust's Quality and Risk Profile (QRP) was due to be issued shortly, which summarises all information relevant to the Trust, which is updated as new evidence is submitted from the variety of sources. Inspections of the Trust are to be unannounced, planned or at random. A significant piece of work has been undertaken to determine in overview whether the Trust meets the regulations. Although the timescale within which this needed to be completed was challenging, the work had concluded that the Trust meets all regulations. Position statements to support this proposed declaration of compliance were reported to be being developed. The Committee was advised that the proposed declaration for registration was due to be presented to the Trust Board at its meeting on 28 January 2010. The Board would also be appraised of the process for registration and proposed declaration. Mr Adler suggested that the mitigating activity to address issues in Sandwell Hospital maternity services should be included within the documentation being prepared for registration.	
5 'Taking it on Trust' – Report by the Audit Commission	**SWBGR (1/10) 005** **SWBGR (1/10) 005 (a)**
Mr White advised that an investigation into Board assurance had been undertaken by the Audit Commission, the outcome from which was reported in the 'Taking it on Trust' report. It was noted that consideration of the 'Taking it on Trust' report had been included as part of the current ALE assessment as one of the trigger events that may prompt a detailed investigation into the Internal Control dimension if not considered by the Board. The Committee was advised that Internal Audit had prepared a self assessment	

against the indicators listed in the 'Taking it on Trust' report, which was further considered by the Executive Team. Five areas of further consideration were identified as being delegation of responsibility effectively; successful development and embedding of risk management, where it was regarded that further work was needed; maximising the assurances that can be gained from audit, where further work is needed to publish findings and reaudit; Board reporting exploring the assurance process for data quality, where there is a duty to identify the source and the routine by which data is incorporated into the report, together with an annual assessment of information provided to the Board; and cascading objectives, where work is needed to ensure that strategic aims are translated into personal objectives. Work around having the necessary skills to operate effectively as a Board was also identified, linked into the current gaps at Non Executive level at present. It was agreed that the summary of the 'Taking it on Trust' outcomes should be presented at the next meeting of the Trust Board.	
ACTION: Mr White to present the outcome of the 'Taking it on Trust' report for consideration at the next meeting of the Trust Board	
6 Assurance Framework – Quarter 3	**SWBGR (1/10) 003** **SWBGR (1/10) 003 (a)**
Mr Grainger-Payne presented the updated Assurance Framework report covering Quarter 3. Following proposed mitigating treatment, risks around the delivery of objectives 1.1b, to ensure the achievement of national targets; 2.8, the achievement of NHA LA standards; and 6.3, the delivery of Mandatory Training remain as red. It was noted that in some instances, the post mitigation risk score was higher than that pre-mitigation. Mr Grainger-Payne offered to confirm this with the appropriate executive lead. It was suggested that the headings in the Assurance Framework be amended slightly to clarify the information included in the relevant columns.	
ACTION: Mr Grainger-Payne to amend the assurance framework with suggestions made at the meeting	
7 Preparation for the NHS LA assessment	**SWBGR (1/10) 004** **SWBGR (1/10) 004 (a)**
Mrs Gibson reminded the Committee that the Level 2 assessment against general standards had been deferred, however given the postponement, an assessment against Level 1 would be required. The assessment is planned for 4 and 5 March 2010, with the intention to hold the Level 2 assessment in the first quarter of the new financial year. In terms of the Level 1 assessment, a number of expired policies require revalidating and will be presented to the Trust Management Board or Governance Board for approval if the changes required are significant. A number of policies require amendment in line with the changes to the Level 1 criteria. Improvements in Mandatory Training were noted to be critical to the Level 2 assessment. A number of mock assessments were held in late 2009 and 'hot spot' meetings are occurring on an ongoing basis.	

It was reported that Level 1 assessment against maternity standards is planned shortly and a self-assessment against these standards has been undertaken. Further work has been identified to ensure a successful assessment, although there is confidence that this can be achieved. It was highlighted that the later Level 2 assessment needed to consider a full twelve months of evidence and there are plans for this to be scheduled for later in the year. An issue for the plans concern the absence of a risk-lead midwife at present. Mr Adler asked how feasible it was that the assessment could proceed given that there did not appear to be twelve months of evidence. It was agreed that the logistics of this matter would be discussed at a future meeting of the Maternity Action Team.	
ACTION: **Mr Adler to confirm plans for NHS LA assessment against Level 2 maternity standards at a future meeting of the Maternity Action Team**	
8 Trust Risk Register – Quarter 3	**SWBGR (1/10) 008** **SWBGR (1/10) 008 (a)**
Mrs Gibson presented the updated Trust Risk Register. She advised that the Risk Management Group has considered the divisional risks proposed. Twelve new red risks arising from this review will be presented to the Governance Board for approval to add to the risk register. Six risks are proposed for removal from the risk register. Good returns from clinical divisions were noted and Mrs Gibson advised that non-clinical risk registers are developing well. Mr Trotman noted that the risk concerning European Working Time Directive was duplicated. It was agreed that the risks associated with EWTD compliance in relation to junior doctors should be removed.	
9 Safety alerts update	**SWBGR (1/10) 009** **SWBGR (1/10) 009 (a)**
Mr Masaun presented an overview of outstanding Health and Safety alerts currently being processed. Mrs Gibson highlighted that the alert concerning latex had been raised a significant time ago and advised that addressing the alert involves a number of areas of the Trust. A policy has been drafted concerning the management and use of latex, although this still needs to be approved. Two, more recent alerts, were observed to concern the standardisation of Intravenous materials. It was agreed that at the next meeting, a report concerning any deviations from alert recommendations should be considered. Mrs Gibson was asked to consider a means of linking such deviations to the risk register.	
ACTION: **Mr Masuan to present a report outlining any deviations from alert recommendations at the next meeting** **ACTION:** **Mrs Gibson to consider linkage between deviations from Health and Safety alert recommendations and the risk register**	

10 Trust Board reporting cycle 2010	**SWBGR (1/10) 002** **SWBGR (1/10) 002 (a)**
Mr Grainger-Payne presented the draft Trust Board reporting cycle for 2010, which he advised would be presented to the Trust Board at the end of January for approval.	
11 Minutes from the Governance Board	**SWBGB (12/09) 226**
The Governance and Risk Management Committee received and noted the minutes from the Governance Board meeting held on 4 December 2009.	
12 Minutes from the Clinical Quality Review Group	**SWBGR (1/10) 007**
The Governance and Risk Management Committee received and noted the minutes from the Clinical Quality Review Group meeting held in November 2009.	
13 Any other business	**Verbal**
There was none.	
14 Details of the next meeting	**Verbal**
The date of the next meeting is 18 March 2010 at 1030h in the Executive Meeting Room, City Hospital.	

Signed ……

Print ……

Date ……