

AGENDA

Trust Board – Public Session

Venue Anne Gibson Boardroom, City Hospital

Date 26 May 2011; 1530h - 1730h

Members

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

In Attendance

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

Secretariat

Mr S Grainger-Payne (SGP) [Secretariat]

Item	Title		Lead
1	Apologies	Verbal	SGP
2	Declaration of interests <i>To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting</i>	Verbal	All
3	Chair's opening comments	Verbal	Chair
4	Minutes of the previous meeting <i>To approve the minutes of the meeting held on 28 April 2011 as true and accurate records of discussions</i>	SWBTB (4/11) 096	Chair
5	Update on actions arising from previous meetings	SWBTB (4/11) 096 (a)	Chair
6	Questions from members of the public	Verbal	Public
MATTERS FOR APPROVAL			
7	Single Tender Action – Recharge of Salaries from Birmingham University	SWBTB (5/11) 121	RW
8	Board Committees' Terms of Reference		
8.1	Quality and Safety Committee	SWBTB (5/11) 105 SWBTB (5/11) 105 (a)	SGP
8.2	Charitable Funds Committee	SWBTB (5/11) 104 SWBTB (5/11) 104 (a)	

8.3	FT Programme Board	SWBTB (5/11) 109 SWBTB (5/11) 109 (a)	
MATTERS FOR INFORMATION/NOTING			
9	Safety, Quality and Governance		
9.1	Infection Control		
▶	Quarterly report	SWBTB (5/11) 099 SWBTB (5/11) 099 (a)	RO
▶	Annual report	SWBTB (5/11) 100 SWBTB (5/11) 100 (a)	RO
9.2	Cleanliness report	SWBTB (5/11) 114 SWBTB (5/11) 114 (a)	RO
9.3	Update on complaints handling	To follow	KD
9.4	Assurance Framework 2010/11 – Quarter 4 update	SWBTB (5/11) 098 SWBTB (5/11) 098 (a)	SGP
9.5	National inpatient survey results	SWBTB (5/11) 106 SWBTB (5/11) 106 (a) SWBTB (5/11) 106 (b)	JK
9.6	Change to the Birmingham Treatment Centre (BTC) Facilities Management provider	SWBTB (5/11) 116	GS
10	Strategy and Development		
10.1	‘Right Care, Right Here’ programme: progress report	SWBTB (5/11) 117 SWBTB (5/11) 117 (a)	MS
10.2	Foundation Trust application: progress update	Verbal	MS
10.3	Midland Metropolitan Hospital project: progress report	SWBTB (5/11) 111 SWBTB (5/11) 111 (a)	GS
11	Performance Management		
11.1	Monthly finance report	SWBTB (5/11) 108 SWBTB (5/11) 108 (a)	RW
11.2	Monthly performance monitoring report	SWBTB (5/11) 119 SWBTB (5/11) 119 (a)	RW
11.3	NHS Performance Framework monitoring report	SWBTB (5/11) 118 SWBTB (5/11) 118 (a)	RW
12	Update from the Board Committees		
12.1	Finance and Performance Management Committee		
▶	Draft minutes from meeting held 19 May 2011	To follow	RT
12.2	Governance and Risk Management Committee		
▶	Minutes from meeting held 24 March 2011	SWBGR (3/11) 023	DA

►	Chair's annual report	SWBTB (5/11) 101 SWBTB (5/11) 101 (a)	
12.3	Audit Committee		
►	Chair's annual report	SWBTB (5/11) 103 SWBTB (5/11) 103 (a)	GH
13	Any other business	Verbal	All
14	Details of next meeting <i>The next public Trust Board will be held on 9 June 2011 at 1500h in the Anne Gibson Boardroom, City Hospital</i>	Verbal	Chair
15	Exclusion of the press and public <i>To resolve that representatives of the Press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).</i>	Verbal	Chair

MINUTES

Trust Board (Public Session) – Version 0.2

Venue Churchvale/Hollyoak Rooms, Sandwell Hospital **Date** 28 April 2011

Present:

Mrs Sue Davis (Chair)	Mr Roger Trotman	Mrs Gianjeet Hunjan
Mr Gary Clarke	Mrs Olwen Dutton	Dr Sarindar Sahota
Mr John Adler	Mr Robert White	Mr Richard Kirby
Mr Mike Sharon	Miss Rachel Overfield	Mr Donal O’Donoghue

In Attendance:

Miss Kam Dhami	Mr Graham Seager	Mrs Jessamy Kinghorn
Mrs Chris Rickards		

Secretariat:

Mr Simon Grainger-Payne

Minutes	Paper Reference
1 Apologies for absence	Verbal
Apologies were received from Professor Derek Alderson.	
2 Declaration of Interests	Verbal
Dr Sahota advised that he had been recently appointed as a Governor of Nishkam Education Trust and as a member of the Smethwick Delivery Board. The Chair reported that she had recently been selected to take up the position of Chair of the National Childminding Association, a post that she would take up in September 2011.	
3 Chair’s Opening Comments	Verbal
The Chair advised that Mrs Hunjan and Dr Sahota had been reappointed as Non Executive Directors for a further four years from August 2011. The Board was notified that a letter had been received from Mr John Cash to advise that he would be relinquishing his duties with Sandwell LINKs and	

<p>therefore would no longer be attending the Trust Board meetings.</p> <p>It was highlighted that the local Clusters were meeting in public and Mr Grainger-Payne was asked to ensure that the Trust is added to the distribution lists for the Board papers.</p>	
<p>ACTION: Mr Grainger-Payne to arrange for the Trust to be added to the distribution list for cluster Board papers</p>	
<p>4 Minutes of the previous meeting</p>	<p>SWBTB (3/11) 072</p>
<p>The minutes of the previous meeting were presented for approval and were accepted as a true and accurate reflection of discussions held on 31 March 2011, subject to minor amendment.</p>	
<p>AGREEMENT: Subject to minor amendment, the Trust Board approved the minutes of the last meeting</p>	
<p>5 Update on actions arising from previous meetings</p>	<p>SWBTB (3/11) 072 (a)</p>
<p>The updated actions list was reviewed and it was noted that there were no outstanding actions requiring discussion or escalation.</p> <p>In connection with the action concerning Learning Disability Facilitators, the Chair suggested that a representative should be sent to the Sandwell Learning Disability Partnership Board. Miss Overfield offered to ensure that this was arranged.</p>	
<p>ACTION: Miss Overfield to arrange for a representative to be sent to the Learning Disability Partnership Board meetings</p>	
<p>6 Questions from members of the public</p>	<p>Verbal</p>
<p>No questions were raised by members of the public present.</p>	
<p>7 Quality and Safety Strategy 2011-16</p>	<p>Presentation SWBTB (2/11) 053 SWBTB (2/11) 053 (a)</p>
<p>Miss Dhami presented the Quality and Safety Strategy 2011-16 which she advised had been considered by Board members in seminars held in November 2010 and February 2011. It was highlighted that the strategy is aligned to the quality and safety agenda that is currently being given considerable attention at a national level. The strategy was noted however to formalise a framework for much of the work that is already well established in the in the Trust, as well as adding a number of key new elements.</p> <p>The Board was advised that an implementation plan for the strategy would be developed, together with a quality improvement plan.</p> <p>The key elements of the strategy were outlined, including the proposed Committee structure which suggested that a Quality and Safety</p>	

<p>Committee should be established, which would replace the current Governance and Risk Management Committee.</p> <p>The performance management structure was reviewed by the Board and Miss Dhama advised that the performance management reports would be revised to provide greater clarity on indicators of greatest importance.</p> <p>Dr Sahota asked how lessons learned would be fed back into the organisation. Miss Dhama advised that there would be a continuance of current practice where this is done routinely, particularly in nursing. Miss Overfield agreed, however she advised that there was little practice currently where a check is made that the points of learning have been embedded.</p> <p>Mrs Dutton asked whether a summary of the strategy would be prepared. Miss Dhama advised that this would be the case and would be likely to be in the form of a booklet for staff.</p> <p>It was reported that the strategy would be launched formally at the Leadership Conference on 15 June 2011.</p> <p>Mr Adler reinforced that the strategy formalises current practice and activities underway in the Trust already, however he noted that the escalation process which was used for issues requiring attention needed to be formalised in the strategy. Miss Dhama agreed to make this amendment.</p> <p>Mr Trotman advised that the terms of reference for the Quality and Safety Committee needed to be approved by the Board. Mrs Dutton suggested that they make clear that in the case that a deputy needed to be sent to the Committee, that the individual did not count towards the quorum for the meeting. It was agreed that the terms of reference for the Committee should be presented at the next meeting for approval. It was highlighted that an amendment to the terms of reference for the Charitable Funds Committee needed to be made and therefore these would also be presented for approval at the next meeting.</p> <p>Subject to minor amendment, the Board approved the Quality and Safety strategy.</p>	
<p>ACTION: Miss Dhama to clarify the escalation processes to be used within the Quality and Safety strategy</p> <p>ACTION: Mr Grainger-Payne to arrange for the terms of reference for the Quality and Safety Committee and the Charitable Funds Committee to be presented for approval at the next meeting</p> <p>AGREEMENT: Subject to minor amendment, the Trust Board approved the Quality and Safety strategy 2011/16</p>	
<p>8 Safety, Quality and Governance</p>	

8.1 Nursing quality report	SWBTB (4/11) 088 SWBTB (4/11) 088 (a) - SWBTB (4/11) 088 (d)
<p>Miss Overfield presented an overview of key nursing activities and performance against quality standards in the Trust.</p> <p>The Board was advised that a key achievement had been an 18% reduction in falls prevention, with the most significant improvement being in elderly care patients. An equally pleasing achievement was highlighted to concern the reduction in the incidence of Grade 3 and Grade 4 pressure sores.</p> <p>Miss Overfield advised that the number of adverse events related to resuscitation and rescue had declined, however the work of the Resuscitation Committee suggested that staff training in this area needed to be improved. The Board was advised that a bid for funding to support this had been presented to and approved by the Strategic Investment Review Group (SIRG).</p> <p>The Board was advised that a requirement to undertake work to address medicines management issues had been identified.</p> <p>In terms of staffing, Miss Overfield reported that although overall levels are adequate, issues have arisen when flexible beds are opened.</p> <p>The results of the quality care audits were reviewed by the Board and it was noted that a number of areas had improved from red and amber status to green. Again, regarding the outcome of the observations of care audits, an improvement was highlighted.</p> <p>Miss Overfield reported that a number of unannounced visits by the PCTs had been conducted during recent months, each of which had generated a number of routine actions. The Care Quality Commission (CQC) was reported to have also undertaken an unannounced visit into nutrition and privacy and dignity. The Board was advised that the formal outcome report remains awaited.</p> <p>Regarding ward performance reviews, the Board was informed that it had been difficult to provide comparative data between the most recent round of reviews and those undertaken previously due to changes made to the wards as a result of the same sex accommodation changes that had been undertaken.</p> <p>The Board was advised that the concept of 'worry wards' had been introduced as an early warning system for wards where special focus was needed. The process also ensures that mitigating actions are developed in a timely manner to address any areas of concern.</p> <p>It was highlighted that handling flexible bed capacity can present a</p>	

<p>number of issues, particularly in terms of continuity of care when activity increases. The Board was advised that Trauma and Orthopaedics wards have been a particular issue since reconfiguration of this area and a solution to the staffing issues was being developed. Mr Clarke noted the issues concerning the operation of Newton 4 reported and asked whether the situation on this ward could be resolved. Miss Overfield advised that this was the case and that standards would be consistently satisfactory if the ward was managed within its budgeted bed capacity. Mr Kirby informed the Board that there were plans to cease opening flexible bed capacity on Newton 4 in future. It was underlined that although standards had slipped on the ward, it remained operating safely.</p> <p>Dr Sahota noted that overall, there had been a good improvement in nursing quality over a relatively short period.</p> <p>Mr Adler advised that, following consideration as to how the Board could effectively monitor staffing issues, three key nursing quality indicators would be included within future versions of the corporate performance report: nurse to bed ratio, qualified to unqualified staff ratio and sickness rates on wards. The Board was advised that performance against these indicators would be monitored in particular by the Quality and Safety Committee. Miss Overfield suggested that vacancies on wards should also be monitored in the same way. Mrs Dutton suggested that trends needed to be reviewed, in addition to month by month data.</p> <p>It was reported that £1.4m had been set aside for extra staffing required as a consequence of the same sex accommodation changes, a portion of which would be used for handling Trauma and Orthopaedics issues.</p> <p>The Board was asked to receive and note the Parliamentary and Health Service Ombudsman's report 'Care and Compassion', which provided a summary of ten investigations into NHS care of older people.</p>	
<p>ACTION: Mr White to organise for the suggested nurse quality indicators to be added to future versions of the corporate performance report</p>	
<p>8.2 Board safety walkabouts</p>	<p>SWBTB (4/11) 083 SWBTB (4/11) 083 (a)</p>
<p>Miss Overfield reported that eight walkabouts had been conducted to date. The Board was advised however, that the walkabouts were to be refocused to provide an opportunity for Executive and Non Executive Directors to look more closely at safety and quality issues in a particular area. As such, the walkabouts would be used to review and entire system or process. The Chair suggested that consideration needed to be given to the most appropriate questions to use as part of these reviews.</p> <p>Mrs Hunjan remarked that the walkabouts represent a significant step forward in bringing the Board members closer to front line operations and highlighted that the framework developed is robust and is able to be</p>	

<p>amended to provide whatever focus is needed.</p> <p>Mrs Hunjan suggested that nursing staff should be encouraged to use their own language to communicate with patients when it is appropriate to do so. Miss Overfield confirmed that this suggestion was incorporated into the Equality and Diversity workplan.</p> <p>Mr Trotman observed that the feedback from patients received as part of the walkabouts appeared overly positive, however he was advised that the comments made by patients represents their perception of the care they are receiving and the environment in which they are being treated. Mr O'Donoghue added that patients might be reluctant to raise issues of concern as part of the walkabouts.</p> <p>Mrs Dutton remarked that following the pathway of a patient through a particular process or system was a good idea, however she suggested that thought should be given to extending this practice to other areas of the Trust in addition to wards. Mrs Dutton further suggested that consideration should be given to linking the issues raised in the staff satisfaction survey to the outputs of the Board walkabouts.</p> <p>Mr Adler advised that there were plans to reintroduce back to the floor exercises</p>	
<p>8.3 Safeguarding update</p>	<p>SWBTB (4/11) 085 SWBTB (4/11) 085 (a)</p>
<p>Miss Overfield reported that the Trust's Safeguarding involvement concerned both adults and children.</p> <p>The key activities undertaken in connection with the Trust's Safeguarding responsibilities were outlined.</p> <p>The Chair asked whether the practice of community staff working within people's homes was covered by an appropriate policy. Miss Overfield advised that a policy transferred over from Sandwell PCT as part of the transforming community services (TCS) programme existed for this purpose and would be harmonised with other relevant non-PCT policies in due course. Dr Sahota noted that the Trust had acquired a significant number of lone working staff as part of the TCS plans and asked what measures were being taken to minimise the risks associated with this working practice. Miss Overfield advised that this had not been highlighted as a particular risk as part of the plans as there were established procedures in place. Mr White added that there had been initiatives undertaken during previous years to mitigate the risks of lone working to some degree, such as mandating that workers carry personal safety alarms. Mr Adler advised that the Trust had a lone worker policy in place. Miss Dhami reported that any issues concerning lone working would be handled within the remit of the Health and safety Committee. Mr Clarke remarked that lone working measures and monitoring should be applied equally to staff working in</p>	

offices.	
8.4 Staff survey results and action plan	SWBTB (4/11) 076 SWBTB (4/11) 076 (a) - SWBTB (4/11) 076 (d)
<p>Miss Overfield reported that the staff survey showed improvements in a number of key areas in comparison to the previous year. The Board was advised that plans to address areas of shortfall were being developed and key actions would be included within the remit of the various committees that were already in place.</p> <p>Mr Adler advised that feedback on the actions being taken in response to the survey would be communicated to staff in a future edition of 'Heartbeat'.</p> <p>The Board was informed that regular checks on staff satisfaction would be undertaken periodically throughout the coming year.</p> <p>Mr Sharon asked whether a separate survey for community staff transferred over from Sandwell PCT could be undertaken. He was advised that a divisional breakdown could be undertaken, which would identify the responses from provider arm staff in the PCT. Mrs Davis agreed that responses for non-acute staff needed to be reviewed for the current year. She was advised that this level of detail could be provided if a full census of staff is undertaken.</p> <p>Mrs Dutton highlighted that the results provide some concerning messages, such as appraisals being undertaken to little effect and that a significant number of staff are considering leaving the Trust. She suggested that there needed to be a clear connection between the actions being taken and the feedback from the staff survey.</p>	
8.5 Care Quality Commission (CQC) quality and risk profile	SWBTB (4/11) 087 SWBTB (4/11) 087 (a)
<p>Miss Dhami advised that the CQC quality and risk profile (QRP) was updated monthly and was informed by data supplied by various organisations. The Board informed that the QRP presents an estimation of the risk of non-compliance with the essential standards of quality and safety.</p> <p>The Board was asked to note that the latest QRP did not highlight any areas of significant concern.</p> <p>Mrs Hunjan observed that in four areas, there had been insufficient information to make a judgement as to the status of the risk to non-compliance with a standard. She asked whether these would eventually be assigned a red status if this situation continued. Mr Adler advised that this reflected that there was a paucity of data to inform this judgement against those specific standards, however the status would not be rated as</p>	

<p>red due to this.</p> <p>It was agreed by the Board that the QRP was a useful tool and that although it would be considered in detail by the Quality and Safety Committee, any areas rated as amber or red would be reported back to the Trust Board.</p>	
<p>8.6 Update on complaints handling</p>	<p>Hard copy paper</p>
<p>Miss Dhimi advised that there had been no further contact by the Care Quality Commission (CQC) following the responsive review being initiated. The Board was advised that the action plan to address the complaints backlog was on track. The number of active complaints was reported to be 358, including first contact and follow up cases. It was noted that two red complaints were within the backlog of complaints that had been in the system over 75 days.</p> <p>A trajectory for addressing the backlog of complaints and new complaints received was reported to have been developed.</p> <p>The Chair remarked that consideration needed to be given to agreeing an acceptable standard of service for handling complaints, given that the failsafe timeframe of 75 days to issue a response is generous. Mr Adler clarified that 75 days was a failsafe figure not the target timescale for responses, which needed to be much shorter.</p> <p>The Chair encouraged thought to be given to producing a proforma to attach to the complaints to seek authority for those acting of behalf of a complainant to pursue the matter, thereby reducing any delays associated with gaining a patient's consent.</p> <p>Mrs Dutton suggested that a 'walk though' a complainant's experience and the complaints process would be useful.</p>	
<p>ACTION: Miss Dhimi to consider the suggestion made to organise a 'walk though' a complainant's experience and the complaints process</p>	
<p>8.7 Information Governance toolkit – end of year report</p>	<p>SWBTB (4/11) 074 SWBTB (4/11) 074 (a)</p>
<p>Mr Kirby presented the annual declaration of the Trust's position against the Information Governance toolkit standards. He advised that the Trust had scored 81% compliance, which had generated a green status. The score was reported to be higher than that of a number of local trusts.</p> <p>The Board was advised that the standards had changed significantly from the previous year, so a year on year comparison was not meaningful.</p> <p>Despite the score achieved, the performance was reported to be classed as 'unsatisfactory' as three standards had not been met, two of which</p>	

<p>related to Information Governance training for staff. The Board was advised that it had been agreed that Information Governance would form part of the Mandatory Training suite for 2011/12. It was highlighted that to meet the training standard, 95% of staff will need to have been given training, which Mr Kirby advised would be challenging. Mr Adler advised that a decision had been taken not to introduce Information Governance training during 2010/11 as to do so would have involved excessive staff release over a short period and have impacted on the plans needed to achieve the NHS Litigation Authority accreditation at Level 2.</p> <p>The Board was advised that an Internal Audit review had been undertaken which confirms the reported position.</p>	
<p>8.8 Register of Seals</p>	<p>SWBTB (4/11) 084 SWBTB (4/11) 084 (a)</p>
<p>Mr Grainger-Payne presented the register of sealed documents, which the Trust Board was asked to receive and note.</p>	
<p>9 Strategy and Development</p>	
<p>9.1 'Right Care, Right Here' programme: progress report</p>	<p>SWBTB (4/11) 094 SWBTB (4/11) 094 (a)</p>
<p>Mr Sharon presented the latest 'Right Care, Right Here' programme progress report, which the Board received and noted.</p> <p>The Board was advised that progress on delivery of the decommissioning plan would be brought back to the Board at a future meeting.</p>	
<p>ACTION: Mr Sharon to present an update on delivery of the decommissioning plan at a future meeting of the Trust Board</p>	
<p>9.2 Foundation Trust application: progress update</p>	<p>SWBTB (4/11) 081 SWBTB (4/11) 081 (a)</p>
<p>Mr Sharon asked the Board to receive and note the minutes of the Foundation Trust (FT) Programme Board that had been held on 24 March 2011. He advised that the minutes had been approved at the FT Programme Board earlier in the day.</p> <p>The Board was advised that the membership of the FT Programme Board had been amended to ensure that all members of the Trust Board were included and informed the Board that the Terms of Reference would be presented at a the next meeting for approval.</p> <p>It was agreed in principle that the Trust Board should delegate authority to overseeing the application for Foundation Trust status to the FT Programme Board.</p>	
<p>ACTION: Mr Grainger-Payne to arrange for the terms of reference for the FT Programme Board to be presented for approval at the next meeting</p>	

AGREEMENT: It was agreed in principle that the Trust Board should delegate authority to overseeing the application for Foundation Trust status to the FT Programme Board	
9.3 Midland Metropolitan Hospital project: progress report	Verbal
<p>Mr Seager reported that approval of the Outline Business Case (OBC) for the Midland Metropolitan Hospital remained awaited.</p> <p>The Board was advised that the commercial documentation for the new hospital project was being developed.</p> <p>It was noted that a tour of the site had been conducted for some Trust Board members.</p>	
10 Performance Management	
10.1 Monthly finance report	SWBTB (4/11) 093 SWBTB (4/11) 093 (a)
<p>Mr White presented the financial performance report for the period April 2010 – March 2011, which was noted to have been discussed in detail by the Finance and Performance Management Committee.</p> <p>The Board was advised that performance had been slightly better than plan and that the end of year position reported was consistent with the annual accounts due to be submitted. It was highlighted that the statutory accounts position is reflective of the impairments made to the land and the revaluation of assets by the District Valuer.</p>	
10.2 Monthly performance monitoring report	SWBTB (4/11) 086 SWBTB (4/11) 086 (a)
<p>Mr White presented the performance monitoring report and advised the Trust Board that it had been reviewed in detail by the Finance and Performance Management Committee.</p> <p>A strong end of year performance against the suite of targets was noted.</p>	
10.3 NHS Performance Framework update	SWBTB (4/11) 077 SWBTB (4/11) 077 (a)
<p>Mr White presented the NHS Performance Framework update for information.</p> <p>The Trust Board received and noted the report and was pleased to note that the Trust remains classified as a 'performing' organisation.</p> <p>Mr White advised that a plan to improve performance against the prompt payment of invoices target was to be presented to the Audit Committee at its next meeting.</p>	
10.4 Corporate Objectives progress report: Quarter 4	SWBTB (4/11) 075 SWBTB (4/11) 075 (a)
The Trust Board was asked to note that at the year end, performance	

<p>against 29 out of 37 targets was rated as green.</p> <p>The status against the objective to start the formal procurement for construction of the new hospital was noted to be red, which was highlighted to be reflective of the current delay with the approval of the Outline Business Case (OBC). The status against the Care Quality Commission registration was also noted to be red, given the current responsive review into complaints and any issues that may be raised as a result of the recent unannounced visits by the CQC. On discussion however, the Board decided that the status should be amended to amber, given that there is no indication from either of these matters at present that there will be an impact on registration.</p>	
<p>11 Operational Management</p>	
<p>11.1 Sustainability update</p>	<p>SWBTB (4/11) 082 SWBTB (4/11) 082 (a)</p>
<p>Mr Seager presented an update on progress with the delivery of the sustainability action plan.</p> <p>The Board was advised that discussions had been held with Mr Grainger-Payne regarding converting corporate meetings to a paperless system. It had been agreed that a trial would be held on an internal committee or board.</p> <p>Progress with reducing the Trust's carbon footprint was provided to the Trust Board and a trajectory of 4000 tonnes per annum was reported to have been set from 2013/14. Dr Sahota suggested that the financial benefit from reducing the carbon footprint needed to be articulated.</p> <p>The Trust Board was asked for and gave its approval to the proposed Carbon Management Plan.</p>	
<p>AGREEMENT: The Trust Board approved the Carbon Management Plan</p>	
<p>12 Update from the Board Committees</p>	
<p>12.1 Finance and Performance Management Committee</p>	<p>Hard copy paper</p>
<p>The Trust Board received and noted the draft minutes of the Finance and Performance Management Committee from the meeting held on 21 April 2011.</p> <p>Mr Trotman advised that Rachel Barlow, the recently appointed Chief Operating Officer, had attended the meeting.</p> <p>The Board was advised that the Committee had received a report into the cost of energy expected in future, which was anticipated to be significantly higher than initially planned. As such, the Committee had endorsed the proposed actions to mitigate against this unplanned cost pressure,</p>	

12.2 Governance and Risk Management Committee	SWBGR (1/11) 009
The Trust Board received and noted the draft minutes of the Governance and Risk Management Committee from the meeting held on 20 January 2011.	
12.3 Charitable Funds Committee	SWBCF (2/11) 004
The Trust Board received and noted the draft minutes of the Charitable Funds Committee from the meeting held on 3 February 2011. Dr Sahota advised that an amendment to the terms of reference was planned and the revised version would be presented for approval at the next meeting.	
13 Any other business	
The Chair advised that the meeting was the last at which Mr Kirby would attend, given his recent appointment as Chief Executive of Walsall Healthcare NHS Trust. She wished him well and thanked him for his valuable contribution to the work of the Trust and of the Trust Board.	
14 Details of the next meeting	Verbal
The Chair advised that it had been agreed that the schedule for the day of the Trust Board meetings would change and would take effect from the next month. As such, the next public session of the Trust Board meeting would start at 1530h on 26 May 2011 and would be held in the Anne Gibson Boardroom at City Hospital.	
15 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:

Name:

Date:

Next Meeting: 26 May 2011, Anne Gibson Boardroom @ City Hospital

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

28 April 2011, Churchvale/Hollyoak Rooms @ Sandwell Hospital








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

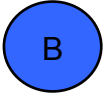
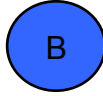
In Attendance: Mr G Seager (GS), Miss K Dhami (KD), Mrs J Kinghorn (JK), Mrs C Rickards (CR)

Apologies: Prof D Alderson (DA)

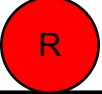
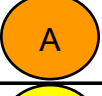
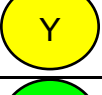
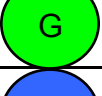
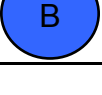
Secretariat: Mr S Grainger-Payne (SGP)

Last Updated: 20 May 2011

Reference	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status
SWBTBACT.192	Quality and Safety strategy 2011-16	SWBTB (2/11) 053 SWBTB (2/11) 053 (a)	28-Apr-11	Clarify the selection process to be used within the Quality and Safety strategy	KD	30/06/11	Will be included in the version due to be launched in June 2011	
SWBTBACT.194	Nursing quality report	SWBTB (4/11) 088 SWBTB (4/11) 088 (a) - SWBTB (4/11) 088 (d)	28-Apr-11	Organise for the suggested nurse quality indicators to be added to future versions of the corporate performance report	RW	31/07/11	SG-P discussed with MH and will be included in versions of the report from July 2011	
SWBTBACT.195	Update on complaints handling	Hard copy papers	28-Apr-11	Consider the suggestion made to organise a 'walk through' a complainant's experience and the complaints process	KD	31/07/11	Process flow of complaints process being developed at present which will be shared with the Q & S Committee. Thought will be given to 'walking through' a complainant's experience in due course	
SWBTBACT.196	Right Care, Right Here' programme: progress report	SWBTB (4/11) 094 SWBTB (4/11) 094 (a)	28-Apr-11	Present an update on delivery of the decommissioning plan at a future meeting of the Trust Board	MS	25/08/11	Progress to be reported at August meeting of Trust Board	
SWBTBACT.139	Same sex accommodation update	SWBTB (1/11) 003 SWBTB (1/11) 003 (a)	27-Jan-11	Send a letter of thanks to the ward managers and matrons involved with the same sex accommodation work	JA	31/03/11 30/04/11	Sent as requested.	
SWBTBACT.190	Chair's opening comments	Verbal	28-Apr-11	Arrange for the Trust to be added to the circulation list for Cluster Board papers	SG-P	26/05/11	Requested to be added to distribution lists	
SWBTBACT.191	Update on actions arising from previous meetings	SWBTB (3/11) 072 (a)	28-Apr-11	Arrange for a representative to be sent to the Learning Disability Partnership Board meetings	RO	26/05/11	Confirmed with Debbie Talbot that a representative is already sent from the Trust	

SWBTBACT.193	Quality and Safety strategy 2011-16	SWBTB (2/11) 053 SWBTB (2/11) 053 (a)	28-Apr-11	Arrange for the Terms of Reference for the Quality and Safety Committee and Charitable Funds Committee to be presented for approval at the next meeting	SG-P	26/05/11	Included on the agenda of the meeting planned for 26/5/11	
SWBTBACT.197	FT application: progress update	SWBTB (4/11) 081 SWBTB (4/11) 081 (a)	28-Apr-11	Arrange for the terms of reference for the FT Programme Board to be presented for approval at the next meeting	SG-P	26/05/11	Included on the agenda of the meeting planned for 26/5/11	

KEY:

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

Next Meeting: 26 May 2011, Anne Gibson Boardroom @ City Hospital
Sandwell and West Birmingham Hospitals NHS Trust - Trust Board
28 April 2011, Churchvale/Hollyoak Rooms @ Sandwell Hospital

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

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

Apologies: Prof D Alderson (DA)

Secretariat: Mr S Grainger-Payne (SGP)

Last Updated: 20 May 2011

Reference No	Item	Paper Ref	Date	Agreement
SWBTBAGR.225	Minutes of the previous meeting	SWBTB (3/11) 072	28/04/2011	Subject to minor amendment, the Trust Board approved the minutes of the previous meeting as a true and accurate records of discussions held.
SWBTBAGR.226	Quality and Safety Strategy 2011-16	SWBTB (2/11) 053 SWBTB (2/11) 053 (a)	28/04/2011	Subject to minor amendment, the Trust Board approved the Quality and safety strategy 2011/16
SWBTBAGR.227	FT application: progress update	SWBTB (4/11) 081 SWBTB (4/11) 081 (a)	28/04/2011	It was agreed in principle that the Trust board should delegate authority to the FT Programme Board for overseeing the application for Foundation Trust status to the FT Programme Board
SWBTBAGR.228	Sustainability update	SWBTB (4/11) 082 SWBTB (4/11) 082 (a)	28/04/2011	The Trust approved the Carbon Management Plan

TRUST BOARD

DOCUMENT TITLE:	Single Tender Approval – Recharge of Salaries from the University of Birmingham
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Robert White, Director of Finance and Performance Mgt
DATE OF MEETING:	26 May 2011

SUMMARY OF KEY POINTS:

The Trust has received the annual agreement for the recharge of salaries from the University of Birmingham medical school for clinical academics based at SWBH NHS Trust.

The value is anticipated to be £1,604,976 and this has been provided for within the budget for 2011/12. As the gross expenditure is above £500,000 and requires the waiving of competitive tendering (as this is not appropriate in these circumstances) the Trust Board is asked to agree to the waiver and renew the agreement for the 2011/12 financial year.

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

Approval	Receipt and Noting	Discussion
X		

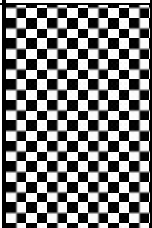
ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

Trust Board is asked to approve a single tender action for the salary recharge payment of £1,604,976.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

Financial	X	£1,604,976
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy	X	Process for approval accords with requirements of the Trust's SFI/SOs
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		

PREVIOUS CONSIDERATION:

Annual request for approval

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Quality and Safety Committee Terms of Reference
SPONSORING DIRECTOR:	Professor Derek Alderson, Chair of the Quality and Safety Committee
AUTHOR:	Kam Dhami, Director of Governance
DATE OF MEETING:	26 May 2011

SUMMARY OF KEY POINTS:

The proposed terms of reference for the Quality and Safety Committee are attached for approval.

The terms of reference for the Committee are included within the Quality and Safety Strategy that was approved by the Trust Board at its meeting in April 2011. A small change was suggested by the Board, which clarifies that deputies attending in place of the substantive members of the Committee do not count towards the meeting quorum.

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

Approval	Receipt and Noting	Discussion
X		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

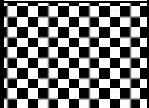
The Trust Board is asked to:

- APPROVE the proposed Terms of Reference for the Quality and Safety Committee

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	None specifically
Annual priorities	
NHS LA standards	
CQC Essential Standards Quality and Safety	
Auditors' Local Evaluation	

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

Financial		
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy	x	Establishing Terms of Reference represents good governance practice
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		

PREVIOUS CONSIDERATION:dh

Trust Board, as part of the Quality and Safety Strategy on 28 April 2011.

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

QUALITY AND SAFETY COMMITTEE

Terms of Reference

1. Constitution

The Board hereby resolves to establish a Committee of the Board to be known as the Quality and Safety Committee (hereafter referred to as “the Committee”).

2. Purpose of the Committee

The purpose of the Committee is to monitor and provide assurance to the Board that clinical services are appropriately delivered in terms of quality, effectiveness and safety.

The Committee will ensure that the Trust has effective and efficient arrangements in place for quality assessment, quality improvement and quality assurance.

Where quality and performance falls below acceptable standards, the Committee will ensure action is taken to bring it back in line with expectations, and to promote improvement and excellence

The Committee will ensure that service user and carer perspectives on quality are at the heart of the Trust’s quality assurance framework.

3. Membership

The list below constitutes the membership of the Committee.

- Three Non-Executive Directors
- Chief Executive
- Director of Finance & Performance
- Medical Director
- Chief Nurse
- Chief Operating Officer
- Director of Governance

The Chair of the Committee will be a Non-Executive Director and will be appointed by the Trust Chair.

A quorum will be 3 members, of which there must be at least one Non-Executive Director and one Executive Director. In the event that a member is unable to attend, a deputy of an appropriate seniority will attend instead. **Should deputies attend, they will not count towards the quorum of the Committee.**

The Trust Secretary will administer meetings of the Committee and be responsible for its work plan.

4. Attendance at meetings

Trust Board members, who are not members of the Committee, may attend for all or part of the meeting by prior agreement with the Chair of the Committee.

The following specialist advisers will attend meetings when invited:

- Trust Clinical Effectiveness Lead
- Trust Clinical Risk Lead
- Head of Risk Management
- Head of PALS, Complaints & Litigation
- Head of Health & Safety
- Head of Clinical Effectiveness
- Trust Security Adviser
- Assistant Director of Nursing – Quality and Patient Experience

Trust staff or advisers from outside the Trust will be required to attend relevant sections of meetings as appropriate.

5. Chair of the Meeting

At any meeting of the Committee, the Chair if present shall preside. If the Chair is absent from the meeting then another Non-Executive Director shall preside.

6. Frequency of meetings

The Committee will meet every two months, i.e. 6 meetings per year.

7. Required Attendance at meetings

To ensure the Committee is able to function effectively, it is expected that members will attend at least two thirds of the meetings in any 12-month period. Failure to do so will result in escalation to the Trust Chair or Chief Executive, who will take action as appropriate

8. Accountability and Authority

The Board is ultimately responsible for the quality of care provided in all services.

The Committee is accountable to the Trust Board and is a standing committee of the Board.

The Committee is authorised by the Board to investigate any activity within its remit, i.e. quality of care and treatment. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee has delegated authority to act on behalf of the Board to investigate any activity within its terms of reference. The Committee will consider and respond to clinical quality information, providing a forum through which quality, clinical outcomes and patient safety can be monitored and improved.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice. It may secure attendance of individuals and authorities from outside the Trust with relevant experience and expertise, if it considers this necessary.

The Committee will operate independently of other Committees that the Board creates, but will work to avoid duplication of issues.

9. Reporting

The Chair of the Committee will report to the next meeting of the Board following the Committee, summarising the main issues of the discussion and drawing the Board's attention to any matters that require disclosure to the full Board or require Executive action.

The Board will expect the Committee to demonstrate that it has met its objectives and has delivered its work plan and annual reporting cycle. This will be monitored by regular presentation of minutes and an Annual Report to the Board.

The Governance Board is accountable to the Committee, which will monitor the delivery of the Governance Board's work plan through reviewing the minutes of the Governance Board on a regular basis. The delivery of objectives and work plans of other Trust-wide governance committees will be monitored by the Governance Board.

The Committee will review its Terms of Reference annually.

10. Duties

The Committee has a duty to the Board for the following:

Promoting excellence in patient care in all aspects of quality and safety and monitoring and reviewing the implementation of the Trust's Quality and Safety Strategy.

Receiving an agreed level of clinical data and trend analysis from divisions, directorates, Trust-wide governance committees and working groups to provide adequate clinical information to inform and analyse the quality and safety of clinical services provided.

Ensuring that the Committee has adequate information on which to assure the Board of on-going compliance with the Care Quality Commission's Essential Standards of Quality and Safety.

Investigating and taking action on sub-standard quality performance.

Ensuring the effective identification and management of risks to the quality and safety of care, with the supporting infrastructure of the Board Assurance Framework and Trust Risk Register.

Ensuring that the Trust develops, maintains and reviews the effectiveness of systems and mechanisms that are able to achieve rapid and effective responses to risks and hazard alerts.

Ensuring the learning from serious incidents, complaints and claims is identified, shared and delivered.

Ensuring the Trust is proactive and creative in collecting and making use of service user and carer feedback from a variety of sources, and the involvement of service users and carers to drive quality improvement.

Ensuring the Trust learns from staff feedback on quality of care through staff consultation, the operation of the Trust's whistle-blowing policy, staff surveys, focus groups etc

Ensuring the Trust engages effectively with all key stakeholders on quality e.g. through communicating quality performance to Commissioners, considering feedback from PALS and LINKs and working in partnership with other providers along care pathways to ensure quality.

Ensuring the Trust has effective clinical governance systems and processes in place at all levels throughout the organisation, including the relevant policy, accountability, meetings, reports and communication structures.

Receiving assurances regarding the workforce, including education, training and development, appraisal and performance.

Ensuring there are robust systems for monitoring clinical quality performance indicators within divisions and directorates.

Ensuring there is a comprehensive, well-functioning and effective clinical and internal audit programme in relation to quality governance; that recommendations from clinical and internal audit reports are acted upon and required improvements delivered; and that national audits drive the clinical audit programme.

Ensuring national reports, investigations, alerts, best practice guidance, NICE standards and other significant external reports are shared, reviewed for relevant findings and actions, and the necessary actions implemented locally.

Comparing the Trust's quality performance against available national and local data.

Producing an annual report on progress against meeting its objectives and its annual reporting cycle.

11. Minutes

The minutes of the Committee shall be formally recorded and submitted to the Board.

Following each Committee meeting, the minutes shall be drawn up and submitted to the Chair in draft format. Subject to reporting timetables, a set of agreed draft minutes will be presented to the next immediate public Trust Board meeting.

The draft minutes will then be presented at the next Committee meeting where the person presiding at it will sign them.

12. Monitoring

The Committee will monitor its effectiveness by assessing progress against its objectives on an annual basis and reporting this to the Trust Board.

Ratification by:	
Date ratified:	
Review:	

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Charitable Committee Funds Terms of Reference
SPONSORING DIRECTOR:	Sarindar Sahota, Chair of Charitable Funds Committee and Robert White, Director of Finance and Performance Mgt
AUTHOR:	Simon Grainger-Payne, Trust Secretary
DATE OF MEETING:	26 May 2011

SUMMARY OF KEY POINTS:

The proposed changes to the terms of reference remove the need for the Director of Finance and Performance Management Committee to be present in order for the meeting to be quorate. Instead a more practical solution of an Executive Director being present to meet the quorum is suggested.

The opportunity has also been taken to clarify the instance when the Charitable Funds Trustees should consider a business case that is of sufficient value as needing Trust Board approval.

The proposed changes were presented and approved at the last meeting of the Charitable Funds Committee.

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

Approval	Receipt and Noting	Discussion
X		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

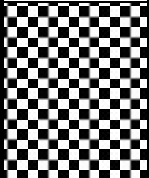
The Trust Board is asked to:

- APPROVE the proposed changes to the Terms of Reference for the Charitable Funds Committee

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	None specifically
Annual priorities	
NHS LA standards	
CQC Essential Standards Quality and Safety	
Auditors' Local Evaluation	

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

Financial		
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy	x	Refreshing the Terms of Reference represents good governance practice
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		

PREVIOUS CONSIDERATION:

Charitable Funds Committee on 12 May 2011.

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

CHARITABLE FUNDS COMMITTEE

Terms of Reference

Constitution

The Board hereby resolves to establish a Committee of the Board to be known as the Charitable Funds Committee (the Committee).

Membership

The Committee will comprise of all the voting members of the Trust Board (the Trustees).

The quorum will be 3 members, of which there must be at least one Non-Executive Director and ~~the Director of Finance~~ one Executive Director.

The Chairman of the Committee will be a Non-Executive Director and will be appointed by the Chairman of the Trust.

Attendance at meetings

Other Directors, who are not members of the Committee, may attend for all or part of the meeting by prior agreement with the Chairman of the Committee.

Trust staff or advisers from outside the Trust will be required to attend relevant sections of meetings as appropriate.

The Trust Secretary will attend as secretary to the Committee and will maintain minutes of the meetings.

Chairman of the Meeting

At any meeting of the Committee, the Chairman if present shall preside. If the Chairman is absent from the meeting then another Non-Executive Director shall preside.

Minutes

The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where the person presiding at it will sign them.

Charitable Funds Committee - Terms of Reference

continued

Frequency of meetings

Meetings will be held four times a year.

Authority

The Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee may act with such authority delegated to it by the Trust Board from time to time.

Duties

On behalf of all Members of the Trust Board (being the Trustees in law under the terms of the Charities Acts) the Committee will:

- Monitor the safeguarding of those assets donated or bequeathed, in cash or other form, to the Trust's Charitable Funds.
- Ensure, as far as is practicable, that the expressed or intended wishes of donors or benefactors are met in the deployment of funds.
- Monitor and review the banking, accounting and audit arrangements made in respect of charitable funds.
- Advise on the appointment of Investment Brokers to provide professional advice on the investment of charitable funds.
- Together with such Brokers, recommend the investment strategy for such funds.
- To receive and consider regular reports on income to and expenditure from the Trust's Charitable Funds, prior to submission and to review the regular investment reports supplied by the Trust's brokers.
- Monitor Standing Orders, Standing Financial Instructions and operating procedures in so far as these cover the use of charitable funds within the Trust and, as far as practicable, ensure compliance.
- Ensure, as far as practicable, that the Trust complies with relevant legislation and formal Department of Health guidance on charitable funds
- To consider charitable fundraising for the new hospital

In accordance with the Scheme of Delegated Authority and authorisation limits, (see Standing Orders and Standing Financial

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Charitable Funds Committee - Terms of Reference

continued

Instructions) ~~To~~ consider all business cases involving the use of Charitable Funds

- prior to any required consideration by the Trust Board.

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Reporting

The minutes of the Charitable Funds Committee shall be recorded and submitted to the Board. Following each Committee meeting, the minutes shall be drawn up and submitted to the Chairman in draft format. Subject to reporting timetables, a set of agreed draft minutes will be presented to the next immediate public Trust Board meeting for information. The draft minutes will then be presented at the next Charitable Funds Committee meeting at which the person presiding at it will sign them.

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Foundation Trust Programme Board Terms of Reference
SPONSORING DIRECTOR:	Mike Sharon, Director of Strategy and Organisational Development
AUTHOR:	Neetu Sharma, Senior Programme Manager
DATE OF MEETING:	26 May 2011

SUMMARY OF KEY POINTS:

The Trust Board approved delegation for the progression and oversight of the Trust's Foundation Trust application to the FT Programme Board at its last meeting, however it was agreed that the proposed terms of reference for the Programme Board needed to be formally presented for approval.

The Terms of Reference are attached in line with this agreement.

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

Approval	Receipt and Noting	Discussion
X		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

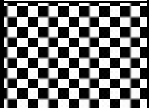
The Trust Board is asked to:

- APPROVE the proposed Terms of Reference for the FT Programme Board

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	None specifically
Annual priorities	
NHS LA standards	
CQC Essential Standards Quality and Safety	
Auditors' Local Evaluation	

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

Financial		
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy	X	Establishing Terms of Reference represents good governance practice
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		

PREVIOUS CONSIDERATION:

FT Programme Board as part of the Project initiation Document (PID) on 24 March and 28 April 2011.

Programme Board Membership and Terms of Reference

Chair	Sue Davis	Chair, SWBH
Members	Roger Trotman	Vice Chair and Non Executive Director, SWBH
	Sarindar Sahota	Non Executive Director, SWBH
	Gianjeet Hunjan	Non Executive Director, SWBH
	Gary Clarke	Non Executive Director, SWBH
	Olwen Dutton	Non Executive Director, SWBH
	Derek Alderson	Non Executive Director, SWBH
	John Adler	Chief Executive , SWBH
	Mike Sharon	Director of Strategy and Organisational Development, SWBH
	Kam Dhami	Director of Governance, SWBH
	Rachel Overfield	Chief Nurse, SWBH
	Rachel Barlow (from July 2011)	Chief Operating Officer, SWBH
	Robert White	Director of Finance and Performance Management, SWBH
	Donal O'Donoghue	Medical Director, SWBH
	Graham Seager	Director of Estates and New Hospital Project Director, SWBH
	Jessamy Kinghorn	Head of Communications and Engagement, SWBH
In Attendance:	Neetu Sharma	Senior Programme Manager, SWBH
	Simon Grainger-Payne	Trust Secretary, SWBH

The membership of this group reflects the previously established FT Board Seminars.

Reporting Arrangements

The Foundation Trust Programme Board will report to the Trust Board for the application process. The Trust Board is the statutory board for this programme.

Overall Objective

‘To successfully complete all actions to enable the Trust to be authorised as an FT in accordance with the revised SHA pipeline timetable of 2012’

The Programme Board is responsible for the business and overall performance of the programme and the manner in which it is progressed, including its direction and control. It monitors the programmes continued viability and also its validity.

It is answerable to the Programme Sponsor for the management of the programme.

Context/Approach

The programme outputs are driven by the formalities and timetable of the Foundation Trust application process. The plan will be devised to deliver the range of key outputs required to support delivery of the overall objective.

Timescale

The outputs of this programme will be expected by April 2012, with review dates as we proceed through the application process. The Foundation Trust Programme Board will meet monthly.

Outputs

The Programme Board will:

- Confirm the scope of the programme and oversee its implementation
- Appoint the workstream leads who will manage the programme on its behalf and define their roles and responsibilities
- Approve the programme documentation
- Define the required reporting arrangements
- Approve the sequence and timescale of the work
- Authorise resources
- Sanction any changes in planned expenditure
- Agree any changes to the programme’s scope
- Initiate action to address any matters which are beyond the authority of other officers to resolve
- Agree any arrangements for evaluation (if applicable)

The Programme Board will only become concerned with the detail of the programme and its day to day running if exceptional circumstances arise, requiring decisions on matters which are beyond the authority/remit of officers involved in the programme structure.

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Infection Control Quarterly Report (January – March 2011)
SPONSORING DIRECTOR:	Rachel Overfield – Chief Nurse & Director of Infection Prevention and Control
AUTHOR:	Rebecca Evans – Head of Infection Control Nursing Services Richard Anderson – Informatics Officer Dr Natasha Ratnaraja – Consultant Microbiologist/Infection Control Doctor Dr Connor Jamieson – Antibiotic Pharmacist
DATE OF MEETING:	26 May 2011

SUMMARY OF KEY POINTS:

The report is presented to advise the Quality and Safety Committee of the work undertaken by the Infection Control Service at Sandwell & West Birmingham Hospitals NHS Trust for the period January – March 2011.

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

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

Continued surveillance on a range of other healthcare associated infections, some of which will become mandatory during 2011.

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

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

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

Approval	Receipt and Noting	Discussion
	X	

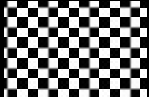
ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to receive and note the Annual Report for the period April 2010 – March 2011.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Compliance with Health Code and National Targets for MRSA and C.difficile.
Annual priorities	
NHS LA standards	NHS LA Risk Assessment - 2.4.9 – Infection Control
CQC Essential Standards Quality and Safety	Core Standards - C1- & C9
Auditors' Local Evaluation	

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

Financial		
Business and market share		
Clinical	x	Continual improvement and maintenance of infection control standards prevents and reduces HCAIs
Workforce		
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience	x	Continual improvement and maintenance of infection control standards contributes to a positive patient outcome and prevents and reduces HCAIs
Communications & Media	x	Compliance with infection control is high on the public agenda and can influence patient choice.
Risks		

PREVIOUS CONSIDERATION:

Executive Infection Control on 13 May 2011 and Quality & Safety Committee on 19 May 2011.

Quarterly Infection Prevention and Control Report January - March 2011

1. Executive Summary

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

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

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

2. Management and Organisation

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

3. Surveillance

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

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

3.1 MRSA

3.1.1 Mandatory Reporting of MRSA bloodstream infections

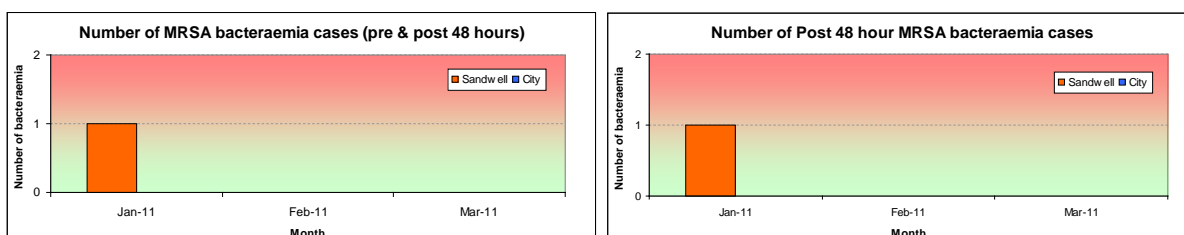


Figure 1: Number of MRSA bacteraemia cases (All cases, Post 48 hour cases only)

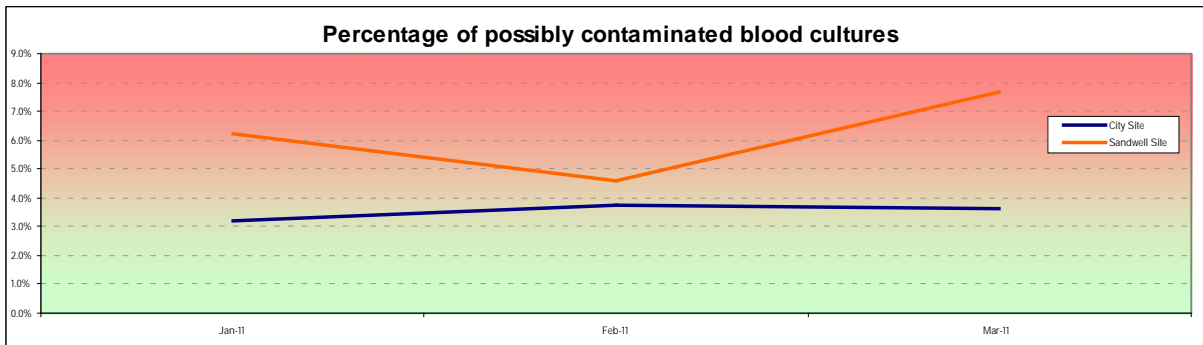


Figure 2: Percentage of possibly contaminated blood cultures

3.1.2 MRSA Screening and Decolonisation Therapy

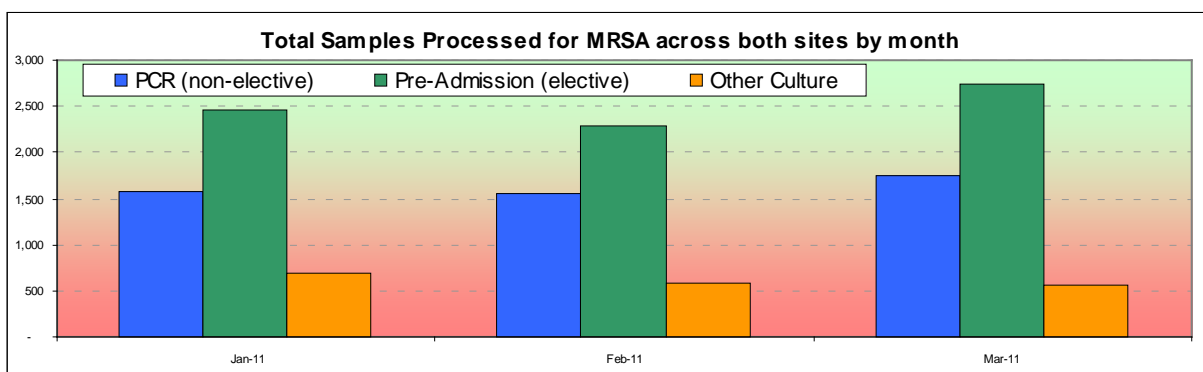


Figure 3: MRSA screening, numbers and positivity rates

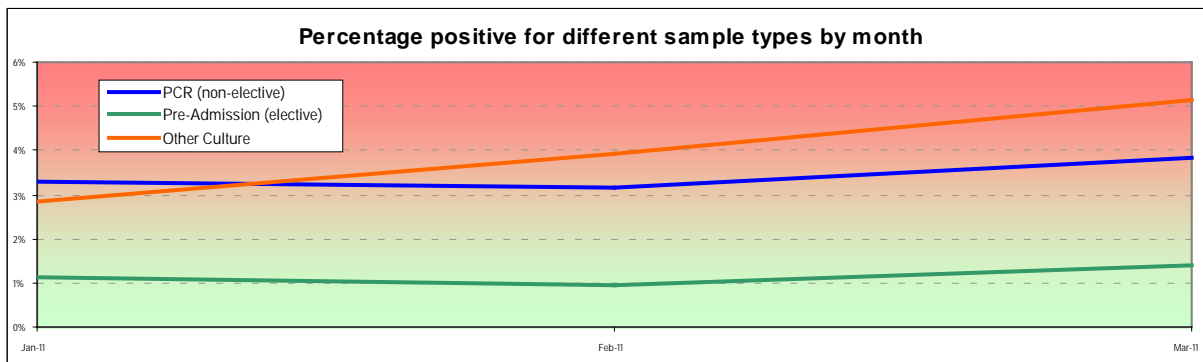


Figure 4: Timing of mupirocin prescription for MRSA positive patients

3.1.3 Clostridium difficile infections (CDI)

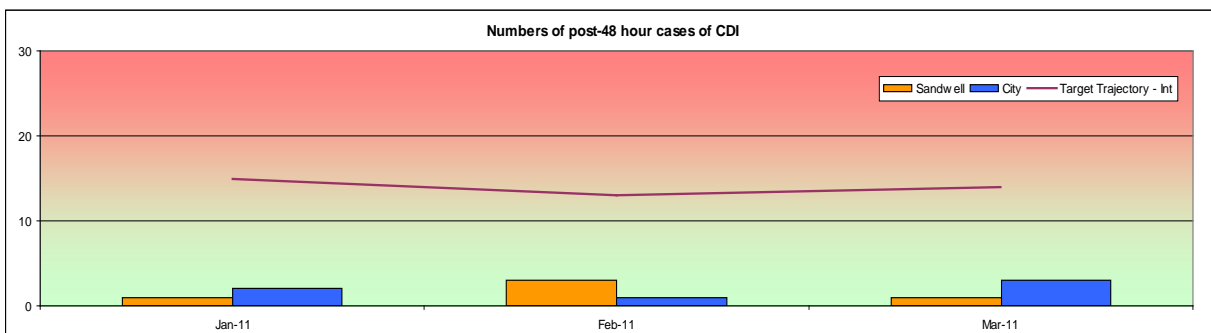


Figure 5: Numbers of post-48 hour cases of CDI

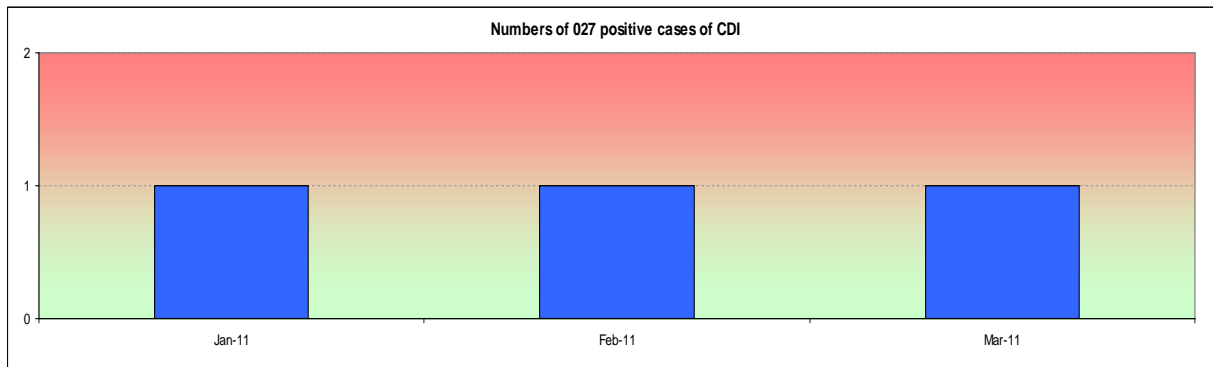


Figure 6: Number of 027 ribotype cases of CDI

3.1.4 Surveillance of other healthcare associated infections

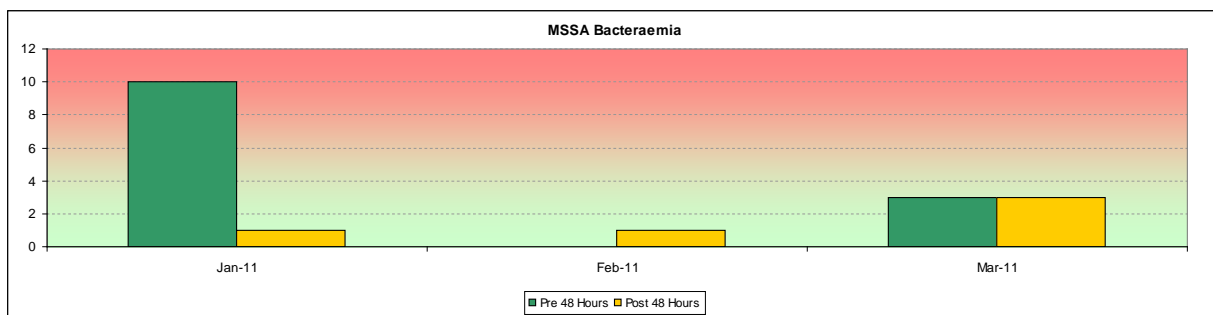


Figure 7: Numbers of MSSA bloodstream infections

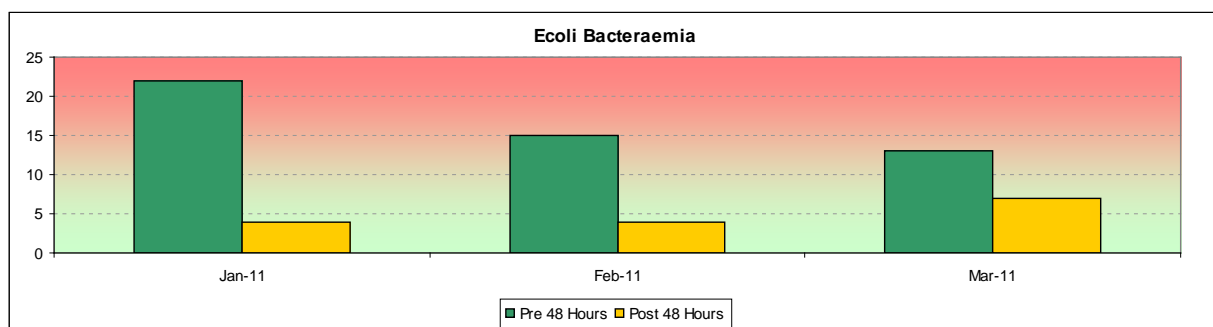


Figure 8: Numbers of E coli bloodstream infections

4. Summary of Outbreaks/Investigations and Increased incidence of infection..

Outbreak management is an intrinsic feature in the practice of most Infection Control Service's. The severity of an outbreak is generally dependent on the type of infective organism and its virulence. Small outbreaks occur frequently requiring immediate investigation and control measures. On the other hand large or protracted outbreaks can be extremely expensive and offsetting to the hospital. All outbreaks present an increased cost to healthcare settings and thus require quick action and a structured management approach to control their impact.

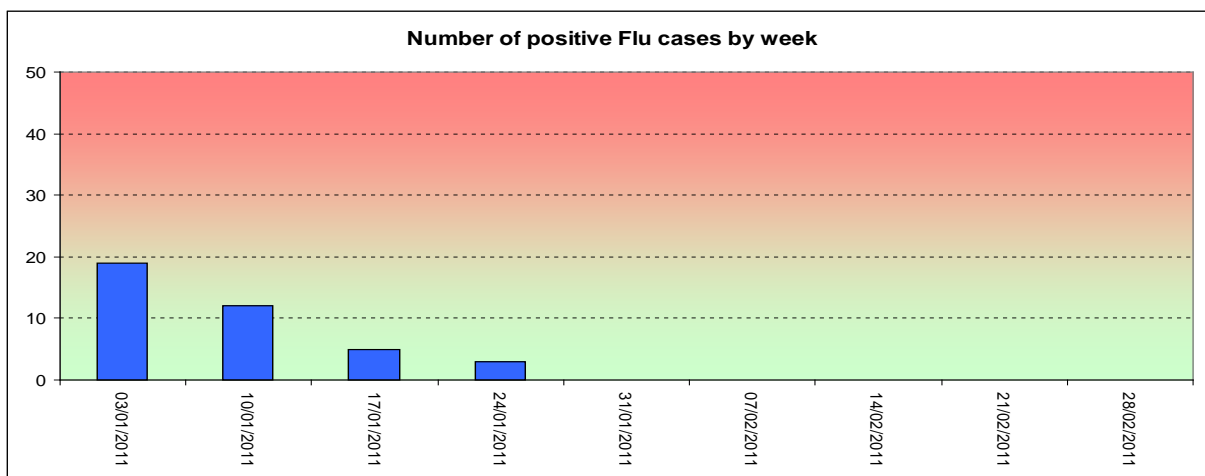
Diarrhoea and/or vomiting.

In order to prevent the spread of enteric infections it is policy to isolate any patient admitted with, or developing symptoms of diarrhoea and/or vomiting into a side room implementing enteric precautions. Outbreaks of diarrhoea and /or vomiting are monitored by infection control on an ongoing basis in line with national and local guidelines. The measures taken to control outbreaks are based on the severity of the outbreak and the ability for organisms to cross infect.

During the period January – March 2011 there were a total of 2 occasions where ward closures were required attributed to D&V. Of those 2 occasions, closures by site equated to City 1 and Sandwell 1. The outbreaks involved a total of 32 patients and 14 staff. Wards were closed for a total period of 17 days with a range of between 8 and 9 days. (See appendix 1)

5.2 Influenza

As part of the overall management of influenza the trust has procedures in place for the management of outbreaks. During the latter part of the December 2010 and January 2011, the Infection Control Team supported the Trust during a period when there were a large number of admissions with suspected influenza-like infection which posed significant pressures in ensuring that all clinical staff were aware of testing and treatment pathways and that patients were nursed in a manner that minimised the potential for hospital spread of influenza. The influenza season proved challenging because two strains of influenza, H1N1 and influenza B, circulated simultaneously and because many of the cases occurred over a relatively short period of time over the Xmas period.



Appendix 1

Table to identify a summary of outbreaks and ward closures for the period January – March 2011

Month started	Ward	Predominant symptoms.	Number of patients involved	Number of staff Involved	Did the ward close?	No. of days ward closed	Causative organism identified
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Total	3		45	14		57	

Quarterly Infection Prevention and Control Report January - March 2011

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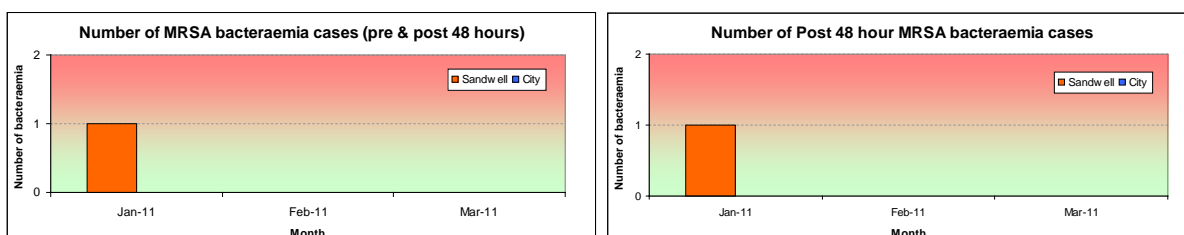


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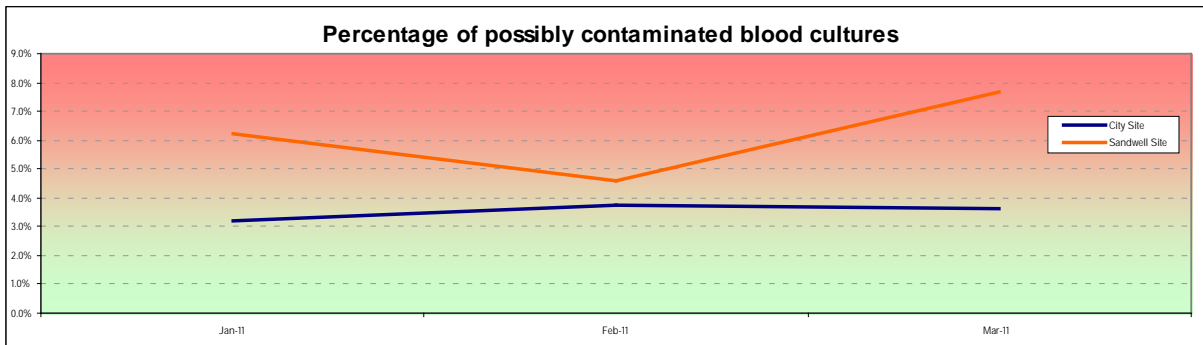


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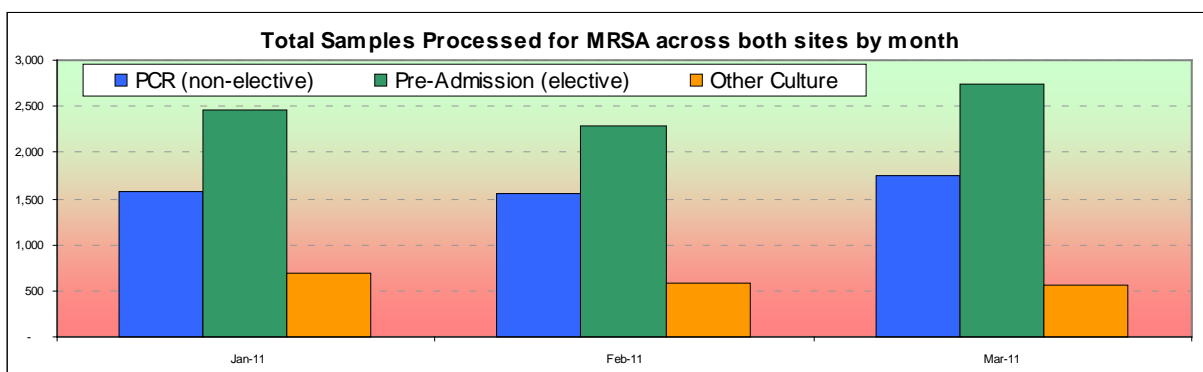


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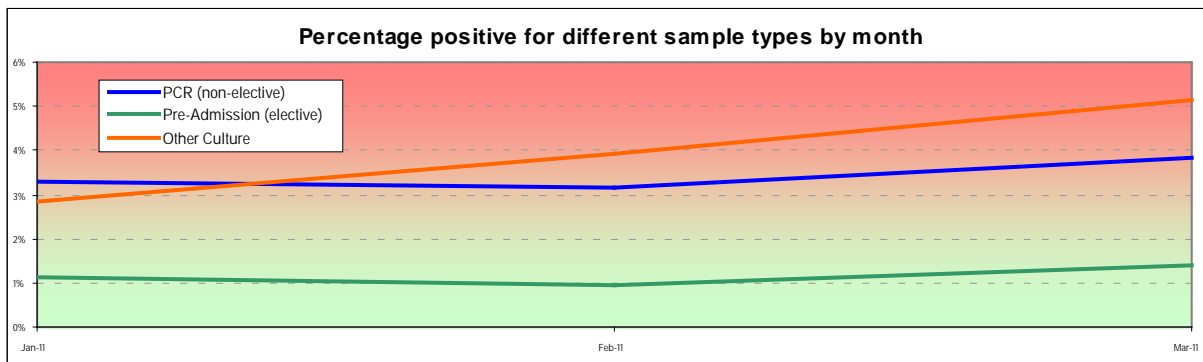


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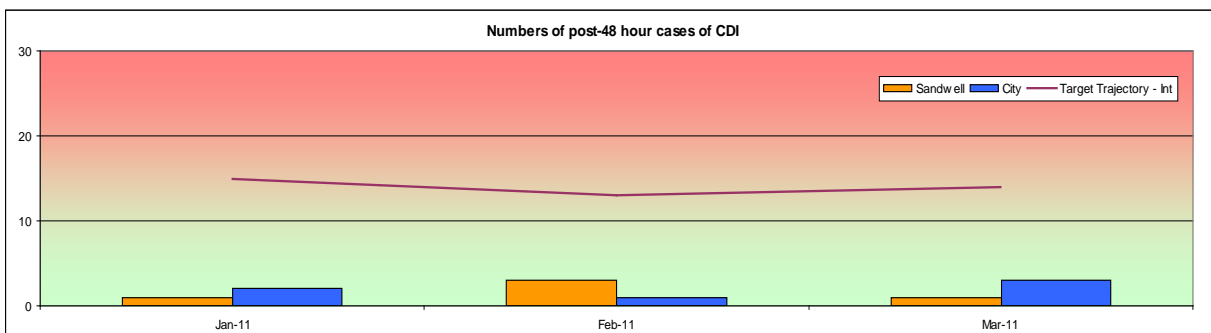


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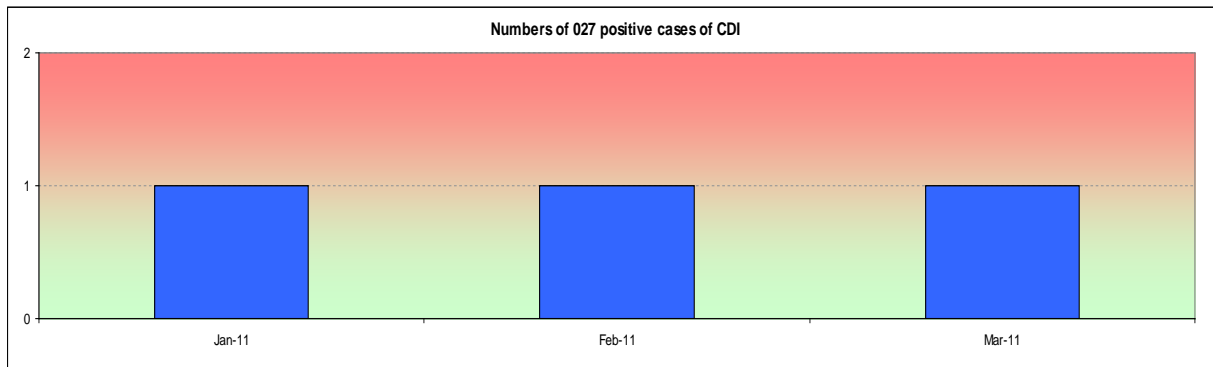


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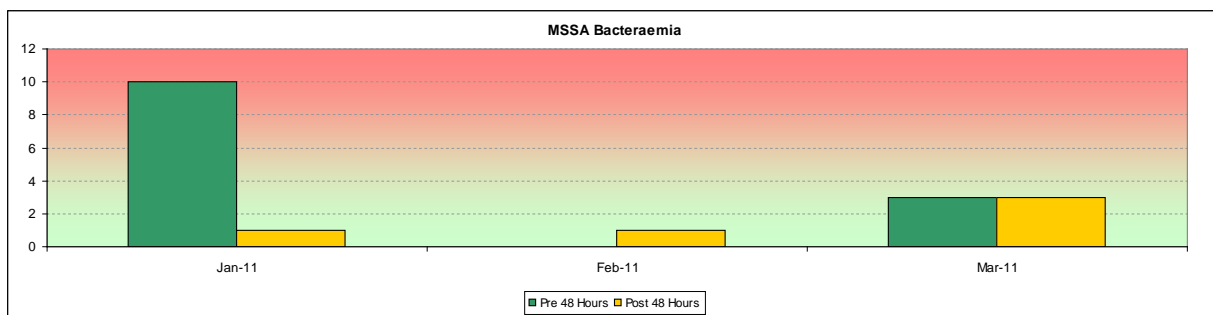


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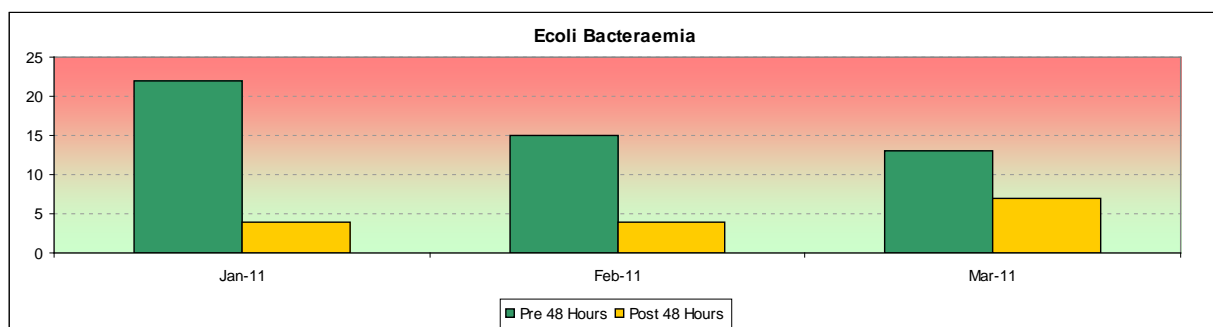


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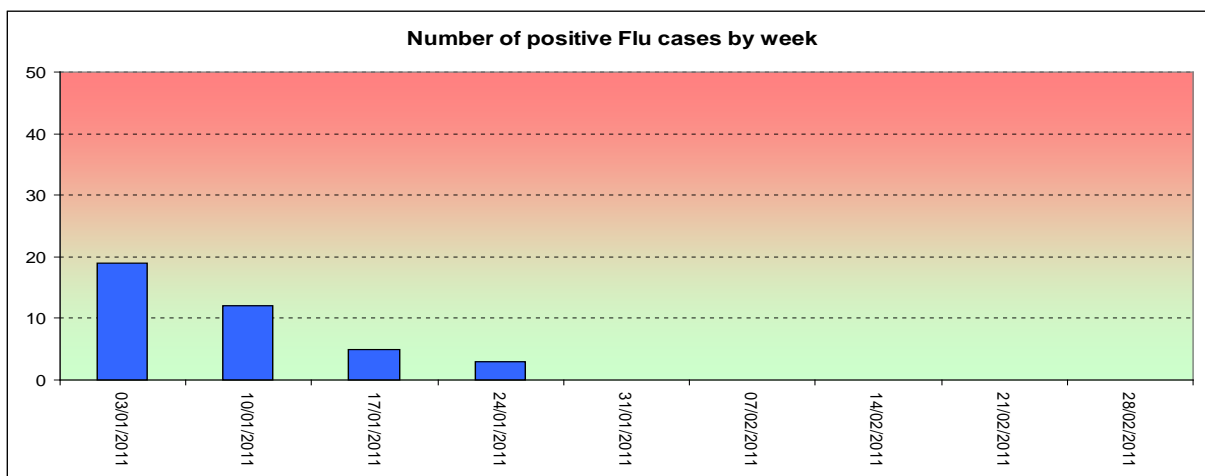


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Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

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

The Trust met its annual target for both MRSA (5 against a total allowance of 6) and *C.difficile* (120 against an internal trajectory of 158 and external trajectory of 243). Targets for 2011/2012 have been set at MRSA – total allowance of 6 and *C.difficile* 109. Whilst the organisation has met its target for 2010-2011 achieving and improving on the new targets will prove a major challenge for 2011/2012.

The infection control services continues to adopt a proactive approach to the prevention and control of HCAI's through:- surveillance of target organisms; monitoring compliance against infection control practices to include:- root cause analysis of specific cases, investigation of outbreaks and increased incidence of infection, audit of both clinical and non clinical practice, antibiotic stewardship and education and training.

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

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	X	

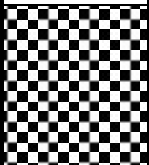
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Key to maintaining standards is continued commitment and compliance with infection control policies by divisions and healthcare personnel. Audit and training continue to be prioritised as a means of monitoring and delivering continuous improvements.

2. Management and Organisation

The ICS are a fully integrated service. During 2010-2011 infection control continue to work closely with clinical and non – clinical departments, focusing on key areas of practice to help facilitate the prevention and control of HCAI's. The overall organisation of infection control within the Trust continues to work well, with the Infection Control Operational Committee leading on developing and reviewing the action plan, reviewing new policies and ensuring compliance with all requirements of the Code of Practice. Partnership working with the Primary Care Trusts, Strategic Health Authority and Health Protection Agency through the Health Economy Group for Infection Control continues to thrive.

Within the Trust the Infection Control team (ICT) continue to adopt a proactive approach to the prevention and control of HCAI's liaising with all designations of staff to monitor and improve practices and activity that have a positive impact on patient care. This includes: - improving clinical practice, reviewing practices relating to decontamination of equipment the environments, policy development, audit and education. The continued focus on training doctors has paid major dividends in terms of quality measures such as improved antibiotic prescribing and reductions in numbers the numbers of contaminated blood cultures.

The team continue to have strong links with external agencies to include the Strategic Health Authority, Primary Care Trusts and Department of Health.

The Infection Control Team has developed a new programme of activities for 2011/2012 which has been approved by the Infection Control Operational Committee and will be closely monitored at Infection Control Team meetings. The programme involves the updating or review of a large number of infection control policies, a major commitment to surveillance of a wider range of HCAI's and related infection control initiatives, and a strong focus on audit and training.

3. Surveillance

Microbiological surveillance is undertaken by the ICS identified from clinical specimens received in the hospital laboratory and focuses on organisms which are known to have the ability to cross-infect, or are multiple antibiotic-resistant and not normally present in high

numbers in the patient population – *Target organisms*. An increase in numbers of these 'target organisms' isolated in a particular ward/department, or in similar clinical sites may indicate a problem in either the short or long term, requiring investigation and action. Monthly reports are circulated to clinical staff and relevant Executive Directors by the DIPC outlining progress against target organism surveillance and key actions required.

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3.1 MRSA

3.1.1 Mandatory Reporting of MRSA bloodstream infections

The number of post 48 MRSA bacteraemia for 2010-2011 = 5 against a target of 6.

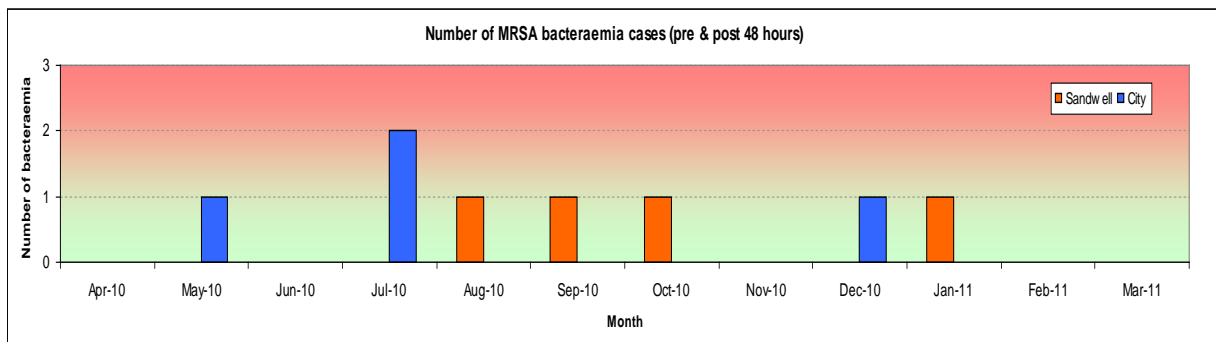


Figure1: Total number MRSA bacteraemia (per and post 48hrs) cases

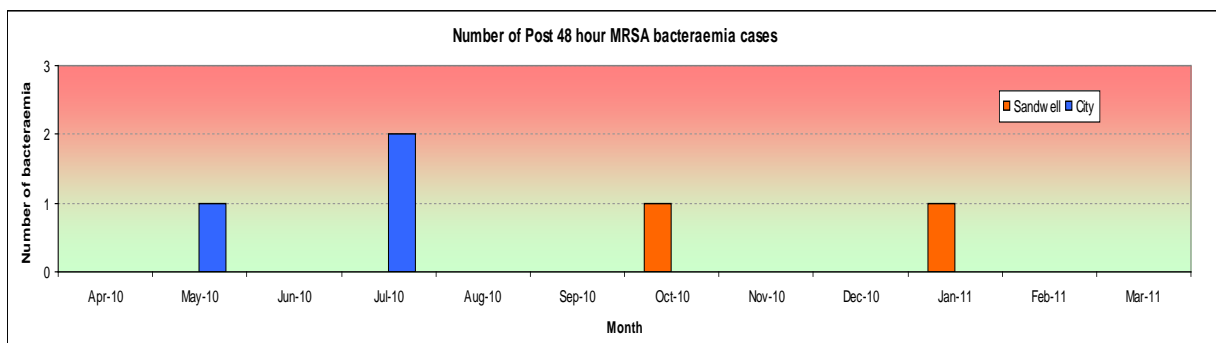


Figure 2: Number of post 48 hour MRSA bacteraemia cases

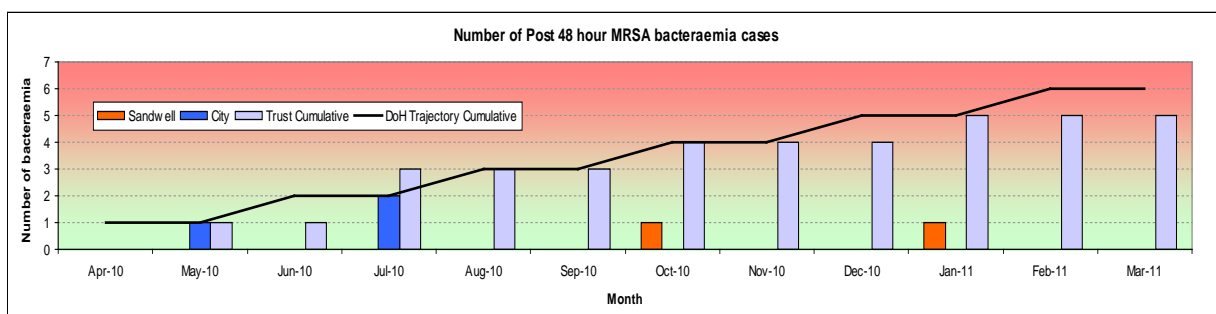


Figure 3: Number of post 48 hour MRSA bacteraemia cases against Trust trajectory

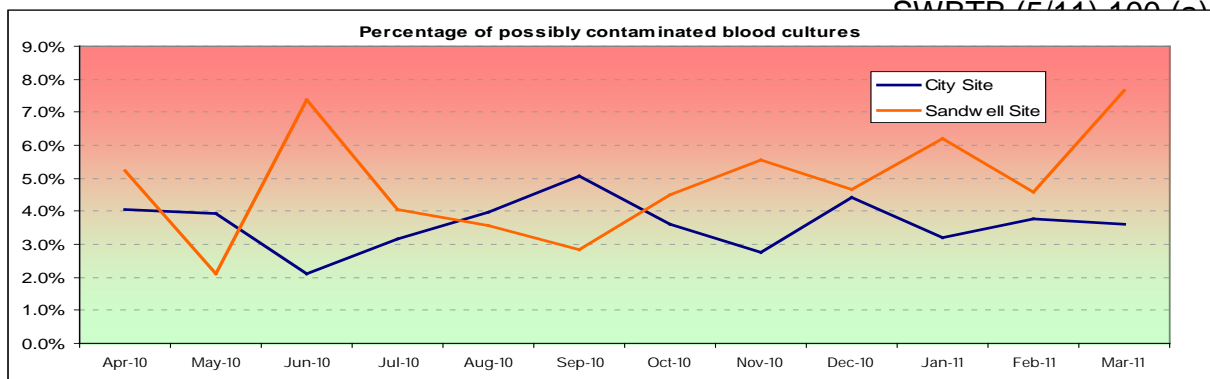


Figure 4: Percentage of possibly contaminated blood cultures

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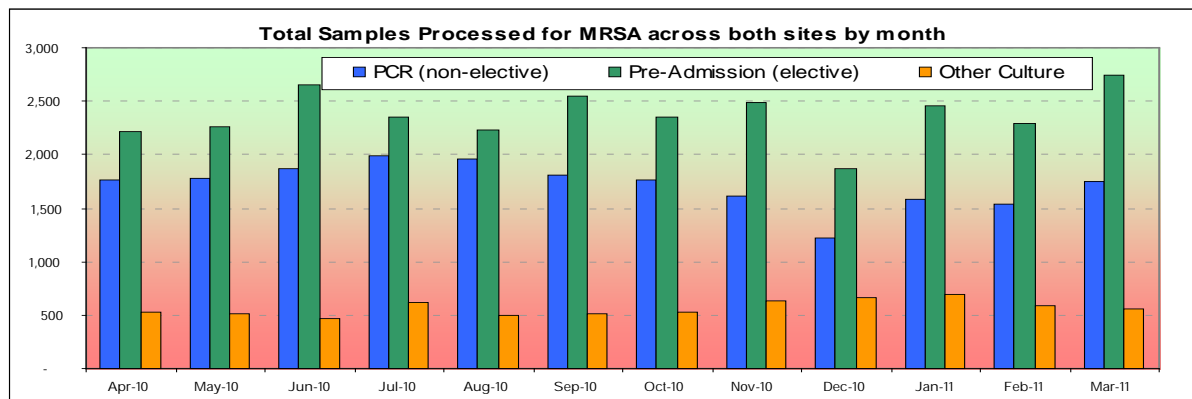


Figure 5: Total number of samples processed for MRSA screening.

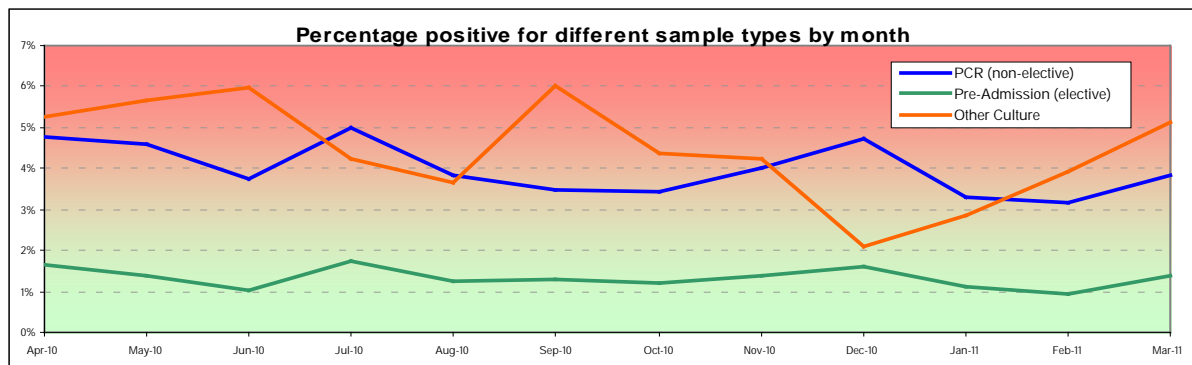


Figure 6: Percentage of MRSA positive samples by different sample types and months.

3.1.3 Clostridium difficile infections (CDI)

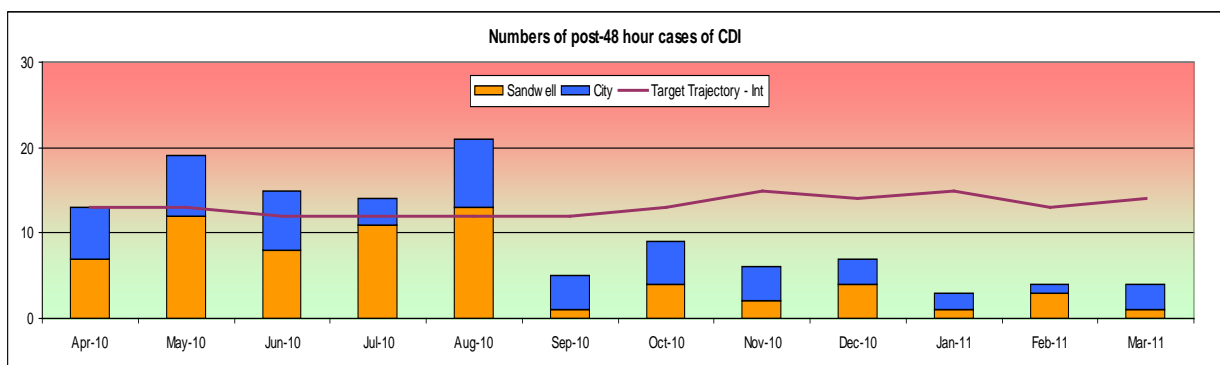


Figure 7: Numbers of post-48 hour cases of CDI

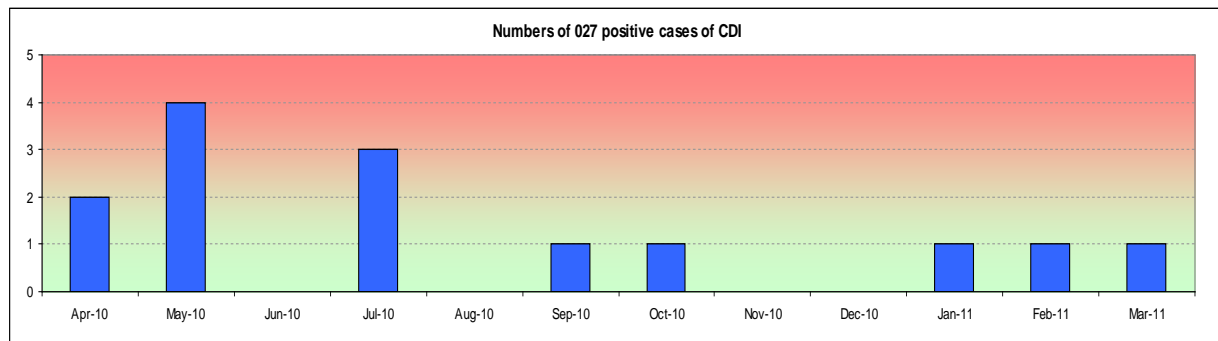


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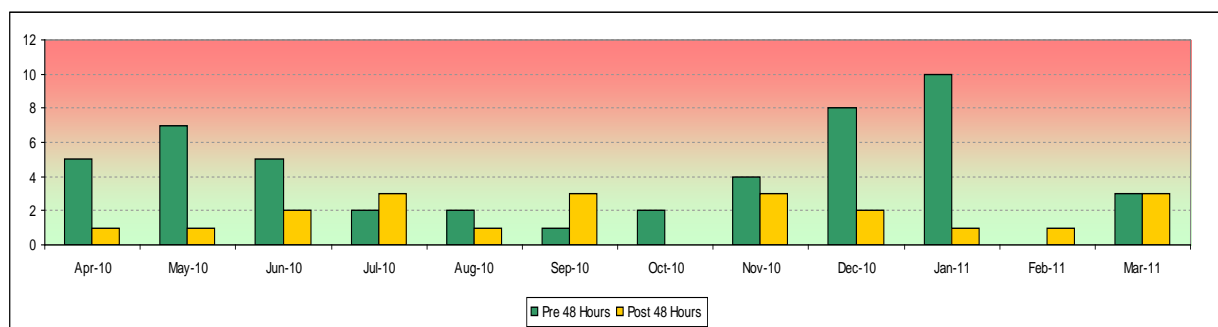


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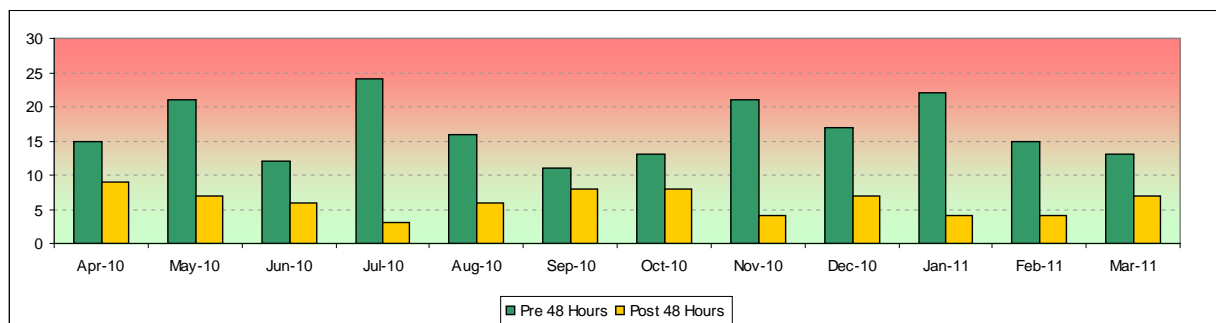


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4. Antibiotic stewardship

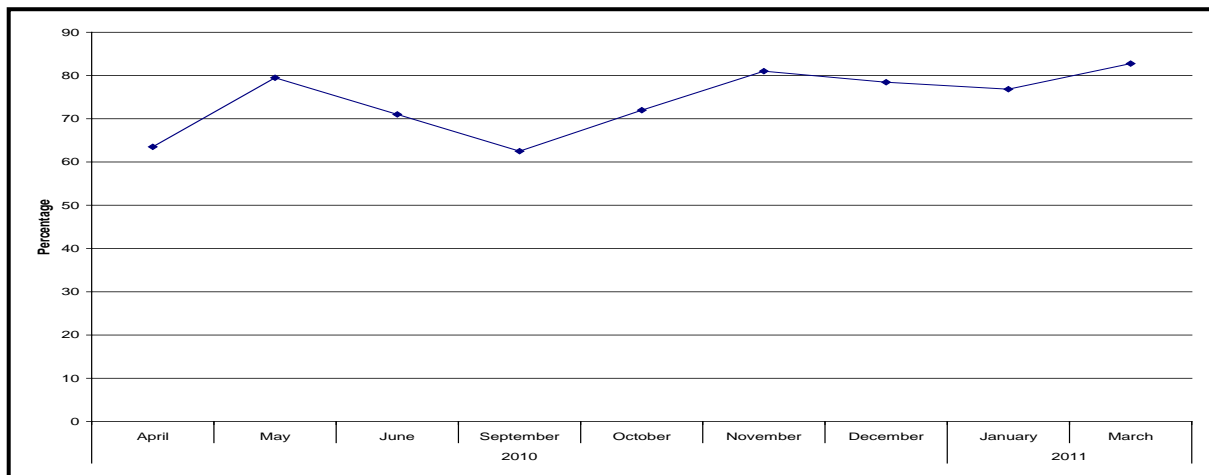
Antibiotic stewardship

The Antibiotic Management Group (AMG) meets regularly to monitor antimicrobial consumption, develop guidelines and promote antimicrobial stewardship. The group is made up of consultant microbiologists and antibiotic pharmacists.

The importance of appropriate antibiotic prescribing is outlined to all new doctors during induction and throughout the year during dedicated teaching sessions. All doctors receive a pocket sized summary of the antibiotic guidelines, and a dedicated antibiotic guidelines website has been created to allow ease of access to guidelines and supporting information. All wards have poster copies of the guidelines for quick reference during ward rounds.

Pharmacists are encouraged to challenge inappropriate prescribing and receive an annual update in appropriate prescribing. All new starters now receive a dedicated antibiotic induction. The pharmacy department has a procedure for stopping antibiotics which have not had a stop/review date specified after five days, approved by the Drugs and Therapeutics Committee, which helps to limit inappropriate antibiotic durations, reducing the risk of side effects, resistance development and super infection with organisms such as *Clostridium difficile*.

Figure 9: Percentage of antibiotic prescriptions with a stop/review date specified on the drug chart



Patients receiving antibiotics for greater than five days are monitored periodically to assess compliance with Trust antibiotic guidelines.

A number of guidelines have been developed over the last financial year, including:

- Guidelines for the use of narrow spectrum antibiotics (gentamicin, vancomycin and amikacin) have been developed and promoted to the medical staff and pharmacists.
- Guidelines for the diagnosis and management of respiratory tract infections
- Guidelines for the diagnosis and management of diabetic foot infections
- Guidelines for the initial treatment of commonly encountered infections in the Emergency Departments

Trends in antimicrobial prescribing and consumption are monitored on a monthly basis, and reported to the Drugs and Therapeutics committee. Restricted antibiotic consumption is monitored closely and also reported to the D&T committee. Snapshots of antimicrobial prescribing are conducted regularly by ward pharmacists and reported to the Antibiotic Management Group. Incident reports relating to antibiotics are monitored and reported to the Antibiotic Management Group.

In November 2010, the European Antibiotic Awareness Day was promoted to medical and pharmacy staff to enhance awareness of the importance of appropriate antibiotic prescribing. Information stands were held at medical grand round meetings and junior doctor teaching, with quizzes and prizes on offer for junior medical staff.

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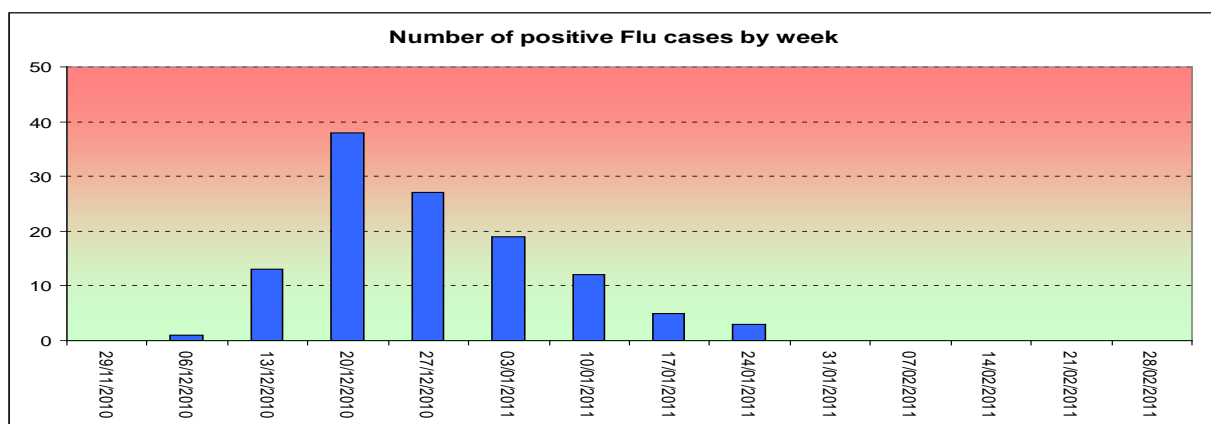
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During the period March 2010- April 2011 there were a total of 13 occasions where ward closures were required attributed to D&V. Of those 13 occasions, closures by site equated to City 8, Sandwell 4 and Rowley 1. The outbreaks involved a total of 108 patients and 33 staff. Wards were closed for a total period of 57 days with a range of between 1 and 12 days dependent upon severity of the outbreak (see appendix 1)

5.2 Influenza

As part of the overall management of influenza the trust has procedures in place for the management of outbreaks. During the latter part of the December 2010, the Infection Control Team supported the Trust during a period when there were a large number of admissions with suspected influenza-like infection which posed significant pressures in ensuring that all clinical staff were aware of testing and treatment pathways and that patients were nursed in a manner that minimised the potential for hospital spread of influenza. The influenza season proved challenging because two strains of influenza, H1N1 and influenza B, circulated simultaneously and because many of the cases occurred over a relatively short period of time over the Xmas period.

Mycobacterium tuberculosis

The catchment area served by SWBH Trust has one of the highest prevalence of tuberculosis in the country. Both the Department of Health and World Health Organisation have set new guidance for the diagnosis and management of TB, with recommendations for auditing practice. The ICS and Microbiology Department will continue to audit practice within the Trust, especially appropriate isolation of patients with suspected or confirmed tuberculosis and use of appropriate personal protective equipment. The ICS will continue to advise on the management of these patients and co-ordinate contact tracing for exposures occurring within the Trust, as well as co-ordinating meetings for cases of multi-drug resistant tuberculosis

6. Audit

Audits are seen as a central approach to maintaining clinical effectiveness and as such plays an integral part of Infection Control in the prevention, control and management of infections. Audits undertaken comply with current guidelines and legislation (Essence of Care, the NHS Plan and the National Standards of Cleanliness in the NHS). Audits undertaken cover all areas of clinical and non-clinical practices in relation to infection control. Monitoring of compliance

with laid down infection control practices, policies and standards in clinical settings have been established as an effective method of identifying examples of good practice and areas where improvements in practice are required. This helps to improve the quality of care delivered to patients and decreases the risk of cross infection to and from patients and staff. In addition to the audit programme the ICS will undertake specific audits as part of investigations of outbreaks and increased incidence of infection. All audits are feed back to the person in charge at time of audit followed by a written report to the ward manager and matron and a corporate summary report.

9. Decontamination.

Decontamination is a key function in reducing healthcare care acquired infection. Issues relating to decontamination have been identified though various methods to include:- observation of practices, audit using both the Department of Health/ Infection Prevention Society (formally Infection Control Nurses Association) tool and individual audits dependent upon the type of practice or equipment involved. All audits are aimed at ensuring practices applied by the trust comply with National recommendations to include:- Health Technical Memorandum, NICE Guidance and Legislation.

The decontamination manager advises the decontamination lead on issues relating to decontamination including the annual decontamination programme in relation to the organization ensuring that it takes proper account of relevant national guidelines. Each year during February, a decontamination progress report is circulated. Please see appendix 2 for the update of the status of the 2010 Decontamination program. Objectives that are not completed will be carried over .

The decontamination programme for 2011/12 is monitored for progress via the infection control operational committee and the medical device committee meetings.

8. Education and Training.

Education and training is seen as an integral part of improving and maintaining both good clinical and non practice across the organisation and facilitating the prevention and reduction of HCAI's. During 2010-2011 infection control have continued to promote best practice through formal and informal teaching on wards and departments. To improve compliance Infection control has continued to develop the role of the 'Infection Control Champions' with bi monthly workshops. These workshops are aimed at both updating the champions on key infection control issues and empowering champions to promote good infection control practices in the workplace.

In addition to the above, the ICS continues to support the mandatory training and induction programme, specifically undertaking focused training for medical staff on both their mini inductions and annual induction, where in conjunction with the IV Team, all new doctors to the organisation are trained in hand hygiene and the taking of blood cultures to determine level of competency with an aim of obtain blood cultures that are clinically significant and reducing the number of blood culture contaminants.

In addition to supporting medical staff the ICS have a commitment to training student nurses both internally to the organisation, with teaching undertaken in the classroom and as part of their allocation to the ICT as part of their time spent on the isolation ward and externally to the organisation, supporting Birmingham City University.

10. Future Plans

The ICS will continue to work closely with other health care professionals both within the Trust and externally to develop, promote and maintain areas of good practice.

As part of the infection control programme for 2011-2012 the ICS will focus on the following objectives:-

- Review and update infection control policies
- Review and update patient information.
- Review and update infection control pages on both the internet and intranet.
- Review and update the Mandatory programme with a focus on e-learning
- Review and update the Induction programme for infection control.
- Continue to promote good antibiotic stewardship.
- Continue to undertake 'target organisms' surveillance.
- Monitor compliance against:-
 - Nationally agreed standards e.g. MRSA, C.difficile.
 - E.Coli bacteraemia's – urinary related.
 - Extended Spectrum Beta lactamase organisms
 - Meticillin Sensitive *Staphylococcus aureus*
- Review and update surgical site surveillance programme with particular attention to caesarean sections.
- Continue to review, monitor and standardise effective decontamination across the organisation to ensure systems of monitoring are in place where appropriate.
- Continue to promote infection control practices through education and training.
- Continue to inform the public of infection control initiatives through road shows and public information campaigns.
- Develop work as part of vertical integration with the provider arm of Sandwell PCT.
- Collaborative working with community colleagues to standardise infection control practices across the health economy.

Table to identify a summary of outbreaks and ward closures for the period April 2010–March 2011

Month started	Ward	Predominant symptoms.	Number of patients involved	Number of staff Involved	Did the ward close?	No. of days ward closed	Causative organism identified
April	L5	D&V	9	0	Yes	1	Not identified
May	D47	D&V	6	3	Yes	6	Norovirus
May	D17	D&V	13	9	Yes	12	Norovirus
May	D26	D&V	5	0	Yes	2	Not identified
May	L5	D&V	4	0	Yes	1	Not identified
July	P3	D&V	3	0	Yes	2	C.diff
August	MCCA	D&V	10	1	Yes	4	Not identified
August	D25	D&V	6	2	Yes	2	Not identified
August	D26	D&V	3	0	YES	1	Not identified
October	D27	D&V	11	2	Yes	3	Not identified
Nov	D17	D&V	6	2	Yes	1	Not identified
January	MCCA	flu like	13	0	Yes	5	? Influenza
February	D16	D&V	17	7	Yes	9	Norovirus
March	P5	D&V	15	7	Yes	8	Norovirus
Total	14		121	33		57	

NB- the above table relates to outbreaks on specific wards and does not represent the activity during the influenza outbreak, which has been reported separately in the body of the report.

The table below identifies the progress status of the 2010 Decontamination program.

Decontamination Issue	Progress status
Achieve steady state with external Sterile Service Provider	Completed
To review and advise on Decontamination practices conducted in Eye Outpatients.	Completed
Evaluate the monitoring process in place by hotel services in relation to the decontamination of the environment with a view to using the ATP monitors.	Completed
Improve compliance in relation to cleaning of commodes and bed pans to facilitate the reduction in <i>Clostridium difficile</i> acquisition.	Completed
Review the decontamination of explanted cardiac pacemakers	Completed
There needs to be a decontamination process for hoist slings	Completed
Provide advice on the standard required for the decontamination of estates equipment.	Completed
Review and audit the Decontamination process of Patient transport across the organisation.	Completed
Remove local processing and centralize the processing of nasendoscopes via endoscopy (SIRG approval for centralisation of nasendoscopes has been granted, awaiting staff recruitment. Lead by Surgery B, Surgery A to provide the services)	Partial completion. Sandwell and Rowley Regis hospital outstanding
Centralize via endoscopy the decontamination of Transoesophageal Ecocardiography (TOE) (Delay due issues of recruitment. Position is out for 2 nd advert)	Carried over to 2012 decontamination programme.
Corporate ownership for specialised beds and a fully auditable decontamination process (Corporate ownership has been given to Facilities Division, upgrade of decontamination facilities in progress on the Sandwell site. There is no identified specific location on the City, however, facilities are making best use of facilities allocated –System to be put in place to audit and track decontamination between patients. (separate report is being developed)	Carried over to 2012 decontamination programme.
There needs to be a decontamination protocol for Ophthalmology equipment used in A&E/OPD as per manufacturers guidance and the guidance given in annex L Managing CJD/vCJD Risk in Ophthalmology. (Decontamination advice has been given by infection control. Waiting for the Division to agree their course of action).	Carried over to 2012 decontamination programme.
To facilitate issues Identified in relation to the Sandwell endoscopy unit and ensure it is fit for purpose for current use and as part of retained estates. (Area currently utilised by medicine and surgery, project being lead by DGM for Medicine. Issues on Divisions risk register – surgery).	Carried over to 2012 decontamination programme.

TRUST BOARD

DOCUMENT TITLE:	Cleanliness/PEAT Report
SPONSORING DIRECTOR:	Rachel Overfield, Chief Nurse
AUTHOR:	Steve Clarke, Deputy Director - Facilities
DATE OF MEETING:	26 May 2011

SUMMARY OF KEY POINTS:

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

The report provides an overview of the:

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

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

Approval	Receipt and Noting	Discussion
	X	

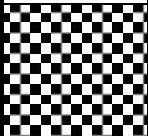
ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Board is asked to receive and note the report.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Routine quarterly update.

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST**TRUST BOARD REPORT****CLEANLINESS & PEAT****26TH MAY 2011**

The report provides an update to the Board regarding the results from the National Standards of Cleanliness, PEAT audits and inspections and summary for the year 2010/11 and April 2011.

NATIONAL STANDARDS OF CLEANLINESS AUDITS

The Trust has maintained its good performance in 2011 in the cleanliness of the critical areas designated as 'high' for general wards and departments and 'very high' for theatres, MAU etc.

	April 2010 – March 2011		April 2011	
	% V High	% High	% V High	% High
City	96	94	96	95
Sandwell	96	96	96	97
Rowley	N/A	98	N/A	99
BTC	97	96	97	98
Target	98	95	98	95
Overall Average	96	96	96	97

- **Discharge Cleaning Teams – Performance**

The discharge team is still providing a valuable service in terms of ensuring the bed space is cleaned on discharge and in terms of releasing valuable nursing time for patient care.

- % of cleans undertaken at City against the number of discharges 69%.
- % of cleans undertaken at Sandwell against the number of discharges 80%.

PEAT

- **Main PEAT Audits (External)**

The external audits scores have been returned following verification, all areas inclusive of cleaning, environment, infection control and privacy and dignity rated 'good' and the overall food service rated 'excellent'.

Site Name	Environment Score	Privacy & Dignity	Food Score
Sandwell Hospital	Good	Good	Excellent
City Hospital	Good	Good	Excellent
Eye Hospital	Good	Good	Excellent
Rowley Hospital	Good	Good	Excellent

There is a review of the current system nationally with regards to the time of year the audits are undertaken. There is a proposal is to move audits to the summer period rather than during the winter period which can be problematic both operationally and environmentally.

- **PEAT Audits (Internal)**

Internal PEAT audits are continuing across all sites, the weekly audit times are now being alternated to ensure the patient lunchtime meal service is captured at City, Sandwell and Rowley.

- **PEAT Expenditure 2010/11**

	PEAT £000's	BED REPLACEMENT £000's	WARD EQUIPMENT £000's	TOTAL EXPENDITURE £000's
Budget	1,049	201	173	1,423
Expenditure	1,052	197	129	1,378

The PEAT environmental programme is to continue throughout 2011/12. The planned improvements include upgrades to visitor waiting areas and the refurbishment of storage facilities and sluice rooms in the wards.

There is also a detailed programme of works that is initiated and agreed via the weekly PEAT audits. This is the part of the PEAT visits that are most beneficial to the ward/departmental matrons/managers as they have senior management input into problems and there are resources available to resolve their local issues within a relatively short period of time.

CLEANLINESS GENERAL/INITIATIVES

- **Cleaning Procedures Manual**

The cleaning procedures manual has been revised; the manual will give comprehensive details on all cleaning practices undertaken throughout the Trust in line with the National Standards of Cleanliness guidelines. The manual will be ready for publication in early June 2011.

- **PCT Cleaning**

The SLA has been agreed for all the existing PCT properties that are being cleaned by the Trust's Domestic Services. Discussions will be held with the PCT's later this year with regards to the continuation of and possible extension to the service to include additional properties currently cleaned by private contractors.

- **Laundry Project Update**

The work has started to deliver the 'On Premises Laundry' (OPL) at Sandwell. There are a series of relocations that had to be actioned in order to finally vacate an area suitable to house the OPL.

- Convert storerooms to locker rooms. (2nd floor) (Complete)
- Female locker room (basement) relocate to 2nd floor. (Complete)
- Convert locker room to bed store/wash down area. (Work out to tender)
- Convert old mortuary to house the OPL. (Work out to tender)
- Relocate porters. (Plans agreed)
- Update old laundry room to female toilet. (Plans agreed)

On completion the OPL will have capacity to process baby wear, slings and hoists and all of the Trust curtains, the benefits are better control, reduced losses and significant cost savings.

The second phase of the operation is to purchase and process patients nightwear, this will address both the privacy and dignity issues as well as improving quality.

STEVE CLARKE
DEPUTY DIRECTOR - FACILITIES

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Assurance Framework 2010/11 – Quarter 4 Update
SPONSORING DIRECTOR:	Kam Dhami, Director of Governance
AUTHOR:	Simon Grainger-Payne, Trust Secretary
DATE OF MEETING:	26 May 2011

SUMMARY OF KEY POINTS:

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

A summary of pre and post mitigation scores is below:

Pre mitigation		Post mitigation	
Risk Status	Corporate Objectives	Risk Status	Corporate Objective
RED	1.2, 2.1, 2.4, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 3.2, 4.4, 6.1, 6.5, 6.6,	RED	
AMBER	1.1, 1.4, 1.5, 2.2, 2.3, 3.1, 4.1, 4.2, 5.2, 6.3, 6.4, 6.8, 6.10,	AMBER	1.1, 2.1, 2.3, 2.4, 2.6, 2.7, 2.11, 3.1, 3.2, 4.1, 4.2, 4.4, 5.2, 6.1, 6.3, 6.5, 6.8,
YELLOW	1.3, 2.5, 4.3, 5.1, 5.3, 5.4, 6.2, 6.9, 6.11	YELLOW	1.2, 1.3, 1.4, 1.5, 2.2, 2.5, 2.8, 2.9, 2.10, 4.3, 5.1, 5.3, 5.4, 6.2, 6.4, 6.6, 6.9, 6.10, 6.11
GREEN		GREEN	

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

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

Approval	Receipt and Noting	Discussion
	X	


ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Governance Board on 6 May 2011 and Quality and Safety Committee on 19 May 2011.

ASSURANCE FRAMEWORK 2010-11 – 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. These are reflected in the Trust Risk Register.

May 2011

Abbreviations:

CE	Chief Executive
CN	Chief Nurse
COO	Chief Operating Officer
DE / NHPD	Director of Estates/New Hospital Project Director
DFPM	Director of Finance and Performance Management
DG	Director of Governance
MD	Medical Director
DSOD	Director of Strategy and Organisational Development
HCE	Head of Communications and Engagement

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

ASSURANCE FRAMEWORK 2010/11

Principal risks				Controls			Assurances		Action plan to address gaps		Progress with the actions planned to address gaps			
What could or is preventing this objective from being achieved?	Pre-mitigation			Key controls	Assurances on controls	Gaps in controls	Positive assurances	Gaps in assurance	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									Probability	Severity	Risk score
1. Accessible and Responsive care														
1.1 Continue to achieve national waiting time targets (including A&E, cancer targets and 18 weeks)														
High levels of demand for elective and/or emergency treatment mean that the Trust does not have capacity to hit targets. Planned reductions to bed capacity take place without associated service changes resulting in insufficient capacity to hit targets.	4	3	12	Well established system for managing capacity including 2xdaily bed meetings, 3xweekly COO review and further escalation as required Project team established chaired by Deputy COO.	Daily, weekly and monthly performance reports. Comparative performance with rest of SHA. Progress with capacity reductions reviewed at FMB and F&PC through CIP reports.	No significant gaps in control Currently have range of actions plans rather than single comprehensive plan.	The Trust systems have a track record of delivery. Regular reports to FMB and F&PC show progress. Comparative national data on 4 hour wait position now published weekly.	No significant gaps in assurance. No significant gaps in assurance.	No significant gaps. Project team to pull together single action plan for all changes to capacity during 2010/11.	COO	Revised action plan agreed in August for capacity changes and patient flow issues focussing on directorate by directorate activity. Second round of directorate reviews now taking place. Winter capacity plan arrangements now in operation to enable trust to deal with significant increased in demand over end December / early January. Winter capacity plan successfully delivered and national access targets including 4 hour wait delivered. 70 out of 100 planned medical bed closures delivered.	24	3	612

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						
1. 2 Continue to improve the experiences of our patients by focusing on basic nursing care and standards of privacy and dignity														
a) Inadequate staffing levels	4	4	16	-Minimum staff policy -Establishment reviews -E-rostering -Bank and agency provision -Recruitment strategies	-Ward reviews -Quality audits -Incident reporting trends -Staff in post figures -Bank use		Board reports x 2 year. Incident and complaint reports. Bank reports.		Continue ward reviews. Implement e-rostering and activity measurement tools. Regular establishment reviews.	CN	No further progress to report as at January 2011-Review of all establishments underway. E-rostering now funded and project progressing. 18% reduction in the use of bank staff from 2009/10. Data on TV/falls/MUST show widespread improvement. Patient satisfaction improved in many areas. Quality audits in March show improvement.	4	2	8
b) Staff not focussed on delivery of high quality care.				-Training and competency assessment -Policies on basic care provision -Stated standards expected -Patient surveys -Carer surveys -Facilitators -Patient Experience Committee -Optimal Wards	-Ward Reviews -Quality audits -Survey results -Incident data -Patient feedback/stories -Patient Experience Committee minutes.		Board reports. Complaint and incident reports. CQUIN targets. Patient survey reports.		Data collection. Increase frequency audits and observations of care. Reporting regularly. Appropriate equipment.					

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						
1.3 Make communication with GPs about their patients quicker and more consistent														
Insufficient management capacity to make changes to communication as well as other changes.	4	2	8	Project team established and key measures identified.	Limited current assurances.	No system at present for measuring / reporting progress on this objective.		No system at present for reporting progress on this objective.	Establish clear project plan for improvement.	COO (Sept)	Action plan agreed including work to ensure that current standards for letters are being met, LiA for medical secretaries for March undertaken and action plan developeddeveloped in response.	4	2	8
Limitations in the Trust's IT restrict the scale of change that can be delivered.				As above	As above.	As above.		As above,	As above.		Wand work continues on the business case for digital dictation.			
											Progress also made with A&E communications pharmacy and imaging results.			

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		
1.4	Improve our outpatient services, including the appointments system (QuEP)						

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								
Insufficient management capacity to make changes to outpatient system on scale required.	3	4	12	Outpatient project board and project team established . Both chaired by COO. Project plan agreed.	Operational progress reviewed at project board and COO team meeting. Progress overseen by FMB and F&PC.	No system for reporting key measures by directorate.	FMB and F&PC oversight of progress with project.	No system for wider reporting of actions and progress to consultants / external stakeholders.	New trust dashboard to include key measures of success on this objective at directorate level.	COO (Jul)	Good progress now being made with key actions to ensure improvement in outpatient systems.	2	4	8		
											Monthly "public" report on progress and performance to be produced for wide dissemination.				COO (Jul)	Monthly outpatient scorecard now reviewed by COO and operational team to measure progress.
				Changes to the system for booking follow-up appointments and reducing cancellations to be piloted in autumn do not have expected effect.	Project plan agreed for BMEC pilot in autumn. Overseen by OP project board.	As above.	As above.	As above.	As above.	As above.	As above.					Good progress being made on many indicators some areas (e.g. multiple cancellations) still require further action. Directorate-level plans <u>now developed alongside action plan for further work in 2011/12, to be agreed in February.</u>
Continued high levels of elective demand mean we remain reliant on high levels of premium rate activity.				System introduced for tracking PRW sessions. Plans being developed with directorate s to address key concerns.	As above.	As above.	As above.	As above.	Monthly PRW reports to be shared from June onwards.	COO (Jul)	Premium rate tracking systems now fully in place and plans agreed with directorates making heavy use. Overall levels of PRW are <u>stable but higher than last year, now reducing in many specialities.</u> Further reductions in PRW will be part of planning for next year.					
									Directorate-level plans to be agreed to reduce where necessary.	COO (Sept)						

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						
1.5 Make improvements to staff attitude by ensuring our customer care promises become part of our day to day behaviour and are incorporated into the recruitment process														
Failure to effectively embed promises in day to day working of Trust	3	3	9	Implement a tion action plan developed , including recruitment aspects	Implementati on plan monitored by LiA sponsor group	None identified	None available yet. Outcomes can be monitored via patient survey and complaint trends.	Sponsor Group has not yet reviewed progress with action plan.	Ensure that Sponsor Group reviews implementation of plan at regular intervals	CEO HCE €	Updated action plan reviewed by LiA Sponsor Group in December 2010 and Group continues to monitor it on a regular basis.	2	3	6
2. High Quality Care														
2.1 Continue to keep up high standards of infection control and cleanliness														
Infection control practices not adhered to by all staff all of the time.	4	4	16	- Training Standards set - Policies - Screening processes - IC team - DIPC - Action plans and assurance framework - Hygiene Code - Cleaning standards - PEAT processes	- Board reports - IC data and trends - Audit programme - Screening numbers - RAG rating action plan - IC Committee minutes.	None identified	Board reports. Data reports.	None identified	Not applicable	CN	Progress is reported via action plans and update reports to the Trust Board. No further update	3	4	12

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						
2.2 Formalise our quality system to bring together all that we can do to maintain and improve our quality of care														
Complexity of the task of bringing together exiting data systems / process and organisational structures	3	3	9	Regular RAG rated reports covering: Performance, Quality, Nursing, Clinical Effectiveness, Patient Experience and Safety,	Monthly reporting on performance and quality indicators to the Trust Board, its sub-committees and Executive Committees.	None identified	External oversight by the SHA, PCTs and regulatory bodies.	None identified	Not applicable	DG	First draft of the Quality and Safety strategy presented at the November 2010 Trust Board seminar. The draft is being amended to incorporate the comments received before wider circulation-Not applicable. Quality and Safety strategy due to be approved by the Trust Board in April 2011.	3	2	6
2.3 Improve the protection and care we provide to vulnerable children and adults														

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						
Vulnerable adults and children are not identified and protected effectively.	3	4	12	<ul style="list-style-type: none"> - Committee structure - Dedicated experts - Policies - Training levels 1-3 - Action plans. 	<ul style="list-style-type: none"> - Committee minutes - Board reports - Incident data - Ward reviews 	None identified	Board reports. Incident and data reports.	None identified	Not applicable	CN	Action plans are progressing well.	3	4	12
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														

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											
<div>The Trust may fail to achieve level 2 NHSLA risk management standards in February 2010 as a result of:<ul style="list-style-type: none">Lack of awareness of and/or failure of staff to follow policy requirements,Inability to collect adequate evidence due to unavailability of evidenceInterpretation of policies/ evidence by assessors at assessment</div> <div>The Trust may fail to achieve level 1 CNST maternity standards in Q4 2011/12 as a result of:<ul style="list-style-type: none">Failure to evidence proper effective implementation of approved guidelines and processes.</div>				4	4	16	Monthly project groups chaired by Director of Governance (NHSLA standards) and Clinical Director for Obstetrics (CNST maternity)	Regular updates to: Governance Board and Governance and Risk Management Committee	Band 7 newly created NHSLA post currently vacant	Successful Level 1 assessment in March 2010 at which 50 out of 50 policies were approved by the NHSLA assessor.	Lack of centralised evidence for some standards, resulting in difficulties in assessing status	<ul style="list-style-type: none">Fill vacant postContinue collection and assessment of evidence from leads / ward / service areasContinue targeted "hot spot" work streams (mandatory training, medical devices training, consent, blood)Raise awareness across the organisations of the assessment process.	DG	<div>Time is now being devoted to the collection of evidence from across the Trust to demonstrate that what is said in our policies actually takes place in practice.</div> <div>Particular attention has been focussed on a number of 'hot spot' areas, namely consent, mandatory training, patient information, transfer, discharge and medical devices. Specific actions have been escalated to the relevant Executive Directors. Gaps in control and assurances addressed and NHSLA Level 2 achieved in February 2011.</div>	4	3	12		
				Regularly reviewed action plans															
				Executive and Operational Leads for specific standards/ criteria								Compliance levels with some aspects of induction / mandatory training requirements							
				Work streams for identified "hot spot" standards								Systems / processes to evidence implementation of policies need to be identified / developed for some policies.							
				Regular liaison with assessors.															
				Dedicated NHSLA posts now funded															
2.5 Successfully implement the outcome of the Maternity Review																			

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						
Failure to open City Birthing Centre on schedule				Maternity Action Team acting as Project Board for scheme, chaired by CEO. Also overseen by Maternity Taskforce and Scrutiny Committee	Progress reports to MAT, MTF and Scrutiny	None Identified	Progress reports show all schemes progressing to timetable. City Birthing Centre open and operating well	None identified	No additional actions required	CEO	Not applicable	2	4	8
Failure to successfully implement obstetric reconfiguration														
Failure to adequately progress stand alone midwifery led unit in Sandwell (due to open Oct 2011)														
2.6 Continue to improve our services for Stroke patients														

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

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						
Improvement requires a change in culture which takes time to embed. Difficulty recruiting quality staff – medical and nursing. Attempting service improvement in period of increasing activity. Clinician resistance to change in practice (eg cross-site working) or perceived increase in workload. IT infrastructure currently different on the two sites. Major adverse publicity due to unexpected event could overtake ED Action plan.	4	5	20	ED Action team meets fortnightly	ED action plan reported monthly to Trust Board	Operational dashboard to be developed	Improvement in number of SULs reported	No patient feedback	Complete actions on ED action plan	MD	2	5	10	
				ED Risk Register	Reports of external reviewers		Improvement in staff survey results		Develop operational dashboard	31/3/11				Immediate actions on mitigation plan broadly complete and strategic development plan for the EDs in preparatory stages. Development efforts compromised somewhat by recruitment and retention problems at consultant level. Operational dashboard in prototype form as a monthly spot-check audit reported to the Board commenced in August 2010. WMQRS review complete. No unexpected findings. EDAT continuing to monitor action plan. Risks remain with regard to information technology. Action plan remains on track. Mitigation phase largely complete. Moving to the creation of an integrated development plan.
				Ongoing reporting of SULs					Plan program of patient surveys for 2011/12	30/9/10				
				Ongoing monitoring of TTR action plans at AEC and EDAT						2011/12				
				External reviews- WMQRS , HEFT										
2.8 Achieve the new Quality and Innovation targets agreed with our commissioners (CQUIN) for 2010/11														

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						
IMT resource needed to design electronic data capture solutions for VTE, smoking, stroke and Think Glucose	4	4	16	Smoking system already implemented Stroke systems under development as described in section 2.6	Regular reporting in performance report.	VTE and Think Glucose – similar risks to Stroke (see section 2.6). Systems under development.	Delivery of CQUIN targets	n/a	Deliver stroke action plan Develop systems for think glucose and VTE	MD/COO/CN	Satisfactory progress with systems development. 'Think Glucose' incorporated into bed management project as is VTE. Separate reports weekly for VTE performance.	2	3	6
Do not yet have shared agreement and understanding of targets or priorities										31/3/11				
See Stroke (section 2.6 above)										30/9/10	VTE performance did exceed 90% on 23 December. Further controls being implemented at ward and theatre level.			
Targets are not achieved in relation to: Tissue Damage Falls Patient Survey				- Data collection - Training standards known - Internal surveys - Equipment in place - Relevant policies - Incident reporting - Optimal Wards	Monthly reports Real time survey results Ward reviews Incident data		Performance reports				No real gaps in assurance with regular review of performance at all levels.			
2.9 Improve our key patient pathways so that they improve patient experience and use of resources (QuEP)														

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						
Operational pressures due to increased demand restrict our ability to deliver sustainable service improvement. Insufficient management capacity (either general mgmt or service improvement capacity) limits our ability to make changes.	4	4	16	Project teams and plan established for 4 key pathways. Specific measures of progress being identified.	Progress reported to COO Team and reviewed at F&PC monthly. Quarterly benchmarking information from BCBV provides external check.	Do not yet have specific set of measures of progress for each pathway.	Monthly reports to FMB, F&PC and TMB. Quarterly benchmarking information from BCBV.	No significant gaps in assurance.	Agree and begin to report specific measures for each of the 4 pathways.	COO (Aug)	Project now focussing on improving outpatient systems (see above), improving inpatient flow / discharge and theatre pathways. Set of measures now available in improvement reports for outpatients and patient flow. Theatre utilisation data has been available for some time. <u>End of year position saw significant improvement in theatre utilisation, reduced length of stay and closed medical beds as well as some progress on outpatient improvement measures.</u>	2	4	8
2.10 Deliver quality and efficient projects led by clinical directorates (QuEP)														

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						
Not all directorates have proposed QUEP plans	5	3	15	Overall Directorate QUEP plan (under development)	Directorate QUEP plan	Lack of robust infrastructure for monitoring plans	Monthly monitoring and reporting to QUEP Workstreams at FMB.	n/a	Clinical fellow in medical leadership to be appointed and take overall project monitoring role.	MD	Plans now monitored quarterly through directorate review process. Monthly reporting needs to be improved.	3	2	6
Need to co-ordinate and monitor proposed plans				Monthly progress reporting from directorates	Progress Reports					30/9/10	No further progress to report as at January 2011.			
				Review through QMF process	Monthly reports to FMB						Infrastructure gaps now closed with the appointment of locum project co-ordinator. Plan continues into 2011/12.			
				Monthly reports to FMB										
2.11 Implement the National Nursing High Impact Changes (QuEP)														
Staff do not adhere to plans for delivering high impact actions and patient care and experience does not improve.	4	4	16	- Action plans - Education and plans - ADN leads - Data collection - Nursing structure and appropriate staffing - Optimal Wards.	- Ward Review results. - Data reports.		Board reports. Incident reports. Patient survey results.		Reinstate and revitalise patient experience/ nursing quality group. Recruit Heads of Nursing posts. Electronic data capture. Regular reporting.	CN	Group is well established. Regular reports now available. Progress against key actions within target.	3	4	12
											No further update			
3. Care Closer to Home														

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						
3.1 Make full use of the outpatient and diagnostic centre at Rowley Regis Hospital														
There is insufficient space at Rowley to increase outpatient activity.	4	3	12	Outline plan for future of Rowley produced. Needs to be developed into more detailed plans for 2010/11	Progress monitored through COO Team and RCRH Strategy Group.	Detailed plan for Rowley for 2010/11 still to be produced.	Plan will be presented to appropriate committee plus RCRH Strategy Group when prepared.	Arrangements for oversight to be agreed once plan produced.	Agree detailed plan for Rowley for 2010/11.	COO (Sep)	Outline service development plan for Rowley agreed at RCRH Bd in September. Ophthalmology service <u>and community gynaecology service</u> now launched at Rowley. Progressing with developing detail of service development plan including LiA for Rowley staff later in the year. Planning continuing for development of new inpatient centre at Rowley.	3	3	9
There is insufficient demand for services provided from Rowley.									Establish appropriate arrangements for sign-off of the plan and monitoring progress with delivery.	COO (Sep)				
3.2 Make a full contribution to the Right Care Right Here programme, including three main projects – outpatient demand management, urgent care and intermediate care														
That the Trust has insufficient capacity (management and/or clinical) to contribute to these projects.	4	4	16	Trust has identified lead managers to support the projects. Progress is reported to RCRH Implementation Board monthly (chaired by CEO).	RCRH Programme Director also produces monthly report on progress that is shared with Partnership Board and Trust Board.	Trust will need to keep level of resources committed to this work under review as it progresses.	RCRH Programme Director's report to Trust Board.	No significant gaps.	Keep level of project management support and input from Trust under review as projects develop.	COO (ongoing)	Trust playing full role in the delivery of the project to date.	3	3	9
That the projects are not able to deliver changes on the scale needed to support progress towards the RCRH model of care.											Specific reports to RCRH Implementation Board introduced to make sure trust continues to play full role going forward.			
											<u>No further updates for end of Q4.</u>			
4. Good Use of Resources														

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						
4.1 Deliver a planned surplus of £2.0m														
The risks that could materialise include an under-delivery of efficiency savings, unplanned costs arising especially where these are not offset by additional income for activity above targeted levels.	3	4	12	Performance Framework , F&PMC and TB. Qtrly reviews and Divisional scrutiny at F&PMC provides robust system of checks & corrective action.	Independent verification of strength of systems via IA plan, non-Exec chairing of committees and external audit opinion on Use of Resources.	The closing details of the modified contract for managing elective activity with SPCT and HoBT/PCT must be finalised.	Risks identified and costed as part of the startpoint plan together with monitoring of that plan routinely at F&PMC and TB. Final drafts prepared for C&V elective element of overall contract.	None identified.	Scheme of close monitoring and management of the CIP is in place, including replacement scheme approval mechanism where slippage arises (e.g. c. £300k at Month 8). Referral mechanism now operating on a quarterly basis.	DFPM	Contract monitoring processes with commissioners now take account of referral behaviour for the purposes of measuring income variations. The slippage identified at Month 8 has been made up and a year end income settlement agreed with PCTs taking regard of the referral mechanism process in place.	3	3	9
4.2 Improve our expenditure by delivering a Cost Improvement Programme for £20m														
Potential risks include a delay in delivering savings targets leading to a financial shortfall that is not bridged via other new schemes. A further potential risks involves the replacement of recurrent schemes with non-recurrent savings leading to an underlying pressure in 11/12.	3	3	9	FMB monitoring and scrutiny of exception report together with discretion to agree replacement schemes.	Minutes of meeting, upward reporting to F&PMC.	None identified.	Line by line reporting at FMB, incorporated into Divisional Reviews, F&PMC review of Div position, minutes of meetings.	None identified.	Monitoring systems in place and working to measure and manage risks.	DFPM	As some slippage exists, together with challenging schemes coming into place the post mitigation score reflects the startpoint and will be updated throughout the year. The plan was achieved both in terms of the contribution of the savings plan and meeting the target surplus agreed with the Department of Health at the start of the year.	3	3	9

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						
4.3 Review corporate expenditure in key areas (QuEP)														
Non availability of comparative data or baseline analysis	2	3	6	Routine monitoring to FMB, F&PMC, availability of benchmarking data	Progress reports with achievement of deadlines together with ad hoc decision points on future strategy for certain corporate expenditure areas.	None identified.	Evidence gain from updates on project plan.	None identified	None required.	DFPM	Significant paper prepared on the future of procurement. Analysis presented of the central DH feedback from the back office benchmarking exercise.	2	2	4
4.4 Ensure that we have the right amount of ward, operating theatre and clinic capacity for our needs (QuEP)														
That we are not able to deliver our bed reconfiguration plans for 2010/11 either due to increases in demand or difficulties in delivering service redesign.	4	4	16	Project team for medical bed changes established and being chaired by Dep COO. Progress reported to FMB and F&PC.	Reports to F&PC and FMB on progress with delivery of bed changes.	No significant gaps	Current delays to delivery due to increases in demand identified and plans being developed to respond to them.	No significant gaps in assurance.	Further development of bed reconfiguration project plan to respond to current levels of demand.	COO (Aug)	Bed reconfiguration plan has been updated in the light of performance to date, plans for winter and same-sex changes at City. Current plan on track.	3	4	12
That we are not able to improve theatre and outpatient efficiency in line with our plans.				Project plans in place for outpatient and theatre work. Progress reported to FMB and F&PC.	Progress reports to F&PC.	No significant gaps in control.	Progress being made and reported to F&PC.	No significant gaps in assurance.			End of year position saw 70 medical beds closed against plan to close 100. Remainder of the plan will be completed in 2011/12.			

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						
5. 21 st Century Facilities														
5.1 Continue the process to buy the land for the new hospital														
CPO to be confirmed	2	4	8	Trust had professional advice and representation at Public Inquiry - now completed - Awaiting report from inspector followed by approval by SoS	Witness statements, Inquiry statements prepared to CPO barrister requirements	None identified	Professional opinion of advisors, LAG meeting notes. Compliance with project timescales	None identified	None identified	DE/ NHP D	No further work to be undertaken prior to Secretary of State notification. Not applicable	2	4	8
5.2 Start the formal procurement process for the construction of the new hospital														
Failure to achieve project plan, this could be due to:- Lack of resources, Change in requirements Technical difficulties, Failure of approval steps in timescales allowed, Failure of CPO	4	3	12	Agreed project plan and resource schedule in place	Acute hospital project board receive routine report and scrutinise process/ plans	None known	Board minutes and reports	Gateway Review undertaken. Some recommendations highlighted. Project rated 'Amber/Green'.	Action plan to respond to Gateway Review being prepared for Project Team/Board.	DE/ NHPD	Plan being prepared. No further update	3	3	9
5.3 Ensure we are fully involved with our Primary Care Trusts in the design of major community facilities (i.e. City, Rowley and Sandwell)														
Insufficient resources to engage fully	2	3	6	Project teams for City and SGH established	Project team minutes and reporting Monthly report to Implementation Board	Gateway Review of acute project highlighted the interdependency of this objective and the reliance of some SWBH staff	Projects progressing as planned	None identified	Project execution plan being developed, resource schedule for Acute Hospital Project and retained estate being developed.	DE/ NHP D	Resource schedule will indicate if further resources are required. No further update	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						
5.4 Continue to improve current facilities, including a new CT scanner at Sandwell and a major redevelopment of the Medical Assessment Unit at City														
Insufficient resources to deliver programme	2	3	6	Project teams established	Project reported to SIRG (monthly)	None identified	SIRG project reports available	None identified	Not applicable	DE/ NHP D	None required at present.	2	3	6
6. An Effective NHS Foundation Trust														
6.1 Ensure that the Trust is registered with the Care Quality Commission and maintains its registration throughout 2010/11														
Failure to evidence compliance with essential quality and safety requirement for CQC registration which could lead to restrictions on service provision and/or financial penalty. Indicators 'flagged' on the Trust's Quality and Risk Profile of held by the CQC e.g. Staff and Patient survey results, response to NPSA safety alerts, NHSLA accreditation status etc.	4	4	16	Exec leads assigned to self-assess against CQC requirements Assurance frameworks / action plans / performance monitoring reports.	Regular updates to the GB and G&RMC Regular liaison with CQC Compliance Manager Internal Audit review (planned for Q4)	n/a	Application for Registration granted by the CQC wef 1st April 2010 with no conditions.	Outcome indicators need to be compiled and reviewed on a timely basis	System to provide monitoring of on-going compliance with CQC requirements to be developed. Electronic evidence repository to be developed.	DG	A format has been developed for summarising the voluminous data held on the Quality and Risk Profile, produced by the CQC. This will be presented to the Trust board. High level summary of ORP produced and to be presented at the April meeting of the Trust Board	4	3	12

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						
				Board										
6.5 Progress plans for a new organisational status and structure which will give staff and public a clear voice in the organisation in the future														
<p>Uncertainty over options available (national policy) <u>national policy has since ruled out some options</u></p> <p>Inadequate resources to carry forward plans effectively</p> <p>Lack of ownership by staff, patients and public. Engagement processes and incentives do not have desired effect.</p> <p>Failure to deliver Right Care Right Here derails organisational strategy</p>	3	5	15	<p>Monitoring of progress at Board Seminars. FT trajectory agreement with SHA</p> <p><u>FT programme plans</u></p> <p><u>Piloting of staff ambassador role in Community Services and Pathology divisions</u></p>	Project plan developed.	None	<p>Updates indicate good progress with ideas development</p>	<p>Lack of <u>formal</u> progress reports against plan <u>(as plan does not exist as such)</u></p> <p><u>National policy not yet clear</u></p>	<p>Development of <u>formal action plan, linked to FT application process regular reporting of O(f) progress</u></p> <p>Identification of Exec lead for project with adequate capacity</p> <p>Engagement process with internal and external stakeholders (using LiA)</p>	<p>GEO DSO D</p>	<p><u>Strategy and QD Director commenced in August 2010. Objectives include preparation of project plan.</u></p> <p><u>'Owning the Future' launched at Leadership Conference, JCNC and LNCC. Also trailed in September Heartbeat and subject of October 'Hot Topics'. Project plan developed. Further visit to John Lewis undertaken in December.</u></p> <p><u>White Paper published July 2010. Includes potential for this model. Discussion in progress with Department of Health. FT trajectory agreed with SHA. FT Programme Board and structure set up.</u></p> <p><u>OTF pilots commencing in Community Services and Pathology divisions.</u></p> <p><u>OTF pilot project group being established.</u></p>	2	5	10

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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						
											Actions related to RCRH (see secs 3 & 5)			
6.6 Embed clinical directorates and service line management into the Trust														
Insufficient CD time available	4	4	16	QMF	QMF documents produced quarterly for each directorate	Some information not yet available to QMF	Service Line Implementation Steering Group monitors overall project plan for implementation of objective	No formal divisional review of directorates	Complete design and implementation of comprehensive quality and performance dashboards	MD/COO/DFP M	Satisfactory progress with QMF dashboard development.	2	3	6
Insufficient management resources available (finance, hr, general management)				QMF directorate review process							LIA event for CDs occurred in December 2010.			
MT resources not made available to enable information reporting by directorate				Divisional Reviews	Minutes of divisional reviews	Information in QMF does not add to division to trust yet	Internal Audit of QMF		Engage with divisions to align formal directorate review by divisions with QMF	31/8/10	Action plan now needs to be developed and implemented.			
Coding issues often make identification of data by directorate difficult				Performance Management Dashboards		Dashboard still under construction				31/3/11	Internal Audit assessment indicated Significant Assurance around the QMF			
Directorate teams do not have skills to fulfil roles														
Divisional reluctance to take ownership of common set of standards and processes in respect of performance management of directorates														
6.7 Implement our Leadership Development Framework														
To be picked up by Director of Strategy and Organisational Development														
6.8 Refresh the Workforce Strategy and make progress with its implementation														
That Trust priorities and /or insufficient HR capacity may result in delay in/failure to deliver the work programme	4	3	12	HR work programme for 2010/11	Regular review of progress against plan at Workforce DMT	HR work programme not yet finalised	Recent strategy review and update to TB	No significant gaps in assurance	Finalise HR work programme	CN	Progress reports considered by TMB	3	3	9
				Alignment of strategic HRM with Trust OD	Regular reports to	HR service priorities and method of delivery not	Quarterly HR Dashboards	Evidence of integrated	Restructure HR service and set clear priorities and plans for deliverables		HR Department structure has been reviewed and changes implemented.			
									HR Service					

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						
				plans Repriority of HR service outputs and method of delivery	TMB Twice yearly reports to TB	finalised	approach to national staff survey, Boorman review, LiA, Leadership Framework etc.		Improvement LiA and Health and Well Being LiA events completed and action plans developed		HR service improvement action plan now largely complete, subject to some review to take into account integration requirements with Sandwell community staff			
6.9 Continue to develop our strategy for Information Management and Technology and improve the systems we use														
That we do not have the resources to develop our IM&T system as quickly as we would like. That we are not able to secure sufficiently wide clinical engagement for our work on IM&T.	4	2	8	List of IM&T projects for 2010/11 agreed at TMB. Progress reported in detail to SIRG, TMB and F&PC.	In addition to our internal reporting to F&PC, there is external assurance from the reports of the LHE IM&T Board.	Need to review the Trust's structure for engaging clinicians in IM&T.	Reports to F&PC and oversight of LHE Board provide assurance.	No significant gaps.	Review current structure for IM&T engagement and make changes as necessary.	COO (Sep)	Work in progress to review structure. Proposal for new structure agree at Exec Team in November but new programme board not yet launched. IM&T team have concentrated on successful support to ICS transfer in final quarter of the year.- New programme board to be launched before the end of the year.	3	2	6
6.10 Develop our strategy for medical education and training														
No one individual with overall operational responsibility for medical education and training Multiple external organisations have a view on our outputs eg UoB, deanery, SHA	4	3	12	Regular feedback on standards of training from deanery and medical school Internal self assessment by specialties	Minutes of Gov Board Internal asst reports to Gov Board Reports from external bodies	Education and Training committee not live	None identified	None identified	Set up regular meetings of education and training committee Identify overall medical training lead Develop strategy	MD /DG 31/10 /10 31/10 /10 31/3/ 11	Head of Academy in place and co-ordinating with other medical educational leads. Training dashboard reported to the Board. Education and training strategy not yet developed. No further progress to report as at January-March 2011.	2	2	4

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							
				Periodic external specialty reviews											
6.11 Make improvement to the Health and Well-being of staff, including reducing sickness absence															
Failure to reduce sickness absence as planned/in line with national target (3.39%) Failure to develop leaders and managers to improve organisational behaviours to create a healthy workplace	4	2	8	Staff Health and Well-Being Strategy approved Action plans developed (H&WB + Sickness Absence) H&WB Board level Champion identified Focus on sickness absence + H&WB through Divisional reviews Identify potential resource(s) available to support implementation of H&WB strategy	Staff Health & Well-Being Committee chaired by Exec Lead for Workforce Regular progress reporting through LiA sponsor group, H&WB Committee, H&S Committee. Specific reports to TMB and TB twice yearly	Resource and funding stream to support implementation not yet identified	Staff H&WB strategy and action plan approved. Limited non-recurrent funding secured to kick start project areas during this financial year. Trust absence level currently at during 2010-11 to date has been consistently lower than achieved in 2009/10. Dedicated HR resource driving reduction in sickness absence	Currently implementing changes to HR structure. Full benefit will not be delivered until later in the New Year.	Non-recurrent funding has been found to support the delivery of the Health and Wellbeing action plan. HR structure supporting delivery of sickness absence management has been reviewed and changes to improve directorate support to be implemented w.e.f January 2011. An action plan has been developed following the HR Service Improvement LiA, implementation of which is ongoing.	CN	Discussions with Sandwell PCT and other avenues explored Considered as part of review of HR service delivery Delivery of the Health and Wellbeing action plan monitored via the Health and Wellbeing Committee and is on track. HR structure changes have been implemented to support HR operational delivery. YTD sickness levels dropped to 4.11% for the period 2010/11 compared to 4.47% for the year 2009/10. Whilst slightly above the internal Trust target, it is indicative that interventions are working where appropriately applied. Sickness absence action plan monitored via the workforce QUEP	3	2	6	

SWBTB (4/11) 098 (a)

TRUST BOARD

DOCUMENT TITLE:	National Inpatient Survey 2010
SPONSORING DIRECTOR:	Jessamy Kinghorn, Head of Communications
AUTHOR:	Jessamy Kinghorn, Head of Communications
DATE OF MEETING:	26 May 2011

SUMMARY OF KEY POINTS:

The results of the 2010 National Inpatient Survey were published at the end of April 2011.

The Trust was rated in the top 20% in the country for providing information about handwashing, doctors answering questions in a way patients could understand and providing written information about what to do after leaving hospital. The Trust was also on the threshold of the top 20% for 11 other standards including privacy in A&E, choice of admission dates, length of delay to discharge and various standards around information.

However, the Trust was rated in the least well performing 20% for mixed sex accommodation (sleeping areas, not bathroom areas), nurses talking in front of patients as if they weren't there and letters to GPs written in a way patients could understand. The Trust was also on the threshold of the lowest 20% in three other areas, including cleanliness and the proportion of patients who wanted to complain.

The full report and benchmark report are attached. The Trust is also able to analyse the data for those specialties where more than 30 patients responded to the survey. These were general surgery, urology, T&O, ophthalmology, cardiology and gynaecology.

Specialty level results provide a useful benchmark to examine differences in patient experience across different areas of the trust. The specialty spreadsheets will be sent to the relevant divisions and directorates to review. They include findings such as:

- Cardiology patients were much more likely to say they shared a sleeping area with members of the opposite sex (65% said yes compared to next highest as 20% and average of 25%).
- Gynaecology patients were significantly more likely to say they were involved in decisions about their care (71% compared to average of 51%).
- 100% of cardiology patients received written information when leaving hospital. This group of patients were also significantly more likely to have had the purpose of their medications fully explained to them. However, they were significantly less likely to have received a copy of a letter sent to their GP (46% less likely than the average specialty).

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

Approval	Receipt and Noting	Discussion
	X	X

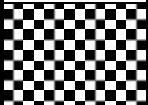
ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	X
Annual priorities	X
NHS LA standards	
Core Standards	X
Auditors' Local Evaluation	

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

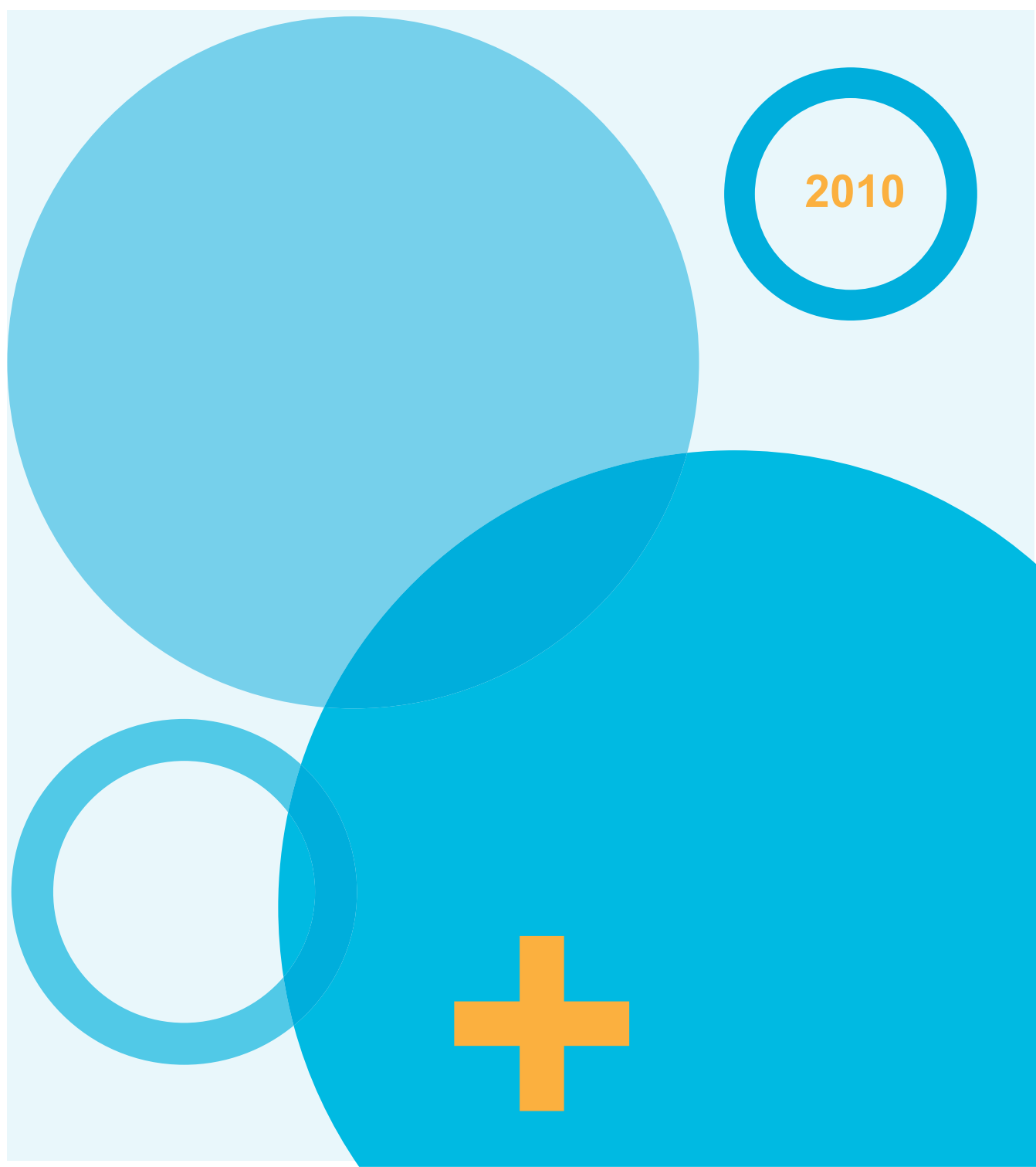
Financial		
Business and market share	X	
Clinical	X	
Workforce	X	
Environmental		
Legal & Policy	X	
Equality and Diversity	X	
Patient Experience	X	
Communications & Media	X	
Risks		

PREVIOUS CONSIDERATION:

Trust Management Board on 17 May 2011

Listening to patients

Sandwell & West Birmingham Hospitals NHS Trust National Inpatient Survey Management Report





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introduction

The National Inpatient Survey was undertaken by Quality Health for Sandwell and West Birmingham Hospitals NHS Trust between September 2010 and January 2011.

The survey required a sample of 850 inpatients to be drawn from those patients being discharged during June, July, or August 2010 who had had a stay of at least one night in hospital. There were a number of categories of patients excluded from the survey e.g. psychiatric patients and maternity patients.

Response Rate

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

382 completed questionnaires were returned from the sample of 850 from Sandwell and West Birmingham Hospitals NHS Trust. A group of 29 patients were excluded from the sample for the following reasons:

- | | |
|-------------------------------------|----|
| • Moved / not known at this address | 11 |
| • Ineligible | 1 |
| • Deceased | 17 |

The final response rate for the Trust was 47% (382 usable responses from a final sample of 821).

Report Contents

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

It also provides comparisons of both the Trust results against those of other Trusts in the Quality Health database who undertook the National Patients Survey (headed Trust and All), and the 2010 National Patients Survey results compared to those achieved in the 2009 Survey, where questions are comparable.



In these comparisons, after each result there is an indicator showing whether the Trust's performance is better (↗) or not as good as (↘) the national or previous results (by 5% or more), or if scores have remained fairly static (→).

This Report also describes the new CQUIN payment by improvement arrangements put in place by DH, which uses the results from the 2009 inpatient survey as the baseline and measures progress by reference to the 2010 survey results.

There is also an Executive Summary which pulls together all the Report's conclusions and action points.

The questionnaire provided space for patients to write their own comments about any aspect of the service. The comments received are and set out verbatim¹ in a separate document.

¹ All comments are anonymised and any inappropriate language or references to individuals are removed before submission.



Vital Signs & CQUIN

The Department of Health's Operating Framework 2009-10 has continued with the Vital Signs programme influencing the way in which Trusts need to prioritise actions arising from the Patient and Staff Surveys.

In December 2007 the DH published the Operating Framework for the NHS 2008-9 (Gateway Ref 9120) and it is clear that "ensuring we improve the patient experience, staff satisfaction, and engagement" is now a core part of the ambition that the service has for the future. These specific commitments have been continued in later versions of the Operating Framework and the Outcomes White Papers have extended the commitment to further monitoring based on patient surveys and the extension of the PROMs programmes.

In his introduction to the NOF, the NHS Chief Executive David Nicholson stated: "this year improving patient experience is an explicit priority rather than an assumption and needs to underpin the decisions that local organisations make about where their priorities will lie".

The Operating Framework states (page 8) that a series of "Vital Signs" indicators will be developed across services. These are regarded as "National Priorities for Local Delivery" and the intention is that local PCTs will develop local plans with providers and others. This framework has been continued for 2010-11.

Performance against all the Vital Signs indicators will be published annually and will be available to the public through a "report card" system. SHAs write to Trusts in January each year asking for information in respect of existing performance on a range of issues, and asking Trusts to predict performance outcomes relating to future surveys for the next 3 years. Although the staff survey domain scores are published in the national key findings report, the scores on the patient survey domains are not. The only occasion that these scores are visible to Trusts is at the time that the CQC asks Trusts to confirm their data.

PCTs will be able to add to and subtract from the basic Vital Signs indicators and will be able to determine their content.



It is clear that there is already strong technical guidance on what data collection takes place and on what issues. The relevant technical base is as follows:

- The tier two elements in the Operating Framework, “National Priorities for Local Delivery” will be agreed locally and “signed off by SHAs”. Outcomes will be monitored and performance managed.
- There is a list of 17 specific items in this bundle of tier two elements, with “patient experience” and “staff satisfaction and engagement” being two of them.
- The Operational Plans Technical Guidance Master VSB15 statement (published by DH, no reference number) states that patient experience will be measured using the existing patient surveys and using all the 5 domains used already (access and waiting; safe, high quality co-ordinated care; building closer relationships; clean friendly comfortable place to be; and better information, more choice).
- The technical guidance flags up the identity of each question in each of these domains and also refers to the “Better Metrics” Report, available on the Healthcare Commission website.
- The Better Metrics Report lists all the questions used to provide data in each domain. There are 19 such questions arising from the national inpatients survey. These questions are not entirely congruent with the survey questions used as data sources for the former Health Check programme. 9 questions used in Vital Signs were not used in Health Check; and conversely, 8 questions used in Health Check are not used in Vital Signs.

CQUIN

In December 2009 DH issued information to Trusts in the acute sector indicating that there would be significant changes to the way in which they were paid; in future, part of the payment regime was to be based on improvement in patient experience scores. Quality Health wrote to our acute hospital clients in February setting out the terms of the new payment regime, which are as follows:

- ***When does the new policy start?*** April 2010.
- ***Who has initiated the policy?*** The Department of Health.
- ***What is the essence of the new policy?*** It links IMPROVEMENT in patient experience scores to payments to your Trust.
- ***What is the scale of the payments that are linked?*** The payments are part of the CQUIN scheme (Commissioning for Quality and Innovation) which host PCT will have with each Trust. The amount that is subject to the CQUIN scheme is 1.5% of tariff income, which in a Trust with income of £200 million a year is £3 million pa. This will rise eventually to 10% of all Trust income over time.
- ***Where is this CQUIN arrangement described officially?*** It is described in detail on page 33, paragraph 3.35 of The Operating Framework for the NHS in England 2010 -2011 (Gateway Ref 13232). It is also set out in detail in an addendum to the Guidance on CQUIN schemes issued in December 2009.
- ***What does it mean in real terms?*** It means that if a PCT is satisfied that the Trust has not improved its patient experience scores by an



agreed amount, then the PCT can withhold all or part of the 1.5% CQUIN payment.

- ***What are the parts of patient experience that will have to show improvement?*** They are all specific questions in the core version of the 2009 national in-patients survey, namely:
 - ~ Were you involved as much as you wanted to be in decisions about your care and treatment? (q.41)
 - ~ Did you find someone on the hospital staff to talk to about your worries and fears? (q. 44)
 - ~ Were you given enough privacy when discussing your condition and treatment? (q. 45)
 - ~ Did a member of staff tell you about medication side effects to watch for when you went home? (q.64)
 - ~ Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital? (q. 69)
- ***How will they measure improvement?*** Your PCT will start with the baseline values on these questions in the results from the 2009 national in-patients survey, which we reported to you in January 2010. These values will then be compared with the results of the 2010 national in-patient survey, which we will report to you in January 2011. This will be the final indicator score. What they will be measuring is the improvement in scores, not their absolute level.
- ***Is there a tool to help my Trust know where it starts from?*** Yes. A benchmarking tool has been sent to each Trust by the Department of Health which enables you to enter your survey results and work out your baseline score. This will help you to negotiate with your PCT.
- ***When will payments to the Trust start being adjusted to take account of patient experience?*** The adjustments will start in the financial year 2011 - 2012. But they will be based on the improvements shown between January 2010 and January 2011. So you need to start taking action now to improve them.
- ***What does this mean for my Trust's patient experience programme?*** It means that every Trust will have a strong financial incentive to take patient experience even more seriously than it did, and pay particular attention to the results from these questions. It is important to recognise that the data at national level shows that results from these questions have flat-lined over the last 7 years.
- ***Will they use other patient experience data collected through other methods?*** No. They are going to use only data collected from the official national in-patient survey, conducted by postal methods, which all acute Trusts have to do. Both the CQC and DH have made it clear that they regard the postal methodology as far more reliable in giving accurate data than any other method of data collection. That is why they are using it for linking patient experience data to financial payments.
- ***Could this approach be extended?*** Yes. DH have made clear that, where reliable data exists, the scheme could be extended to ambulance, community, mental health and learning disability and other specialist services in acute hospitals such as maternity and paediatrics.

Specific tables showing your Trust's performance on the 5 CQUIN questions are set out later in this report.



executive summary

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

Admission

Conclusions:

Trust scores in relation to other Trusts on patient admission are generally higher.

Overall Trust scores on patient admission issues have improved since last year.

Action:

Emergency Admissions:

- Assess the need for further action on waits over 4 hours for admission from A&E and MAU.
- Review the provision of verbal information to patients in A&E and MAU.

Waiting List Admissions:

- Continue action to reduce waiting times to the 18 week envelope.
- Ensure that all patients being admitted through the list are given a choice of admission date to suit their circumstances.
- Review the reasons for changes of admission date by the hospital particularly where these occur twice or more.

The Hospital and Ward

Conclusions:

Trust scores in relation to other Trusts on issues relating to the hospital and ward environment are generally lower.

Overall Trust scores on hospital and ward environment issues have improved since last year.

**Action:**

- Review progress on eliminating mixed gender rooms, bays and bathroom facilities in the light of information contained in the survey.
- Review the cleaning contract in the light of poor scores for cleanliness in both wards and bathroom facilities.
- Many patients rate the food as only fair or poor. Review food quality and the operation of the catering contract.
- Clarify the responsibility of Ward Managers / Nurse in Charge to ensure that feeding of patients takes place where required by suitable members of staff. Undertake spot checks to ensure compliance with supervisory requirements.

Doctors**Conclusions:**

Trust scores in relation to other Trusts on issues relating to doctors are generally higher.

Overall Trust scores on doctors have improved since last year.

Action:

- Further address communication issues between doctors and patients through the training and induction of junior staff; survey results typically show that about a quarter of the patients do not understand answers to questions given by doctors.
- Reinforce policies on hand washing / use of alcohol gel to all clinicians and initiate spot checks for compliance.

Nurses**Conclusions:**

Trust scores in relation to other Trusts on issues relating to nurses are generally lower.

Overall Trust scores on nurses have improved since last year.



Action:

- As with doctors, some patients found information from Nurses hard to understand, or limited in extent. Review communication skills and competences amongst all nursing staff and especially on induction to the Trust.
- Review staffing levels and skill mix in the light of patient perceptions of nurse staffing levels.
- Reinforce policies on hand washing / use of alcohol gel to all nursing staff and initiate spot checks for compliance.

Care and Treatment

Conclusions:

Trust scores in relation to other Trusts on issues relating to care and treatment are mixed.

Overall Trust scores on care and treatment have improved since last year.

Action:

- Some patients said that one member of staff would say one thing and another would say something quite different. Discuss with nurses and doctors methods by which reduction in the amount of conflicting information given to patients can be achieved.
- Many patients would like to be more involved in decisions made about their care. This view is probably linked to the feeling that some patients have that doctors and nurses talk in front of them as if they were not there. Review methods by which staff can involve patients in decisions about their care and treatment.
- Some patients' families were said not to have had the opportunity to talk to a doctor. Ensure that appropriate signs are placed on all wards indicating that family can speak to a relevant clinician. Review the admission process to ensure that all patients are aware that their family can have such conversations with clinicians.
- There was some criticism of privacy particularly when discussing condition or treatment. Examine ways of improving privacy around the patient's bed, where most such discussions take place.
- Improve the quality and simplicity of written information available to patients on the ward. Consider appointing an information lead on each ward from existing staff.
- Examine the location and reasons for poor pain control on wards, giving due weight to concentrations of concern in particular specialties and locations.



Operations and Procedures

Conclusions:

Trust scores in relation to other Trusts on issues relating to operations and procedures are generally about the same.

Overall Trust scores on operations and procedures have improved since last year.

Action:

- Ensure that patients are given as much information as they want about what the operation would entail, including anaesthesia and its effects.
- Review methods by which patients are told about post-operative outcomes and how they might expect to feel after any operation or procedure.

Leaving Hospital

Conclusions:

Trust scores in relation to other Trusts on issues relating to leaving hospital are generally higher.

Overall Trust scores on leaving hospital have improved since last year.

Action:

- The main reason for delays in discharge was patients having to wait for medication to take home. Examine further the mechanisms and processes by which discharge prescriptions are ordered and delivered to the discharging ward.
- Improve verbal and written information to patients on common and / or important side-effects of medication, with the aim of imparting information that is simple, clear, and memorable.
- Some patients did not think that they were told adequately what danger signals to look for regarding their condition or illness after discharge. Review verbal and written information strategies for transmission of information on danger signals to the patient.
- Ensure all patients are told who to contact if they are worried about their condition or treatment after returning home.
- Increase the visibility and transparency of communications passing from clinical teams to GPs, and ensure that there are robust arrangements in place to copy such letters to patients in every clinical team.



Overall

Conclusions:

Trust scores in relation to other Trusts on issues relating to the patients' overview of their stay are generally about the same.

Overall Trust scores on the patients' overview of their stay have fallen back since last year.

Action:

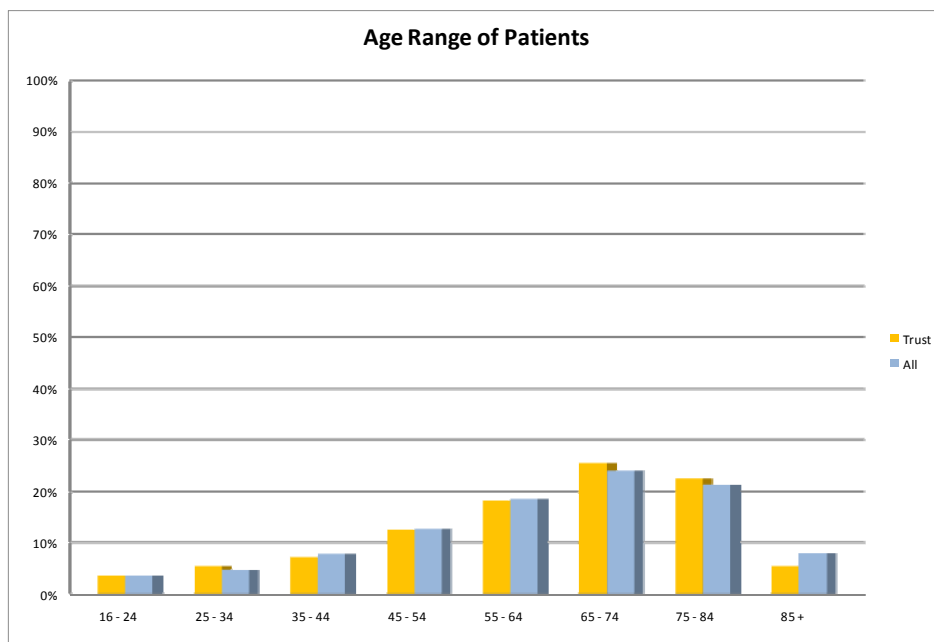
- Examine the reasons for the low scores on overall rating of care.
- Ensure that information about how to complain (such as leaflets and posters) is available for patients in hospital.
- Investigate the reasons for the higher than average number of patients saying they wished to complain about the care they received in hospital.

characteristics of the respondents

Details of the characteristics of the patients who responded are set out below. Gender, age, and ethnic background breakdown is crucial, as it is clear from Quality Health's research into patient attitudes over many years that there are significant variations in the views of patients because of demographic differences. There are also differences between patients depending on their route of entry to hospital and the specialty of treatment because of the nature of the patient's medical problems. The Trust can analyse the survey data by these variables using Quality Health's extranet facility.

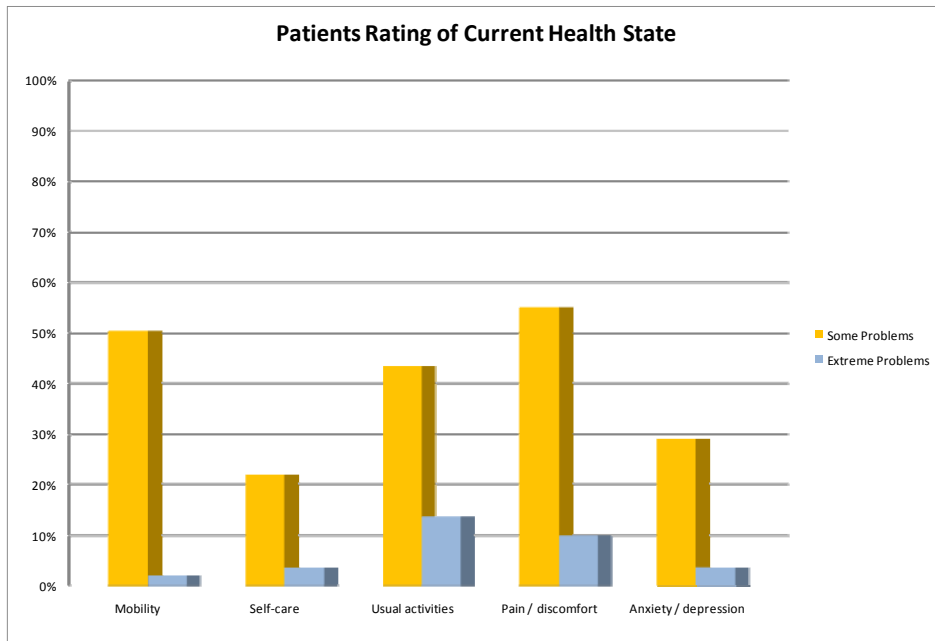
1. GENDER AND AGE PROFILE

45% of patients were men, 55% were women. The survey asked patients to stipulate their year of birth. This information has been amalgamated into age groups. The chart shows the proportion of patients in each age group compared to the national average.



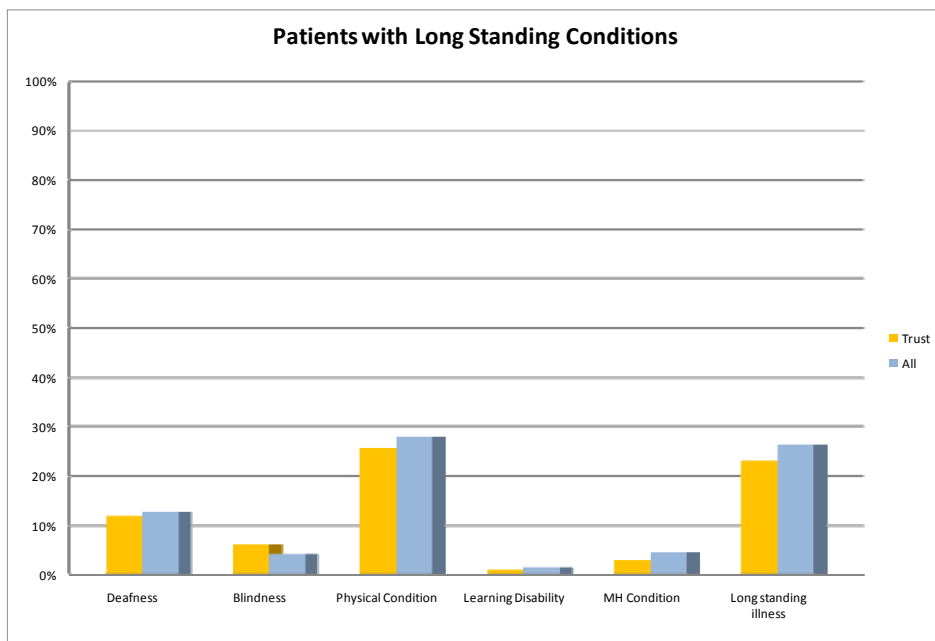
2. PATIENTS CURRENT HEALTH STATE

Patients were asked about their own health state at the time of completing the questionnaire in a range of areas. The chart shows the proportions of patients who had some problems or extreme difficulties in each of the areas.



3. LONG-STANDING CONDITIONS

Patients were then asked if they had any of six long-standing conditions. 36% of patients said they did **not** have a long standing condition; the chart below shows the proportion of patients who said they did have each of the conditions listed.



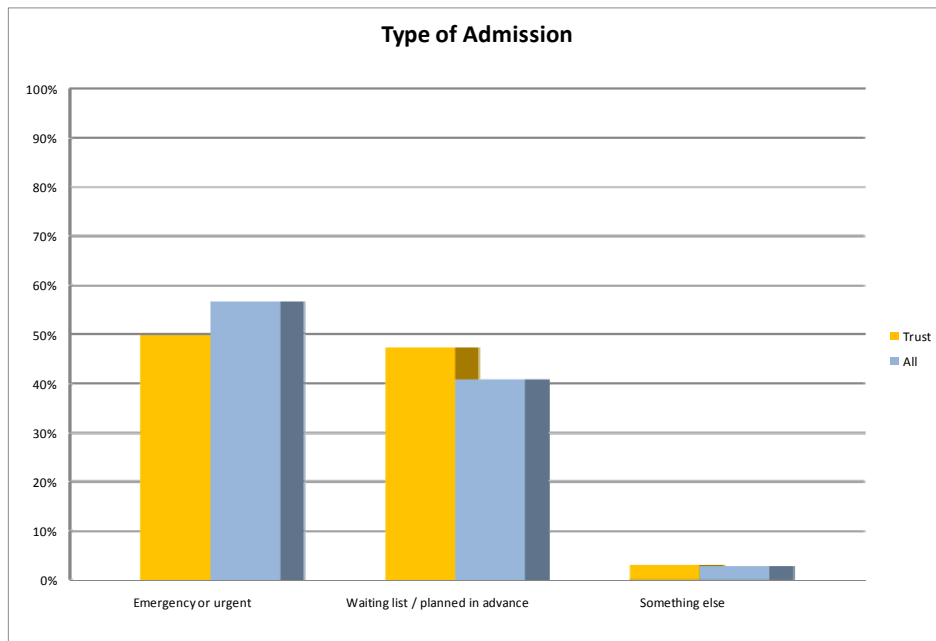
55% of patients with a long-standing illness or condition said their condition caused them difficulty with everyday activities people of their age could usually do; smaller numbers said they had difficulty in a range of other areas including work, access and communication.

4. ETHNICITY

74% of patients classified themselves as White British; 8% described themselves as Black or Black British (African, Caribbean or other Black background) and 10% described themselves as Asian or Asian British (Indian, Pakistani, Bangladeshi or other Asian background).

5. ROUTE OF ADMISSION

50% of patients said their admission to hospital was an emergency or urgent and 47% said it was a waiting list admission or planned in advance. 3% of patients said they had some other form of admission, which could possibly include transfers from other hospitals or self-admission for a condition previously treated at the hospital.



93% of non-waiting list patients said they went to the A&E department (the Emergency Department, Casualty, Medical or Surgical Admissions Unit) when they arrived at hospital.

admission to hospital

EMERGENCY CARE

1. INFORMATION

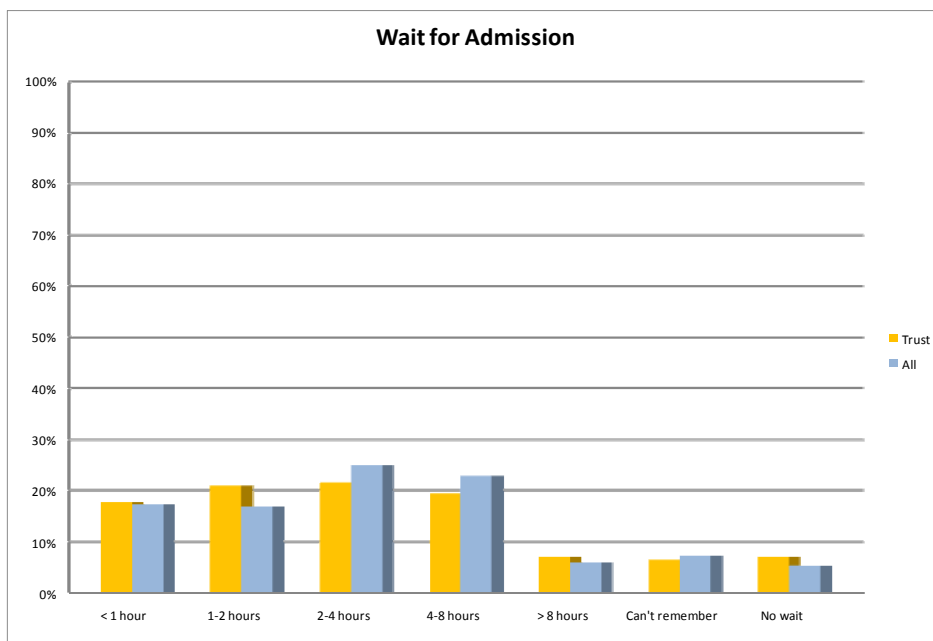
Patients were asked how much information was given to them while they were in the Emergency Department about their condition or treatment; 64% said the right amount, 14% said they were not given enough. 6% of the patients said they were not given any information on these matters.

2. PRIVACY

76% of patients said they were definitely given enough privacy when being examined or treated in the Emergency Department; 4% said they were not.

3. WAITING FOR ADMISSION

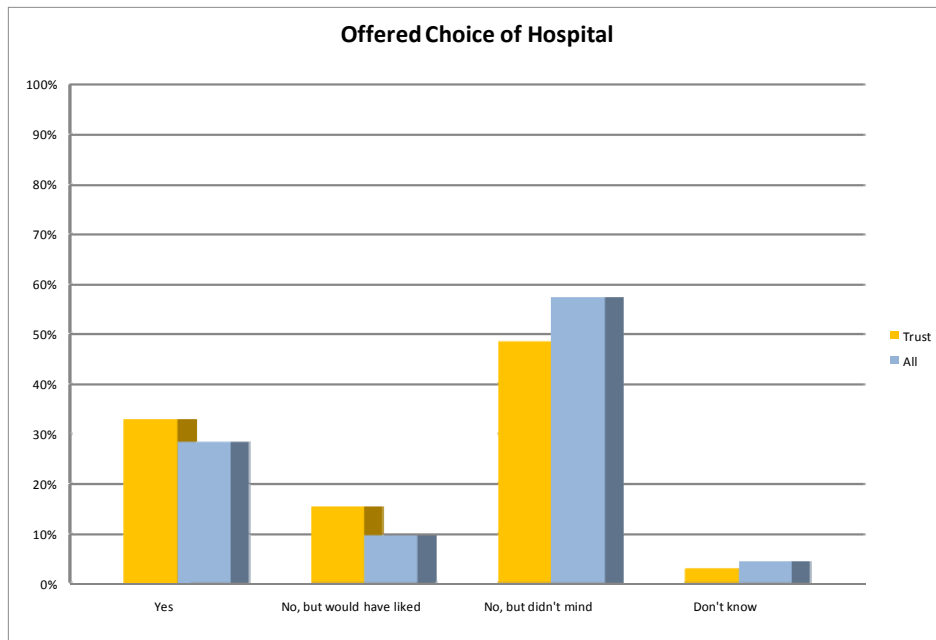
7% of emergency admission patients said they did not have to wait for admission to a bed on a ward; a further 18% said they waited less than an hour. 7% said they waited 8 hours or longer.



WAITING LIST OR PLANNED ADMISSION

4. CHOICE OF HOSPITAL

33% of waiting list patients said they were offered a choice about which hospital they went to for their first hospital appointment. 15% said they were not offered a choice but would have liked one.



5. WHO REFERRED PATIENT

63% of waiting list patients said they were referred to see the specialist by a doctor from their local general practice, a further 24% were referred by another doctor or specialist.

6. WAIT BEFORE ADMISSION

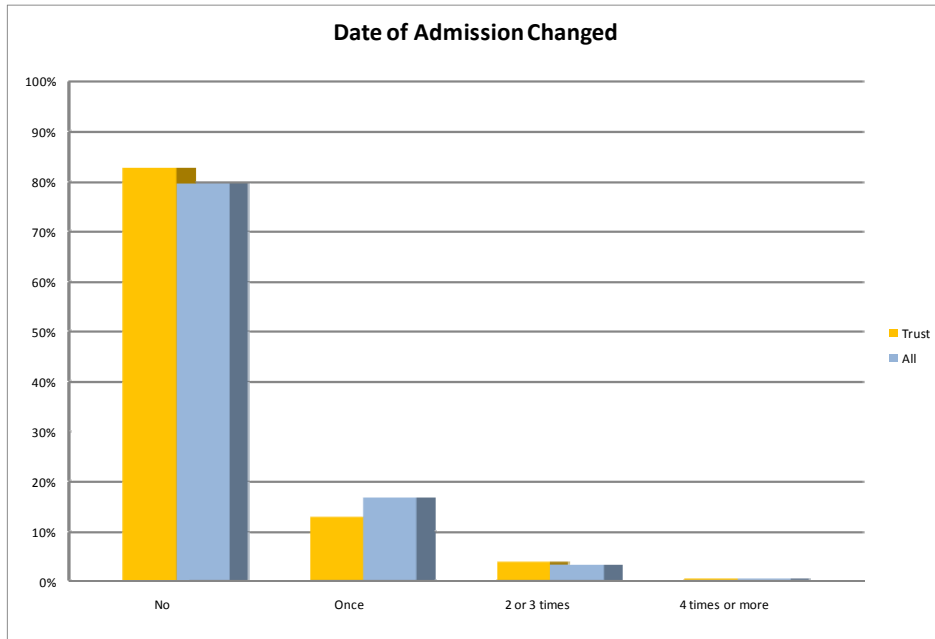
59% of waiting list patients said they waited 2 months or less for admission after being referred; 12% waited more than 6 months. 10% of waiting list patients thought they should have been admitted a lot sooner than they were; a further 15% thought they should have been admitted a bit sooner.

7. CHOICE OF ADMISSION DATES

35% of waiting list patients said they were given a choice of admission dates; 64% were not given a choice.

8. CHANGE OF ADMISSION DATE

83% of waiting list patients said their admission date was **not** changed by the hospital. However, 13% said it was changed once, and a further 4% said it was changed twice or more.



ALL TYPES OF ADMISSION

9. WAIT FOR A BED

10% of all patients thought they definitely had a long wait before getting to a bed on a ward; a further 15% thought the wait was long 'to some extent'.



COMPARISONS WITH OTHER TRUSTS IN 2010

	Trust	All	Com
~ Patients were given the right amount of information about their condition or treatment in the Emergency Department	64%	64%	-
~ Patients were definitely given enough privacy when being examined or treated in the Emergency Department	76%	71%	↗
~ The wait before being admitted to a bed on a ward for emergency patients was more than 4 hours	26%	29%	-
~ Patients were offered a choice about which hospital they attended to see a specialist	33%	28%	↗
~ The wait to be admitted for waiting list patients was more than 6 months	12%	11%	-
~ Patients feeling they were admitted as soon as they thought necessary	75%	76%	-
~ Patients were given a choice of admission dates	35%	27%	↗
~ The hospital did not change the admission date	83%	79%	-
~ The wait to get to a bed on a ward was not a long time	76%	69%	↗

COMPARISONS WITH 2009 SURVEY RESULTS

	2009	2010	Com
~ Patients were given the right amount of information about their condition or treatment in the Emergency Department	68%	64%	-
~ Patients were definitely given enough privacy when being examined or treated in the Emergency Department	75%	76%	-
~ The wait before being admitted to a bed on a ward for emergency patients was more than 4 hours	25%	26%	-
~ Patients were offered a choice about which hospital they attended to see a specialist	28%	33%	↗
~ The wait to be admitted for waiting list patients was more than 6 months	9%	12%	-
~ Patients feeling they were admitted as soon as they thought necessary	74%	75%	-
~ Patients were given a choice of admission dates	31%	35%	-
~ The hospital did not change the admission date	81%	83%	-
~ The wait to get to a bed on a ward was not a long time	75%	76%	-



CONCLUSIONS

Trust scores in relation to other Trusts on patient admission are generally higher.

Overall Trust scores on patient admission issues have improved since last year.

ACTION

Emergency Admissions:

- Assess the need for further action on waits over 4 hours for admission from A&E and MAU.
- Review the provision of verbal information to patients in A&E and MAU.

Waiting List Admissions:

- Continue action to reduce waiting times to the 18 week envelope.
- Ensure that all patients being admitted through the list are given a choice of admission date to suit their circumstances.
- Review the reasons for changes of admission date by the hospital particularly where these occur twice or more.

the hospital & ward

1. CRITICAL CARE AREAS

Patients were asked if they ever stayed in a critical care area (Intensive Care Unit, High Dependency Unit, Coronary Care Unit) while in hospital, 17% said that they did.

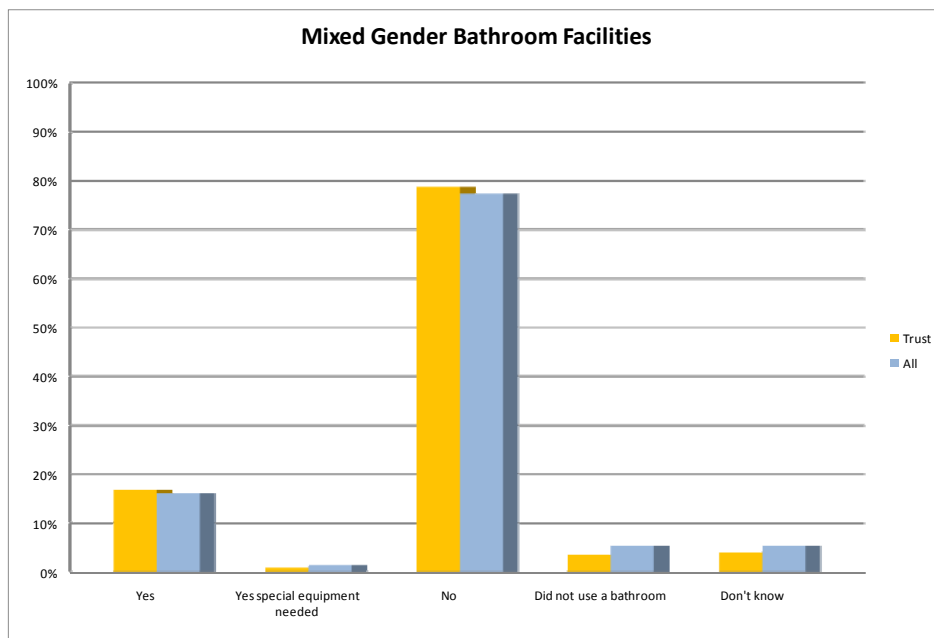
2. MIXED GENDER FACILITIES

There are a number of questions in the questionnaire about mixed gender facilities both on first admission and after any subsequent ward change.

Patients were asked when they were first admitted to a bed on a ward, whether they had to share a sleeping area (e.g. room or bay) with patients of the opposite sex, 25% said that they did have to share. 23% of patients who did have to share said they did mind sharing.

Patients who moved to other wards were then asked if they ever shared a sleeping area with patients of the opposite sex and 15% said that they did. 47% of patients who did have to share said they did mind sharing.

Patients were also asked about shared bathroom or shower areas. 17% of patients who used these areas said they did use the same facilities as patients of the opposite sex; 1% said they did because there were special bathing facilities they needed.



3. THE WARDS

70% of the patients stayed on one ward during their stay in hospital, 22% said they stayed on two wards, and 7% stayed on three or more.

4. BOTHERED BY NOISE AT NIGHT

41% of the patients said they were bothered by noise at night from other patients; and 22% were bothered by noise from staff.

5. WARD AND BATHROOM CLEANLINESS

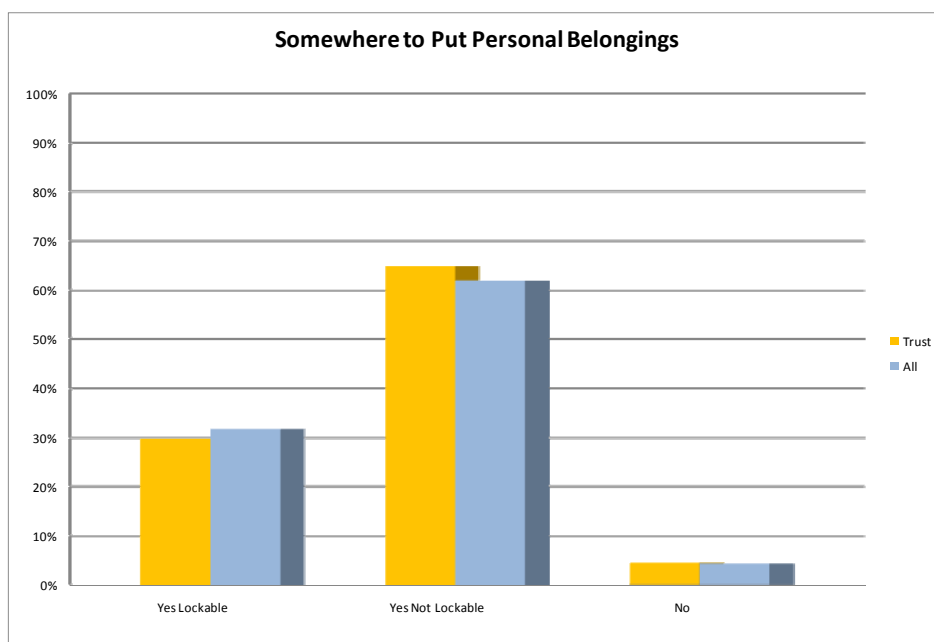
63% of patients thought the room or ward they were in was very clean; 12 patients (3%) said the ward was not very clean or not at all clean.

51% of those patients that used bathrooms and toilets said they were very clean. 37 patients (10% of those using them) said they were not very clean or not at all clean.

6. SECURITY ON THE WARD

Patients were asked if they felt threatened during their stay in hospital by other patients or visitors: 97% said they did not.

Patients were also asked if they had somewhere to keep their personal belongings whilst on the ward. 65% said that they did have somewhere but that they could not lock it as the chart shows.



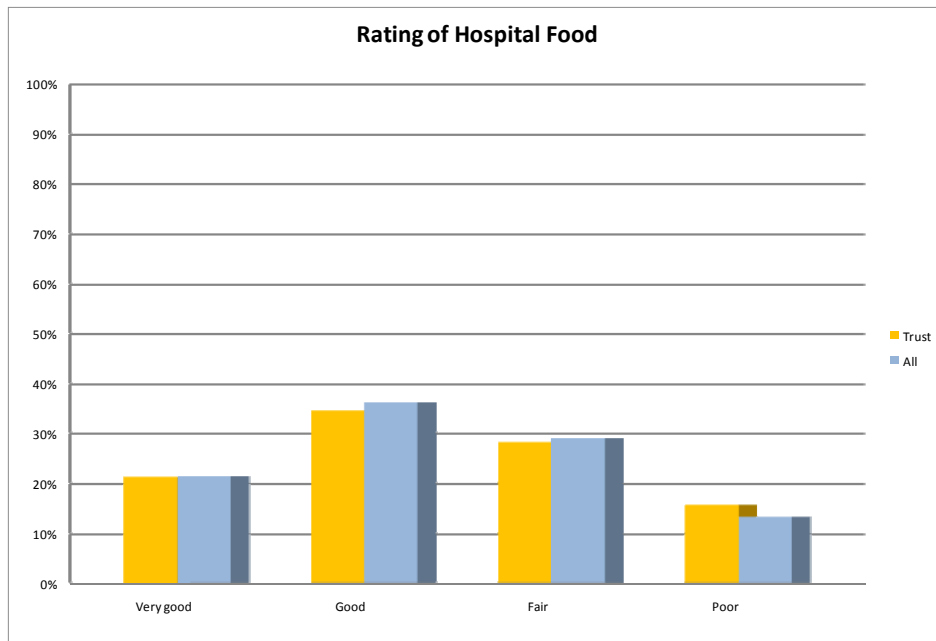
7. HYGIENE ON THE WARD

Patients were asked if they saw any posters or leaflets on the ward asking patients and visitors to wash their hands or to use hand-wash gels; 95% said that they did see such information.

95% of patients said hand-wash gels were available for patients and visitors to use; 2% saw dispensers but said they were empty. 1% did not see any hand-wash gels.

8. HOSPITAL FOOD

21% of the patients who had food in hospital thought that it was very good and a further 35% thought it was good; 16% said that it was poor.



78% of patients said they were always offered a choice of food; 6% said they were not offered a choice.

9. HELP FROM STAFF WITH EATING

Of those patients needing help from staff to eat their meals, 67% said they always got enough help; 18% said they did not get enough help.



COMPARISONS WITH OTHER TRUSTS IN 2010

	Trust	All	Com
~ Shared a sleeping area with patients of the opposite sex when first admitted	25%	13%	↙
~ Minded sharing sleeping area with patients of the opposite sex	23%	31%	↗
~ Shared a sleeping area with patients of the opposite sex after moving wards	15%	9%	↙
~ After moving wards, minded sharing with patients of the opposite sex	47%	32%	↙
~ Used same bathroom or shower area as patients of the opposite sex	17%	16%	-
~ Bothered by noise at night from other patients	41%	40%	-
~ Bothered by noise at night from staff	22%	21%	-
~ The hospital room or ward was very clean	63%	67%	-
~ The toilets and bathrooms were very clean	51%	60%	↙
~ Patient felt threatened during stay in hospital	3%	3%	-
~ Patient had somewhere to keep personal belongings that they could lock	30%	32%	-
~ Hand wash gels available for patients and visitors	95%	93%	-
~ The hospital food was very good	21%	21%	-
~ Always offered a choice of food	78%	80%	-
~ Got enough help from staff to eat meals if needed	67%	65%	-



COMPARISONS WITH 2009 SURVEY RESULTS

	2009	2010	Com
~ Shared a sleeping area with patients of the opposite sex when first admitted	26%	25%	■
~ Minded sharing sleeping area with patients of the opposite sex	29%	23%	↗
~ Shared a sleeping area with patients of the opposite sex after moving wards	20%	15%	■
~ After moving wards, minded sharing with patients of the opposite sex	50%	47%	■
~ Used same bathroom or shower area as patients of the opposite sex	18%	17%	■
~ Bothered by noise at night from other patients	36%	41%	■
~ Bothered by noise at night from staff	22%	22%	■
~ The hospital room or ward was very clean	65%	63%	■
~ The toilets and bathrooms were very clean	55%	51%	■
~ Patient felt threatened during stay in hospital	5%	3%	■
~ Patient had somewhere to keep personal belongings that they could lock	23%	30%	↗
~ Hand wash gels available for patients and visitors	96%	95%	■
~ The hospital food was very good	19%	21%	■
~ Always offered a choice of food	74%	78%	■
~ Got enough help from staff to eat meals if needed	54%	67%	↗

CONCLUSIONS

Trust scores in relation to other Trusts on issues relating to the hospital and ward environment are generally lower.

Overall Trust scores on hospital and ward environment issues have improved since last year.

ACTION

- Review progress on eliminating mixed gender rooms, bays and bathroom facilities in the light of information contained in the survey.
- Review the cleaning contract in the light of poor scores for cleanliness in both wards and bathroom facilities.
- Many patients rate the food as only fair or poor. Review food quality and the operation of the catering contract.
- Clarify the responsibility of Ward Managers / Nurse in Charge to ensure that feeding of patients takes place where required by suitable members of staff. Undertake spot checks to ensure compliance with supervisory requirements.

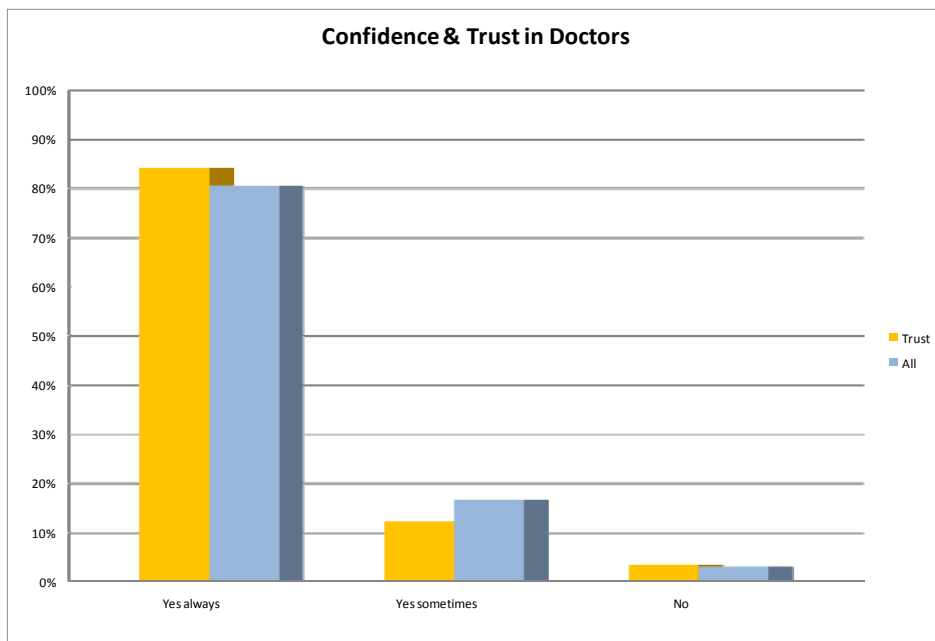
doctors

1. TALKING TO DOCTORS

74% of patients who had important questions to ask a doctor said they always understood the answers they were given. 2% said they did not understand, and a further 23% said they only sometimes did.

2. CONFIDENCE AND TRUST

84% of the patients said they always had confidence and trust in the doctors treating them; 3% said they did not.



3. DOCTORS ATTITUDE TO PATIENTS

7% of patients said that doctors often talked in front of them as if they were not there; 72% said that they did not.

4. HYGIENE

53% of patients said that, as far as they knew, doctors always washed or cleaned their hands between touching patients; 5% said they did not wash or clean them. 32% did not know if they did or not.



COMPARISONS WITH OTHER TRUSTS IN 2010

	Trust	All	Com
~ Doctors always gave understandable answers to important questions	74%	67%	↗
~ Always had confidence and trust in the doctors	84%	80%	-
~ Doctors did not talk in front of patients as if they were not there	72%	72%	-
~ Doctors always washed or cleaned their hands between touching patients	53%	48%	↗

COMPARISONS WITH 2009 SURVEY RESULTS

	2009	2010	Com
~ Doctors always gave understandable answers to important questions	69%	74%	↗
~ Always had confidence and trust in the doctors	82%	84%	-
~ Doctors did not talk in front of patients as if they were not there	73%	72%	-
~ Doctors always washed or cleaned their hands between touching patients	46%	53%	↗

CONCLUSIONS

Trust scores in relation to other Trusts on issues relating to doctors are generally higher.

Overall Trust scores on doctors have improved since last year.

ACTION

- Further address communication issues between doctors and patients through the training and induction of junior staff; survey results typically show that about a quarter of the patients do not understand answers to questions given by doctors.
- Reinforce policies on hand washing / use of alcohol gel to all clinicians and initiate spot checks for compliance.

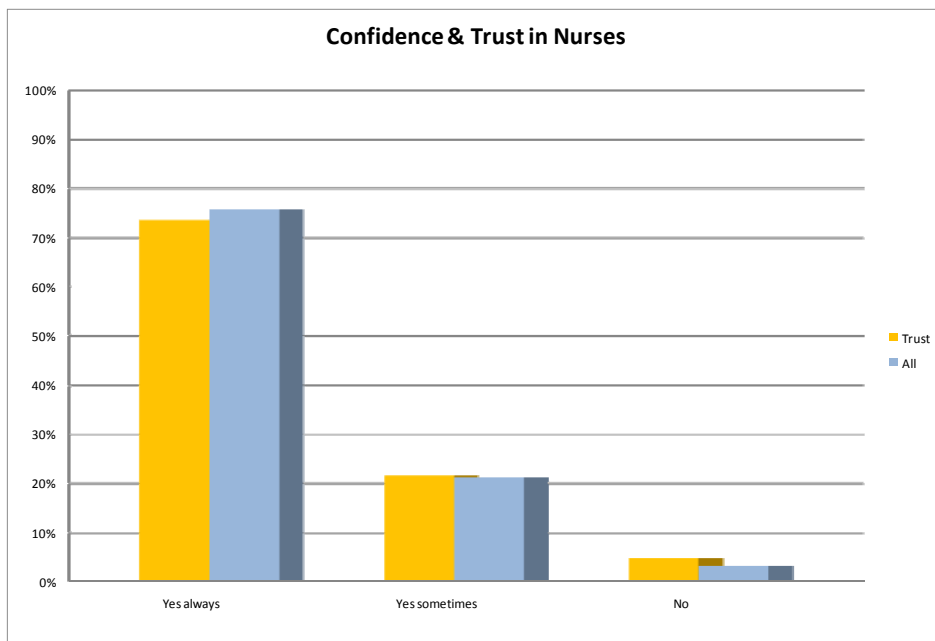
nurses

1. TALKING TO NURSES

65% of patients who had important questions to ask a nurse said they always understood the answers they were given. 6% said they did not understand answers from nurses, and a further 30% said they only sometimes did.

2. CONFIDENCE AND TRUST

74% of the patients said they always had confidence and trust in the nurses treating them; 5% said they did not.



3. NURSES ATTITUDE TO PATIENTS

9% of patients said that nurses often talked in front of them as if they were not there; 72% said they did not.

4. ENOUGH NURSES

61% of patients said there were always or nearly always enough nurses on duty to care for them; 10% said there rarely or never were enough.

5. HYGIENE

59% of patients said that, as far as they knew, nurses always washed or cleaned their hands between touching patients; 3% said they did not wash or clean them. 24% did not know if they did or not.



COMPARISONS WITH OTHER TRUSTS IN 2010

	Trust	All	Com
~ Nurses always gave understandable answers to important questions	65%	67%	■
~ Always had confidence and trust in the nurses	74%	76%	■
~ Nurses did not talk in front of patients as if they were not there	72%	79%	↙
~ There were always or nearly always enough nurses on duty to care for patients	61%	60%	■
~ Nurses always washed or cleaned their hands between touching patients	59%	59%	■

COMPARISONS WITH 2009 SURVEY RESULTS

	2009	2010	Com
~ Nurses always gave understandable answers to important questions	59%	65%	↗
~ Always had confidence and trust in the nurses	72%	74%	■
~ Nurses did not talk in front of patients as if they were not there	74%	72%	■
~ There were always or nearly always enough nurses on duty to care for patients	56%	61%	■
~ Nurses always washed or cleaned their hands between touching patients	56%	59%	■

CONCLUSIONS

Trust scores in relation to other Trusts on issues relating to nurses are generally lower.

Overall Trust scores on nurses have improved since last year.

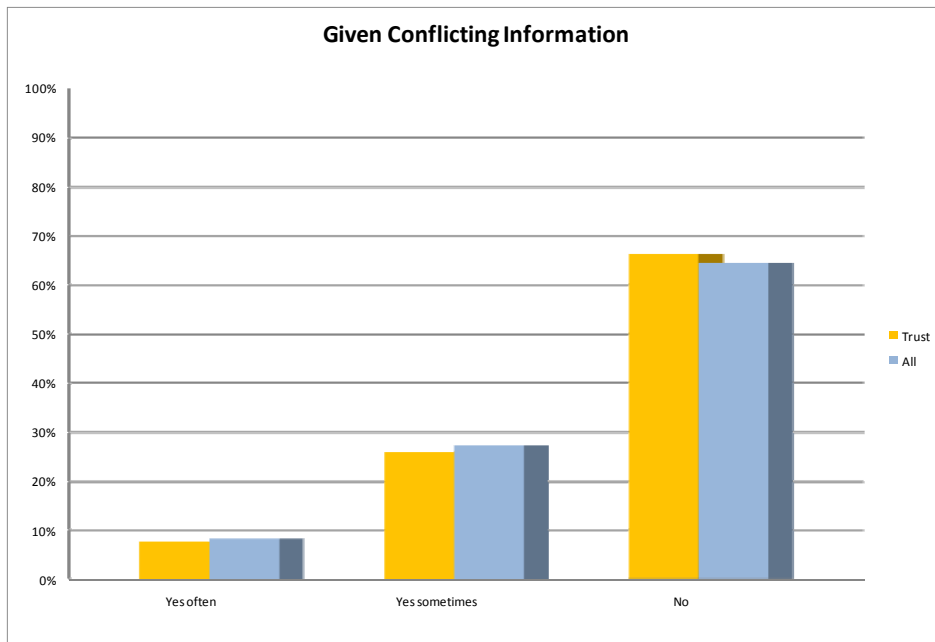
ACTION

- As with doctors, some patients found information from Nurses hard to understand, or limited in extent. Review communication skills and competences amongst all nursing staff and especially on induction to the Trust.
- Review staffing levels and skill mix in the light of patient perceptions of nurse staffing levels.
- Reinforce policies on hand washing / use of alcohol gel to all nursing staff and initiate spot checks for compliance.

care & treatment

1. CONFLICTING INFORMATION

8% of patients said they were often told one thing by one member of staff and something quite different by another; a further 26% said this sometimes was the case.



2. INVOLVED IN DECISION MAKING

51% of patients said they were definitely as involved as they wanted to be in decisions about their care and treatment; a further 39% said they were to some extent.

3. QUANTITY OF INFORMATION

18% of patients said they were not given enough information about their condition or treatment; 81% said they were given the right amount.

4. INFORMATION TO FAMILIES

16% of those patients whose families wanted to talk to a doctor said their family did not have enough opportunity to do so. 44% said they definitely did have enough opportunity and a further 39% said they did to some extent.

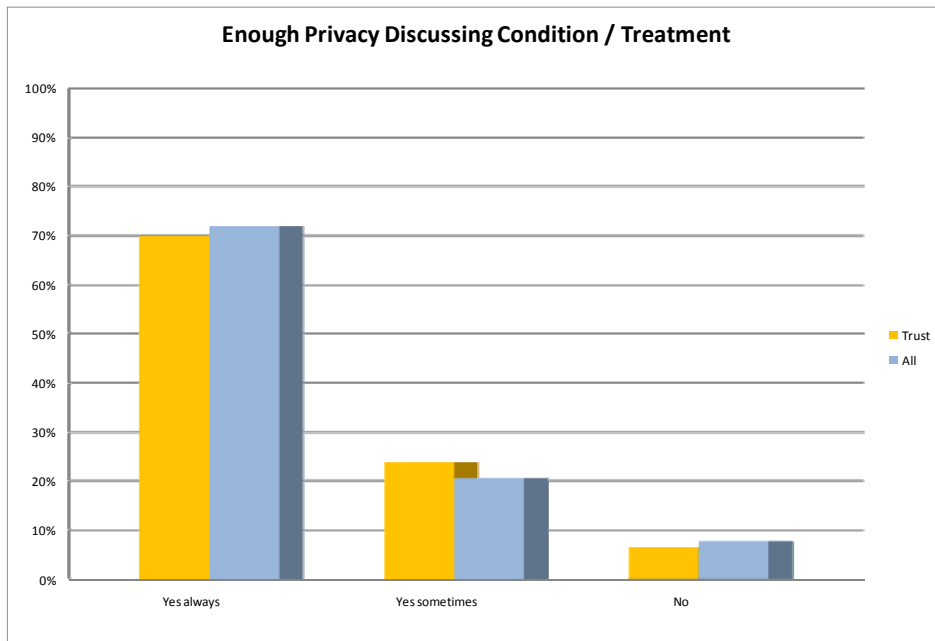
5. DISCUSSING WORRIES AND FEARS

Of those patients who had worries or fears, 41% said they definitely found someone on the hospital staff to talk to about them; a further 40% said they did to some extent. 19% of patients said they did not find anyone to talk to.



6. PRIVACY

70% of patients said they always were given enough privacy when discussing their condition or treatment. 7% said they were not given enough privacy, and a further 24% said they only sometimes were.



90% of patients felt they were always given enough privacy when being examined or treated. 9% said they sometimes were, and a further 1% said they were not given enough.

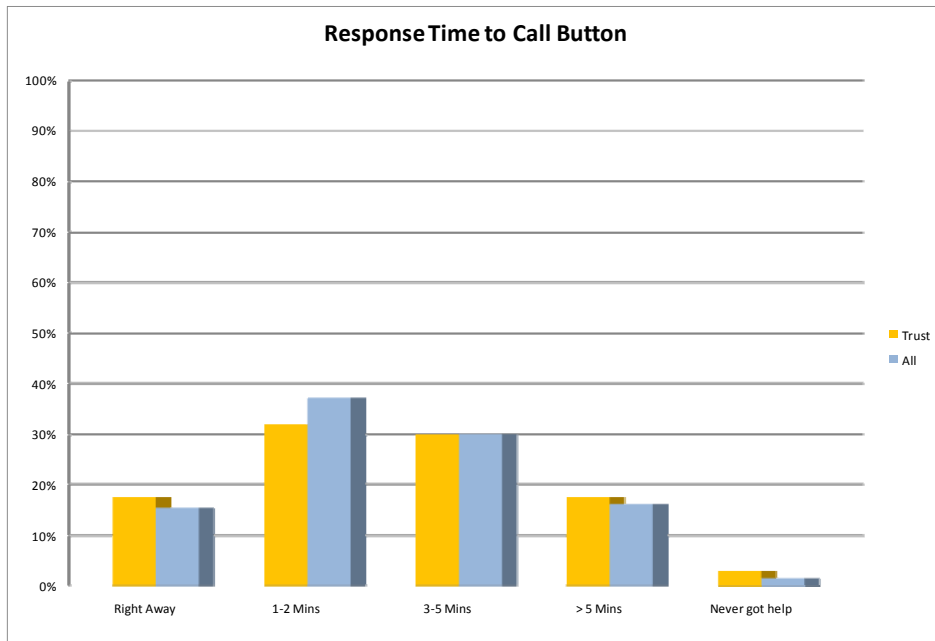
7. PAIN

67% of patients said they were in pain during their stay in hospital.

70% of patients in pain said hospital staff definitely did everything they could to help control the pain; 6% said they did not do everything they could, and a further 24% said they only did to some extent.

9. USING CALL BUTTONS

Patients were asked how long it took after they used the call button for them to receive the help they needed. Of those patients using call buttons, 6 (3%) said they never received the help needed. 50% of patients said they received help either right away, or within 2 minutes; a further 30% received help within 3 to 5 minutes.



COMPARISONS WITH OTHER TRUSTS IN 2010

	Trust	All	Com
~ Members of staff never said different things	66%	64%	-
~ Definitely involved as much as wanted to be in decisions about care and treatment	51%	53%	-
~ Right amount of information was given about the patient's condition and treatment	81%	78%	-
~ The patient's family definitely had enough opportunity to talk to a doctor if they wanted to	44%	42%	-
~ There was definitely someone on the hospital staff to talk to about worries or fears	41%	42%	-
~ Always given enough privacy when discussing condition or treatment	70%	72%	-
~ Always given enough privacy when being examined or treated	90%	89%	-
~ Hospital staff definitely did everything they could to help control pain	70%	71%	-
~ Response to call buttons more than 5 minutes	18%	16%	-



COMPARISONS WITH 2009 SURVEY RESULTS

	2009	2010	Com
~ Members of staff never said different things	65%	66%	-
~ Definitely involved as much as wanted to be in decisions about care and treatment	46%	51%	-
~ Right amount of information was given about the patient's condition and treatment	78%	81%	-
~ The patient's family definitely had enough opportunity to talk to a doctor if they wanted to	44%	44%	-
~ There was definitely someone on the hospital staff to talk to about worries or fears	40%	41%	-
~ Always given enough privacy when discussing condition or treatment	69%	70%	-
~ Always given enough privacy when being examined or treated	87%	90%	-
~ Hospital staff definitely did everything they could to help control pain	67%	70%	-
~ Response to call buttons more than 5 minutes	19%	18%	-

CONCLUSIONS

Trust scores in relation to other Trusts on issues relating to care and treatment are mixed.

Overall Trust scores on care and treatment have improved since last year.

ACTION

- Some patients said that one member of staff would say one thing and another would say something quite different. Discuss with nurses and doctors methods by which reduction in the amount of conflicting information given to patients can be achieved.
- Many patients would like to be more involved in decisions made about their care. This view is probably linked to the feeling that some patients have that doctors and nurses talk in front of them as if they were not there. Review methods by which staff can involve patients in decisions about their care and treatment.
- There was some criticism of privacy particularly when discussing condition or treatment. Examine ways of improving privacy around the patient's bed, where most such discussions take place.
- Improve the quality and simplicity of written information available to patients on the ward. Consider appointing an information lead on each ward from existing staff.
- Examine the location and reasons for poor pain control on wards, giving due weight to concentrations of concern in particular specialties and locations.

operations & procedures

1. OPERATIONS AND PROCEDURES

84% of patients said they had an operation or procedure during their stay in hospital.

2. INFORMATION BEFOREHAND

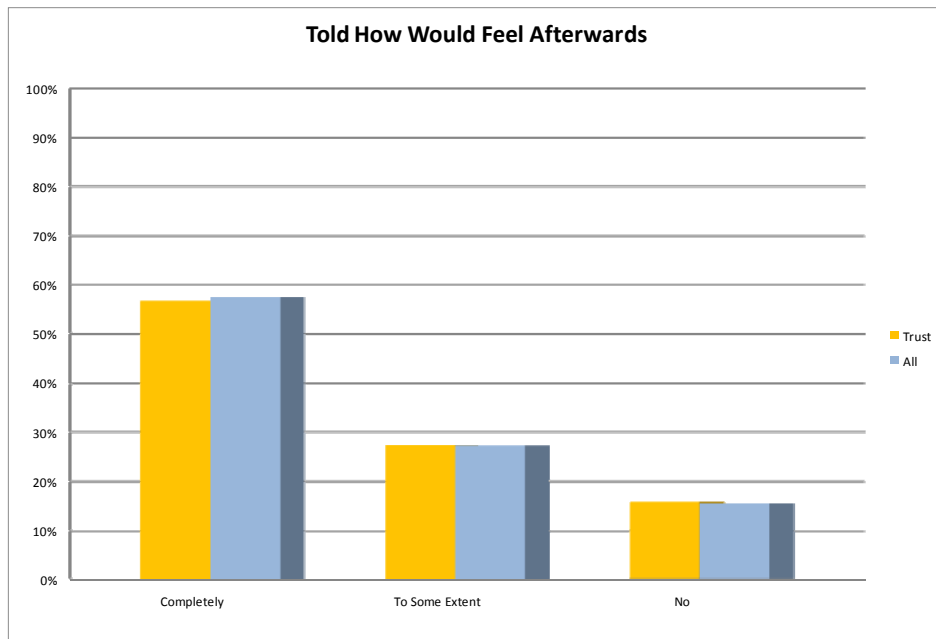
Of those patients having operations or procedures who wanted explanations, 83% said staff explained the risks and benefits completely in a way they could understand; 2% said they were not explained.

Patients were also asked if staff explained what would be done during the operation or procedure. 73% said staff explained what would be done completely in a way they could understand; 3% said this was not explained.

77% of patients who had questions, said a member of staff answered them completely in a way they could understand.

3. TOLD WHAT TO EXPECT POST OPERATION

Patients were asked if they were told how they could expect to feel after they had their operation or procedure. 57% said they were told completely; 16% said they were not told.





4. ANAESTHESIA

86% of patients were given an anaesthetic before their operation or procedure. Of these patients, 85% said the Anaesthetist or another member of staff explained completely how the anaesthetic would work in a way they could understand.

5. OUTCOME

65% of patients said a member of staff had explained completely to them how the operation or procedure had gone in a way they could understand; 12% said it had not been explained.

COMPARISONS WITH OTHER TRUSTS IN 2010

	Trust	All	Com
~ A member of staff explained completely the risks and benefits of the operation or procedure	83%	82%	-
~ A member of staff explained completely what would be done during the operation or procedure	73%	74%	-
~ A member of staff answered questions completely about the operation or procedure	77%	77%	-
~ The patient was told completely how they could expect to feel after the operation or procedure	57%	58%	-
~ A member of staff explained completely how the patient would be put to sleep or pain controlled	85%	85%	-
~ Afterwards, a member of staff explained completely how the operation or procedure had gone	65%	66%	-

COMPARISONS WITH 2009 SURVEY RESULTS

	2009	2010	Com
~ A member of staff explained completely the risks and benefits of the operation or procedure	79%	83%	-
~ A member of staff explained completely what would be done during the operation or procedure	70%	73%	-
~ A member of staff answered questions completely about the operation or procedure	70%	77%	↗
~ The patient was told completely how they could expect to feel after the operation or procedure	48%	57%	↗
~ A member of staff explained completely how the patient would be put to sleep or pain controlled	79%	85%	↗
~ Afterwards, a member of staff explained completely how the operation or procedure had gone	62%	65%	-



CONCLUSIONS

Trust scores in relation to other Trusts on issues relating to operations and procedures are generally about the same.

Overall Trust scores on operations and procedures have improved since last year.

ACTION

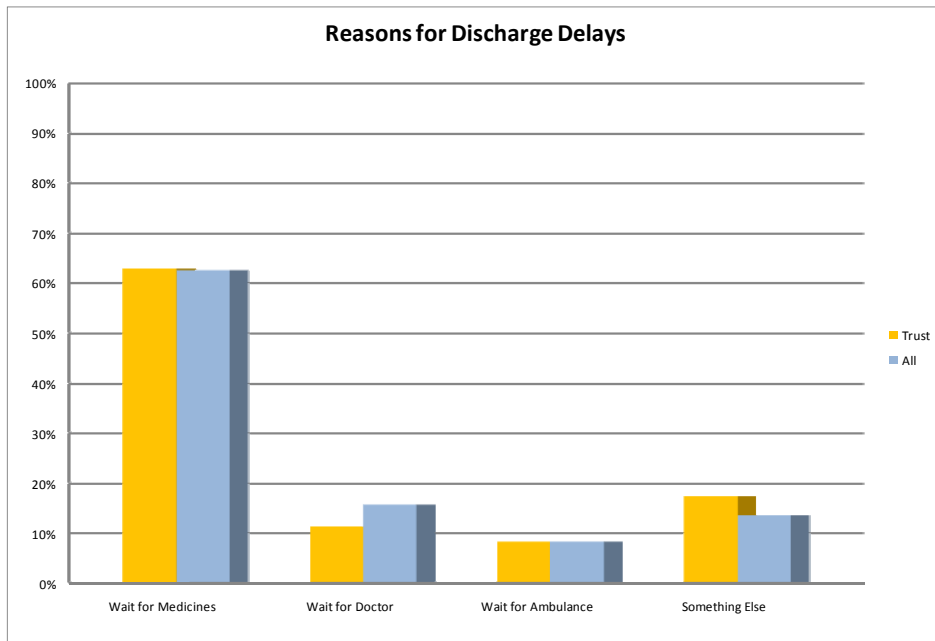
- Ensure that patients are given as much information as they want about what the operation would entail, including anaesthesia and its effects.
- Review methods by which patients are told about post-operative outcomes and how they might expect to feel after any operation or procedure.

leaving hospital

1. DISCHARGE & DELAYS

Of those patients who needed to be, 54% felt that they were definitely involved in decisions about their discharge; 16% said they were not involved.

38% of patients said their discharge from hospital was delayed. The chart shows the main reasons for the delays in discharge that occurred.



52% of the patients whose discharge was delayed said they waited no longer than 2 hours; 21% waited more than 4 hours.

2. EXPLANATIONS ON DISCHARGE

75% of patients said they were given written information on what they should or should not do during their recovery.

3. MEDICATION

77% of those patients taking medication home who needed an explanation said the purpose of the medicines was explained completely in a way they could understand. 4% said it was not explained, and a further 19% felt it was only explained to some extent.

Of those patients who said they needed an explanation, 38% said a member of staff told them completely about side-effects of medication to watch for; 46% said they were not told and a further 16% said they were only told to some extent.

78% of patients said they were definitely told how to take their medicines in a way they could understand and 66% of patients said they were given clear written or printed information about their medicines.

4. DANGER SIGNALS

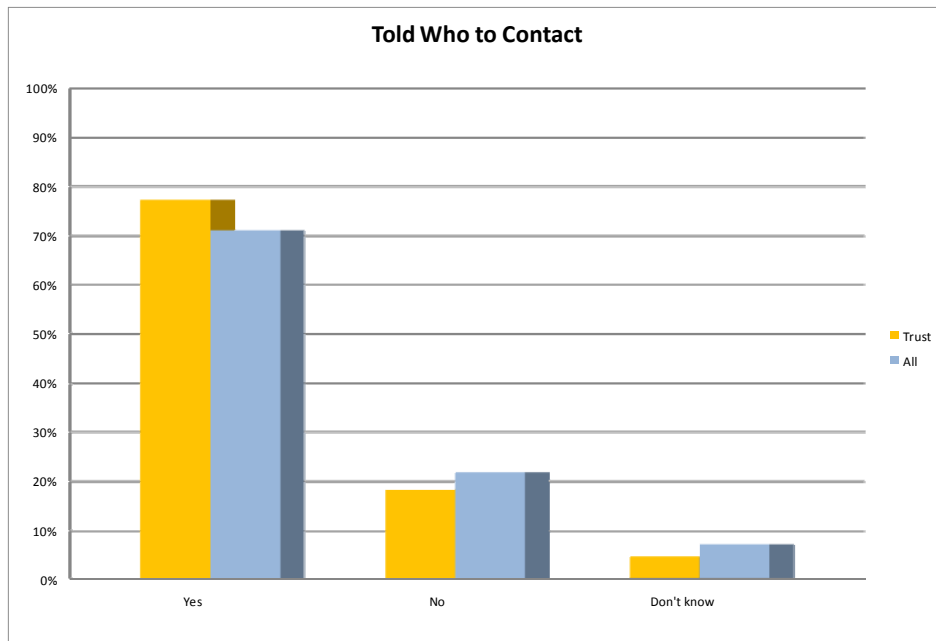
48% of patients who thought it was necessary said that they were told completely what danger signals to watch for regarding their illness or treatment after they went home; 35% said they were not told, and a further 17% said they were only told to some extent.

5. HOME SITUATION & INFORMATION TO FAMILIES

Of those patients whose families needed information 47% said that their family had definitely been given all the information needed to help care for them; 30% said their family had not been given the information needed, and a further 23% said they had only been given such information to some extent.

6. CONTACT AFTER LEAVING HOSPITAL

Patients were asked if they were told who to contact if they were worried about their condition or treatment after leaving hospital. 77% of patients said they were told; 18% said they were not told.



7. AFTERCARE

58% of patients said they received copies of letters sent between hospital doctors and their GP; 34% said they had not received copies. Of those that received letters, 68% said they were definitely written in a way that they could understand.



COMPARISONS WITH OTHER TRUSTS IN 2010

	Trust	All	Com
~ Definitely felt involved in decisions about discharge	54%	55%	-
~ Patient's discharge was delayed	38%	40%	-
~ Discharge was delayed due to a wait for medicines	63%	62%	-
~ Discharge was delayed for longer than 4 hours	21%	23%	-
~ Given written information about what should / should not do after leaving hospital	75%	64%	↗
~ Staff explained completely the purpose of medicines	77%	75%	-
~ The patient was told completely about side effects to watch for	38%	38%	-
~ The patient was given completely clear written information about their medicines	66%	64%	-
~ Staff told the patient completely about any danger signals to watch for	48%	41%	↗
~ The patient's family was given all the information they needed to help recovery	47%	45%	-
~ Staff told the patient who to contact if they were worried about their condition or treatment	77%	71%	↗
~ The patient received copies of letters sent between hospital doctors and their GP	58%	46%	↗

COMPARISONS WITH 2009 SURVEY RESULTS

	2009	2010	Com
~ Definitely felt involved in decisions about discharge	54%	54%	-
~ Patient's discharge was delayed	39%	38%	-
~ Discharge was delayed due to a wait for medicines	62%	63%	-
~ Discharge was delayed for longer than 4 hours	21%	21%	-
~ Given written information about what should / should not do after leaving hospital	72%	75%	-
~ Staff explained completely the purpose of medicines	77%	77%	-
~ The patient was told completely about side effects to watch for	34%	38%	-
~ The patient was given completely clear written information about their medicines	61%	66%	↗
~ Staff told the patient completely about any danger signals to watch for	42%	48%	↗
~ The patient's family was given all the information they needed to help recovery	43%	47%	-
~ Staff told the patient who to contact if they were worried about their condition or treatment	73%	77%	-
~ The patient received copies of letters sent between hospital doctors and their GP	49%	58%	↗



CONCLUSIONS

Trust scores in relation to other Trusts on issues relating to leaving hospital are generally higher.

Overall Trust scores on leaving hospital have improved since last year.

ACTION

- The main reason for delays in discharge was patients having to wait for medication to take home. Examine further the mechanisms and processes by which discharge prescriptions are ordered and delivered to the discharging ward.
- Improve verbal and written information to patients on common and / or important side-effects of medication, with the aim of imparting information that is simple, clear, and memorable.
- Some patients did not think that they were told adequately what danger signals to look for regarding their condition or illness after discharge. Review verbal and written information strategies for transmission of information on danger signals to the patient.
- Ensure all patients are told who to contact if they are worried about their condition or treatment after returning home.
- Increase the visibility and transparency of communications passing from clinical teams to GPs, and ensure that there are robust arrangements in place to copy such letters to patients in every clinical team.

overall

1. RESPECT AND DIGNITY

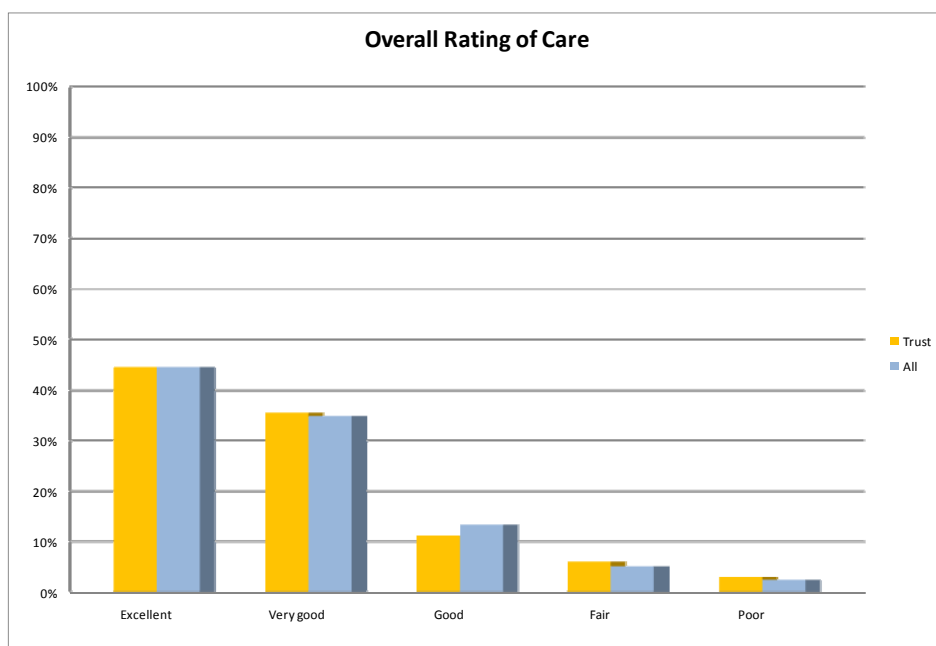
79% of patients said they were always treated with respect and dignity while they were in hospital; 4% said they were not.

2. STAFF WORKING TOGETHER

Patients were asked to rate how well they thought doctors and nurses worked together. 80% rated working together as excellent or very good. 2% said working together was poor.

3. OVERALL RATING OF CARE

80% of patients rated their care as excellent or very good; 3% said care was poor.



4. QUALITY OF CARE

Patients were asked if, during their hospital stay, they were ever asked to give their views on the quality of the care they received. 10% of patients said they were asked.

5. COMPLAINTS PROCEDURE

29% of patients said they saw posters or leaflets while they were in hospital about the complaints procedure; 46% said they did not.

Patients were then asked if they had wanted to complain about the care they received in hospital; 37 patients (10%) said they had wanted to complain.



COMPARISONS WITH OTHER TRUSTS IN 2010

	Trust	All	Com
~ The patient felt they were always treated with respect and dignity	79%	81%	■
~ The rating for doctors and nurses working well together was excellent	41%	41%	■
~ The rating for the care received was excellent	44%	44%	■
~ The patient was asked to give their views on the quality of care during their hospital stay	10%	11%	■
~ The patient saw posters / leaflets in hospital explaining how to complain	29%	30%	■
~ The patient wanted to complain about the care received in hospital	10%	8%	■

COMPARISONS WITH 2009 SURVEY RESULTS

	2009	2010	Com
~ The patient felt they were always treated with respect and dignity	82%	79%	■
~ The rating for doctors and nurses working well together was excellent	47%	41%	↙
~ The rating for the care received was excellent	43%	44%	■
~ The patient was asked to give their views on the quality of care during their hospital stay	7%	10%	■
~ The patient saw posters / leaflets in hospital explaining how to complain	26%	29%	■
~ The patient wanted to complain about the care received in hospital	8%	10%	■

CONCLUSIONS

Trust scores in relation to other Trusts on issues relating to the patients' overview of their stay are generally about the same.

Overall Trust scores on the patients' overview of their stay have fallen back since last year.

ACTION

- Examine the reasons for the low scores on overall rating of care.
- Ensure that information about how to complain (such as leaflets and posters) is available for patients in hospital.
- Investigate the reasons for the higher than average number of patients saying they wished to complain about the care they received in hospital.



national trends

The acute inpatients survey has been undertaken in all acute Trusts in England since 2002. The national data for each year has been analysed, and there are some clear conclusions that can be drawn from it.

The evidence on improvements in the national data sets related to the Inpatient survey is clear. Where there have been National Targets, or issues on which there has been strong national pressure, there have been serious improvements in perceived service quality by patients up to 2010.

In years prior to 2008, these improvements were related to waiting time in A&E, and length of time on the waiting list, in respect of inpatients.

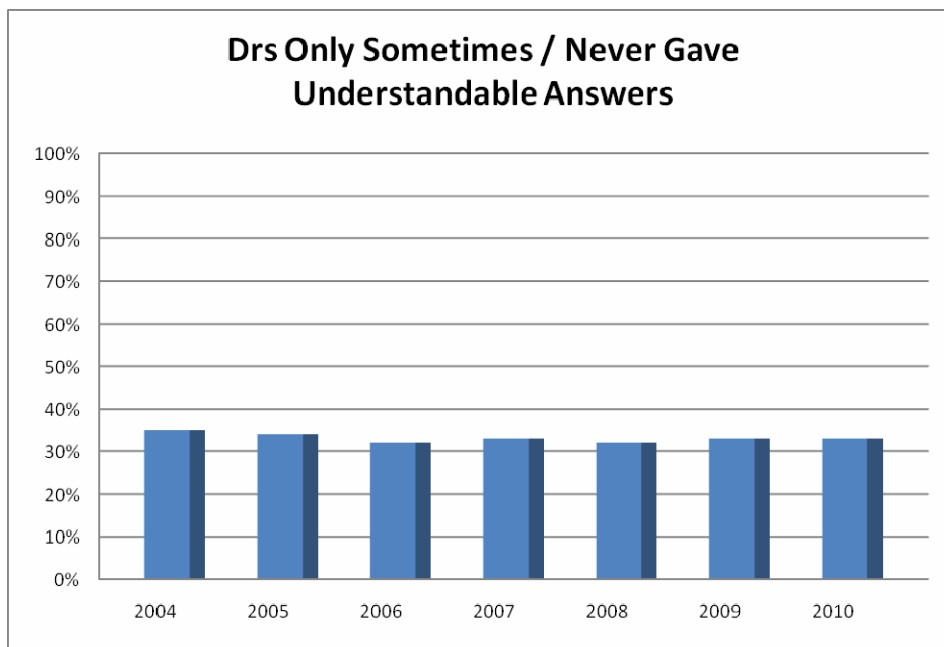
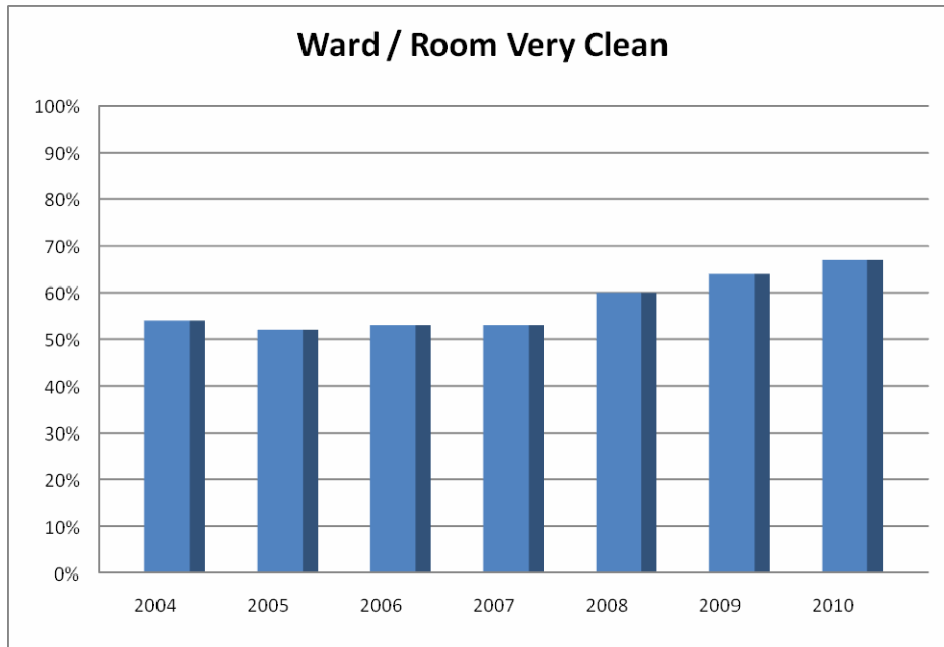
The 2010 survey has seen the same principle operating in practice. Issues of prominence, either as national targets or otherwise, show significant improvements. These have taken place in the following areas:

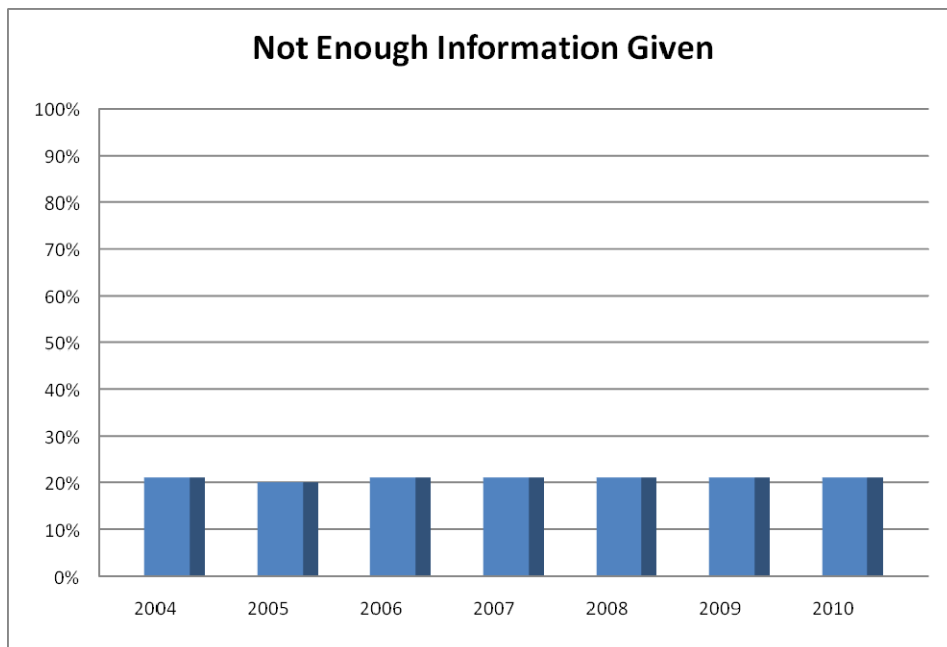
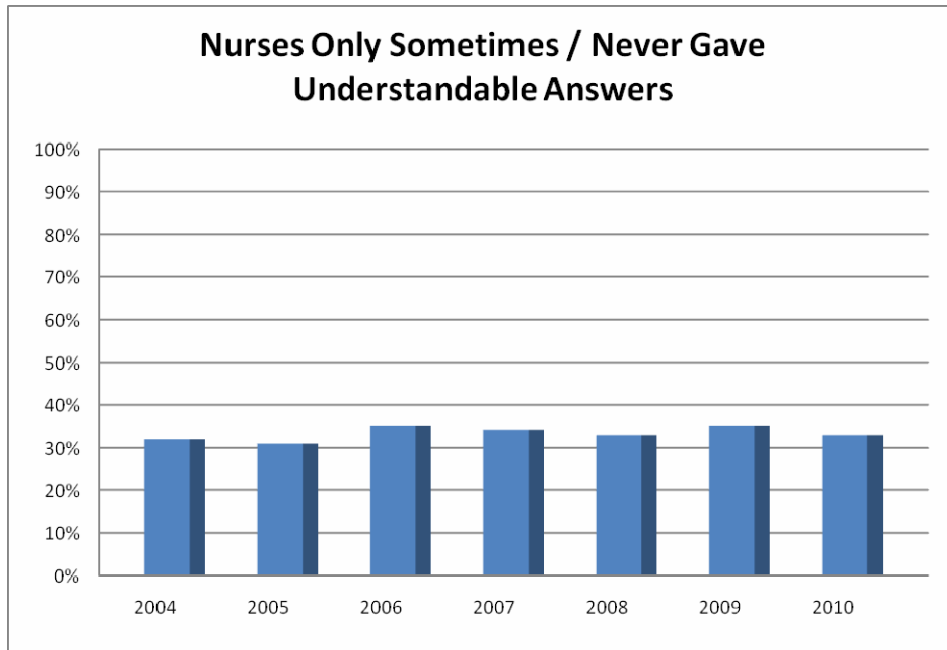
- Waiting time for admission to hospital in respect of elective patients. 74% said they waited 4 months or less in 2009, 71% in 2008.
- Fewer patients in 2010 said they shared a sleeping area with patients of the opposite gender, both on first admission and subsequently after transfer. Some individual hospitals have made very significant progress on this issue. 9% said they shared such a sleeping area after transfer in 2009; 11% in 2008. Also, fewer patients in 2010 said they shared bathroom or toilet facilities.
- Cleaning ratings have further improved following the significant rise in 2008 and 2009. In 2009, 67% said the room or ward they were on was very clean; 65% in 2009. Cleaning ratings for toilets and bathrooms have also risen in 2010.
- The proportion of patients who said they needed help with eating their meals and who received such help has also risen, from 62% of this group in 2009 to 65% in 2010.
- The proportion of patients saying they were copied into letters passing from the hospital clinical team to their GP rose from 41% in 2009 to 46% in 2009.

What is equally important however, are the areas on which there have been no significant positive movements in patient opinion. Some of these areas are:

- Overall ratings on quality of food.
- Information to patients on condition and treatment, including information on overall condition and treatment.
- Ratings for staff, both Doctors and Nurses.
- Perceived infection control by hand washing between touching patients.
- Discharge delays.
- Overall ratings of care

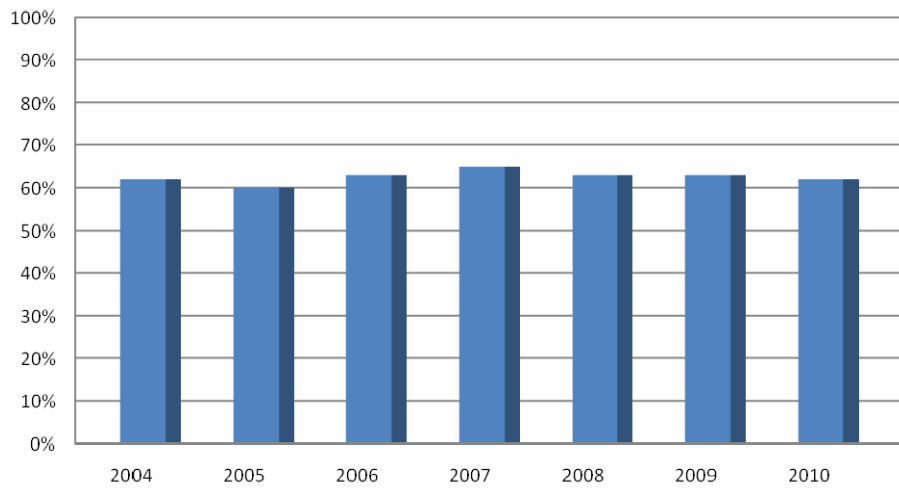
The charts below provide examples of key areas that have improved and areas that have stayed the same. The data for the charts is drawn from the Healthcare Commission's published national data sets for England and the Quality Health national data set for 2010.



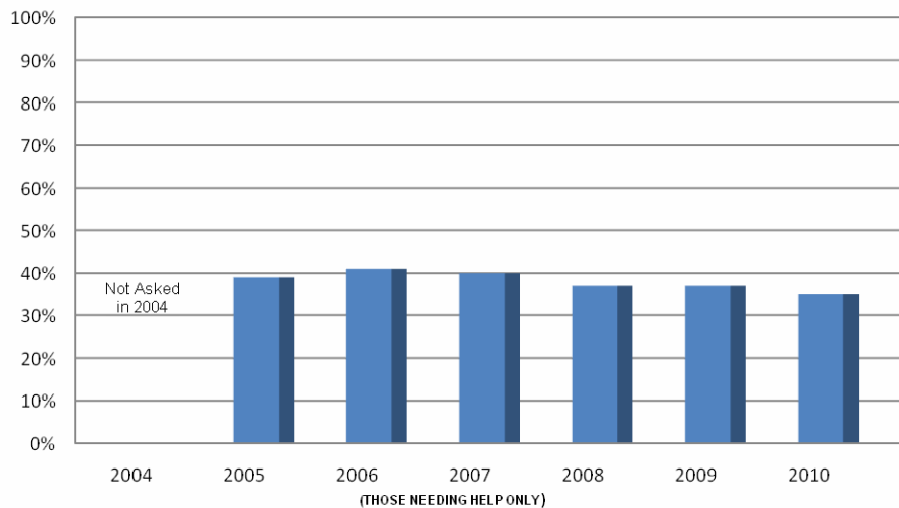


45

Not Told / Only Told to Some Extent About Med Side Effects



Didn't Get Help / Only Sometimes Got Help Eating Meals





Within this picture of immobility lie Trusts that have improved their performance and Trusts where performance has fallen back. In many Trusts, however, it is clear that, despite good intentions, the level of inertia is such that specific and clear actions are not taken to improve the patient experience, and that specific responsibility for taking such actions is not nailed down and monitored effectively. There is very strong empirical evidence from some sectors of the NHS that strong performance management of the issues by the executive team can radically transform the patient and service user experience, raising scores by 20% or more on particular questions.

In each year, there is a consistency in that specialist Trusts, usually performing a restricted range of treatments and procedures in a limited range of specialties, have survey results which are significantly better than acute Trusts as a whole. The reasons for this are not entirely clear but are very likely to include: the lack of a fully fledged emergency admissions function in most such Trusts; the greater ease with which general and clinical management can be undertaken in such an environment; the likelihood that many patients will feel strong gratitude for the treatment they have received in these environments; and last but not least, the likelihood that specialist centres provide genuinely higher levels of clinical standards than do more generalist units, which higher standards are noticed by patients and reported through the survey instruments.

What is also clear is that the spread of results between the lowest scoring and best performing Trusts is still very wide. On issues such as trust and confidence in staff, food, cleaning, information on medications, etc, there are still spreads of 30-35 percentage points in the scores between top and bottom Trusts as can be seen from the chart below.

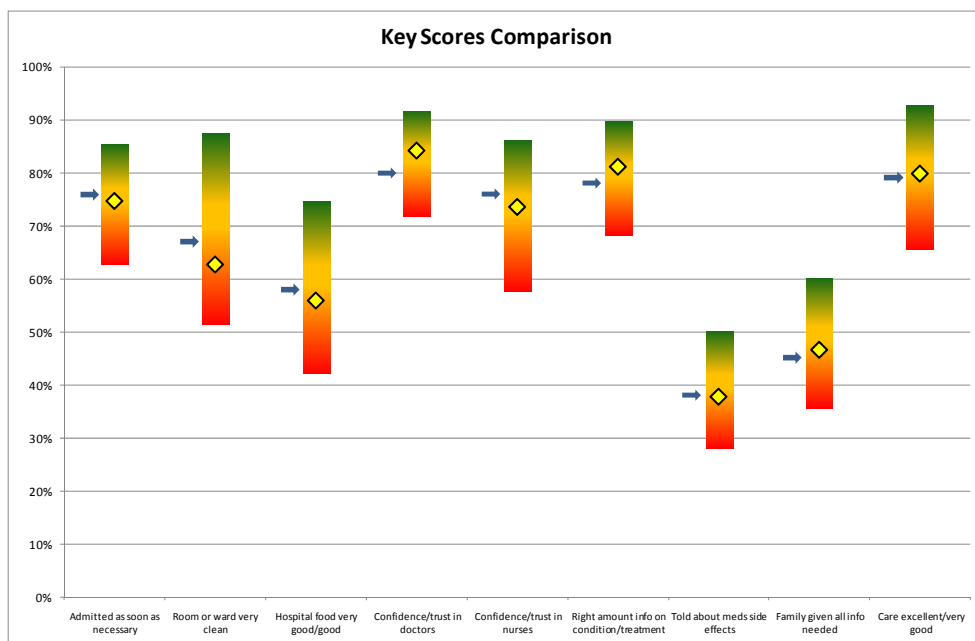


Below is a chart which shows the range of responses on some key questions in the survey.

The chart shows three things:

- The **range of scores** achieved by all Trusts surveyed by Quality Health on a particular group of questions. The range is graded from green to red.
- The **national mean score** achieved by all Trusts for each of the questions. This is shown as a blue arrow pointing toward each scale.
- **Your Trust's score** on each key question. This is shown on the scale as a yellow diamond.

The national mean score and your Trust's score is shown without any weighting or standardisation of the data.





health check core standards & CQUIN

The Department of Health is using 5 questions from the inpatient survey for the purposes of CQUIN. The CQC have discontinued the use of Health Check, but we have nevertheless kept in the paragraphs on HC as a guide to Trust improvement plans.

This section pulls together the questions from the 2010 Inpatient Survey which have been specifically identified in the CQC statement 'Criteria for Assessing Core Standards' (published July 2005), and the 5 CQUIN questions.

The data in each question have been simplified, in all cases to one or two lines, which are most relevant to the assessment of performance. Complete sets of answers to each question can be found in the survey results at the end of this report.

Each of the identified relevant questions is shown twice in the tables below: firstly highlighting how the Trust is performing compared to other Trusts this year, and secondly how the Trust has performed since last year. The numbering of the questions relates to the core questionnaire.

Admission

Fifth Domain: Accessible & Responsive Care

Core Standard C18

"Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably"

10.	Were you given a choice of admission dates?	<i>Trust</i>	<i>All</i>	<i>Com</i>
	Yes	35%	27%	↗
10.	Were you given a choice of admission dates?	<i>2009</i>	<i>2010</i>	<i>Com</i>
	Yes	31%	35%	■

The Trust's performance compared to other Trusts on this question is above average.

The Trust's performance since last year on this question has improved.



The Hospital and Ward

Sixth Domain: Care Environment & Amenities

Core Standard C20b

“Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality”

20.	Were you ever bothered by noise at night from other patients?	<i>Trust</i>	<i>All</i>	<i>Com</i>
	Yes	41%	40%	■
20.	Were you ever bothered by noise at night from other patients?	<i>2009</i>	<i>2010</i>	<i>Com</i>
	Yes	36%	41%	■
<hr/>				
21.	Were you ever bothered by noise at night from hospital staff?	<i>Trust</i>	<i>All</i>	<i>Com</i>
	Yes	22%	21%	■
21.	Were you ever bothered by noise at night from hospital staff?	<i>2009</i>	<i>2010</i>	<i>Com</i>
	Yes	22%	22%	■

The Trust's performance compared to other Trusts on these questions is above average.

The Trust's performance since last year on these questions has fallen.

Core Standard C21

“Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises”

22.	In your opinion, how clean was the hospital room or ward that you were in?	<i>Trust</i>	<i>All</i>	<i>Com</i>
	Very clean	63%	67%	■
22.	In your opinion, how clean was the hospital room or ward that you were in?	<i>2009</i>	<i>2010</i>	<i>Com</i>
	Very clean	65%	63%	■



23.	How clean were the toilets and bath-rooms that you used in hospital?	Trust	All	Com
	Very clean	51%	60%	⬇️
23.	How clean were the toilets and bath-rooms that you used in hospital?	2009	2010	Com
	Very clean	55%	51%	▬

The Trust's performance compared to other Trusts on these questions is below average.

The Trust's performance since last year on these questions has fallen.

Fourth Domain: Patient Focus

Core Standard C15a

"Where food is provided healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet"

28.	How would you rate the hospital food?	Trust	All	Com
	Very good	21%	21%	▬
	Good	35%	36%	▬
28.	How would you rate the hospital food?	2009	2010	Com
	Very good	19%	21%	▬
	Good	37%	35%	▬

The Trust's performance compared to other Trusts on this question is below average.

The Trust's performance since last year on this question has stayed about the same.



Care and Treatment

Fourth Domain: Patient Focus

Core Standard C16

“Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care”

40.	Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?	Trust	All	Com
	Staff never said different things	66%	64%	■

40.	Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?	2009	2010	Com
	Staff never said different things	65%	66%	■

41.	Were you involved as much as you wanted to be in decisions about your care and treatment?	Trust	All	Com
	Yes, definitely	51%	53%	■

41.	Were you involved as much as you wanted to be in decisions about your care and treatment?	2009	2010	Com
	Yes, definitely	46%	51%	■

40.	How much information about your condition or treatment was given to you?	Trust	All	Com
	Right amount	81%	78%	■

40.	How much information about your condition or treatment was given to you?	2009	2010	Com
	Right amount	78%	81%	■



61.	Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	Trust	All	Com
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Yes, completely	77%	75%	■
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61.	Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	2009	2010	Com
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Yes, completely	77%	77%	■
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62.	Did a member of staff tell you about medication side effects to watch for when you went home?	Trust	All	Com
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Yes, completely	38%	38%	■
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62.	Did a member of staff tell you about medication side effects to watch for when you went home?	2009	2010	Com
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Yes, completely	34%	38%	■
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64.	Were you given clear written information about your medicines?	Trust	All	Com
------------	---	--------------	------------	------------

Yes, completely	66%	64%	■
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64.	Were you given clear written information about your medicines?	2009	2010	Com
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Yes, completely	61%	66%	↗
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The Trust's performance compared to other Trusts on these questions is above average.

The Trust's performance since last year on these questions has improved.



Leaving Hospital

Second Domain: Clinical & Cost Effectiveness

Core Standard C6

“Healthcare organisations co-operate with each other and social care organisations to ensure that patients’ individual needs are properly managed and met”

65.	Did a member of staff tell you about any danger signals you should watch for after you went home?	<i>Trust</i>	<i>All</i>	<i>Com</i>
	Yes, completely	48%	41%	↗
65.	Did a member of staff tell you about any danger signals you should watch for after you went home?	<i>2009</i>	<i>2010</i>	<i>Com</i>
	Yes, completely	42%	48%	↗
66.	Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?	<i>Trust</i>	<i>All</i>	<i>Com</i>
	Yes, definitely	47%	45%	■
66.	Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?	<i>2009</i>	<i>2010</i>	<i>Com</i>
	Yes, definitely	43%	47%	■
67.	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	<i>Trust</i>	<i>All</i>	<i>Com</i>
	Yes	77%	71%	↗
67.	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	<i>2009</i>	<i>2010</i>	<i>Com</i>
	Yes	73%	77%	■



68.	Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?	<i>Trust</i>	<i>All</i>	<i>Com</i>
	Yes, I received copies	58%	46%	↗
68.	Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?	<i>2009</i>	<i>2010</i>	<i>Com</i>
	Yes, I received copies	49%	58%	↗

The Trust's performance compared to other Trusts on these questions is above average.

The Trust's performance since last year on these questions has improved.

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Overall

Fourth Domain: Patient Focus

Core Standard C13a

"Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect"

69.	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	<i>Trust</i>	<i>All</i>	<i>Com</i>
	Yes, always	79%	81%	■
69.	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	<i>2009</i>	<i>2010</i>	<i>Com</i>
	Yes, always	82%	79%	■

The Trust's performance compared to other Trusts on this question is below average.

The Trust's performance since last year on this question has fallen.



CQUIN Questions

41.	Were you involved as much as you wanted to be in decisions about your care and treatment?	<i>Trust</i>	<i>All</i>	<i>Com</i>
	Yes, definitely	51%	53%	■
41.	Were you involved as much as you wanted to be in decisions about your care and treatment?	<i>2009</i>	<i>2010</i>	<i>Com</i>
	Yes, definitely	46%	51%	■
<hr/>				
44.	Did you find someone on the hospital staff to talk to about your worries and fears?	<i>Trust</i>	<i>All</i>	<i>Com</i>
	Yes, definitely	41%	42%	■
44.	Did you find someone on the hospital staff to talk to about your worries and fears?	<i>2009</i>	<i>2010</i>	<i>Com</i>
	Yes, definitely	40%	41%	■
<hr/>				
45.	Were you given enough privacy when discussing your condition or treatment?	<i>Trust</i>	<i>All</i>	<i>Com</i>
	Yes, always	70%	72%	■
45.	Were you given enough privacy when discussing your condition or treatment?	<i>2009</i>	<i>2010</i>	<i>Com</i>
	Yes, always	69%	70%	■
<hr/>				
64.	Did a member of staff tell you about medication side effects to watch for when you went home?	<i>Trust</i>	<i>All</i>	<i>Com</i>
	Yes, completely	38%	38%	■
64.	Did a member of staff tell you about medication side effects to watch for when you went home?	<i>2009</i>	<i>2010</i>	<i>Com</i>
	Yes, completely	34%	38%	■
<hr/>				



69.	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	<i>Trust</i>	<i>All</i>	<i>Com</i>
	Yes	77%	71%	↗
69.	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	<i>2009</i>	<i>2010</i>	<i>Com</i>
	Yes	73%	77%	■

The Trust's performance compared to other Trusts on the CQUIN questions is above average.

The Trust's performance since last year on the CQUIN questions has improved.



survey results

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

Where Trusts undertook the extended survey (i.e. included bank questions alongside the core questions) or additional samples over and above the official sample of 850, results for these are also included in the results set out below.

◆ HOW TO READ THE COLUMNS OF FIGURES

The results are shown firstly in absolute numbers then as percentages. The first pair of columns show the results for the Trust in 2009; the second pair of columns show the results from 2010, and the third pair of columns show the results from all the hospitals where Quality Health undertook the National Inpatients Survey in 2010 (ALL).

The purpose of presenting the figures in this way is to give direct, at-a-glance, comparisons between the Trust's performance in 2009 and 2010, and between the Trust and other Trusts in the UK in 2010.

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

◆ CONVENTIONS

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

The 'Missing' figures show the number of patients who did not reply to that particular question. In some cases, 'Missing' figure is quite high because it includes patients who did not answer that question or group of questions because it was not applicable to their circumstances (e.g. questions A2 and A3).

On some questions there are also some figures which are italicised. These figures have been recalculated to exclude responses where the question was not applicable to the patient's circumstances. For example, questions such as B5 about using bathrooms, where both those not answering (Missing) and those saying they did not use a bathroom are excluded.

ADMISSION TO HOSPITAL

	Total	2009 SWBTB (5/11)	Total	2010 106 (a)	Total	All
A1. Was your most recent hospital stay planned in advance or an emergency?						
Emergency or urgent	211	53%	180	50%	11373	57%
Waiting list or planned in advance	177	45%	171	47%	8159	41%
Something else	7	2%	11	3%	537	3%
Missing	18		20		868	
A2. When you arrived at the hospital, did you go to the A&E Department (the Emergency Department / Casualty / Medical or Surgical Admissions unit)?						
Yes	203	92%	183	93%	10799	91%
No	18	8%	14	7%	1103	9%
Missing	192		185		9035	
A3. While you were in the A&E Department, how much information about your condition or treatment was given to you?						
Not enough	23	12%	26	14%	1585	15%
Right amount	134	68%	116	64%	6883	64%
Too much	0	0%	2	1%	58	1%
I was not given any information about my treatment or condition	15	8%	11	6%	944	9%
Don't know / Can't remember	26	13%	25	14%	1229	11%
Missing	215		202		10238	
A4. Were you given enough privacy when being examined or treated in the A&E Department?						
Yes, definitely	149	75%	142	76%	7753	71%
Yes, to some extent	37	19%	28	15%	2342	22%
No	3	2%	8	4%	231	2%
Don't know / Can't remember	11	6%	9	5%	534	5%
Missing	213		195		10077	
A5. Following arrival at the hospital, how long did you wait before being admitted to a bed on a ward?						
Less than 1 hour	41	20%	33	18%	1888	17%
At least 1 hour but less than 2 hours	41	20%	39	21%	1822	17%
At least 2 hours but less than 4 hours	37	18%	40	22%	2710	25%
At least 4 hours but less than 8 hours	33	16%	36	19%	2477	23%
8 hours or longer	17	8%	13	7%	650	6%
Can't remember	18	9%	12	6%	781	7%
I did not have to wait	15	7%	13	7%	567	5%
Missing	211		196		10042	
A6. When you were referred to see a specialist, were you offered a choice of hospital for your first hospital appointment?						
Yes	68	28%	79	33%	3095	28%
No, but I would have liked a choice	34	14%	37	15%	1061	10%
No, but I did not mind	128	53%	116	49%	6267	57%
Don't know / Can't remember	10	4%	7	3%	492	5%
Missing	173		143		10022	

ADMISSION TO HOSPITAL

	Total	2009 SWBTB (5/11)	Total	2010 106 (a)	Total	All
A7. Who referred you to see a specialist?						
A doctor from my local general practice	146	63%	145	63%	6917	65%
Any other doctor or specialist	66	28%	56	24%	2825	26%
A practice nurse or nurse practitioner	4	2%	9	4%	215	2%
Any other health professional	7	3%	14	6%	303	3%
Don't know / Can't remember	10	4%	6	3%	431	4%
Missing	180		152		10246	
A8. Overall, from the time you first talked to this health professional about being referred to a hospital, how long did you wait to be admitted to hospital?						
Up to 1 month	66	30%	66	31%	2865	29%
1 to 2 months	63	28%	60	28%	2281	23%
3 to 4 months	36	16%	33	15%	2021	20%
5 to 6 months	14	6%	9	4%	823	8%
More than 6 months	21	9%	26	12%	1082	11%
Don't know / Can't remember	22	10%	19	9%	846	9%
Missing	191		169		11019	
A9. How do you feel about the length of time you were on the waiting list before your admission to hospital?						
I was admitted as soon as I thought was necessary	167	74%	165	75%	7551	76%
I should have been admitted a bit sooner	38	17%	33	15%	1530	15%
I should have been admitted a lot sooner	21	9%	23	10%	902	9%
Missing	187		161		10954	
A10. Were you given a choice of ADMISSION DATES?						
Yes	70	31%	76	35%	2725	27%
No	147	64%	140	64%	6957	69%
Don't know / Can't remember	11	5%	4	2%	426	4%
Missing	185		162		10829	
A11. Was your admission date changed by the hospital?						
No	183	81%	185	83%	8061	79%
Yes, once	34	15%	29	13%	1704	17%
Yes, 2 or 3 times	8	4%	9	4%	331	3%
Yes, 4 times or more	1	0%	1	0%	46	0%
Missing	187		158		10795	
A12. From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?						
Yes, definitely	38	10%	35	10%	2424	12%
Yes, to some extent	62	16%	54	15%	3937	19%
No	298	75%	277	76%	13870	69%
Missing	15		16		706	

THE HOSPITAL & WARD

	Total	2009 SWBTB (5/11)	Total 106	2010 (a)	Total	All
B13. While in hospital, did you ever stay in a critical care area (Intensive Care Unit, High Dependency Unit or Coronary Care Unit)?						
Yes	89	22%	64	17%	4099	20%
No	289	73%	285	78%	15184	75%
Don't know / Can't remember	19	5%	18	5%	971	5%
Missing	16		15		683	
B14. When you were first admitted to a bed on a ward, did you share a sleeping area, for example, a room or bay, with patients of the opposite sex?						
Yes	104	26%	91	25%	2643	13%
No	297	74%	278	75%	17633	87%
Missing	12		13		661	
B15. When you were first admitted, did you mind sharing a sleeping area, for example a room or bay, with patients of the opposite sex?						
Yes	32	29%	21	23%	818	31%
No	77	71%	70	77%	1848	69%
Missing	304		291		18271	
B16. During your stay in hospital, how many wards did you stay in?						
1	268	66%	258	70%	12651	62%
2	96	24%	82	22%	5870	29%
3 or more	35	9%	25	7%	1559	8%
Don't know / Can't remember	6	1%	5	1%	217	1%
Missing	8		12		640	
B17. AFTER YOU MOVED to another ward (or wards), did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?						
Yes	25	20%	16	15%	657	9%
No	102	80%	89	85%	6672	91%
Missing	286		277		13608	
B18. AFTER YOU MOVED, did you mind sharing a sleeping area, for example a room or bay, with patients of the opposite sex?						
Yes	13	50%	8	47%	213	32%
No	13	50%	9	53%	454	68%
Missing	387		365		20270	
B19. While staying in hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?						
Yes	66	18%	59	17%	3048	16%
Yes, because it had special bathing equipment that I needed	9	2%	3	1%	248	1%
No	278	75%	279	79%	14733	77%
I did not use a bathroom or shower	25	6%	13	4%	1081	5%
Don't know / Can't remember	16	4%	14	4%	1026	5%
Missing	19		14		801	

THE HOSPITAL & WARD

	Total	2009 SWBTB (5/11)	Total	2010 106 (a)	Total	All
B20. Were you ever bothered by noise AT NIGHT from OTHER PATIENTS?						
Yes	146	36%	150	41%	8042	40%
No	258	64%	220	59%	12187	60%
Missing	9		12		708	
B21. Were you ever bothered by noise AT NIGHT from HOSPITAL STAFF?						
Yes	90	22%	83	22%	4279	21%
No	315	78%	289	78%	15942	79%
Missing	8		10		716	
B22. In your opinion, how clean was the hospital room or ward that you were in?						
Very clean	266	65%	235	63%	13630	67%
Fairly clean	129	32%	128	34%	6137	30%
Not very clean	11	3%	9	2%	563	3%
Not at all clean	3	1%	3	1%	117	1%
Missing	4		7		490	
B23. How clean were the toilets and bathrooms that you used in hospital?						
<i>Very clean</i>	219	55%	187	51%	11795	60%
<i>Fairly clean</i>	148	37%	141	39%	6788	34%
<i>Not very clean</i>	28	7%	32	9%	1000	5%
<i>Not at all clean</i>	1	0%	5	1%	239	1%
I did not use a toilet or bathroom	7	2%	9	2%	591	3%
Missing	10		8		524	
B24. Did you feel threatened during your stay in hospital by other patients or visitors?						
Yes	20	5%	10	3%	686	3%
No	386	95%	363	97%	19727	97%
Missing	7		9		524	
B25. Did you have somewhere to keep your personal belongings whilst on the ward?						
<i>Yes, and I could lock it if I wanted to</i>	82	23%	100	30%	5805	32%
<i>Yes, but I could not lock it</i>	252	72%	219	65%	11345	62%
No	12	3%	15	4%	782	4%
I did not take any belongings to hospital	47	12%	33	9%	1940	10%
<i>Don't know / Can't remember</i>	4	1%	4	1%	419	2%
Missing	16		11		646	
B26. Did you see any posters or leaflets on the ward asking patients and visitors to wash their hands or to use hand-wash gels?						
Yes	378	94%	359	95%	18573	91%
No	9	2%	10	3%	758	4%
Can't remember	16	4%	8	2%	1115	5%
Missing	10		5		491	

THE HOSPITAL & WARD

	Total	2009 SWBTB (5/11)	Total	2010 106 (a)	Total	All
B27. Were hand-wash gels available for patients and visitors to use?						
Yes	393	96%	359	95%	19074	93%
Yes, but they were empty	3	1%	7	2%	268	1%
I did not see any hand-wash gels	6	1%	4	1%	385	2%
Don't know / Can't remember	6	1%	7	2%	724	4%
Missing	5		5		486	
B28. How would you rate the hospital food?						
<i>Very good</i>	75	19%	78	21%	4192	21%
<i>Good</i>	144	37%	127	35%	7112	36%
<i>Fair</i>	130	33%	104	28%	5699	29%
<i>Poor</i>	45	11%	58	16%	2623	13%
I did not have any hospital food	10	2%	8	2%	748	4%
Missing	9		7		563	
B29. Were you offered a choice of food?						
Yes, always	296	74%	284	78%	16112	80%
Yes, sometimes	79	20%	59	16%	2882	14%
No	26	6%	22	6%	1119	6%
Missing	12		17		824	
B30. Did you get enough help from staff to eat your meals?						
<i>Yes, always</i>	76	54%	82	67%	3992	65%
<i>Yes, sometimes</i>	32	23%	19	15%	1136	18%
<i>No</i>	34	24%	22	18%	1053	17%
I did not need help to eat meals	260	65%	243	66%	13831	69%
Missing	11		16		925	

DOCTORS

	Total	2009 SWBTB (5/11)	Total	2010 106 (a)	Total	All
C31. When you had important questions to ask a doctor, did you get answers that you could understand?						
Yes, always	254	69%	248	74%	12514	67%
Yes, sometimes	93	25%	78	23%	5086	27%
No	23	6%	7	2%	963	5%
I had no need to ask	35	9%	41	11%	1801	9%
Missing	8		8		573	
C32. Did you have confidence and trust in the doctors treating you?						
Yes, always	333	82%	314	84%	16406	80%
Yes, sometimes	66	16%	46	12%	3386	17%
No	9	2%	13	3%	606	3%
Missing	5		9		539	
C33. Did doctors talk in front of you as if you weren't there?						
Yes, often	18	5%	25	7%	1249	6%
Yes, sometimes	92	23%	80	22%	4350	21%
No	290	73%	266	72%	14720	72%
Missing	13		11		618	
C34. As far as you know, did doctors wash or clean their hands between touching patients?						
Yes, always	186	46%	197	53%	9937	48%
Yes, sometimes	41	10%	40	11%	1995	10%
No	31	8%	17	5%	898	4%
Don't know / Can't remember	144	36%	118	32%	7691	37%
Missing	11		10		416	

NURSES

	Total	2009 SWBTB (5/11)	Total	2010 106 (a)	Total	All
D35. When you had important questions to ask a nurse, did you get answers that you could understand?						
Yes, always	207	59%	221	65%	12557	67%
Yes, sometimes	119	34%	102	30%	5400	29%
No	24	7%	19	6%	776	4%
I had no need to ask	54	13%	31	8%	1845	9%
Missing	9		9		359	
D36. Did you have confidence and trust in the nurses treating you?						
Yes, always	290	72%	275	74%	15626	76%
Yes, sometimes	94	23%	81	22%	4379	21%
No	18	4%	18	5%	630	3%
Missing	11		8		302	
D37. Did nurses talk in front of you as if you weren't there?						
Yes, often	26	7%	33	9%	941	5%
Yes, sometimes	80	20%	71	19%	3430	17%
No	294	74%	268	72%	16166	79%
Missing	13		10		400	
D38. In your opinion, were there enough nurses on duty to care for you in hospital?						
There were always or nearly always enough nurses	228	56%	226	61%	12204	60%
There were sometimes enough nurses	136	34%	111	30%	6115	30%
There were rarely or never enough nurses	40	10%	36	10%	2180	11%
Missing	9		9		438	
D39. As far as you know, did nurses wash or clean their hands between touching patients?						
Yes, always	223	56%	221	59%	12056	59%
Yes, sometimes	61	15%	50	13%	2462	12%
No	18	5%	12	3%	512	2%
Don't know / Can't remember	97	24%	89	24%	5517	27%
Missing	14		10		390	

YOUR CARE & TREATMENTS

	Total	2009 SWBTB (5/11)	Total (5/11)	2010 106	Total (a)	All
E40. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?						
Yes, often	30	8%	29	8%	1701	8%
Yes, sometimes	110	28%	97	26%	5575	27%
No	258	65%	247	66%	13212	64%
Missing	15		9		449	
E41. Were you involved as much as you wanted to be in decisions about your care and treatment?						
Yes, definitely	181	46%	188	51%	10895	53%
Yes, to some extent	164	42%	144	39%	7456	37%
No	45	12%	38	10%	2071	10%
Missing	23		12		515	
E42. How much information about your condition or treatment was given to YOU?						
Not enough	85	21%	65	18%	4349	21%
Right amount	313	78%	301	81%	16009	78%
Too much	2	1%	5	1%	145	1%
Missing	13		11		434	
E43. If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?						
<i>Yes, definitely</i>	128	44%	111	44%	6058	42%
<i>Yes, to some extent</i>	112	39%	99	39%	5742	40%
No	50	17%	41	16%	2458	17%
No family or friends were involved	36	9%	30	8%	2157	11%
My family did not want or need information	55	14%	74	20%	3265	16%
I did not want my family or friends to talk to a doctor	15	4%	16	4%	668	3%
Missing	17		11		589	
E44. Did you find someone on the hospital staff to talk to about your worries and fears?						
<i>Yes, definitely</i>	102	40%	91	41%	5379	42%
<i>Yes, to some extent</i>	87	34%	90	40%	4880	38%
No	64	25%	42	19%	2514	20%
I had no worries or fears	145	36%	142	39%	7644	37%
Missing	15		17		520	
E45. Were you given enough privacy when discussing your condition or treatment?						
Yes, always	275	69%	257	70%	14594	72%
Yes, sometimes	90	22%	87	24%	4136	20%
No	36	9%	24	7%	1545	8%
Missing	12		14		662	
E46. Were you given enough privacy when being examined or treated?						
Yes, always	351	87%	336	90%	18286	89%
Yes, sometimes	45	11%	35	9%	1885	9%
No	8	2%	4	1%	341	2%
Missing	9		7		425	

YOUR CARE & TREATMENTS

	Total	2009 SWBTB (5/11)	Total	2010 106 (a)	Total	All
E47. Were you ever in any pain?						
Yes	249	63%	246	67%	13446	66%
No	144	37%	123	33%	6856	34%
Missing	20		13		635	
E48. Do you think the hospital staff did everything they could to help control your pain?						
Yes, definitely	173	67%	171	70%	9516	71%
Yes, to some extent	67	26%	60	24%	3121	23%
No	18	7%	15	6%	842	6%
Missing	155		136		7458	
E49. How many minutes after you used the call button did it usually take before you got the help you needed?						
<i>0 minutes / right away</i>	56	25%	36	18%	1938	15%
<i>1-2 minutes</i>	69	31%	65	32%	4663	37%
<i>3-5 minutes</i>	53	23%	61	30%	3771	30%
<i>More than 5 minutes</i>	43	19%	36	18%	2023	16%
<i>I never got help when I used the call button</i>	5	2%	6	3%	180	1%
I never used the call button	172	43%	163	44%	7514	37%
Missing	15		15		848	

OPERATIONS & PROCEDURES

	Total	2009 SWBTB (5/11)	Total	2010 106 (a)	Total	All
F50. During your stay in hospital, did you have an operation or procedure?						
Yes	332	84%	315	84%	13453	67%
No	64	16%	59	16%	6774	33%
Missing	17		8		710	
F51. Beforehand did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?						
<i>Yes, completely</i>	257	79%	255	83%	10889	82%
<i>Yes, to some extent</i>	54	17%	47	15%	1919	14%
No	14	4%	6	2%	449	3%
I did not want an explanation	5	2%	4	1%	243	2%
Missing	83		70		7437	
F52. Beforehand did a member of staff explain what would be done during the operation or procedure?						
<i>Yes, completely</i>	224	70%	218	73%	9668	74%
<i>Yes, to some extent</i>	77	24%	71	24%	2817	22%
No	18	6%	9	3%	596	5%
I did not want an explanation	10	3%	9	3%	316	2%
Missing	84		75		7540	
F53. Beforehand did a member of staff answer your questions about the operation or procedure in a way you could understand?						
<i>Yes, completely</i>	196	70%	204	77%	9005	77%
<i>Yes, to some extent</i>	72	26%	54	20%	2286	20%
No	13	5%	6	2%	385	3%
I did not have any questions	50	15%	42	14%	1687	13%
Missing	82		76		7574	
F54. Beforehand were you told how you could expect to feel after you had the operation or procedure?						
Yes, completely	160	48%	171	57%	7638	58%
Yes, to some extent	105	32%	83	27%	3605	27%
No	65	20%	48	16%	2037	15%
Missing	83		80		7657	
F55. Before the operation or procedure, were you given an anaesthetic or medication to put you to sleep or control your pain?						
Yes	302	92%	261	86%	11453	87%
No	28	8%	41	14%	1739	13%
Missing	83		80		7745	
F56. Before the operation or procedure, did the anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain in a way you could understand?						
Yes, completely	236	79%	222	85%	9696	85%
Yes, to some extent	38	13%	30	12%	1278	11%
No	25	8%	8	3%	466	4%
Missing	114		122		9497	

OPERATIONS & PROCEDURES

Total	2009 SWBTB (5/11)	Total	2010 106 (a)	Total	All
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F57. After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?

Yes, completely	204	62%	195	65%	8653	66%
Yes, to some extent	83	25%	69	23%	3095	24%
No	41	13%	37	12%	1418	11%
Missing	85		81		7771	

LEAVING HOSPITAL

	Total	2009 SWBTB (5/11)	Total	2010 106 (a)	Total	All
G58. Did you feel you were involved in decisions about your discharge from hospital?						
<i>Yes, definitely</i>	191	54%	175	54%	9959	55%
<i>Yes, to some extent</i>	116	33%	95	29%	5445	30%
<i>No</i>	48	14%	53	16%	2778	15%
I did not need to be involved	44	11%	38	11%	1955	10%
Missing	14		21		800	
G59. On the day you left hospital, was your discharge delayed for any reason?						
Yes	153	39%	138	38%	8098	40%
No	240	61%	223	62%	11977	60%
Missing	20		21		862	
G60. What was the MAIN reason for the delay?						
I had to wait for MEDICINES	92	62%	83	63%	4860	62%
I had to wait to SEE THE DOCTOR	17	11%	15	11%	1213	16%
I had to wait for an AMBULANCE	16	11%	11	8%	645	8%
Something else	24	16%	23	17%	1061	14%
Missing	264		250		13158	
G61. How long was the delay?						
Up to 1 hour	30	19%	26	18%	1259	15%
Longer than 1 hour but no longer than 2 hours	52	33%	47	33%	2235	27%
Longer than 2 hours but no longer than 4 hours	41	26%	39	28%	2764	34%
Longer than 4 hours	33	21%	29	21%	1895	23%
Missing	257		241		12784	
G62. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?						
Yes	285	72%	273	75%	12847	64%
No	113	28%	90	25%	7134	36%
Missing	15		19		956	
G63. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?						
<i>Yes, completely</i>	254	77%	229	77%	11443	75%
<i>Yes, to some extent</i>	54	16%	57	19%	2531	17%
<i>No</i>	24	7%	13	4%	1316	9%
I did not need an explanation	43	11%	32	9%	2223	11%
I had no medicines	22	6%	36	10%	2566	13%
Missing	16		15		858	
G64. Did a member of staff tell you about medication side effects to watch for when you went home?						
<i>Yes, completely</i>	102	34%	95	38%	5018	38%
<i>Yes, to some extent</i>	57	19%	41	16%	2465	19%
<i>No</i>	141	47%	116	46%	5755	43%
I did not need an explanation	75	20%	75	23%	4216	24%
Missing	38		55		3483	

LEAVING HOSPITAL

	Total	2009 SWBTB (5/11)	Total 106 (a)	2010 106 (a)	Total	All
G65. Were you told how to take your medication in a way you could understand?						
Yes, definitely	225	76%	214	78%	10282	76%
Yes, to some extent	43	14%	42	15%	2021	15%
No	29	10%	17	6%	1271	9%
I did not need to be told how to take my medication	77	21%	54	17%	3955	23%
Missing	39		55		3408	
G66. Were you given clear written or printed information about your medicines?						
Yes, completely	224	61%	217	66%	11059	64%
Yes, to some extent	67	18%	57	17%	2626	15%
No	64	17%	40	12%	2854	17%
Don't know / Can't remember	14	4%	14	4%	743	4%
Missing	44		54		3655	
G67. Did a member of staff tell you about any danger signals you should watch for after you went home?						
Yes, completely	134	42%	142	48%	6366	41%
Yes, to some extent	74	23%	49	17%	3220	21%
No	112	35%	104	35%	5950	38%
It was not necessary	77	19%	66	18%	4433	22%
Missing	16		21		968	
G68. Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?						
Yes, definitely	127	43%	121	47%	6262	45%
Yes, to some extent	62	21%	61	23%	3210	23%
No	104	35%	78	30%	4394	32%
No family or friends were involved	57	14%	51	14%	2877	14%
My family or friends did not want or need information	46	12%	49	14%	3226	16%
Missing	17		22		968	
G69. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?						
Yes	295	73%	280	77%	14254	71%
No	86	21%	66	18%	4392	22%
Don't know / Can't remember	22	5%	17	5%	1443	7%
Missing	10		19		848	
G70. Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?						
Yes, I received copies	194	49%	213	58%	9103	46%
No, I did not receive copies	168	42%	126	34%	8993	46%
Not sure / Don't know	36	9%	27	7%	1568	8%
Missing	15		16		1273	
G71. Were the letters written in a way that you could understand?						
Yes, definitely	117	61%	143	68%	6629	73%
Yes, to some extent	50	26%	59	28%	2078	23%
No	17	9%	6	3%	252	3%
Not sure / Don't know	7	4%	1	0%	112	1%
Missing	222		173		11866	

OVERALL

Total	2009	Total	2010	Total	All
	SWBTB (5/11)	106	(a)		

H72. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

Yes, always	326	82%	290	79%	16047	81%
Yes, sometimes	56	14%	66	18%	3323	17%
No	17	4%	13	4%	552	3%
Missing	14		13		1015	

H73. How would you rate how well the doctors and nurses worked together?

Excellent	186	47%	150	41%	8181	41%
Very good	122	31%	142	39%	7409	37%
Good	59	15%	44	12%	2743	14%
Fair	25	6%	23	6%	1053	5%
Poor	7	2%	7	2%	404	2%
Missing	14		16		1147	

H74. Overall, how would you rate the care you received?

Excellent	171	43%	163	44%	8819	44%
Very good	135	34%	130	35%	6909	35%
Good	57	14%	41	11%	2626	13%
Fair	25	6%	22	6%	1019	5%
Poor	9	2%	11	3%	484	2%
Missing	16		15		1080	

H75. During your hospital stay, were you ever asked to give your views on the quality of your care?

Yes	27	7%	37	10%	2159	11%
No	344	86%	301	81%	16166	81%
Don't know / Can't remember	28	7%	32	9%	1528	8%
Missing	14		12		1084	

H76. While in hospital, did you ever see any posters or leaflets explaining how to complain about the care you received?

Yes	103	26%	107	29%	5853	30%
No	194	49%	169	46%	8860	45%
Don't know / Can't remember	100	25%	92	25%	5048	26%
Missing	16		14		1176	

H77. Did you want to complain about the care you received in hospital?

Yes	32	8%	37	10%	1605	8%
No	361	92%	330	90%	18000	92%
Missing	20		15		1332	

ABOUT YOU

	Total	2009 SWBTB (5/11)	Total	2010 106 (a)	Total	All
J78. Are you male or female?						
Male	199	50%	169	45%	9250	46%
Female	201	50%	203	55%	10707	54%
Missing	13		10		980	
J79. Age:						
16 - 24	7	2%	13	4%	697	4%
25 - 34	13	3%	20	5%	905	5%
35 - 44	24	6%	26	7%	1563	8%
45 - 54	49	13%	46	12%	2488	13%
55 - 64	63	16%	67	18%	3649	18%
65 - 74	112	29%	94	25%	4741	24%
75 - 84	87	22%	83	22%	4194	21%
85 +	32	8%	20	5%	1586	8%
Missing	26		13		1114	
J80. Mobility						
I have no problems in walking about	161	41%	173	48%	9491	48%
I have some problems in walking about	225	58%	183	50%	9893	50%
I am confined to bed	5	1%	7	2%	275	1%
Missing	22		19		1278	
J81. Self-Care						
I have no problems with self-care	261	68%	269	75%	14508	74%
I have some problems washing or dressing myself	111	29%	79	22%	4427	23%
I am unable to wash or dress myself	12	3%	13	4%	661	3%
Missing	29		21		1341	
J82. Usual Activities (e.g. work, study, housework, family or leisure activities)						
I have no problems with performing my usual activities	133	35%	155	43%	8113	41%
I have some problems with performing my usual activities	189	49%	156	43%	8784	45%
I am unable to perform my usual activities	60	16%	49	14%	2702	14%
Missing	31		22		1338	
J83. Pain/Discomfort						
I have no pain or discomfort	117	30%	128	35%	7229	37%
I have moderate pain or discomfort	237	61%	200	55%	10615	54%
I have extreme pain or discomfort	34	9%	36	10%	1717	9%
Missing	25		18		1376	
J84. Anxiety/Depression						
I am not anxious or depressed	227	60%	242	67%	12831	66%
I am moderately anxious or depressed	129	34%	105	29%	5754	30%
I am extremely anxious or depressed	23	6%	13	4%	835	4%
Missing	34		22		1517	

ABOUT YOU

ABOUT YOU		Total	2009	Total	2010	Total	All
			SWBTB (5/11)		106 (a)		
J85. Do you have any of the following long-standing conditions?							
Deafness or severe hearing impairment.	52	13%	45	12%	2657	13%	
Missing	361		337		18280		
Blindness or partially sighted	34	8%	23	6%	877	4%	
Missing	379		359		20060		
A long-standing physical condition	111	27%	98	26%	5863	28%	
Missing	302		284		15074		
A learning disability	8	2%	4	1%	299	1%	
Missing	405		378		20638		
A mental health condition	13	3%	11	3%	949	5%	
Missing	400		371		19988		
A long-standing illness, such as cancer HIV diabetes chronic heart disease or epilepsy	132	32%	88	23%	5493	26%	
Missing	281		294		15444		
No I do not have a long-standing condition	114	28%	139	36%	7258	35%	
Missing	299		243		13679		
J86. Does this condition(s) cause you difficulty with any of the following?							
Everyday activities that people your age can usually do	139	53%	114	55%	6900	59%	
Missing	123		93		4837		
At work, in education or training	30	11%	21	10%	1810	15%	
Missing	232		186		9927		
Access to buildings, streets or vehicles	73	28%	62	30%	3479	30%	
Missing	189		145		8258		
Reading or writing	52	20%	25	12%	1591	14%	
Missing	210		182		10146		
People's attitudes to you because of your condition	39	15%	25	12%	1489	13%	
Missing	223		182		10248		
Communicating, mixing with others or socialising	53	20%	29	14%	2463	21%	
Missing	209		178		9274		
Any other activity	44	17%	24	12%	1940	17%	
Missing	218		183		9797		
No difficulty with any of these	63	24%	62	30%	2892	25%	
Missing	199		145		8845		

ABOUT YOU

J87. To which of these ethnic groups would you say you belong?

	Total	2009 SWBTB (5/11)	Total	2010 106 (a)	Total	All
British	309	78%	275	74%	18681	91%
Irish	19	5%	15	4%	310	2%
Any other White background	5	1%	6	2%	380	2%
White and Black Caribbean	3	1%	3	1%	31	0%
White and Black African	0	0%	0	0%	23	0%
White and Asian	1	0%	2	1%	43	0%
Any other mixed background	1	0%	0	0%	31	0%
Indian	18	5%	25	7%	292	1%
Pakistani	8	2%	7	2%	124	1%
Bangladeshi	2	1%	1	0%	34	0%
Any other Asian background	0	0%	5	1%	75	0%
Caribbean	25	6%	23	6%	190	1%
African	1	0%	4	1%	151	1%
Any other Black background	0	0%	1	0%	28	0%
Chinese	3	1%	2	1%	35	0%
Any other ethnic group	1	0%	1	0%	34	0%
Missing	17		12		475	

Patient survey report 2010



Survey of adult inpatients in the NHS 2010
Sandwell and West Birmingham Hospitals NHS Trust

The national survey of adult inpatients in the NHS 2010 was designed, developed and co-ordinated by the Co-ordination Centre for the NHS Patient Survey Programme at Picker Institute Europe.



Making patients' views count

National NHS patient survey programme

Survey of adult inpatients in the NHS 2010

The Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care services in England. We also protect the interests of people whose rights are restricted under the Mental Health Act.

Whether services are provided by the NHS, local authorities, private companies or voluntary organisations, we make sure that people get better care. We do this by:

- Driving improvement across health and adult social care.
- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.
- Gathering and using knowledge and expertise, and working with others.

Survey of adult inpatients 2010

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

This report provides the results of the eighth survey of adult inpatients in NHS trusts in England. It shows how each trust scored for each question in the survey, compared with national average results. The report should be used to understand the trust's performance, and to identify areas where it needs to improve.

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

National overall results for the 2010 survey compared with the results of previous surveys are also available, alongside a briefing note highlighting the key issues. These documents were produced by the Surveys Co-ordination Centre at Picker Institute Europe.

Similar surveys of adult inpatients were also carried out in 2002, 2004¹, 2005, 2006, 2007, 2008 and 2009. They are part of a wider programme of NHS patient surveys, which covers a range of topics including mental health services and maternity services. To find out more about our programme, please visit our website (see further information section).

About the survey

The eighth survey of adult inpatients involved 161 acute and specialist NHS trusts². We received responses from more than 66,000 patients, a response rate of 50%. Patients were eligible for the survey if they were aged 16 years or older, had at least one overnight stay during June, July or August 2010³ (the sampling period was chosen by the trust) and were not admitted to maternity or psychiatric units.

¹In 2004, the Healthcare Commission carried out a separate survey of children and young people (aged 0-17). Consequently only those aged 18 and over were included in the sample for the 2004 adult inpatients survey. As a result, the benchmark reports for the 2004 survey were based on patients aged 18 and over and are therefore not directly comparable to the reports for the 2010 survey presented here.

²Although respondents from 162 trusts took part in the survey, these results are based on 161. One trust was excluded from the publication due sampling and methodological errors by the trust.

³Some trusts who could not achieve the required sample size sampled back further.

Interpreting the report

For each question in the survey, the individual responses were converted into scores on a scale of 0 to 100. A score of 100 represents the best possible response. Therefore, the higher the score for each question, the better the trust is performing.⁴

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

Please also note that it is not appropriate to score all questions within the questionnaire for benchmarking purposes. This is because not all of the questions assess the trusts in any way, or they may be 'filter questions' designed to filter out respondents to whom following questions do not apply. An example of such a question would be Q50 "During your stay in hospital, did you have an operation or procedure?"

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

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

A white diamond represents the score for this trust. If the diamond is in the green section of the bar, for example, it means that the trust is among the top 20% of trusts in England for that question. The line on either side of the diamond shows the amount of uncertainty surrounding the trust's score, as a result of random fluctuation.⁵

Since the score is based on a sample of inpatients in a trust rather than all inpatients, the score may not be exactly the same as if everyone had been surveyed and had responded. Therefore a confidence interval⁶ is calculated as a measure of how accurate the score is. We can be 95% certain that if everyone in the trust had been surveyed, the 'true' score would fall within this interval.

⁴Trusts have differing profiles of patients. For example, one trust may have more male inpatients than another. This can potentially affect the results because people tend to answer questions in different ways, depending on certain characteristics. For example, older respondents tend to report more positive experiences than younger respondents, and women tend to report less positive experiences than men. This could potentially lead to a trust's results appearing better or worse than if they had a slightly different profile of patients. To account for this, we 'standardise' the data. Results have been standardised by the age, sex and method of admission (emergency or elective) of respondents to ensure that no trust will appear better or worse than another because of its respondent profile. This helps to ensure that each trust's age-sex-admission type profile reflects the national age-sex-admission type distribution (based on all of the respondents to the survey). It therefore enables a more accurate comparison of results from trusts with different profiles of patients.

⁵If a score is on the 'threshold' for the highest scoring 20% of trusts (that is, the white diamond is on the line separating green and orange), this means that the score is one of the highest 20% of scores for that question. Similarly, trusts with scores on the threshold for the lowest scoring 20% of trusts are included in this lowest 20% of scores.

⁶A confidence interval is an upper and lower limit within which you have a stated level of confidence that the true mean (average) lies somewhere in that range. These are commonly quoted as 95% confidence intervals, which are constructed so that you can be 95% certain that the true mean lies between these limits. The width of the confidence interval gives some indication of how cautious we should be; a very wide interval may indicate that more data should be collected before making any conclusions.

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

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

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

Notes on specific questions

Q6 and Q8: (Q6 "When you were referred to see a specialist, were you offered a choice of hospital for your first appointment?" and Q8 "Overall, from the time you first talked to this health professional about being referred to a hospital, how long did you wait to be admitted to hospital?") These questions exclude patients who were not referred for a planned admission to hospital by a GP or health professional in England (i.e. their care was not bought or 'commissioned' in England but in Northern Ireland, Scotland or Wales). This is because hospital choice and waiting time policies differ outside of England.

Q14 and Q17: The information collected by Q14 ("When you were first admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex?") and Q17 ("After you moved to another ward (or wards), did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?") are presented together to show whether the patient has ever shared a sleeping area with patients of the opposite sex. The combined question is numbered in this report as Q14 and has been reworded as "Did you ever share a sleeping area with patients of the opposite sex?"

In addition, the information based on these questions cannot be compared to similar information collected in the 2002, 2004 and 2005 surveys. This is due to a change in the questions' wording and because the results for 2009, 2008, 2007 and 2006 have excluded patients who have stayed in a critical care area, which almost always accommodates patients of both sexes. For further details, please see the 'scored' questionnaire which shows the scores assigned to each question (available on our website).⁷

Q59, Q60 and Q61: Information from Q59 ("On the day you left hospital, was your discharge delayed for any reason?") has been used to score the results for Q60 ("What was the main reason for the delay?") and Q61 ("How long was the delay to discharge?"). Further scoring information is available from the questionnaire on our website.

⁷Trusts providing services for women only have been excluded when calculating the national average for Q14 (Did you ever share a sleeping areas with patients of the opposite sex) and Q19 (Did you ever use the same bathroom or shower area as patients of the opposite sex?).

Further information

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

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

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

<http://www.cqc.org.uk/nationalfindings/surveys.cfm>

The 2010 survey of adult inpatient results, questionnaire and scoring can be found at:

<http://www.cqc.org.uk/PatientSurveyInpatient2010>

The 2009 survey of adult inpatient results, questionnaire and scoring can be found at:

<http://www.cqc.org.uk/PatientSurveyInpatient2009>

The results for the adult inpatient surveys 2004-2008 can be found on the National Archives website:

<http://webarchive.nationalarchives.gov.uk/20100402185114/http://www.cqc.org.uk/usingcareservices/healthcare/patientsurveys.cfm>

The 2002 survey of adult inpatient results (published by the Department of Health) can be found at:

<http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/NationalsurveyofNHSpatients/Nationalsurveyinpatients/index.htm>

The results for each trust will also be available under the organisation search tool of the CQC website:

<http://caredirectory.cqc.org.uk/caredirectory/searchthecaredirectory.cfm>

(Enter a postcode or organisation name, then scroll down to 'What people said about this trust')

Survey of adult inpatients in the NHS 2010

Sandwell and West Birmingham Hospitals NHS Trust

Admission to hospital

How much information about your condition did you get in the A&E Department?

Were you given enough privacy when being examined or treated in the A&E Department?

How long did you wait from arriving at A&E to be admitted to a bed on a ward?

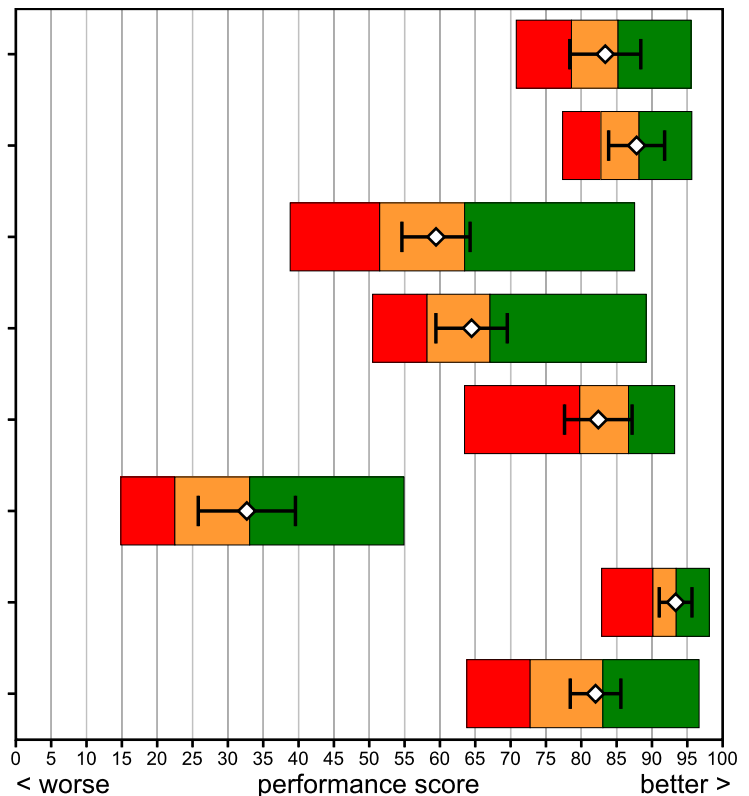
Overall, how long did you wait from being referred to hospital to be admitted?

How do you feel about the length of time you were on the waiting list?

Were you given a choice of admission dates?

Was your admission date changed by the hospital?

Upon arrival, did you feel that you had to wait a long time to get to a bed on a ward?



Best performing 20% of trusts

Intermediate 60% of trusts

Worst performing 20% of trusts

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

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

Survey of adult inpatients in the NHS 2010

Sandwell and West Birmingham Hospitals NHS Trust

The hospital and ward

Did you ever share a sleeping area with patients of the opposite sex?

Did you ever use the same bathroom or shower area as patients of the opposite sex?

Were you ever bothered by noise at night from other patients?

Were you ever bothered by noise at night from hospital staff?

In your opinion, how clean was the hospital room or ward that you were in?

How clean were the toilets and bathrooms that you used in hospital?

Did you feel threatened during your stay in hospital by other patients or visitors?

Did you have somewhere to keep your personal belongings whilst on the ward?

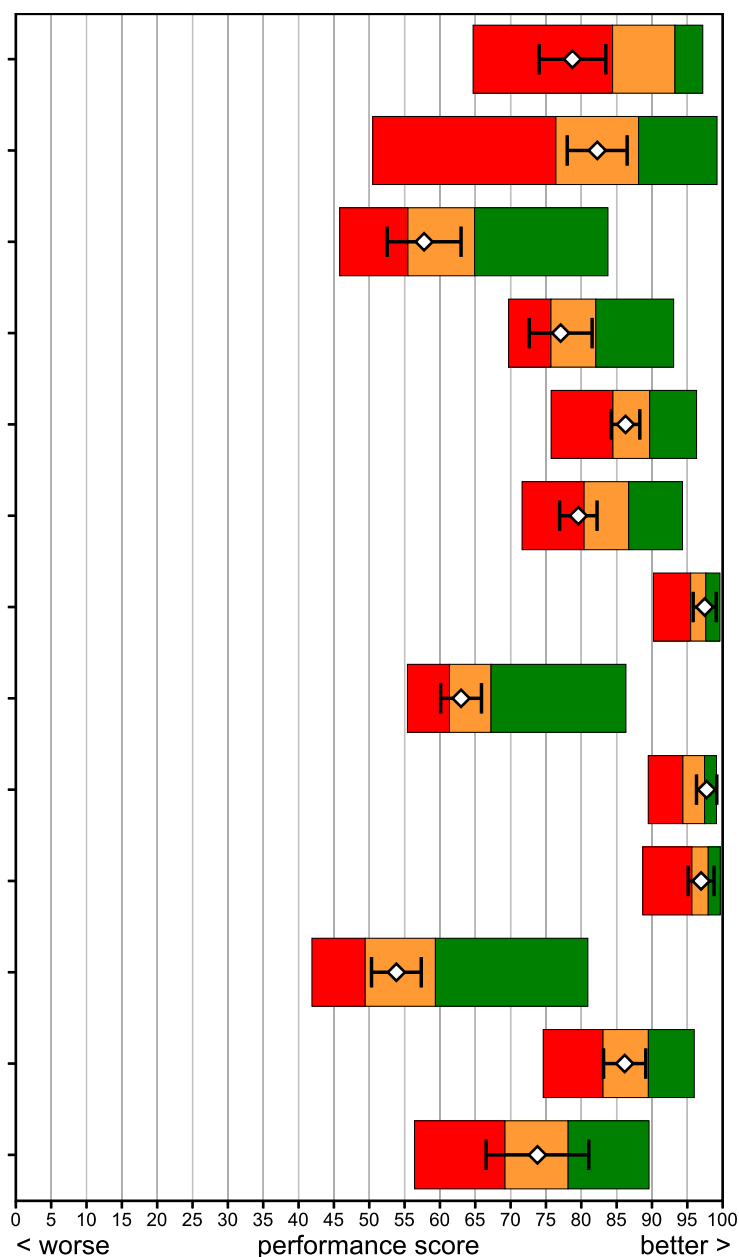
Did you see any posters or leaflets on the ward asking patients and visitors to wash their hands or to use hand-wash gels?

Were hand-wash gels available for patients and visitors to use?

How would you rate the hospital food?

Were you offered a choice of food?

Did you get enough help from staff to eat your meals?



Best performing 20% of trusts

Intermediate 60% of trusts

Worst performing 20% of trusts

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Survey of adult inpatients in the NHS 2010

Sandwell and West Birmingham Hospitals NHS Trust

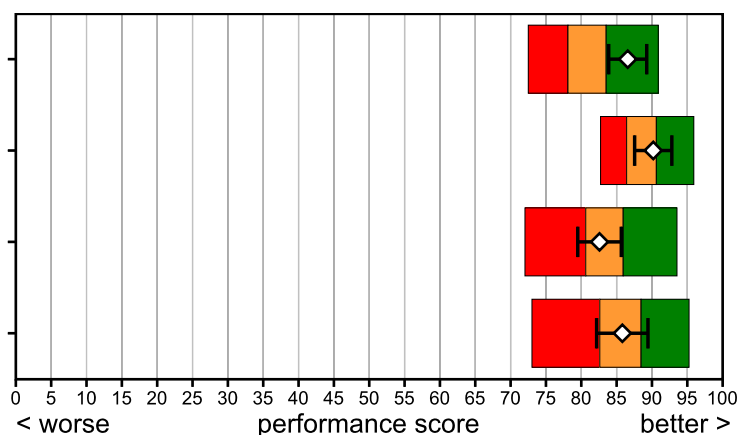
Doctors

When you had important questions to ask a doctor, did you get answers that you could understand?

Did you have confidence and trust in the doctors treating you?

Did doctors talk in front of you as if you weren't there?

As far as you know, did doctors wash or clean their hands between touching patients?



Nurses

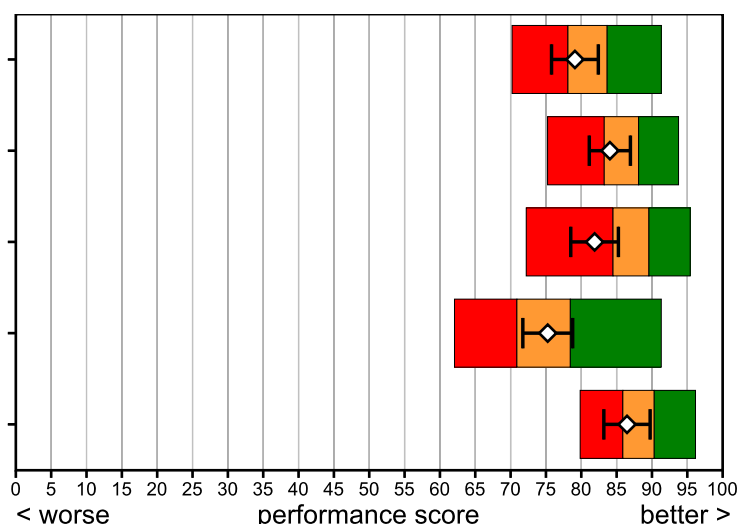
When you had important questions to ask a nurse, did you get answers that you could understand?

Did you have confidence and trust in the nurses treating you?

Did nurses talk in front of you as if you weren't there?

In your opinion, were there enough nurses on duty to care for you in hospital?

As far as you know, did nurses wash or clean their hands between touching patients?



Best performing 20% of trusts

Intermediate 60% of trusts

Worst performing 20% of trusts

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Survey of adult inpatients in the NHS 2010

Sandwell and West Birmingham Hospitals NHS Trust

Your care and treatment

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

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

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

Did your family or someone close to you have enough opportunity to talk to a doctor?

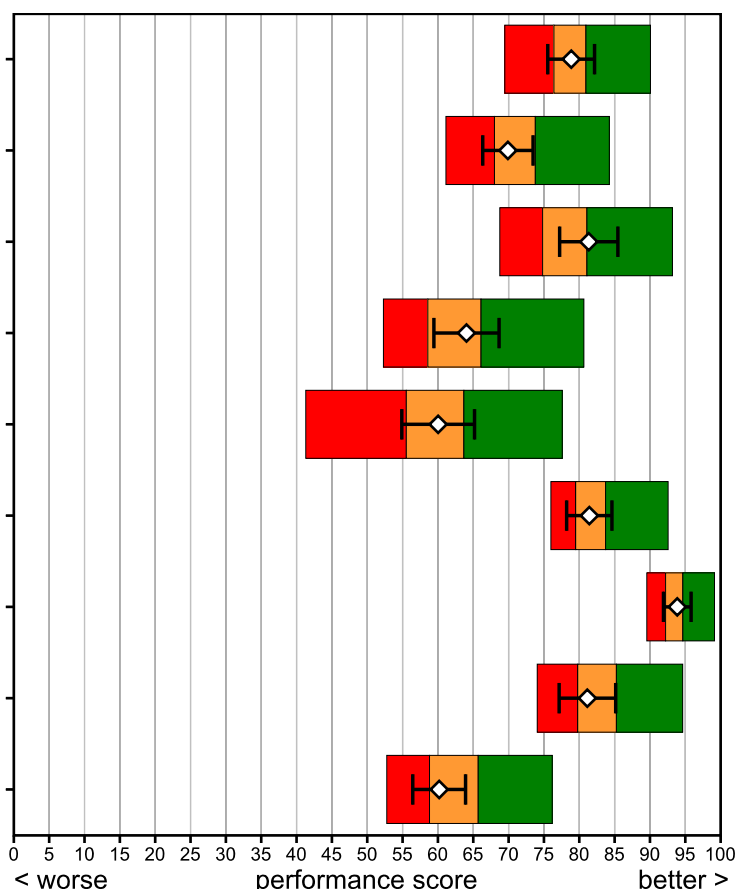
Did you find someone on the hospital staff to talk to about your worries and fears?

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

Were you given enough privacy when being examined or treated?

Do you think the hospital staff did everything they could to help control your pain?

After you used the call button, how long did it usually take before you got help?



Operations & Procedures

Did a member of staff explain the risks and benefits of the operation or procedure?

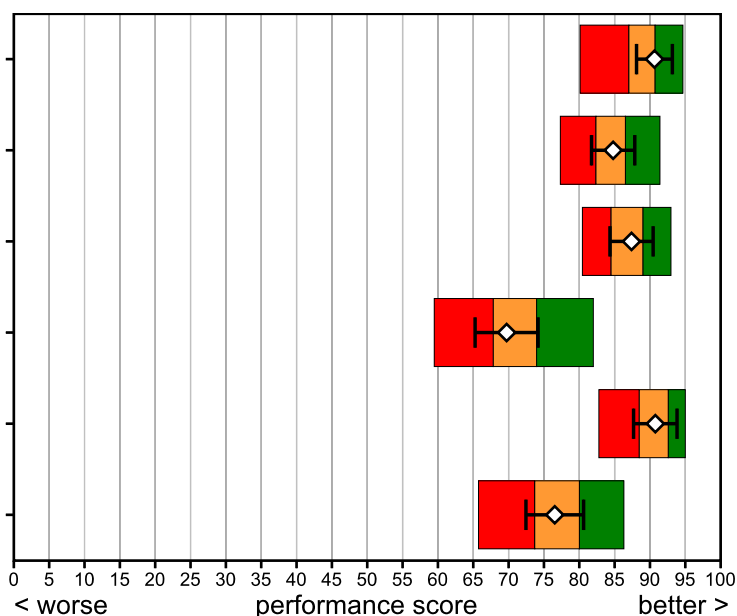
Did a member of staff explain what would be done during the operation or procedure?

Did a member of staff answer your questions about the operation or procedure?

Were you told how you could expect to feel after you had the operation or procedure?

Did the anaesthetist explain how he or she would put you to sleep or control your pain?

Afterwards, did a member of staff explain how the operation or procedure had gone?



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Survey of adult inpatients in the NHS 2010

Sandwell and West Birmingham Hospitals NHS Trust

Leaving Hospital

Did you feel you were involved in decisions about your discharge from hospital?

What was the main reason for the delay?

How long was the delay to discharge?

Were you given any written information about what you should do after leaving hospital?

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

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

Were you told how to take your medication in a way you could understand?

Were you given clear written information about your medicines?

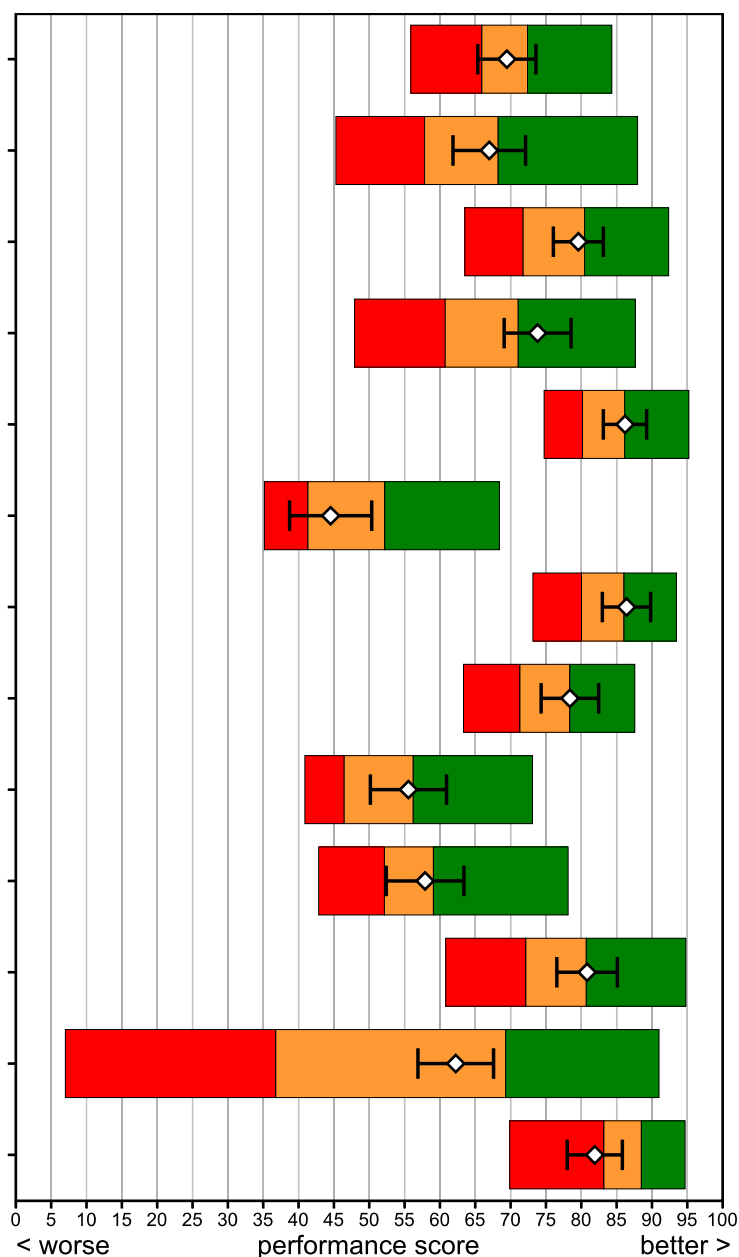
Did a member of staff tell you about any danger signals you should watch for?

Did hospital staff give your family or someone close to you all the information they needed?

Did hospital staff tell you who to contact if you were worried about your condition?

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

Were the letters written in a way that you could understand?



Best performing 20% of trusts

Intermediate 60% of trusts

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Survey of adult inpatients in the NHS 2010

Sandwell and West Birmingham Hospitals NHS Trust

Overall

Did you feel you were treated with respect and dignity while you were in the hospital?

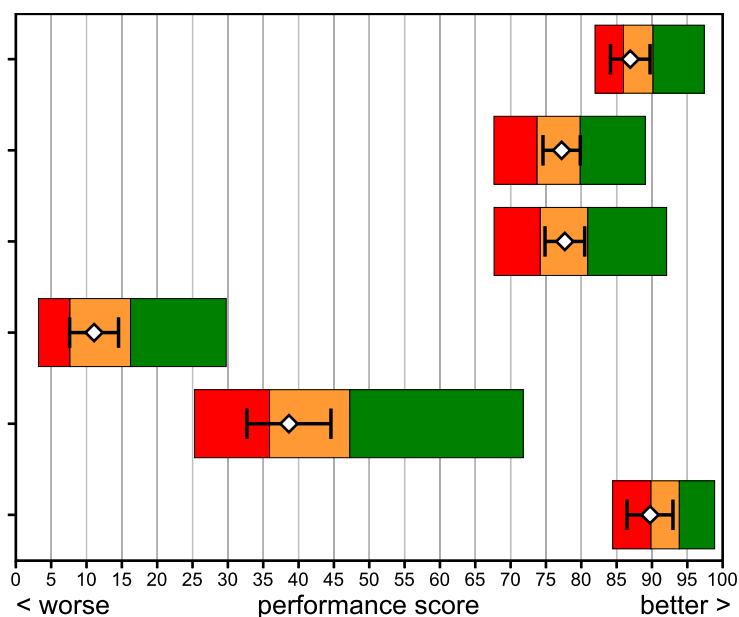
How would you rate how well the doctors and nurses worked together?

Overall, how would you rate the care you received?

While in hospital, were you ever asked to give your views on the quality of your care?

Did you see any posters or leaflets explaining how to complain about the care you received?

Did you want to complain about the care you received in hospital?



Best performing 20% of trusts

Intermediate 60% of trusts

Worst performing 20% of trusts

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

Survey of adult inpatients in the NHS 2010
Sandwell and West Birmingham Hospitals NHS
Trust

		95% Confidence Interval		Threshold for the highest scoring 20% of NHS Trusts		Threshold for the lowest scoring 20% of NHS Trusts	Highest score achieved (all trusts)	Number of respondents (this trust)
		Lower	Upper					
Admission to hospital								
Q3	How much information about your condition did you get in the A&E Department?	83	78	88	79	85	96	155
Q4	Were you given enough privacy when being examined or treated in the A&E Department?	88	84	92	83	88	96	178
Q5	How long did you wait from arriving at A&E to be admitted to a bed on a ward?	59	55	64	51	63	88	174
Q8	Overall, how long did you wait from being referred to hospital to be admitted?	64	59	70	58	67	89	171
Q9	How do you feel about the length of time you were on the waiting list?	82	78	87	80	87	93	188
Q10	Were you given a choice of admission dates?	33	26	40	23	33	55	184
Q11	Was your admission date changed by the hospital?	93	91	96	90	93	98	187
Q12	Upon arrival, did you feel that you had to wait a long time to get to a bed on a ward?	82	78	86	73	83	97	366

Survey of adult inpatients in the NHS 2010
Sandwell and West Birmingham Hospitals NHS
Trust

	Scores for this NHS trust	95% Confidence Interval		Threshold for the lowest scoring 20% of NHS Trusts	Threshold for the highest scoring 20% of NHS Trusts	Highest score achieved (all trusts)	Number of respondents (this trust)
		Lower	Upper				
The hospital and ward							
Q14 Did you ever share a sleeping area with patients of the opposite sex?	79	74	83	84	93	97	307
Q19 Did you ever use the same bathroom or shower area as patients of the opposite sex?	82	78	86	76	88	99	340
Q20 Were you ever bothered by noise at night from other patients?	58	53	63	55	65	84	369
Q21 Were you ever bothered by noise at night from hospital staff?	77	73	82	76	82	93	371
Q22 In your opinion, how clean was the hospital room or ward that you were in?	86	84	88	84	90	96	374
Q23 How clean were the toilets and bathrooms that you used in hospital?	80	77	82	80	87	94	364
Q24 Did you feel threatened during your stay in hospital by other patients or visitors?	97	96	99	95	98	100	372
Q25 Did you have somewhere to keep your personal belongings whilst on the ward?	63	60	66	61	67	86	333
Q26 Did you see any posters or leaflets on the ward asking patients and visitors to wash their hands or to use hand-wash gels?	98	96	99	94	97	99	367
Q27 Were hand-wash gels available for patients and visitors to use?	97	95	99	96	98	100	368
Q28 How would you rate the hospital food?	54	50	57	49	59	81	366
Q29 Were you offered a choice of food?	86	83	89	83	89	96	364
Q30 Did you get enough help from staff to eat your meals?	74	67	81	69	78	90	123
Doctors							
Q31 When you had important questions to ask a doctor, did you get answers that you could understand?	87	84	89	78	84	91	332
Q32 Did you have confidence and trust in the doctors treating you?	90	88	93	86	91	96	372
Q33 Did doctors talk in front of you as if you weren't there?	83	80	86	81	86	94	370
Q34 As far as you know, did doctors wash or clean their hands between touching patients?	86	82	89	83	88	95	253

Survey of adult inpatients in the NHS 2010
Sandwell and West Birmingham Hospitals NHS
Trust

Sandwell and West Birmingham Hospitals NHS Trust	Scores for this NHS trust	95% Confidence Interval		Threshold for the lowest scoring 20% of NHS Trusts		Threshold for the highest scoring 20% of NHS Trusts	Highest score achieved (all trusts)	Number of respondents (this trust)
		Lower	Upper					
Nurses								
Q35 When you had important questions to ask a nurse, did you get answers that you could understand?	79	76	82	78	84	91	340	
Q36 Did you have confidence and trust in the nurses treating you?	84	81	87	83	88	94	372	
Q37 Did nurses talk in front of you as if you weren't there?	82	79	85	84	90	95	370	
Q38 In your opinion, were there enough nurses on duty to care for you in hospital?	75	72	79	71	78	91	371	
Q39 As far as you know, did nurses wash or clean their hands between touching patients?	86	83	90	86	90	96	282	
Your care and treatment								
Q40 Did a member of staff say one thing and another say something different?	79	76	82	76	81	90	371	
Q41 Were you involved as much as you wanted to be in decisions about your care?	70	66	73	68	74	84	368	
Q42 How much information about your condition or treatment was given to you?	81	77	85	75	81	93	369	
Q43 Did your family or someone close to you have enough opportunity to talk to a doctor?	64	59	69	59	66	81	249	
Q44 Did you find someone on the hospital staff to talk to about your worries and fears?	60	55	65	56	64	78	221	
Q45 Were you given enough privacy when discussing your condition or treatment?	81	78	85	79	84	93	366	
Q46 Were you given enough privacy when being examined or treated?	94	92	96	92	95	99	373	
Q48 Do you think the hospital staff did everything they could to help control your pain?	81	77	85	80	85	95	245	
Q49 After you used the call button, how long did it usually take before you got help?	60	56	64	59	66	76	203	

Survey of adult inpatients in the NHS 2010
Sandwell and West Birmingham Hospitals NHS
Trust

	Scores for this NHS trust	95% Confidence Interval		Threshold for the lowest scoring 20% of NHS Trusts	Threshold for the highest scoring 20% of NHS Trusts	Highest score achieved (all trusts)	Number of respondents (this trust)
		Lower	Upper				
Operations & Procedures							
Q51 Did a member of staff explain the risks and benefits of the operation or procedure?	91	88	93	87	91	95	306
Q52 Did a member of staff explain what would be done during the operation or procedure?	85	82	88	82	87	91	296
Q53 Did a member of staff answer your questions about the operation or procedure?	87	84	90	85	89	93	262
Q54 Were you told how you could expect to feel after you had the operation or procedure?	70	65	74	68	74	82	300
Q56 Did the anaesthetist explain how he or she would put you to sleep or control your pain?	91	88	94	88	93	95	258
Q57 Afterwards, did a member of staff explain how the operation or procedure had gone?	77	72	81	74	80	86	299
Leaving Hospital							
Q58 Did you feel you were involved in decisions about your discharge from hospital?	69	65	74	66	72	84	322
Q60 What was the main reason for the delay?	67	62	72	58	68	88	337
Q61 How long was the delay to discharge?	80	76	83	72	80	92	336
Q62 Were you given any written information about what you should do after leaving hospital?	74	69	79	61	71	88	361
Q63 Did hospital staff explain the purpose of the medicines you were to take home?	86	83	89	80	86	95	298
Q64 Did a member of staff tell you about medication side effects to watch for?	45	39	50	41	52	68	250
Q65 Were you told how to take your medication in a way you could understand?	86	83	90	80	86	93	272
Q66 Were you given clear written information about your medicines?	78	74	82	71	78	88	312
Q67 Did a member of staff tell you about any danger signals you should watch for?	56	50	61	46	56	73	293
Q68 Did hospital staff give your family or someone close to you all the information they needed?	58	52	63	52	59	78	258
Q69 Did hospital staff tell you who to contact if you were worried about your condition?	81	77	85	72	81	95	345
Q70 Did you receive copies of letters sent between hospital doctors and your family doctor?	62	57	68	37	69	91	337
Q71 Were the letters written in a way that you could understand?	82	78	86	83	89	95	207

Survey of adult inpatients in the NHS 2010
Sandwell and West Birmingham Hospitals NHS
Trust

	Scores for this NHS trust	95% Confidence Interval		Threshold for the lowest scoring 20% of NHS Trusts	Threshold for the highest scoring 20% of NHS Trusts	Highest score achieved (all trusts)	Number of respondents (this trust)
		Lower	Upper				
Overall							
Q72 Did you feel you were treated with respect and dignity while you were in the hospital?	87	84	90	86	90	97	367
Q73 How would you rate how well the doctors and nurses worked together?	77	75	80	74	80	89	364
Q74 Overall, how would you rate the care you received?	78	75	80	74	81	92	366
Q75 While in hospital, were you ever asked to give your views on the quality of your care?	11	8	15	8	16	30	337
Q76 Did you see any posters or leaflets explaining how to complain about the care you received?	39	33	45	36	47	72	274
Q77 Did you want to complain about the care you received in hospital?	90	86	93	90	94	99	365

Survey of adult inpatients in the NHS 2010

Sandwell and West Birmingham Hospitals NHS Trust

Background information

The sample	This trust	All trusts
Number of respondents	382	66348
Response Rate (percentage)	47	50
Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%)
Male	46	46
Female	54	54
Age group (percentage)	(%)	(%)
Aged 35 and younger	10	8
Aged 36-50	15	14
Aged 51-65	23	26
Aged 66 and older	52	51
Ethnic group (percentage)	(%)	(%)
White	77	91
Mixed	1	1
Asian or Asian British	10	2
Black or Black British	7	2
Chinese or other ethnic group	1	0
Not known	3	4

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Replacement of Facilities Management contractor for the BTC
SPONSORING DIRECTOR:	Graham Seager, Director of Estates and New Hospital Project
AUTHOR:	Graham Seager, Director of Estates and New Hospital Project
DATE OF MEETING:	26 May 2011

SUMMARY OF KEY POINTS:

A paper setting out the background and issues relating to the replacement of the FM provider of the BTC (Ambulatory Care Centre PFI Project) was previously considered by the Trust Board at its last private session.

The timing for the Trust to give consent to the changes and execute the FM Direct Agreement fell outside of the Board reporting cycle.

The report considered identifies the low impact of these changes. The project transactions needed to be kept in step with other parties, therefore, it was agreed that the recommendations of the report would be considered under paragraph 5.2 Emergency Powers of our SO/SFIs.

In accordance with these procedures the Chair and CEO identified two Non Executive Directors to consider the paper. Approval from the Chair, CEO and two Non Executive Directors was gained and the recommendations actioned.

The recommendations required the use of the Trust's Seal in the execution of the transaction.

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

Approval	Receipt and Noting	Discussion
	X	

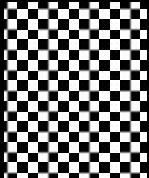
ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Board is asked to note the actions outlined above.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	None specifically.
Annual priorities	
NHS LA standards	
CQC Essential Standards Quality and Safety	
Auditors' Local Evaluation	

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

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

PREVIOUS CONSIDERATION:

Previously considered by the Trust Board at its meeting on 28 April 2011.

TRUST BOARD

DOCUMENT TITLE:	'Right Care, Right Here' Progress Report
SPONSORING DIRECTOR:	Mike Sharon, Director of Organisational Development and Strategy
AUTHOR:	Jayne Dunn, Redesign Director – RCRH
DATE OF MEETING:	26 May 2011

SUMMARY OF KEY POINTS:

The paper provides a progress report on the work of the *Right Care Right Here* Programme as at the end of April 2011.

It covers:

- Progress of the Programme.

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

Approval	Receipt and Noting	Discussion
	X	

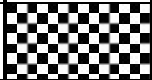
ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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:

Routine monthly progress report to Trust Board

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST**RIGHT CARE RIGHT HERE PROGRAMME: PROGRESS REPORT
MAY 2011****INTRODUCTION**

The Right Care Right Here Programme is the partnership of SWBH, HoB tPCT, Sandwell PCT and Birmingham and Sandwell local authorities leading the development of health services within Sandwell and Western Birmingham. This brief paper provides a progress report for the Trust Board on the work of the Programme as at the end of April 2011.

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

PROJECT PERFORMANCE

Monitoring continues of the level of activity continuing to be provided in community settings for those services redesigned through former pilot projects. For the period April 2010 to the end of February 2011, overall the levels of community activity continue to be in excess of levels reported for the same period last year, with the exception of, ENT (-26%), Gynaecology (-52%), Dermatology (-12%) and Ophthalmology (-14%) where community activity is below last year's level at the same rate and for the same reasons as reported in previous months. For ENT, Ophthalmology and Gynaecology this position is expected to show an improvement as a result of a review of clinic codes, start of Ophthalmology clinics at Rowley Regis Hospital and the Gynaecology community clinics although these clinics will take several months to reach full capacity.

SERVICE REDESIGN WORKSTREAMS

The RCRH Programme undertook a review process of the three service redesign workstreams. The key points to emerge from the reviews are summarised below.

- **Urgent and Emergency Care Network** – The network has set up a number of sub-groups to address key topics prioritised by the network as being areas where service redesign is most likely to result in patients using alternative and more appropriate services than the Emergency Department. At the review it was agreed that work would continue in the subgroups for:
 - ***Urgent Care Centres (UCC)*** – this is considering the range of services that should be provided in the UCC and increase the focus on increasing the number of patients attending UCC as opposed to the Emergency Department including work with the ambulance service.
 - ***Musculoskeletal (MSK) Project*** – Back pain and in particular the need for analgesia was identified as a common reason for attendance at the Emergency Department and so this project has reviewed the pathway for back pain and identified alternative locations where therapy led services for back pain are provided. A 'pain ladder' has been developed and the project is now looking at options to enable therapists to proscribe analgesia within these alternative locations.
 - ***Mental Health Project*** – Issues relating to mental health were identified as another common reason for attendance at the Emergency Department. Many of these patients require access to support and guidance. This has resulted in the setting up of a mental health service at Parsonage Street UCC and plans to establish a mental health service at Summerfield UCC later in the summer. A particular focus has been on patients who frequently attend the Emergency Department with issues relating to mental health.
 - ***Social Marketing Project*** – The network recognised the importance of raising public awareness about alternative services to the Emergency Department and so have worked with the social marketing workstream of the RCRH Programme to look at options for doing this across the above three subgroups. It was agreed that patient and public engagement within the subgroups would be strengthened.

It was agreed that a fifth sub group looking at Single Point of Access would not continue as this work is being delivered through a national and SHA wide project.

- **Intermediate Care** – This workstream had achieved a number of key milestones over the previous 12 months including an agreed service model, a plan to use this as the basis to

redesign the intermediate care service delivered at Rowley Regis Hospital and a successful stakeholder event that identified a number of key pathways for review. It was agreed that the workstream will continue to develop community based alternative services, engage with GP consortia and monitor performance.

- Outpatient and Referrals – It was recognised that the service redesign that would have taken place through this workstream is now being undertaken via the Care Pathway and Speciality Reviews and so it was agreed that this workstream is no longer required. The RCRH Programme will have an ongoing monitoring role.

CARE PATHWAY AND SPECIALITY REVIEWS

Care Pathway reviews continue along with work on the approach for approving, publishing and implementing reviewed care pathways. To date 11 redesigned care pathways have been approved by the RCRH Clinical Group.

A process for Speciality Reviews has been developed. This will start with the speciality of Rheumatology with consultants and GPs leading the work to change service patterns in the speciality. Initial planning work has commenced for this review with the aim of completing the review by mid summer.

DECOMMISSIONING AND RISK SHARING AGREEMENT

As part of the LDP negotiations a Risk Sharing Agreement has been agreed. This includes an equitable sharing of risk between commissioners and the Trust and places responsibility for managing the risks with the organisation able to exert control. This underpins the decommissioning agreement that formed part of the LDP negotiations. Joint discussion with the PCTs have identified a range of high level areas that will be included in the decommissioning work and Divisions within the Trust are currently developing detailed plans for each of these with the aim of having these confirmed and agreed by the end of June. Progress against the Decommissioning plan will be set out in future reports.

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
17th May 2011

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Midland Metropolitan Hospital Project: Project Director's Report
SPONSORING DIRECTOR:	Graham Seager, Director of Estates and New Hospital Project
AUTHOR:	Graham Seager, Director of Estates and New Hospital Project
DATE OF MEETING:	26 May 2011

SUMMARY OF KEY POINTS:

The Project Director's report gives an update on:

- The Outline Business Case (OBC) approval
- The Grove Lane site
- The commercial position

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

Approval	Receipt and Noting	Discussion
	X	

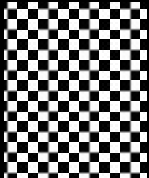
ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Routine monthly update.

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

1. Outline Business Case (OBC)

We are still waiting for approval having closed all of the Department of Health (DH) queries on the OBC Update documents.

2. Grove Lane Site

Detailed planning of the PFI procurement and Grove Lane site preparation is being undertaken.

The approach to procurement of the demolition programme is therefore being considered. Demolition is a complex process requiring careful management of safety and consideration of sustainable management of materials.

3. The Commercial Position

The Department of Health has worked with the Trust on the commercial documentation. The Project Agreement and most of the associated schedules have been finalised we are writing a document that summarises our commercial position to bidders. This is Volume 3 of the Invitation to Participate in Dialogue (ITPD) which outlines our intentions from the outset.

The Trust plans to minimise the risks for this project by using the standard form and approach developed by the Private Finance Unit (PFU) of the DH. This allows us to follow a well tested route with PFU's full support. The standard form contract documents have been adopted and populated with project specific information to a high level of completeness. This will save time during the procurement process and will ensure a high level of certainty about what our expectations are right from the beginning.

Maintaining simplicity of approach with few variations from what the PFU has developed as best practice puts the Trust in a good position going forward. However, we do aim to learn from the experience of previous projects now that the Private Finance Initiative (PFI) approach has been operating for some time.

One example of this is the approach we are taking with Schedule 22: '*The Variation Procedure*'. The team is currently preparing an enhanced protocol for agreement with bidders to ensure that costs for variations that arise during the contract are well controlled. This work will be a development of the standard form documentation already drafted.

Another distinctive approach we are taking is to ensure we are maximising the potential for this project to act as a catalyst for local regeneration. This involves asking bidders to

demonstrate how they will maximise employment and apprenticeship opportunities. They will also need to show how they will support the development of local business through providing supply chain opportunities. We have outlined our regeneration objectives as part of our commercial position and will be assessing bidder responses as part of the evaluation process.

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Financial Performance Report – April 2011
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Robert White/Tony Wharram
DATE OF MEETING:	26 May 2011

SUMMARY OF KEY POINTS:

The report provides an update on the financial performance of the Trust for April 2011.

For the month, the Trust generated a “bottom line” deficit of (£235,000) which is £307,000 lower than the planned position (as measured against the DoH performance target).

Capital expenditure for the month is £115,000 and the cash balance at 30th April was £11.7m above the plan.

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

Approval	Receipt and Noting	Discussion
	X	

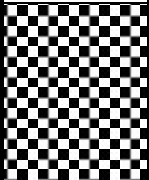
ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

NOTE the contents of the report

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Performance Management Board and Trust Management Board on 17 May 2011. Finance and Performance Management Committee on 19 May 2011.

Financial Performance Report – April 2011

EXECUTIVE SUMMARY

- For the month of April 2011, the Trust delivered a “bottom line” deficit of (£235,000) compared to a planned surplus of £72,000 (as measured against the DoH performance target).
- At month end, WTEs (whole time equivalents), excluding the impact of agency staff, were approximately 118 below plan. After taking into account the impact of agency staff, actual wte numbers are 41 higher than planned levels. Total pay expenditure for the month, inclusive of agency costs, was £267,000 or 1.1% above plan.
- The month-end cash balance is approximately £11.7m above the plan, although part of the reason for this is that closing cash balances at 31st March 2011 were higher than assumed in the financial plan for 2011/12.
- Capital expenditure is below plan for the month following the very active month of March which saw a considerable number of schemes finalised with the commensurate spend charged to that period.

Financial Performance Indicators - Variances

Measure	Current Period	Year to Date	Thresholds		
			Green	Amber	Red
I&E Surplus Actual v Plan £000	(307)	(307)	>= Plan	> = 99% of plan	< 99% of plan
EBITDA Actual v Plan £000	(306)	(306)	>= Plan	> = 99% of plan	< 99% of plan
Pay Actual v Plan £000	(267)	(267)	<= Plan	< 1% above plan	> 1% above plan
Non Pay Actual v Plan £000	34	34	<= Plan	< 1% above plan	> 1% above plan
WTEs Actual v Plan	(41)	(41)	<= Plan	< 1% above plan	> 1% above plan
Cash (incl Investments) Actual v Plan £000	11,647	11,647	>= Plan	> = 95% of plan	< 95% of plan

Note: positive variances are favourable, negative variances unfavourable

Performance Against Key Financial Targets

Target	Year to Date	
	Plan £000	Actual £000
Income and Expenditure	72	(235)
Capital Resource Limit	572	115
External Financing Limit	---	11,647
Return on Assets Employed	3.50%	3.50%

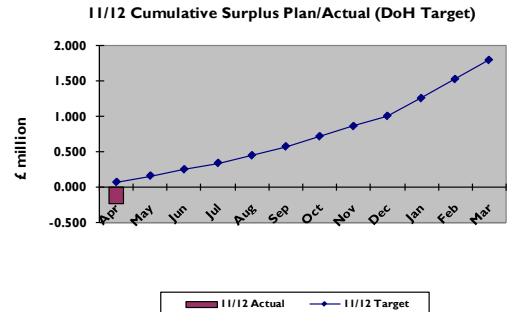
2010/2011 Summary Income & Expenditure Performance at April 2011	Annual Plan £000's	CP Plan £000's	CP Actual £000's	CP Variance £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's	Forecast Outturn £000's
Income from Activities	373,946	31,179	31,008	(171)	31,179	31,008	(171)	373,946
Other Income	39,030	3,205	3,303	98	3,205	3,303	98	39,030
Operating Expenses	(389,408)	(32,498)	(32,731)	(233)	(32,498)	(32,731)	(233)	(389,408)
EBITDA	23,568	1,886	1,580	(306)	1,886	1,580	(306)	23,568
Interest Receivable	25	2	1	(1)	2	1	(1)	25
Depreciation & Amortisation	(13,269)	(1,106)	(1,106)	0	(1,106)	(1,106)	0	(13,269)
PDC Dividend	(5,803)	(484)	(484)	0	(484)	(484)	0	(5,803)
Interest Payable	(2,156)	(180)	(180)	0	(180)	(180)	0	(2,156)
Net Surplus/(Deficit)	2,365	118	(189)	(307)	118	(189)	(307)	2,365
IFRS/Impairment Related Adjustments	(557)	(46)	(46)	0	(46)	(46)	0	(557)
SURPLUS/(DEFICIT) FOR DOH TARGET	1,808	72	(235)	(307)	72	(235)	(307)	1,808

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

Financial Performance Report – April 2011

Overall Performance Against Plan

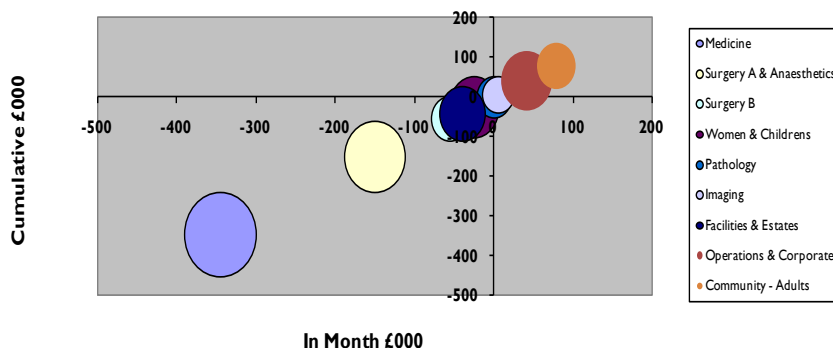
- The overall performance of the Trust against the DoH planned position is shown in the adjacent graph with April performance being worse than plan.



Divisional Performance

- For April, significant deficits arose within a number of major clinical divisions: Medicine at (£345,000), Surgery A, Anaesthetics & Critical Care at (£150,000) and Surgery B at (£55,000).
- In month performance of corporate divisions and Miscellaneous and Reserves was better than planned with surpluses of £41,000 and £186,000 respectively.
- Community – Adult Services has generated performance which is £79,000 better than planned.
- The significant pressures within certain clinical divisions are manifested in pay budgets as linked with additional capacity being opened, single sex accommodation and the need to ensure the maintenance of service quality levels.
- This monthly performance needs to be rectified and then sustained for the remainder of the financial year to ensure that the Trust meets its statutory targets at 31st March 2012.

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



The tables adjacent and overleaf shows adverse performance of a number of large clinical divisions, offset to some degree by better than planned performance for Community – Adult Services and corporate divisions.

Sandwell and West Birmingham Hospitals



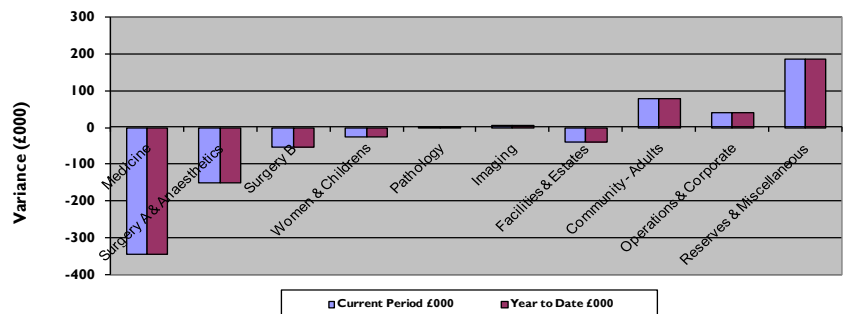
NHS Trust

Financial Performance Report – April 2011

Divisional Variances from Plan

	Current Period £000	Year to Date £000
Medicine	-345	-345
Surgery A & Anaesthetics	-150	-150
Surgery B	-55	-55
Women & Childrens	-25	-25
Pathology	0	0
Imaging	6	6
Facilities & Estates	-40	-40
Community - Adults	79	79
Operations & Corporate	41	41
Reserves & Miscellaneous	186	186

Current Period and Year to Date Variances by Division

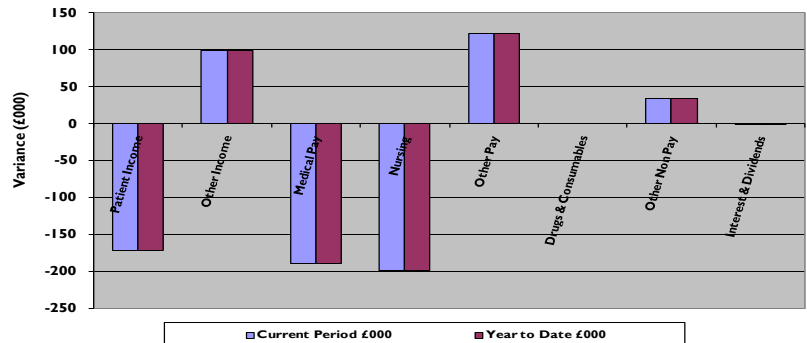


For April, the table and graph below illustrate that patient related income (excluding mainstream SLAs) has an adverse variance, other income a positive variance and higher than planned levels of expenditure for medical and nursing pay.

Variance From Plan by Expenditure Type

	Current Period £000	Year to Date £000
Patient Income	-171	-171
Other Income	98	98
Medical Pay	-189	-189
Nursing	-199	-199
Other Pay	121	121
Drugs & Consumables	0	0
Other Non Pay	34	34
Interest & Dividends	-1	-1

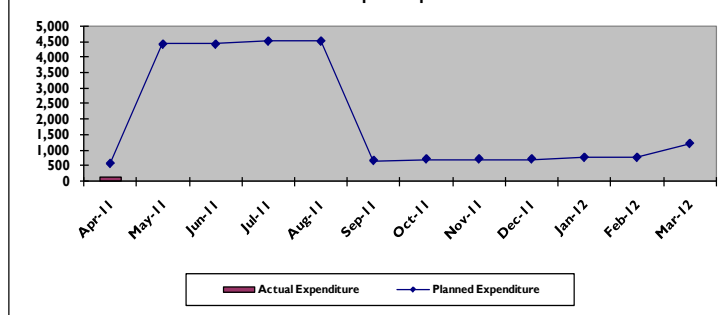
Major Variances by Type



Capital Expenditure

- Planned and actual capital expenditure by month is summarised in the adjacent graph.
- The profile (particularly the high level of expenditure between May and August, reflects the expected pattern of expenditure on Grove Lane land although this area is more volatile than others.
- April expenditure is low (and lower than planned),. This is not uncommon at this stage of the year.

Planned and Actual Capital Expenditure £000

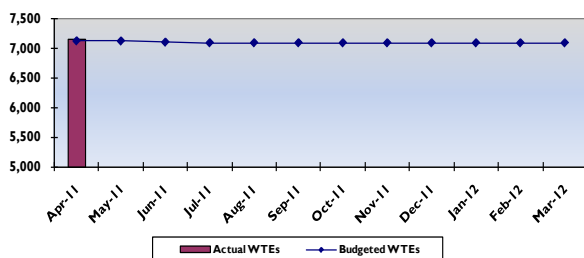


Financial Performance Report – April 2011

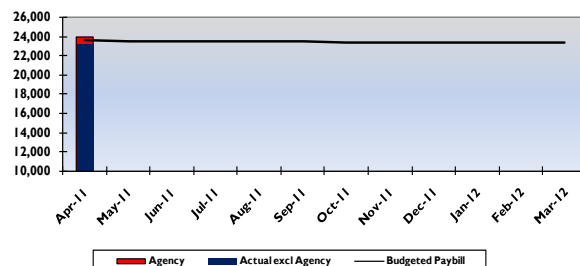
Paybill & Workforce

- Workforce numbers, including the impact of agency workers, are approximately 41 above plan for April. Excluding the impact of agency staff, wte numbers are around 118 below plan.
- Total pay costs (including agency workers) are £267,000 above budgeted levels for the month, mainly focussed in medical, nursing and HCA/support staff pay groups with particularly high levels of spend in Medicine and Surgery A. To some degree, the high levels of expenditure for these pay groups is offset by lower than planned expenditure on Management and Scientific, Therapeutic and Technical staff.
- Expenditure for agency staff in April was £698,000 compared with an average of £673,000 for 2010/11 and spend in April 2010 of £360,000. The biggest single group accounting for agency expenditure remains medical staffing.

Budgeted and Actual WTEs (Including Agency Workers)



Budgeted and Actual Paybill £000



Pay Variance by Pay Group

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

Analysis of Total Pay Costs by Staff Group						
	Year to Date to April					
	Budget £000	Actual				Variance £000
		Substantive £000	Bank £000	Agency £000	Total £000	
Medical Staffing	6,307	6,125		371	6,496	(189)
Management	1,403	1,247		0	1,247	156
Administration & Estates	2,653	2,485	43	110	2,638	15
Healthcare Assistants & Support Staff	2,472	2,359	209	35	2,603	(131)
Nursing and Midwifery	7,229	6,899	410	119	7,428	(199)
Scientific, Therapeutic & Technical	3,637	3,458		62	3,520	117
Other Pay	(57)	(21)			(21)	(36)
Total Pay Costs	23,644	22,552	662	698	23,911	(267)

NOTE: Minor variations may occur as a result of roundings

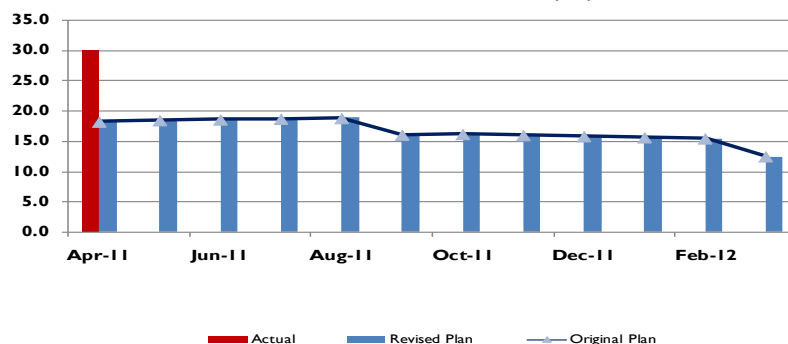
Financial Performance Report – April 2011

Balance Sheet

- The opening Statement of Financial Position (balance sheet) for the year at 1st April reflects the draft statutory accounts for the year ended 31st March 2011.
- Cash balances at 30th April are approximately £11.7m higher than the plan although, part, this reflects the fact that cash balances at 31st March 2011 were higher than originally assumed in the 11/12 financial plan.

Sandwell & West Birmingham Hospitals NHS Trust			
STATEMENT OF FINANCIAL POSITION			
		Opening Balance as at March 2011 £000	Balance at 30th April 2011 £000
Non Current Assets			
	Intangible Assets	1,077	1,057
	Tangible Assets	216,135	215,144
	Investments	0	0
	Receivables	649	650
Current Assets			
	Inventories	3,531	3,577
	Receivables and Accrued Income	12,652	13,022
	Investments	0	0
	Cash	20,666	29,854
Current Liabilities			
	Payables and Accrued Expenditure	(33,513)	(43,104)
	Loans	0	0
	Borrowings	(1,262)	(1,250)
	Provisions	(4,943)	(4,333)
Non Current Liabilities			
	Payables and Accrued Expenditure	0	0
	Loans	0	0
	Borrowings	(31,271)	(31,021)
	Provisions	(2,237)	(2,237)
		181,484	181,359
Financed By			
Taxpayers Equity			
	Public Dividend Capital	160,231	160,231
	Revaluation Reserve	36,573	36,573
	Donated Asset Reserve	2,099	2,099
	Government Grant Reserve	1,662	1,662
	Other Reserves	9,058	9,058
	Income and Expenditure Reserve	(28,075)	(28,264)
		181,548	181,359

Planned and Actual Cash Balances (£m)



Financial Performance Report – April 2011

Risk Ratings			
Measure	Description	Value	Score
EBITDA Margin	Excess of income over operational costs	4.8%	2
EBITDA % Achieved	Extent to which budgeted EBITDA is achieved/exceeded	83.8%	3
Return on Assets	Surplus before dividends over average assets employed	1.1%	2
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	-0.2	1
Overall Rating			1.8

Risk Ratings

- The adjacent table shows the Monitor risk rating score for the Trust based on performance at April.
- In addition to the normal low score in respect of liquidity (because as a non Foundation Trust, SWBH does not have access to an uncommitted overdraft facility) ,other measures are poorer than would normally be expected because of the adverse financial performance being reported for April. Given this measure is to be “shadowed”, the Trust is considering the insertion of a notional facility to better reflect this measure.

Conclusions

- The Trust’s performance against both its Department of Health control total (i.e. the bottom line budget position it must meet) and the statutory accounts target shows a shortfall of (£307,000).
- Capital expenditure in April was £115,000, primarily related to schemes carried over from the previous financial year.
- At 30th April, cash balances are approximately £11.7m higher than the revised cash plan.
- Significant in month deficits have been generated by Medicine, Surgery A, Anaesthetics & Critical Care and Surgery B. Actions and rectification measures are currently in the process of being agreed with these divisions to bring expenditure back in line with budgets while maintaining acceptable standards of quality and care as well as meeting capacity and waiting list demands. This will focus primarily on pay expenditure (particularly nursing and medical) and levels of staffing required to maintain required service levels within existing resources.
- Although it is very early in the financial year and the Trust therefore has the maximum opportunity to take corrective action, current levels of expenditure in key areas cannot be continued if the Trust is to meet its financial targets for the year. Financial performance will need to be managed within the constraints of the Trust’s financial plan in order to ensure these targets are met.

Financial Performance Report – April 2011

Recommendations

The Trust Board is asked to:

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

Robert White

Director of Finance & Performance Management

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Monthly Performance Monitoring Report
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Mike Harding, Head of planning & Performance Management
DATE OF MEETING:	26 May 2011

SUMMARY OF KEY POINTS:

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

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

Approval	Receipt and Noting	Discussion
	x	

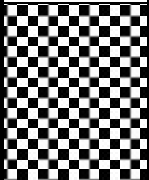
ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Financial Management Board and Trust Management Board on 17 May 2011 and Finance and Performance Management Committee on 19 May 2011.

EXECUTIVE SUMMARY

Note	Comments
	The report for 2011 / 2012 has been revised to take into account revisions to Key Performance Indicators (and associated performance thresholds) which comprise the Department of Health Operating Framework, NHS Performance Framework, the suite of national indicators which form part of Monitor's Compliance Framework and the NHS West Midlands Performance Framework. The revised range of CQUIN schemes agreed with commissioners for 2011 / 2012 are also included.
a	Data is included on all 9 measures of Cancer Waits . Performance for the most recent month (March) for which data is available met each of the various operational thresholds.
b	The overall percentage of Cancelled Operations across the Trust during April remained stable at 0.8%. The majority of cancellations were in Vascular Surgery which occurred on the same date due to emergency admissions requiring surgery. The reporting of theatre late starts and early finishes is aligned to the Theatre Improvement Project QuEP. The percentage of theatre lists starting on time (<15 minutes late) and the percentage of theatre lists finishing on time (<15 minutes early) are indicated.
c	Delayed Transfers of Care - the percentage of delays reduced across the Trust during the month. On the census date the number of delays attributable to the NHS and Social Care were of a similar level.
d	Stroke Care - provisional data for the month of April indicates that the percentage of patients who spent at least 90% of their hospital stay on a Stroke Unit further improved to 87.1%. TIA outpatient performance (the percentage of High Risk patients who were treated within 24 hours) reduced to 33% (represents 1 of 3 patients in total). A business case for investment in this service to make performance more sustainable is under consideration. All patients admitted as an emergency following a stroke who required a brain scan received one within 24 hours of admission.
e	Accident & Emergency 4-hour waits - performance during the month of April improved to 96.70%. This is now one of 5 A/E Clinical Quality Indicators that the Trust will be monitored against. Data Completeness and Data Quality will be assessed during Quarter 1, prior to formal monitoring commencing Quarter 2.
f	The overall number of cases of C Diff reported across the Trust during the month of April remained low (3). There were no cases of MRSA Bacteraemia reported during the month.
g	Referral to Treatment Time - performance during April against an extended range of RTT Indicators met each of the required performance thresholds.
h	Breaches of Same Sex Accommodation fell significantly during the month to 75 in total, 17 of which were in assessment units.
i	Sickness Absence for the month of April reduced further to 3.39% overall. Performance by Division ranges from 0.00% - 4.58%.
j	PDR data for the month includes recently transferred Community Provider staff, the target has been revised accordingly. Mandatory Training compliance which is currently exclusive of transferred staff is 87.4%.
k	CQUIN - The range of schemes agreed with commissioners and their financial values are included within the report.
	VTE (Venous Thromboembolism) Risk Assessment - this CQUIN continues from 2010 / 2011. Performance of at least 90% each month is required to trigger payment. During the month of April 92.1% of eligible patients were assessed.
	Patient Experience Acute Services (Personal Needs) - this CQUIN also continues from 2010 / 2011. Composite of response to 5 inpatient survey questions. Goal to improve responsiveness to personal needs of patients. Survey to be conducted between October and January, for patients who had an inpatient episode between July and August. Target is an improvement (increase) of 2 percentage points on 2010 / 11 baseline.
	Smoking Cessation (training) Acute Services - the target is to train 90% of frontline staff in key specialties (Oral Surgery, Gastroenterology, MAU, Respiratory Medicine, A/E, Cardiology and pre-op assessment to identify smoking and provide brief advice.
	Smoking Cessation (delivery) Acute Services - a target of 2000 referrals to the smoking cessation service within the year. During the month of April a total of 87 referrals were recorded.
	End Of Life Care (Acute Services) - Increase (by 20% on Q1 baseline) in people on a supportive care pathway dying in the place of their choice by March 2012.
	Medicines Management (Missed Doses) - Decrease (by 10% on Q1 baseline) in avoidable medicines omissions.
	Nutritional Assessment - target is for 75% adults reported as having had a nutritional assessment within 12 hours of admission (not in assessment units) using a validated tool (e.g. MUST).
	Enhanced Recovery - the implementation of the enhanced recovery model for 8 specified procedures in various surgical specialties. A number of specifics relating to this CQUIN are yet to be determined.
	Stroke Discharge - 90% of patients discharged meet 5 set criteria such as discharge information, clinical contact within 48 hours and community contact details.
	Mortality Review - target to review 60% of all qualifying (adult) deaths within hospital during March 2012.
	Alcohol Screening - 80% (throughout Q4) of patients within agreed groups (Emergency Department, EAU, MAU and Gastroenterology OP (tbc)) to have an alcohol assessment and be offered advice.

	Comments				SWBTB (5/11) 119 (a)																																																																																																						
k	Patient Experience Community Services (Personal Needs) - comprises composite of response to 6 national patient survey questions of patients receiving care at home by the district nursing service. Composite score of 69 required.																																																																																																										
	End Of Life Care (Community Services) - Increase (by 20% on Q1 baseline) in people on a supportive care pathway dying in the place of their choice by March 2012.																																																																																																										
	Health Visiting - Children on the Health Visitor Case List who have had a full developmental review at 2years and 6 months. Target 95% during Q4.																																																																																																										
	Falls Prevention - Reduction (by 30% on Q1 baseline) in the percentage of patients on the district nursing caseload who attend hospital having had a fall.																																																																																																										
	Smoking Cessation (training) Community Services - the target is to train 80% of frontline staff in District Nursing, Diabetes, Community Heart Failure and Chiropody services.																																																																																																										
	Smoking Cessation (delivery) Community Services - a target of 90% smokers seen by agreed services (Musculo-Skeletal, Diabetes, Heart Failure and COS) will have received an offer of brief intervention and onward referral to cessation services.																																																																																																										
	Access to Chemotherapy Out of Hospital is aimed at increasing the volume of chemotherapy / anti-cancer drug deliveries made either at the patient's home or in a community setting closer to the patient's home. The targets are to increase (tbc) deliveries above the current baseline plus an additional 15 patients above 2010 / 11 outturn receiving herceptin at home. Targets to be fully achieved by Q4 2011 / 2012.																																																																																																										
	Improving Access to Organs for Transplant comprises 5 separate measures which relate to improving the availability of organs for transplant based upon the recommendations of the Organs for Donation Task Force. The Trust will collect and collate data in conjunction with the NHS Blood and Transplant special health authority.																																																																																																										
I	Screening for Retinopathy of Prematurity. The CQUIN will establish a baseline for screening babies at risk of severe Reinopathy of Prematurity and then move towards a 95% screening rate by Q4 2011 / 2012.																																																																																																										
	Auditing Neonatal Pathways requires the Trust to complete a audit template designed to identify where, why and how often transfers occur which fall outside the agreed newborn network pathways.																																																																																																										
	Detailed analysis of Financial Performance is contained within a separate paper to this meeting.																																																																																																										
m	Activity (trust-wide) to date is compared with the contracted activity plan for 2011 / 2012 - Month and Year to Date.																																																																																																										
	<table><tr><td></td><td colspan="4">Month</td></tr><tr><td></td><td>Actual</td><td>Plan</td><td>Variance</td><td>%</td></tr><tr><td>IP Elective</td><td>853</td><td></td><td>853</td><td></td></tr><tr><td>Day case</td><td>3948</td><td></td><td>3948</td><td></td></tr><tr><td>IPE plus DC</td><td>4801</td><td></td><td>4801</td><td></td></tr><tr><td>IP Non-Elective</td><td>4442</td><td></td><td>4442</td><td></td></tr><tr><td>OP New</td><td>11402</td><td></td><td>11402</td><td></td></tr><tr><td>OP Review</td><td>30876</td><td></td><td>30876</td><td></td></tr><tr><td>OP Review:New</td><td>2.71</td><td></td><td>2.71</td><td></td></tr><tr><td>AE Type I</td><td>13655</td><td>14412</td><td>-757</td><td>-5.3</td></tr><tr><td>AE Type II</td><td>2890</td><td>3039</td><td>-149</td><td>-4.9</td></tr></table>						Month					Actual	Plan	Variance	%	IP Elective	853		853		Day case	3948		3948		IPE plus DC	4801		4801		IP Non-Elective	4442		4442		OP New	11402		11402		OP Review	30876		30876		OP Review:New	2.71		2.71		AE Type I	13655	14412	-757	-5.3	AE Type II	2890	3039	-149	-4.9	<table><tr><td colspan="4">Year to Date</td></tr><tr><td>Actual</td><td>Plan</td><td>Variance</td><td>%</td></tr><tr><td>853</td><td></td><td>853</td><td></td></tr><tr><td>3948</td><td></td><td>3948</td><td></td></tr><tr><td>4801</td><td></td><td>4801</td><td></td></tr><tr><td>4442</td><td></td><td>4442</td><td></td></tr><tr><td>11402</td><td></td><td>11402</td><td></td></tr><tr><td>30876</td><td></td><td>30876</td><td></td></tr><tr><td>2.71</td><td></td><td>2.71</td><td></td></tr><tr><td>13655</td><td>14412</td><td>-757</td><td>-5.3</td></tr><tr><td>2890</td><td>3039</td><td>-149</td><td>-4.9</td></tr></table>			Year to Date				Actual	Plan	Variance	%	853		853		3948		3948		4801		4801		4442		4442		11402		11402		30876		30876		2.71		2.71		13655	14412	-757	-5.3	2890	3039	-149	-4.9
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Exec Lead	NATIONAL AND LOCAL PRIORITY INDICATORS			December		January		February		March			April			To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS			11/12 Forward Projection	09/10 Outturn	10/11 Outturn							
				Trust		Trust		Trust		S'well	City	Trust	S'well	City	Trust		YTD	11/12														
COO	Cancer	2 weeks	%	95.0	▲	94.6	▼	94.8	▲	→		96.5	▲	→			=>93	=>93	a	No variation		Any variation		93.9	94.5							
		2 weeks (Breast Symptomatic)	%	95.7	▼	95.1	▼	96.6	▲	→		93.1	▼	→			=>93	=>93			No variation		Any variation		93.6 only (Q4)	94.7						
		31 Day (diagnosis to treatment)	%	99.4	■	100	▲	100	■	→		99.4	▼	→			=>96	=>96			No variation		Any variation		99.7	99.7						
		31 Day (second/subsequent treatment - surgery)	%	98.9	▼	100	▲	100	■	→		100	■	→			=>94	=>94			No variation		Any variation			99.5						
		31 Day (second/subsequent treatment - drug)	%	100	■	100	■	100	■	→		100	■	→			=>98	=>98			No variation		Any variation			100						
		31 Day (second/subsequent treat - radiotherapy)	%	100	■	n/a		n/a		→		100	■	→			=>94	=>94			No variation		Any variation			100						
		62 Day (urgent GP referral to treatment)	%	93.3	▲	87.6	▼	88.7	▲	→		85.7	▼	→			=>85	=>85			No variation		Any variation		89.1	88.0						
		62 Day (referral to treat from screening)	%	100	■	91.7	▼	100	▲	→		100	■	→			=>90	=>90			No variation		Any variation			99.2						
		62 Day (referral to treat from hosp specialist)	%	85.7	▼	94.1	▲	100	▲	→		100	■	→			=>85	=>85			No variation		Any variation			95.6						
COO	Cancelled Operations	Elective Admissions Cancelled at last minute for non-clinical reasons	%	1.0	■	1.1	■	0.6	■	0.5	▼	0.9	▼	0.8	■	0.6	▼	1.0	▼	0.8	■	0.8	<0.8	<0.8	b	<0.8	0.8 - 1.0	>1.0		0.8	0.8	
		28 day breaches	No.	0	■	0	■	0	■	→		0	■	→		0	■	0		0	0	0	0	3 or less		4 - 6	>6		0	1		
	Delayed Transfers of Care	Acute	%	4.5	▲	4.7	▼	5.0	▼	5.2	■	6.0	■	5.6	▼	4.7	▲	4.7	▲	4.7	▲	4.7	<3.5	<3.5	c	<3.5	3.5 - 5.0	>5.0		3.0	4.6	
DOD	Stroke Care	>90% stay	%	77.8	■	70.8	■	80.0	■	→		79.5	▼	→		87.1	▲	87.1		80	80	d	No Variation	0 - 2% Variation	>2% Variation		62.0	72.8				
		TIA Treatment <24 hours from initial presentation	%	0.0	▼	33.3	▲	37.5	▲	→		46.2	■	→		33.0	▼	33.0		60	60		No Variation	0 - 2% Variation	>2% Variation			46.15				
		TIA Treatment <24 hours referral rec'd by Trust	%	20.0	▲	58.3	▲	62.5	■	→		61.5	▼	→		33.0	■	33.0		60	60		No Variation	0 - 2% Variation	>2% Variation			61.54				
		Brain Imaging for Em. Stroke Admissions	%	86.5	■	94.3	■	88.9	■	→		89.8	■	→		100	▲	100		90.0	90.0		No Variation	0 - 2% Variation	>2% Variation		81.8	90.4				
COO	Accident & Emergency	4-hour waits	%	93.3	■	97.1	■	97.8	▲	97.1	▼	93.9	■	95.1	■	97.3	▲	96.3	■	96.7	■	96.70		98	98	e	=>95		<95		98.55	96.99
		Time to Initial Assessment (=<15 mins)	%	→		→		→		→		→		→								=>95	=>95	=>95			<95					
		Unplanned re-attendance rate	%	→		→		→		→		→		→								=<5.0	=<5.0	=<5.0			>5.0					
		Left Department without being seen rate	%	→		→		→		→		→		→								=<5.0	=<5.0	=<5.0			>5.0					
		Time to treatment in department (median)	mins	→		→		→		→		→		→								=<60	=<60	=<60			>60					
	GUM 48 Hours	Patients seen within 48 hours	%	84.4	▼	86.1	▲	77.7	■	→		79.3	▲	→		77.9	▼	77.9		=>90	=>90		=>90	80-89	<80		86.8	84.5				
Patients offered app't within 48 hrs	%	100	■	100	■	100	■	→		100	■	→		100	■	100		=>98	=>98	=>98	95-98		<95		99.8	100.0						
R0	Infection Control	C. Difficile	No.	7	▼	3	▲	4	▼	1	▲	3	▼	4	■	2	▼	1	▲	3	▲	3		10	120	f	No variation		Any variation		158	120
		MRSA Bacteraemia	No.	0	■	1	▼	0	▲	0	■	0	■	0	■	0	■	0	■	0	■	0		1	6		No variation		Any variation		14	5
COO	RTT 18 week Milestones	Admitted Median Wait	Wks	5	■	5	■	7	▼	→		6	▲	→		6	■	6*		=<11.1	=<11.1	g	=<11.1		>11.1			6				
		Admitted 95th Percentile	Wks	20	■	20	■	22	▼	→		20	▲	→		19	▲	19*		=<23.0	=<23.0		=<23.0	23.1 - 27.6	=>27.7			20				
		Admitted Care (RTT <18 weeks)	%	92.4	▼	91.5	▼	91.0	▼	→		92.7	▲	→		94.6	▲	94.6*		=>90.0	=>90.0		=>90.0	85-90	<85.0		93.4	92.7				
		Non Admitted Median Wait	Wks	4	■	4	■	6	▼	→		4	▲	→		5	▼	5*		=<6.6	=<6.6		=<6.6		>6.6			4				
		Non Admitted 95th Percentile	Wks	15	■	15	■	16	▼	→		16	■	→		14	▲	14*		=<18.3	=<18.3		=<18.3		>18.3			16				
		Non-Admitted Care (RTT <18 weeks)	%	97.9	▲	97.5	▼	97.9	▲	→		96.7	▼	→		97.6	▲	97.6*		=>95.0	=>95.0		=>95.0	90 - 95	=<90.0		97.6	96.7				
		Incomplete Pathway Median Wait	Wks	5	■	5	■	4	▲	→		4	■	→		5	▼	5*		=<7.2	=<7.2		=<7.2		>7.2			4				
		Incomplete Pathway 95th percentile	Wks	17	■	17	■	18	▼	→		16	▲	→		15	▲	15*		=<28.0	=<28.0		=<28.0	28.1 - 36.1	>36.1			16				
COO	Same Sex Accommodation Breaches	Total Number of Breaches	No.	332		339		227		34		132		166		17	■	58	■	75	■	75		0	0	h	0		>0			1064
		Breaches in Assessment Units (inc in above)	No.	241		72		67		34		31		65		17	■	0	■	17	■	17		0	0		0		>0			445
DO'D	Mortality in Hospital	Hospital Standardised Mortality Rate	HSMR	95.3	Sep '10	100.8	Oct '10	99.5	Nov '10	→		99.8	Dec '10	→		105.1	Jan '11	98.0	< Lower Confidence Limit			< Lower Confidenc e Limit		>Upper Confidenc e Limit		93.0						
Peer (SHA) HSMR		HSMR	91.9		94.7		93.2		→		100.8		→		100.1		97.6						93.5									
COO	Readmission Rates within 30 days of discharge	Following initial Elective Admission	%															No. Only	No. Only													
		Following initial Non-Elective Admission	%																No. Only	No. Only												
RO	Sickness Absence	Long Term	%	3.95	▼	3.57	▲	3.24	▲	→		3.01	■	→		2.63	■	2.63		<2.75	<2.40	i	<2.75	2.75- 3.10	>3.10		3.10	3.12				
		Short Term	%	1.44	■	1.16	■	0.99	▲	→		1.02	▼	→		0.76	▲	0.76		<1.15	<1.10		<1.15	1.15- 1.30	>1.30		1.31	1.05				
		Total	%	5.39	■	4.73	▲	4.23	■	→		4.03	▲	→		3.39	■	3.39		<3.90	<3.50		<3.90	3.90- 4.40	>4.40		4.41	4.17				
	Learning & Development	PDRs (includes Junior Med staff)	No.	245	■	337	■	267	■	→		242	▼	→		290	▲	290		561	6737	j	0-15% variation	15 - 25% variation	>25% variation		4748	4635				
		Mandatory Training Compliance	%	84.4	▲	84.9	▲	87.7	▲	→		86.8	▼	→		87.4	▲	87.4		100	100		=>80	50 - 79	<50		71.1	86.8				

Exec Lead	NATIONAL AND LOCAL PRIORITY INDICATORS (Cont'd)		Value £000s		December	January	February	March			April			To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS			10 / 11 Forward Projection	09/10 Outturn	10/11 Outturn			
					Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	11/12										
DO'D	CQUIN	VTE Risk Assessment (Adult IP)	482	%	82.0 ▲	88.5 ▲	91.8 ■	→		92.3 ▲	→		92.1 ▼	92.1	90	90	k	=>90		<90		n/a	92.3			
RO		Pt. Experience (Acute) - Personal Needs	482	Score	→	→	→	→		→	Composite of 5 Qs - Survey October					69.3		No variation		Any variation		n/a	67.3			
RO		Smoking Cessation (Acute) - Training	450	%	→	→	→	→		→	Quarterly Data					90		No variation		Any variation		2041				
COO		Smoking Cessation (Acute) - Delivery	450	%	→	→	→	→		→	→		87 ■	87	167	2000		=>167	per month	<167						
RO		End of Life Care	450	%	→	→	→	→		→	Q1 Establish Baseline				Base +20%	Base +20%		=>20%		<20%						
RO		Medicines Management - Missed Doses	450	%	→	→	→	→		→	Q1 Establish Baseline				Base - 10%	Base - 10%		=>-10%		<-10%						
RO		Nutritional Assessment	450	%	→	→	→	→		→	Quarterly Data					75		=>75		<75						
COO		Enhanced Recovery	450		→	→	→	→		→	Quarterly Data															
COO		Stroke Discharge	225	%	→	→	→	→		→	Quarterly Data					90										
DOD		Mortality Review	225	%	→	→	→	→		→	Quarterly Data					60										
DOD		Alcohol Screening	450	%	→	→	→	→		→	Quarterly Data					80										
RO		CQUIN (Community Services)	Pt. (Community) Exp'ce - Personal Needs	90	Score	→	→	→	→		→	Composite of 6 Qs - Survey October						69.0	No variation		Any variation					
RO	End of Life Care		90	%	→	→	→	→		→	Quarterly Data				Base +20%	Base +20%		=>20%		<20%						
RO	Health Visiting		90	%	→	→	→	→		→	Quarterly Data					95										
RO	Falls Prevention		90	%	→	→	→	→		→	Quarterly Data				Base - 30%	Base - 30%		=>-30%		<-30%						
RO	Smoking Cessation (Comm) - Training		120	%	→	→	→	→		→	Quarterly Data					80		No variation		Any variation						
COO	Smoking Cessation (Comm) - Delivery		120	%	→	→	→	→		→	→					90		No variation		Any variation						
COO	CQUIN (Specialised Commissioners)	Access to Chemotherapy Out of Hospital	95	%	→	→	→	→		→	→				50.0	50.0		=>50		<50						
RO		Improving Access to Organs for T'plant	32	%	→	→	→	→		→	Quarterly Data															
COO		Screening for Retinopathy of Prematurity	63	%	→	→	→	→		→	→					95										
COO		Auditing Neonatal Pathways	63		→	→	→	→		→	Quarterly Audit Data															
CLINICAL QUALITY																										
R0	Infection Control	Savings Lives Compliance	%	100 ■	99 ▼	100 ▲	→		100 ■	→		100 ■	100	>95	>95											
		MRSA Screening (Elective)	No.	2529 ▼	3116 ▲	2857 ▼	Numerator = 3278	Denominator = 2460	3278 ▲	Numerator = 2574	Denominator = 2400	2574 ▼	2574	2400	30000											
		MRSA Screening (Non-Elective)	No.	1228 ▼	1635 ▼	1569 ▼	Numerator = 1777	Denominator = 2370	1777 ■	Numerator = 1713	Denominator = 2490	1713 ■	1713	2490	30000											
DO'D	Obstetrics	Post Partum Haemorrhage (>2000 ml)	No.	0 ▲	1 ▼	0 ▲			2 ▼	→		3 ▼	3	4	48											
		Admissions to Neonatal ICU	%	3.2 ■	→	8.9 ▼	→		7.2 ▲	→				=<10	=<10											
		Adjusted Perinatal Mortality Rate	/1000	8.8 ▲	→	8.9 ▼	→		6.5 ■	→				<8.0	<8.0											
		Caesarean Section Rate	%	25.4 ■	21.1 ■	22.6 ▼	→		23.7 ▲	→		24.7 ▼	24.7	<25.0	<25.0											
RO	Infant Health & Inequalities	Maternal Smoking Status Data Complete	%	99.8 ▲	→	→	→		99.8 ■	→		→		=>98.0	=>98.0											
		Breast Feeding Status Data Complete	%	100.0 ■	→	→	→		99.8 ▼	→		→		=>98.0	=>98.0											
		Maternal Smoking Rates	%	12.6 ■	→	→	→		10.1 ■	→		→		<11.5	<11.5											
		Breast Feeding Initiation Rates	%	64.6 ■	→	→	→		70.0 ▲	→		→		>63.0	>63.0											
	Tissue Viability	Tissue Viability - assessment <12hrs	%	92.0 ▲	→	→	→		92.0 ■	→				75	75											
		Tissue Viability - Hosp Acq'd Grade 2/3/4	%	-61.0 ▼	-43.7 ▼	-48.4 ▲	→		-53.1 ▲	→				Base - 10%	Base - 10%											
		Tissue Viability - TTR of Grade 3/4	%	100 ■	100 ■	100 ■	→		100 ■	→				100	100											
	Inpatient Falls	Inpatient Falls Assessment	%				→			→				75	75											
		Inpatient Falls reduction	%	-46.7 ▲	-34.6 ▼	-52.3 ▲	→			→				Base - 10%	Base - 10%											
		Inpatient Falls - TTR of all Fractures	%	100.0 ■			→			→				100	100											
COO	Hip Fractures	Operation <24 hours of admission	%	73.7 ▲	60.0 ■	50.0 ▼	→		88.9 ■			64.3 ■	64.3	70.0	70.0											
COO	Data Quality	Valid Coding for Ethnic Category (FCEs)	%	94 ▼	95 ▲	95 ■	→		95 ■	→		95 ■	94.8	90	90											
		Maternity HES	%	5.5 ■	5.3 ▲	5.7 ▼	→		6.1 ▼	→		5.7 ▲	5.7	<15	<15											
Page 2 of 6																										

>95		<95
0-15%	16-30%	>30%
0-15%	16-30%	>30%
=<2	3 - 4	>4
=<10	10.0-12.0	>12.0
<8	8.1 - 10.0	>10
=<25.0	25-28	>28.0
=>98	95-98	<95
=>98	95-98	<95
<11.5	11.5 - 12.5	>12.5
>63.0	61-63	<61.0
=>75		<75
=>-10.0%		<-10.0%
100		<100
=>75		<75
=>-10.0%		<-10.0%
100		<100
No Variation	0 - 2% Variation	>2% Variation
>/=90	89.0-89.9	<89
=<15	16-30	>30

99.0	100
24710	33404
18571	23514
10	9
5.5	7.2
10.9	6.5
23.3	23.6
99.3	99.6
99.3	99.9
11.6	11.9
63.1	65.6
n/a	92.0
n/a	-47.1
n/a	100
n/a	
n/a	
55.0	64.7 (Q4)
95.5	94.5
5.8	5.4

Exec Lead	FINANCE & FINANCIAL EFFICIENCY			December	January	February	March			April			To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS											
				Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	11/12													
RW	Net Income & Expenditure (Surplus / Deficit (-))			£000s	341	▲	332	▼	222	▲	→		445	■	→		-235	▼	-235	72	1808	I	0%	0 - 1%	>1%			
	Gross Margin			£000s	2168	▲	2168	▼	1847	■	→		2114	■	→		1580	■	1580	1886	23568		0%	0 - 1%	>1%			
	CIP			£000s	2148	▲	1771	▲	1766	■	→		1803	▲	→		1228	■	1228	1539	21447		0 - 2.5%	2.5 - 7.5%	>7.5%			
	In Year Monthly Run Rate			%	6.90	▼	0.91	▼	8.29	▲	→		-26.2	■	→		-426	▼	-426	0	0		NO or a + variation	0 - 5% variation	>5% variation			
COO	Income / WTE			£s	5017	▼	5109	▲	5119	▲	→		5512	■	→		4900		4900				No variation	0 - 5% variation	>5% variation			
	Income / Open Bed			£s	33270	▼	34087	▲	34983	▲	→		37970	▲	→		37787		37787				No variation	0 - 5% variation	>5% variation			
	Income per Spell	Total Income	£s	3280	▲	3043	▼	3301	▲	→		3193	▼	→		3712		3712			No Variation		0 - 4% Variation	>4% Variation				
		Clinical Income	£s	2932	▲	2774	▼	2980	▲	→		2749	▼	→		3355		3355			No Variation		0 - 4% Variation	>4% Variation				
		Non-Clinical Income	£s	348	■	269	■	321	■	→		444	■	→		357		357			No Variation		0 - 4% Variation	>4% Variation				
	Cost per Spell (* Excludes the cost of drugs which are recharged directly to PCTs)	Total Cost	£s	3242	■	3008	▲	3275	▼	→		3779	▼	→		3733		3733			No Variation		0 - 4% Variation	>4% Variation				
		Total Pay Cost	£s	2217	▼	2096	▲	2240	▼	→		2109	▲	→		2587		2587			No Variation		0 - 4% Variation	>4% Variation				
		Medical Pay Cost	£s	631	▼	587	▲	628	▼	→		560	■	→		663		663			No Variation		0 - 4% Variation	>4% Variation				
		Nursing Pay Cost (including Bank)	£s	666	■	620	■	679	■	→		608	■	→		746		746			No Variation		0 - 4% Variation	>4% Variation				
		Non-Pay Cost	£s	1025	■	912	■	1035	■	→		1670	▼	→		1146		1146			No Variation		0 - 4% Variation	>4% Variation				
		Mean Drug Cost* / IP Spell	£s	156	▼	142	▲	150	▼	→		139	▲	→							No Variation		0 - 4% Variation	>4% Variation				
		Mean Drug Cost* / Occupied Bed Day	£s	55	▲	52	■	58	■	→		53	▲	→							No Variation		0 - 4% Variation	>4% Variation				
		PATIENT EXPERIENCE																										
	KD	Complaints	Number Received	No.	184		→	→	→			→		→		584	No. Only	No. Only	80%+	70 - 79%	<70%							
Response within initial negotiated date			%		→	→	→			→				85	85													
Responses Outstanding >75 days			No.		→	→	→			→																		
COO	Elective Access Contact Centre	Number of Calls Received	No.	11039		11052		9806	→		10827	→		8193		8193	No. Only	No. Only	<1.0	1.0-2.0	>2.0							
		Average Length of Queue	mins	1.09	■	0.37	■	0.45	▼	→		0.21	▲	→	0.20	▲	0.20	<1.0				<1.0						
		Maximum Length of Queue	mins	26.4	▼	15.1	▲	33.2	▼	→		6.3	■	→	7.2	▼	7.2	<6.0				<6.0						
	Telephone Exchange	Number of Calls Received	No.	79661		77520		69366	→		78392	→				No. Only	No. Only	<6.0				6.0-12.0	>12.0					
		Calls Answered	%	88.6		89.6		92.0	→		90.8	→				No. Only	No. Only											
		Answered within 15 seconds	%	48.2		49.9		59.1	→		54.3	→				No. Only	No. Only											
		Answered within 30 seconds	%	63.9		65.6		75.3	→		70.7	→				No. Only	No. Only											
		Average Ring Time	Secs	26.8		25.6		18.5	→		21.2	→				No. Only	No. Only											
		Longest Ring Time	Secs	653		591		699	→		731	→				No. Only	No. Only											
STRATEGY																												
COO	Referrals	Total	No.	11857	▼	13840	▲	14123	▲	→		15676	▼	→							No Variation	0 - 2% Variation	>2% Variation					
		Total GP Referrals	No.	7756	▼	9465	▲	9918	■	→		10751	■	→							No Variation	0 - 2% Variation	>2% Variation					
		Total Other Referrals	No.	4101	▼	4375	▲	4205	▼	→		4925	▲	→							No Variation	0 - 2% Variation	>2% Variation					
		By PCT - Heart of B'ham	No.	3058	▼	3727	▲	3751	▲	→		4329	▲	→							No Variation	0 - 2% Variation	>2% Variation					
		By PCT - Sandwell	No.	6157	▼	7184	▲	7390	▲	→		8011	▼	→							No Variation	0 - 2% Variation	>2% Variation					
		By PCT - Other	No.	2642	▼	2929	▲	2982	▲	→		3336	▼	→							No Variation	0 - 2% Variation	>2% Variation					
		Conversion (all referrals) to New OP Att'd	%	95.3		97.1		87.5	→		95.1	→				No. Only	No. Only											
ACTIVITY																												
COO	Spells	Elective IP	No.	884	▲	913	▲	944	▼	→		1109	■	→		853		853			m	No Variation	0 - 2% Variation	>2% Variation				
		Elective DC	No.	3828	▼	4554	▲	4298	▼	→		4987	▲	→		3948		3948				No Variation	0 - 2% Variation	>2% Variation				
		Total Elective	No.	4712	▼	5467	▲	5242	■	→		6096	▲	→		4801		4801				No Variation	0 - 2% Variation	>2% Variation				
		Non-Elective - Short Stay	No.	1125	▼	1190	▲	1143	▼	→		1187	▲	→		906		906				No Variation	0 - 2% Variation	>2% Variation				
		Non-Elective - Other	No.	3951	■	3716	▼	3344	■	→		3763	■	→		3536		3536				No Variation	0 - 2% Variation	>2% Variation				
		Total Non-Elective	No.	5076	▲	4906	▲	4487	▼	→		4950	■	→		4442		4442				No Variation	0 - 2% Variation	>2% Variation				
	Outpatients	New	No.	11284	■	13414	■	12290	■	→		14901	■	→		11402		11402				No Variation	0 - 2% Variation	>2% Variation				
		Review	No.	30768	■	35272	■	34437	▼	→		39733	▲	→		30876		30876				No Variation	0 - 2% Variation	>2% Variation				
	A/E Attendances	Type I (Sandwell & City Main Units)	No.	14721	▲	14532	■	13293	■	6881	■	8695	■	15576	■	6060	■	7595	■	13655		■	13655	14412	175340	No Variation	0 - 2% Variation	>2% Variation
	A/E Attendances	Type II (BMEC)	No.	2426	■	2889	■	2800	▲	→		3278	▲	3278	▲	→		2890	■	2890		■	2890	3039	36969	No Variation	0 - 2% Variation	>2% Variation

80%+	70 - 79%	<70%
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<1.0	1.0-2.0	>2.0
<6.0	6.0-12.0	>12.0

No Variation	0 - 2% Variation	>2% Variation
No Variation	0 - 2% Variation	>2% Variation
No Variation	0 - 2% Variation	>2% Variation
No Variation	0 - 2% Variation	>2% Variation
No Variation	0 - 2% Variation	>2% Variation
No Variation	0 - 2% Variation	>2% Variation
No Variation	0 - 2% Variation	>2% Variation

No Variation	0 - 2% Variation	>2% Variation
No Variation	0 - 2% Variation	>2% Variation
No Variation	0 - 2% Variation	>2% Variation
No Variation	0 - 2% Variation	>2% Variation
No Variation	0 - 2% Variation	>2% Variation
No Variation	0 - 2% Variation	>2% Variation
No Variation	0 - 2% Variation	>2% Variation
No Variation	0 - 2% Variation	>2% Variation
No Variation	0 - 2% Variation	>2% Variation
No Variation	0 - 2% Variation	>2% Variation

09/10 Outturn	10/11 Outturn
2279	2193
30436	23811
15075	21840
0.44	0.41
5058	5129
32697	34834
2908	3103
2580	2772
328	331
2891	3158
1909	2084
555	591
660	621
982	1074
124	138
49	54

875	
70.6	

incomplete data	137824
	0.21
	6.3
1100521	909301
83.6	90.5
43.8	52.4
58.8	68.4
36.0	21.2
646	731

192945	182474
127001	123973
65944	58501
52604	49140
96699	92605
43642	40729
85.3	89.6

13722	11748
52729	53959
66451	65707
18769	16460
47072	42540
65841	59000
164358	163493
425850	440812
190254	181494
34836	36756

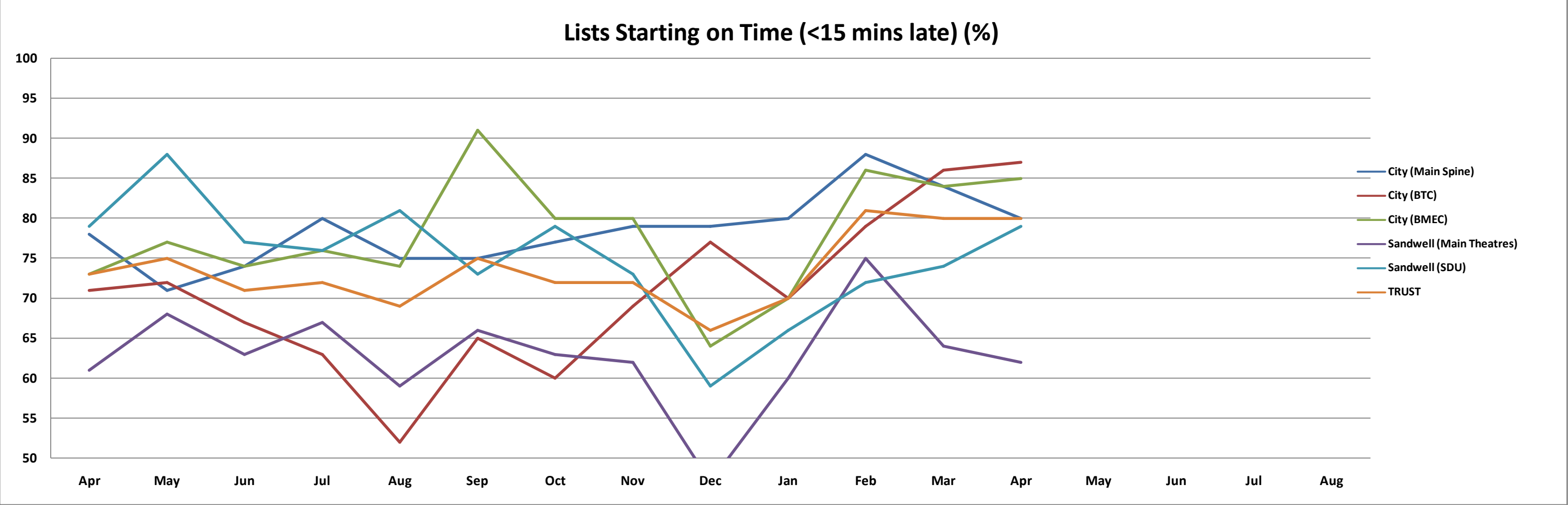
Exec Lead	PATIENT ACCESS & EFFICIENCY			December	January	February	March			April			To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS		
				Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	11/12				
COO	Waiting Times	Diagnostic Waits greater than 6 weeks	No.	45 ▼	32 ▲	24 ▲	→		15 ▲	→				0	0		0		>0
	Length of Stay	Average Length of Stay	Days	4.5 ▲	4.4 ▲	4.3 ▲	4.9 ▼	3.8 ▲	4.3 ■					4.3	4.3		No Variation	0 - 5% Variation	>5% Variation
		All Patients with LOS > 14 days	No.	342	327	350	181	146	327	171	159	330	330	No. Only	No. Only		No variation		Any variation
		All Patients with LOS > 28 days	No.	182	187	187	108	86	194	102	88	190 ■	190	190	150		No Variation	0 - 5% Variation	>5% Variation
		Min. Stay Rate (Electives (IP/DC) <2 days)	%	92.9 ▼	93.8 ▲	92.5 ▼	96.0 ▲	91.3 ▲	93.2 ▲	94.5 ▼	91.8 ▲	92.9 ▼	92.9	92.0	92.0		No Variation	0 - 5% Variation	>5% Variation
	Admissions	Day of Surgery (IP Elective Surgery)	%	90.2 ▼	90.6 ▲	90.0 ▼	92.3 ▲	90.4 ▲	91.0 ▲	89.9 ▼	89.2 ▼	89.5 ▼	89.5	82.0	82.0		No Variation	0 - 5% Variation	>5% Variation
		Day of Surgery (IP Non-Elective Surgery)	%	77.5	72.4	75.8	74.9	73.9	74.2	68.6	72.1	71.2	71.2	No. Only	No. Only		No variation		
		With no Procedure (Elective Surgery)	%	8.5	7.9	8.4	8.7	7.2	7.6					No. Only	No. Only		No variation		
		Per Bed (Elective)	No.	5.43 ▼	5.43 ■	5.60 ■	5.84 ■	8.45 ▲	7.16 ■	4.25 ■	5.72 ■	4.99 ■	4.99	5.90	5.90		No Variation	0 - 5% Variation	>5% Variation
	Cardiology	Primary Angioplasty (<150 mins)	%	80 ▼	100 ▲	100 ■	86 ▼	75 ■	82 ▼					=>80	=>80		=>80	75-79	<75
		Rapid Access Chest Pain	%	100 ■	100 ■	100 ■	100 ■	100 ■	100 ■	100 ■	85.7 ■	94.4 ■	94.4	=>98	=>98		=>98	96 - 97.9	<96
		Thrombolysis (60 minutes)	%	0 ■	no pts	no pts	→		no pts	→				80	80		>80	75-80	<75
	Discharges	Pt's Social Care Delay	No.	20 ■	28 ■	22 ▲	9 ■	14 ■	23 ▼	9 ■	7 ■	16 ■	16	<18	<18	c	No Variation	0 - 10% Variation	>10% Variation
		Pt.'s NHS & NHS plus S.C. Delay	No.	8 ■	15 ■	19 ▼	10 ■	12 ■	22 ▼	8 ▲	11 ▲	19 ▲	19	<10	<10		No Variation	0 - 10% Variation	>10% Variation
	Beds	Occupied Bed Days	No.	27602 ▼	28252 ▼	24886 ▲	12608 ▲	14678 ■	27286 ▼	10830 ▲	13483 ■	24313 ▲	24313	26236	319212		No Variation	0 - 5% Variation	>5% Variation
		Occupancy Rate	%	84.9 ■	87.0 ■	86.7 ■	88.5 ■	87.2 ■	87.8 ■	86.0 ■	82.0 ■	84.0 ■	84.0	86.5-89.5	86.5-89.5		86.5 - 89.5	85.5-86.4 or 86.5-89.5	<85.5 or >89.5
		Open at month end (exc Obstetrics)	No.	965 ■	926 ▲	918 ▲	458	471	929 ■	454	454	908 ■	908	938	1028		No Variation	0 - 2% Variation	>2% Variation
	Day Case Rates	All Procedures	%	80.6 ▼	82.0 ▲	81.2 ▼	85.9 ▲	77.2 ▼	80.7 ▼	85.1 ▼	78.6 ▲	81.3 ▲	81.3	80.0	80.0		No Variation	0 - 5% Variation	>5% Variation
		BMEC Procedures	%	83.4 ▲	86.4 ▲	80.9 ▼	→	81.3 ▲	81.3 ▲	→	85.4 ▲	85.4 ▲	85.4	80.0	80.0		No Variation	0 - 5% Variation	>5% Variation
	Non-Admitted Care	New : Review Rate	Ratio	2.71 ▼	2.63 ▲	2.80 ▼	2.77 ▲	2.62 ▲	2.67 ▲	2.85 ▼	2.60 ▲	2.68 ▼	2.68	2.30	2.30		No Variation	0 - 5% Variation	>5% Variation
		OP Cancs / Rescheduled - Trust Initiated	No.	11650	15247	10749	→		12165	→		9110	9110	No. Only	No. Only				
		OP Cancs / Rescheduled - Trust Initiated	%	19.6	22.6	16.3	→		16.6	→		15.6 ■	15.6	16.0	10.0		No variation		Any variation
		OP Cancs (<14 days) - Trust initiated	No.	3461	4850	3703	→		3552	→		2974	2974	No. Only	No. Only				
		OP Cancs (<14 days) - Trust initiated	%	29.7	31.8	34.5	→		29.2	→		32.6 ■	32.6	35.0	20.0		No variation		Any variation
		OP Cancs (>2 since last app't) - Trust initiated	No.	748	1399	905	→		1065	→		674 ■	674	1050	700		No variation		Any variation
		DNA Rate - New Referrals	%	15.0 ▼	13.7 ▲	11.8 ■	10.5 ▲	13.0 ▼	12.2 ■	10.0	12.3	11.5	11.5	12.2	10.0		No variation		Any variation
		DNA Rate - Reviews	%	13.2 ■	13.3 ▼	10.2 ■	11.4 ▼	11.7 ▼	11.6 ▼	9.7	11.0	10.6	10.6	12.2	10.0		No variation		Any variation
		New OP seen within 6 weeks	%	76.2	68.8	76.1	→		78.9	→		76.8 ■	76.8	75.0	80.0		No variation		Any variation
	Diagnostic Report Turnaround	Cervical Cytology Turnaround	Days	<9 days ■	<9 days ■	<9 days ■	→		<9 days ■	→		<9 days ■	<9 days	<9 days	<9 days	<9 days	9-12 days	>12 days	
	Ambulance Turnaround	In Excess of 30 minutes	%	30.5 ▼	27.2 ▲	24.1 ▲	27.3 ▼	26.6 ▼	27.0 ▼	26.0 ▲	28.2 ▼	27.3 ▼	27.3*	<10.0	<10.0		<10	10 - 12.5	>12.5
		(West Midlands average)	%	36.9	32.1	30.2	→		27.7	→		29.8	29.8*	No. Only	No. Only				
		In Excess of 60 minutes	No.	134 ▼	78 ▲	29 ▲	14 ▲	40 ▼	54 ▼	14 ■	15 ▲	29 ▲	29*	0	0		0	1 - 5	>5
THEATRE UTILISATION																			
COO	Sitrep Declared Late Cancellations by Specialty	General Surgery	No.	5 ▼	5 ■	1 ▲	5	4	9 ■	2	0	2 ■	2	5	60	b	0-5% variation	5 - 15% variation	>15% variation
		Urology	No.	10 ■	22 ▼	2 ■	5	3	8 ■	0	0	0 ■	0	4	48		0-5% variation	5 - 15% variation	>15% variation
		Vascular Surgery	No.	0 ■	0 ■	1 ■	0	0	0 ■	0	14	14 ■	14	1	3		0-5% variation	5 - 15% variation	>15% variation
		Trauma & Orthopaedics	No.	5 ▲	2 ▲	0 ▲	0	6	6 ▼	0	1	1 ▲	1	6	72		0-5% variation	5 - 15% variation	>15% variation
		ENT	No.	2 ■	1 ■	2 ■	0	1	1 ■	0	0	0 ▲	0	1	12		0-5% variation	5 - 15% variation	>15% variation
		Ophthalmology	No.	10 ■	14 ■	12 ■	1	6	7 ■	0	6	6 ▲	6	9	108		0-5% variation	5 - 15% variation	>15% variation
		Oral Surgery	No.	3 ▼	1 ■	1 ■	0	4	4 ■	0	0	0 ■	0	1	8		0-5% variation	5 - 15% variation	>15% variation
		Cardiology	No.	0 ▲	1 ▼	0 ▲	0	2	2 ■	0	1	1 ■	1	2	21		0-5% variation	5 - 15% variation	>15% variation
		Gynaecology / Gynae-Oncology	No.	11 ■	4 ■	6 ■	2	9	11 ▼	2	2	4 ■	4	5	54		0-5% variation	5 - 15% variation	>15% variation
		Plastic Surgery	No.	1 ■	0 ▲	0 ■	1	0	1 ▼	0	1	1 ■	1	1	12		0-5% variation	5 - 15% variation	>15% variation
		Dermatology	No.	0 ■	0 ■	0 ■	0	0	0 ■	0	0	0 ■	0	2	24		0-5% variation	5 - 15% variation	>15% variation
		TOTAL	No.	47 ■	50 ▼	25 ■	14	35	49 ■	4	25	29 ■	29	37	422		0-5% variation	5 - 15% variation	>15% variation

09/10 Outturn	10/11 Outturn
3	15
4.4	4.3
356	327
195	194
92.3	93.1
85.5	88.7
69.7	73.4
9.7	8.2
5.49	8.20
86.2	90.7
99.7	100.0
no pts	
	23
	22
331946	319212
86.0	86.6
989	929
79.4	81.5
79.7	82.2
2.59	2.70
	134113
	16.6
	45833
	29.2
	10938
13.5	13.1
12.3	11.9
	78.9
	<9 days
23.9	27.0
25.5	27.7
46	54

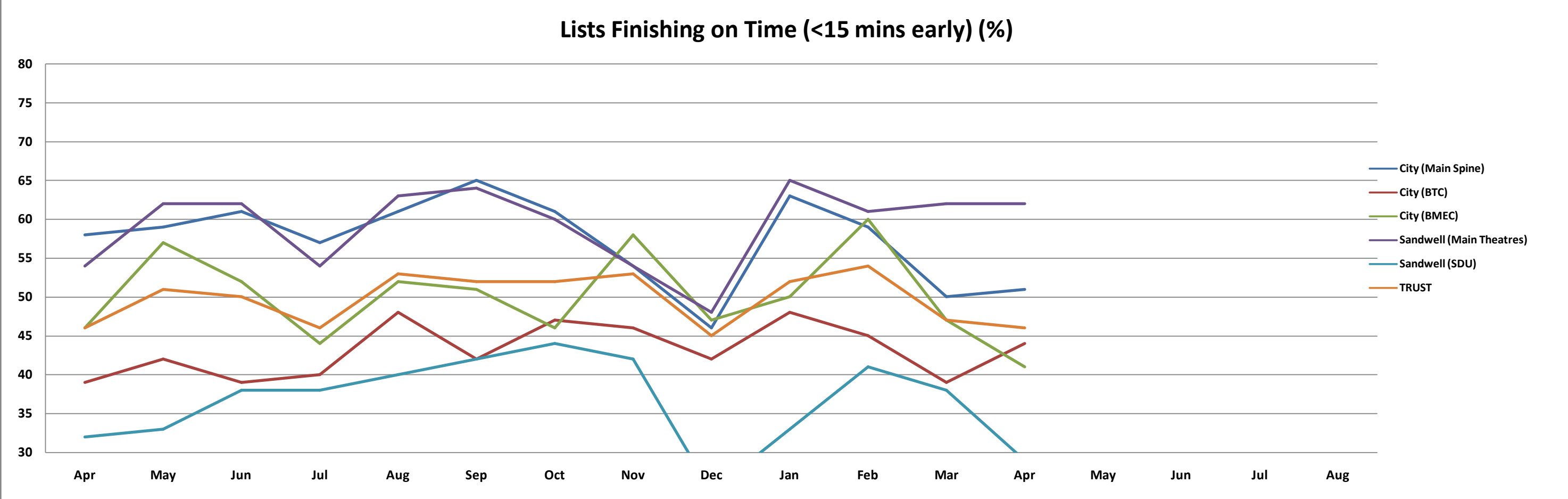
81	67
48	93
8	8
66	55
23	18
139	138
24	14
7	16
63	69
11	9
27	13
497	500

Exec Lead	WORKFORCE			December	January	February	March			April			To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS			09/10 Outturn	10/11 Outturn					
				Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	11/12											
COO	WTE in Post	Total	No.	6306	▼	6178	▲	6274	▼	→		6400	▼	→		7002	■	7002	7120			No Variation	0 - 1% Variation	>1% Variation	6539	6400
		Medical and Dental	No.	752	▲	746	▲	752	▼	→		746	▲	→		754	■	754	799			No Variation	0 - 1% Variation	>1% Variation	825	746
		M'ment, Admin. & HCAs	No.	2533	▼	2512	▲	2522	▼	→		2529	▼	→		2785	■	2785	2920			No Variation	0 - 1% Variation	>1% Variation	2046	2529
		Nursing & Midwifery (excluding Bank)	No.	1764	▲	1744	▲	1761	▼	→		1759	▲	→		2040	■	2040	2146			No Variation	0 - 1% Variation	>1% Variation	2385	1759
		Scientific and Technical	No.	985	▼	984	▲	981	▲	→		975	▲	→		1164	■	1164	1255			No Variation	0 - 1% Variation	>1% Variation	1002	975
		Bank Staff	No.	303		192		258		→		391		→		259		259	No. Only	No. Only					281	391
		Gross Salary Bill	£000s	21697	▼	21737	▼	21796	■	→		23299	■	→		23911		23911	23644			No Variation	0 - 1% Variation	>1% Variation	252557	259889
COO	Bank & Agency	Nurse Bank Fill Rate	%	77.2		82.0		86.9		→		86.2		→		85.8		85.8	No. Only	No. Only		0 - 2.5% Variation	2.5 - 5.0% Variation	>5.0% Variation	85.1	86.2
		Nurse Bank Shifts covered	No.	4325	▲	4569	▼	4408	▲	→		5405	■	→		4735	■	4735	4580	46980					61621	54952
		Nurse Agency Shifts covered	No.	538	▼	590	▼	305	■	→		350	▲	→		578	■	578	380	3820					5388	4550
		Nurse Bank AND Agency Shifts covered	No.	4863	▲	5159	▼	4713	▼	→		5755	■	→		5313	■	5313	4960	50800					67009	59502
		Nurse Bank Costs	£000s	534	▼	331	▲	489	▼	→		617	■	→		615	▼	615	418	4286					6263	5013
		Nurse Agency Costs	£000s	96	▲	110	▼	116	▼	→		45	■	→		119	■	119	73	733					1268	873
KD		Medical Agency Costs	£000s	253	▼	269	▼	294	▼	→		399	▼	→		372	▲	372	99	1192		0 - 2.5% Variation	2.5 - 5.0% Variation	>5.0% Variation	2384	2709
		Medical Locum Costs	£000s	223	■	231	▼	194	■	→		257	■	→		260	▼	260	187	2250					2896	2509
		Med Ag./Loc Costs as % Total Med Costs	%	7.4		7.9		7.6		→		9.9		→		9.7		9.7	No. Only	No. Only					7.0	7.6
		Med Staff Exp variance from Budget	%	4.1	▼	4.4	▼	4.8	▼	→		6.4	▼	→		5.1	▲	5.07	0	0					3.24	4.02
COO		Other Agency Costs	£000s	214	▲	204	▲	188	▲	→		345	▼	→		207	■	207	200	2045		0 - 5% Variation	5 - 10% Variation	>10% Variation	2600	2362
COO		Agency Spend cf. Total Pay Spend	%	2.59	▲	2.49	▲	2.74	▼	→		3.59	▼	→		2.92	▼	2.92	<2.00	<2.00		<2	2 - 2.5	>2.5	2.47	2.60
RO	Recruitment & Retention	Permission to Recruit	wte	57		62		40		→		109		→		29		29	No. Only	No. Only						
		New Starters	wte	61		47		81		→		59		→		84		84	No. Only	No. Only						
		Leavers	wte	52		48		73		→		68		→		54		54	No. Only	No. Only						
		Corporate Inductions	%	96	▼	96	▲	96	■	→		86	▼	→					100	100						
KEY TO PERFORMANCE ASSESSMENT SYMBOLS																				KEY TO FORWARD PROJECTION ASSESSMENT						
▲	Fully Met - Performance continues to improve																			●		Maintain (at least), existing performance to meet target				
■	Fully Met - Performance Maintained																			●		Improvement in performance required to meet target				
▼	Met, but performance has deteriorated																			● ●		Moderate Improvement in performance required to meet target				
▲	Not quite met - performance has improved																			● ● ●		Significant Improvement in performance required to meet target				
■	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																										
Page 5 of 6																										

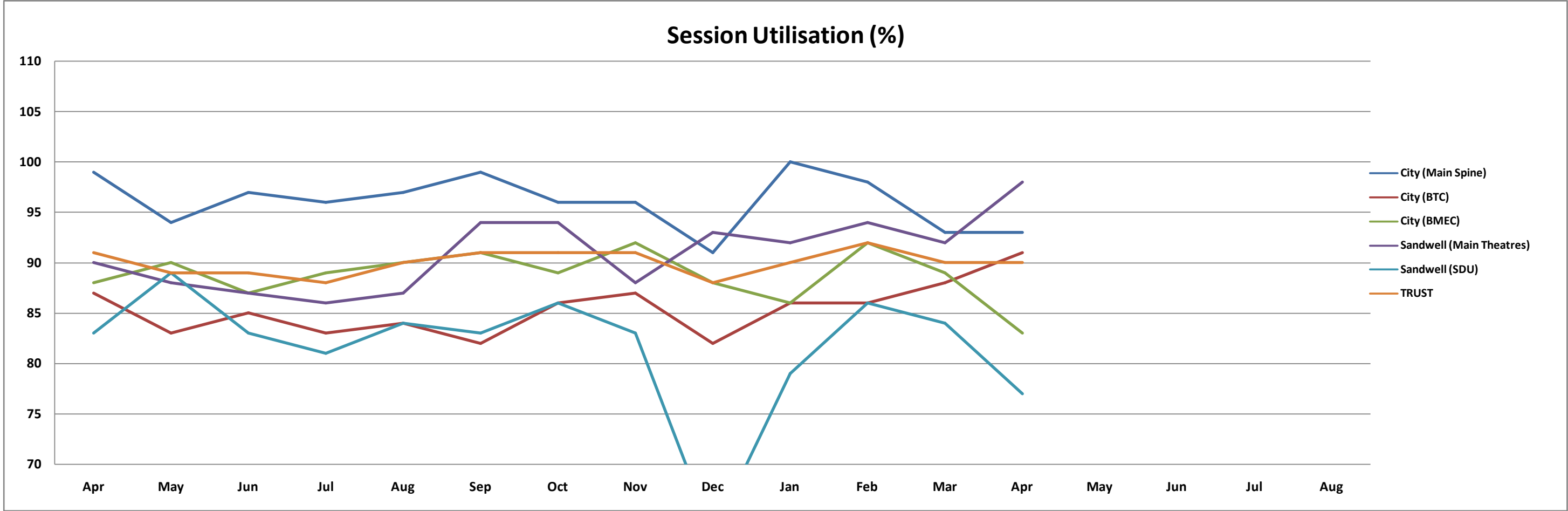
PROMPT STARTS (%)	2010 / 2011												2011 / 2012				
Theatre Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
City (Main Spine)	78	71	74	80	75	75	77	79	79	80	88	84	80				
City (BTC)	71	72	67	63	52	65	60	69	77	70	79	86	87				
City (BMEC)	73	77	74	76	74	91	80	80	64	70	86	84	85				
Sandwell (Main Theatres)	61	68	63	67	59	66	63	62	47	60	75	64	62				
Sandwell (SDU)	79	88	77	76	81	73	79	73	59	66	72	74	79				
TRUST	73	75	71	72	69	75	72	72	66	70	81	80	80				
KEY: GREEN = <5.1% deviation from target, AMBER = 5.1 - 15.0% deviation, RED = >15.0% deviation (TARGET 85% by March 2012)																	



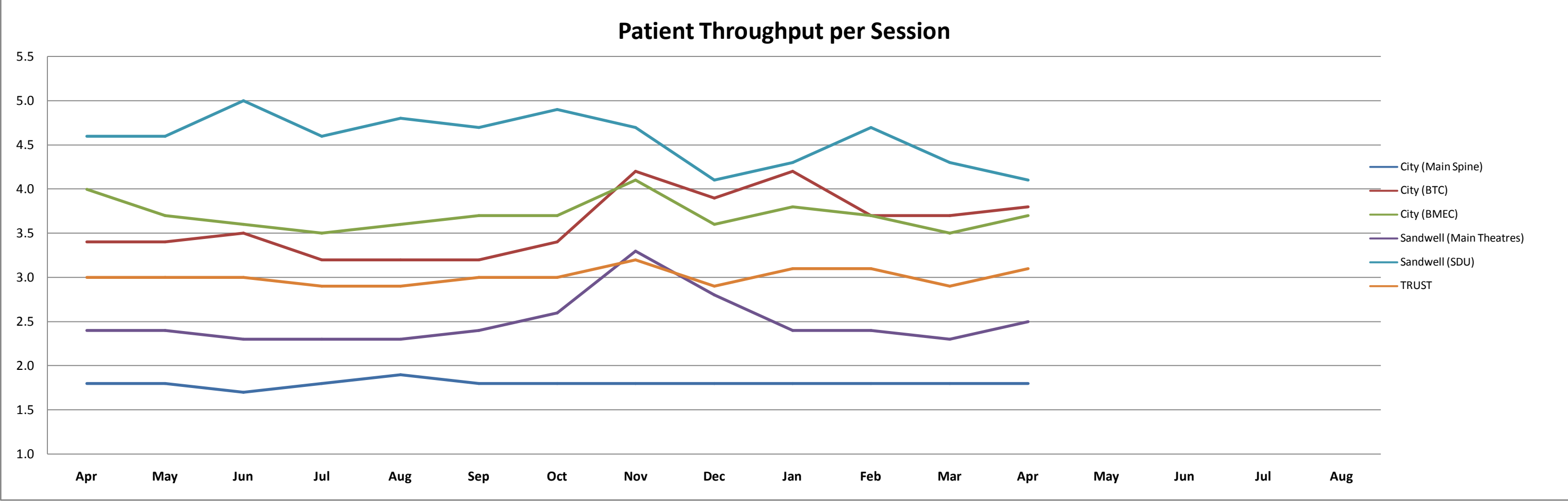
EARLY FINISHES (%)	2010 / 2011												2011 / 2012				
Theatre Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
City (Main Spine)	58	59	61	57	61	65	61	54	46	63	59	50	51				
City (BTC)	39	42	39	40	48	42	47	46	42	48	45	39	44				
City (BMEC)	46	57	52	44	52	51	46	58	47	50	60	47	41				
Sandwell (Main Theatres)	54	62	62	54	63	64	60	54	48	65	61	62	62				
Sandwell (SDU)	32	33	38	38	40	42	44	42	25	33	41	38	29				
TRUST	46	51	50	46	53	52	52	53	45	52	54	47	46				
KEY: GREEN = <5.1% deviation from target, AMBER = 5.1 - 15.0% deviation, RED = >15.0% deviation (TARGET 70% by March 2012)																	



SESSION UTILISATION (%)	2010 / 2011												2011 / 2012				
Theatre Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
City (Main Spine)	99	94	97	96	97	99	96	96	91	100	98	93	93				
City (BTC)	87	83	85	83	84	82	86	87	82	86	86	88	91				
City (BMEC)	88	90	87	89	90	91	89	92	88	86	92	89	83				
Sandwell (Main Theatres)	90	88	87	86	87	94	94	88	93	92	94	92	98				
Sandwell (SDU)	83	89	83	81	84	83	86	83	63	79	86	84	77				
TRUST	91	89	89	88	90	91	91	91	88	90	92	90	90				
KEY: GREEN = <5.1% deviation from target, AMBER = 5.1 - 15.0% deviation, RED = >15.0% deviation																	



THROUGHPUT / SESSION	2010 / 2011												2011 / 2012				
Theatre Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
City (Main Spine)	1.8	1.8	1.7	1.8	1.9	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8				
City (BTC)	3.4	3.4	3.5	3.2	3.2	3.2	3.4	4.2	3.9	4.2	3.7	3.7	3.8				
City (BMEC)	4.0	3.7	3.6	3.5	3.6	3.7	3.7	4.1	3.6	3.8	3.7	3.5	3.7				
Sandwell (Main Theatres)	2.4	2.4	2.3	2.3	2.3	2.4	2.6	3.3	2.8	2.4	2.4	2.3	2.5				
Sandwell (SDU)	4.6	4.6	5.0	4.6	4.8	4.7	4.9	4.7	4.1	4.3	4.7	4.3	4.1				
TRUST	3.0	3.0	3.0	2.9	2.9	3.0	3.0	3.2	2.9	3.1	3.1	2.9	3.1				
KEY: GREEN = <5.1% deviation from target, AMBER = 5.1 - 15.0% deviation, RED = >15.0% deviation (TRUST TARGET 3.5 cases / session by March 2012)																	



Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	The NHS Performance Framework Monitoring Report and summary performance assessed against the NHS FT Governance Risk Rating (FT Compliance Report)
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Mike Harding, Head of planning & Performance Management and Tony Wharram, Deputy Director of Finance
DATE OF MEETING:	26 May 2011

SUMMARY OF KEY POINTS:

The report provides an assessment of the Trust's performance mapped against the indicators which comprise the **NHS Performance Framework**. The report takes into account the revised suite of indicators identified for 2011 / 2012.

Service Performance (April):

There is 1 area of underperformance during the month of April; Delayed Transfers of Care.

The overall weighted score for the month of April is calculated as 2.83 with the Trust classified as Performing.

Financial Performance (April):

The weighted overall score is 2.60 and is classified as Performing. Underperformance is indicated April in 6 areas; Year to Date Operating Performance, Year to Date EBITDA, Better Payment Practice Code (Value), Better Payment Practice Code (Volume), Current Ratio and Creditor Days.

Foundation Trust Compliance (April) Summary report:

There were no areas of underperformance reported during the month of April 2011. Performance in areas where no data are currently available for the month are expected to meet operational performance thresholds. The projected overall score for the month is 0.0, the overall Governance Rating is GREEN

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

Approval	Receipt and Noting	Discussion
	x	

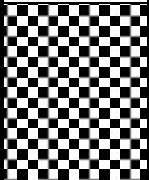
ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Performance Management Board on 17 May 2011 and Finance and Performance Management Committee on 19 May 2011.

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

Operational Standards and Targets

Indicator

A/E Waits less than 4-hours
A/E Unplanned re-attendance rate
A/E Left Department without being seen rate
A/E Time to Initial Assessment (=<15 mins)
A/E Time to treatment in department (median)
Cancelled Operations - 28 day breaches
MRSA Bacteraemia
Clostridium Difficile
18-weeks RTT Admitted 95 Percentile(weeks)
18-weeks RTT Non Admitted 95 Percentile(weeks)
18-weeks RTT Incomplete Pathway 95 percentile (weeks)
18-weeks RTT 90% Admitted
18-weeks RTT 95% Non -Admitted
Cancer - 2 week GP Referral to 1st OP Appointment
Cancer - 2 week GP Referral to 1st OP Appointment - breast symptoms
Cancer - 31 day diagnosis to treatment for all cancers
Cancer - 31 day second or subsequent treatment (surgery)
Cancer - 31 day second or subsequent treatment (drug)
Cancer - 31 Day second/subsequent treat (radiotherapy)
Cancer - 62 day urgent referral to treatment for all cancers
Cancer - 62 day referral to treatment from screening
Cancer - 62 day referral to treatment from hospital specialist
Stroke (Stay on Stroke Unit)
Delayed Transfers of Care

Sum

Average Score

Weight	Thresholds	
	Performing	Underperforming
1.00	95.00%	94.00%
0.50	Data Completeness / Data Quality Measures for Q1	
0.50		
0.50		
0.50		
1.00	5.0%	15.0%
1.00	0	>1.0SD
1.00	0	>1.0SD
0.50	<=23.0	>27.7
0.50	<=18.3	>18.3
0.50	<=28.0	>36.0
0.75	=>90.0%	85.0%
0.75	=>95.0%	90.0%
0.50	93.0%	88.0%
0.50	93.0%	88.0%
0.25	96.0%	91.0%
0.25	94.0%	89.0%
0.25	98.0%	93.0%
0.25	94.0%	89.0%
0.33	85.0%	80.0%
0.33	90.0%	85.0%
0.33	85.0%	80.0%
1.00	80.0%	60.0%
1.00	3.5%	5.0%

14.00

April 2011	Score	Weight x Score
96.70%	3	3.00
0%	3	3.00
0	3	3.00
3	3	3.00
19	3	1.50
14	3	1.50
15	3	1.50
94.60%	3	2.25
97.60%	3	2.25
>93.0%*	3	1.00
>93.0%*	3	1.00
>96.0%*	3	0.75
>94.0%*	3	0.75
>98.0%*	3	0.75
>94.0%*	3	0.75
>85.0%*	3	1.00
>90.0%*	3	1.00
>85.0%*	3	1.00
87.10%	3	3.00
4.70%	2	2.00

34.00

* projected

2.83

Scoring:

Underperforming
Performance Under Review
Performing

0

2

3

Assessment Thresholds

Underperforming if less than
Performance Under Review if between
Performing if greater than

2.1

2.1 and 2.4

2.4

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

Financial Indicators				SCORING			2011 / 2012		
Criteria	Metric	Weight (%)		3	2	1	April	Score	Weight x Score
Initial Planning	Planned Outturn as a proportion of turnover	5	5	Planned operating breakeven or surplus that is either equal to or at variance to SHA expectations by no more than 3% of income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to SHA expectations by more than 3% of planned income.	Operating deficit more than or equal to 2% of planned income	0.00%	3	0.15
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	0.00%	2	0.4
	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.	4.60%	2	0.1
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
	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.	5.71%	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
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	0.25%	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	5.71%	3	0.15
Finance Processes & Balance Sheet Efficiency	Better Payment Practice Code Value (%)	20	2.5	95% or more of the value of NHS and Non NHS bills are paid within 30days	Less than 95% but more than or equal to 60% of the value of NHS and Non NHS bills are paid within 30days	Less than 60% of the value of NHS and Non NHS bills are paid within 30 days	82.00%	2	0.05
	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	76.00%	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	0.95	2	0.1
	Debtor Days		5	Debtor days less than or equal to 30 days	Debtor days greater than 30 and less than or equal to 60 days	Debtor days greater than 60	12.08	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	40.40	2	0.1

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

Weighted Overall Score

2.60

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

MINUTES

Sandwell and West Birmingham Hospitals



NHS Trust

Governance and Risk Management Committee – Version 0.1

Venue Executive Meeting Room, City Hospital **Date** 24 March 2011; 0930h – 1100h

Members Present

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

In Attendance

Mr S Parker
Ms A Binns
Mrs H Mottishaw
Mrs L Pascall
Mr D Masaun [Part]
Mr R Kirby [Item 4 only]

Secretariat

Mr S Grainger-Payne

Minutes	Paper Reference
1 Apologies for absence	Verbal
The Committee received apologies for absence from Miss Rachel Overfield.	
2 Minutes of the previous meeting	SWBGR (1/11) 009
The Governance and Risk Management Committee approved the minutes of the meeting held on 20 January 2011 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 (1/11) 009 (a)
The updated actions list was noted by the Committee.	
4 CIP 2011/12 risk assessment	SWBGR (3/11) 011 SWBGR (3/11) 011 (a) SWBGR (3/11) 011 (b)
Miss Dhami advised that the CIP (Cost Improvement Programme) 2011/12 risk assessment exercise had been the first time that the initiative had been undertaken by the Trust on a formal basis. It was reported that the Trustwide risk management process had been used to devise the assessment. It was highlighted that the	

SWBGR (3/11) 023

<p>process did not focus on the deliverability of the schemes in this instance.</p> <p>The individual detail of the red rated risks was reviewed by the Committee, together with the proposed mitigating action.</p> <p>It was highlighted that the maternity CIP scheme rated the pre mitigation risk score as 20 and the status as red, with the score and status remaining unchanged following the suggested mitigation plans. It had therefore been agreed that the scheme should be removed from the overall CIP. Mr Trotman noted that this decision would result in a reduction in the quantum of the CIP by £276k. Mr White advised that this adjustment had been incorporated within the financial plan for 2011/12.</p> <p>The Non Executive Directors present at the meeting confirmed that they were content with the risk assessment process that had been undertaken. Mr O'Donoghue advised that divisions had found the process useful and that it had been regarded as a positive experience.</p> <p>Miss Dhama advised that incidents and complaints will be monitored to determine whether the delivery of the schemes causes an impact.</p>	
<p>5 Integrated risk report</p>	<p>SWBGR (3/11) 012 SWBGR (3/11) 012 (a)</p>
<p>Ms Binns presented the Quarter 3 risk report. She advised that the level of incidents, complaints, claims and enquiries was reduced from the same point in 2009/10. It was noted that in accordance with the action raised at the last meeting, that the level of harm associated with the incidents reported was included in the report.</p> <p>Mrs Mottishaw advised that in Quarter 3, there had been a drop in the number of complaints by 18% and no red complaints had been received. Claims related to clinical negligence were highlighted to have increased, although the number specifically related to personal liability were reported to have reduced. Mrs Mottishaw reported that 40% of claims concerned disclosure of records, with few expecting to progress further. It was noted that fewer PALS enquiries had been received, as a greater number are now handled as a verbal concern. Mr Trotman asked whether this was because the PALS service had been scaled down. He was advised that this was not the case and that the PALS service remained accessible. The trend in average complaints response times was reported to have declined, mainly as a result of the change to the complaints handling process at a national level that had been implemented in May 2010. It was suggested that this interpretation needed to be made clearer in future reports. Professor Alderson remarked that the trend of declining claims was pleasing in a context of the rising number in the NHS overall.</p> <p>Mrs Hunjan noted that there had been an increase in the number of incidents involving verbal abuse at Sandwell Hospital and asked whether there were any underlying reasons. Ms Binns advised that there were no obvious causes, although potentially reporting had improved given the recent focus on violence and aggression.</p> <p>Mr Masaun reported that the number of Health and Safety incidents had declined. Incidents involving slips, trips and falls were noted to have reduced particularly, although security incidents had increased.</p>	
<p>6 Analysis of complaints referred to the Public Health Service Ombudsman</p>	<p>SWBGR (3/11) 013</p>

	SWBGR (3/11) 013 (a)
<p>Miss Dhami advised that the consideration of complaints referred to the Ombudsman by the Committee had been suggested at a previous meeting of the Trust Board. It had been agreed that cases would be reported by exception to the Trust Board in future.</p> <p>The Committee was advised that no new cases had been referred to the Ombudsman since February 2011.</p> <p>The detail of each case was considered by the Committee.</p>	
7 Response and action plan to the CQC regarding registration: Outcome 17	SWBGR (3/11) 014 SWBGR (3/11) 014 (a) - SWBGR (3/11) 014 (d)
<p>Miss Dhami reported that the build up of complaints awaiting issue with a first response had been raised by the Care Quality Commission (CQC) on the basis of intelligence expected to have been gained from the Public Health Service Ombudsman. A self-assessment against the compliance with Outcome 17 had been requested.</p> <p>To assist with handling the work of the complaints team, the Committee was advised that temporary resources had been provided by the Trust's solicitors, Browne Jacobson. The model for processing and responding to complaints was reported to be being reviewed. Likewise, the decision regarding the priority of responding to complaints was highlighted to be being considered.</p> <p>Given the potential for poor publicity as a result of the complaints situation, a handling strategy was reported to be being developed alongside the action plan to address the backlog.</p> <p>It was suggested that consideration be given to sharing the responsibility for handling complaints with Divisions. Miss Dhami advised that this was being incorporated within the review of the complaints handling model, although the measure was highlighted to require a considerable training and education programme for staff.</p> <p>Professor Alderson asked whether the situation was being adequately controlled. Mrs Mottishaw advised that the scale of the issue was now clear, however the situation was impacting on the litigation work too. Resource and capability issues were noted to need to be resolved. It was reported that a regular update on complaints handling would be presented to the Trust Board.</p> <p>Mr O'Donoghue asked whether the department was sufficiently equipped to address the situation. He was advised that a new post at Band 7 was to be recruited into and agency staff had joined the team to assist.</p>	
8 NHSLA assessment outcome and report	SWBGR (3/11) 015 SWBGR (3/11) 015 (a) SWBGR (3/11) 015 (b)
<p>Ms Binns advised that in the recent assessment by the NHS Litigation Authority against Level 2 general standards, that the Trust had achieved compliance against 43 out of 50 standards.</p> <p>The Committee was advised that feedback from the assessment suggested that the</p>	

<p>Trust had overly complicated processes and policies. The assessment also reported that good documentation is in place within the Trust, however there was a failure by some staff to use it robustly.</p> <p>The Committee was advised that the CNST assessment against level 2 standards in Maternity is planned for March 2012. Reassessment against Level 2 general standards is planned for March 2013 and assessment against both Level 3 maternity and general standards is planned for 2014.</p> <p>Professor Alderson asked whether plans had been developed to address the issues raised in the assessment feedback. He was advised that the 'Policy on Policies' was being simplified, which would also be integral to the plans to harmonise the Trust's policies with those assumed as part of the community staff transfer.</p>	
<p>9 Mortality update</p>	<p>SWBGR (3/11) 016 SWBGR (3/11) 016 (a)</p>
<p>Mr O'Donoghue reported that a multifaceted approach had been adopted to reviewing mortality in the Trust. Currently a number of sources reported mortality information, including the Dr Foster Intelligence system and Healthcare Evaluation Data (HED). A detailed audit of those areas where the Trust appeared to be an outlier was reported to have been conducted.</p> <p>The routine report on mortality considered by the Mortality and Quality Alerts Committee was reviewed.</p> <p>The Hospital Standardised Mortality Rate (HSMR) for the Trust was reported to be in line with the regional average. The HMSR rate was reported to have been analysed by speciality and Haematology had been noted to be of concern, with two alerts having been received for this area. In response, detailed audits were reported to be being undertaken. Mr O'Donoghue suggested that the possibility of undertaking an independent external review of the area was being considered. HSMR rates in General Medicine were also reported to be at red status, therefore an audit has been instigated.</p> <p>It was highlighted that the Strategic Health Authority had erroneously reported that the Trust's HED data position was of concern in a recent report, however this had now been addressed.</p> <p>Readmission rates were reported to have been considered by the Mortality and Quality Alerts Committee and it appeared that shorter length of stay had not resulted in a higher level of readmissions.</p> <p>Professor Alderson remarked that the mortality report provided a useful update.</p>	
<p>10 CQC and Dr Foster alerts update</p>	<p>SWBGR (3/11) 017 SWBGR (3/11) 017 (a)</p>
<p>Mr Parker reported that the Trust receives more positive alerts than negative. One new alert was reported to have been received in connection with the diagnostic category of cancer of the bronchus and lung, therefore a detailed investigation is being undertaken. It is expected that many of the cases will relate to patients being treated palliatively.</p> <p>In terms of the CQC alerts reported, it was highlighted that following the alert concerning readmission after hernia repair, the Clinical Director for the area had</p>	

<p>completed the review of all cases.</p> <p>Regarding Patient Safety Indicators, it was reported that the tissue viability team had investigated the decubitus ulcer position and it had been highlighted that many cases relate to non-hospital acquired tissue damage.</p>	
<p>11 Clinical Audit forward plan: monitoring report</p>	<p>SWBGR (3/11) 018 SWBGR (3/11) 018 (a)</p>
<p>Mr Parker presented the latest Clinical Audit forward plan monitoring report which he advised represented the position as at the end of January 2011. It was highlighted that data for the TARN audit had not been submitted during the financial year, although there are plans to participate in the audit during 2011/12.</p> <p>The Committee was advised that extra resources to support the Accident and Emergency audits will be recruited shortly.</p> <p>Professor Alderson remarked that there did not appear to be any cause for concern highlighted in the report.</p>	
<p>12 Terms of Reference for the Quality and Safety Committee</p>	<p>Hard copy papers</p>
<p>Miss Dhmi advised that the proposal to rename the Governance and Risk Management Committee and to restructure the Committee's agenda had been included in the Quality and Safety Strategy that was due to be presented to the Trust Board for approval in April.</p> <p>The Committee was advised that the work of the Quality and Safety Committee would aim to provide the Board with greater assurance on the quality of patient services and as such, the duties of the Committee had been amended from those of the current Governance and Risk Management Committee. It was highlighted that the Committee will take on the responsibility for reviewing areas of the Trust reported to be substandard. Service users and carers' opinions will be used to inform decision making in connection with such issues. The Terms of Reference were noted to include the Chief Operating Officer as a member. It was agreed that should an Executive Director not be able to attend the meeting, a suitable deputy should attend in his or her place. It was further agreed that a specific patient representative is not required to attend the meeting. It was suggested that the list of specialist advisors should include the Assistant Director of Nursing for Quality and Patient Experience.</p> <p>It was agreed after considerable debate that the meetings of the Quality and Safety Committee should remain to be held on a bimonthly basis and should be expanded to cover a two-hour time slot. The start time of the next meeting was agreed to be 0915h.</p>	
<p>ACTION: Miss Dhmi to amend the terms of reference for the Quality and Safety Committee in line with discussions at the meeting</p>	
<p>13.1 – 13.3 Minutes from Governance Board</p>	<p>SWBGB (1/11) 026 SWBGB (2/10) 047 SWBGB (2/10) 047 (a)</p>
<p>The Governance and Risk Management Committee received and noted the minutes from the Governance Board meeting held on 14 January 2011 and 4 February 2011. The Committee also noted the actions list discussed at the meeting</p>	

held on 4 March 2011.		
14.1 – 14.2	Minutes from Clinical Quality Review Group	SWBGR (3/11) 021 SWBGR (3/11) 022
The Governance and Risk Management Committee received and noted the minutes from the Clinical Quality Review Group meeting held on 5 January and 2 February 2011.		
15	Any other business	Verbal
There was none.		
16	Details of the next meeting	Verbal
The date of the first Quality and Safety Committee is 19 May 2011 at 0915h in the Executive Meeting Room, City Hospital.		

Signed

Print

Date

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Governance and Risk Management Committee Chair's Annual Report 2010/01
SPONSORING DIRECTOR:	Professor Derek Alderson, NED & Chair of G & RM Committee
AUTHOR:	Simon Grainger-Payne, Trust Secretary
DATE OF MEETING:	26 May 2011

SUMMARY OF KEY POINTS:

The attached report highlights the role, previous activity and future focus of the Governance and Risk Management Committee. Reference is made to the establishment of the Quality and Safety Committee that will succeed the Governance and Risk Management Committee.

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

Approval	Receipt and Noting	Discussion
	X	

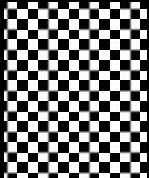
ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to RECEIVE and NOTE the annual report.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Quality and Safety Committee on 19 May 2011.

GOVERNANCE AND RISK MANAGEMENT COMMITTEE CHAIR'S ANNUAL REPORT 2010/11

Introduction


This report provides information on the activities of the Governance and Risk Management Committee of Sandwell & West Birmingham Hospitals NHS Trust. This report covers the 2010/11 financial year, from 1 April 2010 to 31 March 2011.

Membership

The members of the Committee include three Non-Executive Directors of the Trust, the Chief Executive, Director of Finance and Performance Management, Medical Director, Chief Nurse and Director of Governance.

The Committee is chaired by a Non Executive Director and is administered by the Trust Secretary.

For the period 1 April 2010 to 31 March 2011, membership and attendance was as follows:

	20- May- 10	23- Sep- 10	18- Nov- 10	20- Jan- 11	24- Mar- 11
Present					
Alderson, D (Ch)	*	*	*	*	*
Trotman, R	*	*	*	*	*
Hunjan, G		*	*	*	*
Adler, J	*	*	*	*	*
White, R	*		*	*	*
O'Donoghue, D	*	*	*	*	*
Overfield, R		*	*	*	
Dhami, K	*	*	*	*	*

Note: Mrs Hunjan joined the membership of the Committee from September 2010

Role

The role of the Governance and Risk Management Committee is principally to set the strategic direction for governance and risk management systems within the Trust. It has a responsibility for ensuring that the Trust has the structures, systems and processes in place in order to achieve its key clinical and other objectives and that they perform effectively.

The Governance and Risk Management Committee has a role in reviewing the arrangements and identifying where service delivery, quality and performance falls below acceptable standards, in taking steps to ensure that steps are taken to bring it back in line with expectations and promoting excellence.

Meetings

The Committee plans to meet bi-monthly, which as indicated in the table above, was achieved, meeting five times during the period under review.

In addition to the Committee members, the meeting is attended by specialist advisors when invited, including the Head of Risk Management, the Head of Clinical Effectiveness, the Head of Health and Safety and the Head of Complaints, Litigation and PALS.

Relationships

Copies of the minutes of each Governance and Risk Management Committee meeting are presented to the Trust Board for information.

In order to promote effective integrated governance the Committee has continued to develop relationships with other Board Committees, specifically the Audit Committee which also receives copies of the minutes of each Governance and Risk Management Committee meeting. During the period, the Chair of the Audit Committee also joined the membership of the Committee.

Integration is further enhanced by the Governance and Risk Management Committee's routine consideration of the minutes from the Governance Board and PCT-led Clinical Quality Review meetings.

Summary of Business

The past year has seen considerable activity, both mainstream and developmental. Significant work included:

- Monitoring progress with plans for the preparation for the NHS Litigation Authority accreditation against Level 2 general risk management standards and subsequent consideration of the feedback from the assessment
- Scrutiny of a quality and safety risk assessment undertaken of the Trust's 2011/12 Cost Improvement Programme schemes
- Monitoring progress and delivery of the clinical audit forward plan
- Monitoring progress with actions to address Dr Foster real time safety alerts and alerts raised by the Care Quality Commission
- Receiving and update on the work of the Trust's legal services provider
- Receiving an overview of Freedom of Information requests received by the Trust during 2009/10
- Considering the forward workplan and delivery report of the Local Security Management Specialist
- Quarterly consideration of incidents, complaints and claims
- Review of an analysis of complaints cases referred to the Public Health Service Ombudsman
- Consideration of the response and action plan to the Care Quality Commission regarding registration Outcome 17
- Quarterly consideration of the Trust's corporate risk register and Assurance Framework
- Reviewing the updated Risk Management Strategy and priorities
- Consideration of a feedback report from the National Reporting and Learning System (NRLS)
- Monitoring progress with actions taken to address safety alerts
- Considering the annual report from the Health and Safety area
- Review of the Trust's position in terms of the published Patient Reported Outcome Measures (PROMs) data
- Receiving an update on the proposed process for evaluating and monitoring compliance against NICE Quality Standards
- Consideration of the Trust's baseline assessment against the NICE Quality Standards
- Receiving a review of the information gleaned from processes implemented to systematically review mortality within the Trust
- Quarterly consideration of the Trust's Infection Prevention and Control activities and performance
- Reviewing the minutes from meetings of the Governance Board and the Clinical Quality Review Group
- Reviewing of the proposed terms of reference for the Quality and Safety Committee, due to be established in 2011/12

Work Plan 2011/2012

The Governance and Risk Management Committee will be replaced in 2011/12 by the Quality and Safety Committee. This establishment of this new Committee is an integral

element of the 2011/16 Quality and Safety Strategy, approved by the Trust Board at its meeting in April 2011. The Committee has been established to enhance Board oversight of quality performance and aims to strengthen the existing arrangements for seeking assurance, as formally delegated by the Board, that there are effective arrangements for monitoring and continually improving the quality of health care provided.

Conclusion

From its work conducted during the period 1 April 2010 to 31 March 2011, the Governance and Risk Management Committee is able to:

- Confirm that it has adequately covered the proposed topics within the Committee's agreed cycle of business during the period
- Confirm that the systems of clinical care, governance and risk management in the organisation are adequate in identifying risks and allowing the Board to understand the appropriate management of those risks
- Confirm that the Committee has reviewed the Trust Risk Register and Assurance Framework and believes each is fit for purpose
- Confirm that there are no areas of significant duplication or omission in the systems of governance in the organisation that have come to the Committee's attention and not been adequately resolved

Professor Derek Alderson

Chair – Governance and Risk Management Committee

Sandwell & West Birmingham Hospitals NHS Trust

TRUST BOARD

REPORT TITLE:	Audit Committee Chair's Report
SPONSORING DIRECTOR:	Gianjeet Hunjan, Chair of the Audit Committee
AUTHOR:	Simon Grainger-Payne, Trust Secretary
DATE OF MEETING:	26 May 2010

KEY POINTS:

The attached report highlights the role, previous activity and future focus of the Audit Committee.

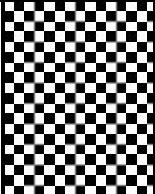
PURPOSE OF THE REPORT:☐ Approval☒ Noting☐ Discussion**ACTIONS REQUIRED, INCLUDING RECOMMENDATION:**

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

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

None specifically, although represents good practice in corporate governance

IMPACT ASSESSMENT:

FINANCIAL	<input type="checkbox"/>	
ALE	<input checked="" type="checkbox"/>	
CLINICAL	<input type="checkbox"/>	
WORKFORCE	<input type="checkbox"/>	
LEGAL	<input type="checkbox"/>	
EQUALITY & DIVERSITY	<input type="checkbox"/>	
COMMUNICATIONS	<input type="checkbox"/>	
PPI	<input type="checkbox"/>	
RISKS		

Sandwell and West Birmingham Hospitals

NHS Trust

Report to TRUST BOARD

26 May 2011

Introduction

This report provides information on the activities of the Audit Committee of Sandwell & West Birmingham Hospitals NHS Trust. This report covers the 2010/11 financial year, from 1 April 2010 to 31 March 2011.

Membership

The members of the Committee include all Non-Executive Directors of the Trust. Neither the Trust Chair nor the Chief Executive is a member of the Committee, but they are invited to attend certain meetings either to form a view and understanding of the Committee's operation or to provide assurance and explanations on specific issues. For the period 1 April 2010 to 31 March 2011, membership and attendance was as follows:

Present	6-May-10	10-Jun-10	2-Sep-10	2-Dec-10	3-Feb-11
Hunjan, G (Chr)	*	*	*	*	*
Dr Sahota, S		*	*	*	*
Bartram, I	*				
Trotman, R	*	*		*	*
Prof Alderson, D				*	*
Clarke, G	*	*	*		*
Dutton, O		*			

Notes:

I Bartram terminated her employment with the Trust on 19 May 2010

G Clarke commenced employment with the Trust on 1 April 2010

O Dutton commenced employment with the Trust on 20 May 2010

Role

Along with its role of overseeing internal financial control matters such as safeguarding assets, the maintenance of accounting records and reliability of financial information, the primary focus is to conclude upon the adequacy and effective operation of the Trust's overall internal control system. Through the Assurance Framework, the Committee's attention is given to the framework of risks, controls and related assurances that support the delivery of Trust Objectives. A particular emphasis is placed upon declarations made in the Statement on Internal Control, the declaration of compliance with the Care Quality Commission's essential standards of quality and safety and scrutiny of the annual accounts and annual report.

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

Meetings

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

Relationships

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

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

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

The Committee aims to continue to further develop and embed these key Committee relationships during 2011/2012, particularly given the planned implementation of the five-year Quality and Safety strategy and the succession of the Quality and Safety Committee over the Governance and Risk Management Committee.

In April 2010 the Chair of the Audit Committee joined the Governance and Risk Management Committee as a member.

Summary of Business

The past year has seen considerable activity both mainstream and developmental. Significant work included:

- Review of the interim work undertaken by External Audit
- A review of progress with recommendations raised during the External Audit for 2009/10
- Review of the outcome of the Auditors Local Evaluation for 2009/10
- Updates from External Audit on the Value for Money audits and Reference Costs work
- Counter fraud reports
- The results of a Counter Fraud staff survey
- An update against the Counter Fraud and Security Management Service compound indicators action plan
- A review of the 2009/10 Qualitative Assessment results
- Consideration of a report by the Counter Fraud and Security Management Service on employment, business, invoicing, timesheets processes
- Consideration of the consultation on the review of the NHS Counter Fraud service
- Consideration of the 2011/12 draft Counter Fraud plan
- An assessment of Internal Audit effectiveness against the set of KPIs agreed during the previous year
- Internal Audit recommendation tracking
- Consideration of progress updates on action plans in relation to specific high profile Internal Audits undertaken
- A review of losses and special payments made
- Review of instances where formal tendering has been waived
- Review of instances of breaches to the Trust's Standing Orders/Standing Financial Instructions
- Update on staff overpayments
- A review of the Terms of Reference for the Audit Committee
- Consideration and agreement of a revised cycle of the Committee's business
- Consideration of the Trust's Assurance Framework
- A review of the Trust's position regarding numbers of staff having not taken any sickness absence leave during the year relative to other Trusts

Work Plan 2011/2012

The Committee agreed a work plan at its meeting on 3 February 2011. The work plan was created from a recommended cycle of business plus additional items of importance to the Committee. The work plan relates to the financial period 2011/12, and indicates the months in the year when the Committee should be meeting and the business planned for that period. In this respect it informs the Committee's work through to the end of 2011/12 and will be subject to a review to ensure it remains fit for purpose.

It was agreed at the meeting that additions to the workplan include the consideration of an annual update on staff overpayments and an annual update on declarations made on the register of gifts and hospitality.

Within the next year a self-assessment of the effectiveness of the Audit Committee will be undertaken, the outcome of which will be presented to the Trust Board through the minutes of the appropriate meeting.

Conclusion

From its work conducted during the period 1 April 2010 to 31 March 2011, the Audit Committee is able to:

- Confirm that the system of risk management in the organisation is adequate in identifying risks and allowing the Board to understand the appropriate management of those risks
- Confirm that the Committee has reviewed the Assurance Framework and believes it is fit for purpose
- Confirm that there are no areas of significant duplication or omission in the systems of governance in the organisation that have come to the Committee's attention and not been adequately resolved

The Committee will be reviewing the draft Annual Accounts for 2010/11 on 12 May 2011, these having been submitted to the external auditor one day earlier than the required deadline of 20 April 2011. This represents the earliest date that the Trust has submitted accounts for any financial year.

Gianjeet Hunjan

Chair - Audit Committee

Sandwell & West Birmingham Hospitals NHS Trust