AGENDA

Mr R Kirby

Mr R White

Miss R Overfield

Mr M Sharon

Trust Board – Public Session

(RK)

(RW)

(RO)

(MS)

Venue Churchvale/Hollyoak Rooms, Sandwell Hospital 16 December 2010; 1430h - 1630h Date **Members** In Attendance Mrs S Davis [Chair] Mr G Seager (SD) (GS)Miss K Dhami Mr R Trotman (RT) (KD) Dr S Sahota (SS) Mrs J Kinghorn (JK) Mrs G Hunjan Mrs C Rickards (CR) (GH) Prof D Alderson (DA) Mr G Clarke (GC) Guests Mrs O Dutton (OD) Mrs D Talbot (DT) [Item 7] Mr J Adler (JA) Mrs L McDonagh (LMc) [Item 7] Mr D O'Donoghue (DO'D) Mr R Banks [Item 8.1] (RB)

Secretariat

Mr S Grainger-Payne (SGP) [Secretariat]

Item	Title		Lead			
1	Apologies	Verbal	SGP			
2	Declaration of interests To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting	Verbal	All			
3	Chair's opening comments	Verbal	Chair			
4	Minutes of the previous meeting To approve the minutes of the meeting held on 25 November 2010 as true and accurate records of discussions	SWBTB (11/10) 248	Chair			
5	Update on actions arising from previous meetings	SWBTB (11/10) 248 (a)	Chair			
6	Questions from members of the public	Verbal	Public			
	PRESENTATION					
7	Patient experience update - Tissue Viability	SWBTB (12/10) 259 SWBTB (12/10) 259 (a)	DT/ LMc			
	MATTERS FOR INFORMATION/NOTING					
8	Quality and Governance					
8.1	Annual fire safety report	SWBTB (12/10) 252 SWBTB (12/10) 252 (a)	RB			
9	Strategy and Development					
9.1	Communications and engagement strategy update	SWBTB (12/10) 260 SWBTB (12/10) 260 (a)	JK			

9.2	(Pight Care, Pight Here', programme, progress report	SW/DTD (12/10) 250	MS			
9.2	'Right Care, Right Here' programme: progress report	SWBTB (12/10) 258 SWBTB (12/10) 258 (a)	1012			
9.3	New acute hospital project: progress report	Verbal	GS			
10	Performance Management					
10.1	Monthly finance report	SWBTB (12/10) 255 SWBTB (12/10) 255 (a)	RW			
10.2	Monthly performance monitoring report	SWBTB (12/10) 256 SWBTB (12/10) 256 (a)	RW			
10.3	NHS Performance Framework monitoring report	SWBTB (12/10) 257 SWBTB (12/10) 257 (a)	RW			
11	Operational Management					
11.1	Sustainability update	SWBTB (12/10) 253 SWBTB (12/10) 253 (a)	GS			
12	Schedule of meetings – 2011	SWBTB (12/10) 251	SGP			
13	Any other business	Verbal	All			
14	Details of next meeting	Verbal	Chair			
	The next public Trust Board will be held on 27 January 2011 at 1430h in the , Sandwell Hospital					
15	Exclusion of the press and public	Verbal	Chair			
	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).					

Sandwell and West Birmingham Hospitals NHS Trust

MINUTES

Trust Board (Public Session) – Version 0.2

Venue Anne Gibson Boardroom, City Hospital				<u>Date</u>	25 November 2010	
Present:						
Mrs Sue Da	avis	(Chair)	Mrs Gianjeet Hunjan		Mr Richard Kirby	
Mr Roger	Irotman		Mr Gary Clarke		Mr Donal O'Donoghue	
Dr Sarinda	ir Sahota		Mr John Adler		Miss Rachel Overfield	
Prof Derek Alderson Mr Robert White Mr Mike Sharon						
In Attenda	ance:					
Miss Kam I	Dhami		Mr Graham Seager		Mrs Jessamy Kinghorn	
Mrs Chris F	Rickards		Mrs Fiona Shorney [I	Part]	Dr Beryl Oppenheim	[Part]

Secretariat:

Mr Simon Grainger-Payne

Minutes	Paper Reference
1 Apologies for absence	Verbal
Apologies were received from Mrs Olwen Dutton.	
2 Declaration of Interests	Verbal
There were no interests declared in connection with any agenda item.	
3 Chair's Opening Comments	Verbal
The Chair did not make any opening comments.	
4 Minutes of the previous meeting	SWBTB (10/10) 229
The minutes of the previous meeting were presented for approval an were accepted as a true and accurate reflection of discussions held on 2 October 2010.	
AGREEMENT: The Trust Board approved the minutes of the last meeting	
5 Update on actions arising from previous meetings	SWBTB (10/10) 229 (a)

NHS Trust The updated actions list was reviewed and it was noted that there were no outstanding actions requiring discussion or escalation. Verbal 6 Questions from members of the public There were no members of the public in attendance at this meeting. 7 SWBTB (11/10) 238 MRI scanning agreement with Lister in Health SWBTB (11/10) 238 (a) Mr Kirby advised that the proposal to renew the agreement with Lister in Health for MRI scanning services had been discussed and supported by the Finance and Performance Management Committee. It was proposed that the contract be extended for a further seven years. The Board was advised that if the contract is not renewed, then the Trust will be required to take responsibility for replacing the MRI scanner at Sandwell Hospital when required. The Trust Board approved the proposal to renew the contract. AGREEMENT: The Trust Board approved the proposal to renew the MRI scanner contract with Lister in Health SWBTB (11/10) 241 8 Replacement of pre-analytics and main automated analysers in SWBTB (11/10) 241 (a) **Clinical Biochemistry** Mr Kirby reported that the proposal to purchase the pre-analytics and main automated analysers in Clinical Biochemistry was part of the Pathology Division's wider plan to replace all analysers as they become out of contract or at the end of their natural life. Mr Trotman advised that the changes in working practice that would be supported by the new analysers had been discussed at a previous meeting of the Finance and Performance Management Committee. He highlighted that these plans were integral to the Division's Cost Improvement Programme. Mr Kirby was asked to convey the Board's congratulations on the clarity of the proposal presented. The Trust Board approved the proposal to replace the current pre-analytics and main automated analysers with new ones from Abbott Diagnostics. AGREEMENT: The Trust Board approved the proposal to replace the current pre-analytics and main automated analysers with new ones from Abbott Diagnostics 9 **Quality and Governance**

	NHS Trust
9.1 Patient experience update - Nutrition	Presentation SWBTB (11/10) 244 SWBTB (11/10) 244 (a)
Mrs Fiona Shorney presented an update on patient experience, which focussed on nutrition. The Board was given an outline of two patient stories connected with this theme, one of which demonstrated a case where the patient's nutritional assessment and needs had been managed well and another where the same had been managed poorly.	
Mr Adler commented that the presentation provided a useful outline of the different situations and emphasised the unreliability of the system and the resulting difference in outcomes. Miss Overfield advised that there needed to be a greater effort to achieve cultural consistency to eliminate cases where nutrition is poorly managed.	
Mr Trotman remarked that he was surprised that a timeframe of 48 hours is allowed within which to undertake a MUST (Malnutrition Universal Screening Tool) assessment. He also suggested that a water round to top up water jugs should be implemented. Miss Overfield advised that a process is being put into place which will require a MUST assessment to be undertaken within 12 hours, rather than 48 hours. She added that a water jug round is already in place, although there is uncertainty as to how robust this process is at present.	
Mr O'Donoghue asked what awareness the junior doctors had of the nutrition situation. Mrs Shorney suspected that there was little awareness of the issues. She reported that Dr Matthew Lewis is the medical champion for nutrition. Professor Alderson remarked that the consultants need to ensure that they observe their responsibilities regarding nutrition.	
Mr Clarke asked what plans are to be implemented to provide patients with a greater choice of food. Mrs Shorney advised that the current menus provide good choice, however time needs to be taken to ensure that patients are guided through their options when choosing their meals.	
Miss Dhami highlighted that nutrition forms one of the Care Quality Commission's essential quality standards. Mrs Shorney added that it is likely that nutrition will be set as one of the CQUIN targets for 20011/12.	
Mrs Hunjan asked whether the patient story of poor management of nutrition was linked to one of the identified poorly performing wards. Miss Overfield advised that this was not the case, but was linked to one of the wards responsible for the management and treatment of vulnerable and elderly adults.	
The Board was advised that the patient experience theme in December would focus on tissue viability. Mrs Shorney was thanked for her informative presentation.	

NHS Trust

9.2 Quarterly Infection Control update	SWBTB (11/10) 242 SWBTB (11/10) 242 (a)
Dr Oppenheim joined the meeting to present an update on the key activities on the management and control on infection.	5.000 (11/10) 242 (a)
The Board was advised that progress is good and a number of key infection control policies have been updated. Planning for any potential cases of Norovirus was reported to have progressed well in the community.	
In terms of performance against mandatory targets, the Board was advised that there had been two cases of MRSA bacteraemia infections during the quarter, meaning that there had been three reported in the first half of the year. The Board was reminded that the maximum allowable infections during the full financial year is six. Much effort has been put into minimising any contaminated blood cultures and to ensuring continued effective management of infection control during the summer change over of junior doctors. The Chair remarked that she was unclear as to why there is potential for increased levels of infections during this time. Dr Oppenheim reported that the situation is mainly attributable to the time taken for the new doctors to familiarise themselves with the new hospital environment and advised that in some hospitals blood cultures may not be taken by junior doctors during their initial period in the new hospital. The good practice around management of infection control is however being better reinforced with junior doctors however, so the potential issue with infections during change over will be minimised in future.	
Dr Oppenheim reported that in relation to MRSA screening, a drop in the 'pick up' rate has been seen from 8% to 4% for emergency cases.	
Regarding <i>C</i> difficile infections, the Board was advised that some cases reported were a product of poor sampling in some areas. The process and criteria for the submission of samples has however been reinforced which has resulted in an improved level of reported cases.	
The Board was advised that reporting of MSSA and <i>E coli</i> infections may be mandatory in future, however at present there is a lack of clarity as to when this may take effect.	
Dr Oppenheim advised that improvements are being made to the type of and way in which antibiotics are prescribed, which has further contributed to improved infection control within the Trust.	
Professor Alderson asked what the position was concerning tuberculosis. Dr Oppenheim advised that the number of these infections is increasing, however they are not attributable to the hospital environment.	
Mr Kirby advised that in connection with the Same Sex Accommodation plans, the side room policy has been reviewed and it has been clarified that these will need to be used on the basis of clinical need. The Board was	

NHS Trust

advised that at present patients infected with MRSA bacteraemia are treated in a designated ward, however this will not be possible when the new Same Sex Accommodation regulations are enforced, therefore alternative arrangements are being considered.	
Dr Oppenheim was thanked for her report.	
9.3 Cleanliness and PEAT update	SWBTB (11/10) 232 SWBTB (11/10) 232 (a)
The Trust Board received and noted the cleanliness and PEAT update.	
9.4 Health and Wellbeing update	SWBTB (11/10) 236 SWBTB (11/10) 236 (a) SWBTB (11/10) 236 (b)
Miss Overfield reminded the Board that a strategy and action plan had been developed following the publication of the Boorman Review. It was highlighted that one of the ultimate aims of the plan is to reduce staff sickness levels.	
Mrs Rickards advised that the staff side welcomed the health and wellbeing activities, however she suggested that consideration be given to ensuring that those staff who are unfit to work are released from the Trust when appropriate to ensure that they can claim their relevant entitlements and benefits.	
Mr Trotman observed that there are a large number of instances when the reason for sickness absence is not recorded. Mr White advised that the range of illnesses listed on the electronic recording system is limited, therefore in a number of cases, it is difficult to identify a suitable reason for the sickness.	
Mr Kirby asked whether the uptake by staff of complementary benefits, such as massage treatments and reflexology is good. He was advised that there is fair usage of these offerings however in a number of cases the member of staff needed to pay for the treatment.	
9.5 Equal pay audit	SWBTB (11/10) 231 SWBTB (11/10) 231 (a)
Miss Overfield presented the outcome of a pay audit undertaken earlier in the year. She advised that the results did not suggest that there were any significant issues that needed attention.	
The Chair highlighted that it appeared that at more senior levels in the organisation, men would be paid a higher salary than women, particularly medical staff. Mr Adler and Mr White remarked that it was not clear that the report suggested such inequality, however it was suggested and agreed that this issue should be considered more fully at a future meeting of the Finance and Performance Management Committee.	

NHS Trust

ACTION: Miss Overfield to arrange for the apparent pay inequality issues in medical staff to be further reviewed and reported to the Finance and Performance Management Committee	
9.6 Quarterly Assurance Framework update	SWBTB (11/10) 239 SWBTB (11/10) 239 (a)
Mr Grainger-Payne presented the updated Assurance Framework for receipt and noting. He advised that there had been few changes made since the Board had last reviewed the Assurance Framework.	
10 Strategy and Development	
10.1 'Right Care, Right Here' programme: progress report	SWBTB (11/10) 233 SWBTB (11/10) 233 (a)
Mr Sharon presented the latest 'Right Care, Right Here' programme progress report, which the Board received and noted.	
The Board was advised that additional focus is being given to expediting the implementation of redesigned service pathways. As such a list of priority pathways had been identified.	
Mr Sharon advised that the Partnership would be reviewing its working arrangements in the light of changes to the NHS system.	
10.2 New acute hospital project: progress report	SWBTB (11/10) 234 SWBTB (11/10) 234 (a)
Mr Seager reported that the Outline Business Case was with the Department of Health for approval. A report on the Compulsory Purchase Order was reported to have been drafted and is currently being reviewed by the Department of Health legal team. Commercial documents were reported to be being developed.	
The Board was advised that a Gateway peer review process is underway, which aims to provide external assurance of the status of the project. The draft procurement documentation is to be reviewed specifically.	
11 Performance Management	
11.1 Monthly finance report	SWBTB (11/10) 237 SWBTB (11/10) 237 (a)
Mr White presented the finance report of the period April – October 2010, which was noted to have been discussed in detail by the Finance and Performance Management Committee at its meeting on 18 November 2010. It was noted that the draft minutes of the meeting were available within Board packs.	
It was reported that an in-month surplus of £223k had been achieved, resulting in a year to date surplus of £777k, £129k above the planned position.	

It was highlighted that some financial pressure remains, particularly in the Medicine and Emergency Care and the Surgery, Anaesthetics and Critical Care divisions. Issues relating to the latter were highlighted to concern lower income than expected due to a change in the case mix.	
The Board was advised that due to some funds being reimbursed from the recent land purchase, there is likely to be some flexibility within the capital budget which will be used to handle some projects earlier than expected.	
Mr White reported that both PCTs are expected to achieve compliance with their end of year financial targets.	
The Board was advised that the updated Operating Framework is due to be issued shortly, together with an indication of the tariff for 2011/12.	
11.2 Monthly performance monitoring report	SWBTB (11/10) 245 SWBTB (11/10) 245 (a)
Mr White presented the performance monitoring report and reminded the Trust Board that it had been reviewed in detail by the Finance and Performance Management Committee at its meeting on 18 November 2010.	
It was highlighted that the report had been amended to provide an indication as to the required level of performance to achieve some of the national targets by the end of the year.	
Mr White reported that cancelled operations and delayed transfers of care had decreased at one of the Trust's acute sites.	
Sickness absence was noted to have increased and PDRs submitted had declined.	
In terms of clinical areas, the Board was advised that much work is being undertaken to improve the performance against the VTE assessment and breast feeding initiation targets.	
Mr Kirby reported that ambulance turnaround times for the Trust were relatively good when compared to other trusts in the region. However, the region's performance nationally was poor. The Strategic Health Authority has therefore requested that every effort be made to improve performance is this area. The Board was advised that there are a number of ways of improving performance, including ensuring that counting issues are resolved; working with the Accident and Emergency Departments to reinforce the need to focus on ambulance patients with equal importance to those arriving by other means; and to improve the patient flow from the Accident and Emergency Departments to assessment units and wards. It was noted that the position will be assisted to some degree by arranging additional capacity in both the hospitals and the community for the winter.	

	NHS Trust
In terms of delayed transfers of care, additional intermediate care capacity was reported to be being arranged by PCTs using winter funds. Birmingham City Council was reported to have addressed some of the issues causing delayed discharges and the number of instances has reduced. The number of delayed transfers of care was noted to have increased at Sandwell Hospital as intermediate care capacity has not yet been mobilised to the same degree as it has in Birmingham.	
11.3 NHS Performance Framework update	SWBTB (11/10) 243 SWBTB (11/10) 243 (a)
Mr White presented the NHS Performance Framework update for information.	
The Trust Board received the report and was pleased to note that the Trust remains classified as a 'performing' organisation.	
The Board was advised that in terms of the target against the better payment practice code, it had been agreed that the invoices in query are removed from those counted to avoid understating the position.	
12 Operational Management	
12.1 Same Sex Accommodation update	Verbal
Mr Kirby reminded the Board that due to a reinvigoration of the Same Sex Accommodation guidelines issued by the Department of Health, the Trust was required to submit a plan to move City Hospital mainly onto same sex wards. Discussions with the Strategic Health Authority had indicated that there is little flexibility in the interpretation of the guidelines and therefore work has started to move seven wards to a same sex basis by 31 December 2010, with the remainder being completed by 31 March 2011.	
The main issues outstanding were highlighted to concern the plans for the Surgical Assessment Units and Emergency Assessment Units.	
The Chair reported that staff had voiced their concerns over the plans as part of the recent Trust Board walkabout.	
Mr Trotman reported that the capital cost implications of the plans had been discussed by the Finance and Performance Management Committee at its meeting on 18 November 2010.	
13 Update from the Board Committees	
13.1 Finance and Performance Management Committee	Hard copy paper
The Trust Board received and noted the minutes of the Finance and Performance Management Committee meeting held on 18 November 2010.	
13.2 Audit Committee	SWBAC (9/10) 051

NHS Trust

	NHS Trust
The Trust Board received and noted the minutes of the Audit Committee meeting held on 2 September 2010.	
13.3 Governance and Risk Management Committee	SWBGR (9/10) 052
The Trust Board received and noted the minutes of the Governance and Risk Management Committee meeting held on 23 September 2010.	
13.4 Charitable Funds Committee	SWBCF (9/10) 018
The Trust Board received and noted the minutes of the Charitable Funds Committee meeting held on 2 September 2010.	
It was highlighted that at the meeting planned for 2 December, the plans for fundraising are to be discussed.	
Mr White reported that there is a possibility that there may be a mandatory requirement to consolidate the Charitable Funds account and exchequer account in future.	
14 Any Other Business	Verbal
There was none.	
15 Details of the next meeting	Verbal
The next public meeting of the Trust Board will be held on 16 December at 1430h in the Churchvale/Hollyoak Rooms at Sandwell Hospital.	
16 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: 16 December 2010, Churchvale/Hollyoak Rooms @ Sandwell Hospital

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

25 November 2010 - City Hospital

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

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

Apologies: Mrs O Dutton (OD)

Secretariat: Mr S Grainger-Payne (SGP)

Last Updated: 9 December 2010

Reference	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status	Review Date
		SWBTB (4/10) 075		Determine the source of the request			Under investigation and will provide	In hand -	
	Equality and	SWBTB (4/10) 075 (a)		to determine whether patients are			update as part of next Equality and	review next	
SWBTBACT. 123	Diversity update	SWBTB (4/10) 075 (b)	29-Apr-10	asylum seekers or immigrants	RO	27-May-10	Diversity update in January 2011	meeting	27-Jan-10
							Presentation will be given to the E & D		
							Steering Group by the Trust's Solicitors in		
		SWBTB (4/10) 075		Present the Trust's position regarding			October, which will then inform an	In hand -	
	Equality and	SWBTB (4/10) 075 (a)		the requirements of the new Equality			update to the Trust Board as part of the E	review next	
SWBTBACT. 124	Diversity update	SWBTB (4/10) 075 (b)	29-Apr-10	Bill at the next Trust Board seminar	RO	27-May-10	& D update in January 2011	meeting	27-Jan-10
				Arrange for the apparent pay					
				inequality issues in medical staff to be			Will be included on the agenda of the		
				discussed by the Finance and			Janauary 2011 meeting of the Finance	In hand -	
		SWBTB (11/10) 231		Performance Management			and Performance Management	review next	
SWBTBACT.135	Equal pay audit	SWBTB (11/10) 231 (a)	25-Nov-10	Committee	RO	16-Dec-10	Committee	meeting	27-Jan-10

SWBTB (11/10) 248 (a)

Next Meeting: 16 December 2010, Churchvale/Hollyoak Rooms @ Sandwell Hospital

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

25 November 2010 - City Hospital

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

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

Apologies: Mrs O Dutton (OD)

Secretariat: Mr S Grainger-Payne (SGP)

Last Updated: 9 December 2010

Reference No	ltem	Paper Ref	Date	Agreement
SWBTBAGR.209	Minutes of the previous meeting	SWBTB (10/10) 229	25-Nov-10	The Trust Board approved the minutes of the previous meeting as a true a
SWBTBAGR.210	MRI scanning agreement with Lister in Health	SWBTB (11/10) 238 SWBTB (11/10) 238 (a)	25-Nov-10	The Trust Board approved the proposal to renew the MRI scanner contrac
SWBTBAGR.211	Replacement of pre- analytics and main automated analysers in Clinical Biochemistry	SWBTB (11/10) 241 SWBTB (11/10) 241 (a)		The Trust Board approved the proposal to replace the current pre-analytic from Abbott Diagnostics

SWBTB (11/10) 248 (a)

and accurate record of discussions held

act with Lister in Health

ytics and main automated analysers with new ones

SWBTB (12/10) 259

Sandwell and West Birmingham Hospitals

NHS Trust

TRUST BOARD		
DOCUMENT TITLE:	Tissue Viability Patient Experience – Pressure Ulcers	
SPONSORING DIRECTOR:	Rachel Overfield, Chief Nurse	
AUTHOR:	Lesley McDonagh, Clinical Lead Nurse Tissue Viability and Debbie Talbot, Assistant Director of Nursing	
Date of meeting:	16 December 2010	

SUMMARY OF KEY POINTS:

The purpose of the report is to present to the Trust Board a real patient experience of living with pressure damage. The report also provides an update on actions taken to reduce the incidence of pressure damage across the Trust.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

Financial	x	CQUiN target. 10% reduction of hospital acquired pressure damage = \pounds 420k
Business and market share		
Clinical	х	
Workforce		
Environmental		
Legal & Policy	х	To meet recommendations in the High Impact Actions for Nursing – Your Skin Matters (2009). CQUiN target.
Equality and Diversity		
Patient Experience	x	
Communications & Media		
Risks		

PREVIOUS CONSIDERATION:

Discussed as part of the wider patient experience reports previously presented to the Trust Board. Pressure sores also included within CQUIN targets reported through the monthly corporate performance monitoring report.

SWBTB (12/10) 259

Report Title	Tissue Viability Patient Experience – Pressure Ulcers
Meeting	Trust Board
Author	Lesley McDonagh, Clinical Lead Nurse Tissue Viability and Debbie Talbot, Assistant Director of Nursing
Date	16 th December 2010

1. Introduction

<u>1.1</u>

The cost of pressure damage to the NHS is estimated to be around 4% of total NHS expenditure.

<u>1.2</u>

The cost of pressure damage within Sandwell & West Birmingham Hospital, using the NHS calculator, from April – October 2010 was £1.8 million.

<u>1.3</u>

The cost to patients and carers is huge in terms of pain, incapacity, effect on body image, loss of sleep, protracted illness and financial impact.

<u>1.4</u>

The Chief Nurse of England announced in November 2009 a nursing High Impact target of 'no preventable' pressure damage within NHS commissioned care'. As a result SHA's required NHS organisations to report all grade 3 and 4 sores as serious untoward incidents and we are expecting benchmarking information to be available very soon.

<u>1.5</u>

The attention on pressure damage also resulted in most Trust's having an associated CQUIN target. For SWBH this is:

- All in-patients must be assessed for pressure damage risk.
- All grade 3 and 4 sores must have a table top review.
- There should be a 10% reduction in pressure damage from Q4 baseline.

2. Current Position SWBH

<u>2.1</u>

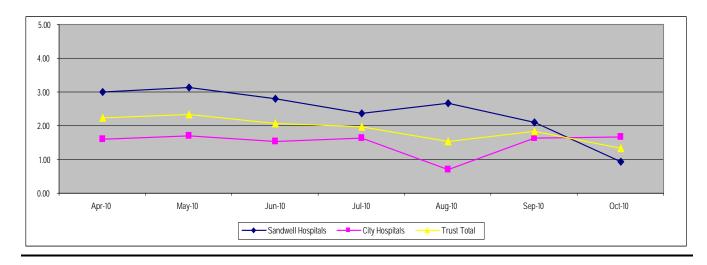
There was already an action plan in place for reducing pressure damage in the Trust which included:

- Improved training and preparation of all nursing staff
- Purchase of additional equipment
- Improved reporting and monitoring

And so the added focus nationally and regionally was welcomed by nurses within the Trust.

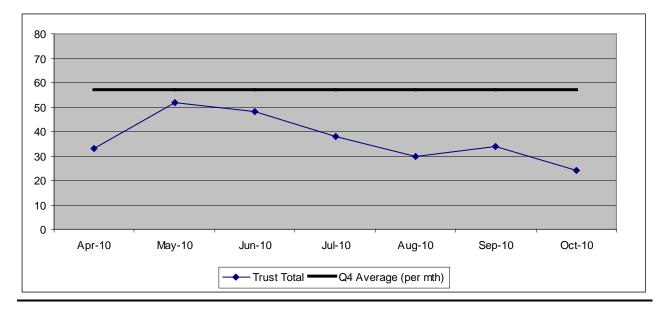
<u>2.2</u>

The tables below demonstrate the incidence of pressure damage per 1000 bed days and the actual incidence of pressure damage compared to Q4 baseline.



Hospital acquired data April per 1000 bed days April – October 2010

Incidence of hospital acquired pressure damage April 2010 – October 2010



<u>2.3</u>

There is a noticeable downward trend which we believe reflects the efforts made within nursing to tackle this problem.

<u>2.4</u>

Using the national calculator the downward trend in SWBH, year to date has probably prevented an unnecessary spend of around £500k in additional bed days, consumables etc.

<u>2.5</u>

We are achieving our CQUiN targets and expect that to continue. At the end of Q2 we had achieved a 40% decrease compared to Q4 baseline.

<u>2.6</u>

TTR's have proved invaluable in learning from these events and we adopted an approach which has grouped incidents together to achieve better sharing of learning and reduced duplication of effort. This approach has now been recommended to other Trusts by the SHA. Themes from the TTR's have been very similar:

- Repositioning and frequency of turns
- Over use of continence pads
- Not removing TED stockings to check heels

<u>2.7</u>

Action has been around:

- Training focus on trend areas
- Observations of care and ward spot checks
- Post-operative re-assessment
- Purchases of additional equipment mattresses and heel troughs and muffs
- Patient involvement and care encouraging compliance
- Targeted audits

3. In Conclusion

We are making very good progress in reducing hospital acquired pressure damage within the Trust.

Pressure damage has been identified nationally and regionally as a significant patient safety and patient experience issue that must be addressed.

Pressure damage rates are a very good indicator of general nursing care and attitude and the Trust's downward trend supports the findings from Ward Reviews that wider improvements in nursing standards have been achieved despite considerable pressures in the system.

NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Management of Fire Safety 2010	
SPONSORING DIRECTOR: Graham Seager, New Hospital Project Director		
AUTHOR:	Rob Banks, Head of Estates	
DATE OF MEETING:	16 December 2010	

SUMMARY OF KEY POINTS:

To provide the Trust Board with an annual report on all aspects of Fire Safety, including: Fire Safety Management Fire Safety Training Fire Safety Manuals Fire Precaution Works Fire Incidents and Alarms Fire Safety Action Plan for 2009/10 Fire Safety Action Plan for 2010/11 Annual Statement of Fire Safety Recommendations

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

Approval	Receipt and Noting	Discussion
X	Х	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to receive this report, note its contents and approve the proposal that the Chief Executive should sign the annual Declaration of Fire Safety.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Department of Health requirement to provide Annual Statement of Fire Safety
Annual priorities	
NHS LA standards	Compliance with mandatory training requirements
CQC Essential Standards Quality and Safety	Compliance with Core Standards
Auditors' Local Evaluation	

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

Financial	Х	Ongoing capital funding required to fulfil fire safety action plan in 2010 and beyond
Business and market share		
Clinical		
Workforce	Х	Training
Environmental		
Legal & Policy	Х	Regulatory Reform (Fire Safety) Order 2005
Equality and Diversity	Х	Further development of the Trust's evacuation procedures to better facilitate the use of the premised by disabled persons.
Patient Experience		
Communications & Media		
Risks		

PREVIOUS CONSIDERATION:

The management of fire safety is discussed at the Trust's Fire Safety Committee



2010 Annual Report on the Management of Fire Safety

Rob Banks Head of Estates December 201

SUBJECT: Management of Fire Safety 2010

1.0 INTRODUCTION

This report provides an overview of action taken in relation to the management of fire safety, fire safety training, fire precaution works and a summary of fire incidents for the period 1st October 2009 to the 30th September 2010. It also identifies key issues facing the Trust and provides details of planned actions for the next twelve months.

We are pleased to report that once again a great deal of progress has been achieved during the reporting year and would like to recognise the continuing support of the Trust Fire Safety Committee and the efforts of the Fire Safety Team in the achievement of this progress.

2.0 FIRE SAFETY MANAGEMENT

2.1 <u>Trust Fire Management Arrangements</u>

The Trust continues to work in line with the Department of Health Fire Code department (Fire Code – Fire Safety in the NHS, Health Technical Memorandum 05-01 "Managing Healthcare Fire Safety) and employs the services of an external Fire Safety Consultancy to fulfil the role of the Fire Safety Advisor.

2.2 Fire Safety Management Committee

Since its inauguration in September 2006, the Trust Fire Safety Committee has continued to meet on a regular basis. As a result of the improved standard of fire safety management throughout the Trust, achieved since September 2006, the decision to reduce the frequency of these meetings to a quarterly basis was taken by the Committee in September 2010. In addition to the quarterly meetings of the Fire Safety Committee, a monthly meeting of the Fire Safety Team takes place and written reports are prepared for submission to the Fire Safety Committee. The report includes fire related incidents, fire safety training performance, and fire precautions works progress. All Fire Safety Committee meetings are minuted and resultant actions addressed.

2.3 Fire Safety Management Policy

The Trust's Fire Safety Management Policy was last reviewed and approved by the Trust Board in April 2009. Small changes have since been made to the training section of the policy to reflect changes in the frequency of some fire safety training for non-patient area staff; these changes have been approved by the lead Executive Director, Graham Seager. The amended Policy is available on the Trust Intranet.

The review process is in line with the Trust's policy approval and implementation process. The policy is next due for review in April 2012.

3.0 TRAINING

The proactive approach to the management of Fire Safety within the Trust continues to be clearly demonstrated in its emphasis on staff training. Targets were set for this reporting period and progress has been very good

The Fire Safety Team has maintained the range of training available to our staff, and has developed the fire-fighting training for staff in critical clinical areas where evacuation of patients would severely

compromise their safety. The ability of staff to be able to deal with fire incidents swiftly and safely is therefore of paramount importance.

3.1 <u>The Structure of Fire Safety Training</u>

Fire safety training in the Trust is heavily role and location based. All staff that could be in charge of a ward or department at the time of an incident receives role specific Fire Scene Manager training. Fire Response Team Leaders and Fire Safety Wardens also receive role specific training. All other staff must attend the general fire safety awareness training session.

Patient area staff must attend fire safety training annually. After a review of the frequency with which staff should attend fire safety training, it was agreed by the Fire Safety Committee (with the endorsement of Learning and Development) that non-patient area staff need only attend the general fire safety awareness and fire scene manager training once every 24 months. This will allow the fire safety training team to concentrate more on the delivery of training to patient area staff.

The Estates fire safety training team deliver the following training modules:-

- Fire Safety Induction
- General Fire Safety Awareness
- Fire Scene Manager
- Fire Response Team Leader
- Fire Safety Warden

Mandatory Fire Safety Training

Further co-operation with the Learning and Development Department has resulted in improvements to the booking of fire safety training, being effective from October 2009, which is now consistent with procedures for all other mandatory training.

The following table indicates the number of staff having attended a mandatory training session.

Training module	2008/09	2009/10
Induction training	1853	658
General Fire Safety Awareness Training	1921	3268
Fire Scene Manager Training	1084	621
Fire Response Team Leader Training	20	91
Fire Safety Warden Training	130	89
TOTAL	5008	4727

The above figures indicate a slight decrease in overall training delivery due to the large reduction in new staff joining the Trust during the reporting period, resulting in reduced induction training requirement. Significantly however, the number of staff attending general fire safety awareness training increased by over 70% compared with the previous reporting period.

The Mandatory Training reporting system indicates that 80% of Trust staff are compliant with regard to fire safety training compared with 75% in the previous reporting period.

3.2 Fire Response Team Leader Training

There have been a number of changes over the past year as to who undertakes the role of Fire Response Team Leader, most notably at SGH. The procedures are now consistent across all three Trust sites. This change resulted in an additional training requirement for over 50 senior staff. In order that they may better support the Fire Response Team leader security staff at City and Sandwell have also been receiving training in Fire Response Team procedures.

4.0 FIRE SAFETY MANUALS

4.1 <u>Trust and Ward/Departmental Fire Safety Manuals</u>

The Trust Fire Safety Manual and ward/department specific fire safety manuals continue to be developed and updated following their distribution throughout the Trust. All clinical non-clinical departments have a Fire Safety Manual.

4.2 Fire Evacuation Strategy

An important part of the Fire safety manual is the Trust's fire evacuation strategy. HTM05-01, Managing Healthcare Fire Safety, recommends the adoption of progressive horizontal evacuation for all inpatient and other critical areas.

During the reporting period we have continued to undertake further extensive structural work throughout Trust premises in order to provide the physical fire resisting sub-division within all of our buildings to allow horizontal evacuation of patients wherever possible.

The local fire plans include evacuation procedures reflecting the needs of the patients.

A total of 40 evacuation chairs have now been deployed at strategic locations throughout the Trust. However, following feedback from the recent Operation Dunkerque at Sandwell Hospital it was established that additional evacuation equipment may be necessary.

5.0 FIRE PRECAUTION WORKS

A prioritised schedule of fire precaution works to be undertaken during the reporting period was identified following detailed risk assessments.

Funding for these works was approved by SIRG funded from the Trust's capital programme statutory standards allocation and as a consequence the following works have been completed or are in progress and due for completion before 31st March 2011:

- New fire door sets installed to replace existing damaged/substandard door sets.
- Electromagnetic fire door hold open devices installed in various door locations.
- New fire compartmentation partition constructed in the roof space of ward D28 and D24. It has been agreed that we will improve the compartmentation to the roof space of ward D29.
- New fire escapes manufactured and installed serving wards D14/D24 and D12/D22. These installations complete the 3 year programme of five new fire escape installations to the main ward blocks at City Hospital.
- Replacement of contaminated smoke detectors and additional fire detection installed.

6.0 FIRE INCIDENTS AND FALSE ALARMS

During this reporting period there have been 178 fire alarm activations across the Trust compared with 186 for the previous period. (For the purpose of this report the guidance used by the Fire Service has been used to classify calls as either Fire Incidents or False Alarms). The Fire Service consider any fire event involving the production of flames, heat, or smoke which results in a financial or other loss; for example, the burning out of a light choke which did not result in the production of flames would be recorded by the fire and rescue service as a fire.

Comparison of Fire Incidents and False Alarms 2008/9-2009/10

	2008/9	2009/10
False Alarms	173	163
Fire Incidents	13	15
Total for Trust	186	178

Summary of false alarms

The figures above show a small decrease in the number of false alarms.

Of the 163 false alarm calls in 2009/10, the primary causes are as follows:-

2009/10					
•	36 – smell of burning				
•	 25 – cooking (15 of which were due to the misuse of toasters) 				
•	22 – fire alarm system faults				
•	17 – contractors: activation by work of contractors				
•	16 – electrical equipment				

The number of calls relating to contractors' activities has again reduced slightly over the previous year; detailed induction procedures and training for contractors continues to be provided.

Continuing action is taken to reduce the potential for false alarms from cooking activities many of which are related to the misuse of toasters, which has led to a slight reduction in the current year.

There has been a greater number of false alarms due to the smell of smoke from overheating light fittings. Estates will continue to monitor this situation to determine if lighting replacements are required to reduce the risk.

Staff are actively encouraged to raise the alarm if they smell smoke and our extensive Fire Safety Awareness training may result in staff being more proactive in reporting apparently minor events.

Summary of fire incidents

The figures above show a slight increase in the number of reported fire incidents. A summary of the 15 incidents during the reporting period are as follows:-

(A comparison is shown with last year's incidents, the primary difference this year is the number of small incidents related to cooking.)

	2009/10			
•	6 – smoking related incidents (4 external, 2 internal)			
•	5 – related to electrical equipment (3 in IT equipment)			
•	4 – related to cooking			
•	0 accidental			
•	0 deliberately started fire			

The Trust experiences only a very small number of fires. Although reported as fires, the six relating to smoking resulting only in smouldering fires and were therefore not reportable as fires to the Department of Health.

The five fires relating to electrical equipment were all identified by staff members seeing or smelling smoke before any flaming combustion began, and consequently were also not reportable as fires to the Department of Health.

All incidents are investigated thoroughly and monthly reports submitted to the Trust Fire Safety Committee.

7.0 FIRE SAFETY ACTION PLAN FOR 2009/10

Performance against the planned targets was good with no significant shortfall. A reduction was achieved in the number of false alarms occurring on Trust premises, however there was a slight increase in the number of fire incidents. Fire safety training was delivered to a larger number of people and good progress was made on fire safety improvements, detailed as follows:-

- Improved awareness of fire safety management and practices throughout the Trust.
- A substantial increase in the number of Trust staff compliant with respect to fire safety training relating to their role.
- Initial phase of emergency evacuation aids (chairs) deployed throughout the Trust.
- Fire escape replacement programme to main wards at City Hospital completed.
- Fire door replacement programme
 - Further new door sets installed around the Trust
- Fire door hold open device programme
 - Electromagnetic door hold-open devices installed to additional locations Trust wide
- Fire compartmentation constructed in roof spaces of 2 wards. There remains only one roof space, D29, to receive fire partitions to complete the ward roof space fire compartmentation programme.
- Compliance with fire and rescue service expectations.
- Fire incidents continue to be fully investigated by a member of the Fire Safety Team

Whilst several of the issues continue as ongoing actions, the Fire Safety Action Plan for 2010/11 details the key fire safety issues facing the Trust in the coming year.

8.0 FIRE SAFETY ACTION PLAN FOR 2010/11

In addition to the appropriate and regular maintenance of fire precautions, there are a number of key fire safety issues facing the Trust in the coming year as can be seen in the following action plan for 2010/11, summarised as follows :-

- Review all fire training course content and objectives
- Deliver the general fire safety awareness training to all new staff at induction.
- Deliver the general fire safety awareness training at pre-booked twice weekly sessions.

- Deliver initial and refresher training to all Fire Safety Wardens.
- Deliver training to 'patient' and 'non-patient' area Fire Scene Managers.
- Deliver training to Fire Response Team Leaders as necessary.
- Investigate and report on all fire alarm activations
- Reduce false alarms.
- Reduce the number of fire incidents
- Develop and undertake further practical exercises at each hospital.
- Maintain and update Fire Safety Manuals
- Update fire safety audits.
- Continue with programme of fire precaution works.

Fire Safety Action Plan 2010/11

Task/Action	Key action(s) required	Completion date	Lead	Potential constraints and solutions	Intended outcome / measure of success	Status
Fire Training	Review of training Review all fire safety training, making recommendations for improved measurable objectives, course content, and course duration.	March 2011	PB		Revised course objectives, contents, and duration. Contribution to improved course attendance. Improved fire safety procedures.	
	Induction training Deliver the General Fire Safety Awareness training module to all induction courses.	Ongoing	PB	Fire safety trainer staffing levels to be maintained.	All new staff receive General Fire Safety Awareness training. All new staff are aware of SWBH fire procedures.	
	General fire safety awareness training To deliver general fire safety awareness training as required for the weekly Tuesday and Thursday pre-booked sessions and to respond to requests for the training to be delivered in workplaces as required.	Ongoing	PB	Fire safety trainer staffing levels to be maintained. Trust staff to be released for training.	85% of relevant staff to receive General Fire Safety Awareness training.	

Task/Action	Key action(s) required	Completion date	Lead	Potential constraints and solutions	Intended outcome / measure of success	Status
Fire Training	Fire Safety Warden Training All fire safety wardens to receive initial or refresher training.	Ongoing	PB	Fire safety trainer staffing levels to be maintained. Trust staff to be released for training.	85% of relevant staff to receive General Fire Safety Warden training.	
	Fire Scene Manager Training All patient area Fire Scene Managers trained as necessary within reporting year.	September 2011	РВ	Fire safety trainer staffing levels to be maintained. Trust staff to be released for training.	80% of patient area Fire Scene Managers trained as necessary.	
	All non-patient area Fire Scene Managers trained as necessary within reporting year. (Non-patient Fire Scene Managers receive training only every two years.)	September 2011	PB	Fire safety trainer staffing levels to be maintained. Trust staff to be released for training.	40% of non-patient area Fire Scene Managers trained as necessary.	
	Fire Response Team Leader Training To provide initial or refresher training to all Fire Response Team Leaders as necessary in order to fulfil duties in accordance with Fire Safety Management Policy.	September 2011	PB	Fire safety trainer staffing levels to be maintained. Trust staff to be released for training.	100% of Fire Response Team Leaders trained as necessary.	
	Fire Fighting Training – Selected Staff Staff in High Dependency Wards to receive refresher training in first action fire fighting techniques.	June 2011	РВ	Fire safety trainer staffing levels to be maintained. Trust staff to be released for training.	50% of all staff in High Dependency Wards received refresher training in first action fire fighting techniques.	

Task/Action	Key action(s) required	Completion date	Lead	Potential constraints and solutions	Intended outcome / measure of success	Status
False Alarms and Fires	Investigate and report on all fire alarm actuations.	Ongoing	РВ	Incident report forms not completed by relevant staff.	Reduced risk to patients, staff, and visitors. Fewer fires and false alarms. Reduced attendances of fire and rescue service. All fire related incidents reported to FSMC members on a monthly basis.	
	Reduce false alarms.	September 2011	PB	Failure to influence behaviours of staff and contractors in avoiding unwanted fire signals through training and procedures.	A reduction by 10% of false alarms on previous reporting period.	
	Reduce the number of fire incidents	September 2011	PB	 Failure to influence behaviours of staff and contractors in avoiding fires through training and procedures. Failure to manage equipment and services that can present an ignition source. Failure to implement arson prevention strategy. 	Reduced risk to patients, staff, and visitors. Reduce fire incidents by 35% on previous reporting period. Reduced attendances of fire and rescue service.	

Task/Action	Key action(s) required	Completion date	Lead	Potential constraints and solutions	Intended outcome / measure of success	Status
Fire Drill Exercises	Develop and undertake two practical exercises at City to test the Trust's fire response procedures.	September 2011	PB	Resources; availability of ward areas for the exercise to be undertaken.	Fire drills and exercises undertaken and reviewed.	
	Develop and undertake two practical exercises at SGH to test the Trust's fire response procedures.	September 2011	PB	Resources; availability of ward areas for the exercise to be undertaken.	Fire drills and exercises undertaken and reviewed.	
	Develop and undertake one practical exercises at RR to test the Trust's fire response procedures.	September 2011	PB	Resources; availability of ward areas for the exercise to be undertaken.	Fire drills and exercises undertaken and reviewed.	
Ward/Department Fire Safety Manuals	Maintain and update Fire Safety Manuals to all wards/ departments as appropriate.	Ongoing.	PB		Fire safety manuals maintained and updated.	
Fire Safety Audits	Update Fire Safety Audits of all Trust premises.	Sept 2011	PB		Fire safety audits updated.	
Fire Precaution Works	Continue with the Fire Precaution Works in accordance with the current Action Plans: - 2010/11 2011/12	Ongoing.	PF	Funding approved from capital programme Access to ward and other patient areas to undertake works.	All planned works completed. Report to FSC and SIRG.	
				No ward decant facilities.		

The Fire Safety Manager and the Fire Safety Management Committee will monitor progress against all actions during the coming year

9.0 ANNUAL STATEMENT OF FIRE SAFETY

Following fire risk assessment the organisation has developed a programme of work to eliminate or reduce to a reasonably practicable level the significant fire risks identified by the fire risk assessment.

There is an annual requirement for all NHS organisations to submit a declaration of fire safety for all premises. This was completed, signed by the Chief Executive and submitted to the Department of Health by the 31st January 2010 as required. The annual statement for this year is required to be submitted by the 31st January 2011.

10.0 RECOMMENDATIONS

Board members are asked to:-

- Note and approve this Report
- Confirm that the Annual Statement of fire safety can be duly completed, signed by the Chief Executive and forwarded to the Department of Health as required by the 31st January 2011.

NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Communications and Engagement progress report
SPONSORING DIRECTOR:	Jessamy Kinghorn, Head of Communications and Engagement
AUTHOR:	Jessamy Kinghorn, Head of Communications and Engagement
DATE OF MEETING:	16 December 2010

SUMMARY OF KEY POINTS:

The paper provides a progress report on the Trust's communications and engagement strategy. It also contains an update on key activities including media monitoring, patient information, website and membership.

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

Approval	Receipt and Noting	Discussion
	Х	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

1. NOTE the progress made

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	All – actions are aligned to the strategic objectives
Annual priorities	The strategy supports the delivery of all the Trust's corporate objectives
NHS LA standards	Patient information
CQC Essential Standards of Quality and Safety	
Auditors' Local Evaluation	Use of Resources; value for money – public engagement

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

Financial	х	Objectives assist in delivery of good use of resources		
Business and market share X		Objectives overlap with marketing strategy		
Clinical X		Patient information		
Workforce	х	Effectiveness of staff communication and engagement		
Environmental	х	Ensures communications activities are effective which avoids waste		
Legal & Policy	х	Patient information, membership		
Equality and Diversity	х	Access to information / engagement with diverse groups		
Patient Experience	х			
Communications & Media	х			
Risks				

PREVIOUS CONSIDERATION: Key features of this report have previously been considered at the Communications and Engagement Governance Group (December 2010), and Trust Management Board (December 2010). The Trust Board receives updates twice a year.

Communications and Engagement Strategy Update

Paper to the Trust Board December 2010

Report by Jessamy Kinghorn Head of Communications and Engagement

In March 2009 the Trust Board approved a new three year Communications and Engagement Strategy and action plan. The strategy has fourteen objectives and progress is reported to the Trust Board six monthly. In May 2010 the Board agreed a set of new actions for 2010/11 to deliver the objectives of the strategy. Progress against the objectives is rated below.

Кеу:
Green – on track / will deliver
Amber – not started / not as advanced as planned / risk of non delivery
Red – Significant delay / obstruction / will not deliver

Accessible and Responsive Care:

- Our patients, their carers and the clinicians responsible for their care (including GPs), will have the information they need to understand their treatment and to improve the experience they have in hospital, and their aftercare
- We will ensure patients and GPs have the information they need, when they need it, in the format they need, when choosing this hospital
- We will listen to our patients by establishing systems to monitor levels of patient satisfaction

Action	Current rating	Year end forecast
Roll out the monitoring of clinical communication with patients	Green	Green
Develop a Board approved formal protocol for translating information	Amber	Green
PALS and complaints poster campaign	Red	Amber
Produce audio versions of patient information literature	Green	Green
Produce child friendly information about hospital care	Green	Green
Review specialty content on the Trust website	Green	Green
Publish patient information on the Trust website	Amber	Green
Develop a GP news section on GP Homepage	Amber	Green
Finalise policy for patient surveys	Amber	Green

Produce guidelines for staff wishing to carry out patient surveys	Amber	Green
Roll out Speak Out and You said, we did campaign	Green	Green

High Quality Care:

- We will uphold public confidence in the Trust and its services through managing the Trust's reputation and promoting its services and successes
- We will facilitate implementation of the Trust's marketing strategy through appropriate marketing to and engagement with GPs, commissioners, community and patient groups
- We will develop our approach to engagement with patients, carers, stakeholders and local people to improve our services and undertake meaningful consultation and involvement in relation to changes and access to services

Action	Current rating	Year end forecast
Evaluate the media training programme	Amber	Green
Audit the Trust's reputation with the media	Amber	Green
Create a strategic communications planner	Amber	Green
Revise the marketing strategy following the appointment of the new Director of Strategy and Organisational Development	Green	Green
Undertake planned engagement activities to understand how our services are perceived and how they can be improved	Green	Green
Launch an involvement and consultation toolkit jointly with the Right Care Right Here programme and Sandwell and HOB PCTs	Amber	Green
Create a calendar of patient public engagement events that complements the membership calendar	Green	Green
Develop a range of patient and public forums	Green	Green

Care Closer to Home:

• We will promote the concept of care closer to home, the provision of services outside the main hospitals and the Towards 2010 Programme

Action	Current rating	Year end forecast
Continue to play a key role in the Right Care Right Here programme	Green	Green

Good Use of Resources:

• We will engage with the public over our use of resources

Action	Current rating	Year end forecast
Engage with the public over the Trust's performance during 2010/11	Green	Green
Engage with the public over the Trust's priorities for 2011/12	Green	Green
Ask our members their views on the way we use our resources	Green	Green

21st Century Facilities:

• We will engage with staff, partners, patients, their carers and local people to develop and promote plans for the new hospital

Action	Current rating	Year end forecast
Run a naming campaign that engages with a large number of local people, including hard to reach groups	Green	Green
Arrange appropriate promotion of the land acquisition	Green	Green

An Effective Organisation:

- We will ensure staff have the information they need and want to carry out their work effectively and play a full part in the organisation
- We will promote comprehensive staff engagement
- The communications crisis management and major incident response will be to a high standard
- We will enable our Foundation Trust members and key stakeholders play an important role in the activities and direction of the Trust, and will listen to their views and ideas
- We will implement a consistent brand across the organisation that reflects our values and increases awareness of the Trust

Action	Current rating	Year end forecast
Review communications for night staff and those not on email	Amber	Green
Publish best practice communication guidance for staff	Amber	Green
Continue to promote and embed the approach to leadership and staff engagement created through LiA	Green	Green
Facilitate staff engagement activities	Green	Green

Undertake further major incident training	Green	Green
Run a communications major incident exercise for other Trusts	Amber	Amber
Seek to observe other Trusts' approach to major incidents	Green	Green
Launch a range of forums for members to get more involved in the Trust	Green	Green
Publish the brand identity guidelines for all staff	Green	Green
Ensure new supply orders reflect the new branding	Green	Green
Promote the Trust's values	Amber	Green
Embed the customer care promise	Amber	Green

In addition to these actions, there are three significant communications and engagement activities that are taking place that the communications team are prioritising. These three sets of actions are all on track.

- Maternity reconfiguration communications strategy
- Transforming community services communications strategy and staff engagement
- Development of staff engagement plans within Owning the Future

Appendix A highlights some of the day to day activity of the Communications and engagement function, including media report, membership report, patient information and website.

APPENDIX A:

Communications and Engagement Highlights: June – December 2010

1 Internal Communications

Regular internal communications methods include the Trust's newsletter, Heartbeat, team brief, daily e-bulletins, daily updating of the intranet, use of posters and displays. Internal communications highlights include:

- Hot Topics: Subjects have included
 - Sickness absence management
 - o New hospital
 - o Living our vision and values engaging and empowering
 - Trust priorities
 - Infection control and cleanliness
 - Owning the future
 - Why don't we (December)
- Staff awards 2010 170 nominations
- Your Right to be Heard around 15 per month
- New guidance for the use of public folders
- Number of people playing the staff lottery has doubled in the last 6 months. 527 tickets were sold for November's draw.

2 Branding

The Trust branding continues to be applied to all new printed materials and in all capital developments. Examples can be seen in the main entrance at City Hospital, the Serenity Birth Centre and ward D16. Vehicle branding will be introduced as vehicles are replaced or upgraded. Brand guidelines are due to be published shortly.

3 Media and external communications

On average around 15 proactive press releases have been issued each month, in addition to responses to incoming media enquiries. The Trust participates in a media monitoring service commissioned by NHS West Midlands. That service has seen significant change and analysis is no longer available at individual trust level. The communications department monitors the cuttings it is aware of in mainstream, trade and community press, as well as broadcast media, and is currently looking into options for a more comprehensive solution.

Figure 1

	Aug-	Aug	Aug	Sep	Sep-	Sep	Oct	Oct	Oct	Nov	Nov	Nov
	08	-09	-10	-08	09	-10	-08	-09	-10	-08	-09	-10
Total	19	43	44	34	93	36	40	54	37	52	31	31
Positive	9	30	34	21	46	28	25	23	30	10	20	20
Negativ			3			4			5			6
е	8	11		4	24		2	4		12	1	
Neutral	2	2	7	9	23	4	13	28	2	30	10	5

Figure 2

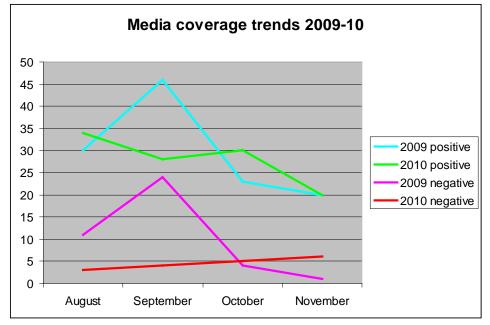
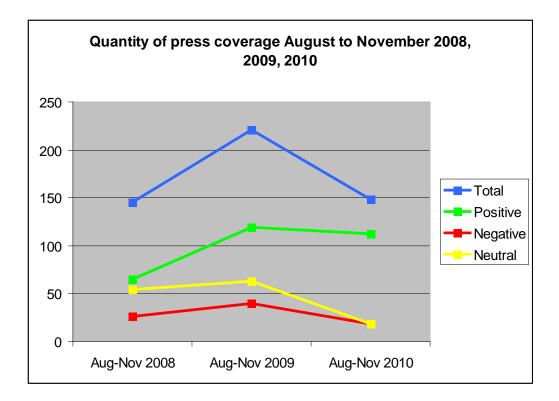


Figure 3



The Communications CIP for 2010/11 involved the disestablishment of a press officer role which took effect in May 2010. In addition, the non media workload of the department has increased significantly, affecting the proactive media capacity of the team. However, in comparing positive media coverage figures for August to November 2010 with the same period in 2009, the quantity of coverage has reduced only slightly, from 119 to 112 articles. Numbers of negative and neutral articles have reduced significantly during the same period.

There has been significant press involvement in the new hospital name campaign, filming features with NHS Local (such as two five minute films on enhanced recovery), and relationships continue to develop with community and BME press.

The Trust is also working with Blast! Films who are producing a documentary series of five one hour long programmes on what it means to be a nurse today. Each episode will focus on a different area of the hospital. Current areas that may be featured include: Critical Care and Critical Care Outreach, D25, EAU, D7/D20, Colorectal and D15/D17.

4 Website and e-communications

The last six months has seen significant changes to the Trust website, including changes to both the host and technical support companies after a series of problems. Much of this has been put right but some issues remain.

Progress includes:

• A content review identified several departments without their own page on the website and progress is being made to complete these.

- A new customer care promise 'rate us' section has been piloted and evaluated. This will be more heavily promoted once improvements have been made.
- Four campaigns have run on the website since June: new hospital name (suggestions), new hospital name (selection), staff awards and choose well.

The website receives on average 15,665 hits per month with the average time spent on the site consistently around two and a half minutes. The most popular pages are directions, vacancies and ward profiles.

In addition to ongoing development of current content, and specialty based content, there are a number of future plans for the website, including patient involvement and healthy living sections, a calendar of campaigns, an audio / media section, website surveys, GP information and promotion of the Trust's on facebook and twitter.

Sections of the website will be subject to a formal review twice yearly and clinical directors are required to sign off the content of their specialty pages.

An initial review has taken place during September - November 2010 and is next due in March 2011. The results of the review were presented to the December Communications and Engagement Governance Group. Of 39 specialties, the website content had been signed off by nine (23%) of the relevant clinical directors. The reasons given for why content was not signed off broadly fell into five categories.

- Content amended, awaiting final sign-off
- Content refers only to one site, information is being updated for other sites
- The specialty did not have a page, and one is now in development
- No engagement in the process to date
- Draft changes made, awaiting directorate response

5 Patient Information

Following a review of the production and quality of patient information, the patient information policy was revised in February 2010 to simplify the requirements and to bring it in line with Department of Health and NHS LA guidance.

New requests for information leaflets are made via the Communications Department, which liaises directly with the user over content and then with Medical Illustration over the production.

In order to achieve NHS LA level 2 accreditation, the Trust needs to demonstrate that information is being produced in accordance with the Trust policy. Leaflets must be reviewed every two years and need to contain a range of information, from risks and benefits, to publication and review dates and reference numbers. An audit of patient information carried out in 2009 found around 500 leaflets that needed to be reviewed or replaced. This was a substantial audit but did not cover every area of the Trust and the actual number of leaflets that need to be replaced is likely to be higher.

Since the end of June 2009, 259 new and amended leaflets have been completed, with a further 180 in production. There are around 180 further leaflets that have been flagged to the relevant department as needing attention. A system has been set up to automatically flag up leaflets that are due for review.

An audit was completed at the start of December 2010. It examined 39 (around 14%) information leaflets in detail for compliance with the Trust's policy, including the approval and archiving process.

In addition, the Trust has purchased a license to use EIDO information leaflets. These are developed by clinicians and go through a rigorous governance process. They are subject to the same standards required of the NHS LA. There are 291 leaflets on procedures and currently available on EIDO, covering a range of specialties. Fifteen of the most commonly used of those leaflets are also currently available in Arabic, Bengali, Hindi, Mandarin, Polish, Portuguese and Turkish. A significant number of departments use EIDO, with nearly 1,000 leaflets accessed each month by staff at the Trust.

The Department of Health is offering small grants to the first 100 NHS organisations to achieve the Information Standard. The grants cover the costs of certification and the first three years membership of the Standard. The Trust is due for assessment for the Information Standard on 8th and 9th December 2010. If the Trust is successful, The Information Standard is the equivalent of achieving the NHS LA standard level 2 for patient information and the Trust can apply the quality mark to all information that is produced in line with the Trust policy.

6 Patient and Public Engagement

A range of different patient and public engagement activities have taken place, including focus groups, LiA style events, surveys, use of video, and attending community meetings.

In December the Communications and Engagement Governance Group received a report that pulled together patient engagement activity within the Trust during the previous six months. It included examples in cardiology, cancer services, medicine, audiology, phlebotomy, trauma and orthopaedics, gynaecology, maternity, stroke, and the optimal ward programme. Membership activities were listed separately within the same report. Reports will continue to be produced bi-annually to this group and divisions / directorates will be asked for updates.

Following a public engagement event in November about the future of patient and public involvement, a new patient and public engagement strategy is currently being developed.

6 Membership

The Membership Office has run two recent recruitment campaigns, particularly focusing on Rowley Regis and Tipton, and Erdington, and on young people. These have included a range of activities including careers fairs and a work experience challenge.

Targeted recruitment campaigns will continue with specific emphasis on increasing representation of males and white people who are the most under represented in the membership. See *figure 4* on the following page for the full membership analysis.

Membership engagement over the last 6 months has included health talks on topics such as infection control, living with cancer, patient experience and breast services, and 'LiA' style engagement events such as trust priorities, future of patient and public involvement, trauma and orthopaedic services and new hospital.

Planned engagement with members over the next twelve months will include :

- Health talks
- Invite members of the public to participate in a membership engagement group, focusing on how the Trust can more effectively engage with members
- Health promotion and education events in the community
- Building links with community groups
- Improving the membership section of the website
- Opportunities to be involved in fundraising activities and other voluntary activities
- Equip members to act as critical friends of the Trust, to provide feedback on the Trust's activities and to help evaluate development proposals.
- Develop staff membership as a meaningful opportunity for participation in the governance and future direction of the Trust and not merely as the default status for employees, link in with LIA and Owning the Future
- Develop use of email and text communication through nhs.net

Figure 4

0	Number of	Number of	Eligible membership	Over/Under	Over/Under		
Public constituency	members 2009	members 2010	2010	Rep 2009	Rep 2010	Number	Change
Age (years):							
0-16	253	430	428,612	-6.08%	-3.70%		
17-21	442	480	332,660	-1.44%	-0.90%		
22+	6,435	6,577	3,768,599	2.74%	4.70%		V
Ethnicity:							
White	4494	4,354	4,674,296	-28.73%	-30.60%	▼	▼
Mixed	40	128	73,225	-0.86%	0.30%		A
Asian or Asian British	1584	1,725	385,573	13.83%	7.30%		
Black or Black British	808	799	104,032	8.82%	2.00%	•	A
Other	266	188	30,182	2.98%	0.60%	▼	A
Socio-economic							
groupings*:							
ABC1	2820	2,784.00	1,913,856	-9.09%	-9.60%	—	▼
C2	1235	1,211.00	685,541	-0.25%	0.60%	•	•
D	1560	1,579.00	794,461	1.43%	1.70%		•
E	1873	1,911.00	700,084	7.91%	8.40%		
Gender analysis	1						
Male	2946	2,903	2,575,111	-9.55%	-10.10%	—	•
Female	4386	4,437	2,692,197	7.46%	8.20%		•

Total membership has remained stable at just under 7,500 members. The figures above exclude the 'don't know' category. The closer the figure in the over/under rep columns is to 0%, the more reflective the membership is of the local community.

Ratings explained 'Number'	Ratings explained 'Change'
An increase in members in any category	Representation moving closer to 0
A decrease of up to 25 in the number of members in any	Representation moving away from 0
category	Green – representation within 5% margin
A decrease of between 25 and 100 members in any	Amber – representation approaching 5% margin
category	Red – membership over or under represents population by
A decrease of more than 100 members in any category	more than 5%

Governor seats	Minimum member target	Aspirant member target	Members	Change from last report
	0	U U		•
3	900	1200	1304	•
3	900	1200	1112	
3	900	1200	699	
3	900	1200	869	
3	900	1200	1077	•
1	300	400	313	A
1	300	400	389	•
2	600	800	1722	A
			2	
19	7500		7487	*
	seats 3 3 3 3 3 3 1 1 2	seats member target 3 900 3 900 3 900 3 900 3 900 3 900 1 300 2 600	seats member target member target 3 900 1200 3 900 1200 3 900 1200 3 900 1200 3 900 1200 3 900 1200 1 300 400 1 300 400 2 600 800	seats member target member target 3 900 1200 1304 3 900 1200 1112 3 900 1200 699 3 900 1200 699 3 900 1200 699 3 900 1200 869 3 900 1200 869 1 300 400 313 1 300 400 389 2 600 800 1722 2 600 800 2

*Membership at the last report was 7488.

Over minimum target	▲	Increase in members
Within 5% of target	•	Reduction in members by less than 10 members per Governor seat
Over 5% below target	•	Reduction in members by more than 10 members per Governor seat

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NHS Trust

TRUST BOARD					
DOCUMENT TITLE:	'Right Care, Right Here' Progress Report				
SPONSORING DIRECTOR:	Mike Sharon, Director of Organisational Development and Strategy				
AUTHOR:	Jayne Dunn, Redesign Director – RCRH				
DATE OF MEETING:	16 December, 2010				

SUMMARY OF KEY POINTS:

The paper provides a progress report on the work of the *Right Care Right Here* Programme as at the end of November 2010.

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

PREVIOUS CONSIDERATION:

Routine monthly progress report to Trust Board

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

RIGHT CARE RIGHT HERE PROGRAMME: PROGRESS REPORT DECEMBER 2010

INTRODUCTION

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

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

PROJECT PERFORMANCE

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

- <u>ENT</u> 26% below primarily owing to a delay in commissioning investment into the Ear Care Service.
- <u>Gynaecology</u> 42% below primarily to difficulties in populating community clinics and withdrawal of clinics from some locations (e.g. Aston). Implementation of the new Community Gynaecology Service over the next 4-6 months will increase community activity. The first of these clinics will be held in mid December.
- Intermediate Care at Rowley Regis Hospital 8% below. The establishment of the new model of care in spring 2011 will increase this activity.
- <u>Dermatology</u> 6% below.
- <u>Ophthalmology</u> 7% below. This is primarily due to 2 vacant Glaucoma consultant posts (Glaucoma being the main focus of the community clinics) and closure of the clinics in the Lyng. These clinics have now been transferred to Rowley Regis Hospital and so community activity should increase.

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

• <u>Emergency and Urgent Care</u> - Emergency Department (ED) and Urgent Care activity for the first 6 months of the year compared to the same period last year shows that the level of demand for urgent and emergency care combined has increased, compared to the same period last year, by 31%. This includes SWBH ED attendances (excluding BMEC) being 15% higher than the same period last year and the level of urgent care centre attendances being 81% higher.

Comparing the level of activity to the Activity and Capacity Model forecasts for 2010/11 at month 6, the actual urgent care activity delivered is almost twice the level forecast, with A&E activity being 28% higher than forecast.

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

- <u>Outpatient Work</u> Comparison between 09/10 outpatient activity and this year shows that for the first 6 months of this year the level of activity in the community has increased (by 8%) but the level of outpatients being delivered by SWBH in the hospital has also increased and is 7% above the trajectory as a result of increases in outpatient referrals and follow ups.
- <u>Intermediate Care</u> Community re-provision of occupied bed days in intermediate care if 39% higher than for the same period last year. SWBH occupied bed days in the acute hospitals are 1.5% lower than last year but 9.4% higher than the forecast in the Activity and Capacity Model.

CARE PATHWAY REVIEWS

Care Pathway reviews continue with the following progress:

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

ACUTE AND URGENT CARE CAPACITY REVIEW

Birmingham Review

As reported last month, this review has now formally concluded. The RCRH principles are now being used to inform the coming year's LDP negotiations between the PCTs and GPs working within the Birmingham Cluster and Birmingham providers. These principles are:

- To develop risk sharing and incentives alignment a Concordat (SWBH health economy was cited as a good example)
- Birmingham and Solihull cluster will approach LDP round collectively with Director input from the start and there will be common core of contract requirements
- A letter on commissioning intentions and principles will come out by end of November
- There will be a focus on follow up outpatient appointments, consultant to consultant outpatient appointments, avoidable admissions and procedures of lower clinical value
- The aim is to set improvement expectations through contracts e.g. proportion of new appointments delivered as web or telephone appointments
- Aim to modify the way PbR (Payment by Results) works to align incentives
- PbR for primary care will be introduced by 2014.

OGC GATEWAY REVIEW

The Office of Government Commerce (OGC) undertook a Gateway Review of the RCRH Programme at the end of November. The Review focused on how the Programme can develop further to ensure effective delivery of its objectives, taking account of emerging GP consortia and the changing role of local authorities in holding the responsibility for health and well being. A report from the Gateway Review will be presented to the next Partnership Board meeting.

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 9th December 2010

NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Financial Performance Report – November 2010
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Management
AUTHOR:	Robert White/Tony Wharram
DATE OF MEETING:	16 December 2010

SUMMARY OF KEY POINTS:

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

For the period 1st April 2010 to 30th November 2010, the Trust achieved a "bottom line" surplus of £868,000 which is £140,000 better than the planned position (as measured against the DoH performance target).

Capital expenditure for the year to date is £9,376,000 and the cash balance at 30th November was £6.8m above the revised plan.

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

Approval	Receipt and Noting	Discussion
X	Х	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Financial Management Board and Trust Management Board on 14 December 2010; Financial Management Board on 16 December 2010.

NHS Trust

Financial Performance Report – November 2010

EXECUTIVE SUMMARY

• For the period 1st April 2010 to 30th November 2010, the Trust achieved a "bottom line" surplus of £868,000 which is £140,000 better than the planned position (as measured against the DoH performance target).

• A prudent view continues to be taken of LDP over performance (based on priced activity up to 31st October) and this is reflected in the reported financial position.

• At month end, WTE's (whole time equivalents) were approximately 39 above plan which is approximately the same as the position reported for October. The ongoing high levels of capacity being maintained and the cover required in certain medical rotas has led to continuing high use of agency staff and this is very similar to the level used in October. However, total pay expenditure for the month, inclusive of agency costs, was £139,000 below plan which brings the year to date position to £373,000 above plan.

• The month-end cash balance is approximately £4.8m above the revised plan, approximately £1m higher than the October position. This includes receipt of Department of Health acute project enabling funds.

· Capital expenditure is higher than plan for both November and the year to date but this continues to relate to phasing and does not represent a real pressure on budgets.

	Current	Year to			
Measure	Period	Date		Thresholds	
			Green	Amber	Red
I&E Surplus Actual v Plan £000	11	140	>= Plan	> = 99% of plan	< 99% of plan
EBITDA Actual v Plan £000	29	417	>= Plan	> = 99% of plan	< 99% of plan
Pay Actual v Plan £000	139	(373)	<=Plan	< 1% above plan	> 1% above plan
Non Pay Actual v Plan £000	(124)	(1,019)	<= Plan	< 1% above plan	> 1% above plan
WTEs Actual v Plan	(39)	(11)	<= Plan	< 1% above plan	> 1% above plan
Cash (incl Investments) Actual v Plan £000	6,792	6,792	>= Plan	> = 95% of plan	< 95% of plan
CIP Actual v Plan £000	(133)	(308)	>= 97½% of Plan	> = 92½% of plan	< 921/2% of plan

e: positive variances are favourable, negative variances unfavourable

	Annual	СР	СР	СР	YTD	YTD	YTD	Forecast
2010/2011 Summary Income & Expenditure	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Outturn
Performance at November 2010	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Income from Activities	341,951	28,697	28,415	(282)	228,062	228,916	854	344,035
Other Income	40,021	2,852	3,148	296	26,017	26,972	955	41,654
Operating Expenses	(358,238)	(29,661)	(29,646)	15	(238,907)	(240,299)	(1,392)	(361,455)
EBITDA	23,734	I,888	1,917	29	15,172	15,589	417	24,234
Interest Receivable	25	2	I	(1)	17	49	32	75
Depreciation & Amortisation	(18,724)	(1,090)	(1,107)	(17)	(11,141)	(11,450)	(309)	(19,274)
PDC Dividend	(5,855)	(488)	(488)	0	(3,903)	(3,903)	0	(5,855)
Interest Payable	(2,417)	(201)	(201)	0	(1,611)	(1,611)	0	(2,417)
Net Surplus/(Deficit)	(3,237)	111	122	11	(1,466)	(1,326)	I 40	(3,237)
IFRS/Impairment Related Adjustments	5,275	(31)	(31)	0	2,194	2,194	0	5,275
SURPLUS/(DEFICIT) FOR DOH TARGET	2,038	80	91	11	728	868	140	2,038

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

	Year to	Date
Target	Plan £000	Actual £000
Income and Expenditure	728	86
Capital Resource Limit	5,093	
External Financing Limit		6,79
Return on Assets Employed	3 50%	3.5

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NHS Trust

Financial Performance Report – November 2010

Overall Performance Against Plan

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



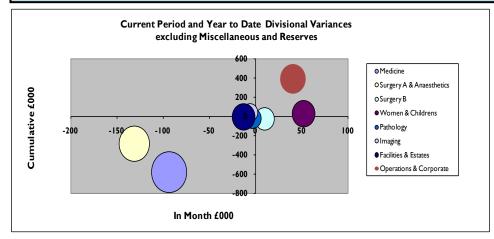
Divisional Performance

• In November, the performance of the majority of divisions was broadly in line with plan with the only significant variances being the adverse performances of Medicine and Surgery A, Anaesthetic & Critical Care balanced by better than planned performance in Miscellaneous and Reserves, Women & Childrens and Corporate Services.

• For the year to date, Medicine and Surgery A, Anaesthetic & Critical Care continue to be the only divisions with material "bottom line" deficits against plan.

• For both Medicine and Surgery A, much of the adverse performance is being generated through higher than planned staffing levels, mainly through bank, agency or additional sessions. In the case of Medicine, this is the result of a combination of maintaining additional ward capacity and covering vacancies and other shortages in key areas, notably Emergency Services while the primary driver in Surgery A relates to coverage of vacancies in Critical Care and Theatres as well as the use of waiting list sessions to maintain activity levels and control the level of the waiting lists themselves. The performance of both divisions (although particularly Medicine) reflects additional support from corporate reserves in recognition of the need to maintain additional capacity as well as the impact of the emergency threshold adjustment.

• If the Trust is to ensure that financial balance is maintained for the remainder of this financial year and into 2011/12 and beyond, it is essential that current high cost levels are contained and managed downwards to a sustainable level going forward.



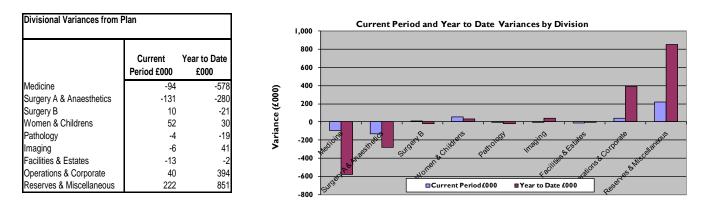
The tables adjacent and overleaf shows generally favourable performance in month although with Medicine and Surgery A, Anaesthetics and Critical Care each having significant year to date adverse performance.

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Sandwell and West Birmingham Hospitals

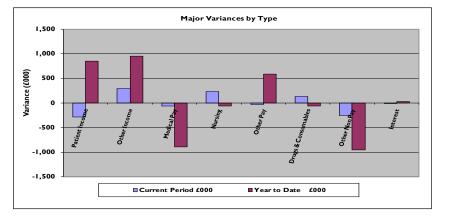
NHS Trust

Financial Performance Report – November 2010



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

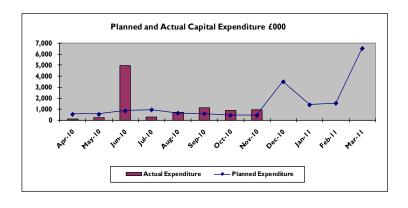
Variance From Plan by Expenditure Type				
	Current Period £000	Year to Date £000		
Patient Income	-282	854		
Other Income	296	955		
Medical Pay	-65	-896		
Nursing	231	-62		
Other Pay	-27	585		
Drugs & Consumables	132	-62		
Other Non Pay	-256	-957		
Interest	-1	32		



Capital Expenditure

• Planned and actual capital expenditure by month is summarised in the adjacent graph. Higher than planned expenditure was again incurred in month, primarily in respect of maternity services, MAU and same sex accommodation.

•Expectations of slippage on the programme, particularly in respect of the remaining purchase of land, has meant that some schemes can be brought forward from 2011/12 as pressure is increased in that year with further acquisition of land.



NHS Trust

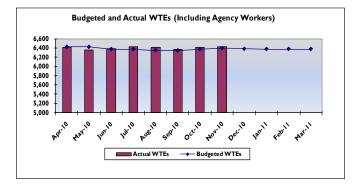
Financial Performance Report – November 2010

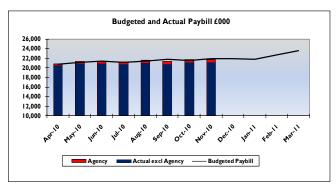
Paybill & Workforce

• Workforce numbers, including the impact of agency workers, remain approximately 39 wtes above plan for November. However, this does need to be viewed in the light of ongoing high levels of bank and agency spend which account for around 416 wtes or 6½% of the Trust's workforce and which can be very variable from one month to another.

• Total pay costs (including agency workers) are £139,000 below budgeted levels for the month and £373,000 above for the year to date. The main areas where expenditure remains in excess of plan continue to be medical staffing, healthcare assistants and nursing offset to some degree by lower than planned expenditure among other pay groups. In month performance does reflect some degree of additional funding in key areas (primarily within Medicine) in recognition of cost pressures resulting from significant additional capacity being open.

• Expenditure for agency staff in November was £597,000 compared with £605,000 for October. Almost half of this expenditure, whether for November or the year to date, relates to medical staff with a significant proportion of medical agency cover residing within the Medicine Division.





Pay Variance by Pay Group

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

A	nalysis of Tot	al Pay Costs by	y Staff Grouj	0		
		I	ear to Date t	o November		
			Actı	ial		
	Budget £000	Substantive £000	Bank £000	Agency £000	Total £000	Variance £000
Medical Staffing	50,103	49,105		1.894	50,999	(896)
Management	9,042			1,0 1	8.486	
Administration & Estates	19,402		163	697	19.463	
Healthcare Assistants & Support Staff	18,257		1.300	704	18.683	
Nursing and Midwifery	50,261		2,357	553	50,323	
Scientific, Therapeutic & Technical	23,834	23,053		353	23,406	
Other Pay	88	0			0	88
Total Pay Costs	170,987	163,340	3,819	4,201	171,360	(373)

NOTE: Minor variations may occur as a result of roundings

NHS Trust

Financial Performance Report – November 2010

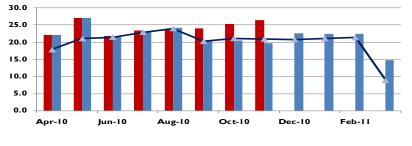
Balance Sheet

• The opening Statement of Financial Position (balance sheet) for the year at 1st April reflects the statutory accounts for the year ended 31st March 2010.

• Cash balances at 30th November are approximately £6.8m higher than the revised plan, an increase of around £2m mainly the result of the receipt of over performance income of £0.5m from Pan Birmingham LSCG, higher than planned VAT receipts and lower than planned spend on trade creditors.

	Sandwell & West Birmingham Hospita STATEMENT OF FINANCIAL PO			
		<u>Opening</u> Balance as at <u>March 2010</u> <u>£000</u>	Balance as at <u>November</u> 2010 £000	Forecast at March 2011 <u>£000</u>
Non Current Assets	Intangible Assets Tangible Assets Investments Receivables	426 220,296 0 1,158	375 220,291 0 1,275	400 221,131 0 1,350
Current Assets	Inventories Receivables and Accrued Income Investments Cash	3,439 19,289 0 15,867	3,774 19,749 0 26,504	3,450 19,500 0 19,896
Current Liabilities	Payables and Accrued Expenditure Loans Borrowings Provisions	(31,962) 0 (1,698) (5,338)	(47,742) 0 (1,665) (2,202)	(43,317) (1,690) (5,000)
Non Current Liabilities	Payables and Accrued Expenditure Loans Borrowings Provisions	0 0 (32,476) (2,175)	0 (31,486) (3,044)	(30,786) (2,150)
		186,826	185,830	182,784
Financed By				
Taxpayers Equity	Public Dividend Capital Revaluation Reserve Donated Asset Reserve Government Grant Reserve Other Reserves Income and Expenditure Reserve	160,231 36,545 2,148 1,103 9,058 (22,259)	160,231 37,110 1,940 1,076 9,058 (23,585)	160,231 36,250 1,698 1,043 9,058 (25,496)
		186,826	185,830	182,784

Planned and Actual Cash Balances (£m)



Actual Revised Plan

— Original Plan

NHS Trust

Financial Performance Report – November 2010

Cash Flow

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

Sandwell & West Birmingham Hospitals NHS Trust CASH FLOW													
	12 MONTH ROLLING FORECAST AT November 2010												
ACTUAL/FORECAST	Nov-10 £000s	Dec-10 £000s	Jan-11 £000s	Feb-11 £000s	Mar-11 £000s	Apr-11 £000s	May-11 £000s	Jun-11 £000s	Jul-11 £000s	Aug-11 £000s	Sep-11 £000s	Oct-11 £000s	Nov-11 £000s
Receipts													
SLAs: Sandwell PCT	13,464	13,586	13,586	13,586	13,586	13,236	13,236	13,236	13,236	13,236	13,236	13,236	13,236
HoB PCT	7,114	7,163	7,163	7,163	7,163	7,022	7,022	7,022	7,022	7,022	7,022	7,022	7,022
Associated PCTs	5,039	4,786	4,786	4,786	4,786	4,765	4,765	4,765	4,765	4,765	4,765	4,765	4,765
Pan Birmingham LSCG	1,410	1,399	1,399	1,399	1,399	1,371	1,371	1,371	1,371	1,371	1,371	1,371	1,37
Other SLAs	544	819	819	819	819	820	820	820	820	820	820	820	82
Over Performance Payments	495	500	0	0	0	0	750	750	750	750	750	750	750
Education & Training	1,273	1,506	1,506	1,506	1,506	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500
Loans	0	0	0	0	0				0	0	0	0	(
Interest	7	6	6	6	6	6	6	6	6	6	6	6	6
Other Receipts	2,805	2,004	2,004	2,004	2,004	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Total Receipts	32,151	31,770	31,270	31,270	31,270	30,719	31,469	31,469	31,469	31,469	31,469	31,469	31,469
Payments													
Payroll	12,398	12,402	12,495	12,495	12,546	12,450	12,450	12,450	12,450	12,450	12,450	12,450	12,450
Tax, NI and Pensions	8,488	8,829	8,895	8,895	8,931	8,900	8,900	8,900	8,900	8,900	8,900	8,900	8,900
Non Pay - NHS	2,338	1,555	2,076	2,076	2,366	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Non Pay - Trade	6,367	4,666	6,227	6,227	8,418	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500
Non Pay - Capital	938	595	940	940	4,808	750	750	750	750	750	750	750	750
PDC Dividend	0	0	0	0	2,746						2,750		
Repayment of PDC	0	0	0	0	0								
Repayment of Loans	0	0	0	0	0								
Interest	0	0	0	0	0								
BTC Unitary Charge	371	365	365	365	365	374	374	374	374	374	374	374	374
Other Payments	72	400	400	400	400	250	250	250	250	250	250	250	250
Total Payments	30,972	28,813	31,398	31,398	40,579	31,224	31,224	31,224	31,224	31,224	33,974	31,224	31,224
Cash Brought Forward	25,325	26,504	29,461	29,333	29,205	19,896	19,391	19,636	19,881	20,127	20,372	17,867	18,112
Net Receipts/(Payments)	25,325	26,504	(128)	29,333 (128)	(9,309)	(505)	245	245	245	20,127		245	245
Net Receipts/(Payments) Cash Carried Forward	1,179 26.504	2,957 29,461	(128) 29.333	(128) 29.205	(9,309) 19,896	(505) 19.391	245 19.636	245 19.881	245 20.127	245 20.372	(2,505) 17.867	245 18.112	245 18.357

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

Risk Ratings						
Measure Description		Value	Score			
EBITDA Margin	Excess of income over operational costs	6.5%	3			
EBITDA % Achieved	Extent to which budgeted EBITDA is achieved/exceeded	102.7%	5			
Return on Assets	Surplus before dividends over average assets employed	1.6%	2			
I&E Surplus Margin	I&E Surplus as % of total income	-0.5%	2			
Liquid Ratio	Number of days expenditure covered by current assets less current liabilities	-1.5	1			
Overall Rating	•		2.3			

Risk Ratings

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

NHS Trust

Financial Performance Report – November 2010

External Focus

• Key PCTs continue to report a financial position and a projected outturn which is manageable within contingency reserves although there is some recognition that the underlying higher activity levels will increase the pressure on PCT budgets in future years as baseline LDP levels are uplifted.

•Publication of the NHS Operating Framework is anticipated around mid December and this will set the operational targets and rules of engagement for 2011/12 and specifically the 11/12 LDP round. In the meantime, the StHA is in the process of collecting submissions from both PCTs and providers via the Long Term Sustainability Model (LTSM) process which will provide an early indication of potential LDP positions and the scale of any commissioning gaps.

• The SHA winter performance incentive scheme continues to operate with providers potentially receiving additional income based on A&E waits, ambulance turnarounds and delayed discharges. This is worth around £170k a month to the Trust from November to March . This potential source of income reflects some of the increased pressures being faced by the Trust (and other acute hospitals) with regard to emergency admissions.

Conclusions

• The Trust's performance against its Department of Health control total (i.e. the bottom line budget position it must meet) shows a surplus of £868,000 for the first eight months of the financial year. Performance against the statutory accounts position (which includes one-off charges for changes in asset values) shows a deficit of £1,326,000 as this includes non cash adjustments for revised asset values.

- The corresponding results for the month of November show a DH control total surplus of £122,000 and a statutory accounts surplus of £91,000.
- Capital expenditure in November was £936,000, primarily related to maternity services, digital mammography and statutory standards.

•At 30th November, cash balances are approximately £6.8m higher than the revised cash plan.

• Adverse performance continues to be generated by some clinical divisions, particularly Medicine and Surgery A, Anaesthetics and Critical Care with further deficits being generated in month. Better than planned performance within Corporate Divisions and on Miscellaneous and Reserves continues to make a significant contribution to the overall favourable position of the Trust.

NHS Trust

Financial Performance Report – November 2010

Conclusions (cont)

•A prudent approach in terms of potential data challenges and non divisional expenditure items continues to be maintained.

• Activity related cost pressures remain a major issue for the Trust and for individual divisions. For the Trust to achieve its financial targets, it is imperative that these pressures are successfully managed especially as additional pressures will be felt as the Trust approaches the winter period.

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

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:	16 December 2010		

SUMMARY OF KEY POINTS:

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

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

Approval	Receipt and Noting	Discussion
	х	

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

PREVIOUS CONSIDERATION:

Financial Management Board and Trust Management Board on 14 December 2010; Finance and Performance Management Committee on 16 December 2010.

SANDWELL AND WEST BIRMINGHAM HOSPITALS PERFORMANCE MONITORING REPORT - NOVEMBER 2010

EXECUTIVE SUMMARY

Note		Comments							
	ional column has been added to the report which is intended to indicate the magnitude of improvement required to deliver the various National & iority and CQUIN targets. The assessment is based upon recent performance, performance to date and end target.								
	SHA Winter Targets - 3 performance indicators effective for the period October 2010 - March 2011 inclusive have been identified by the SHA. Each indicator, A/E 4-hour waits, Delayed Transfers of Care and Ambulance Turnaround Time have specific targets, the achievement of which generates additional income for the Trust. Performance to date is summarised in the table below.								
		November Year to Date (since October)							
		Area		Target	Actual	Available £s	Achieved £s	Available £s	Achieved £s
	A/E 4-hour waits		%	=>96.00	97.20	50485	50485	100970	100970
	Delayed Transfers	of Care	%	<4.00	5.00	50485	0	100970	0
	Ambulance Turnar	ound (<30 mins)	%	=>78.00	74.90	67314	0	134628	0
	Total					168284	50485	336568	100970
а		ne Trust's performance du liced performance during	•	•		•		• • •	
b	The percentage of Cancelled Operations across the Trust remained stable during November (0.7%). There were 20 cancellations in Ophthalmology, accounting for half of the overall number cancelled.								
С	Delayed Transfer Trust increased to	rs of Care on the Sandw 5.0%.	ell site increa	sed to 4.7% d	uring the mo	nth. The per	centage of De	layed Transf	ers of Care across the
d	Stroke Care - provisional data for the month of November indicates the percentage of patients who spent at least 90% of their hospital stay on a Stroke Unit was 65.3%. TIA outpatient data, specifically the percentage of High Risk patients who were treated within 24 hours of registration on the Trust's Patient Administration System is included in the report. For the month of November this was 23.1%.								
e	The overall number of cases of C Diff reported across the Trust during the month of November was 6. There were no cases of MRSA Bacteraemia reported during the month. The total number of C Diff cases for the year to date (102) is within both the External (DoH) and Internal trajectories for the period. The total number of cases of MRSA Bacteraemia reported year to date remains 4, identical to the trajectory for the period.							ernal (DoH) and	
f	Referral to Treat	ment Time - data for the	month of Nov	vember was n	ot available f	or inclusion v	within this rep	ort.	
g	Overall compliance with Mandatory Training modules remains in excess of 80%. In excess of 3200 staff have now received a PDR since April, this represents 92% of PDRs expected to have been undertaken during this period.								
	CQUIN:								
	Overall scheme financial values are included within the main body of the report.								
	VTE (Venous Thromboembolism) Risk Assessment - Performance for November further improved to 71.7% (October 54.9%). Improvement, in the month of December of a similar magnitude will be required to meet the target of 90% of patients risk assessed for VTE, during Quarter 4, 2010 / 2011.								
	-	Breastfeeding status at the target of 72.3% (basel		•	•			•	
	Tissue Viability (Pressure Ulcers) - Comprises 3 components; Assessment on admission, Decrease in number of acute hospital acquired grade 2, 3 and 4 ulcerations and Table Top Reviews on all ulcerations of grade 3 or 4.								

grade 2, e and i dicertatione and rable reprice the diratione of grade e er n

• The Q2 audit indicated 83% of patients were assessed on admission (target 75%).

• The number of Hospital Acquired Pressure Sores (Grades 2, 3 and 4) for the first 7 months is 24.6% less than the baseline (Q4 target 10% less).

• Table Top Reviews for Grade 3 and 4 Pressure Sores are all up to date.

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

• The Q1 audit indicated 83.6% of patients were assessed (target 75%). Q2 data awaited.

• The number of inpatient falls reported for the first 5 months of the year is 8.2% less than the baseline (Q4 target 10% less).

• Table Top Reviews on falls with fracture are all up to date for Quarters 1 and 2.

Brain Imaging for Emergency Stroke Admissions (within 24 hours admission) - provisional data for November indicates performance of 88.2%.

Hip Fracture Operations within 24-hours of admission - provisional data for the percentage of patients receiving an operation with 24 hours of admission during November is 69.23%.

Smoking (Brief Intervention in Outpatients) - a total of 1354 referrals are recorded during the first 8 months of the year, in line with the trajectory for the period.

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

Note

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Comments

Patient Experience - Composite of response to 5 inpatient survey questions. Goal to improve responsiveness to personal needs of patients. Survey to be conducted between October and January, for patients who had an inpatient episode between July and August. Parget is an improvement (increase) of 2 percentage points on 2009 / 10 baseline.
 Think Glucose - target relates to Inpatients with a secondary diagnosis of Diabetes. Final indicator value is evidence of participation in NHS Institute Think Glucose Programme.
 Parent's Consultation with Senior Clinician - parents able to discuss care of their baby with senior clinician within 24 hours of admission onto neonatal unit. A target of 81% for Q4 has been set by the Specialised Commissioners. The most recent quarterly performance is 72% (Q2), although this fell to 69.0% during October, improving marginally to 73.0% during November. It should be noted that the West Midlands Specialised Commissioners have recently notified Trusts that Q4 CQUIN payments for the Neonatal schemes will be based upon Q3

(cont'd) and Q4 data combined.

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Neonates Offered Breast Milk - to maximise the number of babies admitted to the neonatal unit who will be offered some breast milk (from mother) during the inpatient episode. A target of 79% for Q4 has been set by the Specialised Commissioners. The most recent quarterly performance is 90% (Q2), although this fell to 71.0% during October, but improved to 100% for the month of November. *It should be noted that the West Midlands Specialised Commissioners have recently notified Trusts that Q4 CQUIN payments for the Neonatal schemes will be based upon Q3 and Q4 data combined.*

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

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

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

	Month						
	Actual	Plan	Variance	%			
IP Elective	973	1112	-139	-12.5			
Day case	4711	4026	685	17.0			
IPE plus DC	5684	5138	546	10.6			
IP Non-Elective	4872	5288	-416	-7.9			
OP New	14549	13710	839	6.1			
OP Review	38301	34955	3346	9.6			
OP Review:New	2.63	2.55	0.08	3.1			
AE Type I	14444	15731	-1287	-8.2			
AE Type II	3132	2881	251	8.7			

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

	2009 / 10	2010 / 11	Variance	%
IP Elective	9263	7933	-1330	-14.4
Day case	35109	36220	1111	3.2
IPE plus DC	44372	44153	-219	-0.5
IP Non-Elective	42838	40534	-2304	-5.4
OP New	111647	110887	-760	-0.7
OP Review	279043	298772	19729	7.1
OP Review:New	2.50	2.69	0.19	7.6
AE Type I	129722	122960	-6762	-5.2
AE Type II	23475	25211	1736	7.4

	Year to Date						
Actual	Plan	Variance	%				
7933	8609	-676	-7.9				
36220	31154	5066	16.3				
44153	39763	4390	11.0				
40534	41870	-1336	-3.2				
110887	106094	4793	4.5				
298772	270502	28270	10.5				
2.69	2.55	0.14	5.5				
122960	132949	-9989	-7.5				
25211	24347	864	3.5				

Overall Elective activity for the month and period to date exceeds the plan for the respective periods. Year to date Non-Elective activity is 3.2% less than plan, and remains approximately 5% less than the corresponding period last year. There was significant overperformance during the month against plan for New and Review Outpatient activity. The Follow Up to New Ratio for the year to date is 2.69, compared with a target, derived from contractual plans, of 2.55

The Cancer Reform Strategy made a promise to 'ensure that all women receive the results of their cervical screening tests within two weeks by 2010'. The Trust monitors its Cervical Cytology Turnaround Time which is assessed by reference to 3 performance bandings, <9days, 9 - 12 days and >12 days, using a traffic light system. The data as at 6 December 2010 indicates that no samples waiting to be reported were in excess of 9 days, with more detailed data indicating that the maximum time is actually 5 days, with 152 samples awaiting reporting. The annual workload is approximately 32000.

								JAN		AND WEST BIRMINGHAM HOSPITALS	JUNPUR														
Exec				Jul	у	Aug	ust	Septe	ember	October				No	vember		To Date (*=most	TARG	ET	Exec Summary	THRE	SHOLDS	10 / 11 Forward		
Lead	NATIONAL	AND LOCAL PRIORITY INDICATORS		Trus	st	Tru	ıst	Tr	ust	S'well City	Tr	ust	S'well		City	Trust	recent month)	YTD	10/11	Note			Projection	08/09 Outturn	09/10 Outturn
RW	Net Income & Expenditure	(Surplus / Deficit (-))	£000s	44		176		61		\rightarrow	223	▼		•		91 🔻	868	728	2038		0% C) - 1% >1%		2535	2279
		2 weeks	%	93.8	▼	94.3		94.3		\rightarrow	94.9		\rightarrow	•			94.3	=>93	=>93		No variation	Any variation		98.6	93.9
		2 weeks (Breast Symptomatic)	%	93.0	▼	93.3		95.6		\rightarrow	95.7		→	•			94.0	=>93	=>93		No variation	Any variation		n/a	93.6 (Q4 only)
RK	Cancer	31 Days	%	100		100		99.4	▼	\rightarrow	98.8	▼	→	•			99.7	=>96	=>96	а	No variation	Any variation		100	99.7
		62 Days	%	84.4		85.5		87.8		\rightarrow	83.2			•			86.6	=>85	=>85		No variation	Any variation		98.6	89.1
		Elective Admissions Cancelled at last minute for non-clinical reasons	%	1.0		0.6		0.9		0.9 0.5	0.7		0.5	0.8	-	0.7	0.8	<0.8	<0.8		<0.8 0.	.8 - 1.0 >1.0		1.0	0.8
	Cancelled Operations	28 day breaches	No.	0		0		0		\rightarrow	0		->	•		0 🗖	1	0	0	b	3 or less	4 - 6 >6		0	0
DK	Delayed Transfers of Care	Total	%	4.8		4.0		5.0		2.5 5 .8	4.1		4.7	5.3		5.0 🔻	4.5	<3.0	<3.0	С	<3.0 3.	.0 - 4.0 >4.0	•••	3.1	3.0
RK		Primary Angioplasty (<150 mins)		87.5		75		100		100 💼 100 💼	100						92.3	=>80	=>80		=>80 7	75-79 <75		83.6	86.2
	Cardiology	Rapid Access Chest Pain	%	100		100		100		100 🔳			100				100	=>98	=>98		>99 9	98 - 99 <98		100.0	99.7
		Thrombolysis (60 minutes)	%	no pts		no pts		no pts		\rightarrow	no pts		->	•			no pts	80	80		>80	75-80 <75		0	no pts
		>90% stay - EXTERNAL (DH) TARGET	%	61.4	▼	70.0		73.5		\rightarrow	68.3	▼	→	•		65.3 🔻	69.8	60	60		=>60 3	31-59 =<30	•	36.5	62.0
DO'D	Stroke Care	>90% stay - INTERNAL TARGET	%	61.4		70.0		73.5		\rightarrow	68.3		→	•		65.3 🔻	69.8	74	80	d) - 2% >2% ariation Variatior		36.5	62.0
		TIA High Risk Pts. Treatment <24 hours	%	\rightarrow	•		>	-	>	\rightarrow	0.0		→	•		23.1	23.1	56	60						
	A/E 4 Hour Waits		%	97.6	▼	98.5		97.4	▼	98.1 🔻 95.3 📕	96.3	▼	99.2	96.1		97.2	97.57	98	98		=>96 9	95 - 96 <95		98.16	98.55
RK		Patients seen within 48 hours	%	80.8		88.4		87.5	V	\rightarrow	88.6			•		86.0 🔻	86.0	=>90	=>90		=>90 8	30-89 <80		81.0	86.8
	GUM 48 Hours	Patients offered app't within 48 hrs	%	100		100		100		\rightarrow	100		→	•		100	100	=>98	=>98		=>98 9	95-98 <95		98.3	99.8
		C. Diff - EXTERNAL (DH) TARGET	No.	14		21		5		4 🔻 5 🔻	9	•	2	4		6	102	163	243		No variation	Any variation		163	158
R0	Infection Control	C. Diff - INTERNAL TARGET	No.	14		21		5		4 🔻 5 🔻	9	•	2	4		6	102	102	158	е	No variation	Any		163	158
		MRSA - EXTERNAL (DH) TARGET	No.	2		0		0		1 0	1		0	0		0	4	4	6		No	Any		15	14
		Valid Coding for Ethnic Category (FCEs)	%	94		94	•	95		\rightarrow	95			•		95	94.0	90	90).0-89.9 <89		87.0	95.5
RK	Data Quality	Maternity HES	%	7.3		5.3		5.3		\rightarrow	5.3			•		5.5 🔻	5.8	<15	<15		=<15	16-30 >30		n/a	5.8
		Maternal Smoking Status Data Complete	%	→	•		>	99.5		\rightarrow		→		•		\rightarrow	99.47	=>98.0	=>98.0		=>98 9	95-98 <95		99.9	99.3
		Breast Feeding Status Data Complete	%	→	•		•	100		\rightarrow		>		•		→	99.9	=>98.0	=>98.0		=>98 9	95-98 <95		97.8	99.3
RO	Infant Health & Inequalities	Maternal Smoking Rates	%	→	•		>	12.3		→		≯		•		→	12.4	<11.5	<11.5		<11.5 11.	.5 - 12.5 >12.5		12.6	11.6
		Breast Feeding Initiation Rates	%	→	•		•	64.6		\rightarrow		≯		•		→	64.2	>63.0	>63.0		>63.0	61-63 <61.0		54.2	63.1
		Admitted Care (RTT <18 weeks)	%	94.4		93.7	•	92.5		\rightarrow	92.0	•		•			92.0*	=>90.0	=>90.0		=>90.0 8	35-90 <85.0		98.6	93.4
		Admitted Care RTT -Specialties <90%	No.	2		1		2		\rightarrow	3			•			3*	0	0		0	>0	-		
		Admitted Care RTT -Backlog	No.	529		576		689		\rightarrow							*	No. Only N	lo. Only					-	
RK	RTT Milestones	Non-Admitted Care (RTT <18 weeks)	%	98.5		97.3	•	97.6		\rightarrow	97.2	•		•			97.2*	=>95.0	=>95.0	f	=>95.0 90	0 - 95 =<90.0		98.8	97.6
		Non-Admitted Care RTT -Specialties <90%	No.	0		0		1		\rightarrow	0						0*	0	0		0	>0			ļ
		Non-Admitted Care RTT -Backlog	No.	84		116		158		\rightarrow							*	No. Only N	_						
		Audiology Direct Access Waits (<18 wks)	%	100		100		100		\rightarrow	100	-	ب ب	•			100*		=>95		=>95.0 9	0 - 95 =<90.0		99.0	100.0
			HSMR	77.9		112.3		95.5		\rightarrow	88.2		ب ب	•		82.1	92.3				< Lower	>Upper		105.1	93.0
DO'D	Mortality in Hospital		HSMR		Apr'10		May'10		- Jun'10	\rightarrow	92.6	- Jul'1	0	•		Aug'10 96.5		< Lower Cor Limit			Confidenc e Limit	Confiden e Limit	c	103.9	93.5
		Poodmission to any specialty	%	9.3		9.7		9.3		9.1 8.0	8.5					-		No. Only N	lo. Onlv				-	11.6	11.4
	28 days of discharge	Readmission to same specialty	%	4.8		4.2		4.6		4.5 3.0	3.6							No. Only N						4.6	5.7
RK		Poodmission to any specialty	%	7.1		7.5		7.1		6.6 6.0	6.3							No. Only N						7.3	8.8
	14 days of discharge	Readmission to same specialty	%	3.7		3.4		3.7		3.2 2.4	2.7							No. Only N						3.4	4.6
		Long Term	0/2	2.73		2.73	_	3.27	_	→ ×	3.32	_		•			3.22 (M7)		<2.90			2.90-		3.16	3.10
			0/		▼ ▲		-						•									3.20			
		Short Term	%	0.87		0.87	-	1.04	•	\rightarrow	1.19		\rightarrow				1.19 (M7)		<1.20		<1.20	1.35 >1.35		1.22	1.31
RO		Total	%	3.60		3.60	-	4.31		\rightarrow	4.51	V	→ →				4.51 (M7)		<4.10			4.55 >4.55		4.38	4.41
	Learning & Development	PDRs (includes Junior Med staff)	No.	607	•	605	•	490	•	\rightarrow	348	-	\rightarrow			294	3289	3561	5341	g		ariation variation		4518	4748
		Mandatory Training Compliance	%	75.7		77.0		77.3		\rightarrow	81.9	•	\rightarrow	•		84.3	84.3	100	100		=>80 50	0 - 79 <50	•	4044 (No.)	71.1
																								Page	1 of 6

1 <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>A</th><th></th><th>Contor</th><th></th><th></th><th>Ostakar</th><th></th><th></th><th>Navambar</th><th></th><th></th><th>_</th><th>DOFT</th><th></th><th>TUDE</th><th></th><th></th><th></th><th></th></td<>							A		Contor			Ostakar			Navambar			_	DOFT		TUDE				
No	Exec Lead	NATIONAL AND LO	OCAL PRIORITY INDICATORS (Cont'd)						-		S'well	October	Tri	ıst	November S'well City	Trust		π		-	THRE	SHOLDS		08/09 Outturn	09/10 Outturn
n n	ם'סם	VT	F Risk Assessment (Adult IP)	454 %		151		SI		51		City					71 7*				->90	<90		n/a	n/a
n <td< td=""><td></td><td></td><td>· · ·</td><td></td><td></td><td></td><td><u> </u></td><td></td><td></td><td></td><td>·</td><td></td><td>54.5</td><td></td><td>•</td><td></td><td></td><td></td><td></td><td>_</td><td>No</td><td>Any</td><td></td><td></td><td></td></td<>			· · ·				<u> </u>				·		54.5		•					_	No	Any			
N <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>، د</td><td>•</td><td></td><td>-</td><td></td><td></td><td></td><td></td><td>• •</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							، د	•		-					• •										
I I N </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>, </td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td>-57.0</td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td>Base -</td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td>							, 	•					-57.0		•				Base -				•		
Image: state											•								10%						
Image: serie serie series Note: series </td <td></td> <td>-</td> <td></td> <td>%</td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td>-</td> <td></td>		-		%			•			-															
n <t< td=""><td></td><td>Inpa</td><td>atient Falls reduction</td><td>420 %</td><td>•</td><td><u> </u></td><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Base -</td><td></td><td>=>-2.5%</td><td><-2.5%</td><td></td><td></td><td></td></t<>		Inpa	atient Falls reduction	420 %	•	<u> </u>	•												Base -		=>-2.5%	<-2.5%			
n <t< td=""><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td>100.0</td><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>10%</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>				-					100.0	•									10%						
Image: marting fieldImage: marting field	DO'D	Bra	ain Imaging for Em. Stroke Admissions	420 %	•	<u> </u>	96.0			- -			85.7	-		88.2	88.2*		90.0	h				72.0	
No <td>RK</td> <td></td> <td></td> <td></td> <td>73.5</td> <td></td> <td></td> <td>-</td> <td>47.8</td> <td></td> <td>·</td> <td></td> <td></td> <td></td> <td>·</td> <td></td> <td>69.2*</td> <td></td> <td></td> <td>_</td> <td>No 0</td> <td>- 2% >2%</td> <td></td> <td>n/a</td> <td></td>	RK				73.5			-	47.8		·				·		69.2*			_	No 0	- 2% >2%		n/a	
norm	DO'D		·			-		-	113		\rightarrow			-	→		1354			_	=>167	per <167		7	1164
<form>No<td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td><td>· · · · · · · · · · · · · · · · · · ·</td><td></td><td>70.3(M6)</td><td></td><td></td><td></td><td>m</td><td></td><td></td><td>n/a</td><td></td></form>			-					•							· · · · · · · · · · · · · · · · · · ·		70.3(M6)				m			n/a	
1 <td< td=""><td>RO</td><td></td><td></td><td></td><td></td><td>></td><td>, -></td><td>•</td><td></td><td>c</td><td>•</td><td>vey October</td><td></td><td></td><td>Composite of 5 Qs - Survey October</td><td>· ·</td><td></td><td></td><td>09/10</td><td>_</td><td></td><td></td><td></td><td>n/a</td><td>n/a</td></td<>	RO					>	, ->	•		c	•	vey October			Composite of 5 Qs - Survey October	· ·			09/10	_				n/a	n/a
Desc Desc <t< td=""><td>DO'D</td><td>Thi</td><td>nk Glucose</td><td></td><td></td><td>• •</td><td></td><td>•</td><td></td><td>P</td><td>Participation in Think Gl</td><td>lucose Programm</td><td>ne</td><td></td><td>Participation in Think Glucose Programme</td><td>2</td><td></td><td></td><td>+2%</td><td>_</td><td></td><td></td><td>-</td><td>n/a</td><td>n/a</td></t<>	DO'D	Thi	nk Glucose			• •		•		P	Participation in Think Gl	lucose Programm	ne		Participation in Think Glucose Programme	2			+2%	_			-	n/a	n/a
M M		Par	rent's consultation with senior clinician				86		72	•	→		69		\rightarrow	73	71* (M7+8)	75	81	_				n/a	n/a
Image: participant partitiparticipant participant participant participant participant part			onates Offered Breast Milk		81		100		90				71		\rightarrow	100	88* (M7+8)	77	79	_	No	Any		n/a	n/a
CLINCA QUALY Second Centre Second C		Commissioners)	rceptin Home Delivery		10					-			55		\rightarrow		54*	50.0	50.0	_				n/a	n/a
Name			CLINICAL QUALITY													· · ·									
Price Mission No Mission No Mission Mi			Savings Lives Compliance	%	100		100		100		→		100		\rightarrow	100 🗧	100*	>95	>95					99.0	99.0
And Autor isometrane (2400 m) No	R0	Infection Control	MRSA Screening (Elective)	No.	2360	•	2716		3060	V	→		2878	•	\rightarrow	3121	21624	20430	30000	_			-	6495	24710
Data Amazina bulcandal Cui N A.7 V A.8 V V V A.8 V </td <td></td> <td></td> <td>MRSA Screening (Non-Elective)</td> <td>No.</td> <td>2607</td> <td>•</td> <td>1965</td> <td>•</td> <td>1815</td> <td></td> <td>\rightarrow</td> <td></td> <td>1758</td> <td></td> <td>\rightarrow</td> <td>1611 🔻</td> <td>20190</td> <td>20190</td> <td>30000</td> <td>_</td> <td>0-15% 16</td> <td>6-30% >30%</td> <td>-</td> <td>n/a</td> <td>18571</td>			MRSA Screening (Non-Elective)	No.	2607	•	1965	•	1815		\rightarrow		1758		\rightarrow	1611 🔻	20190	20190	30000	_	0-15% 16	6-30% >30%	-	n/a	18571
0 0			Post Partum Haemorrhage (>2000 r	nl) No.	0		0		3	•	0	0	0		0 🔹 1 🔻	1 🔻	6	32	48		=<2 3	3 - 4 >4			10
			Admissions to Neonatal ICU	%	4.7	•	3.5				→				→		4.6	=<10	=<10	_	=<10 10.	.0-12.0 >12.0	-		5.5
PNANCE & FINANCIAL EFFICIENCY Private & Financia EFFICIENCY Private &	DO'D	Obstetrics	Adjusted Perinatal Mortality Rate	/1000	15.0		7.3		7.2		4.9 🔻	11.5	7.7	•			7.7*	<8.0	<8.0		<8 8.1	- 10.0 >10			10.9
Image: Normal problem			Caesarean Section Rate	%	26.4		23.9		24.9	•	22.7	22.9	22.8		22.1 🛕 25.2 📕	24.0 🔻	23.8	<25.0	<25.0		=<25.0 2	25-28 >28.0		27.0	23.3
N IP		FINA	ANCE & FINANCIAL EFFICIENCY								I					Į				1]		<u> </u>
In Year Month Yean Real Yean Y		Gross Margin		£000s	719		1987		1873	•	\rightarrow		2317		\rightarrow	1917 🔻	15589	15172	26711		0% 0	- 1% >1%		26436	30436
In the dual by curves No.	RW	CIP		£000s	1666		1740	▼	1704		\rightarrow		1725		\rightarrow	1700 🔻	13112	13420	20840		0 - 2.5% 2.5	- 7.5% >7.5%		11084	15075
Industry in the matrix in a link in the start i		In Year Monthly Run F	Rate	%	57.14		19.73	▼	38.64		\rightarrow		8.78		\rightarrow	13.75	19.23	0	0		NO or a + 0 variation var			1.4	0.44
Income or open region Income oregion Income or open region In		Income / WTE		£s	5127		5147		5135	▼	\rightarrow		5061		\rightarrow	5018 🔻	5098	5127	5127	-	variation var	riation variation		5014	5058
R R		Income / Open Bed		£s	35240		37846		35539	•	\rightarrow		33952		\rightarrow	33975 🔺	34721	32697	32697	-	variation var	riation variation		30498	32697
Indificient part of part Cond					_										•					-	Variation Va	riation Variation			
Non-Control (non-time) 25 303 312		Income per Spell				-				•				•						_	Variation Va	riation Variation			
RK Index Option rs 200° 300° 300° 320°						•									•					i	Variation Va	riation Variation	-		
Indication 125 1922 2143 2013 2004	RK																			-	Variation Va	riation Variation			
Nuclear Pay Cost Vertication Vertication<						•		•			· · · · ·			•	•						Variation Va No 0	riationVariation- 4%>4%			
Non-Pay Cost £s 984 1 1053 9 9 1153 9 1 9 1153 9 9 1153 9 9 1014 982 982 983		Cost per Spell				▲		-					_							-	Variation Va No 0	riationVariation- 4%>4%	-		
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$								▼			· · · · · · · · · · · · · · · · · · ·			▼ ■	•						No 0	- 4% >4%			
Mean Drug Cost / Occupied Bed Day £s 55 \checkmark 55 \checkmark 55 \checkmark 56 \checkmark 50 \checkmark \bullet					_															_	No 0	- 4% >4%	-		
						-															No 0	- 4% >4%	-		
	L					•	<u> </u>	_		•			-		•	1					variation Va	Tration Variation]		

Exec			July	/	August		Septer	mber		October				November			To Date (*=most	TA	RGET	Exec Summary	ТН	IRESHOLI	_DS
Lead	PATIENT EXPERIENCE		Trus	st	Trust		Tru	Ist	S'well	City	Tru	st	S'well	City	Tr	ust	recent month)	YTD	10/11	Note			
Same Sex	Number of Breaches	No.	786	▼	879	V	999	▼		>	1270	▼		→	812		7547	4000	6000		<500 pcm	501 -800 pcm	>800 pcm
RK Accommodation	Breaches Percentage of overall admissions	%	6.83		8.21	▼	9.54	▼	-	>	10.10	▼		\rightarrow	7.23		8.46	<3%	<3%		<3%	3 - 6%	>6%
	Number Received	No.	→		\rightarrow				-	>	\rightarrow	•		\rightarrow	-	>	221	No. Only	/ No. Only			I	J
Complaints KD	Response within initial negotiated date	%	\rightarrow		\rightarrow				-	>	\rightarrow			\rightarrow	-	>	n/a	85	85		80%+	70 - 79%	<70%
Thank You Letter	rs	No.	\rightarrow		\rightarrow					>	\rightarrow	•		\rightarrow	-	>	n/a	No. Only	/ No. Only				
	Number of Calls Received	No.	1184	7	11367		115	23	-	→	1134	46		\rightarrow			83772	No. Only	/ No. Only				
Elective Access (Centre	Contact Average Length of Queue	mins	1.34		0.5		0.44		•	>	1.43			\rightarrow			1.43*	<1.0	<1.0		<1.0	1.0-2.0	>2.0
	Maximum Length of Queue	mins	24.2		11.3		12.5		-	>	18.4			\rightarrow			18.4*	<6.0	<6.0		<6.0	6.0-12.0	>12.0
	Number of Calls Received	No.	7287	' 4	73575		770	43	-	>	7670	08		\rightarrow	76	256	604362	No. Only	/ No. Only				
RK	Calls Answered	%	91.5		90.8		90.6		-	>	90.8			→	91.7		90.6	No. Only	/ No. Only				
Telephone Excha	Answered within 15 seconds	%	54.4		51.2		51.7		-	>	53.1			→	54.4		52.2	No. Only	/ No. Only				
	Answered within 30 seconds	%	70.7		67.6		67.8		-	>	68.8			\rightarrow	71.0		68.2	No. Only	/ No. Only				
	Average Ring Time	Secs	22.0		24.3		24.1		-	>	24.2			\rightarrow	21.8		21.8*	No. Only	/ No. Only				
	Longest Ring Time	Secs	800		616		825		-	>	412			\rightarrow	594		594*	No. Only	/ No. Only				
	STRATEGY				T				1				Γ					_					
	Total By Site	No.	16601		14599		15643		•	>	14509			\rightarrow			109824	111782	192945		No Variation	0 - 2% Variation	
	Total GP Referrals	No.	11327		10262		11283	•	•	>	10002	•		\rightarrow			75389	73577	127001		No Variation	0 - 2% Variation	_
	Total Other Referrals	No.	5274		4337		4360		•	>	4507			\rightarrow			34435	38205	65944		No Variation	0 - 2% Variation	-
RK Referrals	By PCT - Heart of B'ham	No.	4740		3988		4146			>	3862			\rightarrow			30047	30477	52604		No Variation	0 - 2% Variation	-
	By PCT - Sandwell	No.	8094		7386		8159			≻	7269			→			55225	56023	96699		No Variation No	0 - 2% Variation 0 - 2%	
	By PCT - Other	No.	3767		3225		3338			≻	3378			\rightarrow			24552	25285	+				
	Conversion (all referrals) to New OP Att'd	%	85.6		85.0		91.1			>	94.6			→			87.7		/ No. Only		No		
	OP Source of Referral Information	%	0.91		0.86		0.81		•	>	1.27	•		\rightarrow	1.38	•	1.13	=<5.0	=<5.0		No variation		Any variation
	ACTIVITY				1				1				1					_	1 1				
	Elective IP	No.	1033		940		971		-	>	1022			\rightarrow	973		7933	8609	12641		No Variation	0 - 2% Variation	
	Elective DC	No.	4682	▼	4221		4624	▼	-	>	4486	▼		\rightarrow	4711		36220	31154	45747		No Variation	0 - 2% Variation	>2% Variation
Cralla	Total Elective	No.	5715	▼	5161		5595	▼	-	→	5508	▼		\rightarrow	5684		44153	39762	58338		No Variation	0 - 2% Variation	>2% Variation
Spells	Non-Elective - Short Stay	No.	1432	▼	1204		1238		-	→	1243			\rightarrow	1207		11313	10574	15712		No Variation	0 - 2% Variation	>2% Variation
	Non-Elective - Other	No.	3918		3696		3784			>	3779	▼		\rightarrow	3665		29221	31296	46502		No Variation	0 - 2%	>2%
RK	Total Non-Elective	No.	5350		4900		5022			>	5022			\rightarrow	4872		40534	41870	62214	j	No Variation	0 - 2% Variation	>2%
	New	No.	14200	•	12406		14259			≯	13723	_		→	14549		110887	106094	155792		No	0 - 2%	>2%
Outpatients	Review	No.	37893	• •	35081		38327	· •		∕ →	35815	-		\rightarrow	38301		298772		397213		Variation No	0 - 2%	>2%
A/E Attendances		No.	15208	▼ ▲	14752		14637		6605 🔻	8392	14997	-	6533	7911	14444		122960		191845		Variation No	Variation 0 - 2%	
								-				• •									Variation No	Variation 0 - 2%	_
A/E Attendances	s Type II (BMEC)	No.	2998		3289		3217		\rightarrow	3238 🔻	3238	•	\rightarrow	3132	3132		25211	24347	35133		Variation		

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

192945
127001
65944
52604
96699
43642
85.3
1.4

Page 3 of 6											
30800	34836										
191141	190254										
374867	425850										
152923	164358										
68996	65841										
56226	47072										
12770	18769										
63979	66451										
50873	52729										
13106	13722										

Exec				Ju	ly	Aug	ust	Septe	mber			Octo	ber					Novem	nber		To Date (*=most		TARGET	Exec Summary	Tł	RESHOLDS
Lead	P	ATIENT ACCESS & EFFICIENCY		Tru	ust	Tru	st	Tru	ıst	S'w	vell	Cit	y	Tru	ust	S'w	ell	City	/	Trust	recent month)	` ҮТ	D 10/11	Note		
	Waiting Times	Diagnostic Waits greater than 6 weeks	No.	5		8	•	9			-	→ →		4				↓ →			4*	0	0		0	>0
		Average Length of Stay	Days	4.2		4.3	•	4.2		4.1		3.8		3.9							4.2	5.0	0 5.0	-	No Variation	0 - 5% >5% Variation Variatior
		All Patients with LOS > 14 days	No.	319		316		294		179		141		320		181		139		320	320	No. C	Only No. Only		Vanation	Variation Variation
	Length of Stay	All Patients with LOS > 28 days	No.	188		170		168		98		82		180		106		72		178	178	No. C	Only No. Only			
		Min. Stay Rate (Electives (IP/DC) <2 days)	%	93.3	•	92.3	•	93.2		93.6	•	91.3	-	92.2	•	95.9		91.7		93.4	93.1	92	.0 92.0		No Variation	0 - 5% >5% Variation Variation
		Day of Surgery (IP Elective Surgery)	%	90.4		88.9	•	88.5	▼	91.1	•	89.5		90.1		92.9		90.0		91.0	88.3	82.	.0 82.0		No	0 - 5% >5% Variation Variation
		Day of Surgery (IP Non-Elective Surgery)	%	72.1		74.7		73.8		74.2		70.7		72.2		72.9		76.7		75.0	72.7	No. C	Only No. Only	•		
	Admissions	With no Procedure (Elective Surgery)	%	6.8		7.6		10.4		9.1		8.5		8.8							8.2	No. C	Only No. Only	-		
		Per Bed (Elective)	No.	6.91		5.58		6.30		4.79		6.40	•	5.61		4.58	▼	6.45		5.52	5.77	5.9	90 5.90	•	No Variation	0 - 5% >5% Variation Variatio
		Pt's Social Care Delay	No.	27		24		28	▼	14		13		27		20	▼	12		32 🔻	32*	<1	8 <18		No Variation	0 - 10% >10% Variation Variatio
	Discharges	Pt.'s NHS & NHS plus S.C. Delay	No.	10		3		11		7		8		15		1		12	V	13	13*	<1	0 <10	C	No Variation	0 - 10% >10% Variation Variatio
		Occupied Bed Days	No.	27069		24918		25353	▼	13280		13478	V	26758	▼	13562		13551	▼	27113 🔻	211525	2219	904 331946		No Variation	0 - 5% >5% Variation Variatio
	Beds	Occupancy Rate	%	87.7		84.2		86.4		91.4		82.0		86.6		89.3		85.1		87.2	86.6	86. 89.		1	86.5 - 89.5	85.5-86.4 <85.5
D 14		Open at month end (exc Obstetrics)	No.	915		852		899	▼	460		474		934		460		469		929	929*	95		1	No Variation	0 - 2% >2% Variation Variation
RK	Day Case Dates	All Procedures	%	81.1	▼	80.4	▼	81.2		82.1	▼	78.6		80.1	▼	85.1		79.7		81.9	81.4	80	.0 80.0		No Variation	0 - 5% >5% Variation Variation
	Day Case Rates	BMEC Procedures	%	75.8		80.2		83.3		÷	>	84.3		84.3		→	•	82.3	▼	82.3 🔻	81.9	80	.0 80.0		No Variation	0 - 5% >5% Variation Variatio
		New : Review Rate	Ratio	2.67	▼	2.83	▼	2.69		2.78		2.52		2.61		2.85	▼	2.53	▼	2.63 🔻	2.69	2.3	30 2.30		No Variation	0 - 5% >5% Variation Variation
		DNA Rate - New Referrals	%	13.9		14.4	▼	13.4		12.8		14.3	▼	13.8	▼	12.0		13.6		13.1	13.3	<8.	.0 <8.0		<8%	8 - 12% >12%
		DNA Rate - Reviews	%	12.6		12.9	▼	12.7		11.7		12.7		12.3		10.5		12.1		11.6 🗧	12.0	<8.	.0 <8.0		<8%	8 - 12% >12%
	Non Admitted Core	OP Cancs / Rescheduled - Trust Initiated	No.	9799		8285		10258			-	>		8808			-	\rightarrow		9464	84463	No. C	Only No. Only			
	Non-Admitted Care	OP Cancs / Rescheduled - Patient Initiated	No.	7481		7024		7588			-	>		7450			-	\rightarrow		8438	59981	No. C	Only No. Only			
		OP Cancs (<14 days) - Trust & Patient	No.	8656		7791		9048			-	→		8997			-	→		9935	70992	No. C	Only No. Only			
		OP Cancs (>2 since last app't) - Trust & Pt	No.	2412		1965		2685			-	→		2214			-	→		2300	17957	No. C	Only No. Only			
		OP App'ts Booked (>14 days notice)	%	59.8		60.1		61.5			-	\rightarrow		58.9			-	\rightarrow		60.6	60.0	No. C	Only No. Only			
	Diagnostic Report Turnaround	Cervical Cytology Turnaround	Days								-	>						→		<9 days	<9 days	<9 d	ays <9 days	k	<9 days	9-12 days >12 day
		In Excess of 30 minutes	%	25.9		23.4		22.8		27.6		25.6		26.5		26.2		24.3		25.1	25.1*	<10	0.0 <10.0		<10	10 - 12.5 >12.5
	Ambulance Turnaround	(West Midlands average)	%	30.9		30.4		31.8			-	→		33.7			-	>		32.7	32.7*	No. C	Only No. Only			
		In Excess of 60 minutes	No.	45		21		30		14		19	▼	33		17	▼	15		32	32*	0	0		0	1 - 5 >5
	Т	HEATRE UTILISATION						T		T						1		T		I		_				
		General Surgery	No.	5	▼	4		2		4		2		6		1		0		1	47	4(60	-	0-5% variation	5 - 15% >15% variation variation
		Urology	No.	14		3		7		1		4		5		1		1		2	51	32	2 48		0-5% variation	5 - 15% >15% variation variation
		Vascular Surgery	No.	0		5		0		0		0		0		0		0		0	7	2	3	-	0-5% variation	5 - 15% >15% variation variation
		Trauma & Orthopaedics	No.	4		5	▼	10		1		2		3		4		2		6 🔻	42	48	3 72	-	0-5% variation	5 - 15% >15% variation variation
		ENT	No.	3		1	•	2		0		0		0	•	0		2		2	12	8	12		0-5% variation	5 - 15% >15% variation variation
RK	Sitrep Declared Late Cancellations by	Ophthalmology	No.	6		5		15		0		8		8		1		19		20	95	72	2 108	b	0-5% variation	5 - 15% >15% variation variation
•	Specialty	Oral Surgery	No.	0		1	▼	0		0		0		0	•	0		2		2	5	5	8	~	0-5% variation	5 - 15% >15% variation variation
		Cardiology	No.	0		0	•	3		1		0		1	•	2		0		2	13	14	4 21		0-5% variation	5 - 15% >15% variation variation
		Gynaecology / Gynae-Oncology	No.	8		4		9		6		0		6		2		0		2	37	36	5 54	-	0-5% variation	5 - 15% >15% variation variation
		Plastic Surgery	No.	0		1	▼	1		0		0		0		0		2		2	7	8	12	-	0-5% variation	5 - 15% >15% variation variation
		Dermatology	No.	1	▼	1		1		6		0		6		0		0		0	13	16	6 24	-	0-5% variation	5 - 15% >15% variation variation
		TOTAL	No.	41		30		50		19		16		35		11		28		39 🗧	329	28	1 422		0-5% variation	5 - 15% >15% variation variation

08/09 Outturn	09/10 Outturn
26	3
5.0	4.4
312	356
152	195
91.6	92.3
79.4	85.5
70.2	69.7
10.6	9.7
5.33	5.49

342793	331946
90.3	86.0
975	989
79.0	79.4
79.7	79.7
2.45	2.59
12.0	13.5
13.5	12.3

19.0	23.9
21.0	25.5
	46

104	81
102	48
7	8
75	66
23	23
153	139
19	24
31	7
71	63
21	11
24	27
630	497
Page	4 of 6

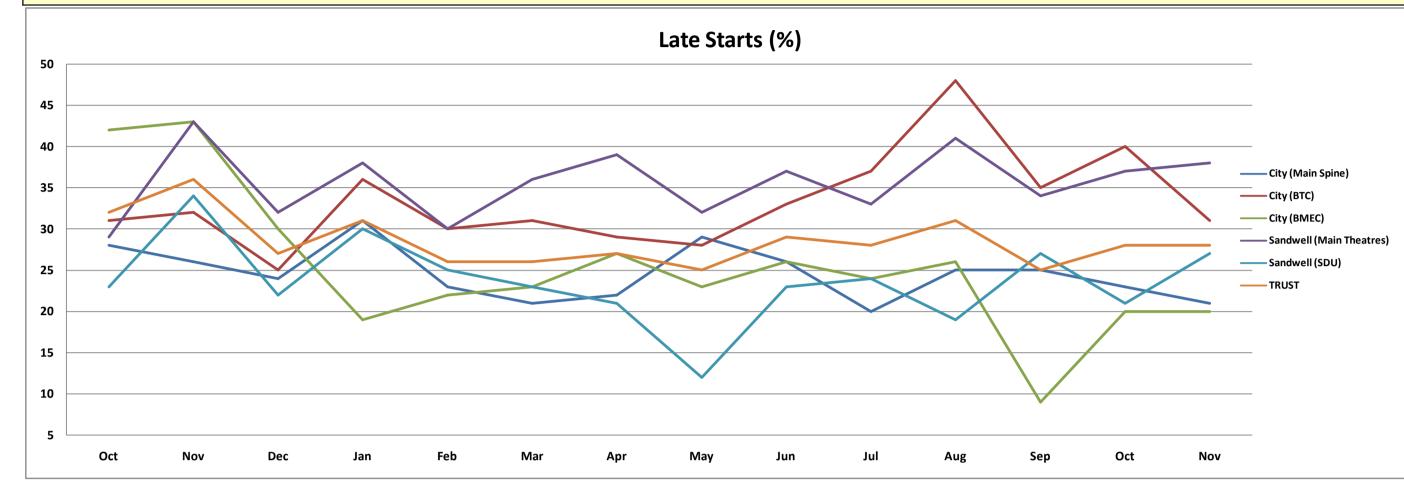
Exec			Ju	lly	Auç	gust	Septe	mber	October			November			To Date (*=most	TARGET	Exec Summary	THRESHOLDS		
Lead	WORKFORCE		Tru	ust	Tr	ust	Tru	ust	S'well City	Tru	st	S'well City	Trus	st	recent month)	YTD 10/11	Note		08/09 Outturn	09/10 Outturn
	Total	No.	6289	▼	6265		6222		→	6266	▼	→	6289	▼	6289*	6396 6107		No 0 - 1% >1% Variation Variation	6042	6539
	Medical and Dental	No.	750	▼	757	▼	756		\rightarrow	750		→	752	▼	752*	780 790		No 0 - 1% >1% Variation Variation Variation	755	825
	M'ment, Admin. & HCAs	No.	2567		2669	▼	2554		\rightarrow	2489		\rightarrow	2518	▼	2518*	2728 2492		No 0 - 1% >1% Variation Variation Variation	1852	2046
RK WTE in Post	Nursing & Midwifery (excluding Bank)	No.	1780	▼	1867		1742		\rightarrow	1774	▼	\rightarrow	1770		1770*	1837 1822		No 0 - 1% >1% Variation Variation	2259	2385
	Scientific and Technical	No.	969		972	▼	967	▼	→	988	▼	→	980		980*	1051 1003		No 0 - 1% >1% Variation Variation	913	1002
	Bank Staff	No.	222		218		203		\rightarrow	264		\rightarrow	269		269*	No. Only No. Only			260	281
	Gross Salary Bill	£000s	21269		21672		21391		\rightarrow	21736		\rightarrow	21749		171360	170987 250319		No 0 - 1% >1% Variation Variation	238674	252557
	Nurse Bank Fill Rate	%	87.1		92.5		88.4		→	85.2		→	87.2		87.7	No. Only No. Only			81.8	85.1
	Nurse Bank Shifts covered	No.	4368	▼	4764	▼	4564		→	4791	▼	→	4654		36033	41081 61621		0 - 2.5% 2.5 - >5.0% Variation 5.0% Variation	69675	61621
	Nurse Agency Shifts covered	No.	249		187		334	▼	→	451		→	395		2650	3177 4765		0 - 5% 5 - 10% >10% Variation Variation	4765	5388
RK	Nurse Bank AND Agency Shifts covered	No.	4617	▼	4951	▼	4898		→	5242	▼	→	5049		38683	44258 66386		0 - 2.5% 2.5 - >5.0% Variation 5.0% Variation	74440	67009
	Nurse Bank Costs	£000s	457		497	▼	413		→	508	▼	→			3185	3736 6404		0 - 2.5% 2.5 - >5.0% Variation 5.0% Variation	6844	6263
	Nurse Agency Costs	£000s	50		23		68	▼	→	93		→			424	579 992		0 - 5% 5 - 10% >10% Variation Variation	832	1268
Bank & Agency	Medical Agency Costs	£000s	239	▼	314	▼	254		→	282	▼	→			1665	695 1192		0 - 5% 5 - 10% >10% Variation Variation	2026	2384
	Medical Locum Costs	£000s	237	▼	239	▼	268	▼	→	179		→			1800	1312 2250		0 - 2.5% 2.5 - >5.0% Variation 5.0% Variation	2747	2896
KD	Med Ag./Loc Costs as % Total Med Costs	%	7.6		8.3		8.2		→	7.0		→			7.8	No. Only No. Only			6.6	7.0
	Med Staff Exp variance from Budget	%	3.9	▼	4.9	▼	4.1		→	4.5	▼	→			3.73	0 0		No 0 - 1% >1% Variation Variation	2.86	3.24
RK	Other Agency Costs	£000s	249	▼	289	▼	272		\rightarrow	230		→			1514	822 1410		0 - 5% 5 - 10% >10% Variation Variation	3759	2600
RK/KD	Agency Spend cf. Total Pay Spend	%	2.19		2.19		2.19		\rightarrow	2.78	▼	\rightarrow			2.41	<2.00 <2.00		<2 2 - 2.5 >2.5	2.77	2.47
RO	Permission to Recruit	wte	73		62		69		\rightarrow	75		→	30		515	No. Only No. Only			1124	813
Descuitment ⁹ Detention	New Starters	wte	27		254		93		\rightarrow	81		→			544	No. Only No. Only			1066	1017
Recruitment & Retention	Leavers	wte	48		304		92		\rightarrow	75		→			676	No. Only No. Only			999	928
	Inductions	No.	122		62		0		\rightarrow	82		→			315	No. Only No. Only			896	805
KEY TO PERFORMANCE ASSES	SMENT SYMBOLS				•				•	•			•				KEY TO FORWAF	RD PROJECTION ASSESSMENT		
Fully Met - Performance c	continues to improve																•	Maintain (at least), existing performance to meet	target	
Fully Met - Performance N	Naintained																•	Improvement in performance required to meet ta	arget	
Met, but performance has	deteriorated																••	Moderate Improvement in performance require	d to meet target	
Not quite met - performan	ce has improved																•••	Significant Improvement in performance requir	ed to meet target	
Not quite met																-				
Vot quite met - performan	Not quite met - performance has deteriorated																			
Not met - performance ha	Not met - performance has improved																			
Not met - performance sh	Not met - performance showing no sign of improvement																			
Not met - performance sh	Not met - performance shows further deterioration																			
	e note: Although actual performance within the period may have improved, th not always be reflected by a symbol which reflects this, if the distance from																		Page	- / -

trajectory has worsened

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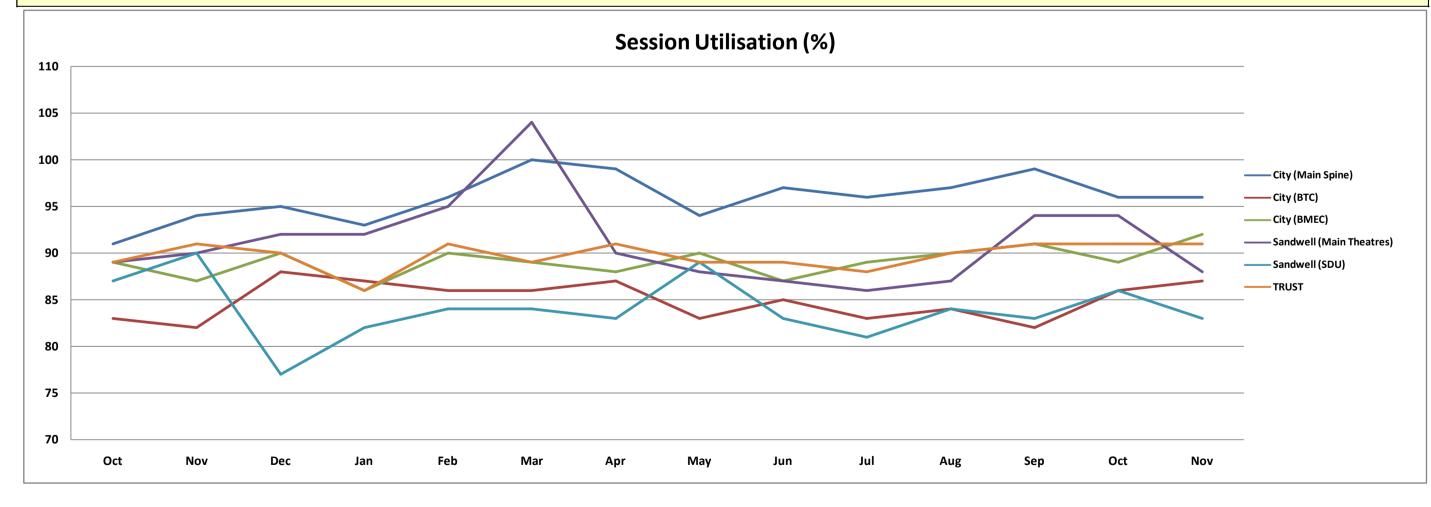
LATE STARTS (%)			2009	/ 2010			2010 / 2011										
Theatre Location	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
City (Main Spine)	28	26	24	31	23	21	22	29	26	20	25	25	23	21			
City (BTC)	31	32	25	36	30	31	29	28	33	37	48	35	40	31			
City (BMEC)	42	43	30	19	22	23	27	23	26	24	26	9	20	20		*	
Sandwell (Main Theatres)	29	43	32	38	30	36	39	32	37	33	41	34	37	38	<u> </u>	+	
Sandwell (SDU)	23	34	22	30	25	23	21	12	23	24	19	27	21	27		+ 	+
TRUST	32	36	27	31	26	26	27	25	29	28	31	25	28	28			

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



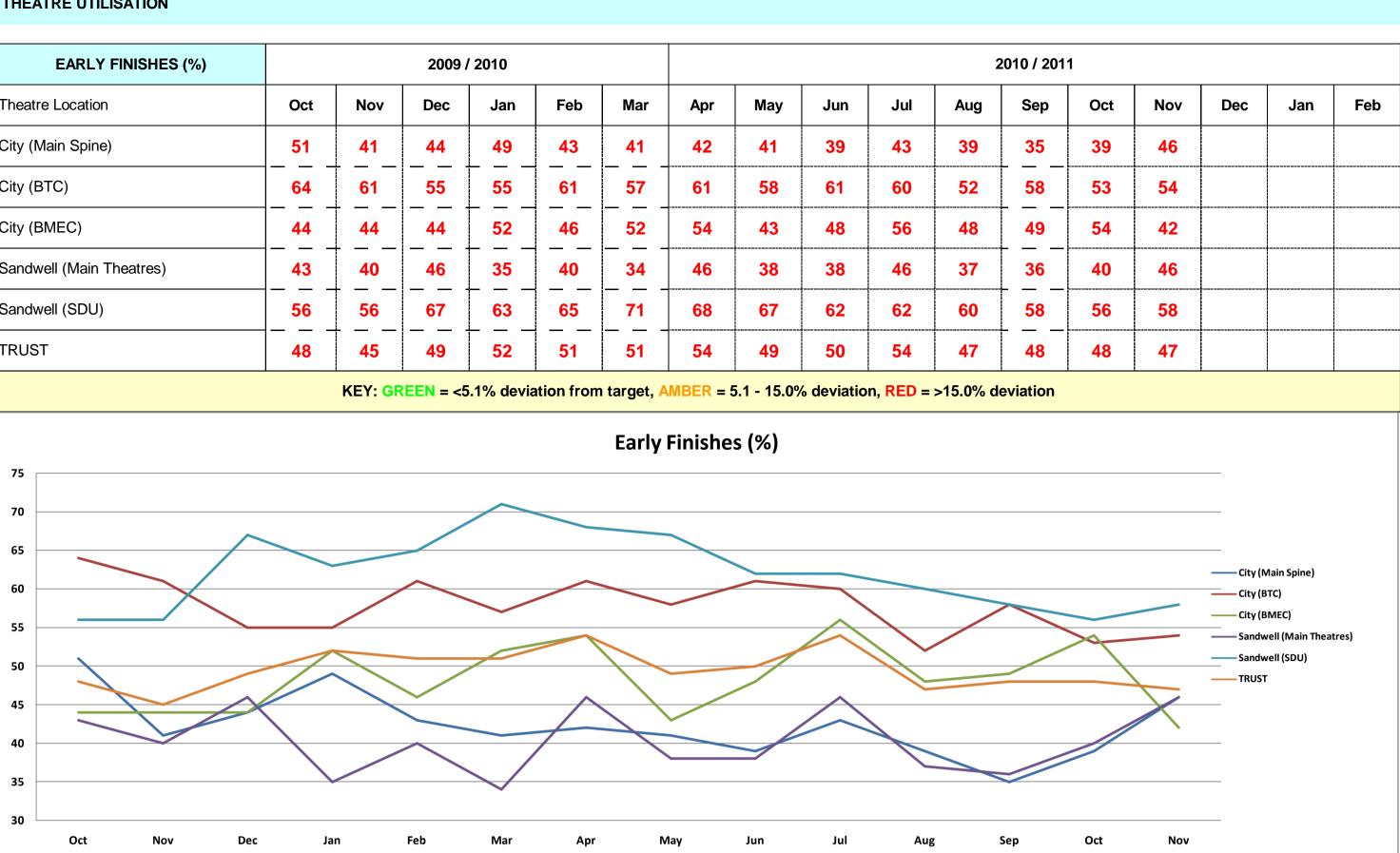
SESSION UTILISATION (%)		2009 / 2010						2010 / 2011										
Theatre Location	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
City (Main Spine)	91	94	95	93	96	100	99	94	97	96	97	99	96	96			 	
City (BTC)	83	82	88	87	86	86	87	83	85	83	84	82	86	87		†	 	
City (BMEC)	89	87	90	86	90	89	88	90	87	<mark>89</mark>	90	91	89	<mark>92</mark>				
Sandwell (Main Theatres)	89	90	92	92	95	104	90	88	87	86	87	94	94	88		 	 	
Sandwell (SDU)	87	90	77	82	84	84	83	89	83	81	84	<mark>83</mark>	86	83			<u></u>	
TRUST	89	91	90	86	91	89	91	89	89	88	90	91	91	91		1	 	
	KEY: GREEN = <5.1% deviation from target. AMBER = 5.1 - 15.0% deviation. RED = >15.0% deviation																	

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



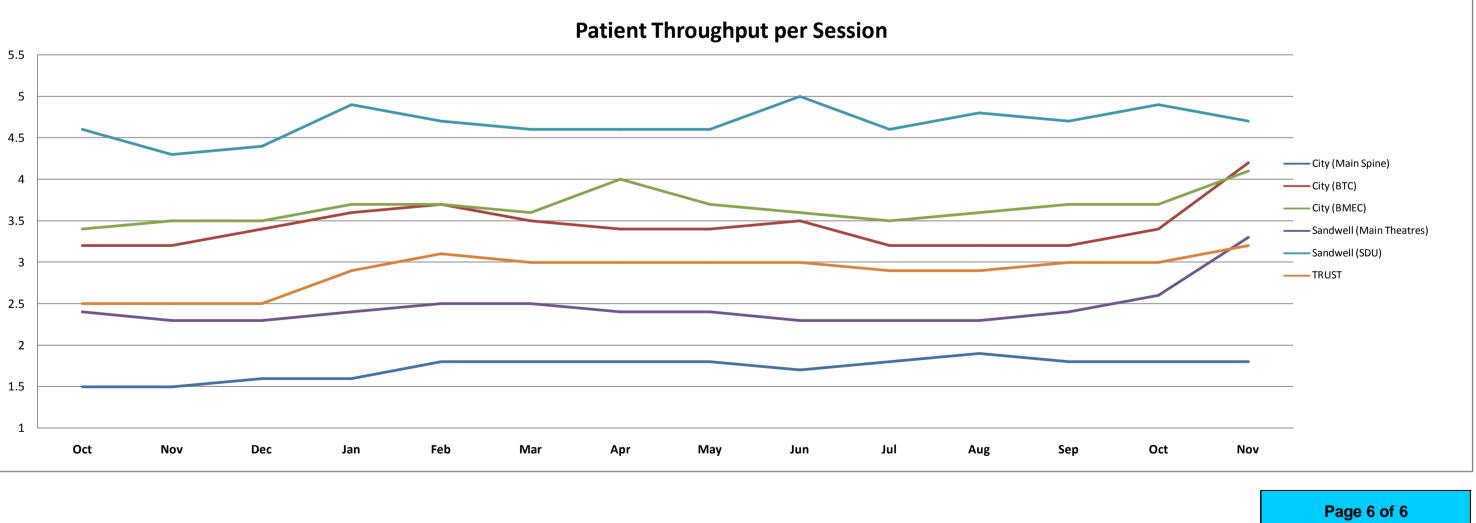
SUPPLEMENTARY DATA THEATRE UTILISATION

EARLY FINISHES (%)			2009 /	2010					
Theatre Location	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Мау	,
City (Main Spine)	51	41	44	49	43	41	42	41	<u>+</u>
City (BTC)	64	61	55	55	61	57	61	58	
City (BMEC)	44	44	44	52	46	52	54	43	+
Sandwell (Main Theatres)	43	40	46	35	40	34	46	38	
Sandwell (SDU)	56	56	67	63	65	71	68	67	+
TRUST	48	45	49	52	51	 51	54	49	+



THROUGHPUT / SESSION			2009 /	2010			2010 / 2011										
Theatre Location	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
City (Main Spine)	1.5	1.5	1.6	1.6	1.8	1.8	1.8	1.8	1.7	1.8	1.9	1.8	1.8	1.8			
City (BTC)	3.2	3.2	3.4	<mark>3.6</mark>	3.7	3.5	3.4	<mark>3.4</mark>	3.5	3.2	3.2	3.2	3.4	4.2	+ I I I I	 1 1 1 1 1	
City (BMEC)	3.4	3.5	3.5	3.7	3.7	3.6	4.0	3.7	3.6	3.5	3.6	3.7	3.7	4.1	T I I I I I	 	
Sandwell (Main Theatres)	2.4	2.3	2.3	2.4	2.5	2.5	2.4	2.4	2.3	<mark>2.3</mark>	2.3	2.4	2.6	3.3	T I I I I	 	
Sandwell (SDU)	4.6	4.3	4.4	4.9	4.7	4.6	4.6	4.6	5.0	4.6	4.8	4.7	4.9	4.7		* I I I I I	
TRUST	2.5	2.5	2.5	2.9	3.1	3.0	3.0	3.0	3.0	2.9	2.9	3.0	3.0	3.2	 I I I I	† 1 1 1 1 1	
	KEY: GREEN = <5.1% deviation from target, AMBER = 5.1 - 15.0% deviation, RED = >15.0% deviation																

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



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:	16 December 2010

SUMMARY OF KEY POINTS:

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

Service Performance:

The principal areas influencing the Trust's performance assessment for the month of November relate to Accident & Emergency (4-hour waits), projected RTT (Admitted) performance (in Orthopaedics) and Delayed Transfers of Care.

The overall weighted score for the month of November is calculated as 2.51, with the Trust classified as **PERFORMING**.

Financial Performance:

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

Foundation Trust Compliance Report -

There were no areas of underperformance reported within the framework during the month of November. Performance in areas where no data are currently available for the month are expected to meet operational standards.

The projected overall score for the month of November 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	х	
Business and market share		
Clinical	х	
Workforce		
Environmental		
Legal & Policy	х	
Equality and Diversity		
Patient Experience	х	
Communications & Media		
Risks		

PREVIOUS CONSIDERATION:

Finance and Performance Management Committee on 16 December 2010.

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

Operational Standards and Targets

		Thre	esholds
Indicator	Weight	Performing	Underperforming
A/E Waits less than 4-hours	1.00	98.00%	97.00%
Cancelled Operations - 28 day breaches	1.00	5.0%	15.0%
MRSA Bacteraemia	1.00	0	>1.0SD
Clostridium Difficile	1.00	0%	>1.0SD
18-weeks RTT (Admitted)	1.00	90.0%	85.0%
18-weeks RTT (Non-Admitted)	1.00	95.0%	90.0%
18-weeks RTT - achievement in all specialties (Admitted & Non-Admitted)	1.00	0	>0
Cancer - 2 week GP Referral to 1st OP Appointment	0.50	93.0%	88.0%
Cancer - 2 week GP Referral to 1st OP Appointment - breast symptoms	0.50	93.0%	88.0%
Cancer - 31 day second or subsequent treatment (surgery)	0.33	94.0%	89.0%
Cancer - 31 day second or subsequent treatment (drug)	0.33	98.0%	93.0%
Cancer - 31 day second or subsequent treatment (radiotherapy)	0.33	96.0%	91.0%
Cancer - 62 day referral to treatment from screening	0.33	90.0%	85.0%
Cancer - 62 day referral to treatment from hospital specialist	0.33	85.0%	80.0%
Cancer - 62 day urgent referral to treatment for all cancers	0.33	85.0%	80.0%
Reperfusion - Primary Angioplasty (within 150 minutes of call)	0.50	75.00%	60.00%
Reperfusion - Thrombolysis (within 60 minutes of call)	0.50	68.00%	48.00%
2-week Rapid Access Chest Pain	1.00	98.0%	95.0%
48-hours GU Medicine Access	1.00	98.0%	95.0%
Delayed Transfers of Care	1.00	3.5%	5.0%
Stroke (Stay on Stroke Unit)	1.00	60.0%	30.0%

15.00

Sum Average Score

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

Q1 2010-11	Score	Weight x Score	Q2 2010-11	Score	Weight x Score	October 2010	Score	Weight x Score	November 2010	Score	Weight x Score
·		·			·			•			•
97.82%	2	2.00	97.83%	2	2.00	96.30%	0	0.00	97.20%	2	2.00
<5.0%	3	3.00	0%	3	3.00	0%	3	3.00	0%	3	3.00
1	3	3.00	2	3	3.00	1	3	3.00	0	3	3.00
47	3	3.00	40	3	3.00	9	3	3.00	6	3	3.00
>90.0%	3	3.00	>90.0	3	3.00	92.0%	3	3.00	>90.0*	3	3.00
>95.0%	3	3.00	>95.0	3	3.00	97.2%	3	3.00	>95.0*	3	3.00
>0	0	0.00	>0	0	0.00	>0	0	0.00	>0*	0	0.00
94.2%	3	1.50	94.1%	3	1.50	94.9%	3	1.50	>93.0%*	3	1.50
93.4%	3	1.50	94.0%	3	1.50	95.7%	3	1.50	>93.0%*	3	1.50
100.0%	3	0.99	99.7%	3	0.99	97.8%	3	0.99	>94.0%*	3	0.99
100.0%	3	0.99	100.0%	3	0.99	100.0%	3	0.99	>98.0%*	3	0.99
100.0%	3	0.99	100.0%	3	0.99	100.0%	3	0.99	>96.0%*	3	0.99
99.0%	3	0.99	100.0%	3	0.99	100.0%	3	0.99	>90.0*	3	0.99
96.9%	3	0.99	95.5%	3	0.99	100.0%	3	0.99	>85.0*	3	0.99
88.6%	3	0.99	86.4%	3	0.99	83.2%	2	0.66	>85.0*	3	0.99
93.30%	3	1.50	87.50%	3	1.50	>75.00%	3	1.50	>75.00%	3	1.50
no patients	-	-	no patients	-	-	no patients	-	-	no patients*	-	-
100.00%	3	3.00	100.00%	3	3.00	100%*	3	3.00	100%*	3	3.00
100.00%	3	3.00	100.00%	3	3.00	100.00%	3	3.00	100%*	3	3.00
3.5 - 5.0%	3	3.00	3.5 - 5.0%	2	2.00	4.10%	2	2.00	5.00%	0	0.00
69.00%	3	3.00	68.10%	3	3.00	68.30%	3	3.00	65.30%	3	3.00

39.44 2.72

38.44 2.65

*projected

36.11

2.49

*projected

36.44

2.51

SWBTB (12/10) 257 (a)

Financial I	Indicators				SCORING							2010 /	′ 2011					
Criteria	Metric	Weight (%	b)	3	2	1	August	Score	Weight x Score	September	Score	Weight x Score	October	Score	Weight x Score	November	Score	Weight x Score
Initial Planning	Planned Outturn as a proportion of turnover	5 5		that is either equal to or at variance to	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	0.00%	3	0.15	0.00%	3	0.15	0.00%	3	0.15	0.00%	3	0.15
Year to Date	YTD Operating Performance	20	0	TD 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	0.02%	3	0.6	0.03%	3	0.6	0.03%	3	0.6	0.04%	3	0.6
	YTD EBITDA	5	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.	5.94%	3	0.15	5.91%	3	0.15	6.09%	3	0.15	6.09%	3	0.15
	Forecast Operating Performance			that is either equal to or at variance to	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	0.00	3	0.6	0.00	3	0.6	0.00	3	0.6	0.00	3	0.6
Forecast Outturn	Forecast EBITDA	40 5	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.	6.15%	3	0.15	6.15%	3	0.15	6.29%	3	0.15	6.28%	3	0.15
	Rate of Change in Forecast Surplus or Deficit	15	5	Still forecasting an operating surplus with a movement equal to or less than 3% of forecast income	Forecasting an operating deficit with a movement less than 2% of forecast income OR an operating surplus movement more than 3% of income.	Forecasting an operating deficit with a movement of greater than 2% of forecast income.	0.00%	3	0.45	0.00%	3	0.45	0.00%	3	0.45	0.00%	3	0.45
Inderlying Financial Position	Underlying Position (%)	5 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	0.53%	3	0.15	0.53%	3	0.15	0.53%	3	0.15	0.53%	3	0.15
	EBITDA Margin (%)	5	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	6.15%	3	0.15	6.15%	3	0.15	6.29%	3	0.15	6.29%	3	0.15
	Better Payment Practice Code Value (%)	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	70.00%	2	0.05	76.00%	2	0.05	82.00%	2	0.05	83.00%	2	0.05
	Better Payment Practice Code Volume (%)	2.	5	J = M = M = M = M = M = M = M = M = M =	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	79.00%	2	0.05	80.00%	2	0.05	87.00%	2	0.05	85.00%	2	0.05
inance Processes & Balance Sheet Efficiency	Current Ratio	20 5	,	Current Ratio is equal to or greater than 1.	Current ratio is anything less than 1 and greater than or equal to 0.5	A current ratio of less than 0.5	0.95	2	0.1	0.95	2	0.1	0.98	2	0.1	0.97	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	20.71	3	0.15	23.40	3	0.15	19.82	3	0.15	19.90	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	46.00	2	0.1	49.33	2	0.1	45.97	2	0.1	48.21	2	0.1
erating Position = Retained Surplus/B	Breakeven/deficit less impairments					Weighted Overall Score			2.85			2.85			2.85			2.85

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

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

SWBTB (12/10) 257 (a)

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Sandwell and West Birmingham Hospitals

NHS Trust

TRUST BOARDDOCUMENT TITLE:Sustainable Development Management Plan UpdateSPONSORING DIRECTOR:Graham Seager, Director of Estates/New Hospital ProjectDirectorDirectorAUTHOR:Rob Banks, Head of EstatesDATE OF MEETING:16 December 2010

SUMMARY OF KEY POINTS:

The purpose of this paper is to update the Trust Board on the progress to date with the sustainability agenda following the previous sustainability management action plan presented to the Board in September 2010 and to inform the Trust Board of actions in relation to the Carbon Management Programme.

KEY POINTS:

- Carbon Management Programme
- IT Power Software
- Cycling LiA
- Sustainability Champions
- Travel Planning

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

Approval	Receipt and Noting	Discussion
	Х	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to note current situation in relation to Carbon Management Plan and note progress to date on IT power save software, cycling, sustainability champions and travel planning.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Improve the environmental sustainability of the Trust's operations by responding to the national carbon reduction strategy.
Annual priorities	Cost Improvement Programme Carbon Reduction Programme
NHS LA standards	
Core Standards	C20a
Auditors' Local Evaluation	Standard 2.3.4 – Trust can demonstrate commitment to sustainability

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

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

PREVIOUS CONSIDERATION:

The Sustainability Development Group have approved:

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

Sustainability Update for the Trust Board

16 December 2010

Introduction

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

Carbon Management Programme (CMP)

The Trust Board will recall approving the Trust's participation in the 'NHS Carbon Management Programme' back in April 2010

The Trust is working to an approved project plan (September 2010) to complete the NHS Carbon Management Programme Phase 5 in conjunction with the Carbon Trust.

SWBH have a calculated carbon baseline using 2008/09 Trust data as 22184 tonnes of carbon for a combination of energy, transport and waste. For the purpose of the CMP we have excluded procurement from the baseline at this stage.

The next key deliverable for the CMP in the delivery of a draft Carbon Management Programme (CMP) with quantified projects and investment required to deliver carbon and revenue savings over the next five years.

This will be submitted at the March 2011 Trust Board following scrutiny from Project Sponsor, Sustainability Working Group and the Carbon Trust.

The Project lead has provided to the Project Sponsor a Case for Action which highlights that a saving in carbon terms of 4000 tonnes per annum is required by 2013/14 through a range of measures including a number of invest to save projects, site rationalisation and staff engagement. The projects are now being assessed for actual or estimated savings and prioritised for inclusion in the CMP.

Information Technology Plan

The introduction of power save software to PCs has been identified as a project and funding has been approved to allow the installation on non clinical user PCs as part of phase 1. A trial has been carried out using the software on areas such as Summerfield House and Arden House across 300 PCs approx 10% of potential available for use.

Carbon reduction and energy saving calculations have been multiplied from this trial to identify an energy saving of approx 600,000KwH of electricity and approx 400 tonnes of carbon. The scheme will require an initial investment and ongoing licence fee payments to achieve the savings which we believe to be a minimum with support from the Trust Board to implement parameters to PCs for further control such as power down with no use in 10 minutes and through link to space optimisation survey to shut down certain areas.

Payback model:

Electricity saving: 600000 Kw/hr x 0.048p = £28,800 per annum

Investment required: £33,000 with on going licence fees of £12,000/annum

Pay back approx 15 months then ongoing revenue saving of £16,800/annum

The software does not just provide an energy / carbon saving but also offers increased efficiency measures to IT for the update of software to PCs, diagnostics and remote power up of desktop PC's to areas that require to be active at a specific time to allow clinical service. The power up option will provide improved efficiency in service that could be linked to QUIPP.

In addition IT are working on projects listed below which will also factor in the Case for Action proposal:

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

Cycling

The Cycling LiA group have promoted the bike purchase scheme through "Bikes for NHS "with an uptake of 50 staff who have purchased through the scheme in September 2010.

It is proposed to run the scheme again in the spring to encourage further participation and investment in additional shower and storage facilities will be aligned to scheme participation.

Sustainability Champions

Continued engagement with sustainability champions through local meeting and email has provided a positive way to promote issues around sustainability including the development of regular health walks at the City and Sandwell site which are being organised by the champions voluntarily. Your support and attendance to such a walk would provide positive feedback for their staff engagement with the subject of sustainability.

Ten champions have now completed and passed their NVQ in environment management with a further ten who have expressed an interest to attend a second session on the 15th December 2010.Two of the Sustainability Champions are now completing a Nebosh Certificate in Environmental Management in their own time to support the work of the Trust.

Local Champions are getting sustainability on their departmental agendas and Steve Lawley has supported the development of business cases for such things as central printers and process changes to reduce energy, paper usage and improve the work process in general. There are still areas that do not have champions and your support to make Sustainability a corporate and local objective through Divisional review would encourage further participation and help achieve the 800 tonnes of carbon savings through engagement with minimal capital investment.

Travel Planning

Following previous consultations through Right Care Right Here Programme we have been working with our IT systems team and Transport Direct a government funded travel planning website to provide patients with personalised travel plans.

It has been piloted in the past by manual production of the plans but we are now trialling from the 1st December 2010 for this is done automatically through IT Systems so that all patient reminder letters six week prior to appointment will be sent with a personalised plan.

The funding for this trial is through Transport Direct and we will provide an update through March 2011 report to Trust Board.

Next Steps

Completion of SIRG papers against quantified projects following approval of case for action and project register as part of CMP.

Continued development of the Carbon Management Plan by the Project Sponsor, Sustainability Working Group and Carbon Trust in for completion in January 2011 and subsequent submission and approval at Trust Board in March 2011

Work in conjunction with Health and Wellbeing committee on staff engagement

Membership of change management across the Trust to ensure that sustainability is considered at all levels

Development of an analysis tool to assist with the evaluation of SIRG papers in terms of carbon impact

Work alongside site rationalisation and optimisation project to maximise carbon and energy saving

Monitoring of Travel Planning trials

Calculate quantifiable savings and investment required until 2013/14 for CMP

Rob Banks Head of Estates



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Sandwell and West Birmingham Hospitals

NHS Trust

TRUST BOARD

REPORT TITLE:	Meeting Dates 2011	
SPONSOR:	Kam Dhami, Director of Governance	
AUTHOR:	Simon Grainger-Payne, Trust Secretary	
DATE OF MEETING:	16 December 2010	

KEY POINTS:

Meeting dates for the Trust Board have been scheduled in 2011 as follows:

- 27 January 2011 in the Anne Gibson Boardroom @ City Hospital
- 24 February 2011 in the Churchvale/Hollyoak Rooms, MEC @ Sandwell Hospital
- 31 March 2011 in the Anne Gibson Boardroom @ City Hospital
- 28 April 2011 in the Churchvale/Hollyoak Rooms, MEC @ Sandwell Hospital
- 26 May 2011 in the Anne Gibson Boardroom @ City Hospital
- 9 June 2011 in the Anne Gibson Boardroom@ City Hospital
- 30 June 2011 in the Churchvale/Hollyoak Rooms, MEC @ Sandwell Hospital
- 28 July 2011 in the Anne Gibson Boardroom @ City Hospital
- 25 August 2011 in the Churchvale/Hollyoak Rooms, MEC @ Sandwell Hospital
- 29 September 2011 in the Anne Gibson Boardroom @ City Hospital
- 27 October 2011 in the Churchvale/Hollyoak Rooms, MEC @ Sandwell Hospital
- 24 November 2011 in the Anne Gibson Boardroom @ City Hospital
- 15 December 2011 in the Churchvale/Hollyoak Rooms, MEC @ Sandwell Hospital

The meetings remain monthly, alternating between City and Sandwell sites and the public session will start at <u>1430h</u> on the final Thursday of the month.

PURPOSE OF THE REPORT:

🗖 Approval

🖸 Noting

Discussion

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is requested to note the schedule of dates for 2011.

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ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

None

IMPACT ASSESSMENT:

FINANCIAL	
ALE	
CLINICAL	
WORKFORCE	
LEGAL	
EQUALITY & DIVERSITY	
COMMUNICATIONS	
PPI	
RISKS	