

# AGENDA

## Trust Board – Public Session

**Venue** Churchvale/Hollyoak Rooms, Sandwell Hospital      **Date** 28 October 2010; 1430h - 1700h

### Members

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

### In Attendance

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

### Guests

Dr P Saunders	(PS)	[Item 7]
Dr J Bleadale	(JB)	[Item 10]
Mrs K Hall	(KH)	[Item 11.2]

### Secretariat

Mr S Grainger-Payne	(SGP)	[Secretariat]
---------------------	-------	---------------

Item	Title	Reference No.	Lead
1	Apologies	Verbal	SGP
2	Declaration of interests <i>To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting</i>	Verbal	All
3	Chair's opening comments	Verbal	Chair
4	Minutes of the previous meeting <i>To approve the minutes of the meeting held on 30 September 2010 as true and accurate records of discussions</i>	SWBTB (9/10) 209	Chair
5	Update on actions arising from previous meetings	SWBTB (9/10) 209 (a)	Chair
6	Questions from members of the public	Verbal	Public
<b>PRESENTATIONS</b>			
7	Public Health update – Sandwell PCT	Presentation	PS
<b>MATTERS FOR APPROVAL</b>			
8	Same sex accommodation plans	SWBTB (10/10) 227 SWBTB (10/10) 227 (a) SWBTB (10/10) 227 (b)	RK
9	Naming the new hospital	SWBTB (10/10) 228 SWBTB (10/10) 228 (a)	JK
10	Establishment of a Clinical Ethics Committee	SWBTB (10/10) 219 SWBTB (10/10) 219 (a) SWBTB (10/10) 219 (b)	JBI

## MATTERS FOR INFORMATION/NOTING

<b>11</b>	<b>Quality and Governance</b>		
11.1	Nursing update	SWBTB (10/10) 226 SWBTB (10/10) 226 (a) - SWBTB (10/10) 226 (d)	RO
11.2	End of Life care update	SWBTB (10/10) 216 SWBTB (10/10) 216 (a)	KH
11.3	Annual audit letter	SWBTB (10/10) 222 SWBTB (10/10) 222 (a)	RW
<b>12</b>	<b>Strategy and Development</b>		
12.1	'Right Care, Right Here' programme: progress report	SWBTB (10/10) 221 SWBTB (10/10) 221 (a)	MS
12.2	New acute hospital project: progress report	SWBTB (10/10) 211 SWBTB (10/10) 211 (a)	GS
<b>13</b>	<b>Performance Management</b>		
13.1	Monthly finance report	SWBTB (10/10) 214 SWBTB (10/10) 214 (a)	RW
13.2	Monthly performance monitoring report	SWBTB (10/10) 223 SWBTB (10/10) 223 (a)	RW
13.3	NHS Performance Framework monitoring report	SWBTB (10/10) 224 SWBTB (10/10) 224 (a)	RW
13.4	Corporate objectives progress report – Quarter 2	SWBTB (10/10) 217 SWBTB (10/10) 217 (a)	MS
<b>14</b>	<b>Operational Management</b>		
14.1	MRI scanner post implementation review	SWBTB (10/10) 215 SWBTB (10/10) 215 (a)	RK
<b>15</b>	<b>Update from the Board Committees</b>		
15.1	Finance and Performance Management Committee		
►	Draft minutes from meeting held 21 October 2010	Hard copy paper	RT
<b>16</b>	<b>Any other business</b>	<b>Verbal</b>	<b>All</b>
<b>17</b>	<b>Details of next meeting</b> <i>The next public Trust Board will be held on 25 November 2010 at 1430h in the Anne Gibson Boardroom, City Hospital</i>	<b>Verbal</b>	<b>Chair</b>
<b>18</b>	<b>Exclusion of the press and public</b> <i>To resolve that representatives of the Press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).</i>	<b>Verbal</b>	<b>Chair</b>

# MINUTES

## Trust Board (Public Session) – Version 0.2

**Venue** Anne Gibson Boardroom, City Hospital      **Date** 30 September 2010

**Present:**

Mrs Sue Davis	(Chair)	Mr John Adler	Mr Mike Sharon (Part)
Mr Roger Trotman		Mr Robert White	
Dr Sarindar Sahota		Mr Richard Kirby	
Prof Derek Alderson		Miss Rachel Overfield	

**In Attendance:**

Miss Kam Dhami	Mr Graham Seager (Part)	Mrs Jessamy Kinghorn
Mr Les Williams (Part)	Mrs Andrea Bigmore (Part)	Mr Rob Banks (Part)
Mr Richard Kinnersley (Part)	Mr Les Williams (Part)	

**Secretariat:**

Mr Simon Grainger-Payne

Minutes	Paper Reference
<b>1 Apologies for absence</b>	<b>Verbal</b>
Apologies were received from Mrs Gianjeet Hunjan, Mrs Olwen Dutton, Mr Gary Clarke, Mr Donal O'Donoghue and Mrs Chris Rickards.	
<b>2 Declaration of Interests</b>	<b>Verbal</b>
The Chair noted the revised Register of Interests which had been amended to reflect the commencement of Mr Mike Sharon as Director of Strategy and Organisational Development and an alteration to Mr Roger Trotman's list of interests.	
<b>3 Chair's Opening Comments</b>	<b>Verbal</b>
The Chair made no opening comments.	
<b>4 Minutes of the previous meeting</b>	<b>SWBTB (8/10) 180</b>
The minutes of the previous meeting were presented for approval and were accepted as a true and accurate reflection of discussions held on 26	

August 2010.	
<b>AGREEMENT: The Trust Board approved the minutes of the last meeting</b>	
<b>5 Update on actions arising from previous meetings</b>	<b>SWBTB (8/10) 180 (a)</b>
The updated actions list was reviewed.	
In connection with action SWBTBACT.133, the Chair reported that Dr Sahota had been nominated as the Trust's sustainability champion.	
<b>6 Questions from members of the public</b>	<b>Verbal</b>
There were no members of the public in attendance at this meeting.	
<b>7 Annual planning framework 2011/12</b>	<b>SWBTB (9/10) 197 SWBTB (9/10) 197 (a)</b>
<p>In Mr Sharon's absence, Mr Kirby advised that the proposed annual planning framework for 2011/12 closely mirrored that used by the Trust in previous years. The context for the planning framework was highlighted to include the White Paper and the associated commissioning changes.</p> <p>The Board was advised that the planning framework includes a challenging set of financial assumptions and that it will inform the priorities for 2011/12 which are due to be discussed at the Trust Board 'Time Out' in November.</p> <p>The Chair observed that the framework did not include specifically the planning requirements for the transfer of Sandwell PCT community services. However, she was advised that terms of reference for the body that will oversee the plans are due to be developed to ensure that the process is harmonised with the work of the Trust and duplication is avoided.</p> <p>Mr Trotman noted that the plan suggested that Service Line Reporting would not be implemented until 2012/13 and remarked that he had hoped that the introduction would have been sooner than indicated. Mr Kirby advised that the Trust was deriving some benefit from Service Line Management, although the approach is not yet used as part of target setting process or assessing divisional performance as coding issues in particular need to be resolved.</p> <p>The Chair noted that there appeared to be some gains for the Trust on the borders of the Trust's natural catchment. Mr Kirby suggested that this could be reflective of the effect of the establishment of community ophthalmology services in South Birmingham, although he explained that this had not been verified.</p> <p>Mr Trotman advised that he was aware that the Trust's marketing manager was due to be trained to be able to further interpret the market share information provided by the Dr Foster intelligence system.</p> <p>The Trust Board approved the annual planning framework for 2011/12.</p>	

<b>AGREEMENT: The Trust Board approved the annual planning framework for 2011/12</b>	
<b>8 Workforce strategy 2010/17</b>	<b>SWBTB (9/10) 201 SWBTB (9/10) 201 (a)</b>
<p>Miss Overfield presented the workforce strategy 2010/17 for approval, advising that the strategy had been refreshed to include the plans for the new hospital. It was highlighted that the workforce strategy will be supplemented by the Learning and Development strategy and the Organisational Development strategy when developed.</p> <p>Dr Sahota asked what media were used to advertise Trust vacancies. He was advised that the majority of vacancies are advertised on NHS Jobs. Dr Sahota recommended that consideration be given to advertising within the community.</p> <p>The Trust Board unanimously approved the workforce strategy for 2010/2017.</p>	
<b>AGREEMENT: The Trust Board approved the workforce strategy 2010/17</b>	
<b>9 Estates strategy 2010/11</b>	<b>SWBTB (9/10) 187 SWBTB (9/10) 187 (a)</b>
<p>Mr Banks presented the annual review of the estates strategy, which he reported had been updated in line with plans for the new hospital.</p> <p>The Chair observed that the Trust performed well against fire safety requirements. Mr Banks agreed and advised that this was reflective of the well-established Fire Safety Committee and that the Trust is proactively managing fire safety.</p> <p>Mr Trotman asked whether the Birmingham Treatment Centre (BTC) was included as part of the schedule of accommodation for the retained estate, following the establishment of the new hospital. Mr Banks advised that the BTC did not form part of the accommodation attracting capital charges for the retained estate and was therefore not included.</p> <p>Mr Kirby highlighted that despite the ageing estate, the Trust's carbon dioxide emissions appeared to be low. Mr Banks advised that this is attributable to the efficiency with which the Trust is currently run.</p> <p>Mr Kirby asked what the biggest risk is in relation to the Trust's estate. Mr Banks advised that without active management, fire safety, asbestos management and Legionella infections represent the highest risks. The Chair asked which of the risks highlighted would remain in the new hospital. Mr Banks advised that Legionella infections are a risk, even within a new estate.</p> <p>Mrs Kinghorn asked whether the recent revaluation of the Trust's estate had impacted on the Outline Business Case (OBC) for the new hospital. Mr White reported that the impact had been built into the OBC, although the effect</p>	

<p>was not significant.</p> <p>Mrs Kinghorn asked whether compliance with single sex accommodation guidance had been built into priorities for the estates area. Mr Banks assured the Board that an amount of capital budget had been set aside for this purpose.</p> <p>Miss Dhami noted that the strategy referenced the Healthcare Commission's Core Standards and asked that this be amended, given that the assessment against the Core Standards had been replaced by the Care Quality Commission's registration process.</p> <p>Mr Kirby asked whether the reported low spend on cleaning was a concern. Miss Overfield advised that the situation would need to be reviewed, should a continued deterioration in responses be flagged through the patient satisfaction survey, although internal audits of cleanliness show a good position at present.</p> <p>Mr Adler commended the strategy and in particular the supportive benchmarking information that had been included.</p> <p>The Trust Board approved the estates strategy 2010/11.</p>	
<p><b>AGREEMENT: The Trust Board approved the estates strategy 2010/11</b></p>	
<p><b>10 Execution of contract as a simple contract – RFC Construction Ltd.</b></p>	<p><b>SWBTB (9/10) 194</b></p>
<p>Mr Kinnersley presented a proposal for the execution of a contract as a simple contract, authorising the expenditure of £450,474.28 (including VAT), in respect of building works for maternity reconfiguration.</p> <p>The Trust Board unanimously approved the proposal that the contract be executed as a simple contract.</p>	
<p><b>AGREEMENT: The Trust Board unanimously approved that the maternity reconfiguration contract with RFC Construction Ltd. be executed as a simple contract</b></p>	
<p><b>11 Execution of contract as a simple contract – RFC Construction Ltd.</b></p>	<p><b>SWBTB (9/10) 196</b></p>
<p>Mr Kinnersley presented a proposal for the execution of a contract as a simple contract, authorising the expenditure of £644,941.14 (including VAT), in respect of building works for Sandwell CT scanner main works.</p> <p>The Trust Board unanimously approved the proposal that the contract be executed as a simple contract.</p>	
<p><b>AGREEMENT: The Trust Board unanimously approved that the CT scanner main works contract with RFC Construction Ltd. be executed as a simple contract</b></p>	
<p><b>12 Execution of contract as a simple contract – AM Griffiths and Son Ltd.</b></p>	<p><b>SWBTB (9/10) 193</b></p>

<p>Mr Kinnersley presented a proposal for the execution of a contract as a simple contract, authorising the expenditure of £700,109.65 (including VAT), in respect of maternity reconfiguration building works.</p> <p>Dr Sahota noted that the two maternity contracts totalled in excess of a million pounds and asked whether a different approval and tendering process was needed given the amalgamated sum. He was advised that two different suppliers had been chosen to assist with maternity reconfiguration to ensure that any delays with the works are minimised. Furthermore, as different suppliers were being used to support two different projects, is it not possible to combine the spend into a single sum and therefore there is no need to pursue a different procurement process.</p> <p>The Trust Board unanimously approved the proposal that the contract be executed as a simple contract.</p>	
<p><b>AGREEMENT: The Trust Board unanimously approved that the maternity reconfiguration contract with AM Griffiths and Sons Ltd. be executed as a simple contract</b></p>	
<p><b>13 Execution of contract as a deed – Manton Building Contractors</b></p>	<p><b>SWBTB (9/10) 195</b></p>
<p>Mr Kinnersley presented a proposal for the execution of a contract as a deed, authorising the expenditure of £1,572,908.89 (including VAT), in respect of maternity reconfiguration building works.</p> <p>The Trust Board unanimously approved the proposal that the contract be executed as a deed.</p>	
<p><b>AGREEMENT: The Trust Board unanimously approved that the maternity reconfiguration contract with Manton Building Contractors be executed as a deed</b></p>	
<p><b>14 Revised Register of Interests</b></p>	<p><b>SWBTB (8/10) 185 SWBTB (8/10) 185 (a)</b></p>
<p>This item was discussed as part of the earlier item concerning members' declaration of interests in connection with any agenda item.</p> <p>Dr Sahota advised that he was no longer a member of the University of Birmingham Governing Council. Subject to this amendment, the revised Register of Interests was approved.</p>	
<p><b>AGREEMENT: The Trust Board approved the revised Register of Interests</b></p>	
<p><b>15 Quality and Governance</b></p>	
<p><b>15.1 'Listening into Action' update</b></p>	<p><b>SWBTB (9/10) 199 SWBTB (9/10) 199 (a)</b></p>
<p>Mr Adler presented an update on the progress with embedding 'Listening into Action' into the Trust.</p>	

<p>Mr Kirby advised that a number of areas across the Trust would be using LiA techniques shortly, including 'The Productive Operating Theatre' and a Rowley Regis Hospital-based event.</p> <p>Mrs Kinghorn suggested that consideration should be given to looking at the areas where 'Listening into Action' appears yet to impact according to the staff census currently underway.</p> <p>Mr Adler advised that a number of 'Listening into Action' events are planned with GPs and Sandwell Community Services, in preparation for those staff joining the Trust and also with local GPs.</p>	
<p><b>15.2 Quarterly risk, complaints and claims update: Quarter 1</b></p>	<p>SWBTB (9/10) 206 SWBTB (9/10) 206 (a)</p>
<p>Miss Dhimi presented the quarterly update on risk, complaints and claims, which she reported had been reviewed in detail by the Governance and Risk Management Committee at its meeting earlier in the month.</p> <p>In response to the information highlighting that there is a significant number of active complaints, the Chair underlined the need to respond to such concerns promptly. Miss Dhimi advised that interviews for a replacement Head of Litigation and Complaints were due to take place shortly and the successful applicant would be responsible for addressing the issue as a priority.</p> <p>Dr Sahota noted that there appeared to be a significant increase in the number of clinical incidents, however Miss Dhimi advised that no obvious trends or themes had been determined in this area.</p> <p>It was noted that record keeping appeared to be a recurrent issue within a number of incidents and complaints. Miss Dhimi advised that periodic and annual audits on record keeping are undertaken, however she agreed that there is a need to sharpen the audit focus in this area.</p>	
<p><b>15.3 Delivery of Single Sex Accommodation update</b></p>	<p>SWBTB (9/10) 202 SWBTB (9/10) 202 (a) SWBTB (9/10) 202 (b)</p>
<p>Mr Kirby presented an update on the work to ensure the Trust's compliance with single sex accommodation guidance. Of significance, the Board was advised that following a recent reinterpretation of the Department of Health's guidance, the current arrangements of the Nightingale wards at the City Hospital site are likely to be deemed as non-compliant with the guidance. As such, the only feasible solution to meeting the requirements is to establish mixed speciality, single sex accommodation. However such a solution would carry a number of risks, both operational and clinical.</p> <p>The Chair emphasised the need for the Board to be fully aware of the patient safety implications of complying with the revised accommodation requirements. Mr Adler asked whether it is planned to accept the guidance without further challenge, however Mr Kirby advised that a plan is being</p>	



<p>developed and a formal brief to the Board will be given to explain fully the options and implications. Miss Overfield added that mixed speciality, single sex accommodation impacts on some area of the Trust more severely than others. Surgical areas were highlighted as being particularly at risk of being impacted by the plans.</p> <p>The Board was advised that there is a regime in place for fining providers for breaches of the guidance. If enforced, organisations will not be paid for admissions to mixed sex accommodation units.</p>	
<p><b>15.4 End of Life Care update</b></p>	<p>SWBTB (9/10) 188 SWBTB (9/10) 188 (a)</p>
<p>The Chair advised that the item had been deferred for discussion at the next meeting of the Trust Board.</p>	
<p><b>15.5 Equality Act 2010</b></p>	<p>SWBTB (9/10) 186 SWBTB (9/10) 186 (a)</p>
<p>Miss Overfield provided the Board with a summary of the key elements of the Equality Act, which she advised would come into effect from 1 October 2010.</p> <p>The Board was advised that a key change arising from the Act concerns the inability to conduct pre-employment health checks, apart from those specific to the role due to be filled. The Chair remarked that this was a concerning implication for the recruitment process.</p> <p>Dr Sahota suggested that procurement considerations should be borne in mind when deliberating the implications of the new legislation on the Trust.</p>	
<p><b>15.6 Outcome of OFSTED inspection of Safeguarding and Looked After Children's services: Birmingham</b></p>	<p>SWBTB (9/10) 182 SWBTB (9/10) 182 (a)</p>
<p>Miss Overfield presented the report outlining the outcome of the recent OFSTED inspection of Safeguarding and Looked After Children's services in Birmingham. She advised that the recommendation concerning Accident and Emergency Department processes was fully accepted by the Trust.</p>	
<p><b>16 Strategy and Development</b></p>	
<p><b>16.1 'Right Care, Right Here' programme: progress report</b></p>	<p>SWBTB (9/10) 200 SWBTB (9/10) 200 (a)</p>
<p>On Mr Sharon's behalf, Mr Kirby presented the latest 'Right Care, Right Here' programme progress report, which the Board received and noted.</p> <p>The Board was advised that the 'Right Care, Right Here' programme manager had drafted a response to the new service reconfiguration tests, which had been presented to and been agreed by the Partnership Board.</p>	
<p><b>17 Operational Management</b></p>	<p>SWBTB (9/10) 189 SWBTB (9/10) 189 (a)</p>
<p><b>17.1 Sustainability update</b></p>	

<p>Mr Banks presented an update on the Trust's progress with implementing sustainability plans within the Trust.</p> <p>The Trust Board was asked for and gave its approval to participation in the Carbon Trust's Carbon Management Programme.</p> <p>Further developments in the carbon management agenda were highlighted to include the initiation of power optimisation projects.</p>	
<p><b>AGREEMENT: The Trust Board approved the participation in the Carbon Trust's Carbon Management Programme</b></p>	
<p><b>18 Performance Management</b></p>	
<p><b>18.1 Monthly finance report</b></p>	<p>SWBTB (9/10) 203 SWBTB (9/10) 203 (a)</p>
<p>Mr White presented the finance report of the period April – August 2010, which was noted to have been discussed in detail at the Finance and Performance Management Committee at its meeting on 23 September 2010. It was noted that the draft minutes of the meeting were available within Board packs.</p> <p>It was reported that year to date a surplus of £691k has been achieved, £92k above the planned position. Capital expenditure remains on target and cash balance is in line with plan.</p> <p>It was highlighted that some financial pressure remains, particularly in the Medicine and Emergency Care division. The Board was advised that funding had been made available to both PCTs and Acute trusts to assist with managing winter pressures and in facilitating discharges. It is anticipated that this additional funding may alleviate the situation to some degree in the Medicine division.</p> <p>Mr Trotman reported that it had been suggested at the Finance and Performance Management Committee meeting that favourable variances should be considered, in addition to adverse variances.</p> <p>The Board was asked to give its approval to minor changes to the capital programme, which it was reported had been previously supported by the Finance and Performance Management Committee.</p>	
<p><b>AGREEMENT: The Board approved the changes to the capital plan</b></p>	
<p><b>18.2 Monthly performance monitoring report</b></p>	<p>SWBTB (9/10) 184 SWBTB (9/10) 184 (a)</p>
<p>Mr White presented the performance monitoring report and reminded the Trust Board that it had already been noted by the Finance and Performance Management Committee at its meeting on 23 September 2010.</p>	

<p>It was reported that Delayed Transfers of Care had reached 4%, however there had been an improvement in the number of cancelled operations. Infection rates were reported to be a concern at present, particularly for <i>C difficile</i> infections. It was noted that one MRSA bacteraemia case had been incorrectly included within the report as it was reported within the first 48 hours of the patient's admission to the Trust.</p> <p>Progress with the meeting the CQUIN targets was discussed and performance against the VTE assessment target was noted as a particular concern at present.</p> <p>The Trust's position regarding same sex accommodation breaches was also noted and the Board was advised that further detail regarding the plans would be discussed at the October meeting of the Trust Board.</p>	
<p><b>18.3 NHS Performance Framework update</b></p>	<p>SWBTB (9/10) 183 SWBTB (9/10) 183 (a)</p>
<p>Mr White presented the NHS Performance Framework update for information.</p> <p>The Trust Board received and noted the report.</p>	
<p><b>19 Outline Business Case for the New Hospital – Version 4.1</b></p>	<p>SWBTB (9/10) 191 SWBTB (9/10) 191 (a)</p>
<p>Mr Seager advised that the latest version of the Outline Business Case for the new hospital had been discussed in various fora prior to the meeting, including the 'Right Care, Right Here' Partnership Board, Acute Hospital Project Board, Finance and Performance Management Committee and the Trust Board Seminar. He highlighted that the business case was identical in parts to the version previously approved by the Board.</p> <p>The Board was advised that the land acquisition process was progressing well, with a third of the required land having now been purchased.</p> <p>Mr Seager advised that following a review by the 'Right Care, Right Here' Programme, key amendments to the OBC had been made regarding the activity model for the new hospital; areas of the current estate to be retained; privacy and dignity considerations; and workforce profile.</p> <p>The financial information within the OBC was discussed, where it was pointed out that the forecast capital costs for the scheme had reduced from £484m in the initial iteration of the business case to £370m. The source of funding for the new hospital was reported to remain as Private Finance Initiative.</p> <p>In terms of affordability, a key assumption was noted to be total cost reductions (Including the cost improvement programme) of £20m per year until 2015/16.</p> <p>Mr Trotman highlighted that a spending review is due and asked what the</p>	

implications would be on the plans, should the planned transitional funding not be available as a consequence. Mr Seager that transitional funding was a key element of the plans Mr White added that there was a clear recognition that the Trust needs transitional funding to be able to progress the plans. The Transitional Funding Framework included in the OBC is set according to the forecast activity model however, it was noted that should activity levels be higher than anticipated, this would need to be offset against the transitional funding. Mr White was asked whether any withdrawal of the transitional funding would have a major impact. He advised that there was no apparent motivation to withdraw from the commitments made but in the event that this happened then meeting the plans would be difficult. The Chair emphasised the need to ensure that local GP commissioners are aware of the importance of the transitional funding arrangements as part of the plans.

Dr Sahota noted that a cost reduction plan of £20m per year was required and asked whether this was achievable. Mr Kirby advised that to achieve savings of this magnitude would be very challenging, however he highlighted that the totality of the savings included those related to reduced activity in line with the 'Right Care, Right Here' model and reminded the Board that following earlier work on benchmarking, that there were further operational efficiencies that are available within the Trust. The good track record of cost improvement programme (CIP) delivery on this scale was also emphasised.

Mr Seager summarised the timescales and key activities within the project plan, advising that the building work is expected to commence in 2013, with the hospital opening in 2016.

Professor Alderson asked to what extent the plans had been modified in the light of the publication of the recent White Paper, including the future of commissioning arrangements. Mr Sharon reported that one of the implications of the White Paper on the OBC is the greater role that the Local Authorities will have in approving strategic change. The creation of GP consortia and the abolition of Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs), together with the mandate that all non-Foundation Trust (FT) organisations are to become FTs were noted to also impact on the plans in different ways. The Board was advised that in particular, the Trust would need to recommence an application for FT status shortly. In terms of the establishment of the GP consortia, Mr Sharon advised that this presented both a challenge and an opportunity for the Trust. The challenge was outlined to concern the impact of replacing well known and established commissioning arrangements with an inevitably different practice with the GP consortia. GPs were reported to have been well engaged with the process however and the new approach had the potential to be more effective in creating a more engaged relationship between clinicians and GPs themselves.

Miss Dhami remarked that that the environment had changed considerably since the concept of a new hospital had first been proposed and asked

when alternatives to the plans had last been considered. Mr Seager advised that the OBC presented four options, based on the premise that a single acute site is the preferred model, given that to continue to run two acute locations is recognised as unviable. The location of the new single acute hospital had been determined through the options appraisal process, which had shown that Grove Lane to be the preferred option. In terms of whether the establishment and relocation into a new hospital within a short timeframe was preferable to incremental change, the Board was advised that the former was considered the preferable option from experience, where incremental change had been shown to encourage a lack of cohesion and fragmentation. Returning to the question as to when the alternatives were last considered, the Board was advised that the options had been revisited as part of the FT application process. Fundamentally, the issues which had led to the original selection of the preferred option had not changed.

Reviewing income and activity assumptions within the OBC, Miss Overfield asked whether these remained realistic. Mr White advised that there was good cohesion in the local health economy which provided reassurance, however the unknown element concerned the plans for pricing activity in the future. As such, various models had been developed, each considering a different scenario for pricing and activity, all of which indicate that the plans are affordable.

Mr Trotman asked whether the issue of the OJEU notice was predicated on the approval of the OBC by the Strategic Health Authority and the Department of Health. Mr Seager advised that this is the case, acknowledging that the timescales for the approval are ambitious. Yet given the previous engagement of the approving bodies it is anticipated that the OBC could be approved as planned. Discussions with the Department of Health to date also indicate a willingness to approve the business case providing that the affordability and activity model are robust. Mr Seager added that in addition to the approval of the OBC, authorisation to use Compulsory Purchase Order powers and issuing of the procurement notice are also required.

Mr Trotman asked whether there is sufficient capacity available to handle the FT application alongside the new hospital plans. Mr Adler advised that the two processes had previously run in parallel, however they had been divorced when the OBC was reviewed and it had been determined that further amendments were required. This time however, the timing of the two plans was noted to be sequential and therefore less pressure is expected. Furthermore, the Board was advised that two separate sets of staff will be handling the plans. Mr Sharon was highlighted as the lead for the Trust's FT application and will ensure that the two plans remain co-ordinated. The Chair observed that Mr Sharon was also responsible for the Transforming Community Services project. Mr Sharon suggested that of greater importance than resource issues at present was whether approval of the OBC provides an accessible route to FT status and whether there is sufficient confidence that the Monitor ratios issues can be addressed. Mr Adler

advised that the FT interface issues had been discussed in detail at the Finance and Performance Management Committee meeting and the Trust Board Seminar previously, however he reminded the Board that difficulties with complying with the Prudential Borrowing Code and meeting Monitor's Financial Risk Rating requirements for FT authorisation had been highlighted. As such, the issues were being discussed with the Strategic Health Authority. The Strategic Health Authority was reported to be clear that the 'Right Care, Right Here' plans including the new hospital need to be progressed and that the Trust should also continue to pursue FT status. Despite this direction, the need to resolve the issue concerning the difficulties with meeting the parameters for authorisation was acknowledged however. The Chair reported that she had received a letter from the Secretary of State, canvassing plans and any barriers to progressing an application for FT status and suggested that these issues may be raised through this channel. Mr Adler added that for the Board, there was sufficient assurance that the reasons for non-compliance with the ratios were primarily technical in nature, rather than being an indication that the plans were not viable.

Mr O'Donoghue commented that the number of beds in the new hospital had been raised as an issue in relation to the forecast activity to be delivered. Mr Kirby acknowledged that the reduction in the number of beds appeared to be significant, however he advised that the loss of a 100 of the beds was due to the forecast shift in catchment and a further reduction of 200 beds was reflective of a move from treatment in an acute setting into the community. Mr Kirby reminded the Board that a reduction in bed numbers of the magnitude planned had been achieved in the Trust over the previous five to six years.

Mrs Kinghorn asked in relation to the clinical case, what the implications would be if the scheme was not progressed. Mr O'Donoghue advised that the clinical arguments in support of the new hospital had been clearly set out in the OBC, however the main driver was highlighted to be the need to provide a coherent service in a single site, which was not currently possible with duplicate departments, such as Accident and Emergency.

Dr Sahota asked what plans had been put into place concerning access to the new site. Mr Seager advised that public transport considerations have been built into the scheme and there have been many supportive commitments made by local transport providers. Mr Les Williams advised that a draft travel strategy had been launched, a key part being transport to the new hospital. Current arrangements were noted to provide inadequate access to the area. The Board was advised that over the forthcoming 18 months the finer details of the transport strategy would be set out. The Chair suggested that the current shuttle bus service could be expanded to serve the new site.

With the extensive debate and discussion concluded, the Chair asked members for their approval of the OBC. The Board unanimously approved the business case.

Mr Seager and his team were thanked for the thorough and full piece of work.	
<b>AGREEMENT: The Trust Board approved Version 4.1 of the Outline Business Case for the new hospital</b>	
<b>20 Update from the Board Committees</b>	
<b>20.1 Finance and Performance Management Committee</b>	<b>SWBFC (8/10) 093 Hard copy paper</b>
The Trust Board received and noted the minutes of the Finance and Performance Management Committee meeting held on 19 August 2010 and 23 September 2010.	
<b>20.2 Governance and Risk Management Committee Chair's annual report</b>	<b>SWBGR (9/10) 204 SWBGR (9/10) 204 (a)</b>
The Trust Board received and noted the 2009/10 annual report by the chair of Governance and Risk Management Committee.	
<b>21 Any Other Business</b>	<b>Verbal</b>
There was none.	
<b>22 Details of the next meeting</b>	<b>Verbal</b>
The next public meeting of the Trust Board will be held on 28 October at 1430h in the Churchvale/Hollyoak Rooms and Sandwell Hospital.	
<b>23 Exclusion of the press and public</b>	<b>Verbal</b>
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: 28 October 2010, Churchvale/Hollyoak Rooms @ Sandwell Hospital

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

30 September 2010 - City Hospital

**Members present:** Mrs S Davis (SD), Mr R Trotman (RT), 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)

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

**Apologies:** Mrs O Dutton (OD), Mrs G Hunjan (GH), Mr G Clarke (GC), Mr D O'Donoghue (DO'D), Mrs C Rickards (CR)

**Secretariat:** Mr S Grainger-Payne (SGP)

Last Updated: 22 October 2010

Reference	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status	Review Date
SWBTBACT. 133	Sustainability update	SWBTB (7/10) 152 SWBTB (7/10) 152 (a)	29-Jul-10	Identify a Board-level champion for sustainability	SD	30-Sep-10	Sarindar Sahota identified as Sustainability Champion	Completed Since Last Meeting	
SWBTBACT. 084	MRI business case	SWBTB (4/09) 093 SWBTB (4/09) 093 (a)	30-Apr-09	Present a post implementation review of the City Hospital MRI scanner	RK	29-Apr-10	Included on the agenda of the October meeting of the Trust Board	Completed Since Last Meeting	
SWBTBACT. 123	Equality and Diversity update	SWBTB (4/10) 075 SWBTB (4/10) 075 (a) SWBTB (4/10) 075 (b)	29-Apr-10	Determine the source of the request to determine whether patients are asylum seekers or immigrants	RO	27-May-10	Under investigation and will provide update as part of next Equality and Diversity update in December	Future	16-Dec-10
SWBTBACT. 124	Equality and Diversity update	SWBTB (4/10) 075 SWBTB (4/10) 075 (a) SWBTB (4/10) 075 (b)	29-Apr-10	Present the Trust's position regarding the requirements of the new Equality Bill at the next Trust Board seminar	RO	27-May-10	Presentation will be given to the E & D Steering Group by the Trust's Solicitors in October, which will then inform an update to the Trust Board as part of the E & D update in December 2010	Future	16-Dec-10
SWBTBACT. 130	Staff Health and Wellbeing strategy	SWBTB (6/10) 133 SWBTB (6/10) 133 (a) SWBTB (6/10) 133 (b) SWBTB (6/10) 133 (c)	24-Jun-10	Present an update on the Boorman Review action plan at the December meeting of the Trust Board	RO	16-Dec-10		Future	16-Dec-10



## Sandwell and West Birmingham Hospitals



NHS Trust

## TRUST BOARD

DOCUMENT TITLE:	Delivering Same-Sex Accommodation at City Hospital
SPONSORING DIRECTOR:	Richard Kirby, Chief Operating Officer
AUTHOR:	Richard Kirby, Chief Operating Officer
DATE OF MEETING:	28 October 2010

## SUMMARY OF KEY POINTS:

In September 2010, the Board received a report on our plans for delivering same-sex accommodation. At City Hospital this plan has been based on an agreed compromise that recognised the age and condition of the main inpatient wards and the need to balance clinical expertise, patient flow and full compliance with the standards. The September report noted that the recent renewed national emphasis on full compliance with the national standards by 1<sup>st</sup> January 2011 made it increasingly unlikely that the Trust would be able to sustain this compromise approach.

This paper provides an assessment for the Trust Board of the changes needed to ensure full compliance with the national standards by 1<sup>st</sup> January 2011 including moving to same-sex wards at City Hospital.

This paper sets out the issues facing the Trust in responding to the renewed national emphasis on delivering same-sex accommodation. The Trust faces significant consequences in terms of fines if we do not fully comply with same-sex accommodation standards. The Trust also however faces important risks to patient flow and clinical quality in moving to same-sex wards at City Hospital.

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

Approval	Receipt and Noting	Discussion
<b>X</b>		

## ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

1. NOTE the national requirement to deliver same-sex accommodation and the consequences for SWBH if we do not;
2. NOTE the significant risks associated with introducing same-sex wards at City Hospital;
3. APPROVE the plan for same-sex wards at City Hospital for submission to the SHA;
4. REQUEST a further report at the November Trust Board in the light of more detailed planning and the SHA's response.

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	Accessible and Responsive Care High Quality Care
Annual priorities	
NHS LA standards	
CQC Essential Standards Quality and Safety	Same-Sex accommodation standard in Core Standards
Auditors' Local Evaluation	

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

Financial	<b>X</b>	Estimated £55m penalty in fines for non-compliance Estimated £1.5m revenue impact of compliance Potential capital impact – to be confirmed
Business and market share		
Clinical	<b>X</b>	Risks of disrupting existing clinical teams and spreading expertise more thinly.
Workforce	<b>X</b>	Will affect 17 wards at City including c. 500 nursing staff in ward teams
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience	<b>X</b>	Delivering same-sex accommodation is national patient experience priority
Communications & Media		
Risks		Significant risks to clinical quality and patient flow and approach to mitigation are set out in the paper.

**PREVIOUS CONSIDERATION:**

Report to Trust Board in September 2010  
Discussion at Trust Management Board in October 2010

## **DELIVERING SAME SEX ACCOMMODATION AT CITY HOSPITAL OCTOBER 2010**

### **INTRODUCTION**

At its meeting in September 2010, the Trust Board received a progress report on our plans for delivering same-sex accommodation as part of wider work on privacy and dignity for patients.

At City Hospital this plan was based on an agreed compromise that recognised the age and condition of the main inpatient wards and the need to balance clinical expertise, patient flow and full compliance with the standards. The September progress report noted that the recent renewed national emphasis on full compliance with the national standards by 1<sup>st</sup> January 2011 made it increasingly unlikely that the Trust would be able to sustain this compromise approach.

This paper provides an assessment for the Trust Board of the changes needed to ensure full compliance with the national standards by 1<sup>st</sup> January 2011 including moving to same-sex wards at City Hospital.

### **BACKGROUND**

The Trust Board agreed its approach to delivering same-sex accommodation in 2009/10. At Sandwell and Rowley Hospitals same-sex accommodation has been delivered through the use of same-sex bays on the inpatient wards. At City Hospital the age, size and shape of the nightingale wards on the main spine resulted in an approach that ensured separate sleeping areas and separate washing and toilet facilities but still required patients, visitors and staff entering the ward to use the sleeping area at the front of the ward to reach the back of the ward.

The local compromise adopted at City was developed following staff and public engagement. It was agreed by the Trust Board and the boards of our commissioners at Sandwell and Heart of Birmingham PCTs with input from NHS West Midlands (the SHA) and the DH Same-Sex Accommodation National Support Team. The Trust's public declaration of same-sex policy was produced on this basis.

The compromise was designed to balance the benefits to both clinical quality and patient flow from ward teams dedicated to a particular specialty and able to develop expertise in the treatment of patients with particular conditions with the need to

provide high standards of privacy and dignity for all patients. As was reported to the Trust Board in September, there have been very few occasions on which the Trust has not been able to keep to our agreed policy within our main inpatient wards (an average of 6 a month across all three hospitals). There have been more breaches in our assessment units and our action plan includes more work to ensure that they are able to operate their same-sex bay policy more consistently.

As was also reported to the Trust Board in September, the renewed emphasis on same-sex accommodation standards announced during August means that it is now increasing difficult to retain our agreed compromise approach. The SHA has formally requested that the Trust Board reconsider the position agreed last year and submit a plan to deliver full compliance with the same-sex standards by end of the October 2010 (a copy of the letter is attached).

## **NATIONAL STANDARDS**

All our patients have the right to receive high quality care that is safe, effective and respects their privacy and dignity. The Trust is committed to providing every patient with same-sex accommodation because it is a fundamental part of maintaining high standards of privacy and dignity.

National guidance defines same-sex accommodation as:

- Men and women should not have to sleep in the same room or bay unless sharing can be justified by the need for treatment.
- Men and women should not have to share bathing or toilet facilities.
- Men and women should not have to pass directly through opposite-sex areas in order to access their own facilities.

## **IMPACT OF NON-COMPLIANCE WITH STANDARDS**

Discussions with the SHA since the summer have made clear that the Trust faces significant consequences if we do not fully comply with national standards.

1. PCT commissioners will be required to implement the clauses in the national contract which allow them to fine trusts for breaches of the same-sex standards. This would result in PCTs not paying for admissions to wards at City that did not comply with the standards. On a full year basis at 2010/11 levels of activity our best estimate is that this would result in a loss of income to the Trust of £55m. The Trust would not be able to sustain an income loss on this scale.
2. The Trust would not obtain Secretary of State's approval to apply to be a Foundation Trust. In view of national policy requiring all NHS Trusts to become NHS Foundation Trusts by April 2013 this would pose a significant problem for the future of the organisation.

3. Finally, it is possible that in the event that the Trust was to decide not to fully implement the national guidance, the Trust may be directed by the Secretary of State to do so.

## **APPROACH AT CITY HOSPITAL**

The age, shape and configuration of the estate at City Hospital mean that there is not a viable, value for money physical approach to delivering same-sex accommodation without moving to a system of same-sex but mixed-specialty inpatient wards.

The Trust's approach to same-sex accommodation at City Hospital is therefore based on the following assumptions:

- MAU will operate on the basis of same-sex bays;
- Inpatient wards on the main spine will operate as same-sex wards;
- Inpatient wards in the Sheldon block will operate through same-sex bays;
- A small number of clinically specialist areas will maintain high standards of privacy and dignity but will not be able to deliver full separation of sexes. These comprise: critical care, coronary care, the monitored bed bays in MAU at City and EAU at Sandwell and post-operative theatre recovery. These clinical exceptions will need to be confirmed in the light of expected national guidance;
- For children's services (PAU at City and inpatient wards at Sandwell) we will continue to use our capacity flexibly seeking to take account of the wishes of individual children and their parents / carers particularly for older children.

The detail of the plan to be implemented at City Hospital will need further work following the Board's decision but the current preferred option has been developed following consultation with clinical teams and has been based on:

- Concentrating inpatient beds on the main spine (apart from ophthalmology and dermatology which remain in the Sheldon block) with surgical wards on the second floor, medical wards on the first floor and more specialist units on the ground floor.
- Seeking to retain the small number of wards that already operate on a same-sex basis unchanged (e.g. gynaecology, gynae-oncology);
- Splitting specialties across a maximum of two wards that are as geographically close as possible.

The current ward by ward plan is set out as an appendix to this paper. This is the subject of continuing work with divisional and directorate teams and may therefore be subject to some revision during November.

## RISK AND ISSUES

During the development of this plan in response to national policy, it has become clear that, although there are significant consequences for the Trust of not delivering same-sex accommodation, the Trust also faces significant risks and issues in moving to a system of same-sex, mixed-specialty wards.

This section identifies these risks and issues and sets out the action that the Trust plans to take to address them. It should be noted that it may not be fully possible to fully address all of the risks associated with this plan.

Risk / Issue	Proposed Mitigation
<b>Clinical Quality Risks</b>	
1. Loss of specialty-focussed ward teams with relevant expertise – will be particular issue for smaller specialties (e.g. vascular, ENT).	Where possible specialties split across only two wards located close to each other. Detailed planning will seek to ensure best possible spread of nursing skills / expertise across new wards.
2. Greater restrictions on use of siderooms on all male / all female wards which may be needed to isolate patient of opposite gender.	Review of sideroom use in progress to identify likelihood of problem. Will need to be clear about policy for access to sideroom i.e. clinical need for isolation takes priority over need to keep sideroom same gender as rest of the ward if capacity not available.
3. Loss of dedicated Surgical Assessment Unit at City leading to less focussed senior decision making for surgical emergencies presenting at City.	Operational policies for wards taking admissions for assessment will need to emphasis continued need for early senior decision making on need for transfer to Sandwell.
4. Greater demands on ward teams on all female wards requiring increase in establishments to maintain standards.	Detailed planning for ward establishments will seek to ensure sufficient staff to deal with demands of the ward. May result in cost pressures to be considered as part of planning for 2011/12.
5. Loss of dedicated unit for MRSA positive patients will require different approach to minimising infection control	Operational policy will need to set out how to manage MRSA positive patients. Longer-term could seek to

risk.	develop more sideroom capacity at City but would require capital investment.
<b>Patient Flow Risks</b>	
6. Changes to rehabilitation pathways required for stroke, orthopaedics and care of the elderly.	Patient pathway redesign will be required in these specialities. Change may offer opportunities to improve rehabilitation and reduce length of stay.
7. Current work at ward level of discharge planning process to support bed closures will be seriously disrupted.	Key lessons from current work will need to be picked up with new ward teams but there will be some delay to this work as a result.
8. Change cuts across existing winter capacity plans removing planned "winter capacity".	Total available capacity is slightly less than current planned winter provision.
9. Plan uses all wards on main spine only leaving the City with two spare wards in the Sheldon block creating significant difficulties with future decant arrangements if needed for deep clean / ward improvements.	Operational policy will be developed to address decant issue either by (a) reducing beds temporarily or (b) by bringing one of the Sheldon wards back into use for non-acute patients. This is likely to be less effective than current decant options.
<b>Implementation Issues</b>	
10. Disruption to existing wards teams leading to drop in nursing standards while new teams are established.	Careful planning will help minimise disruption to ward teams but it will not be possible to fully mitigate this risk.
11. Additional investment required to cover additional ward(s) plus ensure safe establishments for newly configured wards (estimated FYE of £1.5m revenue). Possible capital requirement to replicate equipment etc. (to be confirmed).	Detailed planning of ward establishments will be necessary to confirm the financial impact. The impact will need to be addressed as part of planning for non-recurrent resources in 2010/11 and as a priority cost pressure for 2011/12. Subsequent capacity review work will seek to improve length of stay and reduce bed numbers but is unlikely quickly to reduce the number of wards open.

12. Impact of existing capital programme on plans i.e. D28 and D29 needed for orthopaedics committed as decant for MAU major refurbishment until April 2011.	Either (a) seek the SHA's agreement to delay full implementation until or April or (b) develop a further interim arrangement which would rely on continued use of rehabilitation wards in the Sheldon block.
13. Major operational challenge of changing ward configuration at height of winter period.	Prepare detailed plans and manage through weekly project team chaired by COO.

## IMPACT ON BED CAPACITY

The impact of moving to same-sex wards on bed capacity at City Hospital is set out in the table below.

Category	Baseline		Existing Winter Plan		Same-Sex Plan	
	Wards	Beds	Wards	Beds	Wards	Beds
Medicine	11	258	13	285	13	257
Surgery	5	112	5	112	6	131
Women & Child Health	2	41	2	41	2	41
Other	4	33	4	33	3	33
Total in Use	22	444	24	471	24	462
Vacant	4	74	2	47	2	56
Total	26	518	26	518	26	518

### Notes

1. Bed capacity excludes maternity and neo-natal beds
2. "Other" includes D12 sideroom ward, ITU and ophthalmology beds in Sheldon
3. Same-sex plan capacity assumes all beds on each ward open – more work is needed to confirm whether all beds will be open all year.

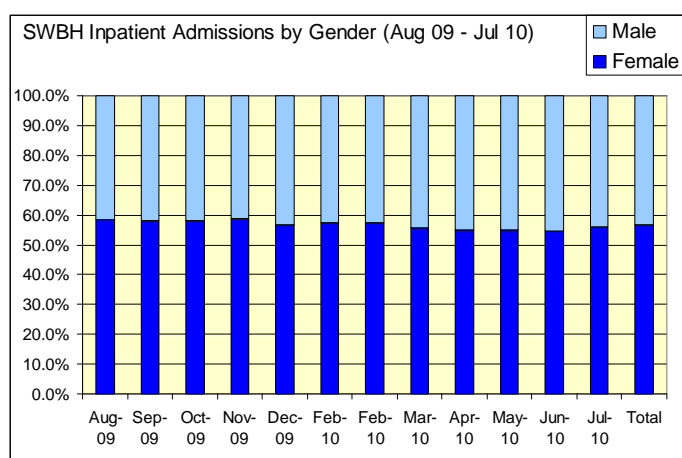
The proposed approach to same-sex wards results in a maximum of 462 beds at City Hospital across 24 wards. The 2 empty wards would both be on the Sheldon block rather than the main spine where all the wards will be used. This is 18 beds and 2 wards more than the current Trust baseline (resulting in an additional revenue pressures as identified above) but 9 beds fewer than our current planned winter capacity. Opening additional wards above the baseline is the main driver of the financial pressure from this proposal identified as one of the key issues above.

The table below shows the split of beds between men and women in the proposed approach.



Type	Wards	Beds	% Beds
Male	8	152	32.9%
Female	9	207	44.8%
MAU Bays	1	28	6.0%
Sheldon bays	2	20	4.3%
ITU / CCU / PAU / D12 siderooms	4	55	12%
Total	24	462	100%

Over a 12 month period (August 2009 – July 2010), 56% of the Trust's inpatient admissions were women and 44% were men. Over the same period 54% of the Trust's occupied bed days were women and 46% were men. There are no significant differences in the overall proportions of men and women admitted between City and Sandwell Hospital. The graph below shows that neither is there a significant variation in the proportions of men and women admitted each month.



In our plan, 359 beds at City Hospital will be in same-sex wards with 58% in female wards and 42% in male wards. More detailed work will need to be undertaken during November to check ward allocations to by specialty and by site and to understand the daily rather than monthly level of variation in the proportion of men and women admitted to City but this high-level assessment suggests that the current proposal is broadly in line with the current pattern of admissions.

## TIMESCALE

If the national timescale of 1<sup>st</sup> January 2011 for implementation is to be met, the Trust will need to adopt the following high level timescale as the basis for its action plan.

Trust Board decision on approach	28 <sup>th</sup> October 2010
Plan submitted to SHA	29 <sup>th</sup> October 2010
SHA approval of plan	TBC (before 25 <sup>th</sup> November)
Detailed action planning	to 19 <sup>th</sup> November 2010
Further report to Trust Board	25 <sup>th</sup> November 2010

Implementation

during December 2010

New system in place

1<sup>st</sup> January 2011

As noted above the existing decant arrangements for the MAU redevelopment as part of the 2010/11 capital programme requires MAU to move to two of the wards on the main spine from November to April. This means that we will not be able to fully implement the same-sex plan until the MAU work is completed.

Delivering an interim set of moves in January followed by further changes in April will add significantly to levels of disruption and risk and therefore the Trust will seek SHA and DH approval to phase full implementation across the period January to April. This is likely to involve moving the medical specialty wards to a same-sex basis in January followed by surgery in April. If the SHA / DH recognise that this is the best way of fully delivering national requirements, the Trust will develop the detail of a phased plan during November.

## **CONCLUSION AND RECOMMENDATIONS**

This paper has set out the issues facing the Trust in responding to the renewed national emphasis on delivering same-sex accommodation. The Trust faces significant consequences in terms of fines if we do not fully comply with same-sex accommodation standards. The Trust also however faces important risks to patient flow and clinical quality in moving to same-sex wards at City Hospital.

The Trust Board is recommended to:

1. NOTE the national requirement to deliver same-sex accommodation and the consequences for SWBH if we do not;
2. NOTE the significant risks associated with introducing same-sex wards at City Hospital;
3. APPROVE the plan for same-sex wards at City Hospital for submission to the SHA;
4. REQUEST a further report at the November Trust Board in the light of more detailed planning and the SHA's response.

Richard Kirby  
Chief Operating Officer

20<sup>th</sup> October 2010

**APPENDIX**  
**CITY HOSPITAL – PROPOSED SAME-SEX WARD CONFIGURATION**  
**(20<sup>TH</sup> OCTOBER 2010)**

**MAIN SPINE - GROUND FLOOR (Specialist units)**

Ward	Beds	Gender	Specialty	Notes
MAU	28	M/F	Medical Assessment Unit	Same-sex bays
ITU	16	M/F	Critical Care Unit	Specialist unit
D5	17	M/F	Coronary Care Unit	Specialist unit
D7	22	Female	Medicine (diabetes, sickle cell, cardiology)	

**MAIN SPINE - FIRST FLOOR (Medical wards)**

Ward	Beds	Gender	Specialty	Notes
D41	22	Female	Acute & short stay medicine	
D42	19	Male	Acute & short stay medicine	
D11	21	Male	Acute stroke / stroke rehabilitation	
D16	23	Female	Care of the elderly / rehabilitation	
D18	16	Male	Care of the elderly / rehabilitation	
D20	19	Female	Acute stroke / stroke rehabilitation	
D17	26	Female	Respiratory / gastroenterology	
D15	24	Male	Respiratory / gastroenterology	
D12	10	N/A	Siderooms	No change
D19	12	N/A	Paediatric Assessment Unit	No change

**MAIN SPINE - SECOND FLOOR (Surgical wards)**

Ward	Beds	Gender	Specialty	Notes
D21	24	Female	Surgical assessment / ENT / vascular	
D24	21	Male	Surgical assessment / ENT / vascular	
D26	25	Female	Orthopaedics / ortho rehabilitation	
D28	17	Male	Orthopaedics & ortho rehabilitation	
D30	20	Male	Surgery / urology	No change
D29	14	Male	Medicine (diabetes, sickle cell, cardiology)	
D27	22	Female	Gynae / Gynae-oncology	No change
D25	24	Female	Surgery / plastics / breast	No change

**SHELDON BLOCK**

Ward	Beds	Gender	Specialty	Notes
D43	28	N/A	Vacant – ? future intermediate care	Same sex bays
D47	28	N/A	Vacant – ? future intermediate care	Same sex bays
D46	14	M/F	Ophthalmology	Same sex bays
D48	6	M/F	Dermatology	Same sex bays



St Chad's Court  
213 Hagley Road  
Edgbaston  
Birmingham  
B16 9RG

DX 709310 Birmingham 25  
Tel: 0845 155 1022

Our Ref: DSSA/MB/PM/MF

27<sup>th</sup> September 2010

John Adler  
Chief Executive  
Sandwell and West Birmingham Hospitals NHS Trust  
Management Offices  
City Hospital  
Dudley Road  
Birmingham  
B18 7QH

Dear John

**Re: Delivering Same Sex Accommodation**

Further to the declaration made by SWBH re compliance with delivery of the above agenda, as agreed by your Board in March, there has been a reiteration of the policy expectations by the Secretary of State (SoS), in August 2010, as I am sure you are aware.

The re-focus of the policy and the desire to ensure it is delivered and that transparent information be shared with the public has raised a number of issues. Breach data reporting was captured in August and shared with the Department of Health (DH), and it is noted that this was significant for your Trust and did not include breaches within your single specialty mixed sex wards.

Whilst recognising the challenges your organisation faces, the planned new build and the previous input from your PCTs, the DH and SHA in the discussion regarding your options, there is now a need to revisit your approach to achieve compliance prior to the DH deadline of end of December 2010. I note from your Board paper that the Trust recognises that further consideration may need to be given.

Chairman: Elisabeth Buggins CBE DL  
Chief Executive: Ian Cummings, OBE

SYMBTOL (10/10/2010) 227 (b)  
I thought that it might be helpful if I set out the SHA position so that your Board can fully consider how it would wish to move forwards on this agenda. For ease, I attach (to the back of this letter) the DH guidance with regards to single sex accommodation; this guidance has not been changed, although we do recognise that the flexibility over interpretation has been removed. In short:

*Patients should not need to pass through mixed communal areas or sleeping areas, toilet or washing facilities used by the opposite sex to get to their own. The only exception is fully dressed patients placed in day areas who need to access toilet facilities.*

We are of the view that the current arrangements in place at the City Hospital neither meet the requirements as set out in the guidance nor the spirit of the guidance. The Department is currently working on further guidance to clarify where mixed sex accommodation exceptions are appropriate. Whilst the guidance is not yet complete nor agreed for distribution, it does indicate that 'unacceptable' justification would include:

- Placing a patient in mixed-sex accommodation for the convenience of medical, nursing or other staff, or from a desire to group patients within a clinical specialty

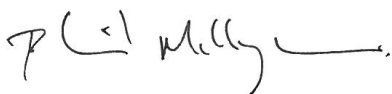
Whilst we do recognise the challenge that this poses, the Department of Health will be expecting contract sanctions to be imposed by the PCT from January and this does not allow room for local negotiation, as detailed below:

*Commissioners will be expected to apply sanctions to NHS organisations who declare a breach. The consistency of a defined 'breach' will help enforce common standards across the country, and the existing regime of sanctions will be strengthened.*

I think that we should now ask your Board to consider its position with regards to providing single sex accommodation on the City Hospital site and the risks that it faces in not meeting the December deadline. We do recognise that the Trust will need to consider a number of factors, including the possible reallocation of staff to provide appropriate clinical skills and the possible additional training requirements, however, we do note that you have been considering these issues for some while now.

I would be grateful if you can provide me your plan to achieve compliance, before the end of October 2010, having sought the guidance from your Board but taking into account the content of this letter and any other guidance that emerges before then. I shall be on leave until 23 October 2010, if it would be helpful for you to meet or discuss this further, then Peter Blythin, Director of Nursing and Workforce would be pleased to talk with you. For specific guidance on the detailed standards, please contact Maggie Bayley, Assistant Director of Nursing on 0121 213 1979 or [maggie.bayley@westmidlands.nhs.uk](mailto:maggie.bayley@westmidlands.nhs.uk).

Yours sincerely



Phil Milligan  
Director of Performance and Provider Development  
West Midlands Strategic Health Authority

SWBTB (10/10) 227 (b)

cc: Peter Blythin, Director of Nursing & Workforce, WMSHA  
Maggie Bayley, Assistant Director of Nursing. WMSHA  
Richard Kirby, Director of Operations, SWBH  
Rachel Overfield, Director of Nursing, SWBH

## 2. WHAT IS SAME SEX ACCOMMODATION?

- ❖ Males and females should not have to sleep in the same room/ bay<sup>[1]</sup>, unless sharing can be justified by the need for treatment, or by patient/service user choice.
- ❖ Males and females should not have to share mixed bathing and WC facilities, unless they need specialised equipment such as hoists or specialist baths.
- ❖ Patients/Service users should not have to pass directly through opposite-sex areas to reach their own facilities.
- ❖ In exceptional circumstances, mixing of the sexes can be justified. Decisions should be based on the needs of each individual patient/service user, not the constraints of the environment, or the convenience of staff.
- ❖ Where mixing of sexes does occur, it must be acceptable and appropriate for *all* the patients/service users affected.

**A breach is defined as occurring when males and females are required to:**

**1. Share sleeping accommodation**

**2. Share toilets or bathrooms**

**3. Pass through an area of opposite sex accommodation to access toilets/bathrooms or their own sleeping accommodation. (DH, 2010c)**

---

<sup>[1]</sup> A bay is a single or multi-bedded sleeping area which is fully enclosed on three sides with solid walls. To facilitate clinical observation of patients, the fourth side may be glazed or only partially enclosed. The use of curtains alone between bays does not constitute same-sex accommodation – they offer limited privacy and do not protect the confidentiality of conversations between patients and staff or visitors. Mental health units should be working towards the elimination of bays in favour of single rooms. Same sex bathrooms should either be in the bay or directly opposite and patients should not have to walk to the opposite end of the ward to use the facilities.

**TRUST BOARD**

<b>DOCUMENT TITLE:</b>	Proposed naming of the New Acute Hospital
<b>SPONSORING DIRECTOR:</b>	Jessamy Kinghorn, Head of Communications and Engagement
<b>AUTHOR:</b>	Jessamy Kinghorn, Head of Communications and Engagement
<b>DATE OF MEETING:</b>	28 October 2010

**SUMMARY OF KEY POINTS:**

- The report explains shortlist for the names for the new hospital and outlines the campaign that has taken place to ensure appropriate engagement on the hospital name has taken place
- The results of the campaign will be presented to the Board at its meeting

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

Approval	Receipt and Noting	Discussion
<b>X</b>		

**ACTIONS REQUIRED, INCLUDING RECOMMENDATION:**

The Board is asked to note the campaign and select the name for the new hospital



**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	21 <sup>st</sup> Century facilities
Annual priorities	
NHS LA standards	
Core Standards	Engagement with local population, including hard to reach groups
Auditors' Local Evaluation	Engagement with local population, including hard to reach groups

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

Financial		
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy		
Equality and Diversity	<b>X</b>	Ensures a wide range of views can be considered
Patient Experience		
Communications & Media	<b>X</b>	Significant communications and media activity required
Risks		

**PREVIOUS CONSIDERATION:**

This paper – Acute Hospital Project Board August 2010. Previous discussions around the process – Acute Hospital Project Board – May 2009 and December 2009. Trust Board January 2010 and August 2010.

Right Care, Right Here Programme – Acute Hospital Services Development

**Naming of the New Acute Hospital,  
Grove Lane, Smethwick**

<b>To</b>	Trust Board
<b>From</b>	Head of Communications and Engagement
<b>Author</b>	Head of Communications and Engagement
<b>Date</b>	28 <sup>th</sup> October 2010

## Introduction

In August 2010 the Trust Board agreed a process and timetable to name the new hospital. The name campaign was launched in June and ran through June and July. 682 separate suggestions were received. The New Hospital Project Board considered a long list of suggestions which were presented to the Trust Board on 26<sup>th</sup> August 2010. The Trust Board agreed on four names that would be the subject of further consultation and discussion between the board decision on 26<sup>th</sup> August and the 6<sup>th</sup> October 2010.

The Birmingham Post and Mail ran a campaign promoting each of the shortlisted names and was instrumental in finding celebrities to endorse each of the shortlisted options:

**The Midland Metropolitan Hospital:** Championed by rock star Ozzy Osbourne who said; “The Midland Metropolitan Hospital does the job. I can see people calling it ‘The Met’ which has a certain ring to it.”

**The Birmingham and the Black Country Hospital:** Championed by TV presenter and West Bromwich Albion fan Adrian Chiles who said; “The Birmingham and Black Country Hospital is a straightforward name – no nonsense and as honest as the people it will serve.”

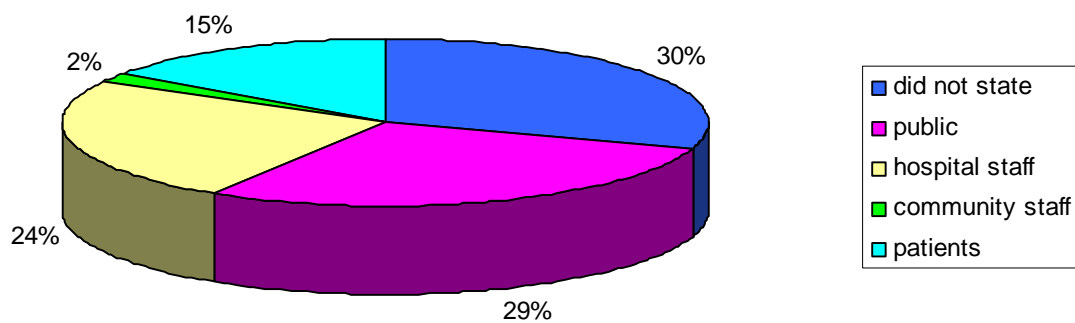
**Grove Lane Hospital:** Championed by TV chef Rustie Lee who said; “I am so honoured to be taking part in something that will shape Birmingham’s future, so come on everybody, get behind my pick of Grove Lane Hospital. People still call City Hospital, Dudley Road Hospital because that’s where it is. The new hospital will be in Grove Lane so this is the name that makes the most sense.”

**James Brindley Hospital:** Championed by soul star Ruby Turner who said; “We have so many canals here in Birmingham and this new site is next to a canal designed by James Brindley, so the name is more than suited for the hospital. It will mean future generations can look back and recognise what Mr Brindley contributed to this great city.”

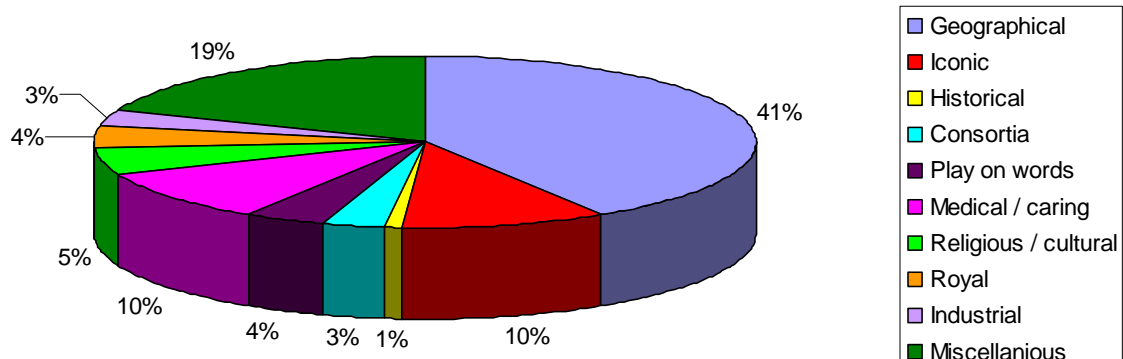
## New hospital name campaign

The campaign was launched in June, with widespread press coverage, poster campaigns and engagement with staff and community groups to generate suggestions for the name of the new hospital. In total 682 names were suggested in time for the long listing process. Around 50 additional suggestions were received after the deadline.

**Breakdown of suggestions by audience group**



**Breakdown of suggestions by theme**



The suggestions were analysed and scored against set criteria and a long-list presented to the Acute Hospital Project Board and the Trust Board.

Four names were selected for the short-list by the Trust Board and became the second stage of the name campaign. The Birmingham Post and Mail were instrumental in securing celebrity endorsements of each of the suggestions. One of the celebrities, Rustie Lee, visited the site of the existing hospital and the location in Grove Lane where the new hospital should be, and produced a video of why her preference should be selected.

### **Publication of shortlist**

This shortlist was widely publicised through a range of activities including extensive media coverage, posters, leaflets, presentations, staff newspaper, website, and the use of new media such as Twitter (appendix 1).

### **Engagement with staff**

Staff were engaged via Hot Topics, email and a special supplement in the staff newspaper, Heartbeat, as well as at a variety of meetings including the Senior Nurse Forum, Healthcare Assistant Conference and Consultant Conference (nearly 200 consultants).

### **Engagement with GPs**

GPs were engaged through GP Focus and protected learning time events in conjunction with Sandwell and Heart of Birmingham PCT

### **Engagement with patients and the public**

Members of the public were engaged via new hospital updates to nearly 8,000 Trust members, as well as roadshows at the Birmingham Treatment Centre and Sandwell and Rowley Regis hospitals. Other events included the Trust's Annual General Meeting, with around 150 people present, a careers fair for 11-25 year olds, Lozells Neighbourhood conference, Aston Health open day, pregnancy health event, Wednesbury Be Proud event, Ron Davis Centre open day, infection control event, Summer celebration at Victoria Park, and Oldbury Town event, Sandwell Show at Sandwell Valley Country Park and Picnic in the Park.

In addition, 369 community groups, 349 faith based organisations and 13 community centres were engaged in the campaign (list attached at appendix 2). The views of traditionally 'hard to reach' groups were sought by targeting community leaders and influencers. Stakeholders including local organisations, MPs and councillors were also given opportunities to give their views.

### **Media**

The naming of the new hospital story was run at least 18 times after the closing date for suggestions (this figure does not include online or radio news coverage and only includes those papers that were monitored by the press office, and broadcasts that involved an interview with a member of staff. This alone reached in excess of 1.4million people.

No of stories	Media	Circulation	Total known reach: <b>1,428,444</b>
5	Express and Star	124,480	622,400
7	Birmingham Mail	56,495	395,465
3	Sandwell Chronicle	61,193	183,579
1	BBC WM (radio)	227,000	227,000
1	NHS Local (online)	unknown	unknown
1	Regional BBC news online	unknown	unknown

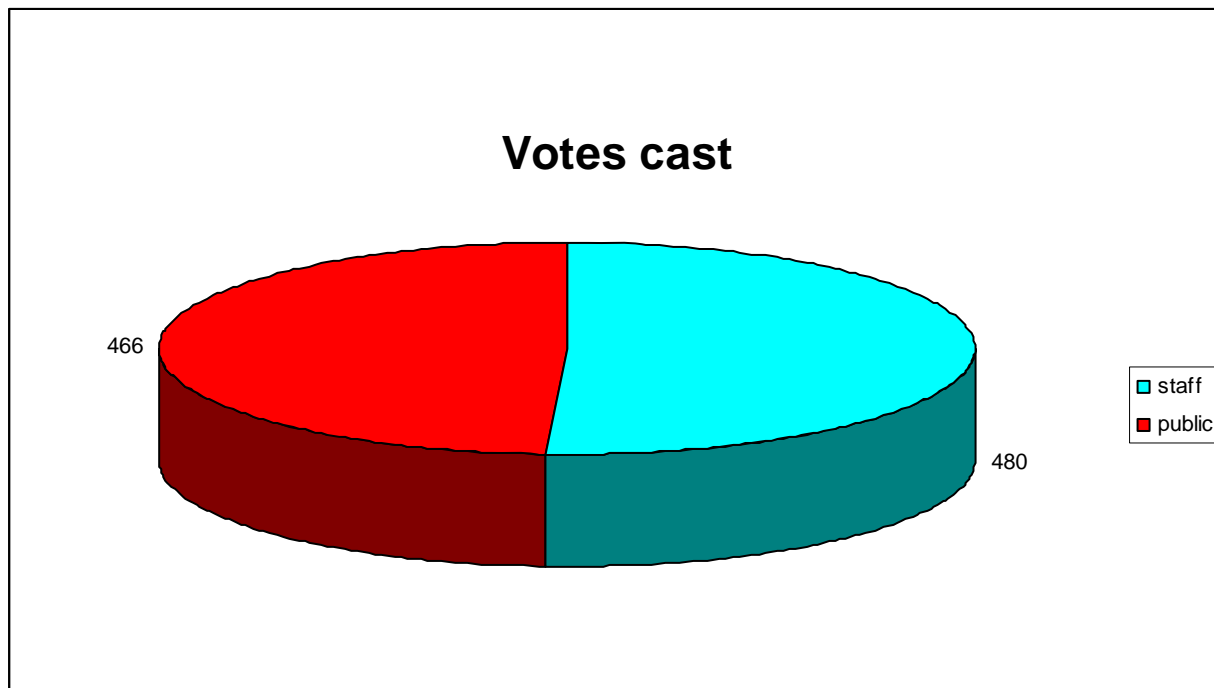
Some of the press coverage is listed below.

Date	Media	Headline	Quote
<b>AUGUST</b>			
3/8/10	Express and Star	Names for hospital in by deadline	JK
12/8/10	Sandwell Chronicle	Proposed names in for the borough's 'super hospital'	JK
13/8/10	Express and Star	Hospital naming popular	none
18/8/10	Express and Star	Skinner among hospital name ideas	HE
18/8/10	Birmingham Mail	Broken your funny bone? Visit the Frank Skinner Hospital!	none
26/8/10	Sandwell Chronicle	Skinner Hospital name suggestion	HE
27/8/10	Express and Star	Hospital Close to getting a name	none
<b>SEPTEMBER</b>			
1/9/10	NHS Local online	Frank Skinner Hospital to be built in Birmingham?	none
2/9/10	Sandwell Chronicle	Hospital close to naming	none
6/9/10	Birmingham Mail	It must 'stand test of time'	SD
6/9/10	Express and Star	Hospital Naming date	none
6/9/10	Birmingham Mail	Your chance to name Birmingham's new £484m hospital	Celebrities: AC/OO/RT/RL
6/9/10	Birmingham Mail website	Rustie video of visit to new site and old hospitals: Why her name is best	none
14/9/10	Birmingham Mail	Chiles: Honest name is best	AC
16/9/10	Birmingham Mail	Rustie: Back me in hospital naming	RL
30/9/10	Birmingham Mail	Ozzy is wild about the 'Met' hospital	OO
<b>OCTOBER</b>			
1/10/10	BBC WM	Naming of New Hospital	JA
1/10/10	Regional BBC news online	Public urged to vote on hospital name	SD
5/10/10	Birmingham Mail	Final chance to vote over new name of Birmingham and Sandwell's new hospital	none

## **‘Votes’**

Significant effort went into the communication and engagement process both in terms of canvassing for suggestions and promoting the options. It is clear from discussions with other Trusts that have named new hospitals, that the amount of staff and community engagement to generate the name has been particularly marked.

Just under 1,000 (946) ‘votes’ were cast before the deadline through a variety of methods, including telephone, text, email, postal and suggestion means.

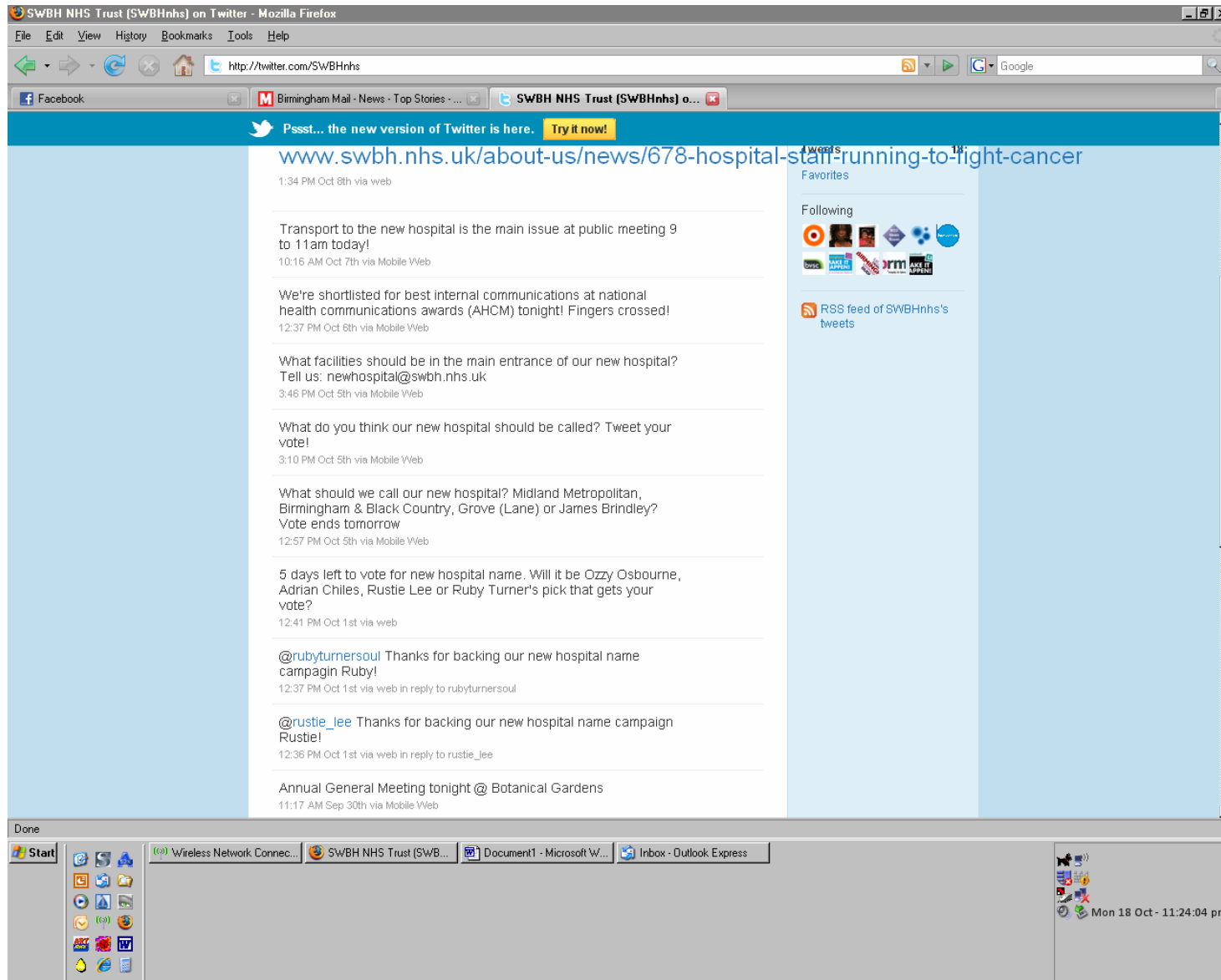


Correspondence citing suggestions and preferences totals 1,678 throughout the campaign. Research of other hospital Trusts who have undertaken hospital name campaigns in the last few years has shown that the Children’s Hospital in Manchester received the highest response rate for the hospital name, with 650 people offering their views.

## **Recommendations**

The Trust Board will be presented with the results of the campaign at its Board meeting on 28<sup>th</sup> October 2010 and will be asked to select one of the names to become the name of the new hospital.

## Twitter site – Appendix 1



# List of organisations – Appendix 2

## COMMUNITY GROUPS

20th Walsall (St Margaret's) Scout Group  
 4th West Bromwich Boy's Brigade & Girls Association  
 5K Foundation Limited  
 888 Squadron  
 A B Plus Ltd  
 Access Alliance  
 Access Committee For B'ham  
 Ace Resource Centre  
 Aco - African Caribbean Cultural Centre  
 ACT - (Birmingham Action Community Trust)  
 Adoption Support  
 Advocacy Matters  
 Adullam Homes Housing Assoc  
 Adult Services and Health  
 African Caribbean Resource Centre  
 African Caribbean Self Help Organisation  
 Afro Caribbean Resource Centre Ltd  
 Age Concern  
 Age Well  
 Agewell  
 Al - Islah Community Trust  
 All Saints Church  
 Allens Cross Community Association  
 Alzheimer's Society  
 Anglo Indian Pakistan Association  
 APA (prev. West Brom Bangladeshi Womens Group)  
 Apna Ghar (1995) Ltd  
 Aquarius Action Projects  
 Art In Mind  
 Artistic Ministries  
 Ashiana Community Project  
 Asian Community Advisory Service  
 Ashram Housing Association  
 Asian Elderly & Community Welfare Association  
 Asian Stroke Victims Support Association  
 Asian Women's Centre  
 Assemblies of the First Born Church  
 Aston and Birchfield Community Association  
 Aston Christian Centre  
 Aston Community Youth Project  
 Aston Women's Self Help Group  
 Aston Youth Forum and Network  
 Autism West Midlands - Sandwell  
 Axis  
 Azad Kashimire Welfare Association  
 Balsall Heath Church Centre  
 Balsall Heath Forum  
 Bangla Connection  
 Bangladesh Islamic Centre and Mosque  
 Bangladesh Welfare Association  
 Bangladeshi Womens's Association  
 Barnardo Services Ltd  
 BCUIM - (Black Country Urban Industrial Mission)  
 Beeches Road Community Enterprise Ltd  
 B'ham Asian Resource Centre  
 B'ham Carers' Support Services  
 Birmingham Central South Crossroads Young Carer's Project  
 B'ham Centre For Inclusive Living  
 B'ham Childminding Association  
 B'ham Children's Fund  
 B'ham Citizen Advocacy  
 B'ham Citizens Advice Bureau Service Ltd  
 B'ham City Mission  
 B'ham Community Association  
 B'ham Community Venture  
 Birmingham Ethnic Education and Advisory Service  
 B'ham Industrial Therapy Association Ltd  
 B'ham Institute For The Deaf  
 B'ham Jewish Community Care  
 B'ham Mental Health Leisure Forum



B'ham Methodist City Centre  
 B'ham Money Advice & Grants  
 B'ham Pre-School Learning Alliance  
 B'ham Race Action Partnership (BRAP)  
 B'ham Rathbone Society (Head Office)  
 B'ham Settlement  
 B'ham University Guild of Students  
 B'ham Voluntary Service Council  
 Birmingham & Solihull Women's Aid  
 B'ham Young Volunteers Association Ltd  
 Birmingham Focus on Blindness, Low Vision Centre  
 Black Country Child Contact Centre  
 Black Country Housing & Community Service Group  
 Blackhorse Allotments Association  
 Bordesley Village Community Association  
 Brickhouse Luncheon Club  
 British Epilepsy Association (Sutton Coldfield)  
 British Red Cross - Home from Hospital Scheme  
 Bromford Lane Allotments Association  
 Brook Centre - Sandwell & Dudley  
 Cameroon Children and Women Project in the UK  
 Care of the Elderly  
 Carers Advice & Resource Establishment (CARES)  
 CARES  
 Carr-Gomm Society  
 Castle Vale Christian Fellowship  
 Castle Vale Community Care Partnership  
 CBC Ltd (Co-operation Black Country)  
 Central Africa Refugee Link  
 Central and West Birmingham Victim Support  
 Central Handsworth Practical Care Project  
 Central Mediation Services  
 Children's City  
 Children's Centre (Tividale and Tipton Town)  
 Chinese Community Centre - Birmingham (Ccc-B)  
 Christ Church - The Quinton  
 Christian Church Day Care Centre  
 Church Alive  
 Circle Residents Association  
 Citizen Advocacy South Birmingham Area (CASBA)  
 City Hospital Diabetes Centre  
 Community Learning Disability Team  
 Community Mental Health Team  
 Community Transport  
 Community Transport  
 Cope - Black Mental Health Foundation  
 Cornerstone Christian Charity  
 Cradley Heath Amateur Boxing club  
 Crossroads Caring for Carers Solihull and East Birmingham Ltd.  
 Cruse Bereavement Care  
 D3  
 Day Centre For Polish Senior Citizens  
 Deaf Plus  
 DIAL (Disablement Information and Advice Services) Sandwell - CARES  
 Digby South Community Care Committee  
 Dolphin Youth Club for Physically Disabled Young People  
 Dorothy Parkes Centre (Smethwick)  
 Drug Concern Sandwell  
 E R Mason Youth Centre  
 East Birmingham Community Health Council  
 Edgwood Court Day Centre  
 Evening Club (In association with Tipton Council of Churches)  
 Fairways Senior Citizens Dance  
 Family Welfare Association  
 Fch Housing & Care  
 Fireside Charity Ltd  
 Frankley Church Community Project  
 Free at Last  
 Friar Park Allotments Association  
 Friends of Cotteridge Park  
 Friends of Haden Hill Estate  
 Friends of Rowley Regis Hospital  
 Friends of the Birmingham & Midlands Eye Centre  
 Full Potential Arts  
 Gayton Road Weight Training  
 Get Up and Go Support Group  
 Glebe Farm Community Association

Golden Hillock Community Care Centre  
 Golden Years Group  
 Good Companion Club  
 Grange Park & Digby North Residents Association  
 Great Barr & Newton Community Forum  
 Great Bridge Community Forum  
 Hamstead Stroke Club  
 Hamza Mosque  
 Handsworth and Lozells Methodist Youth Work  
 Handsworth Baptist Mission Church  
 Handsworth Community Care Centre  
 Handsworth Islamic Centre  
 Handsworth Play & Community Bus Association  
 Hazrat Sultan Bahu Trust  
 Headway (West Midlands) Ltd  
 Headway Black Country Sandwell Support Group  
 Health Education Lifeskills Project (HELP)  
 Heartland Older People's Forum Ltd  
 Highgate Baptist Church Centre  
 Highgate Family Support  
 Highgate Over 60's Club  
 Hill Top Rangers Youth  
 Hindu Cultural Resource Centre  
 Hockley Church Family Support Centre  
 Holistic Health Support  
 Holy Cross Community Centre  
 Home-Start  
 Ideal for All  
 India Club of GB (Sandwell)  
 Indian Parents Association  
 Irish Welfare & Information Centre  
 Islamic Resource Centre  
 Jamaican Foundation  
 Jami Mosque & Islamic Centre (B'ham) Trustees Ltd  
 JCP Community Business Project  
 JSJS  
 Junior Sports Club  
 Karis Neighbour Scheme  
 Keyring Living Support Networks  
 Kingstanding Anglican Churches Community Project  
 Krunch  
 Kuumba Centre  
 Ladywood Community Project  
 League of Friends at City Hospital  
 Lee Howl Allotments - Robert Road, Tipton  
 Leonicks House  
 Libra  
 Lion Farm Action Centre  
 Live at Home Scheme  
 Local Access Centre Ltd (LAC)  
 Lozells Elders Project (Lep)  
 Mashriq Challenge Resource Centre (McrC)  
 Mentoring for Educational Achievement  
 Merry Hill Allotments Association  
 Millennium Volunteers / Mega Bytes Cyber Cafe  
 Mind In B'ham  
 Mixed Young People's Committee  
 Msts Birmingham  
 Muslim Educational Consultative Committee  
 NACRO (Aston)  
 NACRO (Newtown)  
 Nansen Families and Friends Playgroup  
 National Malaya and Borneo Veterans Associations  
 National Osteoporosis Society Birmingham Area Group  
 National Schizophrenia Fellowship  
 NCH Birmingham Community Childrens Centre  
 NCH Childrens Services Ltd  
 Nechells Employment Resource Agency  
 Nechells Green Community Centre  
 Nechells Liaison Group  
 Noah's Ark Playgroup  
 Oakham Out Of School Club  
 Old Hill Tennis Club  
 Omnicare Community Services Ltd  
 Options for Life  
 Oscar Sandwell  
 PACE

Parkinsons Disease Society  
 People In Partnership  
 Performing Amateur Theatrical Society (PATS)  
 Pioneer Care Ltd  
 Positive Deaf Health Group  
 Pride of Sandwell Trust  
 Race Equality Sandwell (RES)  
 Rape & Sexual Violence Project  
 Regent Street Day Care Centre  
 Rehab Care  
 Restorer Christian Centre  
 Rethink - Sandwell  
 Rhino's Wheelchair Rugby Club  
 Right People Right Skills  
 Samaritans  
 Sandwell Active Independant Blind Association (SAIBA)  
 Sandwell Advocacy  
 Sandwell Advocate Publishing and Design  
 Sandwell African Caribbean Development Agency (S.A.C.D.A)  
 Sandwell Amateur Cycle Speedway club  
 Sandwell Chest Care Association  
 Sandwell Churches Link Project  
 Sandwell Community Caring Trust  
 Sandwell Crime Prevention Panel  
 Sandwell Day Services 19 + Group  
 Sandwell Deaf Community Association  
 Sandwell Forum for Voluntary Youth Organisations  
 Sandwell Foundation of Asian Aurat Ltd  
 Sandwell Friends of the Hospital  
 Sandwell Group - Ramblers Association  
 Sandwell Homeless & Resettlement Project  
 Sandwell Multicare  
 Sandwell Neurological Alliance  
 Sandwell Parents for Disabled Children  
 Sandwell PCT PPI Forum  
 Sandwell PCT PPI Forum  
 Sandwell University of the Third Age  
 Sandwell Visually Impaired (SVI)  
 Sandwell Volunteer Bureau  
 Sandwell Womens Agency Network (SWAN)  
 Sandwell Women's Enterprise Dev Agency ( SWEDA )  
 Sandwell Young Carers  
 Sandwell Youth Service  
 Save The Children  
 SCIPS  
 Sehej Anand  
 Seven Streets Residents Association  
 Sheila Clarke - Carers  
 Shelter  
 Sickel Cell & Thalassaemia Community Project  
 SIFA  
 Sikh Community & Youth Service  
 Sikh Health Improvement Group  
 Sikh Mission & Study Centre (UK)  
 Small Heath Baptist Church Lunch Club  
 Smart Spenders  
 Smethwick ASRA  
 Smethwick Bangladeshi Youth Forum  
 SMO Community Trust  
 Soho Elders Organisation  
 Soho Elders Organisation  
 Somali Elders  
 South Aston Church Centre  
 Speech & Language Therapy  
 SPMA (Smethwick Pakistani Muslim Association)  
 St Basil's Centre Ltd  
 St Hilda's Day Centre  
 St John Ambulance - Youth Services  
 St Johns Aerobics  
 St John's Church Lunch Club  
 St John's Day Centre  
 St Martin's Centre For Health & Healing  
 Sure Start Children's Centre  
 Sure Start Smethwick, Uplands & Londonderry  
 SWBH NHS Trust PPI Forum  
 SWBH NHS Trust PPI Forum  
 The Apple Tree Holiday Club

The Lighthouse Project  
 The Orchard Centre (Oldbury)  
 The Princes Trust  
 The Public  
 The Scott Poll Memorial Fund  
 The Spring Chicks  
 "Time Out" over 60's Group  
 Tipton Adults Team  
 Tipton Harriers  
 Tipton Young Asian Women's Forum  
 Tivdale Cricket Club  
 Tivdale Park Allotments Association  
 Tivdale PHAB  
 TOADS (Tipton Operatic & Dramatic Society)  
 Turning Point  
 UK Asian Women's Centre  
 United Evangelical Project  
 Victim Support Sandwell Branch  
 Vocalised Choir  
 WAITS  
 Warley Health and Fitness  
 Warley RFC / Warley RFC Youth  
 Wednesbury Swimming Club  
 Wesleyan Community Care (Project) Ltd  
 West B'ham Crossroads  
 West Bromwich African Caribbean Resource Centre  
 West Bromwich Young Fire Fighters  
 West Smethwick Enterprise  
 Whitehall Road Allotments Association  
 Woden Road South Allotments  
 Women's Help Centre  
 Y.M.C.A.  
 Yemeni Community Association in Sandwell  
 Yemeni Elderly In Small Heath & Sparkbrook  
 Visual Evidence for Victims (VEV)

## Faith based groups – Communications

Acocks Green Methodist Church  
 African Caribbean Health Improvement Service  
 Afro Caribbean Health Improvement Service  
 African-Caribbean Resource Centre  
 Akrill Memorial Methodist Church  
 Al-Islah Mosque and Mandrassa  
 All Saints Church  
 All Saints C of E  
 Aum School of Hindu Studies  
 Anwar-Ul-Uloom Mosque  
 Apostolic Church  
 Ashram Project  
 Assemblies of God  
 Asian and African-Caribbean Welfare Association  
 Asian Welfare Centre  
 A.S.R.A.  
 Baba Sang Gurdwara  
 Balaji Temple  
 Bangladeshi Advice Centre  
 Bangladeshi Ahle hadith Society  
 Bangladeshi Community Development Centre  
 Bangladeshi Health Improvement Group (BHIG)  
 Bangladeshi Islamic Centre and Mosque  
 Bangladeshi Muslim Welfare Association and Islamic Centre  
 Bangladeshi Muslim Association (Wednesbury)  
 Bangladeshi Womens Association  
 Bearwood Baptist Church  
 Bearwood Chapel

Beeches Road Methodist Church  
 Bengali Mosque and Islamic Centre  
 Bethany Christian Fellowship  
 Bethel Christian Fellowship  
 Bethel Christian Fellowship  
 Bethesda Chapel  
 Birmingham Buddhist Centre  
 Birmingham Buddhist Vihara  
 Birmingham Central Mosque  
 Birmingham Central Synagogue  
 Birmingham Hebrew Congregation At Singers Hill  
 Birmingham Oratory Church  
 Birmingham Progressive Synagogue  
 Blackheath Bangladeshi Association  
 Blackheath Central Methodist Church  
 Blackheath Central Methodist Church  
 Brickhouse Christian fellowship (Elim)  
 Carrs Lane Church Centre  
 Cathedral Church Of St. Andrew & St. Mary  
 Causeway Green Methodist Church  
 CBO  
 Central Methodist Church  
 Central Mosque Ghamkol Sharif  
 Centrepoint Christian Church  
 Charlemont Methodist Church  
 Christ Church C of E  
 Church Of God Of Prophecy  
 Church on the Rock  
 Clifton Mosque  
 Community Action Project  
 Community Links/Smethwick Town Team  
 Cradley Heath Baptist Church  
 Cradley Heath Muslim Association  
 Darlaston Methodist Church  
 Dechen Community  
 Ebenezer Wesleyan Reform Church  
 Edward Street Methodist Church  
 Elim Christian Centre  
 Elim Pentecostal Church  
 Endowed School Mission  
 English Martyrs R.C. Church  
 Exousia Ministries  
 Flame Community Church  
 Franciscan Order of the Divine Compassion  
 Forward In Faith Ministries International  
 Friends Meeting House  
 George Road Kings Community Church  
 Gospel Hall Erdington  
 Grace Community Church  
 Guru Nanak Gurdwara  
 Gurdwara Amrit Parchar Dharmik Dewan  
 Gurdwara Guru Hai Rai Sahib  
 Gurdwara Nanaksar  
 Guru Har Rain Sikh Temple  
 Guru Har Rai Gurdwara  
 Guru Hargobind Sahib Gurdwara  
 Guru Nanak Community Centre  
 Guru Nanak Gurdwara  
 Guru Ramdas Singh Sabha Gurdwara  
 Hall End Methodist Church  
 Hallam Street Methodist Church  
 Handsworth Islamic Centre  
 Hanover Christian Fellowship  
 Hargate Chapel  
 Hazrat Sultan Bahu Trust  
 Hefiajot E Islamic Centre  
 Hill Top Methodist Church  
 Hindu Cultural Resource Centre (Sandwell)  
 Hindu Sway Yamesevak Singh (UK)  
 Holy Cross RC Church  
 Holy Cross Church and Community Centre  
 Holy Name of Jesus RC Church  
 Holy Trinity Church  
 Holy Trinity C of E  
 Horseley Heath Methodist Church  
 Idara Maarif-E-Islam Hussainia Mosque  
 Independent Congregational Church

Independent Immigration Support Agency  
 Indian community  
 International First Born Church  
 International Mahavir Jain Mission  
 Irish Community  
 Islamic Centre of West Bromwich  
 Jain Sangh Birmingham  
 Jami Masjie Mosque and Islam Centre  
 Jami Mosque  
 Jangchub ling Buddhist Centre  
 Kanz-ul-Iman Welfare Association  
 Khushi Sandwell Asian Mental Health Service  
 Kings Community Church  
 Kings Heath Baptist Church  
 Lawrence Lane Methodist Church  
 Leabrook Methodist Church  
 Londonderry Baptist Church  
 Markazi Jamiat Ahl-E-Hadith  
 Marsh Lane Pentecostal Church  
 Medina Mosque  
 Mission Baptist Church  
 Moorlands Methodist Church  
 Mosque and Islamic Centre  
 Muath Welfare Trust  
 Muslim Welfare Society  
 New Life Christian Centre  
 New Road Methodist Church  
 New Testament Church Of God  
 North Smethwick Housing Development Trust  
 Oakham Evangelical Church  
 Old Church C of E  
 Old Hill Elim Pentecostal Church  
 Oldbury Congregational Church  
 Oldbury Jamia Masjid  
 Oldbury Jamia Mosque  
 Oldbury Muslim Centre  
 Oldbury Muslim Welfare Association  
 Oldbury Mosque  
 O.S.C.A.R. Sandwell  
 Paigham-E-Islam Trust  
 Pakistani Forum  
 Pakistani Health Steering Group  
 Princes End Baptist Church  
 Providence Church  
 Race Equality Sandwell  
 Raglan Road Christian Fellowship  
 Ramgarhia Gurdwara  
 Ramgarhia Sikh Temple  
 Regent Street Methodist Church  
 Regis Christian Fellowship  
 River of Life Ministry (Sandwell)  
 Riverside Church  
 Rounds Green Methodist Church  
 Roundsgreen Methodist Church  
 Ryders Green Methodist Church  
 S.A.C.D.A.  
 S.A.D.W.I.C.A.  
 Salvation Army - Blackheath  
 Salvation Army - Cradley Heath  
 Salvation Army - Warley  
 Samantabhadra Centre  
 Sandwell Advocacy  
 Sandwell African Caribbean Development Agency Ltd  
 Sandwell Asian Family Support Services  
 Sandwell Bangladeshi Development Association  
 Sandwell Bangladeshi Health Forum  
 Sandwell Bangladeshi Muslim Welfare Association  
 Sandwell Bangladeshi Youth Forum  
 Sandwell Christian Centre  
 Sandwell Community Information and Participation Service Ltd  
 Sandwell Confederation of Indians  
 Sandwell Council of Sikh Gurdwaras  
 Sandwell Hospital Chapel  
 Sandwell Irish Society  
 Sandwell Irish Community Association  
 Sandwell Muslim Organisations  
 Sandwell Muslim Welfare Association

Sandwell Sikh Community & Youth Forum  
 Sandwell Sikh Community and Youth Forum  
 Sandon Road Methodist Church  
 S.A.R.P.  
 SSATHI programme  
 SCVO  
 Seventh Day Adventist Church  
 Shree Krishna Mandir  
 Sikh Youth Group  
 Shri Venkateswara Balaja Temple  
 Shri Guru Ravidass Temple  
 Shree Geeta Bhawan  
 Shree Krishna Mandir  
 Shree Laxmi Narayan Temple  
 Shree Ram Mandir  
 Singh Sabha Bahatra Gurdwara  
 Smethwick Baptist Church  
 Smethwick Elim Pentecostal Church  
 Smethwick Gospel Hall  
 Smethwick Old Church  
 Smethwick Pakistani Muslim Association  
 SPMA  
 Sri Dashmesh Sikh Temple  
 St Andrews C of E  
 St Bartholomew's C of E  
 St Bernard's C of E  
 St Francis of Assisi  
 St Francis Xavier RC Church  
 St.Giles Rowley Regis C of E  
 St Giles C of E  
 St Gregory's RC Church  
 St Hilda's Church - Warley Woods  
 St Hubert's RC Church  
 St James C of E (Rounds Green)  
 St James' Wesleyan Reform Church  
 St. John's Langley & Christ Church  
 St John the Evangelist C of E  
 St John's Methodist Church  
 St Joseph's RC Church  
 St. Lawrence's C of E Church  
 St Luke's C of E  
 St Mark's C of E  
 St Martin and St Paul  
 St Mary Magdalene C of E  
 St Mary on the Hill RC Church  
 St Matthews C of E  
 St Michael The Archangel Church  
 St Michael's C of E  
 St.Paul & St Barnabas C of E Church  
 St. Paul's & St. Luke's  
 St Paul's C of E  
 St Philip Neri RC Church  
 St Phillip's C of E  
 St.Bartholomew  
 St.Chad's Cathedral  
 St.John Baptist  
 St.Mary's Church - Moseley  
 St.Philip's Cathedral  
 Swaminarayan Hindu Mission  
 The Good Shepherd with St John  
 The Methodist Centre  
 The Sacred Heart RC Church

Tipton and Tividale Islamic Community Centre  
 Tipton Christian Centre  
 Tipton Green Methodist Church  
 Tipton Muslim Trust Association  
 Tipton Methodist Church  
 Tipton Methodist Church  
 Tipton Road Methodist Churches  
 Tipton and Tividale Muslim Welfare Association  
 Tipton and Tividale Islamic Community Centre, the Mosque  
 Tividale Tirupathi Balaji Temple  
 Tipton Town Team St. Paul's Community Centre  
 Toll End Methodist Church  
 Trinity Methodist Church

United Pentecostal Church of God  
 Vitoria Women's Centre/Sandwell Muslims Organisation (SMO)  
 Warley Baptist Church  
 Warley Baptist Church  
 Warley Institutional Church  
 Warley Woods Methodist Church  
 Wednesbury Bangladeshi Welfare Association  
 Wednesbury Bangladeshi Womens Group  
 Wednesbury Baptist Church  
 Wesley Methodist Church  
 West Bromwich Muslim Welfare Association  
 West Bromwich Baptist Church  
 West Bromwich Pakistani Community Association  
 West Smethwick Congregational Church  
 West Smethwick Methodist Church  
 White Heath Baptist Church  
 Woods Methodist Church  
 Yemeni Community Association  
 Yemeni Community  
 Zion United Reformed Church  
 Dashmesh Sikh Temple  
 Gurwara Baba Deep Singh  
 Gurwara Bebe Nananki Hall  
 Gurdwara Bhatra Singh Sabha  
 Gurdwara Singh Sabha Akal Darbar  
 Gurdwara Singh Sabha  
 Guru Nanak Bhatra Singh Sabha  
 Guru Nanak Gurdwara  
 Guru Nanak Neshkam Sevak Jatha  
 Guru Nanak Singh Sabha  
 Guru Ram Das Singh Sabha  
 Guru Ravi Das bhawan  
 Guru Teg Bahadur Gurdwara  
 Ramgarhia Sikh Temple  
 Ramgarhia Sikh Temple  
 Sandwell Council of Sikh Gurdwaras  
 Gurdwara Baba Singh Ji  
 Gurdwara Guru Hargobind Sahib Ji

## Community Centres

Brook Street Community Centre  
 Coneygreen Community Centre  
 Guru Nanak Community Centre  
 Hill Top Community Centre  
 Langley Park Community Centre  
 Smethwick Youth and Community Centre  
 Tanhouse Community Centre  
 Lodge Road Community Centre  
 West Bromwich Community Centre  
 Cradley Health Community Centre  
 St Pauls Community Centre  
 Ladywood Community Health Centre  
 Smethwick Asian Resource Centre  
 Smethwick Bangladeshi Youth Forum  
 Smethwick Bangladeshi Muslim Welfare Association  
 Smethwick Bangladeshi Youth Forum  
 Sikh Community Health Improvement Group



## Sandwell and West Birmingham Hospitals



NHS Trust

<b>TRUST BOARD</b>
--------------------

<b>DOCUMENT TITLE:</b>	Clinical Ethics Committee
<b>SPONSORING DIRECTOR:</b>	Donal O'Donoghue Medical Director
<b>AUTHOR:</b>	John Bleasdale, Consultant Anaesthetist
<b>DATE OF MEETING:</b>	28 October 2010

**SUMMARY OF KEY POINTS:**

The Clinical Executive Team has considered the question of whether the Trust should establish a Clinical Ethics Committee and concluded that creating such a body would be appropriate, although its remit should be advisory.

Terms of reference have been prepared and are presented here for review.

At its meeting in July, the Governance Board agreed that the proposed Terms of Reference were appropriate, and therefore it is requested that the Trust Board supports the decision to approve the establishment of a Clinical Ethics Committee.

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

Approval	Receipt and Noting	Discussion
<b>X</b>		

**ACTIONS REQUIRED, INCLUDING RECOMMENDATION:**

The Trust Board is asked to approve the establishment of a Clinical Ethics Committee

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	High Quality Care
Annual priorities	
NHS LA standards	
Core Standards	
Auditors' Local Evaluation	

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

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

**PREVIOUS CONSIDERATION:**

Clinical Executive Committee and Governance Board in July 2010.

## **Clinical Ethics Committee**

### **Briefing Paper – Trust Board Oct 2010**

#### **Introduction**

In recent years, consideration of ethical issues has become an important and frequent part of discussions around health care, both at the level of the individual patient and at a population level. A number of legal cases and high profile public enquiries (Bristol, Alder Hey and Mid Staffs) have focused as much on the ethical integrity of clinicians and health care institutions as they have on clinical competence. Similarly the development of effective but expensive treatments, improved life-support mechanisms and increasing chronic disease in an ageing population all raise ethical concerns. Given these developments, there is an expectation that health professionals and Trusts are openly accountable for their decisions, including the ethical aspects of those decisions and it is becoming clearer that those decisions should not be made in isolation.

Support for such ethical issues already exists, to some degree, in the form of guidelines from the GMC and BMA. However, the development of local systems to provide support that is responsive and relevant to local circumstances have proved to be welcomed by clinicians and managers.

Clinical ethics committees – CECs - (also known as clinical ethics groups or fora) are multidisciplinary groups, including health professionals and lay members that aim to provide support for decision-making on ethical issues arising from the provision of patient care within NHS Trusts and other health care institutions. Though a relatively recent concept in the UK (in 2000 there were only 20 CECs in the UK) they have been a feature of North American healthcare since 1971. Within the West Midlands conurbation Birmingham Children's Hospital, Heart of England Foundation Trust and University Hospital Coventry are registered as having a CEC with the UK Clinical Ethics Network.

The key function of CECs is to provide support and advice to health professionals, patients and families and managers on the ethical dimension of patient care. The nature of this support may include specific advice on individual cases, education of health professionals on ethical issues and ethical input into Trust policy and guidance. The specific support offered by the committee differs in different types of NHS trust and the position the committee occupies within their trust. However, within this range of functions the main role of the committee is to identify ethical problems and facilitate their resolution within the context of, but not limited to current legal and professional requirements.

There is a thriving community of CECs from various trusts (acute, mental health, primary care) across the UK all working within the UK Clinical Ethics Network. This is based at the Ethox centre in Oxford and offers support, training and guidance for those wishing to establish and maintain a successful CEC. The network is funded by the Department of Health and supported by the Ethox Foundation and the Institute of Medical Ethics. All local CECs are encouraged to join the Network where they can access guidance and teaching materials.

## Possible functions of a Clinical Ethics Committee

### 1 *Providing ethics advice to health professionals on individual cases.*

A CEC can provide support to all members of the multidisciplinary team by way of identification and discussion of ethical issues arising in particular cases. These case discussions can be retrospective, where the situation has now been resolved but the health professional is not sure that the decisions made were the right ones; or current, where the decisions are still to be made. The mechanisms for providing "acute" ethical advice have been developed by many CECs.

### 2 *Providing ethics input into Trust policy and guidelines around patient care.*

This may take several forms

- a) Developing local guidelines for use within the trust by drawing on national guidance or professional guidance where available.
- b) Providing ethics input on guidelines produced by other committees or clinical groups within the Trust.
- c) Commenting on and clarifying existing national policies and guidelines.

### 3 *Facilitating ethics education for health professionals within the trust.*

In order to raise awareness of ethical issues arising in clinical practice, and to support decision-making in difficult areas, a CEC can facilitate ethics education and training for healthcare professionals.

## Membership

CECs must be multi-disciplinary, with medical, nursing and lay membership (i.e. non-clinical members who are not employed by the Trust). Medical members outweigh nursing and lay members and most CECs have a clinician as chair. This has proved to be the best arrangement for facilitating access by clinicians in other CECs within the Clinical Ethics Network.

The Clinical ethics Network suggests that members should:-

- Have an interest in the subject of medical ethics
- Have an ability to work in a group
- Have a commitment to the group
- Be prepared to attend conferences/courses on health care ethics
- Be prepared to study relevant cases, legislation and national policies and keep up to date with the relevant literature

To ensure impartiality and freedom of expression membership of the committee will be on an entirely voluntary basis. The committee will comprise of the founder members and, to ensure a balanced committee, further membership will be sought from:-

- A professional ethicist from the University of Birmingham
- Clinicians representing the major specialties (Critical Care, Elderly Care, Medicine, Surgery, Obstetrics & Gynaecology, Paediatrics)
- Faith representatives
- A Medical Director
- The Governance Board

- Non-executive member of the Trust Board
- Nursing staff (senior and junior)
- Service users (LINKs)

Depending on the nature of the case or scenario to be discussed other specialists will be invited to attend if there is thought to be a need for their particular knowledge or skills.

### Alternative Committee Models

While a CEC is the most common model of ethics support in the UK, it may not necessarily be the most appropriate model, depending on the nature of ethics support required. Other models of ethics support include:-

**1 Sub Committees** - rather than the whole committee reviewing all issues, different subcommittees are responsible for differing aspects (policies, clinical support, teaching) or individual issues.

**2 Case Consultation Groups** - a separate multidisciplinary group who can provide a rapid response to urgent clinical scenarios rather than trying to convene the whole CEC. This group are available at short notice and give advice immediately, all decisions are relayed to the full CEC at it's next meeting.

**3 Hub and Spoke** - Individuals taking the ethics lead within their clinical area and acting as the first point of contact within that area. They facilitate the ethics discussion and decision making process within the clinical area and report back to the full CEC at the next scheduled meeting.

### Summary

Clinical ethics support describes the provision of advice and support on ethical issues arising from clinical practice and patient care within a health care organisation. Models of clinical ethics committees have developed to include support for health professionals and other groups within the organisation, specifically patients and managers.

There is sufficient support from clinical and managerial staff to progress with the development of a Clinical Ethics Committee at Sandwell and West Birmingham Hospitals NHS Trust.

### Recommendation

The Trust Board is asked to:

- note the attached terms of reference; and
- support the decision taken by the Governance Board at its meeting in July to approve the establishment of a Clinical Ethics Committee.

# Sandwell and West Birmingham Hospitals



NHS Trust

## Clinical Ethics Committee

### Terms of Reference

#### Introduction

The Sandwell & West Birmingham Clinical Ethics Committee will, at all times, endeavour to function by upholding the standards it promotes. It will set this example by holding true the Seven Principles of Public Life (Nolan Committee 1995)

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

#### Aims and Objectives

The Clinical Ethics Committee will be advisory and not executive. Its principal aims are:-

1. To provide a forum for the confidential, multidisciplinary discussion on clinical ethical issues within SWBH. And to provide, where appropriate, an informed and reasoned opinion on such matters.
2. To provide advice and guidance to other boards and directorates when developing standards and policies.
3. Where a clear need is identified to develop institutional ethics policies.
4. To provide an instantly accessible forum for support to individual clinicians and practitioners.
5. To assist with the education of SWBH staff in the principles required for good ethical practice.

The Clinical Ethics Committee **will not**:

1. Consider any issues which are not primarily of an ethical nature.
2. Provide advice on the undertaking of any research or audit projects.
3. Provide legal advice

#### Authority

The Clinical Ethics Committee operates under the authority of the Trust Board. It is a sub committee of the Governance Board

## Membership

To ensure impartiality and freedom of expression membership of the committee will be on a voluntary basis. New members will be invited by the committee on the basis of reputation, skill and knowledge whenever a vacancy arises.

The membership of the committee will be maintained so that there is always a balanced, multidisciplinary group available.

Members will:-

- Have an interest in the subject of medical ethics
- Be prepared to attend conferences/courses on health care ethics
- Be prepared to study relevant cases, legislation and national policies and keep up to date with the relevant literature

Membership will be sought from:-

- A professional ethicist
- Clinicians representing the major specialties (Critical Care, Elderly Care, Medicine, Surgery, Obstetrics & Gynaecology, Paediatrics)
- Faith representatives
- A Medical Director
- The Governance Board
- Non-executive member of the Trust Board
- Nursing staff (senior and junior)
- Service users (LINKs)

It will be made clear to members that they are present for their personal attributes and not as representatives of any given group, organisation or profession.

Co-option of additional members may take place from time to time if specific issues require additional expertise.

There will be a Chair and a Vice-chair appointed from within the group.

The Chair will become a member of the Governance Board.

The Chair and Vice Chair will be responsible for recruiting new members to the committee and reviewing its membership on a regular basis to maintain its independence and multidisciplinary balance.

## Meetings

### A. Routine meetings

Will take place every two months

- A meeting will be quorate when either the Chair or Vice Chair and 4 other members are present.
- A formal agenda will be issued not later than seven working days before each meeting. Agenda items and papers are to be submitted to the Chair ten working days before each meeting.
- A standardised approach when considering any ethical problem will be devised and used by the committee and reviewed regularly. This approach will be used when reporting back any decisions of the committee.
- Such decisions as are required will be reached by consensus.
- Notes of the meeting will be taken, the discussions of each meeting will be anonymised and summarised before formal minutes are prepared.
- Meetings will be open to non-members.

## **B Clinical management consultations**

Members of the Clinical Ethics Committee can also be contacted 24 hours a day. This is to ensure that professionals involved in any ethical conflict have a contactable impartial forum to review the problem from other viewpoints and make better informed and considered decisions about their own cases. The responsibility for the final clinical decision will still remain with the clinician/s bringing the case for consultation. There is no requirement for a clinician to discuss any individual case but in cases where there is an ethical conflict or a conflict between clinicians it may be beneficial.

- During normal working hours the Chair or Vice Chair can be contacted by any member of the multidisciplinary team who requires assistance with an ethical problem.
- Out of hours one member of the committee will be on-call and contactable via the Trust switchboard.

Once a member has been contacted, and after the exact nature of the problem to be reviewed has been established, further members of the committee will be contacted as necessary. At least one of those contacted must be the Chair or Vice Chair.

Only the committee member taking the referral will know the identity of the enquirer and patient. All further discussions and record keeping will be anonymous.

Depending on the particulars of the case, and if there is time, a quorate meeting of the committee may be arranged at the earliest available opportunity. If there is insufficient time, a few representatives of the committee (no less than three) may discuss the case and feedback to the referring team using the standardised format.

The committee member who accepted the referral will be responsible for relaying the opinion of the committee back to the enquirer.

Following a clinical management consultation the details of the case and the discussion will be distributed to all members of the committee at the earliest opportunity. The case will be reviewed at the next full meeting of the Clinical Ethics Committee to ensure that the principles of the committee have been upheld.

## **Conflict of interest**

If any member considers that they have a conflict of interest regarding any topic or clinical consultation then they must declare it and not contribute to the discussion or decision making process. They must also refrain from discussing the case outside the formal meetings.

If there is thought to be an undeclared conflict of interest affecting any member of the committee on any given topic or clinical consultation then it will be discussed and that member may be asked to abstain from the item in question. This will be no reflection on their continued membership of the committee and, given the varied membership of the committee and range of topics encountered, is to be expected from time to time.

## **Accountability**

The committee will endeavour to:

1. Audit its activities
2. Develop a technique for assessment of its function
3. Submit an annual report to the Trust Board

## **Review**

These Terms of Reference will be reviewed every three years



## TRUST BOARD

DOCUMENT TITLE:	Nursing Update
SPONSORING DIRECTOR:	Rachel Overfield, Chief Nurse
AUTHOR:	Rachel Overfield, Chief Nurse
DATE OF MEETING:	28 October 2010

### SUMMARY OF KEY POINTS:

The attached report seeks to inform the Trust Board of work undertaken within nursing across the Trust as part of various quality and safety initiatives.

It seeks to highlight to the Board areas of concern and to assure the board that systems are in place to identify concern areas and address them before significant quality issues arise.

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

Approval	Receipt and Noting	Discussion
	<b>x</b>	

### 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, 2.2, 2.3, 2.8, 2.11, 6.2
Annual priorities	1.2, 2.2
NHS LA standards	2.3.3 Safeguarding Adults 2.3.5 Slips, Trips and Falls
CQC Essential Standards Quality and Safety	Regulation 10, Outcome 16, Regulation 11, Outcome 7, Regulation 14, Outcome 5, Regulation 17, Outcome 1
Auditors' Local Evaluation	

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

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

**PREVIOUS CONSIDERATION:**

The Nursing Update report is submitted to the Trust Board bi-annually.
--

<b>Report Title</b>	Nursing Update
<b>Meeting</b>	Trust Board
<b>Author</b>	Rachel Overfield, Chief Nurse
<b>Date</b>	28 <sup>th</sup> October 2010

### **1) Introduction**

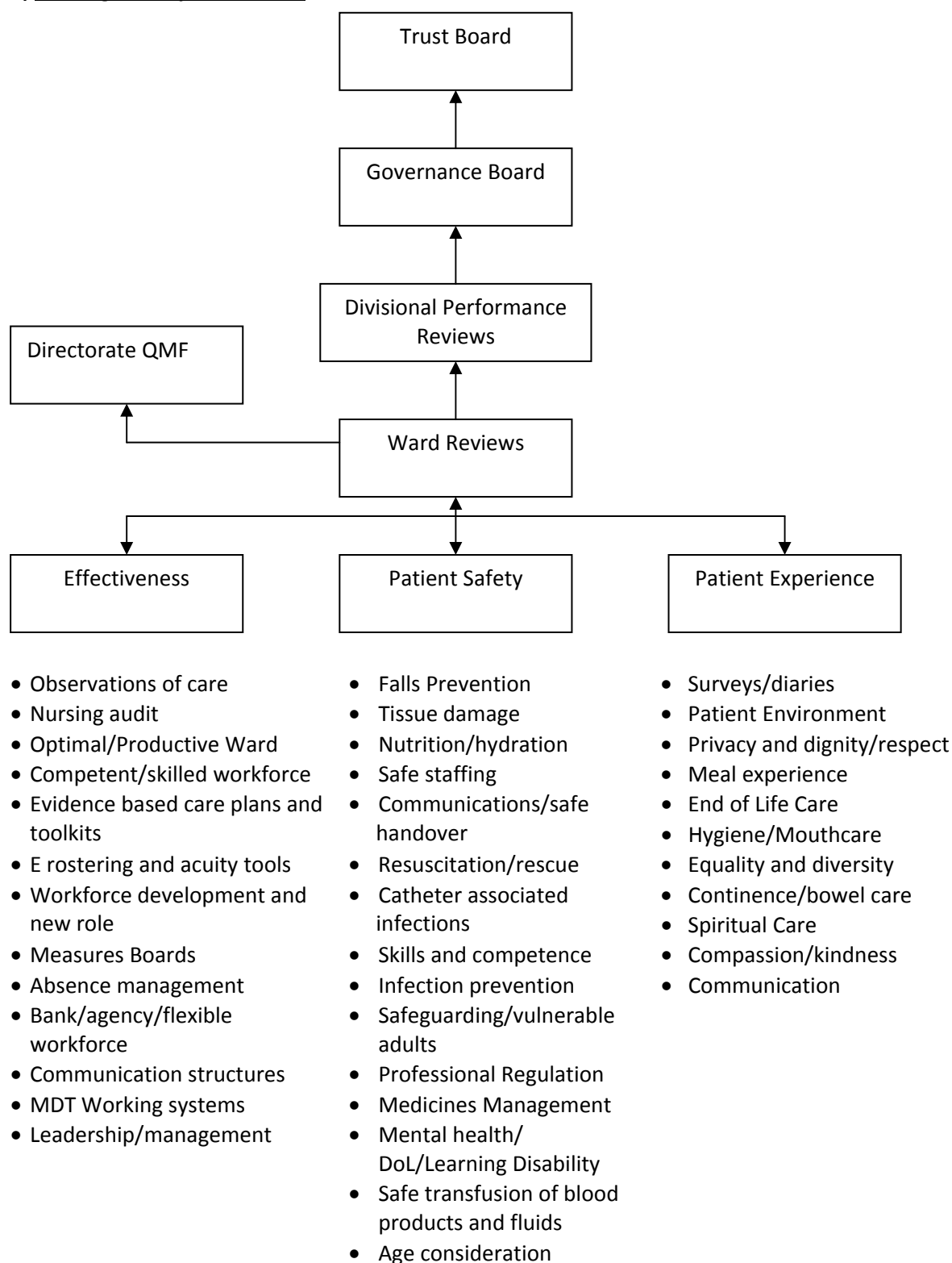
Due to an increased national focus on quality, and in particular, quality as it relates to patient safety and experience, the nursing quality agenda has become significantly more high profile and challenging. Expectations from our patients are rightly increasing and the requirement to measure the effectiveness and impact of what we do is becoming more demanding. This from the SHA, PCT and patients.

This report attempts to brief the Trust Board on the main corporate nursing quality initiatives currently being addressed; how they are being measured; the impact of them for the patient and the benefit to the Trust. The report references the following standards/targets we are currently working towards achieving:

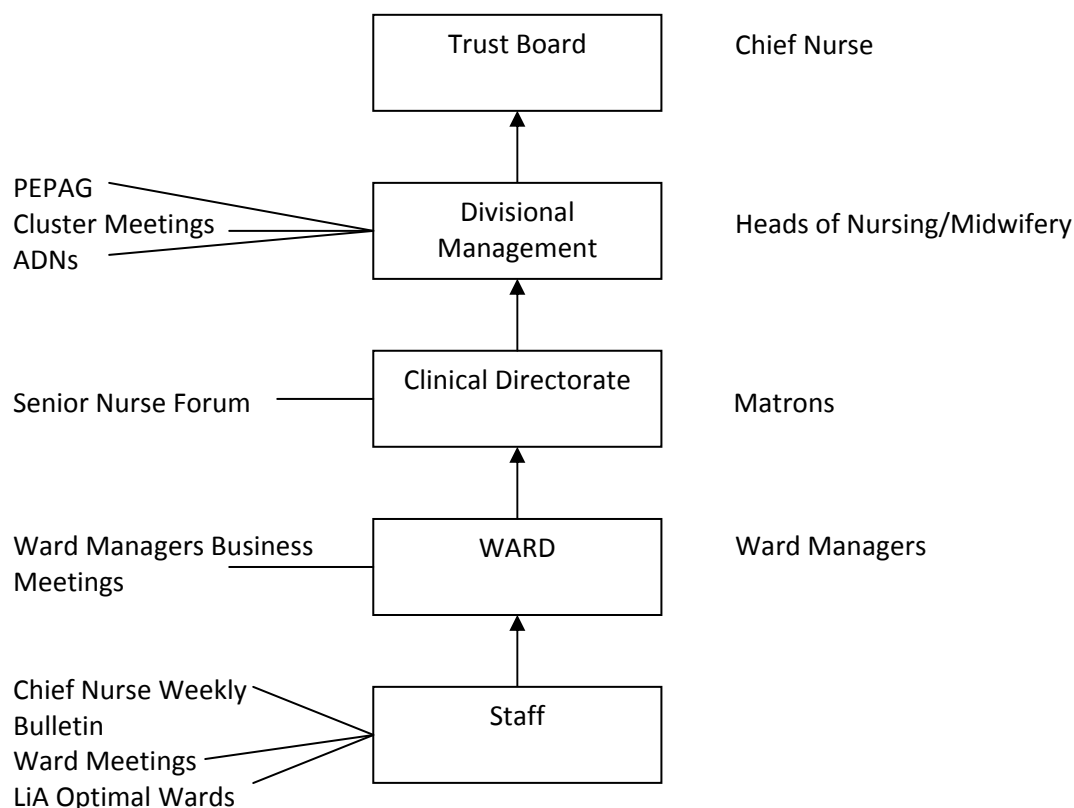
- High Impact Actions Nursing and Midwifery (HiAs)
- Nurse Sensitive Indicators (NSIs)
- CQUiN targets
- NHSLA/Core Standards
- Local/Trust Standards

The report includes the results of the latest ward performance reviews (appendix 1) and details of worry wards for the first 2 quarters of the year (appendix 2). In addition, the report covers the nursing workforce developments as these are fundamental in delivering high quality care.

## 2) Nursing Quality Framework



### 3) Nursing Communications



### 4) Patient Safety

#### 4.1 Falls Prevention

Falls in hospital create significant additional costs in terms of patient mortality and morbidity; nursing and medical care; length of stay and patient experience

#### *Targets/Metrics*

CQUiN target	<ul style="list-style-type: none"> <li>- 10% reduction (baseline 09/10 Q4)</li> <li>- 75% all patients assessed for risk</li> <li>- All falls with fracture subject to a TTR</li> </ul>
HiA	- 10% reduction (Table 1 and Chart 1)
NSI	- All falls that result in a fracture/injury broken down into age categories (Table 2)
NHSLA Level 1	<ul style="list-style-type: none"> <li>- appropriate risk assessment for the management of slips, trips and falls</li> <li>- staff training</li> <li>- monitoring compliance</li> </ul>

Of note, although the number of reported falls are increasing, the number of serious injury, ie fractures, has decreased with no fractures reported in June or July. We could deduce from this that our reporting culture is improving alongside assessment of patients and therefore that we are preventing serious falls through the use of preventative equipment and care.

Table 1 (Falls Numbers)

Count of Falls	Period				
	Target (per month)	Apr-10	May-10	Jun-10	Jul-10
<b>Trust Total</b>	<b>96</b>	<b>85</b>	<b>95</b>	<b>100</b>	<b>115</b>

Chart 1 (Falls numbers against target)

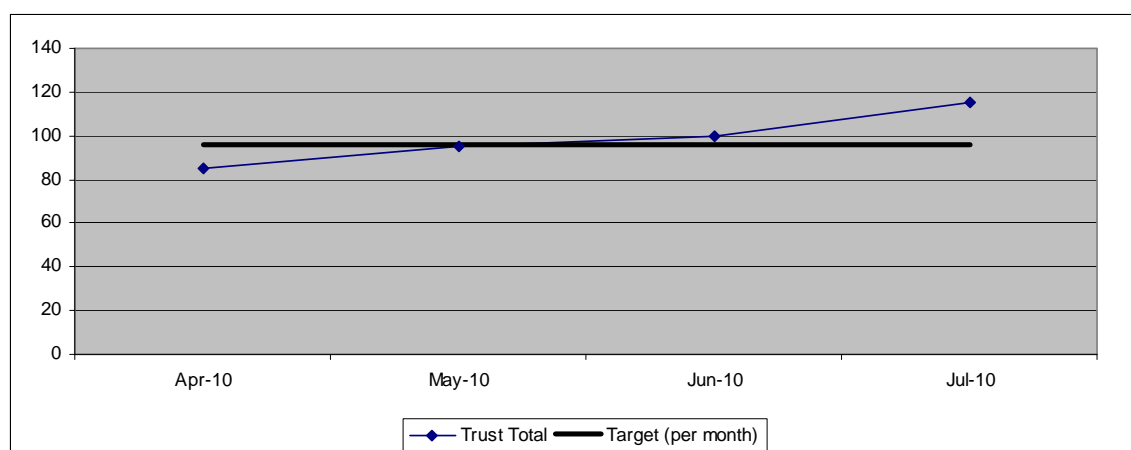


Table 2 (Falls By Age)

	Number of injurys April	Number of injurys May	Number of injurys June	Number of injurys for July	Total
<b>Under 70yrs</b>	<b>5</b>	<b>7</b>	<b>5</b>	<b>14</b>	<b>31</b>
<b>71-84yrs</b>	<b>5</b>	<b>12</b>	<b>14</b>	<b>16</b>	<b>47</b>
<b>85+yrs</b>	<b>11</b>	<b>8</b>	<b>14</b>	<b>4</b>	<b>37</b>
<b>Total</b>	<b>21</b>	<b>27</b>	<b>33</b>	<b>34</b>	<b>115</b>

#### 4.1.1 Key Actions (falls prevention action plan in place)

- Increase training
- Targeted support for high falls areas
- Increase equipment availability - £150k investment this year (Lo beds, crash mats, cushion alarms)
- Increase assessment and reassessment post fall (many patients recurrently fall)
- Enforcement of Bed Rails Policy
- Introduction of an evidence based care plan
- Increase knowledge of pharmaceutical issues around falls – involvement of medical and pharmacy colleagues
- Specific awareness raising of cognitive impairment issues
- Toolkit for all wards including observation charts and patient information
- Environmental adjustments – floors, colour of floor/doors, grab points
- Foot wear – purchase pilot of rubber backed slipper socks

## SWBTB (10/10) 226 (a)

- Importance of adequate nutrition/hydration
- Importance of regular toileting

### 4.1.2 Financial consequences

Cost of all Trust falls using Institute calculator = £120,000 per annum.

### 4.2 Tissue Damage (pressure sores)

Pressure sores are incredibly painful, debilitating and resource intensive in terms of nursing care and the cost of consumables and additional length of stay. It is often difficult to establish the root cause of pressure sores as they evolve over time and do not usually relate to a specific incident. Increasingly, pressure sores are considered to be the result 'neglect' and could therefore be subjected to safeguarding alerts and criminal investigation.

#### *Targets/Metrics*

CQIN	- 10% reduction in hospital acquired grade 2, 3 and 4 pressure sores (Table 1 and Chart 1)
	- TTRs on all grade 3 and 4 sores
	- 75% patients admitted have a risk assessment
HiA	- No avoidable pressure ulcers
NSI	- Reduction of avoidable pressure ulcers and age related (Table 2)
	Monthly incidence monitoring

The September data was not available at the time of the report being produced. We are currently achieving all of the targets for tissue damage.

Out of the 11 reviewed in July/August, 2 were considered preventable – these were both relating to post-operative patients.

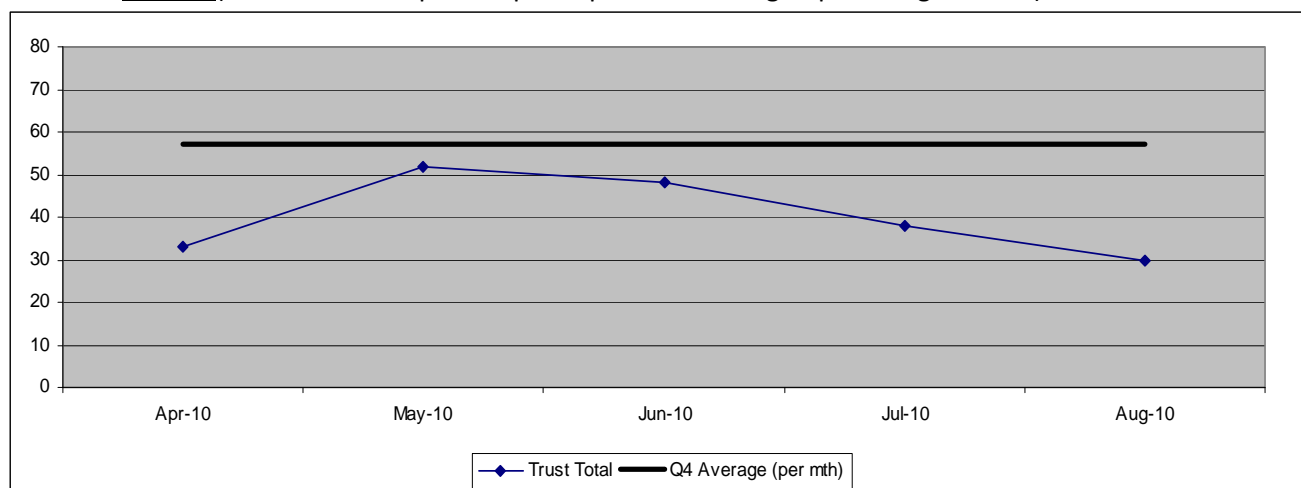
Of note, the majority of grade 3 and 4 scores in the Trust relate to heels and sacrum with very little damage reported on hips, elbows etc.

Table 1

#### **Incidents of Pressure Ulcers - Numbers by Division (HOSPITAL ACQUIRED ONLY)**

*Grades 2,3 or 4 Only*

Count of PUI (Hospital Acquired)	Period							
Division	2009/10 Q4 Total	Q4 Average (per mth)		2010/11 Q1 Total	Q1 Average (per mth)	Jul-10	Aug-10	Total July Aug
Anaesthesia & Critical Care	14	4.6		14	4.6	7	7	14
Medicine	121	40.3		99	11.6	22	17	39
Surgery	36	12		20	6.6	9	6	16
Trust Total	171	57		133	44.3	38	30	68

Chart 1 (Incidence of hospital acquired pressure damage April – August 2010)Table 2 (Pressure ulcers by Age)

	Number of pressure ulcer July	Number of pressure ulcer August	Total for July + August
Under 70yrs	14	8	22
71-84yrs	33	11	44
85+yrs	16	7	23

4.2.1 Key Actions (pressure damage prevention plan in place)

- Continue delivering ward based training
- Stress the importance of reassessment, especially post-operatively
- Repositioning charts and reduce reliance on special mattresses
- Reduce pad usage
- Removal of TED stockings daily to check skin integrity

4.2.2 Financial consequences

The cost of pressure ulcers within the Trust for July and August, using a national calculator tool, was £570,000. For Q1 the cost was £820, 000 and for a full year £2 – 3 million. A breakdown of cost by incident, ward and division is available and is shared with the relevant divisional staff.

4.3 Nutrition and hydrationTargets and Metrics

CQUiN - We are still waiting national metrics to be set and do not have a CQUiN target in this area

HiA - Patients will not suffer malnutrition or dehydration whilst in hospital  
 Local standards - 75% completion of nutritional risk assessment (MUST)



## SWBTB (10/10) 226 (a)

Both malnutrition and dehydration have been found to be common in hospital patients especially in vulnerable adults and costs the NHS significantly as a result of longer length of stay; infections; confusional states and system failures.

In Q4 of 2009/10 MUST compliance was 31%. At the end of Q2 2010/11 MUST compliance was 60%. Please note MUST tool requires weight and height of patient to be recorded – this is anticipated to be one of the new national metrics.

### 4.3.1 Key Action (nutritional action plan and assurance committee in place)

- Ensuring that nutrition and fluid balance form part of handover as a routine.
- Progress red tray/red jug pilot
- Continue with regular audits of meal times and MUST
- Intranet based nutritional audit will be available within the next quarter to enable monthly data capture
- Commence more proactive use of MUST data to monitor Trust acquired malnutrition
- Continue with various training initiatives

## 4.4 Safe Staffing Levels

### 4.4.1

In Summer 2009 a review of nursing staffing levels was undertaken. As a result the four red ragged wards have had investment to increase the nurse:bed ratios.

### 4.4.2

Funding has been made available to pursue an e-rostering system. This is in response to the very poor rostering practice that continues to exist in many areas and the current inability to produce any evidence to demonstrate this or correct it.

An e-rostering system will enable the Trust at corporate, division, ward and individual basis to look at staffing levels (budgeted and actual); shift patterns; leave management; sickness levels and skill mix. We will, as a result, be able to move staff resource around as required; tackle poor practices and adjust skill mix.

Trusts that have introduced such a system have quickly experienced safer staffing levels at the same time as reducing reliance on bank staff.

A project plan has been produced.

### 4.4.3

Two further wards have been identified as requiring additional staff as a result of additional beds being open for several months and therefore sliding standards of care. Agreement has been reached to properly 'establish' these beds until 1<sup>st</sup> April 2011 when the beds should close again.

### 4.4.4

The staffing escalation policy is now being utilised more frequently and in the past few months there have been occasions where acuity or patient activity has been reduced due to staffing levels. On one occasion help was required from non ward based nursing staff for a ward that had an unprecedented sickness level.

#### 4.5 Skills and Competence

##### 4.5.1

We now have in place a 'continuum of practice' model which ensures that nursing staff have access to preceptorship → mentorship → supervision → coaching throughout their career within the Trust.

##### 4.5.2

Skills training for the past 6 months has mainly been focused around falls, tissue damage, nutrition, resuscitation/rescue and privacy and dignity. A number of modes of training have been used for this but from March 2011 we intend to deliver most of these via a single session to all nurses every year.

##### 4.5.3

We are working with L&D to improve the modules offered within mandatory training especially around infection control and medicines management – these are not currently fit for purpose.

##### 4.5.4

A paper is going to SIRG in November requesting support to move resuscitation training for registered nurses from 'basic' to 'intermediate'. This should, as a result, improve the nursing response to deteriorating patients which is still heavily dependent on a team of 'experts' attending and taking over the patients care.

##### 4.5.5

Another key area of investment has been around leadership development. In the past 6 months we have completed a development programme for Ward Managers. A further 4 Ward Managers have been supported to attend an SHA based leadership programme.

##### 4.5.6

We have been working hard to increase the visibility of senior nursing staff within clinical practice. This has included at least one clinical shift per week worked by Matrons and increase in clinical participation of the Chief Nurse and Assistant Director's of Nursing and we are working with divisions to alter establishments in order to release Ward Managers from administrative tasks and therefore enable them to work clinically with patients and staff.

##### 4.5.7

The Trust has supported the appointment of Heads of Nursing posts to work alongside Divisional General Managers and Divisional Directors in Surgery B and Medicine. Helen Shoker commenced in post in September and we will be re-interviewing for the medical post on 20<sup>th</sup> October. In Women's and Children's Amanda Geary's role has been changed to become a joint General Manager/nursing role for Paediatrics and Gynaecology.

## SWBTB (10/10) 226 (a)

### 4.6 Adult Safeguarding

This is subject to a separate Trust Board report but it is relevant to mention here that there has been significant improvement in Ward Reviews within this area as a result of excellent training and clear policy development.

We will be having a further 2 posts join the safeguarding team. These have been externally funded and include a second general safeguarding nurse and a nurse to lead on Learning Disabilities.

### 4.7 Medicines Management

#### 4.7.1

Drug round tabards have been ordered for all ward areas, although some wards are already using them. The tabards give a visible reminder to everyone else on the ward that the nurse is doing medications and therefore should not be interrupted. Evidence suggests that stopping interruptions reduces medication errors significantly.

#### 4.7.2

The nursing division have commenced some work on medicines administration errors and omissions with nursing staff. Medicines omissions are, in themselves, a medication error but are often not seen as such by nurses and are therefore not reported. Omissions often only come to light as a result of an adverse event or during the course of audits.

Our work in this area includes regular audit and feedback; raising awareness at ward level and working with ward based Pharmacists to ensure ward stocks are appropriate. A Medicines Administration Working Group led by nursing has now been established.

#### 4.7.3

We have gradually been phasing out drug trolleys where we can. Alternatives include using lockable cabinets incorporated into patient lockers or patient specific trolley. The benefit of this includes being able to use the patients own drugs; avoiding overcrowded and untidy drug trolleys, much more individualised drug administration and cost savings on reissuing drugs.

#### 4.7.4

A trial of the Docked Vial-mate has commenced on 5 wards. The system improves medicines safety through reduction in actual medication errors and also in needlestick injuries. There are also potential savings in terms of less wastage and reduced labour costs.

### 4.8 Handover

#### 4.8.1 Safety Briefings

Inadequate verbal and written communication is recognised as being the most common root cause of serious errors both clinically and organisationally. A safety briefing has been incorporated into nursing handover on all of our Optimal Wards since August 2010. In some areas the briefing is printed onto red paper.

The briefing summarises particular high risk issues relating to patients on the ward at the time, eg, a deterioration in a patients condition; abnormal test results or a patient at risk of

## SWBTB (10/10) 226 (a)

falling. This saves significant issues being 'lost' within the general handover of patients. The pilots have shown that handover has often become shorter as a result. We have an evaluation methodology for this initiative which is still in its very early stages, but hope to see a reduction in incidents, accidents and complaints as a result.

### 4.8.2 SBAR Communication Tool

We are now teaching this tool to all student and newly qualified nurses. The tool is a communication technique that trains health professionals on how to communicate important information quickly and efficiently to another member of staff in order to get a quick response or pass on information effectively.

The tool is also being encouraged within medical colleagues and we are currently working on a collaborative plan with medical colleagues for how to take this forward within MD teams.

A teaching session has been devised for substantive staff and is currently being offered to ward teams.

### 4.9 Advanced Practice Toolkit

The Trust has been using the Scottish Advanced Practice Toolkit to assess the roles, competency and effectiveness of our several hundred specialist nurses. Essentially, it will provide an internal governance and regulation system for advanced roles.

This work is almost complete and will be reported on in the near future.

### 4.10 HCA Development

We have now completed an assessment of NVQ provision and attainment across the Trust. The level of attainment is still of some concern and therefore the Trust policy around the requirement for all HCAs to have level 2 NVQ or equivalent will now be enforced. In the future all new HCAs will be appointed as apprentices on a training pay band and will therefore have a clearly defined path through to being a fully recognised HCA within the Trust.

## **5) Patient Experience**

### 5.1

The new inpatient surveys are now available in all ward areas, together with access to 'easy read' and carer surveys. Numbers being returned remain low and we now need to drive the numbers up to give more realistic results. It is pleasing that easy read and carer surveys are being used (5% and 7%). For the next Patient Experience report we will identify the CQC/CQUiN questions to see if we have improved in these areas.

The results for September are attached as Appendix 3.

### 5.2

PEAT audits continue on a very regular basis. In excess of £300k has been spent in the past 6 months to improve the patient environment. For the ward areas this has predominantly been around improved storage, signage and kitchen areas. A programme is about to commence to upgrade all linen rooms on the wards.

## SWBTB (10/10) 226 (a)

### 5.3

Our main focus of work around privacy and dignity has been with regards to single sex accommodation (reported separately to the Board). We have also invested in improved curtaining in many areas and have secured funding for our own Trust nightwear which should be available by March 2011. We include audits of privacy, dignity and respect in our Observations of Care and discuss results with ward teams.

### 5.4

The Nursing division have been delivering specific 'on the ward' awareness raising sessions around dignity in relation to:

- Talking over patients
- Diverse cultural needs/issues
- Privacy and respect
- Addressing patients and communication skills

### 5.5

An equality and diversity 'roadshow' has been 'on tour' around the wards taking training to the staff in the workplace. Whilst most Ward Managers have now impact assessed their wards this now needs to be followed up with more detailed work. We are encouraging further assessments around:

- Ethnicity of staff
- Rostering practices
- The patients day in relation to culture

### 5.6

End of Life Care (subject to a separate TB report)

### 5.7

Responding to patient feedback we have introduced milky drinks to mid morning and evening drinks rounds. By Christmas we should also be serving drinks in mugs rather than paper cups.

### 5.8

We are currently reviewing patient access to snacks. A provision is made on each site but this seems to be poorly marketed and accessed. We intend to ensure easy access to nutritious snacks whenever the patients need it.

### 5.9

We are currently trialling new slipper socks as an alternative to the current foam NHS supplied slippers. The new socks are warm as well as having double sided rubber grips making them potentially safer for patients at risk of falls.

### 5.10

All of our wards now have meet and greet standards and we are currently working on telephone etiquette.

5.11

We are exploring potential 'deals' with Patientline to secure free channels for all patients as many of our patients are unable to afford Patientline and therefore have no opportunity to view TV whilst in hospital.

5.12

We have refurbished the old hairdressers salon at City and an old relatives room to give us 2 additional quiet rooms on the City site. These are now both available for use.

**6) Effectiveness**

Knowing that what we do adds value either in terms of patient outcome or experience; resource utilisation or safety is something that the nursing profession has not historically been very good at. However, increasingly we are measuring and evaluating the impact of practice and relating this directly to safety, quality and cost benefits.

**6.1 External Measures Boards**

All of our inpatient areas now have measures boards in public areas highlighting key areas of practice, actions as a result of patient feedback and details of incident trends. These have been well received by staff, patients and the public.

**6.2 Internal Measures Boards**

We are currently establishing boards within staff rooms or offices detailing sickness absence, budgetary information, bank use and complaints and incident information. The intention with these is to keep staff better engaged with wider ward managerial issues and therefore create a better understanding of how, for example, sickness absence impacts on incident numbers.

**6.3 High Impact Actions Nursing**

Launched nationally earlier this year the HiAs give nursing a clear list of priority areas for improving patient safety and delivering effective care. Many of these were subsequently included in Trust CQUiN targets. Metrics, or nurse sensitive indicators, have, or are being, developed alongside each HiA. The HiAs are as follows:

- Falls prevention
- Reduction in tissue damage
- Choice of where to die
- Improving nutrition and hydration
- Reduced Caesarean section rate
- No catheter associated infections
- Sickness absence reduced to less than 3%
- Nurse led discharge wherever possible

Most of these have been reported within this report or are subject to separate Trust Board reports.

#### 6.4 Observations of Care/Quality Audits

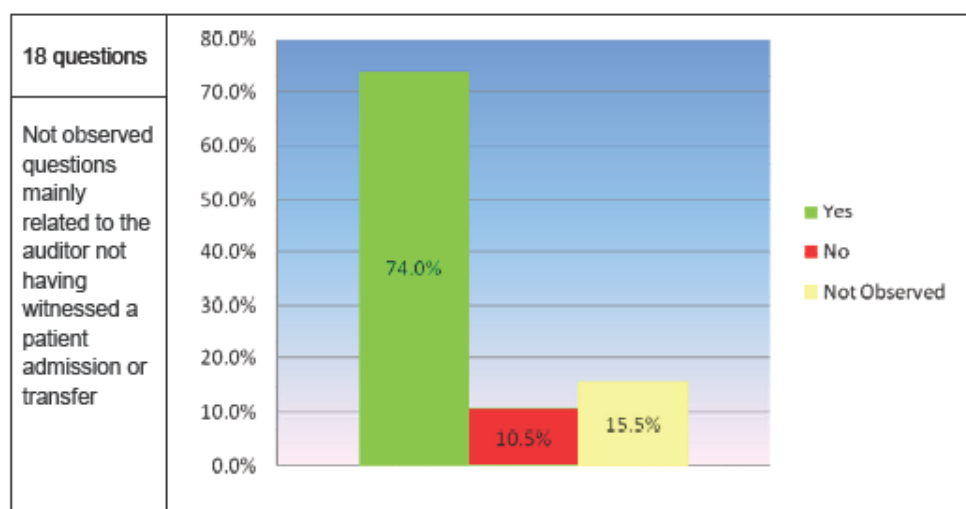
Using the HiAs and Essence of Care standards we have established a robust biannual audit of notes and a practical observation of care on the wards. These will go to quarterly in 2011. Auditors are Senior Nurses from across the Trust auditing areas other than their own. 59 questions are asked and require the auditor to look at the notes, talk to staff and patients and observe practice to complete. Each audit includes at least one meal service and one shift handover. The audit covers 7 categories:

- Respect and dignity
- Eating and drinking
- Bladder and bowel care
- Safety
- Self Care (hygiene, mouth care, mobility)
- Pressure ulcers
- Environment and staff

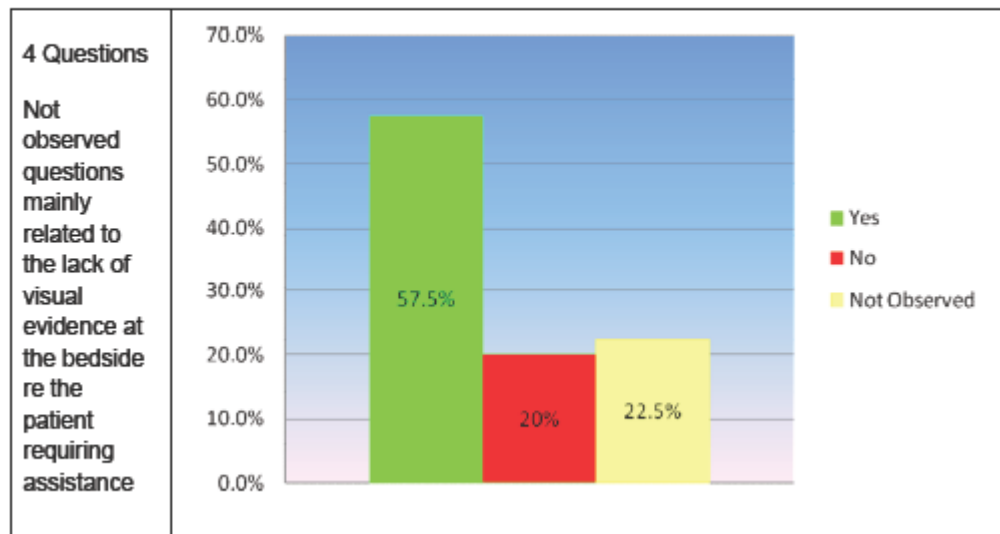
See tables below for the last high level set of results. The tables demonstrate the % of positive or negative results against a set of questions for the Trust. These are available at Divisional and ward level.

#### SUMMARY OF TRUST WIDE RESULTS (averages for each category)

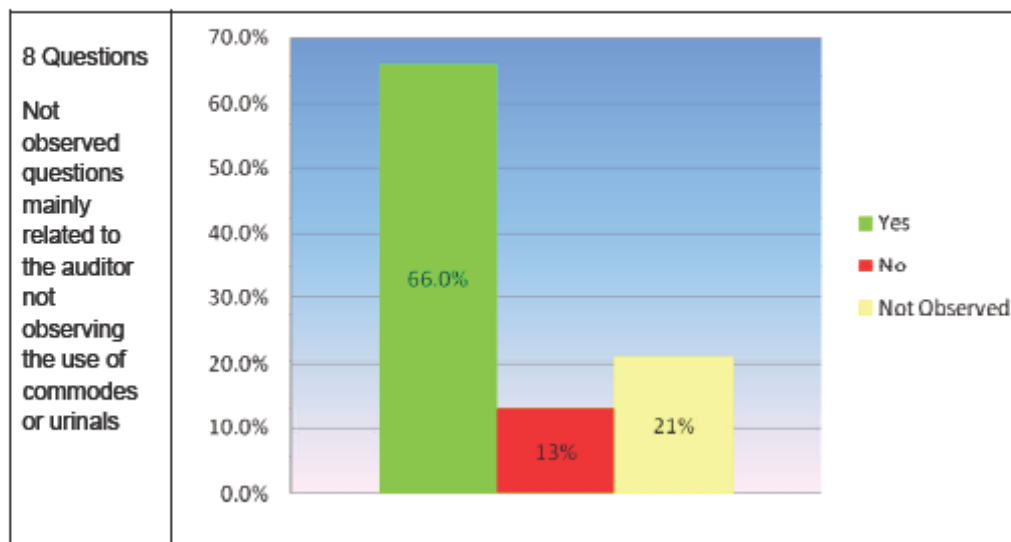
##### Category 1: Respect



**CATEGORY 2: Eating and Drinking (Keeping Nourished-High Impact Action 3)**

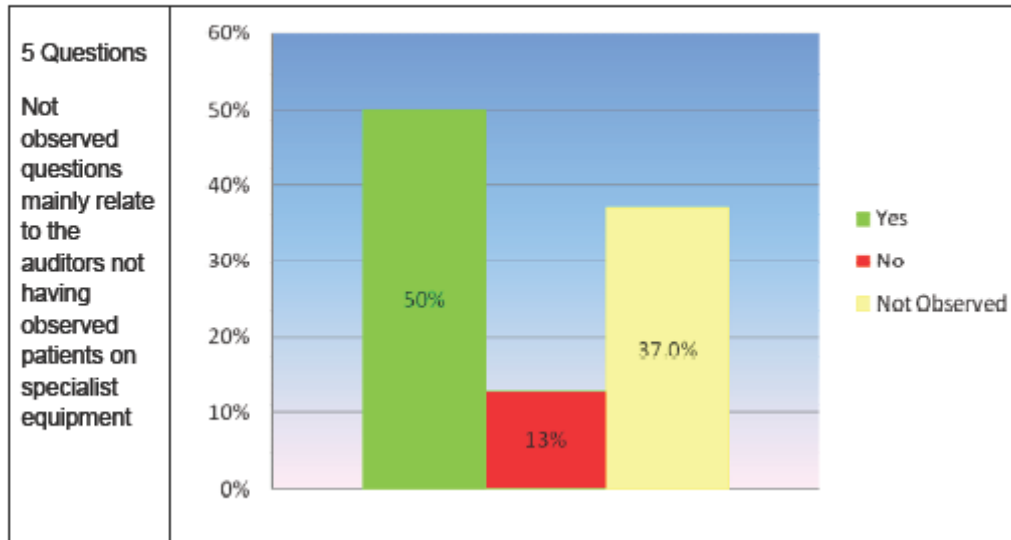


**CATEGORY 3: Bladder and Bowel Care (Protection from infection-High Impact Action 8)**

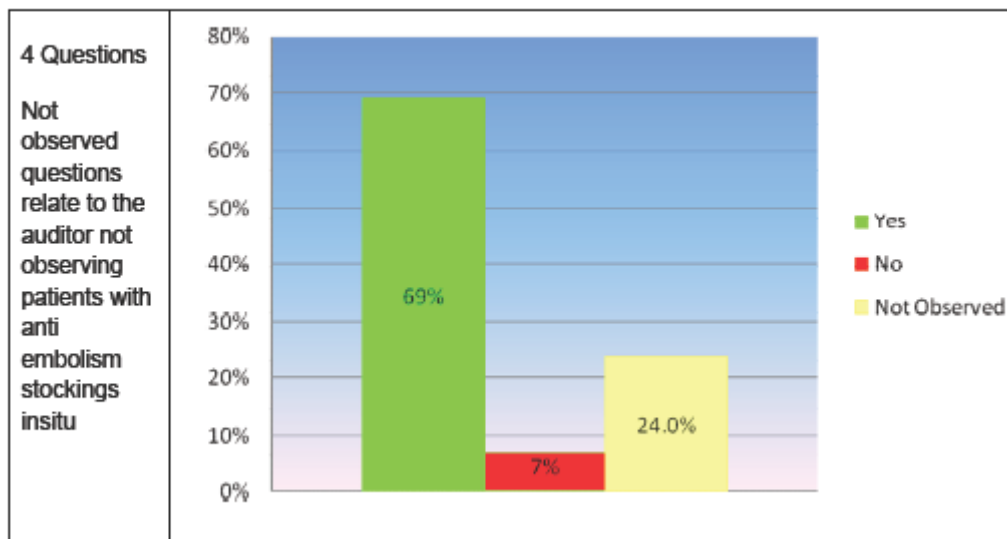




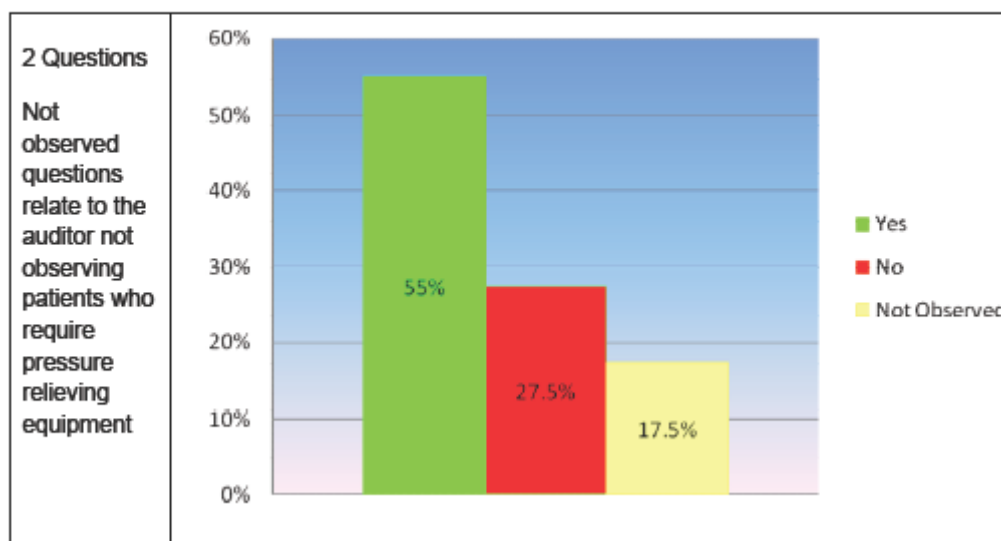
**CATEGORY 4: Safety (staying safe/preventing falls-High Impact Action 2)**  
**CQUIN target**



**CATEGORY 5: Self Care**



**CATEGORY 6: Pressure ulcers (Skin matters-High Impact Action 1)**  
**CQUIN target**



The audit tool can be made available to the Trust Board if required. There has been a significant improvement since the last audit in both the 'respect' and 'self care' standards. Nutritional standards scored poorly especially in questions relating to protected mealtimes. Equally, pressure damage was a concern around poor record keeping, although, reassuringly observation of practice was good.

Audit results are fed into ward reviews and discussed with ward staff as a feedback session. A number of corporate wide actions have been identified as a result and have been mentioned elsewhere in this report.

#### 6.5 Ward Performance Reviews

These continue on a biannual basis but will go to quarterly in the new year. Results of the last round are attached as appendix 1.

Of note, we now have 4 wards who have achieved green status against all standards. 10 wards have deteriorated within the time period assessed, although the shift has been from green to amber, with only 2 wards having a single red grade this time (6 in the last review). 21 wards have improved overall and 2 wards remain unchanged.

Worry Wards (See attached appendix 2)

N1 (P5) – Improving reviews

D11 – Deterioration – continue targeted support

D17 – Improving reviews

Trauma & Orthopaedics, Sandwell – Improving reviews

N4 (new) – Deterioration – for discussion PEPAG

D43 (new) – Deterioration – commenced targeted support

#### 6.6 Nursing Audit Programme

As well as the audit already mentioned we will over the next 6 months audit the following:

- Medicines Management areas of concern, eg omissions and top 5 drug errors
- Fluid balance
- O<sup>2</sup> therapy
- Handover and communications

## SWBTB (10/10) 226 (a)

### 6.7 Education and Training

#### 6.7.1 Graduate Profession

We continue to prepare for this significant change in nurse education in the following ways:

- Preparing mentors for new style students
- Identifying graduate status of existing workforce
- Working with Universities on fast track approaches to degrees for existing staff
- Working on alternative roles for likely gaps in nursing workforce in the future

#### 6.7.2 Assistant Practitioners

We continue to lead the region on the development of AP roles in nursing and have been working with Skills for Health nationally on the AP competencies that will be launched in November. These will enable AP's to be assessed against occupational competencies as a standard across the country. We have also been working with the SHA on a governance model that will enable local regulation of AP roles at Band 4.

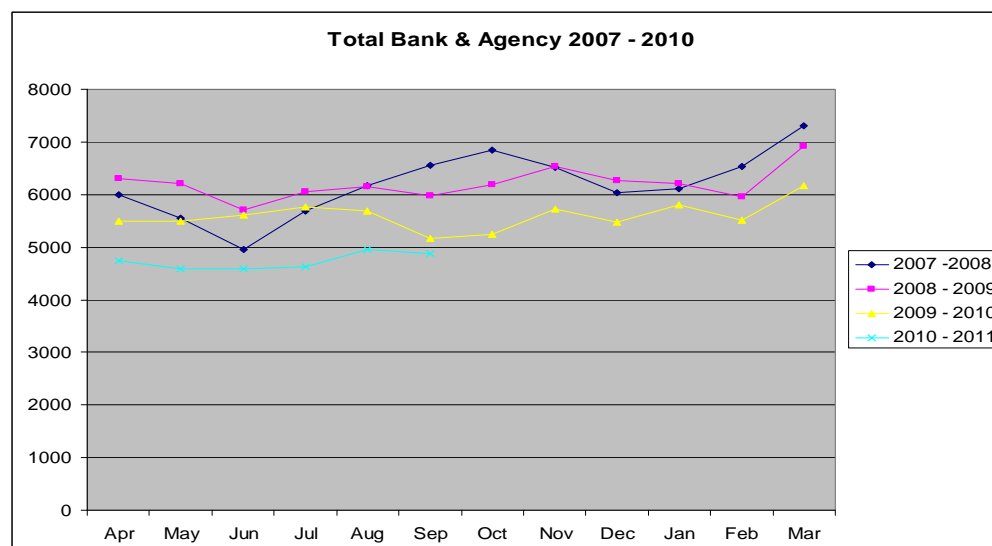
The Trust's first AP's have now qualified and been extremely well accepted into the workforce. A full evaluation of the role is in place and will be reported in the future.

Our current workforce plan for nursing sees 20% of the workforce eventually being at AP level as we view this role as being a well qualified and economically viable alternative to a proportion of Band 5 posts. Over the next 6 months we intend to gain agreement to progress similar roles in Critical Care, elective Theatres and OPD.

#### 6.7.3 Bank and Agency

Nursing bank and agency use has decreased over the past 18 months, largely as a result of better recruitment and controls. The bulk of bank use is associated with additional capacity and sickness absence, whilst agency use tends to be associated with specialist areas and patients requiring 'specialising'.

There has been a significant reduction in bank/agency use in Critical Care since high rates of pay were removed and recruitment improved. Pay rates in the bank have been standardised to 8 rates from a previous 26.



#### 6.7.4 Optimal Wards/Productive Ward

Much of what has been described in this report is the result of Optimal Wards work. Optimal Wards is the nursing element of Listening into Action and has been a vehicle we have used to drive a considerable amount of improvement measures in nursing.

We now have 26 wards in the programme. All of these wards have access to our Optimal Ward nurse who is fully conversant in productive ward methodology. These wards tend to be the wards we pilot initiatives with.

All of our remaining wards have now been advised that they must become part of the programme by Christmas 2010. Conversations are currently being established although changes due to single sex accommodation work may complicate this. Key areas of development from the Optimal Wards project include:

- Handover improvement
- Medicines Management
- Measures Boards
- Environmental improvements
- Staffing reviews
- Changes to the patient day
- Customer care improvements

#### 6.7.5 Communication Structures

Ensuring all staff have access to important communications is a vital part of our development plans. As such nursing is doing what it can to be involved in various IT projects, eg, electronic bed board, e-rostering, on-line audit tools and will be working with IT to develop on-line assessment tools when IT is able to support this work.

General communications in nursing are managed as follows:

- Ward team meetings – Ward Manager
- Divisional nursing cluster meetings – Head of Nursing/Matrons
- Trust Ward Managers business meetings – Chief Nurse/Ward Managers
- Trust Senior Nurse Forum – Chief Nurse/Matrons
- Trust Specialist Nurse Forum – Assistant Directors of Nursing/Specialist Nurses
- Patient Experience and Professional Advisory Group (PEPAG) – Chief Nurse/ Assistant Directors of Nursing /Head of Nursing
- Chief Nurse Weekly Bulletin – delivered at every handover for a week

In the past 6 months the following key communications or learning events have been delivered:

- Ward Team Challenge – 21 teams
- HCA Conference
- Ward Managers Development programme
- Many LiA Conversations
- Band 7 Development Programme, Sandwell ED

#### **7) And Finally.....**

Using the nursing quality framework and the various tools developed within the Trust we will continue to monitor nursing practice, measure outcomes and improve patient safety. Through work on skills, staffing levels and absence management we will continue to develop a robust nursing workforce that is fit to deliver the best care possible to patients.

## Ward Review Objective Rag Rating - Status change in target me

Ward/Dept	Grading			N/A	Medicine	1st biannual review (Apr10-June 10)			N/A	- or -
	Red < 30 %	Amber > 60 %	Green - 100%							
Medicine	2nd biannual Review 09 (Nov 09-Jan 10)			N/A	Medicine	1st biannual review (Apr10-June 10)			N/A	- or -
D5/PCCU	0	3	5		D5/PCCU	0	3	5		
D7	0	2	6		D7	0	2	6		—
D11	0	4	4		D11	0	5	3		↓
D12	0	2	5	1	D12	0	0	8		↑
D15	0	4	4		D15	0	5	3		↓
D16	0	1	7		D16	0	4	4		↓
D18	0	4	4		D18	0	3	6		↑
D24	2	4	2		D17 (Was D24)	0	4	4		↑
D28	0	1	7		D28	0	2	6		↓
D29	0	2	6		D24 (Was D29)	0	1	7		↑
D41	0	2	6		D41	0	0	8		↑
D43	0	2	6		D43	0	3	5		↓
D47	0	4	4		D47	0	1	7		↑
D48 (Skin)	0	1	7		D48 (Skin)	0	4	4		↓
MAU, CH	1	5	2		MAU, CH	0	7	1		↓
Priory 3	0	2	6		Priory 3	0	1	7		↑
Lyndon 4	1	3	4		Lyndon 4	0	5	3		↓
Newton 4	0	5	3		Newton 4	1	4	3		↓
Priory 4	0	3	5		Priory 4	0	3	5		—
Lyndon 5	0	5	3		Lyndon 5	0	4	4		↑
Newton 5	0	3	5		Newton 5	0	0	8		↑
Priory 5	Special Measures Ward				Priory 5	Special Measures Ward				
CCU	0	3	5		CCU	0	1	7		↑
McCarthy	0	3	5		McCarthy	0	1	7		↑
Eliza Tinsley	0	3	5		Eliza Tinsley	Closed				
EAU, SGH	0	5	3		EAU, SGH	1	5	2		↓

Medicine	Special Measures Reviews			
Priory 5 (15.03.10)	0	5	3	
Priory 5 (24.05.10)	0	3	5	↑
Newton 1 (Was Priory 5) (06.08.10)	0	2	6	↑

Surgery	2nd biannual Review 09 (Nov 09-Jan 10)			N/A	Surgery	1st biannual review (July10-Sept 10)			N/A	- or -
D21	0	2	6		D21	0	2	6		—
Newton 2	1	4	3		Newton 2	0	2	6		↑
Newton 3	1	5	2		Newton 3	0	5	3		↑
Lyndon2	0	4	4		Lyndon 2	0	1	7		↑
Lyndon 3	0	4	4		Lyndon 3	0	2	6		↑
Priory 2	0	5	3		Priory 2	0	2	6		↑
D25	0	3	5		D25	0	5	3		↓
D26	0	5	3		D26	0	4	4		↑
D6	0	3	5		D6	0	3	5		—
D30	0	2	6		D30	0	6	2		↓
D42 (SAU)	0	4	4		D42 (SAU)	0	2	6		↑
ASU (BTC)	0	3	5		ASU (BTC)	0	1	7		↑
Eye Ward	0	4	4		Eye Ward	0	3	5		↑

Women and Childrens	2nd biannual Review 09 (Nov 09-Jan 10)			N/A	Women and Childrens	1st biannual review (July 10-Sept 10)			N/A	- or -
D27	0	4	4		D27	0	0	8		↑
Colposcopy, CHT	0	0	8		Colposcopy, CHT					
Colposcopy, SGH	0	2	6		Colposcopy, SGH					

Division of Medicine	D5/ PCCU	D7	D11	D12	D15	D16	D17 (Was D24)	D18	D24 (Was D29)	D28	D41	D43	D47	D28 Skin	MAU
Objective 1: Patient environment is clean and IC procedures are in place.															
Objective 2: All patients will have their basic care needs met.															
Objective 3: Effective use of all resources.															
Objective 4: Systems in place to maximise patient experience.															
Objective 5: Patients Privacy and Dignity respected and maintained.															
Objective 6: Needs of vulnerable people are recognised and met.															
Objective 7: Ward is suitable for Health Care Students.															
Objective 8: Patient's safety needs are met.															
<b>R</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>A</b>	<b>3</b>	<b>2</b>	<b>5</b>	<b>0</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>3</b>
<b>G</b>	<b>5</b>	<b>6</b>	<b>3</b>	<b>8</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>5</b>	<b>7</b>	<b>6</b>	<b>8</b>	<b>5</b>	<b>7</b>	<b>4</b>	<b>5</b>
	P3	L4	N4	P4	L5	N5	CCU	MCc	EAU						
Objective 1: Patient environment is clean and IC procedures are in place.															
Objective 2: All patients will have their basic care needs met.															
Objective 3: Effective use of all resources.															
Objective 4: Systems in place to maximise patient experience.															
Objective 5: Patients Privacy and Dignity respected and maintained.															
Objective 6: Needs of vulnerable people are recognised and met.															
Objective 7: Ward is suitable for Health Care Students.															
Objective 8: Patient's safety needs are met.															
<b>R</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>						
<b>A</b>	<b>1</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>5</b>						
<b>G</b>	<b>7</b>	<b>3</b>	<b>3</b>	<b>5</b>	<b>4</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>2</b>						

Special Measures	Priory 5 (15.03. 10)	Priory 5 (24.05. 10)	(Was Priory 5) (06.08.)
Objective 1: Patient environment is clean and IC procedures are in place.			
Objective 2: All patients will have their basic care needs met.			
Objective 3: Effective use of all resources.			
Objective 4: Systems in place to maximise patient experience.			
Objective 5: Patients Privacy and Dignity respected and maintained.			
Objective 6: Needs of vulnerable people are recognised and met.			
Objective 7: Ward is suitable for Health Care Students.			
Objective 8: Patient's safety needs are met.			
<b>R</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>A</b>	<b>5</b>	<b>3</b>	<b>2</b>
<b>G</b>	<b>3</b>	<b>5</b>	<b>6</b>

Division of Surgery	D21	NT2	NT3	LY2	LY3	PR2	D25	D26	D6	D30	D42 (SAU)	ASU (BTC)	Eye
Objective 1: Patient environment is clean and IC procedures are in place.													
Objective 2: All patients will have their basic care needs met.													
Objective 3: Effective use of all resources.													
Objective 4: Systems in place to maximise patient experience.													
Objective 5: Patients Privacy and Dignity respected and maintained.													
Objective 6: Needs of vulnerable people are recognised and met.													
Objective 7: Ward is suitable for Health Care Students.													
Objective 8: Patient's safety needs are met.													
<b>R</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>A</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>3</b>
<b>G</b>	<b>6</b>	<b>6</b>	<b>3</b>	<b>7</b>	<b>6</b>	<b>6</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>2</b>	<b>6</b>	<b>7</b>	<b>5</b>

Division of Women and Childrens	D27	Colpo CHT	Colpo SGH
Objective 1: Patient environment is clean and IC procedures are in place.			
Objective 2: All patients will have their basic care needs met.			
Objective 3: Effective use of all resources.			
Objective 4: Systems in place to maximise patient experience.			
Objective 5: Patients Privacy and Dignity respected and maintained.			
Objective 6: Needs of vulnerable people are recognised and met.			
Objective 7: Ward is suitable for Health Care Students.			
Objective 8: Patient's safety needs are met.			
<b>R</b>	<b>0</b>		
<b>A</b>	<b>0</b>		
<b>G</b>	<b>8</b>		

### Worry Wards and Special Measures

The process for identifying wards of concern (worry wards) is detailed in the special measures guideline agreed at TMB earlier this year. This describes the measures the nursing division use to identify concern areas and the formal evaluation of those areas that may result in a special measures status being applied.

Briefly, the initial indicators would be:

- Rise in complaints – formal and informal
- Rise in incidents – especially yellow/amber
- Deteriorating ward review ratings
- Deteriorating patient survey results
- Increasing sickness and turnover
- Soft intelligence, eg informal concerns raised by the wider team

Formally, the nursing division produce a condition report as a result of concerns identified and then make recommendations based on the findings – these may be:

- Special measures – intensive ‘turnaround’ intervention
- Targeted support – specific help for areas where improvement is required
- Watchful presence – increase ward review/audit frequency
- No action required

The Ward Manager, Matron, Clinical Director and Divisional General Manager are kept fully briefed.

Q1 and Q2 Concern Wards	Condition Report Y/N	Action required	Current Status
N1 (P5) (Respiratory)	✓ October 2009	Special measures initially. Now ‘watchful presence’.	Interventions complete. Ward reviews improving.
D11 (Stroke)	✓ Q1	Targeted support.	New Ward Manager. Additional staff. Improving.
D17 (Respiratory)	✓ Q1	Targeted support.	New Ward Manager. Additional staff. Improving.
Trauma & Orthopaedic Wards, Sandwell	✓ Q1	Targeted support.	Level of concern remains. Staffing levels a concern with current activity of patients.



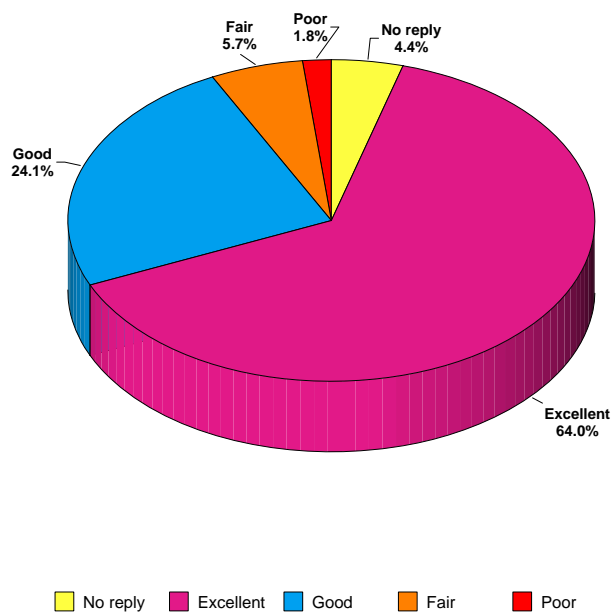
Q1 and Q2 Concern Wards	Condition Report Y/N	Action required	Current Status
N4	✓ Q2	For PEPAG discussion 21.10.10. Discussed Execs.	New Ward Manager. Extra capacity of beds open for many months. Agreed to increase establishment.
D43	✓ Q2	Watchful presence.	Additional beds open for 12 months. D/W Execs – will establish beds properly
Sandwell A&E	✓	Part of ED Action Team.	

## PATIENT SATISFACTION SURVEY- ADULT INPATIENTS TRUSTWIDE

Patient Base: 228 (Sept 2010)

- Below are the results of the surveys received back from the wards for the month of Sept 2010
- Some patients have not replied to all the questions in the survey but the base total used for calculations remains same so some responses below would not reflect the same.

### OVERALL CARE AS RATED BY THE PATIENTS:



### PATIENT PROFILE

#### Are you .....

Male.....	34.6%
Female.....	53.9%

#### What is your age?

Under 18.....	1.8%
18 to 24.....	8.8%
25 to 44.....	24.1%
45 to 60.....	18.9%
Over 60.....	40.8%

#### Do you have any of the following (please tick all that apply):

Learning disabilities	3.9%
Mental health needs	4.8%

<b>Which of the following best describes your ethnic background?</b>	
<i>White - British .....</i>	63.2%
<i>White - Irish .....</i>	4.4%
<i>White – European.....</i>	1.3%
<i>White – any other white b/g.....</i>	0.0%
<i>Mixed-White &amp; Black Caribbean.....</i>	0.4%
<i>Mixed-White &amp; Black African.....</i>	0.4%
<i>Mixed-White &amp; Asian.....</i>	7.5%
<i>Mixed- any other mixed b/g.....</i>	1.8%
<i>Asian/Asian Brit – Indian.....</i>	0.0%
<i>Asian/Asian Brit – Pakistani.....</i>	7.5%
<i>Asian/Asian Brit – Bangladeshi.....</i>	2.6%
<i>Asian/Asian Brit-any oth Asian b/g.....</i>	0.4%
<i>Black/Blk Brit-Caribbean.....</i>	0.0%
<i>Black/Blk Brit-African.....</i>	0.4%
<i>Black/Blk Brit – Any other Blk b/g</i>	7.0%
<i>Other Ethnic Group - Chinese</i>	0.4%
<i>Other Ethnic group</i>	0.4%
<i>Do not want to stated</i>	0.4%
<b>Were you provided with a language interpreter if you needed one?</b>	
<i>Yes.....</i>	2.6%
<i>No.....</i>	11.8%
<i>Not Applicable.....</i>	75.0%

## PRIVACY & DIGNITY

### Were you treated with respect and dignity while you were on this ward?

<i>Yes, always.....</i>	92.5%
<i>Yes, sometimes.....</i>	5.7%
<i>No.....</i>	0.9%

### During your stay on this ward, did you ever share a sleeping area (room or bay) with patients of the opposite sex?

<i>Yes.....</i>	6.1%
<i>No.....</i>	92.5%

### On this ward, did you ever have to use the same bathroom or shower area with patients of the opposite sex?

<i>Yes.....</i>	4.8%
<i>No.....</i>	92.1%

### Was your privacy respected when discussing your condition and treatment?

<i>Yes.....</i>	92.1%
<i>Sometimes.....</i>	3.1%
<i>No.....</i>	2.2%

### Were you given enough privacy when being examined or treated?

<i>The right amount.....</i>	96.9%
<i>Not enough.....</i>	1.3%
<i>Too much.....</i>	0.0%

## ABOUT DOCTORS, NURSES & OTHER STAFF

### When you arrived at this unit/ward, were you made to feel welcome by the staff?

<i>Yes.....</i>	92.5%
<i>No.....</i>	2.2%

### Did you know the name of the consultant treating you?

<i>Yes.....</i>	68.9%
-----------------	-------

No.....	23.2%
<b>Did the doctors talk in front of you as if you were not there?</b>	
Yes.....	6.6%
Sometimes.....	7.0%
No.....	78.9%
<b>Did the nurses talk in front of you as if you were not there?</b>	
Yes, <i>always</i> .....	3.5%
Yes, <i>Sometimes</i> .....	7.5%
No.....	81.6%
<b>Did you have confidence and trust in the doctors examining and treating you?</b>	
Yes, <i>always</i> .....	85.1%
Yes, <i>sometimes</i> .....	7.0%
No.....	3.1%
<b>Did you have confidence and trust in the nurses treating and caring for you?</b>	
Yes, <i>always</i> .....	85.1%
Yes, <i>sometimes</i> .....	8.8%
No.....	1.3%
<b>Were the staff kind and caring while looking after you?</b>	
Yes, <i>always</i> .....	88.2%
Yes, <i>sometimes</i> .....	6.6%
No.....	0.0%

## THE WARD ENVIRONMENT

### How clean was the ward/room that you were in?

Very Clean.....	80.3%
Fairly Clean.....	14.5%
Not at all clean.....	0.4%

### Do you think the toilets and bathrooms in your ward were:

Very Clean.....	64.0%
Fairly Clean.....	29.4%
Not at all clean.....	0.4%

### As a patient on this ward, were you satisfied with your hygiene arrangements (washing & toileting)?

Yes, <i>always</i> .....	82.9%
Sometimes.....	9.6%
No.....	1.8%

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

Yes.....	7.9%
Sometimes.....	19.7%
No.....	63.6%

### If it was needed to transfer you to another ward during your stay, was this well managed and were you kept informed?

Yes.....	38.2%
No.....	4.8%
Not Applicable.....	47.4%

## FOOD & DRINK

### Did a nurse discuss your dietary needs (food & drink) when you were admitted to this ward?

Yes.....	39.9%
No.....	21.1%
Not needed.....	32.0%

### During your stay in hospital, did you have access to enough drinks?

Yes.....	39.9%
No.....	21.1%
<b>Did you have enough choices for your meals?</b>	
Yes.....	39.9%
No.....	21.1%
<b>Did you get what you ordered?</b>	
Yes.....	77.2%
No.....	11.0%
<b>Did you get help to eat your meals when required?</b>	
Yes.....	15.4%
No.....	4.4%
Not Needed.....	73.2%
<b>YOUR TREATMENT &amp; CARE</b>	
<b>Were you kept well informed about your treatment and care by the staff?</b>	
Yes, <i>always</i> .....	79.8%
Yes, <i>sometimes</i> .....	12.7%
No .....	2.2%
<b>Did you receive information (leaflets, etc) about your condition or treatment?</b>	
Yes.....	45.2%
No .....	16.7%
Not required.....	31.6%
<b>Was this information in a language/format you could easily understand?</b>	
Yes.....	45.6%
No .....	0.9%
Not applicable.....	43.9%
<b>Did you have chances to ask questions about your treatment or care?</b>	
Yes.....	83.3%
No .....	9.2%
<b>Did the staff listen to your worries and fears?</b>	
Yes.....	69.3%
No .....	3.9%
Not needed .....	20.6%
<b>Did your family or someone close have the opportunity to talk to a doctor if they wanted to?</b>	
Yes.....	57.9%
No .....	7.5%
Not needed .....	28.5%
<b>Were you involved as much as you wanted to be in decisions about your care and treatment?</b>	
Yes.....	83.8%
No .....	7.5%
<b>If you have a long-term condition that you manage at home, for example diabetes, were you supported and enabled to continue to manage this during your hospital stay?</b>	
Yes.....	25.4%
No .....	1.3%
Not applicable.....	62.7%
<b>Do you think that the hospital staff did everything they could to help control your pain?</b>	
Yes, <i>always</i> .....	71.9%
<i>Sometimes</i> .....	6.6%
No .....	3.1%
Not required.....	12.3%

ABOUT YOUR DISCHARGE	
<b>If there were delays in your going home after being discharged from the hospital, what were the reasons? (Tick all that apply)</b>	
Waiting for transport .....	7.9%
Waiting for medicines to take home .....	23.7%
Delay in discharge planning from staff .....	5.7%
Other .....	7.5%
No delay .....	43.9%
<b>Were you involved in decisions about your discharge from hospital?</b>	
Yes .....	7.9%
No .....	23.7%
Not required .....	5.7%
<b>When leaving the hospital were you given written or printed information about what you should or should not do?</b>	
Yes .....	48.7%
No .....	7.0%
Not required .....	27.2%
<b>Did the staff explain how to take and purpose of the medicines you were given to take at home in a way you could understand?</b>	
Yes .....	63.6%
No .....	1.3%
Not required .....	19.3%
<b>Were you given clear written or printed information about your medicines?</b>	
Yes .....	57.9%
No .....	2.2%
Not required .....	26.3%
<b>Did the staff tell you about medication side effects to watch out for when you went home?</b>	
Yes .....	37.7%
No .....	10.5%
Not required .....	36.8%
<b>Were you told whom to contact if you were worried about your condition or treatment after you left the hospital?</b>	
Yes .....	67.1%
No .....	13.2%
<b>Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?</b>	
Yes .....	38.2%
No .....	10.1%
Not required .....	38.2%
ABOUT YOUR HOSPITAL EXPERIENCE	
<b>Did you have access to spiritual care/chaplains during your stay?</b>	
Yes .....	16.7%
No .....	12.7%
Not required .....	63.2%
<b>When you were in this hospital, did you see posters or leaflets explaining how to complain about the care or treatment you received?</b>	
Yes .....	43.0%
No .....	42.5%

If you needed to raise concerns about your care or treatment, were these listened to and responded to appropriately?	
Yes.....	36.8%
No .....	4.4%
Not applicable.....	49.6%
Overall, how would you rate the care you received on this ward/unit:	
Excellent.....	64.0%
Good .....	24.1%
Fair.....	5.7%
Poor .....	1.8%

## TRUST BOARD

<b>DOCUMENT TITLE:</b>	Patient Experience: Palliative/End of Life Care
<b>SPONSORING DIRECTOR:</b>	Rachel Overfield, Chief Nurse
<b>AUTHOR:</b>	Kate Hall, Clinical Nurse Specialist – End of Life Care
<b>DATE OF MEETING:</b>	28 October 2010

### SUMMARY OF KEY POINTS:

This purpose of this report is to provide an update of achievements made to improve the End of Life and Palliative Care in the Trust, alongside outlining the programme of work for 2010/11. This is to be viewed in conjunction with the Patient Experience presentation which will be delivered to the Trust Board on 28 October 2010.

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

Approval	Receipt and Noting	Discussion
	<b>X</b>	

### ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to note the contents of the attached report and to identify the dedicated support needed to progress the recommendations.



**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	High Quality Care Accessible and Responsive Care
Annual priorities	1.2 Continue to improve Patient Experience 2.11 Implement national Nursing High Impact Action
NHS LA standards	
CQC Essential Standards Quality and Safety	Regulation 11, Outcome 4 – Care and Welfare of people who use services
Auditors' Local Evaluation	

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

Financial		
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy	<b>x</b>	To meet recommendations in the High Impact Actions for Nursing (2009) and the National End of Life Strategy (2008)
Equality and Diversity		
Patient Experience	<b>x</b>	
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

Previously considered as part of a composite report on Patient Experience

<b>Report to:</b>	<b>Trust Board</b>
<b>Report by:</b>	<b>Kate Hall Lead CNS Palliative Care</b>
<b>Report Title:</b>	<b>End of life and Palliative Care Report</b>
<b>Date:</b>	<b>October 2010</b>

## Introduction

The purpose of this report is to provide an overview of the End of Life Strategy, which was released on the 16<sup>th</sup> July 08 which demonstrates the Governments growing commitment to providing high quality care for all adults approaching the end of their life. The report provides a review of progress across SWBH reflecting the recommendations in the quality markers for Acute Trusts DOH (June 09) and the recent NCEPOD report into a review of the care of patients who died in hospital within four days of admission (November 09).

## Background

End of life care now has now become a priority on the health agenda following the publication of several documents:

- High Impact actions for Nursing (2009)
- NCEPOD report (Caring to the End (2009)
- End of Life Care strategy (July 08)
- Our NHS Our Future Darzi report (2008)
- National Audit Office End of Life Care (2008)
- National Service frameworks (Palliative care mentioned in NSF for Coronary Heart disease, renal services and long term conditions
- NICE guidance for Improving Supportive and Palliative care for adults with cancer (2004)
- Building on the best: End of life care initiative (2003)

There are around 5000 deaths within Sandwell and West Birmingham area each year. The large majority of deaths follow a period of chronic illness such as heart disease, cancer, stroke, chronic respiratory disease or dementia. Most deaths (58%) occur in hospitals despite this not being their preferred place of care. Both Sandwell and HoBt PCT have above the national average of patients dying within the acute setting at around 70% and although committed to reducing these numbers the Trust will continue to have a vital role in caring for the dying.

Although every individual may have a different idea what would for them constitute a 'good death' for many this involves:

- Being treated as an individual, with dignity and respect
- Being without pain and other symptoms
- Being in familiar surroundings; and
- Being in the company of close family/and or friends

A care pathway approach both for commissioning services and for delivery of integrated care for individuals has been strongly recommended. The care pathway involves:

- Identification of people approaching the end of life and initiating discussions about preferences for end of life care

- Care planning
- Coordination of care
- Delivery of high quality services in all locations
- Management of the last days of life
- Care after death
- Support for carers, both during a person's illness and after their death

### **Priorities for Acute Hospitals**

The Health care commission undertook a review of complaints made between 2004-2006. Half of these were about care given in acute hospitals with around 54% related in some way to End of Life care. Complaints made to SWBH NHS Trust re End of life care are difficult to collate as complaints are not specifically categorised as End of life issues and this is being reviewed.

The NCEPOD study (Caring to the End? A review of the care of patients who died in hospital within 4 days of admission (2009), confirms that although doctors did not expect patients to survive on admission, in only a third were end of life care pathways used and 30% did not have DNAR orders in place. Furthermore, in nearly 20% of patients who were not expected to survive there was no evidence of any discussion regarding limitation of treatment.

Key problems identified in acute hospitals from the End of Life Care strategy:

- A failure to recognise that one of the core roles is to provide care for the dying
- A failure to recognise when continuation of treatment is not in the best interest of the person, resulting in a failure to address their holistic needs
- A failure to take responsibility for enabling people to return home to die if that is their wish
- A lack of leadership on end of life care from senior managers and senior clinicians
- Staff at all levels not having the necessary knowledge, skills and attitudes required to deliver high quality end of life care.

A report from the National Audit Office End of Life Care (2008) suggests that reducing the amount of time people approaching the end of their life spend in hospital could make resources available which could be used to better support people in their preferred place of care. However although a key aim of the End of Life Strategy (2008) is to enable more people to die in their preferred place of care and thus reduce the number of hospital deaths, it also confirms that a large proportion of deaths will continue to occur in hospital and therefore hospitals need to recognise part of their role is provide quality end of life care.

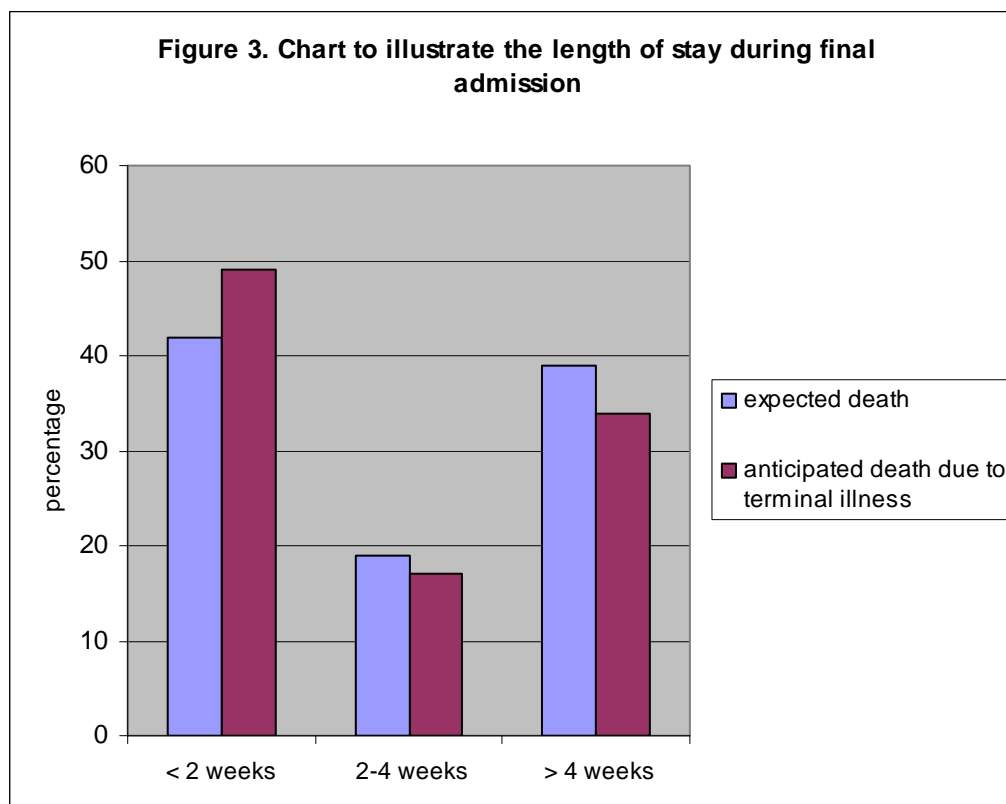
### **Trust Baseline Review**

A review of the mortality audit data from 01/12/09 – 30/06/10 was undertaken by Dr Jo Bowen Locum Palliative Medicine Consultant to provide a baseline review of end of life care at the Trust. Dr Bowen reviewed expected deaths and deaths due to a terminal illness. The key findings (see table below) demonstrated that there are some very positive areas of practice which includes a high % of DNACPR in place and also a high % of adequate communication with families. An area which echoes the national findings are that there was approximately only a third of patients who had treatment limited prior to death. 98% were emergency admissions and 42% had

required at least one previous admission within 3 months of the final admission. In both categories over a third of patients were in hospital for more than 4 weeks. An end of life care group is to be developed in the Trust to take forward work and improve the provision of end of life care.

	Death due to Terminal Illness	Expected Death
<b>Number of Deaths</b>	<b>39</b>	<b>215</b>
<b>DNACPR in Place</b>	<b>82% (32/39)</b>	<b>93% (186/215)</b>
<b>Adequate Communication with family</b>	<b>95% (37/39)</b>	<b>91% (195/215)</b>
<b>Treatment Limited prior to death</b>	<b>28% (11/39)</b>	<b>35% (76/215)</b>
<b>Previous admission within 3 months of final admission</b>	<b>58% (23/39)</b>	<b>40% (86/215)</b>
<b>Emergency admission</b>	<b>90% (35/39)</b>	<b>100%</b>

### Length of stay



### **Key Achievements/Progress**

- The Trust has been recognised nationally as a best practice site regarding the roll out of the SCP (Route to success publication 2010)
- SCP audits to review/monitor outcomes of care for patients and their families
- Increased EOL training for all disciplines - 585 staff trained during 09/10
- Appointment of 2 Locum Palliative Medicine Consultants
- Successful bid to DOH to be 1 of 8 pilot sites to develop and pilot an EOL care register in partnership with Sandwell PCT
- Bereavement Survey to be piloted October 10
- Improved discharge process for EOL patients
- Reduced length of stay for patients known to the Specialist Palliative Care from 41 days (07/08) to 16 days (09/10)
- Trust EOL care group to be developed

### **Conclusion**

There are specific recommendations within the End of Life strategy pertinent to acute hospitals and a review has been undertaken which identify priorities for SWBH and acknowledge the work that has already been achieved. The Board should note that a robust RAG rated action plan is available which includes improvement actions and ongoing initiatives some of which have been highlighted in this report all with the aim of improving the End of Life care delivered across the Trust.

### TRUST BOARD

<b>DOCUMENT TITLE:</b>	Annual Audit Letter
<b>SPONSORING DIRECTOR:</b>	Robert White, Director of Finance and Performance Mgt
<b>AUTHOR:</b>	KPMG LLP
<b>DATE OF MEETING:</b>	28 October 2010

#### SUMMARY OF KEY POINTS:

The annual audit letter summarises the key issues arising from the work that the Trust's external auditors, KPMG LLP have carried out during 2009-10.

The letter highlights both areas of good performance and provides recommendations designed to help the Trust improve performance in coming years.

The scope of the audit covers use of resources and a review of the financial statements and the Trusts Statement on Internal Control. The audit opinion highlights that the published accounts present a true and fair view of the Trust's financial affairs and that the processes and procedures adopted in producing the accounts were sound.

The letter was presented to the Audit Committee for review on 2 September 10 and after review by the Trust Board will be published on the Trust's website.

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

Approval	Receipt and Noting	Discussion
	<b>X</b>	

#### ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to NOTE the letter and key messages contained within

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	
Annual priorities	
NHS LA standards	
CQC Essential Standards Quality and Safety	
Auditors' Local Evaluation	Financial reporting – The Trust produces annual accounts in accordance with relevant standards and timetables, supported by comprehensive working papers

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

Financial	<b>X</b>	
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy	<b>X</b>	Satisfies the statutory responsibilities and powers of the appointed auditors as set out in the Audit Commission Act 1998
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

Audit Committee on 2 September 2010
-------------------------------------

HEALTHCARE

## **Annual Audit Letter**

**2009/10**

Sandwell and West  
Birmingham Hospitals  
NHS Trust

2 September 2010

AUDIT



The contacts at KPMG in connection with this report are:

**Mike McDonagh**  
Engagement Partner  
KPMG LLP (UK)

Tel: 0121 335 2440  
Fax: 0121 232 3578  
[michael.a.mcdonagh@kpmg.co.uk](mailto:michael.a.mcdonagh@kpmg.co.uk)

**Sarah-Ann Moore**  
Manager  
KPMG LLP (UK)

Tel: 0121 232 3694  
Fax: 0121 232 3578  
[sarah-ann.moore@kpmg.co.uk](mailto:sarah-ann.moore@kpmg.co.uk)

**Ben Stone**  
In-charge Auditor  
KPMG LLP (UK)

Tel: 0121 232 3694  
Fax: 0121 232 3578  
[ben.stone@kpmg.co.uk](mailto:ben.stone@kpmg.co.uk)

	Page
<b>Executive Summary</b>	2
<b>Use of resources</b>	4
<b>Financial statements</b>	5
<b>Appendices</b>	8
1. Key recommendations	
2. Reports issued	

This report is addressed to the Trust and has been prepared for the sole use of the Trust. We take no responsibility to any member of staff acting in their individual capacities, or to third parties. The Audit Commission has issued a document entitled Statement of Responsibilities of Auditors and Audited Bodies. This summarises where the responsibilities of auditors begin and end and what is expected from the audited body. We draw your attention to this document.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

If you have any concerns or are dissatisfied with any part of KPMG's work, in the first instance you should contact Michael McDonagh who is the engagement lead to the Trust or Trevor Rees, the national contact partner for all of KPMG's work with the Audit Commission. After this, if you are still dissatisfied with how your complaint has been handled you can access the Audit Commission's complaints procedure. You can contact the Complaints Unit by: Phone: 0844 798 3131 [Local rate call] Email: [complaints@audit-commission.gov.uk](mailto:complaints@audit-commission.gov.uk) Website: [www.audit-commission.gov.uk/aboutus/contactus](http://www.audit-commission.gov.uk/aboutus/contactus) Text phone (minicom): 020 7630 042 Post: Complaints Unit Manager, Audit Commission, Westward House, Lime Kiln Close, Stoke Gifford, Bristol, BS34 8SR.

**Purpose**

This Annual Audit Letter (the letter) summarises the key issues arising from our 2009/10 audit at Sandwell and West Birmingham Hospitals NHS Trust (the Trust). Although this letter is addressed to the directors of the Trust, it is also intended to communicate these issues to key external stakeholders, including members of the public. The letter will also be published on the Audit Commission website at [www.audit-commission.gov.uk](http://www.audit-commission.gov.uk). It is the responsibility of the Trust to publish the letter on the Trust website at [www.swbh.nhs.uk](http://www.swbh.nhs.uk). In the letter we highlight areas of good performance and also provide recommendations to help you improve performance. Our recommendations are summarised in Appendix 1. We have reported all the issues in this letter to you throughout the year and a list of all reports that we have issued is provided in Appendix 2.

**Scope of our audit**

The statutory responsibilities and powers of appointed auditors are set out in the Audit Commission Act 1998. Our main responsibility is to carry out an audit that meets the requirements of the Audit Commission's *Code of Audit Practice* (the *Code*) which requires us to review and report on your:

- *use of resources* - that is whether you have made proper arrangements for securing economy, efficiency and effectiveness ('value for money') in your use of resources. Our work in this area is summarised in section 2;
- *accounts* – that is the Financial Statements and the Statement on Internal Control. This work is summarised in section 3.

**Key Messages**

The key areas which we draw to your attention to are:

- The Trust forecast a £2.2m surplus throughout the year and as at 31 March 2010 delivered this underlying surplus. In the Statement of Comprehensive Income the Trust reported a deficit of £28.6m owing to technical accounting deficits. These resulted from the change of asset valuation basis to Modern Equivalent Asset (MEA) and resulting impairment charges as well as additional economic impairments of assets resulting from change of use. We have provided further analysis in 'Section Three' of this report.
- We raised two high risk recommendations in our Audit Memorandum to the Trust (June 2010) in relation to implementing a physical asset verification exercise and undertaking fixed asset register reconciliations. The Trust has made some progress in implementing these recommendations and commentary is provided in Appendix 1.
- The Trust's indicative Auditor's Local Evaluation (ALE) scores have been consistent with last year's performance. The indicative overall score for the Trust is a level 3 for 2009/10 (2008/09: level 3) - "consistently above minimum requirements, performing well". We submitted the scores to the Audit Commission for national consistency review during July 2010 and the scores were released to Trust Chief Executives on 6 August 2010 for review/ challenge. The scores for individual NHS trusts will be made available on the Audit Commission's website in September following the conclusion of the review/ challenge process.
- The Trust was proactive in preparing for the NHS accounts conversion to International Financial Reporting Standards (IFRS) in 2009/10. Significant changes to accounting policies and disclosures have been required as a result of this process. We reviewed these accounting policies and disclosures as part of our audit work and suggested several presentational adjustments in order to improve the clarity of disclosure and ensure that all necessary elements suggested by the NHS Manual for Accounts, were included.
- We have issued unqualified audit opinions on the Trust's financial statements and on its value for money conclusion in 2009/10.

**Future Challenges**

- The Department of Health's White Paper "Equity and excellence: Liberating the NHS" published on 12 July 2010 sets out the Government's long-term vision for the future of the NHS. This will lead to significant changes in the structure of the NHS and a potential shift in the distribution of funding between primary and secondary care – the Trust can prepare for this by working closely with the local health and social care economy to effectively implement this Government agenda.

**Future Challenges (continued)**

- Whilst the new Coalition Government have committed to “guarantee[ing] ...health spending increases in real terms in each year of the Parliament” and to protecting “frontline” NHS services, it is widely acknowledged that in order to deliver improvements in quality and continue to respond to more challenging healthcare priorities, there will be a need to further invest in healthcare services requiring large scale efficiency improvements and more efficient use of resources in the future. The Trust needs to recognise and prepare for these increased financial challenges by reviewing its Quality and Efficiency plans (QuEPs) and overall strategy in light of the impact of these funding and regulatory changes as and when they come to light.
- The Trust continues to progress its application for Foundation Trust (FT) status whilst also exploring alternative strategic options for the structure and future of the organisation, such as the ‘Social Enterprise’ model. Whatever future organisational form is selected for the Trust will result in unique strategic and governance challenges.
- The Trust is progressing with the “Right care, Right Here” (formerly “Towards 2010”) programme, the centrepiece of which will be a new hospital replacing the Trust’s existing City and Sandwell General Hospitals. The programme may result in additional accounting issues for discussion and resolution in the coming period, particularly in relation to the acquisition of assets and commencement of construction works. The Trust should ensure that the Board continues to be fully informed of any issues as the project progresses.

We will liaise with the Trust regarding these and any other issues as they emerge. We will work with you to continue to achieve a smooth accounts and audit process.

**Fees**

Our fee for the audit of the Trust’s financial statements\* and use of resources work in 2009/10 was £188,500 excluding VAT. This fee was in line with our agreed audit plan.

\* there was an additional fee of £12,000 in respect of IFRS balance sheet restatement work mandated by the Audit Commission. This was offset with a rebate from the Audit Commission for this one-off cost of transition to IFRS.

The main elements of our use of resources work are:

- *Auditor’s Local Evaluation (ALE)* - we assess how well you manage and use financial resources by providing scored judgements on arrangements in five areas (Financial Reporting, Financial Management, Financial Standing, Internal Control, and Value For Money). We also follow up prior year recommendations to support this conclusion.
- *Value for Money conclusion* – we issue a conclusion on whether we are satisfied that you have put in place proper arrangements for securing economy, efficiency and effectiveness in your use of resources. This is based on the ALE assessment and on the local reviews carried out.

The findings from this work are summarised below.

Element of work	Key findings												
Auditors Local Evaluation	<p>Our assessment of Sandwell and West Birmingham Hospitals NHS Trust against the five specified areas resulted in the following scores on a scale of one (inadequate) to four (performing strongly):</p> <table><tr><th>Area</th><th>Score</th></tr><tr><td>Financial reporting</td><td>3</td></tr><tr><td>Financial management</td><td>3</td></tr><tr><td>Financial standing</td><td>4</td></tr><tr><td>Internal control</td><td>3</td></tr><tr><td>Value for money</td><td>3</td></tr></table> <p>These scores result in an overall ALE score of level three meaning that the Trust is assessed as “consistently above minimum performance, performing well”. The scores have been locally moderated by the West Midlands Strategic Health Authority local moderation panel. We submitted the scores to the Audit Commission for national consistency review during July 2010 and the scores were released to Trust Chief Executives on 6 August 2010 for review/ challenge. The scores for individual NHS trusts will be made available on the Audit Commission’s website in September following the conclusion of the review/ challenge process</p> <p>The 2009/10 ALE assessment remains consistent with the 2008/09 ALE scores for all specified areas. Although the Trust has maintained a consistent trajectory in terms of ALE performance overall, we note that control issues associated with the accounting for fixed assets identified during final accounts have resulted in reconsidering our indicative score of level three in relation to KLOE 2.3 (The Trust manages its asset base) reported to you in our interim report in May 2010. We have revised this score downward to a level two. This will not impact on the Trust’s overall ALE score.</p>	Area	Score	Financial reporting	3	Financial management	3	Financial standing	4	Internal control	3	Value for money	3
Area	Score												
Financial reporting	3												
Financial management	3												
Financial standing	4												
Internal control	3												
Value for money	3												
Value for money conclusion	<p>We issued an unqualified value for money conclusion for 2009/10. This means that we are satisfied that you put in place proper arrangements for securing economy, efficiency and effectiveness in your use of resources.</p>												
New VFM Approach	<p>From 2011/12 we as Auditors will be required to plan local VFM audit work based on an assessment of local audit risk, including: securing financial resilience (managing financial risks), and challenging how you secure economy, efficiency and effectiveness (prioritising resources, and improving productivity). We will discuss and agree our approach to the new VFM regime as further information is released by the Audit Commission.</p>												

Based upon our work we concluded that the Trust had made proper arrangements to secure economy, efficiency and effectiveness in its use of resources during 2009/10. We issued our VFM conclusion on 11 June 2010.

We provide an annual update of progress against all recommendations arising from our use of resources and accounts work to the Audit Committee in Appendix 1.

### Audit opinion

We issued an unqualified opinion on your accounts on 11 June 2010. This means that we believe the accounts give a true and fair view of the financial affairs of the Trust and of the income and expenditure recorded during the year. We have also confirmed that you have complied with the Department of Health requirements in the preparation of your Statement on Internal Control (SIC).

Before we give our opinion on the accounts, we are required to report to your Board via the Audit Committee, any significant matters identified. We presented our draft ISA260 on the 11 June 2010 and the key issues are summarised here.

### Accounts production and adjustments to the accounts

- We received a set of complete draft accounts in accordance with the Department of Health deadline. The draft accounts were of an adequate standard and quality. We also received the draft annual report and SIC during the course of the audit in accordance with the timetable agreed with the Trust.
- The documentation and working papers provided by the Trust for audit were of a good standard and were clearly referenced to our requirements. The responsiveness of the Trust's finance team to audit queries was also good and this contributed to an efficient audit which met the deadlines set by the Department of Health.
- We agreed a number of presentational changes to the accounts with the finance team, many but not all of which related to compliance with the more onerous requirements of IFRS.
- We raised two high risk recommendations in our Audit Memorandum to the Trust (June 2010) in relation to implementing a physical asset verification exercise and undertaking fixed asset register reconciliations. The Trust has made some progress in implementing these recommendations and commentary is provided in Appendix 1.

### Financial Standing

NHS bodies are given financial targets every year. One of these, the breakeven duty, is statutory, which means you **must** achieve it. The others are administrative, which means you **should** achieve them. Your performance against the targets is outlined below:

Target name	What it means	Your performance
In-year breakeven	Keeping expenditure payable for the year within the amount of income received for the year	✓ You reported an in-year surplus of £2.2m*
Cumulative breakeven	As above, over a three year period.	✓ You reported a break even over a three year period.
External Financing Limit (EFL)	Keeping the requirement for cash financing within a limit set by the Strategic Health Authority	✓ You remained within the EFL by £7.908m.
Capital Resource Limit (CRL)	Keeping net capital expenditure within a limit set by the Strategic Health Authority	✓ You remained within the CRL by £0.265m.

\*The Trust forecast breakeven throughout the year, and as at 31 March 2010 delivered a financial position of £2.2m surplus. However, the Trust's Statement of Comprehensive Income reported a deficit of £28.6m. The table overleaf shows how the Trust's underlying performance (of a £2.2m surplus) was made up.

A new method for valuing buildings has been introduced based on Modern Equivalent Asset (MEA) values. The age of some of the Trust's estate has contributed to a significant reduction in values and based on professional reports by the District Valuer, this reduction was reflected as a charge to the accounts of £35.9m.

In addition to the above exclusion there were some limited economic impairments of assets resulting from change of use – this amounted to £5m. In agreement with West Midlands SHA this £5m is a technical adjustment removed from the disclosure of underlying performance for the purposes of assessing compliance with the statutory breakeven duty.

Budgetary / Accounts Performance	2009/10 £000s
Surplus / (Deficit) per Statutory Accounts	(28,646)
Exclude: impairments & IFRIC12 within Nonpay	35,906
<b>Surplus/(Deficit) per SHA monitoring</b>	<b>7,260</b>
Adjust for: economic impairments	(5,059)
<b>Surplus/(Deficit) per Trust Target performance i.e. true underlying performance</b>	<b>2,201</b>

### Challenges for 2010/11 and beyond

- In 2009/10 NHS Trusts must plan for a minimum 3.5% cost improvement. The Trust is currently planning Quality and Efficiency Plan (QuEP) savings of 5.4% (which equates to savings of £20m) and is forecasting a surplus of £2.0m for the year ending 31 March 2010. Key risks to this forecast include:
  - achievement of the QuEP;
  - additional costs incurred by the Trust associated with the “Right Care, Right Here” programme; and
  - any impact on the Trust of developments within primary care through provider separation.

The Trust has detailed plans in place to achieve the required savings and has proven its ability to achieve challenging QuEPs in the past. However, public expenditure forecasts indicate significant pressure on future NHS funding and the Trust will have to manage the impact of funding pressures with its commissioners and continue to deliver real efficiency and productivity improvements to maintain its financial stability, whilst balancing this with continuing to deliver high quality care to patients. As at the end of June 2010, the Trust was performing at £46,000 above planned year-to-date position, while performance against the QuEP was £102,483 below plan.

- The Department of Health’s White Paper “Equity and excellence: Liberating the NHS” published on 12 July 2010 sets out the Government’s long-term vision for the future of the NHS. The document focuses on patient choice, improving health outcomes, and devolving power and responsibility for commissioning services to GPs working in consortia. This will lead to significant changes in the structure of the NHS and a potential shift in the distribution of funding between primary and secondary care – the Trust can prepare for this by working closely with the local health and social care economy to effectively implement this Government agenda.
- Whilst the new Coalition Government have committed to “guarantee[ing] ...health spending increases in real terms in each year of the Parliament” and to protecting “frontline” NHS services, it is widely acknowledged that in order to deliver improvements in quality and continue to respond to more challenging healthcare priorities, there will be a need to further invest in healthcare services requiring large scale efficiency improvements and more efficient use of resources in the future. The Trust needs to recognise and prepare for these increased financial challenges by reviewing its Quality and Efficiency plans (QuEPs) and overall strategy in light of the impact of these funding and regulatory changes as and when they come to light. The Trust must ensure that its longer term strategy remains viable and that its current QuEPs are sufficient to cover any cuts in overall funding whilst supporting the Trust’s ambitious “Right Care Right Here” plans.
- The Trust continues to progress its application for Foundation Trust (FT) status whilst also exploring alternative strategic options for the structure and future of the organisation, such as the ‘Social Enterprise’ model. The Social Enterprise model is outlined in the Department of Health White Paper “...to create the largest social enterprise sector in the world by increasing the freedoms of foundation trusts and giving NHS staff the opportunity to have a greater say in the future of their organisations...”. Whatever future organisational form is selected for the Trust will result in unique strategic and governance challenges.

- The Trust is progressing with the “Right Care, Right Here” (formerly “Towards 2010”) programme, the centrepiece of which will be a new hospital replacing the Trust’s existing City and Sandwell General Hospitals. The programme may result in additional accounting issues for discussion and resolution in the coming period, particularly in relation to the acquisition of assets and commencement of construction works. The Trust should ensure that the Board continues to be fully informed of any issues as the project progresses.

We will liaise with the Trust regarding these and any other issues as they emerge. We will work with you to continue to achieve a smooth accounts and audit process.



This appendix summarises the recommendations that we have identified during 2009/10, along with your response to them. Two “priority one” (high priority) recommendations were made during the year as shown below.

Recommendation	Management Response / Timescale for implementation
The following recommendations have been agreed	
<p><b>Accounting for Fixed Assets</b></p> <p><b>Issue</b></p> <p>Our testing of fixed asset disposals identified that from a list of 112 medical assets disposed of in year from the Trust’s EMAT system, only 27 items were found to have been disposed from the Trust’s CARS fixed asset register. 85 disposed items had never been included on CARS despite appearing to be of a capitalisable value and nature.</p> <p>We understand that some of these assets may not belong to the Trust. We also note that vast majority of the items identified as not included on the fixed asset register had zero net book value (NBV). Assuming that all of the assets identified from the EMAT disposal report with a residual NBV should have been included on the fixed asset register we calculate a maximum misstatement of PPE NBV in relation to these assets of £235,000.</p> <p>This value is not material in the context of the accounts. However, the lack of a physical verification exercise over fixed assets (reported to the Trust in our May 2010 Interim Report) combined with the inconsistency between EMAT and CARS raises clear questions over the completeness and accuracy of the Trust’s fixed asset register and indicates that the historical cost and accumulated depreciation values for Property, Plant and Equipment (PPE) are misstated. We note that medical equipment assets are shorter life assets (with a maximum life per Trust policy of 15 years) and therefore this misstatement is not likely to be material.</p> <p><b>Recommendation</b></p> <p>The Trust must establish a physical asset verification exercise and undertake a review of the systems and controls in place over the fixed asset register to ensure that the fixed asset register is reconciled to the EMAT system in the first instance and that thereafter periodic updates to the fixed asset register and EMAT systems are subject to independent review and authorisation.</p> <p><b>Risk Rating</b></p> <p>High</p>	<p>The current practice in the Trust is, wherever possible, to specifically identify equipment within the fixed asset register, including the EMAT reference number so direct comparison between the fixed asset system and the EMAT system is possible. This practice was introduced approximately 3 years ago in response to previous audit recommendations. However, prior to this, EMAT numbers were not recorded and descriptions of assets varied between the 2 systems. Moving further into the past (some of this prior to merger), some individual assets were not specifically identified within the fixed assets system but grouped within an overall facility or service.</p> <p>This does not necessarily mean that the assets are not recorded in the fixed asset register. What it does mean is that they are either not individually recorded or that they are recorded with a different description to that held in the EMAT system.</p> <p>The capital accountant already works closely on an ongoing basis with Medical Engineering staff to ensure completeness and compatibility of the two systems and this relationship has been strengthened in recent years.</p> <p>During the autumn, the capital accountant will work with Medical Engineering staff to ensure that records held by the fixed asset system are compatible and reconcilable with the EMAT system. Where possible, records held within the CARS fixed asset system will be updated but it may be necessary to remove some records completely from CARS and replace them with updated EMAT information.</p> <p>Once initial work is completed, the capital accountant will update the CARS system on a quarterly basis with details of disposals or other changes logged by Medical Engineering within EMAT (this is only an extension of what is already done). Physical verification of assets will be undertaken by Medical Engineering staff and quarterly reconciliations between the two systems will then be reviewed by the Head of Financial Management and Deputy Director of Finance.</p> <p>Timetable for completion of initial update: December 2010. Thereafter, quarterly updates.</p>



Recommendation	Management Response / Timescale for implementation
<p><b>Reconciliation of Fixed Asset Register</b></p> <p><b>Issue</b></p> <p>We recommended in our previous ISA 260 report that the fixed asset register be fully updated and reconciled to the general ledger by the Capital Accountant on at least a quarterly basis so that any discrepancies are discovered and corrected in a timely manner. This recommendation was originally raised as medium risk but has been raised to high risk due to non-implementation.</p> <p>As part of our interim audit visit we reviewed the summary presentation of the reconciliation (previous output produced all movements in assets) that partially reconciles the FAR to the general ledger, however as the majority of additions and disposals do not occur until the last quarter of the year, there is still no full reconciliation throughout the year.</p> <p>We note that at the year end the CARS fixed asset register was fully reconciled to the ledger.</p> <p><b>Recommendation</b></p> <p>The fixed asset register must be fully updated and reconciled both to the general ledger and to the EMAT system by the Capital Accountant on at least a quarterly basis so that any discrepancies are discovered and corrected in a timely manner.</p> <p><b>Risk Rating</b></p> <p>High</p>	<p>The Trust traditionally incurs most of its capital spend in the final quarter of the year so, whatever processes are in place for reconciliation of financial systems, they can only reconcile what exists at the time and while this pattern of spend persists, reconciliation of the majority of new capital items can only occur at the year end.</p> <p>The current reconciliation process in place focuses primarily on capital additions (and the limited number of disposals when they occur). This can readily be extended to add opening and closing asset values thereby providing a fuller reconciliation between the two systems. Reconciliation with the EMAT system is covered above.</p> <p>Existing quarterly reconciliations will be extended to provide a full reconciliation of asset values wef 30<sup>th</sup> September 2010 and quarterly thereafter.</p>
<p><b>Salary Overpayments</b></p> <p><b>Issue</b></p> <p>We identified a liability of £81,000 in the draft accounts in relation to staff overpayments deemed unlikely to be recovered. These overpayments arise due to departments failing to inform payroll of leavers on a timely basis.</p> <p><b>Recommendation</b></p> <p>Although the value of these overpayments is not significant in the context of the accounts, stricter controls need to be implemented in order to ensure that payroll is informed of leavers with sufficient notice to avoid overpayments being made.</p> <p><b>Risk Rating</b></p> <p>Low</p>	<p>Additional reporting arrangements have been introduced in the current year with “naming and shaming” of offending departments as well as involvement of senior management in helping to tackle problem areas.</p> <p>Enhanced reporting and controls already introduced but correcting the problem will require ongoing and concerted pressure.</p>

Recommendation	Management Response / Timescale for implementation
<p><b>Operating Segments</b></p> <p><b>Issue</b></p> <p>IFRS 8 requires disclosure of significant operating segments. Although the standard uses revenue as the principal measure for identification of significant operating segments, the Manual for Accounts states that operating segments can be reported by reference to operating expenses of the Trust.</p> <p><b>Recommendation</b></p> <p>The Trust has reported one segment in its 2009-10 accounts. As the Trust is placing increased focus internally on moving towards a service-line reporting approach, there is a risk that reporting one segment will not be considered compliant with the Manual for Accounts in future years. As a result, the Trust should review the reporting of its segments during 2010/11, considering the expenditure level as a minimum. In addition, the Trust will need to consider any further guidance issued by the Department of Health in year.</p> <p><b>Risk Rating</b></p> <p>Low</p>	<p>Service line reporting is still not embedded within normal reporting or management of Trust performance and current management as a single entity is compliant with IFRS 8. However, if and when this situation changes, compliance with IFRS 8 will also have to be reviewed. In addition any guidance issued by the DoH will need to be taken into account.</p> <p>Ongoing review of reporting and management arrangements during 10/11 and recognition of any new or changed DoH guidance.</p>
<p><b>Assets held for Sale</b></p> <p><b>Issue</b></p> <p>Our audit testing identified four domestic properties (dwellings) owned by the Trust that were advertised for sale in year but not accounted for correctly as assets held for sale. Such assets should be separately identified as "held for sale", revalued to open market value (OMV), recognising any impairment cost or revaluation gain immediately, and the depreciation of the assets should cease.</p> <p><b>Recommendation</b></p> <p>The total value of the properties was £263,000 (cost) / £163,000 (NBV) and therefore inconsequential in the context of the Trust's accounts as a whole. However, we note that the new hospital project element of the Right Care Right Here programme is likely to result in the Trust engaging in significant land and property transactions and the Trust needs to ensure that it correctly applies the principles of accounting for assets held for sale.</p> <p><b>Risk Rating</b></p> <p>Low</p>	<p>Checks on the status of assets will need to be enhanced as the potential for disposal of property increases with RCRH developments.</p> <p>Ongoing enhanced work with Estates on proposed property disposals.</p>

Recommendation	Management Response / Timescale for implementation
<p><b>Registration of Invoices and Better Payment Practice Code</b></p> <p><b>Issue</b></p> <p>Our audit cut-off testing identified a £67,000 invoice that had been included within the payables balance in the draft accounts despite the fact that an associated credit note had also been received. We note that the value of the item is not significant but that the error occurred because of a three month delay between the date of the credit note and its being registered on the ledger system.</p> <p>We recommended in our previous ISA260 that the Trust should review its performance against the Better Payments Practice Code and establish the reason for the failure to meet the target. This should include a review of the creditors system to consider if the performance is due to a processing or systems issue or if, in fact, the required invoice signatories are not forwarding invoices for processing within the prescribed timescale. We note that whilst the Trust's performance against BPPC has improved slightly in 2009/10, the Trust's performance continues to be weaker than other comparable NHS organisations.</p> <p><b>Recommendation</b></p> <p>The Trust should progress its review of its arrangements for registering and checking invoices to facilitate timely settlement of its liabilities. We understand that this issue has been raised at the Finance and Performance Committee and that the Trust is committed to addressing this issue.</p> <p><b>Risk Rating</b></p> <p>Low</p>	<p>The Trust has already undertaken reviews of performance and reported key issues to the Finance &amp; Performance Management Committee. The vast majority of problems relate to items which are not ordered through the Oracle purchasing system or which are not properly ordered and/or receipted. Performance within the Accounts Payable Section is satisfactory in terms of compliance with the BPPC.</p> <p>The largest area, by a significant margin, in terms of non compliance is in relation to drugs and pharmacy purchases. These are undertaken through JACS (the pharmacy system) and currently invoices need to be certified within Pharmacy prior to being input into Oracle Financials for processing. The majority of these invoices are not paid within the 30 day BPPC period. Although an interface for the electronic capture of data has been established in Oracle for some time, it has not been possible for the JACS system to provide the data and an alternative solution is now being pursued.</p> <p>Other improvements are being pursued through roll out of electronic procurement via Oracle which will eliminate the need for certification of invoices for purchases not currently made through Oracle.</p> <p>Finalise alternative solution for interfacing between JACS and Oracle Financials. Completion 31<sup>st</sup> October 2010.</p> <p>Continue roll out of catalogue based electronic procurement solutions. Ongoing but significant levels of coverage to be achieved by 31<sup>st</sup> March 2011 in line with QUEP work stream.</p>
<p><b>Provisions</b></p> <p><b>Issue</b></p> <p>Our audit testing identified two specific provisions made by the Trust which did not meet the specific requirements of IAS 37 and for which we therefore identified audit adjustments. These were in relation to a provision for redundancy pay overstated by £222,000 in respect of employees who had already left the Trust and been paid prior to 31 March 2010 and a £400,000 provision for litigation arising from the Trust's redundancy programme but where no claims against the Trust had been lodged by the SOFP date. No claims have subsequently been lodged.</p> <p><b>Recommendation</b></p> <p>When raising provisions the Trust should consider and provide evidence to demonstrate that the specific requirements of IAS 37 have been met. All provisions must represent present obligations of the Trust arising from past events as at the SOFP date.</p> <p><b>Risk Rating</b></p> <p>Low</p>	<p>Calculation of provision levels at the year end is often in response to rapidly changing circumstances, hence assumptions made at the time can be overtaken by events (as was the case with the provision for termination costs).</p> <p>All finance staff to be reminded of the requirements of IAS 37 leading up to and during the production of the statutory accounts.</p>

Report	Date issued
Audit Plan	April 2009
Interim Audit and Auditors Local Evaluation Report	May 2010
Audit Memorandum	June 2010

## TRUST BOARD

<b>DOCUMENT TITLE:</b>	'Right Care, Right Here' Progress Report
<b>SPONSORING DIRECTOR:</b>	Mike Sharon, Director of Organisational Development and Strategy
<b>AUTHOR:</b>	Jayne Dunn, Redesign Director – RCRH
<b>DATE OF MEETING:</b>	28 October, 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 September 2010.

It covers:

- Progress of the Programme.

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

Approval	Receipt and Noting	Discussion
	<b>X</b>	

### 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 Quality and Safety	
Auditors' Local Evaluation	

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

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

**PREVIOUS CONSIDERATION:**

Monthly progress report to Trust Board.

**SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST****RIGHT CARE RIGHT HERE PROGRAMME: PROGRESS REPORT  
OCTOBER 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 September 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. The levels of community activity by service area are in excess of levels reported for the same period last year, with the exception of Diabetes (5% below), Musculoskeletal services (11% below) and ENT (21% below).

The reason for the lower Diabetes activity is owing to reduced service capacity within Sandwell Healthcare Community Services owing to staff absence and leaving to take up new posts. However, the situation is improving as the level of underperformance has reduced from 14% last month to 5% this month. The service areas within Musculoskeletal where activity is below last year are consultant-led community orthopaedic and rheumatology clinics. The reasons include lack of Consultant capacity to provide orthopaedic clinics at Neptune and issues in relation to insufficient room availability at Rowley Hospital at the times identified within current Consultant job plans. Data validation is underway to understand the significant underperformance for primary care Rheumatology. ENT activity is below last year's position owing to the decision awaited from commissioners regarding investment into the Ear Care Service.

Monitoring of performance has also commenced for the three new service redesign workstreams within the RCRH Programme. In relation to Emergency Department (ED) and Urgent Care activity for the first 4 months of the year the total SWBH ED attendances (including BMEC) was 1,779 lower (2.6%) than the same period last year. By contrast, the level of urgent care centre attendances has almost doubled, with a reported increase of 15,440 attendances (49%). This shows that the level of demand for urgent and emergency care combined has increased at month 4 compared to the same period last year by 16%. 32% of total A & E and urgent care activity was delivered through urgent care services for the period April-July 2010/11.

The context report for Outpatient workstream is currently in development, and the comparison between 09/10 outpatient activity and this year will be available in October. In summary performance at month 4, shows that whilst the level of activity in the community has increased the level of outpatients being delivered by SWBH in the hospital is 24% above the trajectory as a result of increases in outpatient referrals and follow ups. 22% of total outpatient activity has been delivered in community locations for the period April-July 2010/11.

**Acute and Urgent Care Capacity Review****Birmingham Review**

Work of the Review Group is ongoing. At the stakeholder event held on 24<sup>th</sup> August 2010 a sub group for Sandwell and Heart of Birmingham was chaired by Rob Bacon and the following was agreed:

- Confirmed our commitment to the delivery of RCRH
- Agreed that there has to be an alignment of the key elements of the RCRH strategy and the acute strategies for the Black Country and Birmingham Clusters.

- There is a requirement to review the activity and capacity model to factor in the most current assumptions for tariff deflator, PCT top slice and transitional finance.
- The health economy will work together to agree the QIPP programme for 2011/12. For the plans to be ready for April 2011, it will require agreement to the programme and the resultant activity and finance to be included in the 2011/12 contract by December 2010.
- There will need to be a financial and activity plan for Paediatrics working to the same timescale as adult services.
- We can improve joint working on QIPP. We will consider whether the current governance arrangements for RCRH can support a more proactive approach in which agreed milestones and quality indicators are regularly reviewed.
- We need to consider how we can work collaboratively to improve the management of patients with long term conditions.
- We need to ensure that we have the clinical alignment with the programme and in particular the engagement of GPs.

The RCRH Finance and Capacity Group will lead the work in this area and the Finance Directors from SWBH, Sandwell PCT and Heart of Birmingham teaching PCT met in September to scope the work to be undertaken.

### **Service Reconfiguration Tests**

The Coalition Government announced four tests which all service reconfigurations have to pass before being allowed to proceed. These were clarified further in a letter from David Nicholson at the end of July 2010. The RCRH Programme Director and New Acute Hospital Project Director (Graham Seager) have reviewed this letter and believe that the most appropriate approach is for the Programme to draft a document identifying how it meets all these tests in detail. This document was presented to the September Partnership Board meeting for agreement.

### **Principles for Community Hospital Ownership**

In May 2008, a set of principles was agreed to govern access to facilities in community hospitals, predicated on the assumption that these may transfer in ownership from SWBH to the PCTs. Given that this position has changed, through the discussions concerning retaining a greater proportion of estate on the hospital sites to maintain the affordability of the service delivery model, and given the changing commissioning environment, these principles have been redrafted and were presented to the September Partnership Board meeting for agreement.

### **Developing a Refreshed IM&T Vision for the Programme**

The need for a refreshed IM&T vision for the Programme has been recognised and to start this work a workshop was held at the end of July 2010 which included Consultants, GPs and IM&T managers from the two PCTs and SWBH. Those involved in the workshop have now approved a set of principles which cover:

- Patient care
- Data capture
- Access to information
- Integration
- Design
- Systems and
- Clinical process improvement



These are being discussed by all Programme Groups over the next few weeks and will then be discussed at the LHE IM&T Board for agreement on the next steps to begin translating the proposal into practical action plans.

## **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  
19<sup>th</sup> October 2010

## Sandwell and West Birmingham Hospitals



NHS Trust

<b>TRUST BOARD</b>
--------------------

<b>DOCUMENT TITLE:</b>	RCRH Acute Hospital Development: Project Director's Report
<b>SPONSORING DIRECTOR:</b>	Graham Seager, Director of Estates/New Hospital Project
<b>AUTHOR:</b>	Andrea Bigmore, New Hospital Project Manager Graham Seager, Director of Estates and New Hospital Project
<b>DATE OF MEETING:</b>	28 October 2010

**SUMMARY OF KEY POINTS:**

The Project Director's report gives an update on:

- The Outline Business Case (OBC) approvals process
- Naming the new hospital
- Design engagement
- Supporting local businesses
- Development of the commercial documents

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

Approval	Receipt and Noting	Discussion
	<b>X</b>	

**ACTIONS REQUIRED, INCLUDING RECOMMENDATION:**

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

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

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

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

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

**PREVIOUS CONSIDERATION:**

Routine monthly update.

<b>Report to:</b>	<b>Trust Board</b>
<b>Report of:</b>	<b>Graham Seager / Andrea Bigmore</b>
<b>Subject:</b>	<b>Project Director's Report</b>
<b>Date:</b>	<b>October 2010</b>

## 1. Outline Business Case (OBC)

The OBC was approved by Trust Board on 30<sup>th</sup> September 2010. Sandwell PCT and the Heart of Birmingham teaching PCT endorsed the document in their roles as commissioners on 30<sup>th</sup> September and 14<sup>th</sup> October respectively. These approvals were supported by an engagement process that involved the Trust's Clinical Executive Team.

The Strategic Health Authority (SHA) has been working on the documents with us for some time and the OBC will be considered by their Board on 19<sup>th</sup> October 2010, feedback will be given at the Board meeting.

If approved, this will initiate the formal approval process with the Department of Health (DH). The DH will also need to seek approval from the Treasury before we are able to initiate the procurement process. The team has been working closely with the DH to support approvals and will be aiming to complete this process over the next few weeks.

## 2. Naming the New Hospital

A massive engagement process was used to ensure the involvement of local people and staff in the selection of a name for the new hospital. Celebrities have championed the process of identifying the preferred name from the shortlist and the Trust Board will be reviewing the outcome at the October meeting.

## 3. Design Engagement

A process of design engagement has now been established to ensure that the local community, staff and other stakeholders are fully involved in the development of the visual design of the new hospital. This includes how the building will look from the outside as well as the quality of the interior spaces. It is really important to ensure that the hospital will be a pleasant place to work / stay / visit. Research evidence supports the importance of a good environment to the patient and staff experience as well as to clinical outcomes. This is a fantastic opportunity to make sure the best outcome is achieved for the Trust in the long term.

The Design Group, Chaired by Sue Davis (our Trust Chair), is responsible for overseeing the design engagement process. An event at the Public was followed by a survey of residents and businesses based close to the Grove Lane area to capture perceptions of what is important for the design. A number of themes are emerging;

these will be fed into the procurement documents to ensure that we specify our requirements based upon what local people think.

#### **4. Supporting Local Companies**

The Trust is working in partnership with the local councils through the *'Find it in Sandwell / Birmingham'* initiatives. These schemes mirror each other in providing web-based processes to work with local companies, develop their capabilities and help them find work in a competitive market place. Through the linking of our websites and through joint events we have been able to identify local businesses and encourage those interested in bidding for the opportunity to provide products or services to the new hospital to register. These companies can then access training and other help to enable them to bid for supply chain opportunities.

The web link will go live shortly. A supply chain engagement event was held in early October to update companies on the progress of the new hospital project and to facilitate networking between the larger consortia groups that are likely to bid for development of the hospital and companies that could provide products or services to the supply chain.

The themes of regeneration, sustainability and innovation were discussed at the event providing opportunities for ongoing discussion through the website going forward.

The event was a great success demonstrating our strong commitment to local regeneration and delivery of best practice approaches to ensure that the project will act as a catalyst for local development.

#### **5. Commercial Documents**

Now that the OBC has been completed the team are focussing on the development of the procurement documents and will complete a major review with the Private Finance Unit in late November. This will support approval of these documents in parallel with the OBC to allow initiation of the procurement.

## Sandwell and West Birmingham Hospitals



NHS Trust

<b>TRUST BOARD</b>
--------------------

<b>DOCUMENT TITLE:</b>	Financial Performance Report – September 2010
<b>SPONSORING DIRECTOR:</b>	Robert White, Director of Finance and Performance Mgt
<b>AUTHOR:</b>	Robert White/Tony Wharram
<b>DATE OF MEETING:</b>	28 October 2010

**SUMMARY OF KEY POINTS:**

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

For the year to date, the Trust has posted a surplus of £752,000 against its statutory accounts target and £552,000 against its DoH control total. Both are £109,000 above the planned position.

Capital expenditure for the year to date is £8,525,000 and the cash balance at 30<sup>th</sup> September was £3.8m above the revised plan.

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

Approval	Receipt and Noting	Discussion
<b>X</b>	<b>X</b>	

**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 19 October 2010; Finance and Performance Management Committee on 21 October 2010

## Financial Performance Report – September 2010

### EXECUTIVE SUMMARY

- For the period 1<sup>st</sup> April 2010 to 30th September 2010, the Trust achieved a “bottom line” surplus of £552,000 which is £109,000 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 31<sup>st</sup> August) and this is reflected in the reported financial position.
- At month end, WTE's (whole time equivalents) were approximately 25 above plan which is 36 lower than the position reported for August. Use of agency staff continues at a high level although marginally reduced on last month. Total pay expenditure for the month, inclusive of agency costs, was £447,000 below plan although this includes funding for a number of developments and cost pressures bringing with it a favourable effect in respect of previous months.
- The month-end cash balance is approximately £3.8m above the revised plan.
- Capital expenditure is higher than plan for both September and the year to date but this is wholly due to phasing and does not represent a real pressure on budgets.

### Financial Performance Indicators - Variances

Measure	Current Period	Year to Date	Thresholds		
			Green	Amber	Red
I&E Surplus Actual v Plan £000	17	109	>= Plan	> = 99% of plan	< 99% of plan
EBITDA Actual v Plan £000	12	81	>= Plan	> = 99% of plan	< 99% of plan
Pay Actual v Plan £000	447	(280)	<= Plan	< 1% above plan	> 1% above plan
Non Pay Actual v Plan £000	(523)	(1,083)	<= Plan	< 1% above plan	> 1% above plan
WTEs Actual v Plan	(25)	(11)	<= Plan	< 1% above plan	> 1% above plan
Cash (incl Investments) Actual v Plan £000	3,770	3,770	>= Plan	> = 95% of plan	< 95% of plan
CIP Actual v Plan £000	(45)	(86)	>= 97½% of Plan	> = 92½% of plan	< 92½% of plan

Note: positive variances are favourable, negative variances unfavourable

### Performance Against Key Financial Targets

Target	Year to Date	
	Plan £000	Actual £000
Income and Expenditure	443	552
Capital Resource Limit	4,130	0
External Financing Limit	---	3,770
Return on Assets Employed	3.50%	3.48%

2010/2011 Summary Income & Expenditure Performance at September 2010	Annual Plan £000's	CP Plan £000's	CP Actual £000's	CP Variance £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's	Forecast Outturn £000's
Income from Activities	342,329	28,592	28,634	42	171,320	172,479	1,159	344,859
Other Income	40,165	3,270	3,316	46	19,849	20,134	285	40,165
Operating Expenses	(358,760)	(30,001)	(30,077)	(76)	(179,866)	(181,229)	(1,363)	(361,340)
EBITDA	23,734	1,861	1,873	12	11,303	11,384	81	23,684
Interest Receivable	25	2	7	5	13	41	28	75
Depreciation & Amortisation	(15,624)	(1,090)	(1,090)	0	(6,537)	(6,537)	0	(15,624)
PDC Dividend	(5,855)	(488)	(488)	0	(2,928)	(2,928)	0	(5,855)
Interest Payable	(2,417)	(201)	(201)	0	(1,208)	(1,208)	0	(2,417)
<b>Net Surplus/(Deficit)</b>	<b>(137)</b>	<b>84</b>	<b>101</b>	<b>17</b>	<b>643</b>	<b>752</b>	<b>109</b>	<b>(137)</b>
IFRS/Impairment Related Adjustments	2,175	(40)	(40)	0	(200)	(200)	0	2,175
<b>SURPLUS/(DEFICIT) FOR DOH TARGET</b>	<b>2,038</b>	<b>44</b>	<b>61</b>	<b>17</b>	<b>443</b>	<b>552</b>	<b>109</b>	<b>2,038</b>

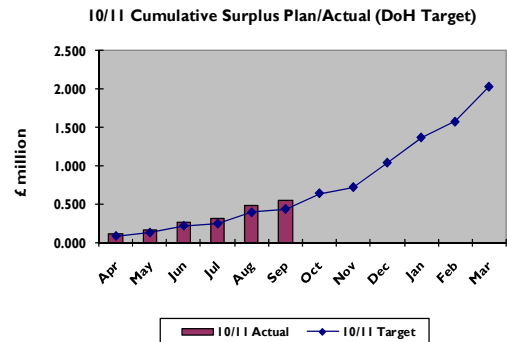
The Trust's financial performance is monitored against the DoH target shown in the bottom line of the above table. IFRS and impairment adjustments are technical, non cash related items which are discounted when assessing performance against this target.



## Financial Performance Report – September 2010

### Overall Performance Against Plan

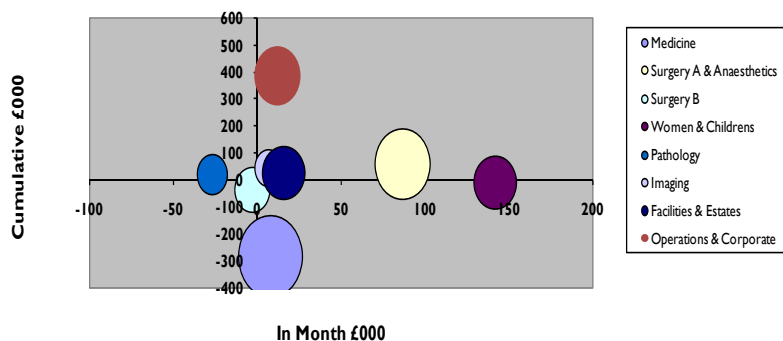
- The overall performance of the Trust against the DoH planned position is shown in the adjacent graph with current performance continuing to be slightly ahead of plan.



### Divisional Performance

- Divisional positions in September generally saw favourable performance against plan with only Pathology and Surgery B positing small shortfalls. An adverse performance in month is shown for Miscellaneous and Reserves as a prudent view is taken of both potential data challenges in respect of SLA income and a number of non divisional expenditure items.
- For the year to date, Medicine is now the only division with a significant “bottom line” deficit against its plan (Surgery B also has a small deficit).
- Amendments to budgets have been made in month to divisional budgets to reflect recognised cost pressures and developments where funding has previously been held in reserves.
- The effect of changes to the tariff in 2010/2011 (particularly the 30% marginal rate tariff for extra emergency admissions) as well as planned changes in activity levels linked with the RCRH programme continue to have an adverse impact on the performance of the Trust and, particularly, on the underlying financial position of key operational divisions. Particularly in the light of an increasingly challenging financial outlook, it is essential that all divisions are successful in containing costs, delivering cost improvement programme savings and achieving bottom line financial targets despite these constraints. This applies both to the remainder of the current financial year and, to an even greater extent, to 2011/12 and beyond as public finances are increasingly constrained.

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



The tables adjacent and overleaf shows generally favourable performance in month with only Medicine having a significant year to date adverse performance.

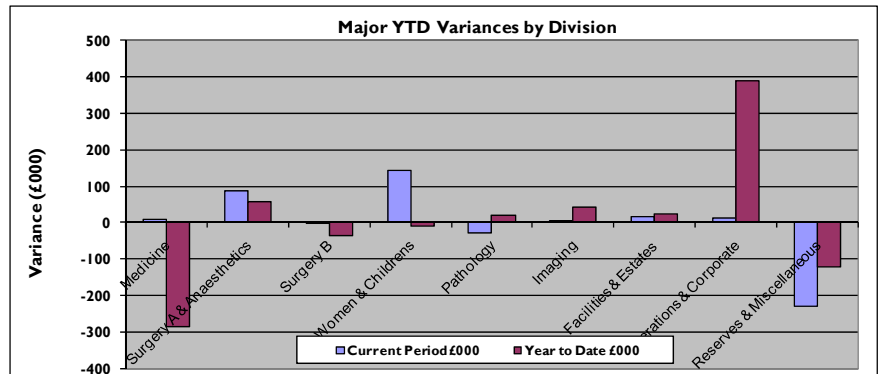
# Sandwell and West Birmingham Hospitals



NHS Trust

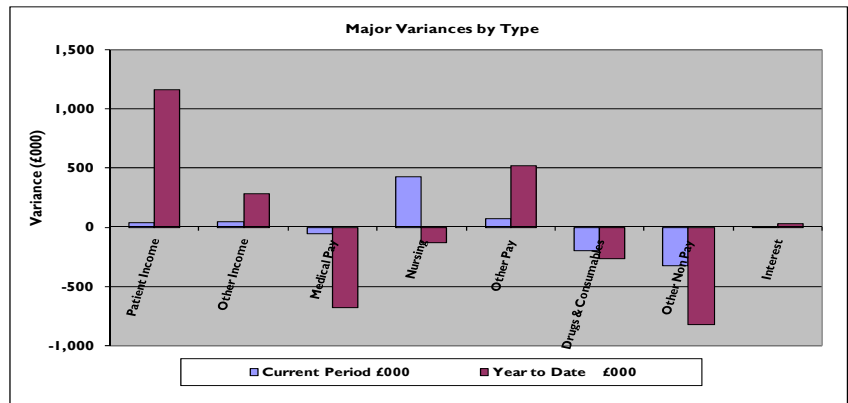
## Financial Performance Report – September 2010

Divisional Variances from Plan			
	Current Period £000	Year to Date £000	Budget
Medicine	8	-285	84,661
Surgery A & Anaesthetics	87	58	61,540
Surgery B	-3	-37	25,828
Women & Childrens	142	-9	35,679
Pathology	-27	19	19,976
Imaging	7	44	16,208
Facilities & Estates	16	25	35,667
Operations & Corporate	12	389	44,587
Reserves & Miscellaneous	-229	-121	28,329



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.

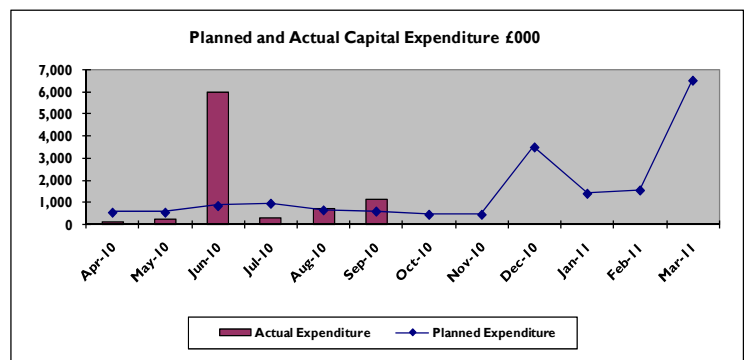
Variance From Plan by Expenditure Type		
	Current Period £000	Year to Date £000
Patient Income	42	1,159
Other Income	46	285
Medical Pay	-57	-678
Nursing	431	-126
Other Pay	73	524
Drugs & Consumables	-199	-262
Other Non Pay	-324	-821
Interest	5	28



### Capital Expenditure

Planned and actual capital expenditure by month is summarised in the adjacent graph. Significantly higher than planned expenditure was incurred in month, primarily in respect of the MAU redevelopment, the Sandwell CT scanner and maternity reconfiguration.

Expenditure remains significantly ahead of plan but this relates wholly to phasing rather than real pressure on the capital programme. Ignoring the effect of Grove Lane land purchase, expenditure is approximately £1.4m lower than plan.

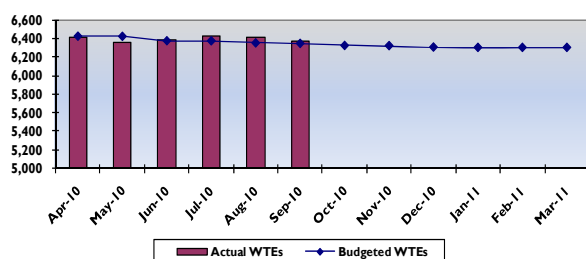


## Financial Performance Report – September 2010

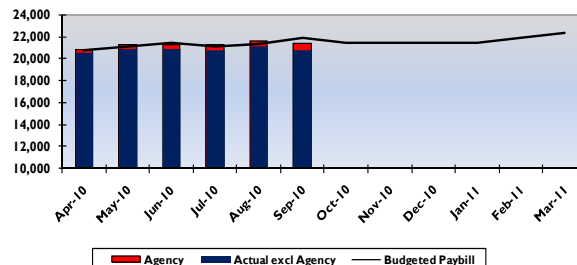
### Paybill & Workforce

- Workforce numbers, including the impact of agency workers, are approximately 25 wtes above plan for September, a reduction of 36 compared with August. There has been a fall of 43 in the actual number of wtes between August and September with a smaller fall in the planned position as a result of the phasing of CIP schemes.
- Total pay costs (including agency workers) are £447,000 below budgeted levels for the month and £280,000 above for the year to date. In part, this reflects changes to operational budgets in month to reflect recognised cost pressures and developments. The main areas where expenditure remains in excess of plan are medical staffing, healthcare assistants and nursing offset to some degree by lower than planned expenditure among other pay groups.
- Expenditure for agency staff in September was £594,000 compared with £626,000 for August. Almost half of this expenditure, whether for September or the year to date, relates to medical staff with a significant proportion of medical agency cover residing within the Medicine Division.

Budgeted and Actual WTEs (Including Agency Workers)



Budgeted and Actual Paybill £000



### Pay Variance by Pay Group

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

Analysis of Total Pay Costs by Staff Group						
	Year to Date to September					Variance £000
	Budget £000	Actual			Total £000	
		Substantive £000	Bank £000	Agency £000		
Medical Staffing	37,338	36,632		1,384	38,016	(678)
Management	6,772	6,364		0	6,364	408
Administration & Estates	14,542	14,033	3	507	14,542	0
Healthcare Assistants & Support Staff	13,687	12,675	783	526	13,984	(297)
Nursing and Midwifery	37,395	35,707	1,481	333	37,521	(126)
Scientific, Therapeutic & Technical	17,816	17,199		249	17,448	368
Other Pay	45	0			0	45
Total Pay Costs	127,595	122,610	2,267	2,999	127,875	(280)

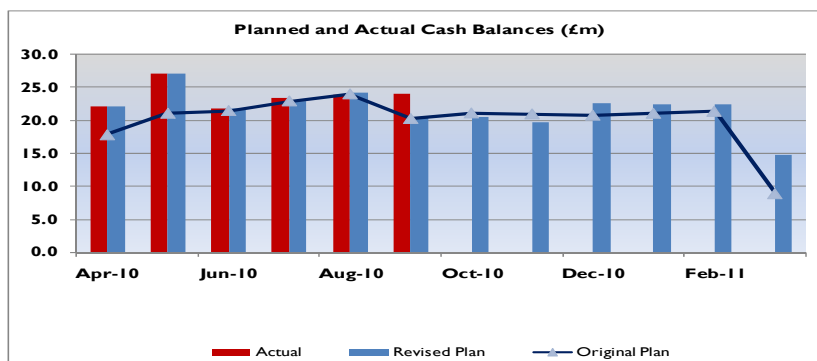
NOTE: Minor variations may occur as a result of roundings

## Financial Performance Report – September 2010

### Balance Sheet

- The opening Statement of Financial Position (balance sheet) for the year at 1<sup>st</sup> April reflects the statutory accounts for the year ended 31<sup>st</sup> March 2010.
- Cash balances at 30th September are approximately £3.8m higher than the revised plan, primarily driven by the receipt of accumulated SCR funding from Sandwell PCT.

Sandwell & West Birmingham Hospitals NHS Trust				
STATEMENT OF FINANCIAL POSITION				
		Opening Balance as at March 2010 £000	Balance as at September 2010 £000	Forecast at March 2011 £000
<b>Non Current Assets</b>				
	Intangible Assets	426	365	400
	Tangible Assets	220,296	222,345	222,598
	Investments	0	0	0
	Receivables	1,158	1,250	1,350
<b>Current Assets</b>				
	Inventories	3,439	3,494	3,450
	Receivables and Accrued Income	19,289	23,434	19,500
	Investments	0	0	0
	Cash	15,867	24,100	16,885
<b>Current Liabilities</b>				
	Payables and Accrued Expenditure	(31,962)	(48,837)	(38,348)
	Loans	0	0	0
	Borrowings	(1,698)	(1,670)	(1,690)
	Provisions	(5,338)	(3,196)	(5,000)
<b>Non Current Liabilities</b>				
	Payables and Accrued Expenditure	0	0	0
	Loans	0	0	0
	Borrowings	(32,476)	(31,627)	(30,786)
	Provisions	(2,175)	(2,050)	(2,150)
		186,826	187,608	186,209
<b>Financed By</b>				
<b>Taxpayers Equity</b>				
	Public Dividend Capital	160,231	160,231	160,231
	Revaluation Reserve	36,545	36,575	36,575
	Donated Asset Reserve	2,148	2,148	1,698
	Government Grant Reserve	1,103	1,103	1,043
	Other Reserves	9,058	9,058	9,058
	Income and Expenditure Reserve	(22,259)	(21,507)	(22,396)
		186,826	187,608	186,209



# Sandwell and West Birmingham Hospitals

NHS Trust

## Financial Performance Report – September 2010

### Cash Flow

- The table below shows cash receipts and payments for September 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 September 2010													
ACTUAL/FORECAST	Sep-10 £000s	Oct-10 £000s	Nov-10 £000s	Dec-10 £000s	Jan-11 £000s	Feb-11 £000s	Mar-11 £000s	Apr-11 £000s	May-11 £000s	Jun-11 £000s	Jul-11 £000s	Aug-11 £000s	Sep-11 £000s
<b>Receipts</b>													
SLAs: Sandwell PCT	16,115	13,586	13,586	13,586	13,586	13,586	13,586	13,236	13,236	13,236	13,236	13,236	13,236
HoB PCT	7,114	7,163	7,163	7,163	7,163	7,163	7,163	7,022	7,022	7,022	7,022	7,022	7,022
Associated PCTs	5,141	4,786	4,786	4,786	4,786	4,786	4,786	4,765	4,765	4,765	4,765	4,765	4,765
Pan Birmingham LSCG	1,379	1,399	1,399	1,399	1,399	1,399	1,399	1,371	1,371	1,371	1,371	1,371	1,371
Other SLAs	540	819	819	819	819	819	819	820	820	820	820	820	820
Over Performance Payments	0	0	0	500	0	0	0	0	750	750	750	750	750
Education & Training	1,298	1,506	1,506	1,506	1,506	1,506	1,506	1,500	1,500	1,500	1,500	1,500	1,500
Loans	0	0	0	0	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	4,268	2,004	2,004	2,004	2,004	2,004	2,004	2,000	2,000	2,000	2,000	2,000	2,000
<b>Total Receipts</b>	<b>35,862</b>	<b>31,270</b>	<b>31,270</b>	<b>31,770</b>	<b>31,270</b>	<b>31,270</b>	<b>31,270</b>	<b>30,719</b>	<b>31,469</b>	<b>31,469</b>	<b>31,469</b>	<b>31,469</b>	<b>31,469</b>
<b>Payments</b>													
Payroll	12,217	12,503	12,553	12,402	12,495	12,495	12,546	12,450	12,450	12,450	12,450	12,450	12,450
Tax, NI and Pensions	8,289	8,901	8,936	8,829	8,895	8,895	8,931	8,900	8,900	8,900	8,900	8,900	8,900
Non Pay - NHS	3,015	2,064	2,319	1,555	2,076	2,076	2,366	2,000	2,000	2,000	2,000	2,000	2,000
Non Pay - Trade	7,662	6,193	6,957	4,666	6,227	6,227	8,418	6,500	6,500	6,500	6,500	6,500	6,500
Non Pay - Capital	1,131	595	595	595	940	940	4,808	750	750	750	750	750	751
PDC Dividend	2,237	0	0	0	0	0	2,746	0	0	0	0	0	2,750
Repayment of PDC	0	0	0	0	0	0	0	0	0	0	0	0	0
Repayment of Loans	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest	0	0	0	0	0	0	0	0	0	0	0	0	0
BTC Unitary Charge	368	365	365	365	365	365	365	374	374	374	374	374	374
Other Payments	745	400	400	400	400	400	400	250	250	250	250	250	251
<b>Total Payments</b>	<b>35,664</b>	<b>31,021</b>	<b>32,125</b>	<b>28,813</b>	<b>31,398</b>	<b>31,398</b>	<b>40,579</b>	<b>31,224</b>	<b>31,224</b>	<b>31,224</b>	<b>31,224</b>	<b>31,224</b>	<b>33,976</b>
Cash Brought Forward	23,902	24,100	24,349	23,494	26,451	26,323	26,194	16,885	16,381	16,626	16,871	17,116	17,361
Net Receipts/(Payments)	198	249	(855)	2,957	(128)	(128)	(9,309)	(505)	245	245	245	245	(2,507)
Cash Carried Forward	24,100	24,349	23,494	26,451	26,323	26,194	16,885	16,381	16,626	16,871	17,116	17,361	14,855

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

Risk Ratings			
Measure	Description	Value	Score
EBITDA Margin	Excess of income over operational costs	6.3%	3
EBITDA % Achieved	Extent to which budgeted EBITDA is achieved/exceeded	100.7%	5
Return on Assets	Surplus before dividends over average assets employed	2.7%	2
I&E Surplus Margin	I&E Surplus as % of total income	0.4%	2
Liquid Ratio	Number of days expenditure covered by current assets less current liabilities	-1.3	1
Overall Rating			2.3

### Risk Ratings

- The adjacent table shows the Monitor risk rating score for the Trust based on performance at September.
- The only significantly weak area remains liquidity which is to be expected as non Foundation Trusts do not have access to a Working Capital Facility, this being prerequisite to authorisation as an FT.

## Financial Performance Report – September 2010

### External Focus

- Correspondence from the DoH and the StHA has reported significant rises in emergency activity at a national level and most local acute hospitals, above planned levels in many places. The StHA has put in place a mechanism for the utilisation of the emergency threshold funding which will be a combination of schemes operated by trusts and PCTs aimed at alleviating the problems caused by high levels of emergency demand.
- Heart of Birmingham PCT, in particular, continues to report significant pressures on commissioning budgets with anticipated over performance at Sandwell & West Birmingham Hospitals among others. This theme is reflected across many other PCTs in the West Midlands area. The PCT is however continuing to forecast its planned surplus. Sandwell PCT continues to forecast breakeven.
- Enhanced monitoring of those organisations in receipt of Strategic Change Reserve funding remains in place and both performance (activity levels, bed capacity etc.) and finance continue to be monitored against monthly profiles for the year. Both this profile and the RCRH trajectory are based on a plan which demonstrates downward movements in activity, income and costs. As in previous months, SWB Hospitals continues to be in line with plan from a bottom line perspective, it is off-trajectory as far as individual measures are concerned, primarily being driven by the high levels of emergency activity being experienced. The presence of higher than expected medical admissions is recognised by the SHA.

### Conclusions

- For the half of the financial year, the Trust has posted a surplus of £752,000 against its statutory accounts target and £552,000 against its DoH control total. Both are £109,000 above the planned position.
- In month, a surplus of £101,000 was posted against the statutory accounts target and £61,000 against the DoH control total, both £17,000 ahead of plan.
- Capital expenditure in September was £1,156,000, primarily related to the MAU redevelopment, maternity moves and the Sandwell replacement CT scanner.
- At 30th September, cash balances are approximately £3.8m higher than the revised cash plan.
- In month, some amendments have been made to the planned positions of operational divisions to reflect recognised cost pressures and developments, the funding for which has previously been held as part of Trust reserves. Although the majority of divisions have performed better than plan in month, many of the underlying cost pressures experienced in previous months, particularly related to activity and capacity issues, continue to be an issue and will need to be successfully managed for the remainder of this financial year and into the future.
- Favourable performance within Corporate Divisions continues to make a significant contribution to the overall position of the Trust.
- The performance of Miscellaneous and Reserves divisions reflects a prudent approach being taken both in respect of data challenges and to recognise a number of non divisional expenditure items.
- 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 essential that pressures are effectively managed especially as further preparations will need to be made for anticipated winter activity.

**Financial Performance Report – September 2010****Recommendations**

The Trust Board is asked to:

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

**Robert White**

**Director of Finance & Performance Management**

## Sandwell and West Birmingham Hospitals



NHS Trust

<b>TRUST BOARD</b>
--------------------

<b>DOCUMENT TITLE:</b>	Monthly Performance Monitoring Report
<b>SPONSORING DIRECTOR:</b>	Robert White, Director of Finance and Performance Mgt
<b>AUTHOR:</b>	Mike Harding, Head of planning & Performance Management
<b>DATE OF MEETING:</b>	28 October 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 – October 2010.

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

Approval	Receipt and Noting	Discussion
	<b>x</b>	

**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	<b>x</b>	
Business and market share	<b>x</b>	
Clinical	<b>x</b>	
Workforce	<b>x</b>	
Environmental	<b>x</b>	
Legal & Policy	<b>x</b>	
Equality and Diversity		
Patient Experience	<b>x</b>	
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

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

## EXECUTIVE SUMMARY

Note	Comments
a	The percentage of <b>Cancelled Operations</b> across the Trust increased to 0.9% during the month of September. Numerically, 40 (80%) of the 50 cancellations reported occurred on the City site, with highest numbers in Ophthalmology and Trauma & Orthopaedics.
b	<b>Delayed Transfers of Care</b> increased on both sites, to 5.00% overall during the month. 28 of the 39 delays identified on the census date relate to Social Care.
c	<b>Stroke Care</b> - provisional data for the month of September indicates the percentage of patients who spent at least 90% of their hospital stay on a Stroke Unit was 68% during September.
d	The overall number of cases of <b>C Diff</b> reported across the Trust during the month of September reduced significantly to 5. The total number of C Diff cases for the year to date is well within the External (DoH) trajectory for the period and marginally in excess of the Trust's internal trajectory. There were no cases of <b>MRSA Bacteraemia</b> reported during the month. The total for the first 6 months of the year is 3, against a trajectory for the period also 3.
e	<b>Referral to Treatment Time</b> - data for the month of September indicates 92.53% of patients on an 'Admitted Pathway' commenced treatment within 18 weeks. Two specialties were less than 90%, Trauma & Orthopaedics (73.7%) and Plastic Surgery (84.8%). 97.6% of patients on a 'Non-Admitted Pathway' commenced treatment within 18 weeks. One specialty was less than 95%, Trauma & Orthopaedics (93.3%).
f	<b>Sickness Absence</b> - overall sickness absence for the second quarter of the year averaged 3.84%. This compares favourably with the corresponding period last year when the rate was 4.48%. The current rate is within the trajectory (4.20%) for the period, which reduces each quarter to the Trust target set by the SHA of less than 3.40% by 2013.
g	Overall compliance with <b>Mandatory Training</b> modules is reported as 77.3% at the end of September. The total number of <b>PDRs</b> undertaken reported for the first 6 months is 2332, which represents 87% of PDRs expected to have been undertaken during this period.
h	<b>CQUIN:</b>
	Overall scheme financial values are included within the main body of the report.
	<b>VTE (Venous Thromboembolism) Risk Assessment</b> - Performance for September is reported as 27.2% overall, an increase from 21.0% during the previous month. Performance by Directorate is variable. The target is to achieve 90% of patients risk assessed for VTE, during Quarter 4, 2010 / 2011.
	<b>Breast Feeding</b> - Breastfeeding status at time of Guthrie Test (usually day 6 or 7) ( <i>or discharge from midwifery care</i> ). Q1 Baseline data is available (62.3%), the target is 72.3% (baseline plus 10%).
	<b>Tissue Viability (Pressure Ulcers)</b> - Comprises 3 components; Assessment on admission, Decrease in number of acute hospital acquired grade 2, 3 and 4 ulcerations and Table Top Reviews on all ulcerations of grade 3 or 4. • The next audit of performance against this target is to be undertaken following Quarter 2.
	<b>Inpatient Falls</b> - 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 next audit of performance against this target is to be undertaken following Quarter 2.
	<b>Brain Imaging for Emergency Stroke Admissions (within 24 hours admission)</b> - provisional data for September indicates performance of 94.6%, with performance for the year to date of 85.6%.
	<b>Hip Fracture Operations within 24-hours of admission</b> - provisional data for the percentage of patients receiving an operation with 24 hours of admission during September is 57.1%, marginally short of the trajectory for the period of 61%.
	<b>Smoking (Brief Intervention in Outpatients)</b> - a total of 1001 referrals are recorded during the first 6 months of the year, in line with the trajectory for the period.
	<b>Safer Prescribing of Warfarin</b> - 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.
	<b>Patient Experience</b> - Composite of response to 5 inpatient survey questions. Goal to improve responsiveness to personal needs of patients. Survey to be conducted between October and January, for patients who had an inpatient episode between July and August. Target is an improvement (increase) of 2 percentage points on 2009 / 10 baseline.
	<b>Think Glucose</b> - target relates to Inpatients with a secondary diagnosis of Diabetes. Final indicator value is evidence of participation in NHS Institute Think Glucose Programme. A number of outcome measures to evidence participation have been identified, with data capture and reporting systems being established.
	<b>Parent's Consultation with Senior Clinician</b> - 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 performance is 72% (September) and 76.1% (Q2).
	<b>Neonates Offered Breast Milk</b> - 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 performance is 90% (September) and 90% (Q2).
	<b>Herceptin Home Delivery</b> - the original target, set by the Specialised Commissioners, has been revised from 90%, with Trust's now required to aim for 50% in Q2. This was met by the Trust during the month of September.

Note	Comments									
i	Detailed analysis of <b>Financial Performance</b> is contained within a separate paper to this meeting.									
j	<b>Activity</b> (trust-wide) to date is compared with the contracted activity plan for <b>2010 / 2011</b> - Month and Year to Date.									
	Month					Year to Date				
		Actual	Plan	Variance	%	Actual	Plan	Variance	%	
	IP Elective	971	1150	-179	-15.6	5940	6333	-393	-6.2	
	Day case	4624	4163	461	11.1	27011	22919	4092	17.9	
	IPE plus DC	5595	5313	282	5.3	32951	29252	3699	12.6	
	IP Non-Elective	5022	5226	-204	-3.9	30669	31107	-438	-1.4	
	OP New	14259	14177	82	0.6	82097	78052	4045	5.2	
	OP Review	38327	36146	2181	6.0	223302	199004	24298	12.2	
	OP Review:New	2.69	2.55	0.14	5.5	2.72	2.55	0.17	6.7	
	AE Type I	14637	15731	-1094	-7.0	93548	100719	-7171	-7.1	
	AE Type II	3217	2881	336	11.7	18832	18445	387	2.1	
	Activity to date is compared with <b>2009 / 10</b> for the corresponding period									
		2009 / 10	2010 / 11	Variance	%		Overall Elective activity for the month and period to date exceeds the plan for the respective periods. Year to date Non-Elective activity is approximately 1% less than plan, and 4% less than the corresponding period last year. Overperformance against plan for Outpatient Review activity is disproportionately greater than that for Outpatient New activity and continues to adversely impact upon the Follow-Up to New ratio.			
	IP Elective	6863	5940	-923	-13.4					
	Day case	25824	27011	1187	4.6					
	IPE plus DC	32687	32951	264	0.8					
	IP Non-Elective	31885	30669	-1216	-3.8					
OP New	82813	82097	-716	-0.9						
OP Review	205778	223302	17524	8.5						
OP Review:New	2.48	2.72	0.24	9.7						
AE Type I	99209	93548	-5661	-5.7						
AE Type II	18048	18832	784	4.3						
k	<b>Bank and Agency Use</b> - the overall number of Nurse Agency shifts worked during the month of September returned to the pre-August average of c.300. The Nurse Bank Shift Fill Rate reduced during the month as well as the overall number of Nurse Bank shifts worked. Total Nurse Bank and Nurse Agency costs for the month were c.£40K less than the previous month. Medical Agency and Medical Locum costs also reduced by c.£30K overall for the same period.									

Exec Lead	NATIONAL AND LOCAL PRIORITY INDICATORS			May	June	July	August			September			To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS			08/09 Outturn	09/10 Outturn				
				Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	10/11										
RW	Net Income & Expenditure (Surplus / Deficit (-))			£000s	128 <span>▲</span>	105 <span>▼</span>	44 <span>▲</span>	→		176 <span>▲</span>	→		61 <span>▲</span>	552	443	2038		0%	0 - 1%	>1%	2535	2279			
RK	Cancer	2 weeks	%	94.6 <span>▲</span>	94.3 <span>▼</span>	93.8 <span>▼</span>	→		94.3 <span>▲</span>	→			94.1	=>93	=>93		No variation		Any variation	98.6	93.9				
		2 weeks (Breast Symptomatic)	%	93.0 <span>▼</span>	93.3 <span>▲</span>	93.0 <span>▼</span>	→		93.3 <span>▲</span>	→			93.3	=>93	=>93		No variation		Any variation	n/a	93.6 only) (Q4				
		31 Days	%	100 <span>■</span>	100 <span>■</span>	100 <span>■</span>	→		100 <span>■</span>	→			100	=>96	=>96		No variation		Any variation	100	99.7				
		62 Days	%	86.0 <span>▼</span>	89.4 <span>▲</span>	84.4 <span>■</span>	→		85.5 <span>■</span>	→			87.1	=>85	=>85		No variation		Any variation	98.6	89.1				
RK	Cancelled Operations	Elective Admissions Cancelled at last minute for non-clinical reasons	%	1.0 <span>▼</span>	1.0 <span>■</span>	1.0 <span>■</span>	0.7 <span>■</span>	0.6 <span>▼</span>	0.6 <span>■</span>	0.4 <span>▲</span>	1.3 <span>■</span>	0.9 <span>■</span>	0.9	<0.8	<0.8	a	<0.8	0.8 - 1.0	>1.0	1.0	0.8				
		28 day breaches	No.	1 <span>■</span>	0 <span>■</span>	0 <span>■</span>	→		0 <span>■</span>	→		0 <span>■</span>	1	0	0		3 or less	4 - 6	>6	0	0				
	Delayed Transfers of Care	Total	%	3.3 <span>■</span>	5.1 <span>■</span>	4.8 <span>▲</span>	3.8 <span>▼</span>	4.2 <span>▲</span>	4.0 <span>■</span>	4.4 <span>■</span>	5.7 <span>▼</span>	5.0 <span>■</span>	4.4	<3.0	<3.0	b	<3.0	3.0 - 4.0	>4.0	3.1	3.0				
		Cardiology	Primary Angioplasty (<150 mins)		92 <span>▼</span>	80 <span>▼</span>	87.5 <span>▲</span>	80 <span>▼</span>	50 <span>■</span>	75 <span>■</span>				88.0	=>80	=>80		=>80	75-79	<75	83.6	86.2			
			Rapid Access Chest Pain	%	100 <span>■</span>	100 <span>■</span>	100 <span>■</span>	100 <span>■</span>	100 <span>■</span>	100 <span>■</span>	100 <span>■</span>	100 <span>■</span>	100 <span>■</span>	100	=>98	=>98		>99	98 - 99	<98	100.0	99.7			
DO'D	Stroke Care	Thrombolysis (60 minutes)	%	no pts	no pts	no pts	→		no pts	→			no pts	80	80		>80	75-80	<75	0	no pts				
		>90% stay - EXTERNAL (DH) TARGET	%	73.9 <span>▲</span>	78.9 <span>▲</span>	61.4 <span>▼</span>	→		70.0 <span>▲</span>	→		68.0 <span>▼</span>	69.8	60	60	c	=>60	31-59	=<30	36.5	62.0				
		>90% stay - INTERNAL TARGET	%	73.9 <span>▲</span>	78.9 <span>▲</span>	61.4 <span>■</span>	→		70.0 <span>■</span>	→		68.0 <span>■</span>	69.8	70	80		No Variation	0 - 2% Variation	>2% Variation	36.5	62.0				
		TIA High Risk Pts. Treatment <24 hours	%											60											
RK	A/E 4 Hour Waits		%	97.9 <span>▲</span>	97.8 <span>▼</span>	97.6 <span>▼</span>	99.3 <span>▲</span>	98.0 <span>▲</span>	98.5 <span>▲</span>	99.0 <span>▼</span>	96.5 <span>▼</span>	97.4 <span>▼</span>	97.85	98	98		=>96	95 - 96	<95	98.16	98.55				
	GUM 48 Hours	Patients seen within 48 hours	%	83.2 <span>▼</span>	87.5 <span>▲</span>	80.8 <span>▼</span>	→		88.4 <span>▲</span>	→		87.5 <span>▼</span>	85.6	=>90	=>90		=>90	80-89	<80	81.0	86.8				
		Patients offered appt within 48 hrs	%	100 <span>■</span>	100 <span>■</span>	100 <span>■</span>	→		100 <span>■</span>	→		100 <span>■</span>	100	=>98	=>98		=>98	95-98	<95	98.3	99.8				
R0	Infection Control	C. Diff - EXTERNAL (DH) TARGET	No.	19 <span>▼</span>	15 <span>▲</span>	14 <span>▲</span>	13 <span>▼</span>	8 <span>■</span>	21 <span>■</span>	1 <span>■</span>	4 <span>▲</span>	5 <span>■</span>	87	123	243	d	No variation		Any variation	163	158				
		C. Diff - INTERNAL TARGET	No.	19 <span>■</span>	15 <span>▲</span>	14 <span>▲</span>	13 <span>▼</span>	8 <span>■</span>	21 <span>▼</span>	1 <span>■</span>	4 <span>■</span>	5 <span>■</span>	87	74	158		No variation		Any variation	163	158				
		MRSA - EXTERNAL (DH) TARGET	No.	1 <span>■</span>	0 <span>■</span>	2 <span>■</span>	0 <span>■</span>	0 <span>■</span>	0 <span>■</span>	0 <span>■</span>	0 <span>■</span>	0 <span>■</span>	3	3	6		No variation		Any variation	15	14				
RK	Data Quality	Valid Coding for Ethnic Category (FCEs)	%	94 <span>■</span>	93 <span>▼</span>	94 <span>▲</span>	→		94 <span>■</span>	→		95 <span>▲</span>	94.0	90	90		>=90	89.0-89.9	<89	87.0	95.5				
		Maternity HES	%	6.9 <span>▲</span>	7.0 <span>▲</span>	6.7 <span>▲</span>	→		7.0 <span>▼</span>	→			6.9	<15	<15		=<15	16-30	>30	n/a	5.8				
RO	Infant Health & Inequalities	Maternal Smoking Status Data Complete	%	→	99.4 <span>▲</span>	→	→		→	→		99.5 <span>▲</span>	99.47	=>98.0	=>98.0		=>98	95-98	<95	99.9	99.3				
		Breast Feeding Status Data Complete	%	→	99.9 <span>▲</span>	→	→		→	→		100 <span>▲</span>	99.9	=>98.0	=>98.0		=>98	95-98	<95	97.8	99.3				
		Maternal Smoking Rates	%	→	12.5 <span>■</span>	→	→		→	→		12.3 <span>▲</span>	12.4	<11.5	<11.5		<11.5	11.5 - 12.5	>12.5	12.6	11.6				
		Breast Feeding Initiation Rates	%	→	63.8 <span>▼</span>	→	→		→	→		64.6 <span>▲</span>	64.2	>63.0	>63.0		>63.0	61-63	<61.0	54.2	63.1				
RK	RTT Milestones	Admitted Care (RTT <18 weeks)	%	94.0 <span>■</span>	93.9 <span>▼</span>	94.4 <span>▲</span>	→		93.7 <span>▼</span>	→		92.5 <span>▼</span>	92.5*	=>90.0	=>90.0	e	=>90.0	85-90	<85.0	98.6	93.4				
		Admitted Care - Data Completeness	%	101.0 <span>■</span>	103.4 <span>■</span>	101.0 <span>■</span>	→		105.6 <span>■</span>	→		106.9 <span>■</span>	106.9*	90-110	<90 or >110			90-110		<90 or >110	100.4	102.6			
		Non-Admitted Care (RTT <18 weeks)	%	97.7 <span>▲</span>	98.1 <span>▲</span>	98.5 <span>▲</span>	→		97.3 <span>▼</span>	→		97.6 <span>▲</span>	97.6*	=>95.0	=>95.0			=>95.0	90 - 95	=<90.0	98.8	97.6			
		Non-Admitted Care - Data Completeness	%	93.4 <span>■</span>	91.5 <span>■</span>	95.4 <span>■</span>	→		91.0 <span>■</span>	→		91.8 <span>■</span>	91.8*	90-110	<90 or >110			90-110		<90 or >110	98.1	92.4			
		Audiology Direct Access Waits (<18 wks)	%	100 <span>■</span>	100 <span>■</span>	100 <span>■</span>	→		100 <span>■</span>	→		100 <span>■</span>	100*	=>95	=>95			=>95.0	90 - 95	=<90.0	99.0	100.0			
		Audiology Data Completeness	%	108.0 <span>■</span>	107.0 <span>■</span>	107.0 <span>■</span>	→		95.0 <span>■</span>	→		113.0 <span>■</span>	113.0*	90-110	<90 or >110			90-110		<90 or >110	96.0	94.0			
DO'D	Mortality in Hospital	Hospital Standardised Mortality Rate	HSMR	89.0	Feb '10	83.3	Mar '10	77.9	Apr '10	→		112.3	May '10	→		95.5	Jun '10	97.9	< Lower Confidence Limit		< Lower Confidence Limit		>Upper Confidence Limit	105.1	93.0
		Peer (SHA) HSMR	HSMR	90.4		87.7		84.3		→		95.9	→		92.2		95.6				103.9	93.5			
RK	Readmission Rates within 28 days of discharge	Readmission to any specialty	%	8.9		8.7		9.3		11.0	8.6	9.7				9.0	No. Only	No. Only					11.6	11.4	
		Readmission to same specialty	%	4.1		3.6		4.8		5.5	3.2	4.2				4.1	No. Only	No. Only					4.6	5.7	
	Readmission Rates within 14 days of discharge	Readmission to any specialty	%	6.8		6.4		7.1		8.7	6.5	7.5				6.9	No. Only	No. Only					7.3	8.8	
		Readmission to same specialty	%	3.2		2.8		3.7		4.4	2.6	3.4				3.2	No. Only	No. Only					3.4	4.6	
RO	Sickness Absence	Long Term	%	2.71 <span>■</span>	2.68 <span>▲</span>	2.73 <span>▼</span>	→		2.73 <span>■</span>	→		3.27 <span>■</span>	2.91 (Q2)	<2.95	<2.95	f	<2.95	2.95-3.30	>3.30	3.16	3.10				
		Short Term	%	0.87 <span>▲</span>	1.00 <span>▼</span>	0.87 <span>▲</span>	→		0.87 <span>■</span>	→		1.04 <span>▼</span>	0.93 (Q2)	<1.25	<1.25			<1.25	1.25-1.40	>1.40	1.22	1.31			
		Total	%	3.58 <span>▲</span>	3.68 <span>▼</span>	3.60 <span>▲</span>	→		3.60 <span>■</span>	→		4.31 <span>■</span>	3.84 (Q2)	<4.20	<4.20			<4.20	4.20-4.70	>4.70	4.38	4.41			
	Learning & Development	PDRs (includes Junior Med staff)	No.	246 <span>▲</span>	322 <span>▲</span>	608 <span>■</span>	→		526 <span>▼</span>	→		367 <span>■</span>	2332	2671	5341	g	0-15% variation	15 - 25% variation	>25% variation	4518	4748				
		Mandatory Training Compliance	%	68.7 <span>▼</span>	71.5 <span>▲</span>	75.7 <span>▲</span>	→		77.0 <span>▲</span>	→		77.3 <span>▲</span>	77.3	100	100			=>80	50 - 79	<50	4044 (No.)	71.1			

Exec Lead	NATIONAL AND LOCAL PRIORITY INDICATORS (Cont'd)		Value £000s		May	June	July	August			September			To Date (*most recent month)	TARGET		Exec Summary Note	THRESHOLDS			08/09 Outturn	09/10 Outturn				
					Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	10/11										
DO'D	CQUIN	VTE Risk Assessment (Adult IP)	454	%	1.0 ▲	16.5 ▲	16.8 ▲	→		21.0 ▲	→		27.2 ▲	27.2*	60	90	h	⇒90		<90	n/a	n/a				
RO		Breast Feeding (At D'charge from M'wife)	420	%				62.3 (Q1)		→				62.3 (Q1)		72.3					n/a	n/a				
RO		Tissue Viability - assessment <12hrs	210	%	→	86.0 ■	→		Measured through quarterly audit			→				86.0 (Q1)		75	75	⇒75		<75	n/a	n/a		
RO		Tissue Viability - Hosp Acq'd Grade 2/3/4	84	%	→	-7.3 ■	→		Measured through quarterly audit			→				-7.3 (Q1)		-2.50%	Base - 10%	⇒>-2.5%		<-2.5%	n/a	n/a		
RO		Tissue Viability - TTR of Grade 3/4	126	%	→	100 ■	→		Measured through quarterly audit			→				100 (Q1)		100	100	100		<100	n/a	n/a		
RO		Inpatient Falls Assessment	420	%	→	83.6 ■	→		Measured through quarterly audit			→				83.6 (Q1)		75	75				n/a	n/a		
RO		Inpatient Falls reduction		%	-39.0 ■	-5.6% ▼	→					→				-28.0% (Q1)		-2.50%	Base - 10%	⇒>-2.5%		<-2.5%	n/a	n/a		
RO		Inpatient Falls - TTR of all Fractures		%	100 ■	100.0 ■	→					→				100 (Q1)		100	100	100		<100	n/a	n/a		
DO'D		Brain Imaging for Em. Stroke Admissions		420	%	86.8 ▲	87.9 ▲	73.2 ■	→		96.0 ■	→		94.6 ▼	85.6	85.0		90.0	No Variation	0 - 2% Variation	>2% Variation	72.0	81.8			
RK		Hip Fracture Op's <24 hours of admission	420	%	34.5 ▼	44.4 ▲	73.5 ■			51.4 ■			57.1 ▲	48.6	61.0	70.0		No Variation	0 - 2% Variation	>2% Variation	n/a	55.0				
DO'D		Smoking - Brief Intervention in OP	420	No.	197 ▲	185 ▼	165 ■	→		180 ■	→		113 ■	1001	1000	2000			⇒167	per month	<167	7	1164			
RK		Safer Prescribing of Warfarin	420	%	65.13 ■	→	→	Re-audit at 6 months			→		70.3 ▲	70.3(M6)	65.0	65.0			⇒65		<65	n/a	n/a			
RO	Patient Experience	454	%	→	→	→	Composite of 5 Qs - Survey October			Composite of 5 Qs - Survey October					09/10 +2%				n/a	n/a						
DO'D	Think Glucose	420	%	→	→	→	Participation in Think Glucose Programme			Participation in Think Glucose Programme									n/a	n/a						
RK	CQUIN (Specialised Commissioners)	Parent's consultation with senior clinician	51	%	72 ▲	73 ▲	72 ▼	→		86 ■	→		72 ▼	76.1 (Q2)	69	81	No variation		Any variation	n/a	n/a					
		Neonates Offered Breast Milk	51	%	63 ■	69 ■	81 ▲	→		100 ▲	→		90 ▲	90.0 (Q2)	72	79	No variation		Any variation	n/a	n/a					
		Herceptin Home Delivery	85	%	→	Service Live	10	→		31	→		50 ■	50.0*	50.0	50.0	⇒50		<50	n/a	n/a					
CLINICAL QUALITY																										
R0	Infection Control	Savings Lives Compliance	%	99 ▼	100 ▲	100 ■	→		100 ■	→		100 ■	100*	>95	>95		< YTD target		> YTD target	99.0	99.0					
		MRSA Screening (Elective)	No.	2353 ▲	2824 ▼	2360 ▼	→		2716 ▲	→		3060 ▼	15625	15030	30000	0-15%	16-30%	>30%	6495	24710						
		MRSA Screening (Non-Elective)	No.	2487 ▼	2544 ▲	2607 ▼	→		1965 ▼	→		1815 ■	13936	15000	30000	0-15%	16-30%	>30%	n/a	18571						
DO'D	Obstetrics	Post Partum Haemorrhage (>2000 ml)	No.	0 ■	2 ▼	0 ▲	0 ■	0 ■	0 ■	1 ▼	2 ▼	3 ▼	5	24	48	⇒2	3 - 4	>4	10							
		Admissions to Neonatal ICU	%	5.1 ▲	4.5 ▲	4.7 ▼	2.4 ▲	4.1 ▲	3.5 ▲					4.6	⇒<10	<10	⇒<10	10.0-12.0	>12.0	5.5						
		Adjusted Perinatal Mortality Rate	/1000	6.4 ■	7.5 ▼	15.0 ■	4.8 ▲	8.8 ■	7.3 ■					7.3*	<8.0	<8.0	<8	8.1 - 10.0	>10	10.9						
		Caesarean Section Rate	%	19.8 ■	22.5 ▼	26.4 ■	24.5 ■	23.6 ■	23.9 ■	24.3 ▲	25.3 ■	24.9 ▼	24.0	<25.0	<25.0	⇒25.0	25-28	>28.0	27.0	23.3						
FINANCE & FINANCIAL EFFICIENCY																										
RW	Gross Margin	£000s	2189	▲	2164	▼	719	▲	→		1987	▲	→		1873	▼	11384	11303	26711	i	0%	0 - 1%	>1%	26436	30436	
	CIP	£000s	1425	■	1580	■	1666	▲	→		1740	▼	→		1704	■	9676	9762	20840		0 - 2.5%	2.5 - 7.5%	>7.5%	11084	15075	
	In Year Monthly Run Rate	£	197.67	▲	16.67	▼	57.14	▲	→		19.73	▼	→		38.64	▲	24.60	0	0		NO or a + variation	0 - 5% variation	>5% variation	1.4	0.44	
RK	Income / WTE	£s	5150	■	5090	■	5127	■	→		5147	▲	→		5135	▼	5117	5127	5127	No variation	0 - 5% variation	>5% variation	5014	5058		
	Income / Open Bed	£s	34137	▲	34732	▲	35240	▲	→		37846	▲	→		35539	▼	34976	32697	32697	No variation	0 - 5% variation	>5% variation	30498	32697		
	Income per Spell	Total Income	£s	3065	▲	2884	■	2914	■	→		3229	▲	→		3009	▼	3028	2908	2908	No Variation	0 - 4% Variation	>4% Variation	2701	2908	
		Clinical Income	£s	2749	▼	2573	■	2609	■	→		2878	▲	→		2697	▼	2711	2580	2580	No Variation	0 - 4% Variation	>4% Variation	2400	2580	
		Non-Clinical Income	£s	316	■	311	■	305	▼	→		351	■	→		312	■	317	328	328	No Variation	0 - 4% Variation	>4% Variation	301	328	
	Cost per Spell	Total Cost	£s	3061	▼	2882	■	2907	■	→		3207	■	→		3000	■	3016	2891	2891	No Variation	0 - 4% Variation	>4% Variation	2682	2891	
		Total Pay Cost	£s	2030	▼	1923	■	1922	▼	→		2154	▼	→		2015	▲	2010	1909	1909	No Variation	0 - 4% Variation	>4% Variation	1785	1909	
		Medical Pay Cost	£s	576	▲	541	■	548	▼	→		635	■	→		577	■	576	555	555	No Variation	0 - 4% Variation	>4% Variation	532	555	
		Nursing Pay Cost (including Bank)	£s	609	■	585	▲	578	▲	→		630	▼	→		596	▲	600	660	660	No Variation	0 - 4% Variation	>4% Variation	625	660	
		Non-Pay Cost	£s	1031	▲	960	■	984	■	→		1053	■	→		985	■	1006	982	982	No Variation	0 - 4% Variation	>4% Variation	897	982	
		Mean Drug Cost / IP Spell	£s	134	■	121	■	136	■	→		133	▲	→		132	▲	132	124	124	No Variation	0 - 4% Variation	>4% Variation	120	124	
		Mean Drug Cost / Occupied Bed Day	£s	52	▲	52	■	55	▼	→		52	▲	→		55	▼	52	49	49	No Variation	0 - 4% Variation	>4% Variation	47	49	
Page 2 of 6																										

Exec Lead	PATIENT EXPERIENCE			May	June	July	August		September			To Date (*most recent month)	TARGET		Exec Summary Note	THRESHOLDS			08/09 Outturn	09/10 Outturn		
				Trust	Trust	Trust	S'well	City	Trust	S'well	City		Trust	YTD		10/11						
RK	Same Sex Accommodation Breaches	Number of Breaches	No.	802 ▲	897 ■	786 ▼	→		879 ▼	→		861 ▲	5285	3000	6000		<500 pcm	501-800 pcm	>800 pcm	n/a	3711 (Nov - Mar)	
		Percentage of overall admissions	%	5.44 ■	6.83 ■	6.83 ■	→		8.21 ▼	→		7.64 ▲	7.31	<3%	<3%		<3%	3 - 6%	>6%	n/a	6.47 (Nov - Mar)	
KD	Complaints	Number Received	No.	→	221	→	→			→			221	No. Only	No. Only	80%+	70 - 79%	<70%	789	875		
		Response within initial negotiated date	%	→	n/a	→	→			→			n/a	85	85				81.1	70.6		
	Thank You Letters	No.	→	n/a	→	→			→			n/a	No. Only	No. Only	2912				2286			
RK	Elective Access Contact Centre	Number of Calls Received	No.	12550	13550	11847	→		11367	→		11523	72426	No. Only	No. Only	No variation	0 - 10% variation	>10% variation	190434	incomplete data		
		Average Length of Queue	mins	3.01 ▼	2.11 ▲	1.34 ▲	→		0.5 ■	→		0.44 ▲	0.5	0.5	0.44							
		Maximum Length of Queue	mins	26.5 ▲	22.0 ▲	24.2 ▼	→		11.3 ▲	→		12.5 ▼	6.0	6.0	12.5							
	Telephone Exchange	Number of Calls Received	No.	75300	77711	72874	→		73575	→		77043	451398	No. Only	No. Only	No variation	0 - 10% variation	>10% variation	1559688	1100521		
		Calls Answered	%	90.4	90.9	91.5			90.8			90.6	90.4	No. Only	No. Only				82.3	83.6		
		Answered within 15 seconds	%	51.9	52.9	54.4			51.2			51.7	51.6	No. Only	No. Only				39.1	43.8		
		Answered within 30 seconds	%	68.1	69.1	70.7			67.6			67.8	67.7	No. Only	No. Only				55.5	58.8		
		Average Ring Time	Secs	24.3	23.8	22.0			24.3			24.1	24.1*	No. Only	No. Only				28.8	36.0		
		Longest Ring Time	Secs	588	755	800			616			825	825*	No. Only	No. Only				695	646		
STRATEGY																						
RK	Referrals	Total By Site	No.	15599 ▲	16655 ▼	16556 ■	→		16083 ■	→			80978	78860	192945	No Variation	0 - 2% Variation	>2% Variation	178070	192945		
		Total GP Referrals	No.	10440 ▲	11467 ▼	11310 ▼	→		10221 ■	→			54032	51907	127001				120138	127001		
		Total Other Referrals	No.	5159 ▼	5188 ■	5246 ▼	→		5862 ■	→			26946	26953	65944				57932	65944		
		By PCT - Heart of B'ham	No.	4327 ▲	4699 ▼	4756 ▼	→		4458 ▼	→			22556	21501	52604				49859	52604		
		By PCT - Sandwell	No.	7839 ▲	8418 ▼	8098 ■	→		8065 ■	→			40460	39523	96699				87779	96699		
		By PCT - Other	No.	3433 ▼	3538 ■	3702 ▼	→		3560 ▲	→			17962	17838	43642				40453	43642		
		Conversion (all referrals) to New OP Att'd	%	83.6	89.1	85.8	→		77.1	→			83.8	No. Only	No. Only				85.9	85.3		
		OP Source of Referral Information	%	0.82 ▲	1.95 ▼	0.91 ▲	→		0.86 ▲	→		0.81 ▲	1.05	=<5.0	=<5.0				10.0	1.4		
ACTIVITY																						
RK	Spells	Elective IP	No.	1026 ▲	1049 ■	1033 ▼	→		940 ▲	→		971 ▼	5940	6333	12641	i	No Variation	0 - 2% Variation	>2% Variation	13106	13722	
		Elective DC	No.	4306 ▲	4939 ▼	4682 ▼	→		4221 ▲	→		4624 ▼	27011	22919	45747					50873	52729	
		Total Elective	No.	5332 ▲	5988 ▼	5715 ▼	→		5161 ▲	→		5595 ▼	32951	29252	58338					63979	66451	
		Non-Elective - Short Stay	No.	894 ■	1369 ■	1432 ▼	→		1204 ■	→		1238 ■	8597	7856	15712					12770	18769	
		Non-Elective - Other	No.	4288 ■	3736 ■	3918 ▲	→		3696 ■	→		3784 ■	22072	23251	46502					56226	47072	
		Total Non-Elective	No.	5182 ▲	5105 ■	5350 ■	→		4900 ■	→		5022 ■	30669	31107	62214					68996	65841	
	Outpatients	New	No.	13023 ▲	14839 ▼	14200 ▼	→		12406 ▲	→		14259 ▼	82097	78052	155792					152923	164358	
		Review	No.	34674 ▲	39287 ▼	37893 ▼	→		35081 ▲	→		38327 ▼	223302	199004	397213					374867	425890	
		A/E Attendances	Type I (Sandwell & City Main Units)	No.	16549 ▲	15535 ▼	15208 ▲	6860 ■	7892 ▲	14752 ▲	6670 ■	7967 ▲	14637 ■	93648	100719					191845	191141	190254
		A/E Attendances	Type II (BMEC)	No.	2996 ■	3100 ▲	2998 ▲	→		3289 ■	→		3217 ▼	18832	18445					35133	30800	34836
Page 3 of 6																						

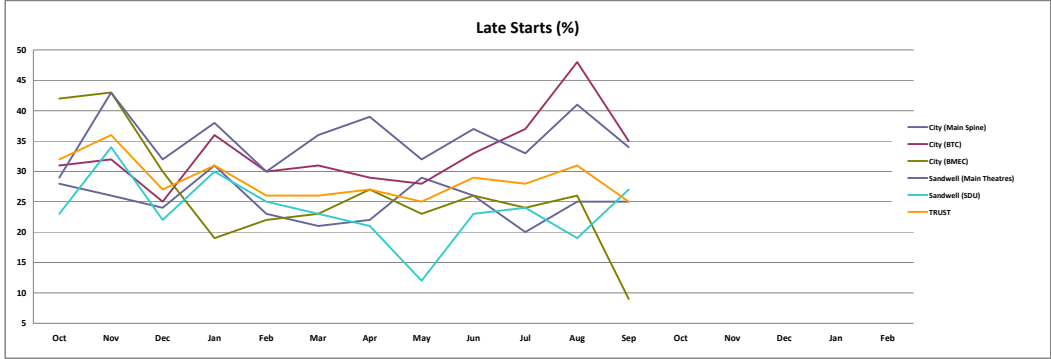
Exec Lead	PATIENT ACCESS & EFFICIENCY			May	June	July	August			September			To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS			08/09 Outturn	09/10 Outturn									
				Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		S'well	City		Trust	YTD	10/11											
RK	Waiting Times	Diagnostic Waits greater than 6 weeks	No.	41	▼	19	▲	5	▲	→			8	▼	→				8*	0	0	b	0		>0	26	3			
	Length of Stay	Average Length of Stay	Days	4.0	▲	4.2	▼	4.2	■	4.7	▼	4.1	▲	4.3	▼				4.2	5.0	5.0		No Variation	0 - 5% Variation	>5% Variation	5.0	4.4			
		All Patients with LOS > 14 days	No.	338		327		319		175		141		316		158		136	294	294	No. Only		No. Only				312	356		
		All Patients with LOS > 28 days	No.	196		176		188		97		73		170		90		78	168	168	No. Only		No. Only				152	195		
		Min. Stay Rate (Electives (IP/DC) <2 days)	%	93.5	▲	93.5	■	93.3	▼	95.4	▼	90.1	▼	92.3	▼	95.6	▲	91.3	▼	93.2	▲	93.2	92.0	92.0	No Variation	0 - 5% Variation	>5% Variation	91.6	92.3	
	Admissions	Day of Surgery (IP Elective Surgery)	%	88.7	▼	88.5	▼	90.4	▲	92.9	▲	87.0	▼	88.9	▼	93.2	▲	85.4	▼	88.5	▼	88.0	82.0	82.0	No Variation	0 - 5% Variation	>5% Variation	79.4	85.5	
		Day of Surgery (IP Non-Elective Surgery)	%	70.9		70.4		72.1		77.1		72.4		74.7		78.5		69.9		73.8		72.4	No. Only	No. Only				70.2	69.7	
		With no Procedure (Elective Surgery)	%	8.1		9.3		6.8		10.9		6.2		7.6						7.8		No. Only	No. Only				10.6	9.7		
		Per Bed (Elective)	No.	5.32	▼	5.55	▲	6.91	■	4.79	■	6.29	▼	5.58	■	5.79	■	6.78	▲	6.30	■	5.84	5.90	5.90	No Variation	0 - 5% Variation	>5% Variation	5.33	5.49	
	Discharges	Pt's Social Care Delay	No.	31	■	34	▼	27	▲	9	■	15	▲	24	▲	15	■	13	▲	28	▼	28*	<18	<18	b	No Variation	0 - 5% Variation	>5% Variation		
		Pt's NHS & NHS plus S.C. Delay	No.	6	■	12	■	10	■	3	▼	0	■	3	■	2	▲	9	■	11	■	11*	<10	<10		No Variation	0 - 10% Variation	>10% Variation		
	Beds	Occupied Bed Days	No.	26949	▲	25972	▲	27407	▼	12100	▲	13779	▲	25879	▲	12394	▲	13151	▲	25545	▲	159907	166428	331946		No Variation	0 - 5% Variation	>5% Variation	342793	331946
		Occupancy Rate	%	86.8	■	86.5	■	87.7	■	85.7	■	82.9	■	84.2	■	89.8	■	83.3	■	86.4	■	86.5	86.5-89.5	86.5-89.5		86.5 - 89.5 or 89.5-90.5	>89.5 or >90.5	90.3	86.0	
		Open at month end (exc Obstetrics)	No.	976	▼	921	■	915	▲	401		451		852	▲	432		467		899	▼	899*	930	920	No Variation	0 - 2% Variation	>2% Variation	975	989	
	Day Case Rates	All Procedures	%	80.8	■	81.5	▲	81.1	▼	85.5	▼	76.7	▼	80.4	▼	84.2	▼	78.9	▼	81.2	▲	81.3	80.0	80.0	No Variation	0 - 5% Variation	>5% Variation	79.0	79.4	
		BMEC Procedures	%	82.6	▼	82.7	▲	75.8	■	→		80.2	■	80.2	■	→		83.3	▲	83.3	▲	81.4	80.0	80.0	No Variation	0 - 5% Variation	>5% Variation	79.7	79.7	
	Non-Admitted Care	New - Review Rate	Ratio	2.66	▲	2.65	▲	2.67	▼	2.96	▼	2.76	▼	2.83	▼	2.87	▲	2.60	▲	2.69	▲	2.72	2.30	2.30	No Variation	0 - 5% Variation	>5% Variation	2.45	2.59	
		DNA Rate - New Referrals	%	14.1	▼	15.1	▼	13.9	▲	13.0	▲	15.1	▼	14.4	▼	11.9	▲	14.1	▲	13.4	▲	13.6	9.0	9.0	No Variation	0 - 5% Variation	>5% Variation	12.0	13.5	
		DNA Rate - Reviews	%	12.8	▼	13.3	▼	12.6	▲	12.6	▲	13.0	▼	12.9	▼	12.3	▲	12.9	▲	12.7	▲	12.4	9.0	9.0	No Variation	0 - 5% Variation	>5% Variation	13.5	12.3	
		OP Cancellations - Trust Initiated	No.	3449		3791		3503		→		→		3483		→		→		→		17983	No. Only	No. Only				n/a	20348 (Oct-Mar)	
		OP Cancellations - Patient Initiated	No.	3576		3922		3583		→		→		3805		→		→		→		18208	No. Only	No. Only				n/a	22820 (Oct-Mar)	
		OP Cancellations as % OP activity	%	14.7		14.3		13.6		→		→		15.3		→		→		→		14.3	No. Only	No. Only				n/a	14.4 (Oct-Mar)	
	Diagnostic Report Turnaround	Cervical Cytology Turnaround	Weeks	0.9	■	2.4	▼	1.0	▲	→		→		1.6	▼	→		→		2.0	▼	2.0*	<4.0	<4.0	<4.0	4.0-6.0	>6.0	2.7	0.9	
	Ambulance Turnaround	In Excess of 30 minutes	%	23.9	▼	29.0	▼	25.9	▲	23.5	▲	23.3	▲	23.4	▲	23.9	▼	21.8	▲	22.8	▲	22.8*	<10.0	<10.0	<10	10 - 12.5	>12.5	19.0	23.9	
		(West Midlands average)	%	29.7		32.3		30.9		→		→		30.4		→		→		31.8		31.8*	No. Only	No. Only				21.0	25.5	
		In Excess of 60 minutes	No.	41	▲	75	▼	45	▲	10	▲	11	▲	21	▲	15	▼	15	▼	30	▼	30*	0	0	0	1 - 5	>5		46	
THEATRE UTILISATION																														
RK	Sitrep Declared Late Cancellations by Specialty	General Surgery	No.	17	▼	4	■	5	▼	2		2	4	▲	1		1	2	▲	40	30	60	a	0-5% variation	5 - 15% variation	>15% variation	104	81		
		Urology	No.	1	■	12	■	14	▼	2		1		3	■	1		6	7	■	44	24		48	0-5% variation	5 - 15% variation	>15% variation	102	48	
		Vascular Surgery	No.	1	■	1	■	0	■	0		5		5	■	0		0	0	■	7	2		3	0-5% variation	5 - 15% variation	>15% variation	7	8	
		Trauma & Orthopaedics	No.	4	▼	8	■	4	■	4		1		5	▼	0		10	10	■	33	36		72	0-5% variation	5 - 15% variation	>15% variation	75	66	
		ENT	No.	2	■	1	■	3	■	0		1		1	■	0		2	2	■	10	6		12	0-5% variation	5 - 15% variation	>15% variation	23	23	
		Ophthalmology	No.	14	▲	10	■	6	▲	0		5		5	▲	0		15	15	■	67	54		108	0-5% variation	5 - 15% variation	>15% variation	153	139	
		Oral Surgery	No.	0	■	2	■	0	■	0		1		1	▼	0		0	0	▲	3	4		8	0-5% variation	5 - 15% variation	>15% variation	19	24	
		Cardiology	No.	2	▼	4	■	0	■	0		0		0	■	2		1	3	■	10	11		21	0-5% variation	5 - 15% variation	>15% variation	31	7	
		Gynaecology / Gynae-Oncology	No.	3	▲	0	▲	8	■	3		1		4	■	6		3	9	■	29	27		54	0-5% variation	5 - 15% variation	>15% variation	71	63	
		Plastic Surgery	No.	2	■	0	■	0	■	1		0		1	▼	0		1	1	■	5	6		12	0-5% variation	5 - 15% variation	>15% variation	21	11	
		Dermatology	No.	4	■	0	■	1	▼	1		0		1	■	0		1	1	■	7	12		24	0-5% variation	5 - 15% variation	>15% variation	24	27	
		TOTAL	No.	50	■	42	■	41	▲	13		17		30	■	10		40	50	■	255	212		422	0-5% variation	5 - 15% variation	>15% variation	630	497	
		Page 4 of 6																												



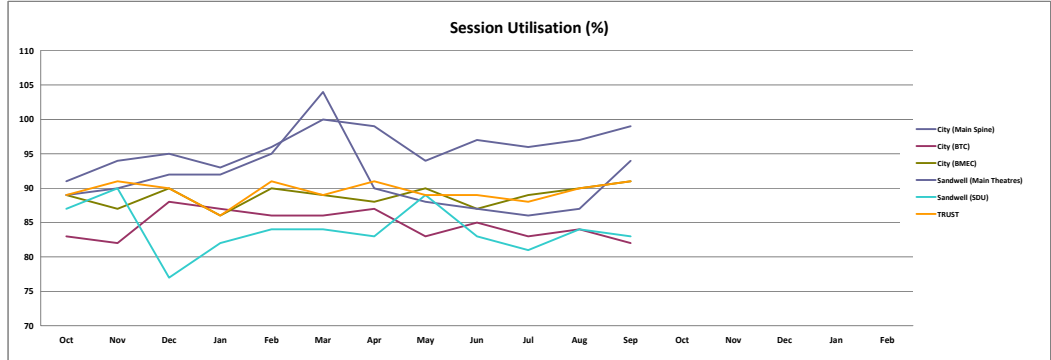


SUPPLEMENTARY DATA THEATRE UTILISATION

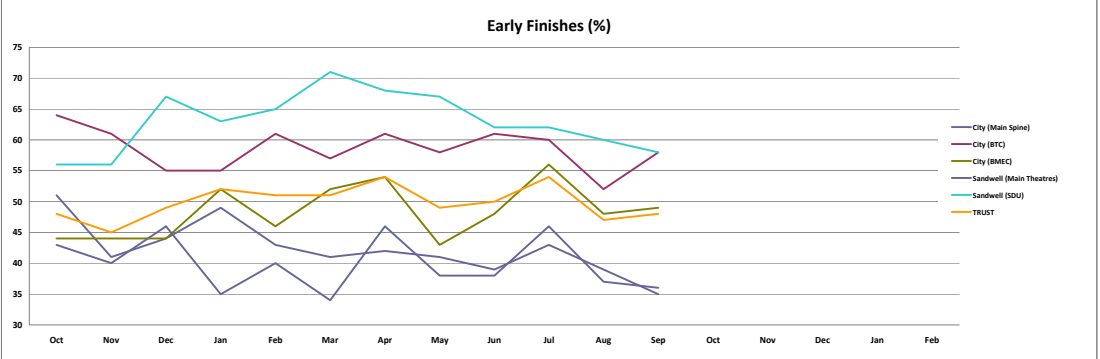
LATE STARTS (%)	2009 / 2010						2010 / 2011										
Theatre Location	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
City (Main Spine)	28	26	24	31	23	21	22	29	26	20	25	25					
City (BTC)	31	32	25	36	30	31	29	28	33	37	48	35					
City (BMEC)	42	43	30	19	22	23	27	23	26	24	26	9					
Sandwell (Main Theatres)	29	43	32	38	30	36	39	32	37	33	41	34					
Sandwell (SDU)	23	34	22	30	25	23	21	12	23	24	19	27					
TRUST	32	36	27	31	26	26	27	25	29	28	31	25					
KEY: GREEN = <5.1% deviation from target, AMBER = 5.1 - 15.0% deviation, RED = >15.0% deviation																	



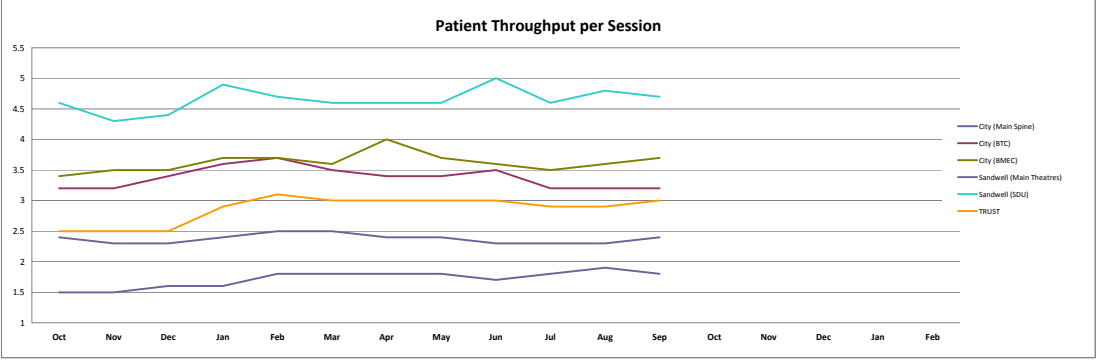
SESSION UTILISATION (%)	2009 / 2010						2010 / 2011										
Theatre Location	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
City (Main Spine)	91	94	95	93	96	100	99	94	97	96	97	99					
City (BTC)	83	82	88	87	86	86	87	83	85	83	84	82					
City (BMEC)	89	87	90	86	90	89	88	90	87	89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



EARLY FINISHES (%)	2009 / 2010						2010 / 2011										
Theatre Location	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
City (Main Spine)	51	41	44	49	43	41	42	41	39	43	39	35					
City (BTC)	64	61	55	55	61	57	61	58	61	60	52	58					
City (BMEC)	44	44	44	52	46	52	54	43	48	56	48	49					
Sandwell (Main Theatres)	43	40	46	35	40	34	46	38	38	46	37	36					
Sandwell (SDU)	56	56	67	63	65	71	68	67	62	62	60	58					
TRUST	48	45	49	52	51	51	54	49	50	54	47	48					
KEY: GREEN = <5.1% deviation from target, AMBER = 5.1 - 15.0% deviation, RED = >15.0% deviation																	



THROUGHPUT / SESSION	2009 / 2010						2010 / 2011										
Theatre Location	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	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					
City (BTC)	3.2	3.2	3.4	3.6	3.7	3.5	3.4	3.4	3.5	3.2	3.2	3.2					
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					
Sandwell (Main Theatres)	2.4	2.3	2.3	2.4	2.5	2.5	2.4	2.4	2.3	2.3	2.3	2.4					
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					
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					
KEY: GREEN = <5.1% deviation from target, AMBER = 5.1 - 15.0% deviation, RED = >15.0% deviation																	



## Sandwell and West Birmingham Hospitals



NHS Trust

## TRUST BOARD

DOCUMENT TITLE:	The NHS Performance Framework Monitoring Report and summary performance assessed against the NHS FT Governance Risk Rating (FT Compliance Report)
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Mike Harding, Head of planning & Performance Management and Tony Wharram, Deputy Director of Finance
DATE OF MEETING:	28 October 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 September and Quarter 2 relate to Delayed Transfers of Care and projected RTT (Admitted) performance in Orthopaedics.

The overall weighted score for the month of September is 2.51 and for Quarter 2 is 2.65, 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 September 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. The Trust remains within the overall '**PERFORMING**' threshold.

**Foundation Trust Compliance Report** – There were no areas of underperformance reported within the framework during the month of September.

The projected overall score for the month of September is 0.0, and for the Quarter 0.5. The Overall Governance Rating remains **GREEN**.

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

Approval	Receipt and Noting	Discussion
	<b>x</b>	

**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	<b>x</b>	
Business and market share		
Clinical	<b>x</b>	
Workforce		
Environmental		
Legal & Policy	<b>x</b>	
Equality and Diversity		
Patient Experience	<b>x</b>	
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

Finance and Performance Management Committee on 21 October 2010

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

Operational Standards and Targets

Indicator	Thresholds		
	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%

Sum	15.00
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	July 2010	Score	Weight x Score	August 2010	Score	Weight x Score	September 2010	Score	Weight x Score	Q2 2010-11	Score	Weight x Score
97.82%	2	2.00	97.60%	2	2.00	98.50%	3	3.00	97.40%	2	2.00	97.83%	2	2.00
<5.0%	3	3.00	0%	3	3.00	0%	3	3.00	0%	3	3.00	0%	3	3.00
1	3	3.00	2	0	0.00	0	3	3.00	0	3	3.00	2	3	3.00
47	3	3.00	14	3	3.00	21	2	2.00	5	3	3.00	40	3	3.00
>90.0%	3	3.00	94.4%	3	3.00	93.7%	3	3.00	>90.0*	3	3.00	>90.0*	3	3.00
>95.0%	3	3.00	98.5%	3	3.00	97.3%	3	3.00	>95.0*	3	3.00	>95.0*	3	3.00
>0	0	0.00	>0	0	0.00	>0	0	0.00	>0*	0	0.00	>0*	0	0.00
94.2%	3	1.50	93.8%	3	1.50	94.3%	3	1.50	>93.0%*	3	1.50	>93.0%*	3	1.50
93.4%	3	1.50	93.0%	3	1.50	93.3%	3	1.50	>93.0%*	3	1.50	>93.0%*	3	1.50
100.0%	3	0.99	100.0%	3	0.99	100.0%	3	0.99	>94.0%*	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	>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	>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	>90.0*	3	0.99
96.9%	3	0.99	100.0%	3	0.99	90.0%	3	0.99	>85.0*	3	0.99	>85.0*	3	0.99
88.6%	3	0.99	84.4%	2	0.66	85.5%	3	0.99	>85.0*	3	0.99	>85.0*	3	0.99
93.30%	3	1.50	87.50%	3	1.50	>75.00%*	3	1.50	>75.00%*	3	1.50	>75.00%*	3	1.50
no patients	-	-	no patients	-	-	no patients	-	-	no patients*	-	-	no patients*	-	-
100.00%	3	3.00	100.00%	3	3.00	100.00%	3	3.00	100.00%	3	3.00	100.00%	3	3.00
100.00%	3	3.00	100.00%	3	3.00	100.00%	3	3.00	100.00%	3	3.00	100.00%	3	3.00
3.5 - 5.0%	3	3.00	4.80%	2	2.00	4.00%	2	2.00	5.00%	0	0.00	3.5 - 5.0%	2	2.00
69.00%	3	3.00	61.40%	3	3.00	70.00%	3	3.00	68.00%	3	3.00	66.50%	3	3.00

39.44	35.11	*projected	38.44	*projected	36.44	*projected	38.44
2.72	2.42		2.65		2.51		2.65

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

Financial Indicators						SCORING			2010 / 2011								
Criteria	Metric	Weight (%)		3	2	1	July	Score	Weight x Score	August	Score	Weight x Score	September	Score	Weight x Score		
Initial Planning	Planned Outturn as a proportion of turnover	5	5	Planned operating breakeven or surplus that is either equal to or at variance to SHA expectations by no more than 3% of income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to SHA expectations by more than 3% of planned income.	Operating deficit more than or equal to 2% of planned income	0.00%	3	0.15	0.00%	3	0.15	0.00%	3	0.15		
Year to Date	YTD Operating Performance	25	20	YTD operating breakeven or surplus that is either equal to or at variance to plan by no more than 3% of forecast income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to plan by more than 3% of forecast income.	Operating deficit more than or equal to 2% of forecast income	0.02%	3	0.6	0.02%	3	0.6	0.03%	3	0.6		
	YTD EBITDA		5	Year to date EBITDA equal to or greater than 5% of actual year to date income	Year to date EBITDA equal to or greater than 1% but less than 5% of year to date income	Year to date EBITDA less than 1% of actual year to date income.	5.91%	3	0.15	5.94%	3	0.15	5.91%	3	0.15		
Forecast Outturn	Forecast Operating Performance	40	20	Forecast operating breakeven or surplus that is either equal to or at variance to plan by no more than 3% of forecast income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to plan by more than 3% of income.	Operating deficit more than or equal to 2% of income	0.00	3	0.6	0.00	3	0.6	0.00	3	0.6		
	Forecast EBITDA		5	Forecast EBITDA equal to or greater than 5% of forecast income.	Forecast EBITDA equal to or greater than 1% but less than 5% of forecast income.	Forecast EBITDA less than 1% of forecast income.	6.18%	3	0.15	6.15%	3	0.15	6.15%	3	0.15		
	Rate of Change in Forecast Surplus or Deficit		15	Still forecasting an operating surplus with a movement equal to or less than 3% of forecast income	Forecasting an operating deficit with a movement less than 2% of forecast income OR an operating surplus movement more than 3% of income.	Forecasting an operating deficit with a movement of greater than 2% of forecast income.	0.00%	3	0.45	0.00%	3	0.45	0.00%	3	0.45		
Underlying Financial Position	Underlying Position (%)	10	5	Underlying breakeven or Surplus	An underlying deficit that is less than 2% of underlying income.	An underlying deficit that is greater than 2% of underlying income	0.53%	3	0.15	0.53%	3	0.15	0.53%	3	0.15		
	EBITDA Margin (%)		5	Underlying EBITDA equal to or greater than 5% of underlying income	Underlying EBITDA equal to or greater than 5% but less than 1% of underlying income	Underlying EBITDA less than 1% of underlying income	6.18%	3	0.15	6.15%	3	0.15	6.15%	3	0.15		
Finance Processes & Balance Sheet Efficiency	Better Payment Practice Code Value (%)	20	2.5	95% or more of the value of NHS and Non NHS bills are paid within 30days	Less than 95% but more than or equal to 60% of the value of NHS and Non NHS bills are paid within 30days	Less than 60% of the value of NHS and Non NHS bills are paid within 30 days	67.00%	2	0.05	70.00%	2	0.05	76.00%	2	0.05		
	Better Payment Practice Code Volume (%)		2.5	95% or more of the volume of NHS and Non NHS bills are paid within 30days	Less than 95% but more than or equal to 60% of the volume of NHS and Non NHS bills are paid within 30days	Less than 60% of the volume of NHS and Non NHS bills are paid within 30 days	68.00%	2	0.05	79.00%	2	0.05	80.00%	2	0.05		
	Current Ratio		5	Current Ratio is equal to or greater than 1	Current ratio is anything less than 1 and greater than or equal to 0.5	A current ratio of less than 0.5	0.94	2	0.1	0.95	2	0.1	0.95	2	0.1		
	Debtor Days		5	Debtor days less than or equal to 30 days	Debtor days greater than 30 and less than or equal to 60 days	Debtor days greater than 60	20.29	3	0.15	20.71	3	0.15	23.40	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	45.62	2	0.1	46.00	2	0.1	49.33	2	0.1		
				Weighted Overall Score			2.85			2.85			2.85				
*Operating Position = Retained Surplus/Breakeven/deficit less Impairments																	

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

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

## Sandwell and West Birmingham Hospitals



NHS Trust

<b>TRUST MANAGEMENT BOARD</b>
-------------------------------

<b>DOCUMENT TITLE:</b>	Corporate Objectives 2010/11 – Progress Report (Quarter 2)
<b>SPONSORING DIRECTOR:</b>	Mike Sharon, Director of Strategy and Organisational Development
<b>AUTHOR:</b>	Ann Charlesworth, Head of Corporate Planning
<b>DATE OF MEETING:</b>	28 October 2010

**SUMMARY OF KEY POINTS:**

The report contains a summary of progress at the end of Quarter 2, towards the achievement of the Trust's Corporate Objectives set out in the Annual Plan 2010/11.

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

Approval	Receipt and Noting	Discussion
	<b>X</b>	

**ACTIONS REQUIRED, INCLUDING RECOMMENDATION:**

To note progress on the Corporate Objectives at Q2.

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

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

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

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

**PREVIOUS CONSIDERATION:**

Trust Management Board on 19 October 2010.

## ANNUAL PLAN 2010/11

### CORPORATE OBJECTIVES PROGRESS REPORT (QUARTER TWO)

#### INTRODUCTION

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

#### QUARTER TWO PROGRESS

A summary of the position on each objective at the end of Quarter 2 is set out in the table that accompanies this report. An overview of the Q2 RAG assessment for each objective is set out in the table below.

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



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

At the end of quarter two, 70% of objectives are assessed as green. Three objectives have been revised from green to amber:

- 1.3 - GP communications, where a Project Group is now taking this work forward.
- 2.7 - A&E Departments, where the forthcoming retirement and departures of consultants is affecting the position.
- 6.5 - Organisational status, where there has been some delay to the development of the Project Plan.

Objective 2.10 - Deliver quality and efficiency projects, has moved from red to amber reflecting the progress being made through the QMF process.

Objective 4.4 - Ward, theatre, clinic capacity, however is shown as red as, in spite of making good progress over the summer with medical bed reductions, recent high levels of activity have led to a number of beds having to be reopened to cope with demand. The COO is leading directorate by directorate work on discharge systems to get this objective back on track.

## CONCLUSION AND RECOMMENDATIONS

This report and the accompanying table present an overview of the position on our corporate objectives for 2010/11 at the end of Quarter 2. The Trust Board is recommended to:

- NOTE the progress made on the corporate objectives at Q2.

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

### PROGRESS REPORTING

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

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

### CATEGORISATION

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

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

Trust Objectives 2010/11					
Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Two (September 2010)	Red /Amber /Green Assessment
<b>1.</b>	<b><i>Accessible and Responsive Care</i></b>				
1.1	<b>Continue to achieve national waiting time targets (including A&amp;E, cancer targets and 18 weeks)</b>  RK	<ul style="list-style-type: none"> <li>A&amp;E 4 hour standard</li> <li>18 week elective standard</li> <li>Cancer standards</li> </ul>	98.55%  94.1% ad 98.9% non-ad (March 2010)  2wk=93.9% Breast symptomatic 2 wk=93.6% 31days=99.7% 62days=89%	<ul style="list-style-type: none"> <li>A&amp;E = 97.83% (Q2). 98.3% with Type 3 activity mapped.</li> <li>93.7% Admitted (Aug 2010). 97.3% Non-Admitted (Aug 2010).</li> <li>2- Week (All Cancers) – 94.0% (July – Aug 2010)</li> <li>2 Week (Breast Symptomatic – 93.1% (July – Aug 2010)</li> <li>31-day – 100% (July – Aug 2010)</li> <li>62-day – 84.9% (July – Aug 2010)</li> </ul>	<b>3</b>
1.2	<b>Continue to improve the experiences of our patients by focusing on basic nursing care and standards of privacy and dignity.</b>  RO	<ul style="list-style-type: none"> <li>EOC audit results twice a year.</li> <li>Observations of care audits twice a year</li> <li>MUST nutritional audits twice a year</li> <li>P+D audits twice a year</li> <li>Patient surveys in real time plus annual national survey</li> <li>Twice yearly ward reviews – improved standards will be a mark of success.</li> </ul>		Plan on track. Essence of care and observation of care increased to quarterly. MUST now quarterly. Looking at the same system for nursing audits as hand hygiene – to increase frequency. New surveys launched and carer survey. Ward reviews moving to quarterly once Heads of Nursing in post.	<b>3</b>
1.3	<b>Make communication with GPs about their patients quicker and more consistent</b>  RK	<ul style="list-style-type: none"> <li>Set standards for key communications with GPs (e.g. clinic letters, discharge letters)</li> <li>Improve performance against standards</li> </ul>	Baseline measures to be set.	Project group established and (a) reviewing achievement of current standards for GP communications (b) identifying quick action to clear delays where necessary and (c) developing longer-term redesign options.	<b>2</b>

Trust Objectives 2010/11					
Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Two (September 2010)	Red /Amber /Green Assessment
1.4	<p><b>Improve our outpatient services, including the appointments system [QuEP]</b></p> <p>RK</p>	<ul style="list-style-type: none"> <li>Maintained low waiting times</li> <li>Reducing cancellations / rescheduling</li> <li>Reducing Did Not Attend rate</li> <li>Improving response from Call Centre</li> </ul>	<p>OP =12 wks - only 253 (2.2%) patients waiting &gt;9 wks at end March 2010 Diagnostics =6 wks</p> <p>14.4% overall 20348 Trust initiated cancellations Q3/Q4. 22820 Patient initiated cancellations Q3/Q4.</p> <p>13.5% - new pts 12.3% - review pts</p> <p>Ave length of wait for response 2.56 mins. Max length of wait for response</p>	<p>The Outpatient Improvement Project continues to make progress on its key objectives of reducing cancellations, improving clinic letters and scheduling and improving contact centre response times. Impact on key indicators remains mixed with more progress in some areas (e.g. waiting times, contact centre response times) than others (e.g. nos. of cancellations).</p> <p>OP Maximum Wait 12 weeks (Q2) Diagnostic Waits &gt; 6 weeks = 8 (Aug 2010)</p> <p>14.5% overall (July – Aug 2010) 6986 Trust initiated cancellations (July – Aug 2010) 7388 Patient initiated cancellations (July – Aug 2010)</p> <p>13.9 % New Outpatient DNAs (Q2) 12.7% Review Outpatient DNAs (Q2)</p> <p>Average length of wait for response – 0.5 mins (Aug 2010) Maximum length of wait for response – 11.3 mins (Aug 2010)</p>	2

Trust Objectives 2010/11					
Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Two (September 2010)	Red /Amber /Green Assessment
			39.6 mins. (March 2010)		
1.5	<p><b>Make improvements to staff attitude by ensuring our customer care promises become part of our day to day behaviour and are incorporated into the recruitment process</b></p> <p>JK</p>	<ul style="list-style-type: none"> <li>Reduction in formal complaints relating to staff attitude/system failures</li> <li>Improvement in national patient survey scores relating to patient experience</li> </ul>	<p>Staff attitude Q1-12%, Q2-12%, Q3-9%, Q4-9%</p> <p>IP =77/100 overall care, 82/100 dignity &amp; respect OP=82/100 overall care, 92/100 dignity and respect</p>	<p>Customer care promises action plan has been updated and progress reviewed by LiA Sponsor Group. Progress has been made in building the customer care promises into recruitment and plans have been developed for renewed publicity push. Progress is satisfactory against plan.</p> <p>Quantifiable data not yet available.</p>	3
2.	<b>High Quality Care</b>				
2.1	<p><b>Continue to keep up high standards of infection control and cleanliness</b></p> <p>RO</p>	<ul style="list-style-type: none"> <li>Achieve national, local and internal targets (<i>Targets for 2010/11 MRSA &lt;6; C Diff &lt;243 external - &lt;158 internal</i>)</li> <li>Achieve national standards of cleanliness ratings</li> <li>Achieve at least "good" rating in PEAT assessments</li> <li>Achieve 95% hand hygiene compliance</li> <li>Achieve less than 1% phlebitis rate</li> <li>Achieve 95% Saving Lives audits</li> </ul>	<p>MRSA=14 cases, target&lt;33 C Diff=158 cases, target&lt;264</p> <p>88% compliance</p> <p>99%</p>	<p>Plan continues; within targets currently. – MRSA 4 cases (= &lt;2 target). C Diff 40 cases (= &lt;60 target)</p> <p>Compliance against standards remains good.</p> <p>100% Compliance (October 2010)</p>	3

Trust Objectives 2010/11					
Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Two (September 2010)	Red /Amber /Green Assessment
2.2	<b>Formalise our quality system to bring together all that we can do to maintain and improve our quality of care</b>  KD/DOD/RO	<ul style="list-style-type: none"> <li>• Development of Quality and Governance framework</li> <li>• Establishment of governance systems and structures at the directorate level</li> <li>• Directorate QMF reviews undertaken at least quarterly by all clinical divisions</li> <li>• Implementation of systems to produce and review Quality Accounts</li> </ul>		<ul style="list-style-type: none"> <li>• Discussions with directorates continue in respect of governance systems and integration with divisional systems. Decision taken to design a 'Service Quality System' that encompasses data, regulation, review and structures. Board discussion about the proposed system for September /October 2010.</li> <li>• QMF metrics identified in respect of all Trust Objectives and work is under way to develop relevant dashboards.</li> <li>• Directorate reviews are occurring quarterly in the main. Discussions with divisions continue in respect of devolving ownership of the process.</li> <li>• 2009/10 Quality Account approved by the Board and published on NHS Choices.</li> <li>• Work since June has focussed on embedding the QMF review process and delivering the associated dashboards.</li> <li>• Data flows are expected to have improved significantly by November 2010</li> <li>• Ownership by the divisions remains patchy.</li> </ul>	3
2.3	<b>Improve the protection and care we provide to vulnerable children and adults</b>  RO	<ul style="list-style-type: none"> <li>• Achieve Mandatory Training target in levels 1,2 and 3 training</li> <li>• Show improvement in Hospitals services Children's review (CQC)</li> <li>• Achieve compliance CQC standards</li> <li>• Meet deadlines for SCR IMR requests and have no returned reports as unacceptable by OFSTED.</li> <li>• Have no red rating in action plans</li> <li>• Increase number of staff who have received training on domestic violence</li> <li>• Start to collect data on children attending A+E under influence of alcohol</li> <li>• Increase number of staff trained in dementia care</li> </ul>	71.1%	Training on track for 3 year trajectory. Mandatory training 77.3% (Sept 2010) Ofsted and CQC report received for Sandwell and Birmingham. Plans for recommendations and actions in place. Safeguarding action plans progressing. Newly funded posts being appointed to.	3

Trust Objectives 2010/11					
Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Two (September 2010)	Red /Amber /Green Assessment
2.4	<b>Demonstrate we have improved our management of risk by achieving NHS Litigation Authority accreditation at Level 2 for both general and maternity standards</b>  KD	Level 2 accreditation for NHSLA risk management standards Level 2 accreditation for CNST maternity standards		Arrangements are being finalised for the informal visit to the Trust from the NHSLA assessor. The purpose of this meeting is to confirm that the action plan resulting from the Level 1 assessment in February has been implemented. It is also an opportunity to obtain guidance on the approach being adopted to address any challenging standards.  Evidence collection for the Level 2 assessment in February 2011 continues.	3
2.5	<b>Successfully implement the outcome of the Maternity Review</b>  JA	<ul style="list-style-type: none"> <li>Open the co-located MLU at City in May 2010.</li> <li>Reconfigure obstetric services in Q4 2010/11</li> </ul>		Co-located MLU opened 5 <sup>th</sup> May 2010. PID for Maternity reconfiguration agreed. Project plan proceeding on schedule. Transfer data agreed as 21 January 2011. Free-standing MLU location agreed – project on schedule.  Project continues on schedule. LiA events held to engage staff in change process.	3
2.6	<b>Continue to improve our services for Stroke patients</b>  DOD	<ul style="list-style-type: none"> <li>Achievement of CQUIN targets for 10/11</li> <li>Significant improvement in Sentinel Stroke Audit measures</li> </ul>	Brain imaging within 24 hrs of admission – 81.8%  Patients spending >90% of hospital stay on stroke unit – 62%	Target 90% for 2010/11 Q2 = 84.14% (trajectory 85%)  Q2 = 66.5% (YTD = 69.8%)  The Stroke Action Team has developed a dashboard to monitor these and other targets. We continue to implement plans to improve the Stroke and TIA pathways and have seen some improvements. We are currently focussing on better data collection. The service is due to be peer reviewed in October.	2

Trust Objectives 2010/11					
Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Two (September 2010)	Red /Amber /Green Assessment
2.7	<b>Improve the quality of service and safety within our A&amp;E departments</b>  DOD	<ul style="list-style-type: none"> <li>Successful integration of both EDs</li> <li>Reduction in SUIs graded red</li> <li>Maintenance of 4hr targets (see 1.1)</li> </ul>	98.55%	<p>Cross site working due to commence September 2010. May 2010 analysis did show a fall in SUIs graded red at SGH ED. Overall performance at 4 hrs 97.83% (Q2), although national revised standard is now 95%. ED activity remains challenging.</p> <p>The headline issue for this quarter is related to HR challenges for the department. Forthcoming retirements at consultant level and the expected departure of two other colleagues will pose significant difficulties starting early in 2011. A proposal from the directorate for a significant increase in consultant numbers to boost recruitment has been approved by SIRG, but the assessment has slipped back to Amber</p>	2
2.8	<b>Achieve the new Quality and Innovation targets agreed with our commissioners (CQUIN) for 2010/11</b>  DOD/RK/RO	<p>Achievement of 2010/11 CQUIN targets</p> <ul style="list-style-type: none"> <li>VTE assessment</li> </ul> <ul style="list-style-type: none"> <li>Breast feeding</li> </ul> <ul style="list-style-type: none"> <li>Tissue viability care</li> </ul>	60%	<p>VTE assessment remains challenging, but considerable progress has been made in developing and implementing the electronic process. Allocating cases to directorates has been a major difficulty. Overall compliance has risen from c.15% to c.27% in the last 1 month VTE = 26.8% (Sept 2010)</p> <p>Breast Feeding - 62.3% baseline Q1 (target Q4 2010/11 = 72.3%)</p> <p>TV targets agreed. Currently on target to achieve by Q4.</p> <ul style="list-style-type: none"> <li>Pts assessed for risk (target 75%) = 86% (Q1)</li> <li>Target 10% reduction in hospital acquired Reduction = -7.3% (Q1)</li> <li>TTRs of Grade 3/4 100% (Q1)</li> </ul>	2



Trust Objectives 2010/11					
Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Two (September 2010)	Red /Amber /Green Assessment
		<ul style="list-style-type: none"> <li>Inpatient falls assessment and reduction</li> <li>Stroke (time to brain imaging)</li> <li>Fractured neck of femur (time to operation)</li> <li>Smoking cessation (intervention in OPD)</li> <li>Safer Warfarin prescribing</li> <li>Patient experience</li> <li>Compliance with Think Glucose guidance</li> <li>4 further specialised services measures</li> </ul>	<p>1280 falls in 08/09</p> <p>81.8%</p> <p>Within 48 hours 84.1% for the year 100% for March10</p> <p>1164</p>	<p>In-patient falls – definition agreed as reducing all falls, not just falls with fracture. Targets agreed and currently on target to achieve by Q4.</p> <ul style="list-style-type: none"> <li>Pts assessed of risk of fall (target 75%) = 83.6% (Q1)</li> <li>Target 10% reduction in falls Reduction = -2.8% (Q1)</li> <li>TTRs on all falls resulting in fracture = 100% in Q1</li> </ul> <p>Q2 = 84.14% (target 85%)</p> <p>Target for 2010/11 – 70% within <b>24 hours</b>. Actual Sept = 57.14 Q2 = 61.4% Key issue is with availability of trauma theatre capacity at weekends and this is under review.</p> <p>Smoking Cessation extended to a wider range of clinics. Target 2000 referrals this year. At end of Q2 1001 referrals made</p> <p>Target for 2010/11 – 65%. Actual – 65.13% (Further audit at 6 months). A project group has been set up and is meeting regularly to implement Think Glucose standards across the trust. This is on target for year end.</p>	2
2.9	<p><b>Improve our key patient pathways so that they improve patient experience and use of resources (QuEP)</b></p> <p>RK</p>	<ul style="list-style-type: none"> <li>4 major pathway reviews completed (outpatients, discharges, emergency assessments, elective surgery)</li> <li>Improvements on agreed measures for each pathway.</li> </ul>	Key measures to be set based on Q1 baseline.	<ul style="list-style-type: none"> <li>Outpatients: work in progress to improve scheduling and reduce repeat and short-notice cancellations as set out above.</li> <li>Discharges: concentrating on consistent use of estimated date of discharge; ward MDTs, discharge early in the day and discharges at weekends.</li> </ul>	3

Trust Objectives 2010/11					
Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Two (September 2010)	Red /Amber /Green Assessment
				<ul style="list-style-type: none"> <li>Emergency assessments: developing the role of acute physicians, setting standards for MAU / EAU assessments and directing GP referred patients straight to MAU.</li> <li>Elective surgery: has been refocused on accelerated recovery programmes in colorectal and orthopaedics.</li> </ul>	
2.10	<b>Deliver quality and efficiency projects led by clinical directorates (QuEP)</b>  DOD	<ul style="list-style-type: none"> <li>QUEP projects identified for all clinical directorates (except ED)</li> <li>At least 50% of projects on track at year end</li> </ul>		Projects have now been identified by all except three directorates. The projects are discussed at all QMF meetings. Directorates are submitting monthly tracking forms although this is a little erratic at present.	2
2.11	<b>Implement the national Nursing High Impact Changes (QuEP)</b>  RO	<ul style="list-style-type: none"> <li>75% rate of assessment of patients at risk of falls and pressure damage</li> <li>Achieve reduction in falls and pressure damage rates of 10% in grade 3 - 4 sores and injurious falls.</li> <li>Roll out of end of life pathway standards.</li> <li>Improvement in nutritional audits</li> </ul>	Still finalising	In progress. Action plans in place. Reporting and monitoring established.	3
<b>3.</b>	<b>Care Closer to Home</b>				
3.1	<b>Make full use of the outpatient and diagnostic centre at Rowley Regis Hospital</b>  RK	<ul style="list-style-type: none"> <li>Clear agreed plan for future of Rowley Regis Hospital</li> <li>Levels of outpatient and diagnostic activity at Rowley.</li> </ul>	10,000 atts/year	<ul style="list-style-type: none"> <li>Plan agreed for use of Rowley Hospital during 2010/11. Longer-term strategy being developed with PCTs.</li> <li>Plan agreed to deliver Ophthalmology outpatients from Rowley later this year.</li> <li>Developing plan to deliver Dermatology outpatients from Rowley.</li> </ul>	3

Trust Objectives 2010/11					
Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Two (September 2010)	Red /Amber /Green Assessment
3.2	<b>Make a full contribution to the Right Care Right Here programme including three main projects – outpatient demand management, urgent care and intermediate care</b>  RK	<ul style="list-style-type: none"> <li>SWBH staff play full role in RCRH projects</li> <li>Agreed plans leading to development of new models of care</li> </ul>		<ul style="list-style-type: none"> <li>Intermediate Care: developing new models of care for new unit at Rowley and D47 at City.</li> <li>Outpatients / Referrals: progressing work with PCTs in line with demand management / decommissioning programme. Agreement on approach in place but activity still continues to exceed contracted targets.</li> <li>Urgent Care: supporting PCT work on pathways</li> </ul>	2
<b>4</b>	<b>Good Use of Resources</b>				
4.1	<b>Deliver a planned surplus of £2.0m</b>  RW	<ul style="list-style-type: none"> <li>Surplus delivered as planned</li> </ul>	£2.279m surplus delivered in 2009/10	On course to deliver bottom line target.	3
4.2	<b>Improve our expenditure by delivering a Cost Improvement Programme of £20m</b>  RW	<ul style="list-style-type: none"> <li>CIP delivered as planned</li> </ul>	£15.075m CIP delivered in 2009/10	Some pressure exists on schemes relating to capacity changes as a result of on-going demand. Replacement schemes ratified. Net shortfall to date c. 0.6% of overall plan.	2
4.3	<b>Review corporate expenditure in key areas (QuEP)</b>  RW	<ul style="list-style-type: none"> <li>QuEP projects relating to corporate expenditure delivered as planned</li> </ul>		Contributed to national benchmarking exercise. Formal feedback showing the Trust is competitive in a number of areas although this will be tested in a post-TCS scenario.	3
4.4	<b>Ensure that we have the right amount of ward, operating theatre and clinic capacity for our needs (QuEP)</b>  RK	<ul style="list-style-type: none"> <li>Agreed capacity plans for beds, theatres and outpatient clinics.</li> <li>Successful delivery of medical bed reconfiguration project.</li> </ul>		<ul style="list-style-type: none"> <li>Bed capacity plan agreed. Progress with closures made over the summer but now reversed in light of high levels of emergency demand. Now subject of review in light of the work on same-sex accommodation at City.</li> <li>Theatre capacity planning work in progress and will inform planning for next year.</li> <li>Outpatient work now underway through specialty by specialty review of clinic capacity.</li> </ul>	1

Trust Objectives 2010/11					
Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Two (September 2010)	Red /Amber /Green Assessment
<b>5</b>	<b>21<sup>st</sup> Century Facilities</b>				
5.1	Continue the process to buy the land for the new hospital  GS	<ul style="list-style-type: none"> <li>Achievement of a clear route to title of all land required for the acute hospital</li> </ul>		Acquired approximately 30% of Grove Lane Site. CPO Inquiry completed Negotiations on further acquisitions ongoing.	3
5.2	Begin the formal procurement process for the new hospital  GS	<ul style="list-style-type: none"> <li>OJEU advertisement following DH/HMT sign-off of refreshed OBC</li> </ul>		Business Case and procurement documentation being prepared to project plan time scales.	3
5.3	Ensure we are fully involved with our Primary Care Trusts in the design of major community facilities (i.e. City, Rowley and Sandwell)  GS	<ul style="list-style-type: none"> <li>Active participation in project team led by Sandwell PCT</li> <li>Agreed Development Control Plan for City Site</li> </ul>		Engagement with PCTs commenced to ensure community hospitals estates strategy supports OBC.	3
5.4	Continue to improve current facilities, including a new CT scanner at Sandwell and a major redevelopment of the Medical Assessment Unit at City  GS	<ul style="list-style-type: none"> <li>Successful completion of estates elements of capital programme</li> </ul>		SIRG approved estates elements of Capital Programme commenced on plan.	3
<b>6</b>	<b>An Effective NHS Organisation</b>				
6.1	Ensure that the Trust is registered with the Care Quality Commission and maintains its registration throughout 2010/11  KD	<ul style="list-style-type: none"> <li>Registration without conditions, to take effect from 1 April 2010</li> <li>Successful and positive inspection outcomes in-year</li> <li>No requirement to alert the CQC of in-year breaches of regulations</li> </ul>		The Trust has received its Quality and Risk Profile from the CQC. This is used by the Commission to monitor compliance with the essential standards of quality. Action plans will be developed for any areas where the Trust is identified as having lower than average performance.	3

Trust Objectives 2010/11					
Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Two (September 2010)	Red /Amber /Green Assessment
6.2	<b>Embed Listening into Action as part of the way we do things in the Trust ensuring all areas of the Trust are involved and that the approach can be maintained</b>  JA	<ul style="list-style-type: none"> <li>Improvement in Staff Survey score questions relating to engagement</li> <li>Improvement in Staff Survey scores relating to LiA specifically</li> <li>Increase in number of wards/ departments / teams using LiA approach</li> </ul>		LiA projects now 80+. Work commencing to review areas where LiA has not reached. LiA action plan on track. Staff survey issued to all staff.	3
6.3	<b>Implement the next stages of our new clinical research strategy</b>  DOD	<ul style="list-style-type: none"> <li>Annual report to Board shows continued progress with strategy</li> </ul>		Implementation continuing. No issues to report at Q2.	3
6.4	<b>Reduce our impact on the environment by continuing to implement our sustainability strategy</b> GS	<ul style="list-style-type: none"> <li>The sustainability strategy action plan has identified actions for 10/11 achievement of the action will be the measure of success</li> </ul>		Sustainability action plan being implemented.	3
6.5	<b>Progress plans for a new organisational status and structure which will give staff and public a clear voice in the organisation in the future</b>  MS	<ul style="list-style-type: none"> <li>Develop detailed plan by end July 2010</li> <li>Progress in line with plan</li> </ul>		“Owning the Future” launched to organisation via Heartbeat and discussed at JCNC and LNCC. Further dialogue with DH - awaiting outcome of White Paper consultation. Project Plan further delayed to Oct due to other priorities. Discussions commenced with SHA re FT application re-launch linked to OBC approval.	2
6.6	<b>Embed clinical directorates and service line management into the Trust</b>  DOD/RK/RW	<ul style="list-style-type: none"> <li>Routine Divisional reviews of directorates established</li> <li>SLM (QMF) reports developed and informing Divisional reviews</li> <li>Board reports &amp; Executive Dashboards informed by SLM (QMF) reports</li> </ul>		Prototype dashboards have been demonstrated and are now being developed further. Service line financial reports now integrated into routine directorate review, although work continues on the development of these reports. Discussions continuing with divisions regarding Directorate review process. Progress remains encouraging although divisional engagement remains patchy. The dashboards are now almost fully populated with respect to activity and performance KPIs. Quality data is expected to begin flowing by November 2010	3

Trust Objectives 2010/11					
Ref.	Objective	Measure of Success	Baseline (2009/10)	Summary Position as at end of Quarter Two (September 2010)	Red /Amber /Green Assessment
6.7	<b>Implement our Leadership Development Framework</b>  RO	<ul style="list-style-type: none"> <li>Leadership Development Framework agreed</li> <li>Framework implemented in line with plan</li> </ul>		<p>Limited funding has now been secured. Proposals on how this can be used to support the following is being developed:</p> <ul style="list-style-type: none"> <li>360 degree appraisal.</li> <li>Coaching/mentoring scheme</li> <li>Management/supervisor development.</li> </ul>	2
6.8	<b>Refresh the Workforce Strategy and make progress with its implementation</b>  RO	<ul style="list-style-type: none"> <li>Updated strategy agreed by Board</li> <li>Key priorities and indicators identified and progressed</li> </ul>		<p>Workforce Strategy was refreshed and approved by the Trust Board in September 2010. Progress with implementation is on line with plan.</p>	3
6.9	<b>Continue to develop our strategy for Information Management and Technology and improve the systems we use</b>  RK	<ul style="list-style-type: none"> <li>IM&amp;T strategy updated and agreed by Board</li> <li>Progress with specific IM&amp;T priorities for 2010/11</li> </ul>		<ul style="list-style-type: none"> <li>IM&amp;T Strategy and Vision for Digital Hospital updated and presented to key groups.</li> <li>Majority of IM&amp;T QuEP projects delivering according to plan.</li> </ul>	3
6.10	<b>Develop our strategy for medical education and training.</b>  DOD/KD	<ul style="list-style-type: none"> <li>Appointment of Head of Academy</li> <li>Agreement on structure and development of strategy.</li> <li>Implementation of the programme for review of speciality training through college tutor roles and clinical tutors</li> </ul>		<p>Appointment of head of academy complete. Education committee to be reviewed and reconstituted from September 2010. No change by the end of Q2</p>	3
6.11	<b>Make improvements to the health and well-being of staff, including reducing sickness absence.</b>  RO	<ul style="list-style-type: none"> <li>Agreed trust plan for improving the health and well-being of staff</li> <li>Reduced sickness absence rates</li> </ul>	4.41%	<p>Health and Well Being Strategy and action plan has been developed and is being monitored by the Health Safety and Welfare Committee. A Sickness Absence Management Action plan has been developed and is monitored via the Workforce QUEP.</p> <p>A revised internal sickness absence trajectory is to be implemented to support the achievement of a 3% overall sickness absence level by March 2013. The Trust's current YTD sickness level is 3.66%.</p>	3

## TRUST BOARD

<b>DOCUMENT TITLE:</b>	Replacement MRI Scanner Post Project Evaluation
<b>SPONSORING DIRECTOR:</b>	Richard Kirby, Chief Operating Officer
<b>AUTHOR:</b>	Dr A H J Lovick, Consultant Clinical Scientist
<b>DATE OF MEETING:</b>	28 October 2010

### SUMMARY OF KEY POINTS:

- The project aim was to specify and install a replacement for the existing 1.0T Siemens MRI.
- A turnkey project was agreed rather than traditional approach as the capital costs were equal and the timescale presented an opportunity to complete more rapidly than the traditional approach
- The extensive preparation required for the enabling work led to the project end date being moved to February 10; fitting in with the first available delivery of the new year. The overall project timeline was two weeks ahead of the traditional capital project method.
- Overall project costs were £13k over budget (0,6%) mainly due to VAT increase and variation works

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

Approval	Receipt and Noting	Discussion
	<b>X</b>	

### ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

1. NOTE the post-project evaluation.

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	21 <sup>st</sup> Century Facilities
Annual priorities	
NHS LA standards	
Core Standards	
Auditors' Local Evaluation	

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

Financial	X	The paper sets out the costs of the project.
Business and market share		
Clinical	X	The paper sets out the increased capability of the new scanner.
Workforce		
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

<p>The business case was originally presented to the Trust Board for approval in April 2009.</p>
--



## PROJECT EVALUATION (END PROJECT) REPORT

### CITY HOSPITAL MRI REPLACEMENT AUTUMN 2009 – FEBRUARY 2010.

**Release:** Final

Date: 20<sup>th</sup> September 2010

Author: Dr A.H.J. Lovick

Owner: Imaging Directorate Management Team

## **Introduction**

The project aim was to specify and install a replacement for the existing 1.0T Siemens MRI.

## **Project Progress**

It was agreed that due to the complexities of the installation of such a complex facility, it would be better to use specialist contractors in a 'Turnkey project'. However, this required the extensive involvement of the capital works and imaging teams in the project.

A detailed specification for the MRI system and the room was drawn up by the clinical team, with support from the capital projects team. A series of site visits was then organised so that working systems could be assessed. On site demonstrations of workstations and software were also arranged. At the end of this process each member of the clinical team submitted a scored evaluation sheet, and the MRI system with the highest aggregate score was selected. The evaluation was unanimous in choosing the Siemens 1.5T system as the best for the clinical workload required.

The MRI was purchased through the National Supply Chain approved mechanism.

Once the equipment had been selected the capital works team were able to initiate the design and specification process both for the equipment installation and the fairly extensive infrastructure changes that were required for the MRI unit.

The MRI service was maintained on site by the use of a mobile facility, which was installed under a temporary canopy adjacent to the MRI centre. Once the temporary unit was installed the old MRI was decommissioned and removed by an approved specialist contractor.

The building work and the infrastructure work required went to plan with no significant problems or delays.

Commissioning of the equipment and the room also went smoothly. At the final acceptance testing a problem with the multi channel body coil was noted, but as this was the only issue, the system was accepted into clinical use. The resolution of this coil problem took time, and led to down time on the system during its initial weeks in operation.

### **Benefits Realisation**

The business case outlined a number of benefits that replacement of the 1.0T scanner would achieve.

- Improved equipment reliability.
- Improved image quality.
- Increase in the range of investigation possible.
- Increased productivity.
- Increased level of direct access.
- Improved recruitment and retention.

### **Improved equipment reliability**

There were a few teething problems with the system but overall reliability has been reasonable (94% uptime, 95% excluding generator test shutdown), and we expect this to improve now the system has bedded in. However, we have no fully trained technical staff within the trust, and the management of problems could be improved if we arranged for a suitable member of our staff to be trained. This would also reduce on going maintenance costs.

### **Improved image quality**

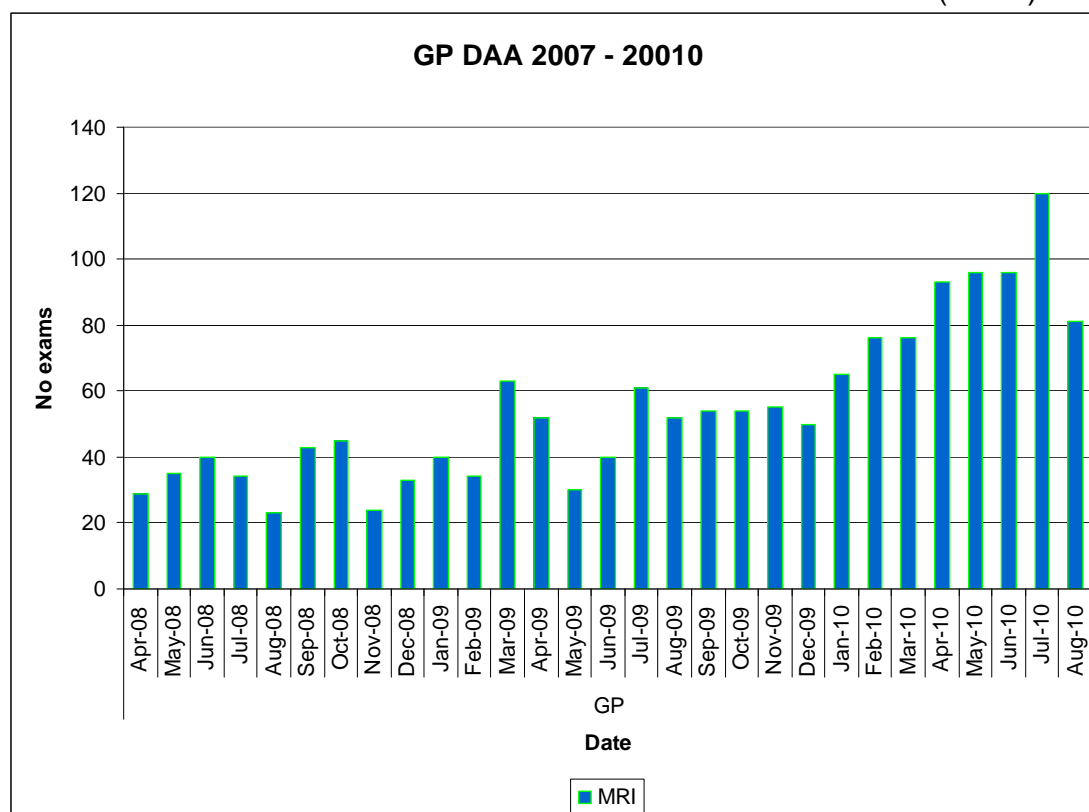
Apart from the initial acceptance testing we have not performed formal comparative image quality testing, but clinically the improvement is clear, and the images from the City machine are better than those from the older system based at Sandwell.

**Increase in the range of investigation possible.**

The complexity of examinations has increased. Patients are scanned under general anaesthetic; MR angiography is now regularly performed, as are diffusion imaging and related studies. Further complex studies are now being developed for introduction now that the system has bedded in, and as clinical need demands.

**Increased productivity and direct access**

In the first three months post installation an average of 456 patients were scanned per month, but as the staff have become more experienced the number has gone up to an average of 539 per month, which is a significant increase in the number scanned on the older 1.0T scanner. This number can increase further as the machine is capable of scanning over 600 patients per month. Improved productivity will also improve the availability of direct access scanning. Direct access activity for MRI has been increasing as shown below:



Thus although the new scanner has only been running just over 6 months the data that we have available shows that the new system has realised the benefits that were expected.

### **Improved Recruitment and Retention**

The effect of the new scanner on recruitment and retention will be assessed over time. However, the scanner offers far greater scope for development of staff in terms of experience with new technology and the Radiography group are benefiting by these training opportunities.

### **Performance of the project against planned time and costs**

At the start of the project the expected completion date was in November 2009. However, the extensive preparation required for the enabling work led to this being moved to February 2010; fitting in with the first available delivery of the new year.

**Financial Report**

The full financial overview of the project is available as a spreadsheet.

Cost Centre	Exp Code	Sub Analysis - Equipment Description	Cost Centre & Budget	Source of Funding	Budget Holder & Designation	Req No	Order No	Supplier	Capital Budget (including Contingency) (A)	Order Value (Plus VAT)	Actual Expenditure To Date	Estimated Underspend/ (Overspend) (A-B)	Reason for Variance
C-2-766	00910 1	AVANTO 1.5 MRI SYSTEM-CHT IMAGING	Part of MRI Cap Prog £2,345k	MRI	A Lovick/J Morton	228925	123130	Siemens	£2,345,000	£1,251,980	£1,251,980	(£0)	-
C-2-766	00610 3	TURNKEY BUILDING ENABLING WORKS FOR MRI SCANNER INST-CHT MRI	Part of MRI Cap Prog £2,345k	MRI	A Lovick & J Morton	228928	124331	Siemens		£682,330	£684,529	(£2,199)	Vat Rate Change from 15% to 17.5%
C-2-766	00910 1	PATIENT MONITOR INVIVO 3160-CHT MRI	Part of MRI Cap Prog £2,345k	MRI	L Barker & J Morton	215970	124347	MRI Devices		£66,700	£66,700	£0	-
C-2-766	00910 1	ANAESTHETIC MACHINE AESTIVA 5-CHT MRI	Part of MRI Cap Prog £2,345k	MRI	L Barker & J Morton	215970	124355	QE Medical Systems		£39,889	£39,889	(£0)	-
C-2-766	00910 1	TWIN CHANNEL MRI INFUSION PUMPS x2-CHT MRI	Part of MRI Cap Prog £2,345k	MRI	L Barker & J Morton	215972	124662	MRI Devices		£33,764	£33,764	£0	-
C-2-766	00610 6	CDM CO-ORDINATOR SERVICES-CHT MRI	Part of MRI Cap Prog £2,345k Contingency	MRI	J Morton / Bob Smith	-	C01770	Holbrow Brookes		£3,500	£3,500	£0	-
C-2-766	00610 3 & 00910 1	Variation Nr. 1. to variation Nr 12- ADDITIONAL WORKS COST	Part of MRI Cap Prog £2,345k Contingency	MRI	J Morton / Bob Smith	235464	131944	Siemens		£58,925	£49,105	£9,820	O/S Order Value of £8,357+VAT
TOTAL CAPITAL:-									£2,345,000	£2,137,087	£2,129,467	£7,621	

Revenue Costs (N8REV734701)													
C-K-PMR	734701	SUPPLY OF MOBILE MRI FACILITIES 6 DAYS PER WEEK MON-SAT 8.00AM TO 20.00PM 26.10.09 TO MID FEB 2010	Revenue Costs	MRI	J Morton	228932	126066	Alliance Medical Ltd	0	£255,000.00	£228,542.00	£26,458	O/S Order Value of £26,458+V AT
			TOTAL REVENUE:-						£0	£255,000	£228,542	£26,458	

**PROJECT COST & FINAL OUTTURN:****£2,345,000****£2,358,009****(13,009)**

BUDGET SUMMARY	BUDGET £000	ACTUAL £000	VARIANCE £000	Notes
PROJECT BUDGET	2,345			
CAPITAL SPEND		2,129		
REVENUE SPEND		229		
TOTAL:	2,345	2,358	(13)	Overspent by 0.6% partly due to VAT rate change & Variation work



## **CONCLUSION AND RECOMMENDATIONS**

This paper has set out a 6 month post-project evaluation for commissioning a new MRI scanner at City Hospital. The Trust Board is recommended to:

1. NOTE the post-project evaluation.

23<sup>rd</sup> September 2010