

# AGENDA

## Trust Board – Public Session

**Venue** Churchvale/Hollyoak Rooms, Sandwell Hospital      **Date** 17 December 2009 at 1430h

### Members

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

### In Attendance

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

### Guests

Dr B Thomson (BT) [Item 15.2 only]

### Secretariat

Mr S Grainger-Payne (SGP) [Secretariat]

Item	Title	Reference No.	Lead
1	Apologies for absence	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 26 November 2009 as true and accurate records of discussions</i>	SWBTB (11/09) 237	Chair
5	Update on actions arising from previous meetings	SWBTB (11/09) 237 (a)	Chair
6	Questions from members of the public	Verbal	Public
<b>MATTERS FOR APPROVAL</b>			
7	Single tender action: Aloka ultrasound	SWBTB (12/09) 239 SWBTB (12/09) 239 (a)	GS
8	Single tender action: Phillips Intellivue monitors	SWBTB (12/09) 240 SWBTB (12/09) 240 (a)	GS
9	Single tender action: private work for Trauma and Orthopaedics	SWBTB (12/09) 241 SWBTB (12/09) 241 (a)	RK
10	Proposed amendments to Natwest signatory list	SWBTB (12/09) 242	RW
11	Revisions to the disciplinary policy	SWBTB (12/09) 243	LB
12	Annual fire safety report	SWBTB (12/09) 249 SWBTB (12/09) 249 (a)	GS

MATTERS FOR INFORMATION/NOTING			
<b>13</b>	<b>Quality and Governance</b>		
13.1	Update on delivery of single sex accommodation	To follow	RK
13.2	Care Quality Commission Inspection Report of the Prevention and Control of Infections	SWBTB (12/09) 244 SWBTB (12/09) 244 (a)	JA
<b>14</b>	<b>Strategy and Development</b>		
14.1	'Right Care, Right Here' programme: progress report	SWBTB (12/09) 245 SWBTB (12/09) 245 (a) SWBTB (12/09) 245 (b)	RK
14.2	New acute hospital project: progress report	SWBTB (12/09) 246 SWBTB (12/09) 246 (a)	GS
<b>15</b>	<b>Performance Management</b>		
15.1	Monthly finance report	SWBTB (12/09) 247 SWBTB (12/09) 247 (a)	RW
15.2	Monthly performance monitoring report	To follow	RW
15.3	NHS Performance Framework monitoring report	To follow	RW
<b>16</b>	<b>Operational Management</b>		
16.1	Communications and engagement strategy update	SWBTB (12/09) 251 SWBTB (12/09) 251 (a)	JK
16.2	Annual radiation protection report	SWBTB (12/09) 250 SWBTB (12/09) 250 (a)	BT
<b>17</b>	<b>Update from the Board Committees</b>		
17.1	Finance and Performance Management Committee		
►	Minutes from meeting held 19 November 2009	SWBFC (11/09) 220	RT
<b>18</b>	<b>Any other business</b>	<b>Verbal</b>	<b>All</b>
<b>19</b>	<b>Details of next meeting</b> <i>The next public Trust Board will be held on 28 January 2010 at 1430h in the Anne Gibson Boardroom, City Hospital</i>	<b>Verbal</b>	<b>Chair</b>
<b>20</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>

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## Trust Board (Public Session) – Version 0.2

**Venue** Anne Gibson Boardroom, City Hospital

**Date** 26 November 2009 at 1430 hrs

**Present:**

Mrs Sue Davis	Dr Sarindar Sahota	Miss Rachel Overfield
Mr Roger Trotman	Mr John Adler	Mr Donal O'Donoghue
Miss Isobel Bartram	Mr Robert White	
Mrs Gianjeet Hunjan	Mr Richard Kirby	

**In Attendance:**

Mrs Lesley Barnett	Miss Kam Dhami	Mr Graham Seager
Mrs Jessamy Kinghorn	Mr John Cash [Sandwell LINKs]	

**Secretariat:** Mr Simon Grainger-Payne

Minutes	Paper Reference
<b>1 Apologies for absence</b>	Verbal
Apologies were received from Miss Parveen Akhtar and Professor Derek Alderson.	
<b>2 Declaration of interests</b>	Verbal
No declarations of interest were made in connection with any agenda item.	
<b>3 Chair's opening comments</b>	Verbal
The Chair welcomed Mrs Lesley Barnett who was in attendance at the meeting in the capacity of Acting Director of Workforce for the first time.	
<b>4 Minutes of the previous meeting</b>	SWBTB (10/09) 208
The minutes of the previous meeting were accepted as a true and accurate record of discussions held on 29 October 2009.	
<b>AGREEMENT:</b> The minutes of the previous meeting on 29 October 09 were approved as true and accurate reflections of discussions held	
<b>5 Update on actions from previous meetings</b>	SWBTB (10/09) 208 (a)
The updated action list was reviewed. There were noted to be no outstanding actions requiring escalation.	
<b>6 Questions from members of the public</b>	Verbal
There were no members of the public in attendance at the meeting.	

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7 Business case for a replacement CT scanner at Sandwell Hospital	SWBTB (11/09) 223 SWBTB (11/09) 223 (a)
<p>The Chair welcomed Dr Claire Keaney and Dr Frank Leahy to meeting, who attended to support the presentation of the business case for a replacement CT scanner at Sandwell Hospital.</p> <p>Mr Kirby reported that the current CT scanner had reached the end of its useful life and regularly requires maintenance to ensure continued operation.</p> <p>The options for the CT scanning service were reported to have been discussed at the recent meeting of the Strategic Investment Review Group (SIRG) and options appraisals had been undertaken and considered.</p> <p>The Board was asked to note the benefit scores against the principal three options: do nothing, with a score of 5; implement a high specification scanner, with a score of 18; and implementation of a dual source scanner, with a score of 21. The Board was advised that the dual source scanner was the preferred option and would put the Trust at the forefront of imaging technology and capability.</p> <p>The revenue implications for the installation of the dual source scanner were noted to include non-recurrent costs of c. £100k in respect of the installation of a temporary scanner. This cost will be met from the 2010/11 financial allocations. Increased capital charges for the new scanner will also be incurred.</p> <p>The Chair asked whether the Trust's commissioners were supportive of introducing the new technology. She was advised that the proposal is consistent with the overall future service delivery aims and the finer detail of the offerings from the technology will be discussed with the PCTs in due course.</p> <p>Dr Leahy advised that although the dual source scanner has a number of theoretical advantages, one of the primary aims is to ensure reliable technology is available for routine work.</p> <p>Dr Keaney reported that she had been to Munich to determine how the scanner was being used in another health organisation. The high specification scanner is being used in this context for general diagnostic work, with the dual source scanner being used for both CT scanning and on-call and emergency patients. The additional functionality provided by the dual source scanner was described as advantageous for providing a diagnosis for conditions such as a heart attack or a blood clot, by ruling out a number of other potential diagnoses with a single scan. The scanner can also be used to look at the different energies in the body to highlight only areas of interest and eliminate areas that could confuse the picture. The Trust would be one of the first in the country to implement such technology.</p> <p>Mr Trotman remarked that there was an inference that the dual source scanner would increase productivity and efficiency, although it was not clear how this was to be achieved. He was advised that the current hours of operation are currently 11 hours on weekdays and some outpatient appointments on Saturdays. There is potential for Sunday outpatient appointments to be introduced when the scanner is implemented. Furthermore, the new accommodation being designed to house the scanner is able to hold a greater number of patients waiting to be seen, thereby increasing the throughput of inpatient scans. It is likely that an increase in revenue will result if the tariff for this procedure remains unbundled. Mr Trotman asked whether there was a tariff specifically for the scan that can eliminate a number of</p>	

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<p>conditions quickly. Mr Kirby advised that the single rate tariff would still apply, although the procedure would not cost any more to perform than at present.</p> <p>Mr Trotman asked whether the existing scanner would be scrapped. He was advised that this is the case.</p> <p>Mr Cash asked whether the new scanner was more energy efficient. Dr Leahy advised that the energy consumption is likely to be higher, given the advanced specification. Mr Cash further asked when it was likely that the installation and commissioning of the new scanner would be complete. He was advised that it was likely to be early 2010/11, based on the current project plan. In the interim period, a temporary mobile scanner will be leased or the existing scanner will be used in an alternative location. It is possible that some inpatients will need to be transferred between hospitals for scans while the new scanner is being installed.</p> <p>Mr Seager asked whether the existing scanner could command any saleable value. He was advised that the potential maintenance requirements for a scanner in this condition would not be attractive enough to warrant any value.</p> <p>Mrs Hunjan asked for some indication of the useful life expectancy of the new scanner. She was advised that this was likely to be approximately eight years.</p> <p>Miss Bartram asked whether the introduction of the new scanner would assist with retention and recruitment in the Imaging area. Dr Leahy suggested that this was dependent on what model of working was agreed. It is uncertain for instance, what impact the introduction of seven day working would have. Conversely however, the more committed and ambitious radiologists and radiographers will be keen to work with the new scanner.</p> <p>The Chair asked whether there were any significant training implications for existing staff. Dr Keaney advised that this was not a major issue, however training of radiographers prior to implementation had been built into plans. Radiologists will also be given training in the new interpretation guidelines.</p> <p>Mr Kirby highlighted that SIRG had challenged the specification of the scanner proposed, as potentially over and above what was required. The group had been satisfied however that the additional offerings provided by the scanner would be well used, in addition to providing valuable capacity for routine scanning work.</p> <p>Mr Cash asked whether replacement parts could be readily sought if there was an issue with the equipment and whether there was easy access to an appropriate engineer. Dr Leahy advised that an engineer was accessible and retaining a stock of tubes in the UK was being considered.</p> <p>The Trust Board was asked for and gave its approval to Option 2 of the CT scanner proposal, the purchase of a dual source CT scanner.</p>	
<p><b>AGREEMENT:</b> The Trust Board gave its approval to Option 2 of the CT scanner proposal, the purchase of a dual source CT scanner.</p>	
<p>8 Business case for redevelopment of the Medical Assessment Unit at City Hospital</p>	<p>SWBTB (11/09) 227 SWBTB (11/09) 227 (a) - SWBTB (11/09) 227 (c)</p>
<p>Mr Kirby reported that the Medical Assessment Unit at City Hospital was in need of</p>	

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<p>upgrading and redevelopment in line with privacy and dignity and other requirements.</p> <p>Five options for the redevelopment of the unit were outlined, including two 'do minimum' options which were then developed into Option 3, following input from the national single sex accommodation team. Option 4 was to rebuild from scratch and Option 5 was to do nothing. In terms of the non-financial appraisal, Option 4, to rebuild was rated the most highly, although the capital costs were evaluated to be excessive. Option 3 was therefore proposed as the recommended option.</p> <p>Option 3 will ensure that a unit will be available that ensures efficient patient flows and satisfies the requirements of Department of Health's single sex accommodation guidelines. The project is planned to start early in 2010 and complete by Autumn of the same year. A phased approach will be adopted to allow the unit to be used throughout the redevelopment.</p> <p>Mr Trotman expressed his support for the plans and highlighted the benefits to the patient and staff environment. Miss Overfield added her support to the proposed improvement to the environment.</p> <p>The Chair noted that the unit suffers from lack of natural light at present and asked if there were any plans to address this issue. She was advised that there are a limited number of areas within the plan which will ensure better access to natural light, however some areas would remain needing to be artificially illuminated.</p> <p>Miss Bartram noted that there would be a risk to the efficient flow of patients during the development period and asked where this would likely impact most significantly. Mr Kirby advised that this was difficult to assess, although areas adjacent to MAU, D41 and the Emergency Department, would be used to alleviate any disruption to patient flows where possible. Mr Adler added that the Trust has good experience of continuing to run an efficient service while redevelopment is underway and highlighted the recent improvements made to the Emergency Department at City which continued to function well throughout the capital upgrade.</p> <p>The Trust Board was asked for an give its approval to Option 3 for the planned redevelopment of the City Hospital Medical Assessment Unit.</p>	
<p><b>AGREEMENT:</b> The Trust Board gave its approval to Option 3 for the planned redevelopment of the City Hospital Medical Assessment Unit</p>	
<p><b>9</b>      <b>Single tender action for leasing of a mobile MRI scanner</b></p>	<p><b>SWBTB (11/09) 215</b></p>
<p>Mr Kirby asked for approval of a single tender arrangement for payment of £255,000 in respect of hiring and staffing a mobile MRI scanner service for a period of 17 weeks, as contingency during the transitional period when the new substantive scanner is being established at City Hospital.</p> <p>A single tender action was requested on the basis that only one company was able to provide the service within the available timeframe.</p> <p>The Trust Board approved the single tender arrangement.</p>	
<p><b>AGREEMENT:</b> The Trust Board approved the single tender arrangement for the hiring</p>	

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<b>of a mobile MRI scanner</b>		
<b>10</b>	<b>Order for the provision of sterile services from BBraun</b>	<b>SWBTB (11/09) 209</b>
<p>Mr Seager reminded the Trust Board that as part of the pan-Birmingham project, the Trust had transferred the decontamination of its reusable medical instruments off site to BBraun Sterilog.</p> <p>As the contract is in its third year, the Trust Board was asked to approve the order for the payment of services in 2009/10. The estimated annual cost was noted to be £2,030,000.</p> <p>Mr Adler advised that discussions are continuing with BBraun regarding the future viability of the contract, however dialogue was good.</p> <p>The Trust Board approved raising of the order for the supply of sterile services.</p>		
<b>AGREEMENT: The Trust Board approved raising of the order for the supply of sterile services by BBraun Sterilog</b>		
<b>11</b>	<b>Application to use the Trust Seal: contract documents for capital works on the Midwifery Led Unit at City Hospital</b>	<b>SWBTB (11/09) 210</b>
<p>Mr Seager presented an application for the use of the Trust Seal on the construction stage documents and to sign all required pages of the contract, in addition to the associated schedule for the Midwifery Led Unit at City Hospital.</p> <p>The Trust Board was reminded that the plans for the Midwifery Led Unit and been presented to and agreed by the Trust Board at its meeting held on 28 May 2009.</p> <p>The Trust Board approved the application.</p>		
<b>AGREEMENT: The Trust Board approved the use of the Trust Seal on the contract documentation for the capital works on the Midwifery Led Unit at City Hospital</b>		
<b>12</b>	<b>Application to use the Trust Seal: contract documents for capital works on ward D16 at City Hospital</b>	<b>SWBTB (11/09) 211</b>
<p>Mr Seager presented an application for the use of the Trust Seal on the construction stage documents and to sign all required pages of the contract, in addition to the associated schedule for the refurbishment of Ward D16.</p> <p>The Trust Board approved the application, subject to the names of the contractors to be used for the works being provided.</p>		
<p><b>ACTION: Graham Seager to advise the Trust Board of the names of the suppliers of the capital work on ward D16 and the Midwifery Led Unit</b></p> <p><b>AGREEMENT: The Trust Board approved the use of the Trust Seal on the contract documentation for the capital works on Ward D16 at City Hospital</b></p>		
<b>13</b>	<b>Declaration of compliance against CQC Core Standards</b>	<b>SWBTB (11/09) 235 SWBTB (11/09) 235 (a)</b>

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	SWBTB (11/09) 235 (b)
<p>Miss Dhami presented a summary of the Care Quality Commission's (CQC) Core Standards, together with a position statement as to the compliance as at 31 October 2009.</p> <p>The Board was advised that as the CQC registration process is due to supersede the Core Standards exercise, this would be the last time that a declaration would be required in this form.</p> <p>Under the new registration process, formal inspections will not be undertaken by the CQC, however if there is a lapse in compliance against any Core Standard until registration is completed, the CQC will need to be informed. Third party commentary is not being sought for this declaration, although this will be a requirement for registration.</p> <p>Miss Dhami highlighted that the Core Standards for 2009/10 had been amended slightly from 2008/09 and all Executive leads had been asked to confirm ongoing compliance against their relevant Core Standards in readiness for the declaration due to be submitted. Two standards are to be declared as 'not met': C20b concerning delivery of single sex accommodation, against which non-compliance had already been declared with an action place to rectify this by 31 December 2009. In addition, non-compliance against Core Standard C11b is declared, on the basis that there is a lack of assurance concerning attendance at Mandatory Training courses, given recent indications from the new data capture system. It is anticipated that compliance against this standard will be achieved by 31 March 2010.</p> <p>Mr Adler advised that if compliance can be declared against all Core Standards by the end of the year, this may mean an improved annual rating for 'Quality of Service' within the annual healthcheck. He did caution however, that the proposed scoring system after the introduction of the registration process may be different to the current system.</p> <p>Mr Cash asked whether the Trust was required to pay a fee for registration with the CQC. He was advised that this was the case and was likely to be c. £65k. Mr Cash further asked what the benefits were to the registration. Mr Adler highlighted that registration was not optional if the Trust was to continue to operate.</p> <p>The Trust Board approved the proposed declaration against Core Standards.</p>	
<b>AGREEMENT:</b> The Trust Board approved the proposed declaration against Core Standards as at 31 October 2009	
<b>14 Handling of complaints policy</b>	SWBTB (11/09) 229 SWBTB (11/09) 229 (a) - SWBTB (11/09) 229 (d)
<p>Miss Dhami presented the handling of complaints policy for approval, noting that the policy was one of those within the list requiring Trust Board approval in the policy for the development, approval and management of policies.</p> <p>The Board was reminded of the presentation of the changes in the regulation governing handling of complaints at the April meeting. These changes were reported to have now been included in the policy for the handling of complaints.</p>	



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<p>The Chair asked whether a complainant would be informed if a member of staff was disciplined as a result of a complaint. She was advised that this was the case.</p> <p>The Trust Board approved the revised policy for the handling of complaints.</p>	
<p><b>AGREEMENT:</b> The Trust Board approved the policy for the handling of complaints</p>	
<p><b>15 Do Not Attempt Cardiopulmonary Resuscitation policy</b></p>	<p>SWBTB (11/09) 231 SWBTB (11/09) 231 (a) - SWBTB (11/09) 231 (e)</p>
<p>Mr O'Donoghue presented the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) policy for approval, explaining that the policy was one of those requiring Trust Board ratification.</p> <p>It was reported that the policy was an update of the previous Do Not Attempt Resuscitation policy which had been amended to clarify that instances of non-resuscitation are confined to cardiopulmonary treatment specifically. The policy was also reported to have been updated in line with the requirements of the Mental Capacity Act.</p> <p>The Board was advised that a flowchart had been included in the policy to make the decision-making process clear. There had also been an addition of a further appendix outlining the requirements when transporting a patient bearing a DNACPR order, to ensure that the cross organisation links with this process are clarified.</p> <p>Miss Bartram asked whether there had been any complications with the DNACPR process. Mr O'Donoghue advised that staff can be uncomfortable talking through the implications of the decision to apply an order with the patient and relatives. There is also potential for resuscitation to be initiated when inappropriate or conversely not initiated when it should have been. Where a patient lacks the capacity to agree to a DNACPR order and there is disagreement between the clinicians and the relatives, this can present conflict. Despite these potential issues, Mr Adler highlighted that he could not recall any formal complaints in relation to the application of a DNACPR order.</p> <p>The Chair asked whether a DNACPR order could lapse. Mr O'Donoghue advised that prior to the policy there was an expectation that the order needed to be renewed, however this renewal is not needed now. The order lasts as long as an individual is an inpatient in the Trust. The Chair asked whether patients were made aware that a DNACPR order was limited in this way. Mr O'Donoghue advised that this had not been discussed directly, however would be mentioned in any future discussions with patients and relatives.</p> <p>Mr Cash asked what process would be followed, should a patient be admitted with mental health issues, yet without an advocate available or present. Miss Overfield advised that the matter would be referred to the local Primary Care Trust to handle this issue through established advocacy arrangements.</p> <p>The Trust Board approved the revised DNACPR policy.</p>	
<p><b>AGREEMENT:</b> The Trust Board approved the revised DNACPR policy</p>	

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<p><b>16 Disciplinary policy</b></p>	<p>SWBTB (11/09) 230 SWBTB (11/09) 230 (a) - SWBTB (11/09) 230 (c)</p>
<p>Mrs Barnett presented the revised disciplinary policy for approval. She advised that the policy had been widely consulted with senior managers, the staff side and diversity groups.</p> <p>The changes made to the policy were outlined to concern how disciplinary panels for nursing and medical staff will now include a nursing or medical representative. The new duties under the safeguarding vulnerable groups legislation have also now been included.</p> <p>The Chair asked whether the policy was consistent with the recent Court of Appeal ruling regarding instances where legal representation is permitted. Mr O'Donoghue suggested that this matter should be picked up as part of the disciplinary process for medical staff. It was agreed that as no guidance regarding the handling of this legislation had not yet been issued by NHS Employers, that no changes should be made to the policy at present, however it was agreed that consistency of approach in this respect should be monitored. Miss Bartram asked whether 'no win, no fee' lawyers would be willing to act as legal representatives in these cases. She was advised that this was unlikely.</p> <p>Cognisant of the reservations expressed regarding the impact of the Court of Appeal ruling, the Trust Board approved the policy.</p>	
<p><b>AGREEMENT: The Trust Board approved the disciplinary policy</b></p>	
<p><b>17 Quality and Governance</b></p>	
<p><b>17.1 The 'Shared Narrative'</b></p>	<p>SWBTB (11/09) 212 SWBTB (11/09) 212 (a)</p>
<p>Mr Adler presented the 'Shared Narrative', a statement developed collectively by NHS organisations across the West Midlands. The statement sets out the principles and behaviours which will govern the way in which those organisations respond to the forecast economic climate over the next few years.</p> <p>Mr Cash asked whether the 'plain English' version could be made available. Mr Adler advised that this would be disseminated when published.</p>	
<p><b>17.2 Integrated risk, complaints and claims report – Quarter 2</b></p>	<p>SWBTB (11/09) 218 SWBTB (11/09) 218 (a)</p>
<p>Miss Dhami presented the quarterly risk, complaints and claims report, advising that there had been an overall fall in the number of reported incidents. A rise in clinical incidents was noted, although there was a reduction in Health and Safety incidents. Red incidents were also noted to have fallen, with the top six categories of incidents being the same as the previous quarter.</p> <p>A reduction in the overall number of complaints was reported. Under the new complaints regulations, the time for providing a response should be negotiated with the complainant, rather than being set at 25 days. It was reported that in only one instance had a complaint needed to have been reopened due to the complainant not being satisfied with the response or action taken. This suggests that</p>	

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<p>the new style of complaint response is being well received.</p> <p>Miss Dhami was asked what reason was behind the apparent increase in incidents relating to falls. She advised that this was due to a proactive and improved level of reporting such cases. The Chair remarked that if lessons learned from the falls incidents had been effectively implemented, then a decline in falls would be expected. Miss Overfield explained that falls incidents now also include instances where patients are not harmed by the fall, which may account for the apparently high number of incidents. Miss Dhami added that in terms of cases where patients have fallen out of bed and been hurt, there is an encouraging downward trend.</p> <p>Mr Cash asked whether complaints concerning staff attitude covered all areas. He was advised that this was the case, although from the figures presented, determining a breakdown by area was not readily possible. Mr Adler advised that it was anticipated that the recent work to launch customer care promises would have a positive impact on these types of complaints.</p>	
<p><b>17.3 Health and safety annual report</b></p>	<p>SWBTB (11/09) 228 SWBTB (11/09) 228 (a)</p>
<p>Mrs Barnett presented the health and safety annual report, covering the year 2008/09. She advised that the report had been considered in detail at an earlier meeting of the Governance and Risk Management Committee.</p> <p>The Board was advised that during 2008, there had been an increased focus by the Health and Safety Executive (HSE) on ensuring that organisations had a risk management assessment process in place. In this respect it was noted that the Trust has an effective and well-embedded Central Alerting System (CAS). At the beginning of 2009, the HSE undertook a review of the Trust's work related sickness and absence management. As part of this assessment, the HSE was impressed by the Listening into Action work that had been undertaken around these issues. Tools for departments and wards to routinely report and assess risk have been developed and a sickness absence nurse has been employed.</p> <p>The Board was asked to note that there had been a reduction in the number of sharps-related incidents and that incidents due to moving and handling issues had also reduced. It was noted that there had been an overall increase in the total number of incidents however, due to better reporting and the revised criteria for reporting falls.</p> <p>The number of red incidents was noted to have increased significantly, although this is as a consequence of the reclassification of non-clinical needlestick incidents.</p> <p>In terms of RIDDOR reports, the Trust had been found to be under reporting on these incidents, therefore an awareness raising exercise had been undertaken.</p> <p>The number of violence and aggression incidents was highlighted to have improved, particularly in Surgery A and Women and Child Health divisions. The large increase in security incidents was noted to be attributable to the revised requirement to report any missing baby tags. It is anticipated however that this number will decline in future months.</p> <p>Mr Kirby remarked that the high level of incidents in medicine divisions is because the majority of inpatients are covered by these areas and therefore this is where the majority of falls are expected to occur.</p>	

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<p>Mr Cash asked what proportion of the slips, trips and falls are associated with damp floors after cleaning. Mrs Barnett drew his attention to the breakdown of reasons for falls, which set out this information and highlighted that 37 out of 192 incidents were due to this cause.</p> <p>Mr Cash asked when and where the majority of incidents requiring security staff intervention happen. Miss Overfield advised, that in addition to within the Emergency Department, a significant number of incidents involved patients who were demented, confused or were detoxifying. Outpatient clinics also experience a number of violence and aggression incidents. Mr Cash further asked whether there is sufficient security resource to cover the issues. Mr Adler advised that shortage of security staff has not been an issue and staff have reported that they feel well supported by security staff. Miss Overfield added that there is additional good support by the local Police. Mr Trotman remarked that the security department had received a staff award as a tribute to the good work it undertakes. At Sandwell Hospital there are plans to separate security from portering staff, which will further enhance the efficiency of the team.</p>	
<p><b>17.4 High impact actions for nursing and midwifery staff</b></p>	<p>SWBTB (11/09) 221 SWBTB (11/09) 221 (a)</p>
<p>Miss Overfield presented the set of high impact actions for nursing and midwifery staff announced by the Chief Nursing Officer for England, in response to the quality, improvement, efficiency and productivity national agenda.</p> <p>It was noted that the actions concern routine work and best practice, including ensuring patients are adequately fed and hydrated and that normal births are encouraged. The Trust's position against the end of life care actions may need to be reviewed, although there is historic difficulty in this area due to a lack of palliative care facilities in the local community. Further actions concern addressing sickness absence and nurse-led discharge.</p> <p>Miss Overfield advised that the Assistant Directors of Nursing would be assigned as a lead to each of the actions. The actions will also be monitored as a workstream within the Trust's Quality and Efficiency Programme (QuEP) by the Financial Management Board.</p> <p>Mr Trotman asked how the Board would be advised of progress with the actions. He was advised that progress would be considered quarterly by the Governance Board and the Governance and Risk Management Committee. Exception reports will be presented to the Trust Board as required.</p>	
<p><b>17.5 Cleanliness report</b></p>	<p>SWBTB (11/09) 220 SWBTB (11/09) 220 (a)</p>
<p>Miss Overfield presented the quarterly cleanliness report for receipt and noting by the Board.</p> <p>Cleaning standards continue to be good.</p> <p>The Chair noted that the targets set as part of the national standards of cleanliness had been met for the first time in September.</p>	
<p><b>17.6 Infection control assurance framework</b></p>	<p>SWBTB (11/09) 219 SWBTB (11/09) 219 (a)</p>

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<p>Miss Overfield presented the quarterly infection control assurance framework report for receipt and noting by the Board.</p> <p>Mr Cash asked what plans were underway to introduce a new range of nightware. Miss Overfield advised that nightware is currently sourced from a national supplier, which has been asked to consider providing an alternative range of nightgowns that provides greater privacy and dignity for the patients. In the interim, however, the Trust is purchasing some new nightwear. Work is underway at a national level, by the Privacy and Dignity Group to design more suitable gowns which will be rolled out in forthcoming months.</p>	
<p><b>17.7 Infection control update</b></p>	<p>SWBTB (11/09) 216 SWBTB (11/09) 216 (a)</p>
<p>Dr Beryl Oppenheim joined the meeting to present a quarterly update on infection prevention and control. She advised that arrangements were working well, particularly considering the peak of swine flu cases handled by the Trust in the summer.</p> <p>Joint tabletop reviews are now occurring, which allows a thorough investigation of any serious incidents where infection control considerations are involved.</p> <p>Work is underway with Sandwell PCT to agree actions to handle Norovirus cases.</p> <p>MRSA bloodstream infections have been very low and in 2010/11, pre-48 hour cases will not be attributed to Trust trajectories. No further cases of contaminated blood cultures have been reported, thereby lowering the overall level of cases to 5%. Work is underway with GPs to ensure that this level drops further in coming months.</p> <p>In terms of <i>C difficile</i> infections, the Trust's level of infections is well within the required thresholds. Aligned to the management of these cases is work to address antibiotic prescribing, which has been discussed and shared with GPs. The antibiotics prescribing policy has been amended, with the addition of a section concerning issues related to elderly patients.</p> <p>Training of junior doctors is continuing and there is an improved uptake of infection control mandatory training by medical staff.</p> <p>Mr White asked what the impact of the new, more sensitive, test for <i>C difficile</i> infections had been. He was advised that twice as many potential cases are detected, although confirmation of infections has not increased, suggesting that early testing of patients is preventing transmission. Dr Oppenheim advised that no cases of the more serious strain (027) of <i>C difficile</i> had been reported. As high mortality is associated with acquiring this strain of the infection, mortality rates have improved.</p> <p>Mr Adler asked whether surgical site infections were likely to be reported shortly. Dr Oppenheim advised that this was the case and some mandatory mechanism for monitoring surgical site infections would be introduced. There are also plans to monitor post caesarean infections and a group has been established to consider how patients may be contacted to ask whether there had been any infection.</p> <p>Mr Kirby thanked Dr Oppenheim for her team's work recently with addressing the Norovirus outbreaks. The Chair added her thanks for the pleasing quarter's work on</p>	

# MINUTES

overall infection prevention and control activities.	
<b>18 Strategy and Development</b>	
<b>18.1 'Right Care, Right Here' programme: progress report</b>	SWBTB (11/09) 222 SWBTB (11/09) 222 (a) SWBTB (11/09) 222 (b)
<p>Mr Kirby presented the latest update on the 'Right Care, Right Here' programme, advising that work is continuing with Heart of Birmingham tPCT and local GPs to understand what offerings they would wish to be delivered from the Greet Health Centre.</p> <p>As a consequence of the performance of the Urgent Care Centre workstream, the decision has been taken to move from a co-located arrangement with the Emergency Departments to a separate location. The changes affecting Sandwell PCT are expected to present no issues, however clarity on the transitional arrangements for Heart of Birmingham tPCT is still required.</p>	
<b>18.2 New acute hospital project: progress report</b>	SWBTB (11/09) 214 SWBTB (11/09) 214 (a)
Mr Seager reported that the public arts strategy had been developed and the appropriate procurement activities were due to be initiated. Application of this strategy to the existing facilities is also being considered.	
<b>19 Performance Management</b>	
<b>19.1 Monthly finance report</b>	SWBTB (11/09) 217 SWBTB (11/09) 217 (a)
<p>Mr White reported an in month surplus of £251k against a target of £222k. Year to date, the surplus is £1559k although the position remains adverse at £131k below plan. An end of year surplus of £2.3m continues to be forecast.</p> <p>The Board was advised that any excess costs are currently being offset by additional income related activity.</p> <p>The divisional financial positions show some improvement, particularly in relation to the medical divisions, although a technical adjustment to reflect the current case mix and associated tariff has assisted.</p> <p>The Trust Board was asked for and gave approval to the changes to the capital plan, namely rephrasing the plan to accommodate the CT scanner and maternity generator purchases.</p> <p>Controls on expenditure and vacancy controls remain in place.</p> <p>Cash was reported to be in line with plan.</p>	
<b>AGREEMENT: The Trust Board approved the proposed changes to the capital plan</b>	
<b>19.2 Monthly performance monitoring report</b>	SWBTB (11/09) 232 SWBTB (11/09) 232 (a)
Mr White presented a summary of the Trust's performance against a number of key	

# MINUTES

<p>targets and indicators for the period April - October 2009.</p> <p>The Board was advised that there had been some slippage on the cancer two week waiting time target, largely due to patients not attending appointments or rescheduling to a time outside of the two week target. Cancelled operation rates were reported to have improved however.</p> <p>The redefinition of Delayed Transfers of Care was highlighted to have produced a rise in the number of incidents reported.</p> <p>The unexpected dip in performance against the stroke care target was reported to be being investigated.</p> <p>All CQUIN targets are expected to be met by the year end and the reclassification of brain imaging techniques has been agreed with the PCTs.</p> <p>Sickness was noted to have risen to 5%.</p> <p>Mr Cash noted that the status of telephone operator response times was at red and asked for the reasons behind this alert. Mr Kirby advised that the entire outpatient scheduling system is currently being addressed, which will help resolve the issue with the response times. It is likely however, that the status will remain at red until the system has been altered.</p> <p>Mr Kirby highlighted that in aggregate the 18 week waiting time target is being met, however performance in the trauma and orthopaedics speciality is relatively poor. The issues are currently being reviewed, as in 2010 every speciality will be required to meet the target.</p>	
<p><b>19.3 NHS Performance Framework monitoring report</b></p>	<p>SWBTB (11/09) 233 SWBTB (11/09) 233 (a)</p>
<p>Mr White presented the NHS Performance Framework monitoring report.</p> <p>The Board was pleased to note that the score for October was 2.84, classifying the Trust as a 'performing' organisation. It was noted that the performance against the stroke and delayed transfers of care targets is at amber status.</p>	
<p><b>20 Operational management</b></p>	
<p><b>20.1 Sustainability strategy</b></p>	<p>SWBTB (11/09) 213 SWBTB (11/09) 213 (a)</p>
<p>Mr Seager presented an update on progress against the Trust's sustainability strategy. He advised that a Sustainability Development Group has been established, which had met twice. The Group had considered the outputs from the recent 'Listening in to Action' event and the 'Hot Topics' feedback. A priority list of actions and recommendations will next be developed. Where there is a means of accurately measuring improvements delivered this will be done, although was noted to be difficult in some areas. The Board was advised that a further update will be provided at the January meeting of the Trust Board.</p> <p>Mr Trotman suggested, that in connection with procurement activity, every effort should be made to limit the number of separate deliveries to the Trust. Mr White reported that this requirement was being handled by the new Head of Supplies.</p>	

# MINUTES

Mr Cash asked what community engagement was planned as part of the strategy. He was advised that this was not yet clear, however there will be an emphasis on patients using public transport to attend appointments where possible.	
<b>21 Update from the Committees</b>	
<b>21.1 Finance and Performance Management</b>	<b>SWBFC (10/09) 206</b>
The Board noted the minutes of the Finance and Performance Management Committee meeting held on 22 October 2009.	
<b>22 Any other business</b>	<b>Verbal</b>
Mrs Kinghorn advised the Board that the purchase of the CT scanner for City Hospital had been included in a recent issue of the Express and Star.	
<b>23 Details of the next meeting</b>	<b>Verbal</b>
The next meeting is scheduled for Thursday 17 December 2009 at 14.30pm in the Churchvale/Hollyoak Rooms at Sandwell Hospital.	
<b>24 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 .....

Print.....

Date .....



Next Meeting: 17 December 2009, Churchvale/Hollyoak Rooms @ Sandwell Hospital

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

26 November 2009 - City Hospital

**Members present:** Mrs S Davis (SD), Mr R Trotman (RT), Ms I Bartram (IB), Mrs G Hunjan (GH), Dr S Sahota (SS), Mr J Adler (JA), Mr D O'Donoghue (DO), Mr R White (RW), Mr R Kirby (RK), Miss R Overfield (RO)

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

**Apologies:** Miss P Akhtar (PA), Professor D Alderson (DA)

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

Last Updated: 10 December 2009

Reference	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status	Review Date
SWBTBACT. 099	Single Equality Scheme update	SWBTB (6/09) 126 SWBTB (6/09) 126 (a)	25-Jun-09	Include benchmarked data and contextual information into future versions of the Single Equality Scheme update	RO	24-Sep-09	Update to be provided within next SES update	In hand - review next meeting	28-Jan-10
SWBTBACT. 085	New acute hospital: progress report	Verbal	30-Apr-09	Present the process for consultation on the name of the new hospital at the next Trust Board meeting	GS	28-May-09	Deferred to next financial year.	Future	29-Apr-10
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	<b>ACTION NOT YET DUE</b>	Future	
SWBTBACT. 106	Response to the HCC report into Mid Staffs NHS FT	SWBTB (8/09) 164 SWBTB (8/09) 164 (a) SWBTB (8/09) 164 (b)	27-Aug-09	Present an update on the Quality Management Framework at the January 2010 meeting of the Trust Board	DOD	28-Jan-10		Future	
SWBTBACT. 109	Public Health Matters	Presentation	29-Oct-09	Schedule a presentation by the Director of Public Health for Sandwell at a meeting early in the new year	SGP	25-Mar-10		Future	
SWBTBACT. 110	Trust Board Committees Terms of Reference	SWBTB (10/09) 197 SWBTB (10/09) 197 (a) - SWBTB (10/09) 197 (e)	29-Oct-09	Amend the Trust Board Committee terms of reference in line with suggestions made at the Trust Board meeting	SGP	17-Dec-09	Amended as requested.	Completed Since Last Meeting	
SWBTBACT. 112	Application for the use of the Trust Seal: D16	SWBTB (11/09) 211	26-Nov-09	Advise the Trust Board of the names of the suppliers of the capital work on ward D16 and the Midwifery Led Unit	GS	17-Dec-09	Issued by e-mail on 30-11-2009	Completed Since Last Meeting	

## Next Meeting: 17 December 2009, Churchvale/Hollyoak Rooms @ Sandwell Hospital

## Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

## 26 November 2009 - City Hospital

**Members present:** Mrs S Davis (SD), Mr R Trotman (RT), Ms I Bartram (IB), Mrs G Hunjan (GH), Dr S Sahota (SS), Mr J Adler (JA), Mr D O'Donoghue (DO), Mr R White (RW), Mr R Kirby (RK), Miss R Overfield (RO)

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

**Apologies:** Miss P Akhtar (PA), Professor D Alderson (DA)

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

Last Updated: 20 November 2009

Reference No	Item	Paper Ref	Date	Agreement
SWBTBAGR.125	Minutes of the previous meeting	SWBTB (10/09) 208	26-Nov-09	The minutes of the last meeting were approved
SWBTBAGR.126	Business case for a replacement CT scanner at Sandwell Hospital	SWBTB (11/09) 223 SWBTB (11/09) 223 (a)	26-Nov-09	The Trust Board gave its approval to Option 2 of the CT scanner proposal, the purchase of a dual source CT scanner
SWBTBAGR.127	Business case for redevelopment of the Medical Assessment Unit at City Hospital	SWBTB (11/09) 227 SWBTB (11/09) 227 (a) - SWBTB (11/09) 227 (c)	26-Nov-09	The Trust Board gave its approval to Option 3 for the planned redevelopment of the City Hospital Medical Assessment Unit
SWBTBAGR.128	Single Tender Action for leasing of a mobile MRI scanner	SWBTB (11/09) 215	26-Nov-09	The Trust Board approved the single tender arrangement for the hiring of a mobile MRI scanner
SWBTBAGR.129	Order for the provision of sterile services from BBraun	SWBTB (11/09) 209	26-Nov-09	The Trust Board approved the raising of an order for the supply of sterile services by BBraun Sterilog
SWBTBAGR.130	Application to use the Trust Seal: D16	SWBTB (11/09) 211	26-Nov-09	The Trust Board approved the application of the Trust Seal to the contract documentation for building work in connection with the D16 refurbishment
SWBTBAGR.131	Application to use the Trust Seal: MLU	SWBTB (11/09) 210	26-Nov-09	The Trust Board approved the application of the Trust Seal to the contract documentation for building work in connection with the MLU
SWBTBAGR.132	CQC Core Standards Declaration	SWBTB (11/09) 235 SWBTB (11/09) 235 (a)	26-Nov-09	The Trust Board approved the Core Standards declaration
SWBTBAGR.133	Handling of complaints policy	SWBTB (11/09) 229 SWBTB (11/09) 229 (a) - SWBTB (11/09) 229 (d)	26-Nov-09	The Trust Board approved the handling of complaints policy
SWBTBAGR.134	DNACPR policy	SWBTB (11/09) 231 SWBTB (11/09) 231 (a) - SWBTB (11/09) 231 (e)	26-Nov-09	The Trust Board approved the DNACPR policy
SWBTBAGR.135	Disciplinary policy	SWBTB (11/09) 230 SWBTB (11/09) 230 (a) - SWBTB (11/09) 230 (c)	26-Nov-09	The Trust Board approved the disciplinary policy
SWBTBAGR.136	Monthly finance report	SWBTB (11/09) 217 SWBTB (11/09) 217 (a)	26-Nov-09	The Trust Board approved the proposed changes to the capital plan

## Sandwell and West Birmingham Hospitals



NHS Trust

## TRUST BOARD

DOCUMENT TITLE:	Single Tender Approval – Aloka Ultrasound
SPONSORING DIRECTOR:	Graham Seager – Director of Estates/New Hospital Project
AUTHOR:	Lawrence Barker – Deputy Manager of Medical Engineering
DATE OF MEETING:	17 December 2009

## SUMMARY OF KEY POINTS:

- An Aloka Alpha 10 Ultrasound System is required to implement the EBUS (Endoscopic Bronchial Ultrasound System) which was approved recently at SIRG for Respiratory Medicine.
- Funding for the equipment is agreed through the Capital Equipment Committee.
- The cost of the equipment is **£72,110.75** (including VAT, delivery, maintenance and training if applicable)

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

Approval	Receipt and Noting	Discussion
X		

## ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

That the Trust Board approves a single tender action for the purchase of this equipment.

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

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

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

Financial	<b>X</b>	The cost of the equipment is <b>£72,110.75</b>
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

Not previously considered by the Trust Board, although the business case for EBUS has been approved by SIRG and by the Governance Board (clinical case).

## **Briefing Paper – Aloka Apha 10 Ultrasound System**

The Endoscopy Unit at City Site currently provide a diagnostic and therapeutic Endoscopic Ultrasound Service. The Clinical Lead being Dr Mark Anderson, Consultant Gastroenterologist. The equipment used includes 3 highly specialist ultrasonic endoscopes, which are manufactured by Olympus Medical. The therapeutic scopes interface to an existing Aloka Ultrasound machine (Aloka being the Ultrasound Division of Olympus Medical) which is loaned to Endoscopy from the Imaging Department one session per week. The software and electrical connections between the scope and ultrasound machine are proprietary to Olympus.

SIRG recently approved a bid for a new service to provide endoscopic bronchial ultrasound. This required an ultrasonic bronchoscope, which is again an Olympus instrument and available via NHS Supply Chain.

The Bronchoscope is also required to interface to an Aloka Ultrasound system, however the machine in Imaging is too old to support the necessary software for this development.

The purchase of an Aloka Alpha 10 system will provide a machine which is compatible with both the GI and Respiratory services.

Due to the proprietary nature of the software and electronics involved with this equipment it is unable to be obtained from any other Supplier. Aloka Ultrasound is not available from NHS Supply Chain, however the system is comparable in cost to any other quality brand of ultrasound equipment, such as GE or Esoate.

Lawrence Barker  
Deputy Manager – Medical Engineering  
04/12/2009

## Sandwell and West Birmingham Hospitals



NHS Trust

## TRUST BOARD

DOCUMENT TITLE:	Single Tender Approval – Philips Intellivue Monitors
SPONSORING DIRECTOR:	Graham Seager – Director of Estates/New Hospital Project
AUTHOR:	Lawrence Barker – Deputy Manager of Medical Engineering
DATE OF MEETING:	17 December 2009

## SUMMARY OF KEY POINTS:

- 3 Anaesthetic Room & 2 Main Theatre Monitors are required for Windmill Theatres at City Hospital. By purchasing Philips Intellivue systems continuity of seamless patient monitoring is maintained throughout the care pathway.
- Funding for the equipment is agreed through the Capital Equipment Committee.
- The value of the expenditure is **£68,726.68** (including VAT, delivery, maintenance and training if applicable)

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

Approval	Receipt and Noting	Discussion
x		

## ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

That the Trust Board approves the single tender action for the purchase of this equipment.

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

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

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

Financial	<b>X</b>	The value of the expenditure is <b>£68,726.68</b> (including VAT, delivery, maintenance and training if applicable)
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

Not considered by the Trust Board previously.

## **Briefing Paper – Philips Intellivue Monitors**

Three replacement patient monitors are required for the Anaesthetic Rooms in Windmill Theatres, along with two main theatre monitors. One main theatre monitor was replaced last year, as the first of a new equipment standardisation proposal.

In the past, theatre monitoring was treated as a separate issue to critical and sub-critical care monitoring and different makes/models were permissible. With the advent of electronic patient charting etc this is no longer the case.

Virtually all adverse incidents involving anaesthesia in Theatres have been during transfer between anaesthetic room and theatre or between theatre and recovery. At these times the patient has not been monitored. Other incidents have been due to a lead that has been removed from an anaesthesia room monitor not being plugged into a theatre monitor securely etc... For this reason, when the ITU monitors were last replaced, it was agreed that the Trust would only consider a seamless solution that provides transfer monitoring at all times and can move with the patient as opposed to a conventional fixed system. It was also agreed that Theatre monitoring would be compatible with all other monitoring within the organisation.

The Philips Intellivue family of monitors satisfies all of our requirements. Each monitor houses an 'X2' transport module which is a small, fully contained transport module with screen and a 3 hour battery life. Once this is docked onto a bedside or theatre monitor all patient history and trends are uploaded onto that monitor. Implemented across A&E, MAU, Poisons, Imaging, NNU, CCS and all theatre recovery (except BTC) this has proved a very versatile and well liked monitoring system.

One anaesthesia version of the monitor was introduced to Windmill Theatre 1 last year and its configuration refined to meet requirements. With funding to replace a further quantity of monitoring, the Board is asked to support the approval of a single tender to purchase further Intellivue monitors to further develop the provision of a seamless monitoring solution.

The Philips Intellivue monitors will transfer to the New Acute Hospital as the standardised product.

Lawrence Barker  
Deputy Manager – Medical Engineering  
04/12/2009



## Sandwell and West Birmingham Hospitals



NHS Trust

<b>TRUST BOARD</b>
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<b>DOCUMENT TITLE:</b>	Single Tender Arrangement: Private Sector Orthopaedics Work
<b>SPONSORING DIRECTOR:</b>	Richard Kirby, Chief Operating Officer
<b>AUTHOR:</b>	Richard Kirby, Chief Operating Officer
<b>DATE OF MEETING:</b>	17 December 2009

**SUMMARY OF KEY POINTS:**

The Board is asked to ratify a Chair's action against a single tender agreement for payment of c. £200,000 in respect of payment to Birmingham Orthopaedics Services Ltd. for performing 55 orthopaedics cases.

The proposal to use a private sector provider is designed to provide additional support for handling the current backlog of orthopaedics cases, thereby assisting the Trust to continue achieving the national target of 90% of admitted patients to be treated within 18 weeks of referral.

The attached briefing provides the rationale behind the use of the particular provider selected.

**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 ratify the Single Tender Arrangement.

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	Continue to achieve national access targets
Annual priorities	
NHS LA standards	
Core Standards	
Auditors' Local Evaluation	

**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		
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		None identified

**PREVIOUS CONSIDERATION:**

Chair's action previously given.

## **ELECTIVE ORTHOPAEDIC WAITING LISTS**

### **REQUEST FOR APPROVAL OF SINGLE-TENDER ACTION FOR PRIVATE SECTOR ACTIVITY**

#### **BRIEFING**

- We are facing significant pressures in maintaining waiting times for elective orthopaedic activity and in continuing to achieve the national target of 90% of admitted patients treated within 18 weeks of referral. At the end of September we had 350 patients waiting over 8 weeks; at the end of December without additional action this is forecast to reach c. 500.
- There are a range of factors combining to cause this pressure including increasing demand from primary care, increased pressure as we reduce outpatient waits and increasing conversion rates from outpatients to inpatients. An orthopaedics taskforce is to be convened fortnightly from January to agree a plan to put the service on a sustainable basis for 2010/11.
- We operate on c. 260 orthopaedic patients a month in routine capacity. In addition for most of Q2 and Q3 we have delivered an additional 180 cases a month through premium rate activity. Even with activity at this level we are at risk of failing to meet 18 week standards.
- We wish to commission Birmingham Orthopaedic Services Ltd to undertake 55 cases in December at a cost of £200,000. BOS is a consortium of 5 orthopaedic surgeons who will use capacity at local private hospitals.
- We need to use private sector capacity because:
  - there is a significant risk of failing 18 week standards and building up a backlog of major cases that we cannot clear easily;
  - we do not have further premium rate theatre capacity available from within SWBH; nor do we have sufficient orthopaedic bed capacity to increase activity further;
  - we have made contact with other local NHS trusts and they do not have capacity that we could use.
- We propose to use BOS because:
  - they are able to respond quickly and flexibly to the activity we require;
  - based on our informal enquiries other local providers do not have capacity on the scale we require it;

- the rate proposed by BOS compares well with the cost of delivery premium rate work at SWBH.
- This commission should ensure that the Trust significantly reduces the risk of failing the 18 week standard in December. We expect to be able to hold the waiting list position at c. 400 inpatients waiting over 8 weeks at the end of each month until March 2010.
- A single-tender action is required because:
  - to deliver the work in December requires early contact to be made with patients (operating starting w/c 6<sup>th</sup> December if approved);
  - our discussions with other potential local providers suggest that they do not have the capacity available at the time we need it and that their prices compare badly with BOS.

Richard Kirby  
26<sup>th</sup> November 2009

## TRUST BOARD

<b>REPORT TITLE:</b>	Amendment to the Trust's Bank Mandate
<b>SPONSORING DIRECTOR:</b>	Robert White, Director of Finance and Performance Mgt
<b>AUTHOR:</b>	Jeff Creba, Chief Technical Accountant
<b>DATE OF MEETING:</b>	17 December 2009

### KEY POINTS:

In accordance with the Trusts Scheme of Delegation, the Director of Finance and Performance Management has responsibility for managing and operating the Trust's banking arrangements, which include the provision of banking services and the operation of bank accounts.

A recent review of the current signatory list has highlighted that there are two officers on the list who no longer work for the Trust. These are:

Steven Ball  
Colin Holden

The operation of the National Westminster Bank account mandate indicates that formal Trust Board approval is required for the addition / removal of authorised signatories.

### PURPOSE OF THE REPORT:

☒ **Approval**
☐ **Noting**
☐ **Discussion**

### ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is requested to formally approve the removal of the above officers from the panel of authorised signatories for the National Westminster Bank accounts.

**ALIGNMENT TO TRUST ANNUAL OBJECTIVES:**

None specifically

**IMPACT ASSESSMENT:**

FINANCIAL	<input checked="" type="checkbox"/>	
ALE	<input type="checkbox"/>	
CLINICAL	<input type="checkbox"/>	
WORKFORCE	<input type="checkbox"/>	
LEGAL	<input type="checkbox"/>	
EQUALITY & DIVERSITY	<input type="checkbox"/>	
COMMUNICATIONS	<input type="checkbox"/>	
PPI	<input type="checkbox"/>	
RISKS		

**TRUST BOARD**

<b>DOCUMENT TITLE:</b>	Disciplinary Policy
<b>SPONSORING DIRECTOR:</b>	Gayna Deakin, Acting Director of Workforce
<b>AUTHOR:</b>	Gayna Deakin, Acting Director of Workforce
<b>DATE OF MEETING:</b>	17 December 2009

Revisions to the Trust's existing Disciplinary Policy were approved by the Trust Board last month. The scope of the existing policy is as follows:

*This policy covers all staff employed within the Trust with the exception of issues relating to professional misconduct for medical staff which are dealt with in the Disciplinary Procedure for Medical Staff (HR/052).*

To ensure consistency with national requirements it has been necessary to make explicit the relationship between this policy and the Disciplinary Procedure for Medical Staff (HR/052).

It is recommended that this section is revised as follows:

'This Policy covers all staff employed within the Trust with the exception of issues relating to professional **competence/capability** for medical staff which are dealt with in the Disciplinary Procedure for Medical Staff (HR/052).

**The Disciplinary Procedure for Medical Staff (HR/052) contains specific conditions relating to the exclusion, investigation, and disciplinary processes for matters relating to personal and professional misconduct which must be followed in addition to the requirements set out in this policy.'**

**ACTIONS REQUIRED, INCLUDING RECOMMENDATION:**

That the Trust Board approves the above change to the existing Disciplinary Policy

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

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

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

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

**PREVIOUS CONSIDERATION:**

Staff side consultation has been completed at JCNC (November 09). PPAC consultation was sought prior to this.

Initial approval by Trust Management Board on 17 November 2009 and Trust Board on 26 November 2009. The revisions were also considered at the Trust Management Board meeting on 15 December 2009.



## Sandwell and West Birmingham Hospitals



NHS Trust

<b>TRUST BOARD</b>
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<b>DOCUMENT TITLE:</b>	Management of Fire Safety 2009
<b>SPONSORING DIRECTOR:</b>	Graham Seager, Director of Estates/New Hospital Project
<b>AUTHOR:</b>	Rob Banks, Head of Estates
<b>DATE OF MEETING:</b>	17 December 2009

**SUMMARY OF KEY POINTS:**

To provide the Trust Board with an annual report on all aspects of Fire Safety, including:-

- o Fire Safety Management
- o Fire Safety Training
- o Fire Safety Manuals
- o Fire Precaution Works
- o Fire Incidents and False Alarms
- o Fire Safety Action Plan
- o Summary of Achievements in 2009
- o Annual statement of Fire Safety
- o Recommendations

**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:**

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

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	Department of Health requirement to provide Annual Statement of fire safety
Annual priorities	
NHS LA standards	Compliance with mandatory training requirements
Core Standards	Compliance with Core Standards
Auditors' Local Evaluation	

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

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

**PREVIOUS CONSIDERATION:**

The management of fire safety is discussed at the Trust's Fire Safety Committee.
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# **Annual Report on the Management of Fire Safety**

**2009**

Rob Banks  
Head of Estates  
December 2009

## **1.0 INTRODUCTION**

This report provides an overview of action taken in relation to the management of fire safety, fire precaution works undertaken in response to last years fire precautions action plan and a summary of fire incidents for the period 1<sup>st</sup> October 2008 to the 30<sup>th</sup> September 2009. It also identifies key issues facing the Trust and provides details of planned actions for the next twelve months.

A great deal of progress has been achieved during the reporting year and would like to recognise the continuing support of the Trust Fire Safety Committee, the efforts of the Fire Safety Team and the cooperation of Trust staff in the achievement of this progress.

## **2.0 FIRE SAFETY MANAGEMENT**

### **2.1 Trust Fire Management Arrangements**

In line with the Department of Health Fire Code document (Fire Code – Fire Safety in the NHS; Health Technical Memorandum (HTM) 05-01 'Managing Healthcare Fire Safety'), there are clearly defined responsibilities on individuals within the Trust. The allocation of roles and responsibilities is clearly defined in the Trust's Fire Safety Management Policy, and individuals with specific roles understand their responsibilities.

### **2.2 Fire Safety Advisor**

The Trust has continued to use the services of an external Fire Safety Consultancy to fulfil the role of Fire Safety Advisor by providing expert advice and guidance on all aspects of fire safety relating not only to the existing estate but also at design stage on proposed capital projects.

### **2.3 Fire Safety Management Committee**

Since its inauguration in September 2006, the Trust Fire Safety Committee has continued to meet on a monthly basis. All meetings are minuted and resultant actions addressed.

### **2.4 Fire Safety Management Policy**

The Trust's Fire Safety Management Policy was reviewed in April 2009 in accordance with the plan and will be reviewed again in April 2011. The Trust's Health and Safety Committee, JCNC and Trust Management Board have been consulted during the review process. The revised policy was approved by Trust Board in July 2009; and is now available on the Trust Intranet.

The review process is in line with the Trust's policy approval and implementation process.

The Fire Safety Management Policy addresses many key issues including:-

- Trust organisation for fire safety
- Emergency Procedures
- Staff Training
- Specialist Role Fire Safety Training
- Fire Drills and Evacuation Simulation

## 2.5 West Midlands Fire Service (WMFS)

The Trust has continued to develop a close working relationship with the West Midlands Fire Service (WMFS) and has liaised frequently during the reporting period. The Fire Safety Team is working with WMFS at the moment to provide detailed information for their incident response database.

The WMFS have continued to express their approval at the progress made by the Trust in key areas of Fire Safety and in particular:-

- Increased numbers of staff attending fire safety training
- Improvements to physical aspects of fire safety including fire compartmentation, new fire doors and electromagnetic door closers
- Distribution of local fire manuals and local fire plans to all patient areas
- Improved post incident review process

They remain concerned about the number of false alarms, especially at the City Hospital site.

All issues raised and discussed with WMFS during this reporting period have been addressed.

## 2.6 Internal Audit

To assist in the Trust's compliance with the Regulatory Reform Order and the expectations of the HTM, an internal audit procedure has been developed and implemented by the Estates Compliance Manager.

## 3.0 **TRAINING**

The proactive approach to the management of Fire Safety within the Trust is clearly demonstrated in its emphasis on staff training. This requirement was outlined in the plan.

### 3.1 Mandatory Training

Following the revision of the Induction, Statutory, Mandatory and Risk Management Training Policy the majority of fire safety training is now clearly identified within the mandatory training process. Close co-operation with the Learning and Development team has resulted in improved fire safety training recording. It is also anticipated that in the long term this will improve attendance at fire safety training events.

Until recently, September 2009, the general fire safety awareness training was delivered by Learning and Development team, since then it has been incorporated into the work of the Fire Safety trainers. Fire Scene Manager and fire safety warden training qualifies as mandatory fire training and avoids unnecessary duplication of training sessions.

Recorded activity indicates that within the reporting year 4858 staff attended mandatory fire safety training, which includes general fire safety awareness training, fire scene manager training, fire safety warden training and fire safety training included into the corporate induction and health and safety training sessions. This represents an increase of 48% in attendance over the previous year.

With the recent changes to the delivery of mandatory fire safety training, the Trust has adequate training resources in place to deliver training to 100% of all staff during the next reporting year subject to them being given opportunity to attend.

### 3.2 The Structure of Fire Safety Training

Much of the fire safety training in the Trust is role specific and location based. Mandatory training is provided in accordance with the Trust's Fire Safety Management and the Induction, Statutory, Mandatory, and Health and Safety Training Policies. All staff that could be in charge of a ward or department at the time of an incident receive Fire Scene Manager Training; In addition most wards have nominated Fire Safety Wardens who also receive bespoke fire safety training in order to fulfil their role. All other staff receive an annual general fire safety awareness training session. Wherever possible, training is delivered in the workplace where very specific local issues can be addressed.

Staff working in wards or departments with high dependency patients receive fire-fighting training as do the Trust's Site Services Officers. This is to ensure prompt action is taken should a fire incident occur so as to avoid evacuation of serious ill patients.

In addition, a variety of ad hoc training is provided.

## 4.0 **FIRE SAFETY MANUALS**

### 4.1 Trust Fire Safety Manual

The development of the Trust Fire Safety Manual continues in accordance with the plan and is an essential tool in managing fire safety in occupied buildings. This document contains the following information:

- A full description of the assumptions and philosophies that led to the fire safety design including explicit assumptions regarding the management of the building, operation and maintenance of equipment, housekeeping and other management functions.
- An explanation of the nature of fire safety planning, guidance construction, systems designed into the building and equipment and their relationship to overall safety and evacuation management.
- A description of the use of the various protection systems (active and passive) and the responsibilities of the staff.
- A record of all aspects of the building, installations and equipment and the building users that affect fire safety.

The Trust Fire Safety Manual is available for inspection by any auditor and regulator.

### 4.2 Ward/Department Fire Safety Manuals

Responsibility for local compliance with the Trust Fire Safety Standards and Procedures rests with the Ward/Departmental Managers. To assist with this responsibility, Ward/Department Fire Safety Manuals have been produced by Fire Safety Management Team for each ward, patient area and non-patient areas throughout the Trust. Manual contents include:

- Local Fire Precautions and Procedures
  - Local Fire Plan
  - Local Fire Strategy Drawing
  - Ward/Department Risk Evaluation Sheet
- Fire Safety Audits
- Fire Safety Action Plans
- Fire Safety Training Records

- Fire Incident Reports
- General Fire Safety Correspondence
- Fire Response Information

225 Ward/Department fire safety manuals have been issued, this represents all the identified departments. At any one time, up to 25 areas may require a new manual or alterations to the existing manual. Procedures are being put in place to ensure that manuals are regularly checked for accuracy and that all areas have a valid manual.

## 5.0 FIRE PRECAUTION WORKS

In line with Trusts procedures the fire risk assessment was reviewed 07/11/08 this identified that aspects of the Trusts estate required a programme of improvement works.

A schedule of high priority fire precaution works was approved by SIRG for capital funding to be expended during 2009/10.

The following is a summary of the completed fire precaution work projects from the 2009/10 Capital Programme :-

- Installation of new fire doors;
- Installation of electromagnetic hold open devices to fire doors;
- All defects and breeches in horizontal and vertical fire compartmentation barriers in patient areas have been identified and made good;
- New fire compartmentation partitions have been constructed in the ward area of D20, the roof space and ward area of D16, and roof space of D25. Similar works are planned for wards D24, D28, and D11;
- New fire escapes manufactured and installed serving wards D19/D29 and D14/D24 and the staircase serving wards D16 and D26 has been enclosed in a weatherproof structure;
- Extensive works of improvement and installation to emergency lighting systems in primary circulation spaces at City Hospital;
- Automatic fire detection improvements to the basement area at City Hospital.

Due to unavailability of a decant ward, as a result of by bed capacity issues, some of the high priority fire compartmentation to roof spaces of wards D28 and D24, and the ward fire compartmentation of D11 have been delayed awaiting this decant facility. Anticipated commencement of this programme is spring 2010.

## 6.0 FIRE INCIDENTS AND FALSE ALARMS

It is important to ensure that fire incidents are categorised correctly. For an incident to be categorised as a fire, actual fire damage or loss must have occurred to Trust property. All other fire related incidents are categorised as a false alarm.

During this reporting period there have been 186 fire alarm activations across the Trust. Fire alarm activations are categorised as either Fire Incidents or False Alarms.

### Fire Incidents and False Alarms 2008-2009

	2008	2009
False Alarms	142	173
Fire Incidents	4	13
<b>Total for Trust</b>	<b>146</b>	<b>186</b>

### Summary of false alarms

The above table indicates a 27% annual increase in fire alarm activations during 2009 compared to 2008.

There were 173 false alarm calls in 2009, the primary causes of which are as follows:-

- 37 – smell of burning
- 31 – cooking (20 of which were due to the misuse of toasters)
- 24 – fire alarm system faults
- 22 – contractors: activation by work of contractors
- 21 – accidental activation

The majority of the 21 accidental causes were as a result of accidental breakage of fire alarm call points.

Continuing action is taken to reduce the potential for false alarms from cooking activities – many of which are related to the misuse of toasters. Recent guidance on the use of toasters and punitive action regarding their misuse has been issued.

Staff are actively encouraged to raise the alarm if they smell smoke and our increased Fire Safety Awareness training may have resulted in staff being more vigilant in reporting apparently minor events. However, in the interests of patient, visitor & staff safety, the message must remain very clear, if in doubt 'Raise the Alarm'.

### Summary of fire incidents

There were 13 calls in 2009, the causes of which are as follows:-

- 6 – smoking in inappropriate areas resulting in smouldering
- 3 – overheating electrical equipment
- 2 – overheating mechanical equipment
- 1 – accidental
- 1 – deliberate

The Trust experiences only a very small number of fires. Although reported as fires, the six relating to smoking resulting only in smouldering fires, were all external to our buildings and presented little risk to persons.

The five fires relating to mechanical or electrical equipment were all identified by staff members smelling smoke before any flaming combustion began.

The accidental incident occurred due to paper being left on top of a toaster when it was switched on. The fire was dealt with by the member of staff.

The deliberate incident was investigated by the Fire Safety Team in conjunction with West Midlands Fire Service, Fire Station Crew Commander and due to the minor nature of the incident no further action was taken

All fire related incidents are investigated and a monthly summary is presented to the Fire Safety Management Committee.

## **7.0 KEY ACTIONS FOR 2009/10**

In addition to the appropriate and regular maintenance of fire precautions, there are a number of key fire safety issues facing the Trust in the coming year as can be seen in the following action plan for 2009/10:



Issue	Task/Action	Lead Person	Date for Completion
<b>Fire Training</b>	<b>Induction training:-</b> <ul style="list-style-type: none"> <li>Further develop induction training with L&amp;D colleagues</li> </ul>	PF/PB/L&D	March 2010
	<b>Fire Safety Warden Training:-</b> <ul style="list-style-type: none"> <li>All fire safety wardens to receive refresher training</li> </ul>	PF/PB/Fire Team	September 2010
	<b>Fire Scene Manager Training :-</b> <ul style="list-style-type: none"> <li>All patient area Fire Scene Managers trained within 09/10 reporting year.</li> <li>All non-patient area Fire Scene Managers trained within 2009/10 reporting year.</li> </ul> 250 patient area Fire Scene Managers to have received Phase 2 (Fire Response Scenario) training.	PF/PB/Fire Team	September 2010
	<b>Fire Response Team Leader Training:-</b> Table top Fire Scenario exercises for all FRTLs.	PB/Fire Team	September 2010
	<b>Fire Fighting Training – Selected Staff:-</b> <ul style="list-style-type: none"> <li>75% of all staff in High Dependency Wards, and Porters/Site Services staff to receive refresher training in first action fire fighting techniques.</li> </ul>	PF/PB/Fire Team	September 2010
	<b>Fire Evacuation Aid Training:-</b> 25% of all patient area staff trained in use of evacuation chairs.	PF/PB/Fire Team	September 2010
	<b>Ad hoc Fire Safety Training:-</b> <ul style="list-style-type: none"> <li>As required</li> </ul>	PF/PB/Fire Team	September 2010
<b>False Alarms and Fires</b>	<ul style="list-style-type: none"> <li>Reduce the number of false alarms and actual fires.</li> </ul>	RB/PF/PB/SL/IH	September 2010
<b>Fire Precaution Works</b>	<ul style="list-style-type: none"> <li>Continue with the Fire Precaution Works in accordance with the current Action Plans:- 2009/10 2010/11</li> </ul>	PF PF	March 2010 March 2011
<b>Fire Drill Exercises</b>	<ul style="list-style-type: none"> <li>Develop and undertake practical exercises ( 2x SGH, 2x City, 2x RR) to test the Trust's fire response procedures.</li> </ul>	PF/PB/Fire Team	March 2010
<b>Fire Safety Audits</b>	<ul style="list-style-type: none"> <li>Update Fire Safety Audits of all Trust premises.</li> </ul>	PF/PB/Fire Team	July 2010
<b>Ward/Department Fire Safety Manuals</b>	<ul style="list-style-type: none"> <li>Maintain and update Fire Safety Manuals to all wards/departments as appropriate</li> </ul>	PF/PB/Fire Team	September 2010
<b>Procedural development</b>	<ul style="list-style-type: none"> <li>To review the lessons learned from the five London Hospital fires during 2008/09 and implement or change local procedures accordingly.</li> </ul>	RB/PF/PB	March 2010

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

## **8.0 ANNUAL STATEMENT OF FIRE SAFETY**

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

There is an annual requirement for all NHS organisations to submit a declaration of fire safety for all premises. This was completed, signed by the Chief Executive and submitted to the Department of Health by the 31<sup>st</sup> January 2009 as required. The annual statement for this year is required to be submitted by the 31<sup>st</sup> January 2010. Annual Statement of fire safety can be duly completed, signed by the Chief Executive and forwarded to the Department of Health as required by the 31<sup>st</sup> January 2010.

## **9.0 RECOMMENDATIONS**

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

## Sandwell and West Birmingham Hospitals



NHS Trust

<b>TRUST BOARD</b>
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<b>DOCUMENT TITLE:</b>	Care Quality Commission Inspection Report of the Prevention and Control of Infections
<b>SPONSORING DIRECTOR:</b>	Rachel Overfield, Chief Nurse
<b>AUTHOR:</b>	Care Quality Commission
<b>DATE OF MEETING:</b>	17 December 2009

**SUMMARY OF KEY POINTS:**

This is the final version of the Inspection report of the Prevention and Control of Infections received from the Care Quality Commission (CQC) following their inspection on 10<sup>th</sup> November 2009.

On inspection, the CQC found no evidence that the Trust has breached the regulation to protect patients, workers and others from the risks of acquiring healthcare associated infection.

**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 attached report from the Care Quality Commission.

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	
Annual priorities	
NHS LA standards	2.4.9 - Infection control
Core Standards	C4a - the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA;
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	<b>X</b>	
Legal & Policy		
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

Briefing on the inspection has previously been given to the Trust Board and the report has been circulated to all relevant staff within the Trust, together with a note of thanks. The report has been received by the Trust Management Boards at its December meeting.

## Sandwell and West Birmingham Hospitals



NHS Trust

## TRUST BOARD

DOCUMENT TITLE:	Right Care Right Here Progress Report
SPONSORING DIRECTOR:	Richard Kirby, Chief Operating Officer
AUTHOR:	Jayne Dunn, Redesign Director – Right Care Right Here
DATE OF MEETING:	17 December 2009

## SUMMARY OF KEY POINTS:

The paper provides a progress report on the work of the *Right Care Right Here* Programme as at the end of November 2009 and includes a copy of the *Right Care Right Here* Programme Director's report to the Right Care Right Here Partnership.

It covers:

- Progress of the Programme including performance data for exemplar projects against targets for April – September 2009.

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

Approval	Receipt and Noting	Discussion
X		

## ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

1. NOTE the progress made with the Right Care Right Here Programme.
2. NOTE that the model of provision for Urgent Care is changing from being co-located with A&E to provision on separate but geographically close sites alongside newly established Darzi GP Practices.

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

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

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

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

**PREVIOUS CONSIDERATION:** Usual monthly update to Trust Board

## SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

### RIGHT CARE RIGHT HERE PROGRAMME: PROGRESS REPORT DECEMBER 2009

#### INTRODUCTION

The Right Care Right Here Programme is the partnership of S&WBH, HoB tPCT, Sandwell PCT and Birmingham and Sandwell local authorities leading the development of health services within Sandwell and Western Birmingham. This brief paper provides a progress report for the Trust Board on the work of the Programme as at the end of November 2009.

This report is in three sections:

- a) Overview of the work of the Right Care Right Here Programme
- b) Programme Director's report as presented to the Right Care Right Here Partnership and the Boards of Sandwell and HoB PCTs (Appendix 1)
- c) Right Care Right Here Exemplar Project Performance for April – September 2009/10 (Appendix 2 – separate spreadsheet)

#### OVERVIEW

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

Project Performance – Appendix 2 shows the performance of exemplar projects (first and second wave) for the period April – September 2009.

Issues relating to data collection and reporting continue to be discussed at Programme Delivery Group and actions agreed/undertaken. Whilst this has led to improvement in some areas lack of consistency of data being reported continues to be an issue, with Respiratory Medicine and Gynaecology data issues having arisen in relation to the November Project Performance Reports.

There is ongoing work by the Programme Manager with Information leads from SWBH and the two PCTs to improve information flows for performance activity and to produce a highly visual dashboard type performance report which will enable the easy identification of trends in performance and the position against target for the period.

There are four projects with 'Green' status – Rehab Beds - Sheldon, Gynaecology, Dermatology and ENT, all of which are exceeding targets.

The following four of the projects are rated as 'Amber' :

- *Urgent Care, HoB*: activity 4% below target.
- *Urgent Care, Sandwell*: 2% underperformance against year to date target. Work is ongoing to enable reporting of the urgent care activity undertaken by the service at Parsonage Street.
- *Rehab Beds, Rowley*: No data has been provided for the STAR service and the Step Up bed provision continues to under perform. These issues have been escalated to Chief Executive level.
- *Musculoskeletal*: there are areas of underperformance for Community Orthopaedics and Pain Management and no primary care data for GP led Rheumatology.
- *Respiratory*: Previously reported as over performing against target but actual data since April has changed in the November report submitted by Project Lead and requires explanation.

- *Diabetes*: Double-counting of 08/09 clinic activity has resulted in the 09/10 target being set too high, and a recommendation is to be taken to Strategy Group requesting the 09/10 target be reduced to 5,835 to reflect 08/09 out turn, against which 09/10 actual activity is above this level year-to-date i.e. the project performance would change to green.

Two projects are rated 'Red':

- *Ophthalmology*: Year to date performance is 12% below target and whilst data for one location is not available it is not anticipated that this would account for the majority of the underperformance.
- *Cardiology*: Year to date performance for consultant led community activity is 5% below target and non consultant led activity is not available. This has been escalated to Chief Executive level.

It should be noted that the model of provision for Urgent Care is changing in both Heart of Birmingham and Sandwell PCTs with the urgent care provision moving from being co-located with A&E to provision on a separate, although geographically close, site alongside a Darzi GP Practice (Parsonage Street in Sandwell and Summerfield Health Centre in HoBtPCT). This is the result of concerns about the cost of the co-located provision. The potential impact on the activity and performance levels in both A&E Departments will be closely monitored.

Service Redesign Activity - The Strategic Model Of Care Steering (SMOCS) Groups continue to present their three key deliverables (Clinical Strategy, Overall Model of Care and Priorities for Service Redesign) to the Clinical Group. To date the Planned Care and Maternity and Newborn SMOCS outputs have been approved by the Clinical Group. The Planned Care SMOC output was presented to the Trust's RCRH Implementation Board meeting in November.

Review of the Programme – Work continues on the revised Overall Programme Plan.

## RECOMMENDATIONS

The Trust Board is recommended to:

1. NOTE the progress made with the Right Care Right Here Programme.
2. NOTE that the model of provision for Urgent Care is changing from being co-located with A&E to provision on separate but geographically close sites alongside newly established Darzi GP Practices.

Jayne Dunn  
Redesign Director – Right Care Right Here  
8<sup>th</sup> December 2009



**Sandwell and the Heart of Birmingham Health and Social Care Community****RIGHT CARE, RIGHT HERE PROGRAMME**

<b>Report to:</b>	<b>Right Care, Right Here Partnership Board</b>
<b>Report of:</b>	<b>Les Williams, Programme Director</b>
<b>Subject:</b>	<b>Programme Director's Report</b>
<b>Date:</b>	<b>Monday, 23<sup>rd</sup> November 2009</b>

**1. Summary and Recommendation**

This paper summarises the main issues and developments in the Programme since the previous report. There are no items for decision.

The Partnership Board is recommended to:

- Note the content of the report

**2. Project Performance****2.1 April to September 2009**

Given at Appendix 1 is the Project Performance report for April to September 2009.

duction in the number of red rated projects. The only adverse rating change relates to the Respiratory project owing to the data validation issues highlighted above.

Issues relating to data collection and reporting have been discussed at Programme Delivery Group and actions agreed/undertaken. However, lack of consistency of data being reported continues to be an issue, with Respiratory Medicine and Gynaecology data issues having arisen in relation to the November Project Performance Reports. These will be raised at the December Programme Delivery Group.

Progress has been made in relation to developing a monthly Programme Performance summary, the RAG status assigned to the projects (with reasons) and signed off by the Programme Delivery Group is as follows:

- **Red**

**Ophthalmology**

Year to date performance is 12% below target and anticipated actual activity at Rowley Regis Medical Centre for August and September (which is not currently available), based upon previous monthly performance, is not sufficient to account for the underperformance

**Cardiology**

Year to date Consultant led activity below target by 5%, non Consultant led activity data not available since April 2009. This has been escalated to Chief Executive level.

- **Amber**

**Urgent Care – Sandwell**

2% underperformance against year to date target, securing Parsonage Street activity remains work in progress

**Urgent Care – Heart of Birmingham**

4% underperformance against year to date target

**Rehabilitation Beds - Rowley**

Step-up capacity not being fully utilized by GPs and STAR data unavailable since July. This has been escalated to Chief Executive level.

**Musculoskeletal**

Areas of underperformance and no primary care data for GP-led Rheumatology

**Respiratory**

Previously reported as over performing against target but actual data since April has changed in the November report submitted by Project Lead and requires validation/explanation

**Diabetes**

Double-counting of 08/09 clinic activity has resulted in the 09/10 target being set too high, and a recommendation is to be taken to Strategy Group requesting the 09/10 target be reduced to 5,835 to reflect 08/09 out turn, against which 09/10 actual activity is above this level year-to-date i.e. the RAG status would change to green

- **Green**

**Rehabilitation Beds - Sheldon**

**Dermatology**

**ENT**

**Gynaecology**

It is worth noting that overall performance has improved, with the number of Green rated projects increasing from two to four since the October report, with a corresponding remance Report which shows activity transferring into community and primary care settings in relation to total SWBH activity. An initial report of SWBH activity has been reviewed by the Programme Manager and further actions agreed to ensure accuracy and completeness of the data being reported and to design a highly visual dashboard type performance report which will enable the Partnership Board to identify easily trends in performance and the position against target for the period. The Information leads at the two PCTs have agreed to establish systems to enable routine reporting of the community activity directly to the Programme following the outcomes from final project review process being agreed.

It should also be noted that the model of provision for Urgent Care is changing in both Heart of Birmingham and Sandwell. Each of these relates to concerns about the cost of the current provision within the projects and therefore it has been agreed between each of the PCTs and Sandwell and West Birmingham Hospitals that the model will change. Sandwell PCT has opened a Darzi Practice in Parsonage Street which will receive urgent care walk-in referrals from early December (although it is thought that this is already having an impact on attendances at Sandwell DGH) and Heart of Birmingham is planning to open an Urgent Care facility in Summerfield Health Centre from April 2010. In both instances, therefore, the urgent care provision will move from co-located with A&E to provision on a separate, although geographically close, site.

### **3. Service Redesign Activity**

#### **3.1 SMOCS Update**

Progress continues to be made with all the SMOCS Groups. The November Clinical Group received reports from Long Term Conditions, End of Life and Dementia SMOCS Groups. The Clinical Group was supportive of the direction identified in each of these reports and made several suggestions for amendments and further development. I have now met with each of the chairs to agree the amendments and the reports will be received again, with these changes, at the December Clinical Group meeting when it is hoped they will be approved.

The Group did agree the Maternity and Newborn SMOCS Group report, following the changes made during October.

The current status is therefore:

**Approved:**

Maternity and Newborn, Planned Care

**For approval in December after amendments:**

Long Term Conditions, End of Life, Dementia, Children's

**First presentation to December meeting:**

Mental Health, Acute Care

**Date to be agreed:**

Staying Healthy

The Programme Team is ensuring that the Directors of Public Health support the health needs analysis in each report and that SHA Clinical Leads receive and have the opportunity to comment on the completed reports. Responses are awaited from PEC Chairs regarding how they wish to receive the nine SMOCS reports after sign off by the Clinical Group.

Following the Dementia SMOCS user event in July, further engagement events have been arranged to allow users' contribution to the emerging reports. A successful user engagement event was held for Mental Health on 6<sup>th</sup> November. The Acute Care Group has a user engagement event scheduled for Monday evening 23<sup>rd</sup> November.

### **3.2 First and Second Wave Projects Final Review Process**

The Final Programme Project Reviews for First and Second Wave Projects have been undertaken and recommendations will be taken to the Strategy Group scheduled for 25<sup>th</sup> November prior to presentation to this Board. A questionnaire has been drafted to be sent to Project Boards as part of the Final Project Review process, a key purpose of which was to identify key learning to transfer to the process supporting the new Programme Workstreams and identify ideas to improve clinician engagement in service redesign work.

## **4. Review of Programme**

### **4.1 Development of Overall Programme Plan**

Development work on the Overall Programme Plan has been undertaken in the last month. Given at Appendix 2 is a full report on progress in establishing the Programme Data Model Matrix, which will allow the generation automatically of the Overall Programme Plan.

This outlines in some detail background work being undertaken in preparing supporting reporting regimes across the complexity of current and planned activities and projects, both within the Programme itself and those that exist in partner organisations. An extract of a GANTT chart format of the Overall Programme Plan is given in Appendix 5 to the paper given at Appendix 2 to my report.

This is not yet complete but considerable effort is being expended at this stage to ensure that access by user and for reporting purposes can be made easier on a monthly basis. This does require support from colleagues in partner organisations in identifying baseline data for loading, as described in the report. Data identified for the December 2008 iteration previously developed and presented to the Board has been used wherever possible but naturally, this has required significant updating. It is worth noting that the updating which colleagues will need to provide, after the loading of baseline data, will be done on an exception basis, through a web enabled reporting mechanism, thereby reducing considerably the amount of effort required.

The report from Activeplan Solutions reflect his complexity and indicates the extent of rigour being applied.

Completion is of course constrained by a number of factors, including the PCT infrastructure reviews, the development of the activity and capacity model Version 5.1, the definition of financial affordability parameters and the establishment of the three new service redesign workstreams which are not yet fully in place.

The definition of critical dependencies is key to ensure that we establish the critical path against which the Partnership Board will monitor progress.

The recommendations for further action are:

- Complete the immediate data gathering activities over the next two months to populate the OPP data model within the ActivePlan database
- Complete the database configuration to include workgroups and workstreams and associated datasets
- Complete and activate the viewing/reporting tools through the web-browser and enable user populations to use and adopt the resource
- Establish critical relationships and interdependencies between the Programme elements/sub-elements to identify the activities making up the 'critical path'
- Consider implementing a Programme level (controlled) document library facility with the ability to reference key documents to Programme project/events.
- Consider replacing the original Programme Framework document with an up to date intuitive and electronically (web)enabled Programme Delivery handbook. This easy-to-navigate graphical handbook will contain and provide guidance on how the Programme is constituted and governed, including core management and approval processes
- Consider IM&T systems requirements definition
- Develop Transition planning, management and reporting arrangements

In addition, it is intended to bring a first version of the Overall Programme Plan to the December meeting, when the outcome of the physical infrastructure reviews will be known and capable of being included in the Plan. The work on critical dependencies and critical path will follow shortly after this key information.

#### **4.2 Establishment of New Workstreams**

I have received most nominations requested from colleagues for the three major service redesign workstreams, and the first meetings are now being organised in December.

Claire Blackburn, who has been appointed as the Map of Medicine Manager, takes up post on 14<sup>th</sup> December and a start date is awaited for Lorraine Wood, the Admin Manager. The Admin Support post was not recruited to through the ring-fenced arrangements and is being recruited to in the normal way.

### **5. Recommendation**

The Partnership Board is recommended to:

- Note the content of the report

**Les Williams**  
**Programme Director**

## RIGHT CARE, RIGHT HERE PROGRAMME

## Project Performance Report April-September 09/10

Key: CL OPs Consultant Led Outpatients NCL Ops Non Consultant Led Outpatients

PROJECT	April	May	June	July	Aug	MONTH (2009/10)		Nov	Dec	Jan	Feb	Mar	Total YTD	% Over/ Under YTD	2008/09 Yearend Target	Status	PROJECT LEAD	Comments
<b>URGENT CARE - SANDWELL</b>																		
Target (Attendances)	976	976	976	976	976	976	976	0	0	0	0	0	5,856		11,710		Gill Gadd	Activity just below target but position improving as ENP and Physiotherapy activity increasing. Request for provision of number of patients attending Parsonage Street requested from Sandwell PCT.
Actual	865	927	1,008	865	905	1,143	0	0	0	0	0	0	5,713				SWBH	
Variance													-143	-2				
<b>URGENT CARE - HoB</b>																		
Targets (Attendances):													15,000		30,000		Mark Curran	Activity just below target.
City	2,500	2,500	2,500	2,500	2,500	2,500	2,500	0	0	0	0	0	14,393				HOB PCT	
Actual	2,424	2,433	2,113	3,176	2,233	2,014	0	0	0	0	0	0	-607	-4				
Variance													0		13,000			HoB tPCT working with SWBH to agree a transition plan in relation to UCC closing 31/3/10 and Summerfield service commencing
Primary Care	0	0	0	0	0	0	0	0	0	0	0	0	0					
Actual	0	0	0	0	0	0	0	0	0	0	0	0	0					
Variance													0	n/a				
<b>REHAB BEDS - SHELTON</b>																		
Targets:													3,880		7,760		Angela Young	Project exceeding targets overall.
Community - D43 (OBDs)	647	647	646	646	647	647	0	0	0	0	0	0	3,922				HOB PCT	
Actual	638	783	631	643	643	584	0	0	0	0	0	0	42	1				
Variance													3,425		6,850			
Care Centres (OBDs)	571	571	571	570	571	571	0	0	0	0	0	0	3,737					
Actual	595	657	592	662	606	625	0	0	0	0	0	0	312	9				
Variance													0		2625*			
Comm. Alternatives Sub-Acute D47 (?)	0	0	0	0	0	0	0	0	0	0	0	0	0					
Actual	0	0	0	0	0	0	0	0	0	0	0	0	0					
Variance													0	n/a				
Comm. Alternatives Rehabilitation (Patient Package)	292	292	292	291	291	292	0	0	0	0	0	0	1,750		3,500			
Actual	836	977	1,045	1,114	856	953	0	0	0	0	0	0	5,781					
Variance													4,031	230				
Note: Target for Community Alternatives Sub-Acute D47 is HoBPCT only - Sandwell target to be agreed.																		
<b>REHAB BEDS - ROWLEY</b>																		
Targets:													1,900		3,800		Chris Gibbs	Significant overperformance for step-down element of the project but underperforming for step-up activity. No data provided since August from the STAR service - interim Project Lead acting to obtain this.
Community Step Up - ET Ward (OBDs)	317	317	317	316	316	317	0	0	0	0	0	0	1,376				(interim)	
Actual	48	231	246	285	300	266	0	0	0	0	0	0	-524	-28			SPCT	
Variance													3,850		7,700			
Community Step Down - Mc Ward (OBDs)	642	642	642	641	641	642	0	0	0	0	0	0	9,669					
Actual	1,526	1,663	1,611	1,627	1,588	1,654	0	0	0	0	0	0	5,819	151				
Variance													333		1,000			
STAR (Av Admits)	83	83	84	83	0	0	0	0	0	0	0	0	303					
Actual	60	77	75	91	n/a	n/a	0	0	0	0	0	0	-30	-9				
Variance																		
<b>MUSCULOSKELETAL (includes Orthopaedic beds &amp; outpatients, Rheumatology outpatients &amp; Pain Management)</b>																		
Targets:													3,266		6,535		Paul Hazle	Orthopaedic triage activity is exceeding target (Sandwell now overperforming), as is Community Rheumatology
HoB Orthopaedics Triage (NCL OPs)	545	545	545	545	543	543	0	0	0	0	0	0	4,446				SWBH	
Actual	530	520	883	874	721	918	0	0	0	0	0	0	1,180	36				
Variance													3,443		6,885			HoB community Pain Management Clinic start date postponed indefinitely, contributing to activity for this element of the project being below target.
Sandwell Orthopaedics Triage (NCL OPs)	574	574	574	574	573	574	0	0	0	0	0	0	3,513					
Actual	585	520	623	669	490	626	0	0	0	0	0	0	70	2				
Variance													2,282		4,564			Orthopaedics triage activity has been validated and revised from start of the year owing to UHB data reporting issues. Year to date performance not significantly different to that reported in August.
Community Rheumatology (CL OPs)	381	381	381	381	378	380	0	0	0	0	0	0	2,605					
Actual	387	397	453	496	404	468	0	0	0	0	0	0	323	14				
Variance													0		140			
Primary Care Rheumatology (CL OPs)	0	0	0	0	0	0	0	0	0	0	0	0	0					Project lead actively chasing primary care rheumatology activity.
Actual	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0					
Variance													0	n/a				
Community Orthopaedics (CL OPs)	74	74	74	74	74	75		0	0	0	0	0	445		889			
Actual	50	4	43	47	72	56	0	0	0	0	0	0	272					
Variance													-173	-39				
Community Pain Management (CL OPs)	59	59	59	59	59	56	0	0	0	0	0	0	351		702			
Actual	11	13	15	20	20	35	0	0	0	0	0	0	114					
Variance													-237	-68				
Note: Community Pain Management actual activity only includes Lyng activity																		

## RIGHT CARE, RIGHT HERE PROGRAMME

## Project Performance Report April-September 09/10

PROJECT	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	% Over/ Under YTD	Yearend Target	Status	PROJECT LEAD	Comments
<b>OPHTHALMOLOGY</b>																		
Target (CL OPs)	1,273	1,273	1,273	1,272	1,273	1,273	0	0	0	0	0	0	7,637		15,274		Vacant	Actual activity below target & data incomplete.
Actual	1,162	971	1,169	1,183	1,004	1,267	0	0	0	0	0	0	6,756				SPCT	
Variance													-881	-12				
Note: Rowley Regis MC actual activity not available for Aug/Sept																		
<b>DERMATOLOGY</b>																		
Targets:													1,599		3,198		Kayode	Project exceeding target overall. No venue for Rowley identified. Consultant vacancies have resulted in the suspension of clinics at Tipton, Lyng and Soho. SWBH acting to fill Consultant posts.
Community ( CL OPs)	267	267	267	265	266	267		0	0	0	0	0	1,342				Odetayo	
Actual	219	250	246	268	138	221	0	0	0	0	0	0	-257	-16			HOB PCT	
Variance													801		1,602			
Community - GPwSI (OPs)	134	134	134	132	134	133	0	0	0	0	0	0	1,376					August actual activity was estimated (107 less outpatients for the month than forecast), resulting in the underperformance for Consultant Led outpatients doubling since the August report.
Actual	178	187	260	275	188	288	0	0	0	0	0	0	576	72				
Variance																		
<b>RESPIRATORY</b>																		
Targets:													550		1,034		Sally Sandel	Data validation required as actual monthly performance has changed since April in the September report.
Community - Nurse-led (OPs)	80	80	90	100	100	100	0	0	0	0	0	0	1,021				SPCT	
Actual	295	281	153	139	153	n/a	0	0	0	0	0	0	471	86				
Variance													0		432			
Primary Care - GP/Nurse/GPwSI (OPs)	0	0	0	0	0	0	0	0	0	0	0	0	0					
Actual	0	0	0	0	0	0	0	0	0	0	0	0	0					
Variance													0	n/a				
Note: Primary Care service planned to commence in October																		
<b>ENT</b>																		
Target (CL Outpatients)	822	822	822	821	821	822	0	0	0	0	0	0	4,930		9,860		Jane Clark	Actual activity exceeding target.
Actual	852	883	978	991	739	900	0	0	0	0	0	0	5,343				SWBH	
Variance													413	8				
<b>CARDIOLOGY</b>																		
Targets:													391		782			SWBH Support Project Lead has provided the actual activity for the consultant-led outpatients now being provided in community locations (Rowley, Apollo, Neptune, Aston, Great Bridge).
Community (CL OPs)	65	65	65	65	65	66	0	0	0	0	0	0	372				Vacant	
Actual - Rowley & Neptune	61	61	54	79	37	80	0	0	0	0	0	0	-19	-5			SPCT	
Variance													0		1,867			Community non-consultant led outpatient activity not available.
Community (NCL OPs)	0	0	0	0	0	0	0	0	0	0	0	0	0					
Actual	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0					
Variance													0	n/a				
<b>GYNAECOLOGY</b>																		
Target (CL OPs)	88	88	88	88	87	87	0	0	0	0	0	0	526		1,053		Therese	Actual activity exceeding target. Clinics that have been redesigned and are in their final location (Sandwell General Hospital and BTC) actual performance now available but data requires validation by Project Team - this activity not included in 09/10 targets and not previously reported.
Actual	89	100	88	91	79	82	0	0	0	0	0	0	529				McMahon	
Variance													3	1			HOB PCT	
<b>DIABETES</b>																		
Targets:													3,318		6,635		Olivia Amarte	Activity below target. Project Lead has explained that owing to double-counting of clinics 08/09, the outturn was higher than actual. The 09/10 target was based upon sustaining outturn, and the request has been made to reduce the annual target to 5,835. Approval of this revised target would result in performance exceeding target at M6 by 49 patients (2%).
Community (CL OPs)	553	553	553	553	553	553	0	0	0	0	0	0	2,967				HOB PCT	
Actual	379	463	631	605	371	518	0	0	0	0	0	0	-351	-11				
Variance													0		361			
Primary Care (NCL OPs)	0	0	0	0	0	0	0	0	0	0	0	0	0					
Actual	n/a	0	0	0	0	0	0	0	0	0	0	0	0					
Variance													0	n/a				

## Sandwell and West Birmingham Hospitals



NHS Trust

<b>TRUST BOARD</b>
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<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
<b>DATE OF MEETING:</b>	17 December 2009

**SUMMARY OF KEY POINTS:**

The Project Director's report includes reference to the following for discussion:

- The Compulsory Purchase Order
- Economic challenges
- Workstream updates
- Update on the Art Programme Pilot

**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	Continue to deliver New Hospital Project as planned
Annual priorities	
NHS LA standards	
Core Standards	
Auditors' Local Evaluation	

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

Financial	X	
Business and market share	X	
Clinical	X	
Workforce	X	
Environmental	X	
Legal & Policy	X	
Equality and Diversity	X	
Patient Experience	X	
Communications & Media	X	
Risks		Risks identified in project risk register and where appropriate included in Trust risk register

**PREVIOUS CONSIDERATION:**

Usual monthly report to Trust Board
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## RIGHT CARE, RIGHT HERE PROGRAMME ACUTE HOSPITAL DEVELOPMENT

<b>Report to:</b>	<b>Trust Board</b>
<b>Report of:</b>	<b>Andrea Bigmore / Graham Seager</b>
<b>Subject:</b>	<b>Acute Hospital Development Progress Report</b>
<b>Date:</b>	<b>17<sup>th</sup> December 2009</b>

### 1. Compulsory Purchase Order (CPO)

The objection period for the CPO is now completed. As anticipated there have been objections to the CPO and the Secretary of state will now decide if there needs to be an inquiry. The current project plan assumes an inquiry will be required and is likely to be in late spring next year.

### 2. Economic Challenges

The strong partnerships established for the Right Care, Right Here (RCRH) Programme are helping us to meet the local economic challenges together now that financial conditions have become more difficult for the NHS as a whole. We are already committed to preventing ill health and working in partnership to develop care pathways that avoid waste and improve outcomes for patients. This puts us in a good position to face the challenging times ahead.

The RCRH Programme partners are in agreement that development of a new acute hospital is central to the plans for the future. We are working together to ensure that our joint plans continue to be affordable and best value for money as we progress towards the procurement of the new hospital.

### 3. Workstream Updates

A number of specialist workstreams continue to develop the items required for the procurement of the new hospital. These workstreams give regular update reports to the Project Team; this section presents a summary of their progress.

#### ***Estates and Technical Workstream***

The Estates and Technical Workstream have been working on the design sections of the Invitation to Participate in Dialogue (ITPD). These documents provide the brief for the new hospital procurement process. The Workstream has used the Design Vision, developed by a group of Trust staff and local stakeholders earlier in the project, to develop a detailed Design Brief.

The brief is structured around AEDET (Achieving Excellence Design Evaluation Toolkit), which will be used to assess the scheme against three headings: Build Quality, Functionality and Impact. This

method will help the Trust to ensure that assessment against a set of well recognised design standards can be maintained throughout the project.

The workstream members have visited many other schemes to make notes on relative strengths, weaknesses and points for learning. All of this information has been used in the preparation of the brief which clearly articulates what the Trust will be expecting. Photographs and narrative sections outline what we regard as the best in class against the various AEDET sections. Observations of less successful design features are also shown to demonstrate how we will judge proposals.

The Design Vision Group will be reconvened next year to review the brief to ensure that the principles outlined in the vision have been clearly expressed. This group will continue to be involved throughout the project to ensure the delivery of design excellence.

### ***IM&T Workstream***

The IM&T workstream invited Dr Mark Farrar, National Director of Infrastructure, to advise the group on realistic ambitions for utilisation of technology in the future. This will help the workstream with the drafting of the IM&T Specifications and Strategy.

IM&T is an important enabler of the new models of care we will be delivering for the Right Care, Right Here Programme. It will also support the delivery of innovation in the new hospital using new technology.

### ***Service Development Workstream***

This workstream is developing the clinical model of care for the new hospital including all the operational policies which outline how services will operate in future. A large scale review of these documents has recently been undertaken to ensure that clinicians are happy with the facilities being proposed.

The group is also working on the outline commissioning plans to determine the approach to handover of the facilities and transition to operations in the new building. This process is very complex indeed requiring very detailed planning and risk management. At this stage only outline plans are required to inform the discussions required during the procurement process. This work will become a major part of the project during the construction stage.

## **4. Update on the Art Programme Pilot**

The Charitable Funds Committee has approved funding for a pilot of the Art Programme prior to the commissioning of the new hospital. The pilot will include:

- The loan of a set of paintings for display in the Birmingham Treatment Centre and / or Sandwell General Hospital
- A community art development project involving local people in the development of artwork for display

A report on the approach to this project will be presented to Trust Board in January.

## Sandwell and West Birmingham Hospitals



NHS Trust

<b>TRUST BOARD</b>
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<b>DOCUMENT TITLE:</b>	Financial Performance – Month 8
<b>SPONSORING DIRECTOR:</b>	Robert White, Director of Finance and Performance Mgt
<b>AUTHOR:</b>	Robert White/Tony Wharram
<b>DATE OF MEETING:</b>	17 December 2009

**SUMMARY OF KEY POINTS:**

The report is provided to update the Board on financial performance for the eight months to 30<sup>th</sup> November 2009.

In-month surplus is £135k against a target surplus of £118k; £17k above plan.

Year to date surplus is £1,701k against a plan of £1,807k, £106k below plan.

In-month WTEs are 15 below plan, excluding the effect of agency staff.

Cash balance is approximately £2.5m greater than the revised plan at 30<sup>th</sup> November.

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

Approval	Receipt and Noting	Discussion
X	X	

**ACTIONS REQUIRED, INCLUDING RECOMMENDATION:**

- To receive and note the monthly finance report.
- To endorse any actions taken to ensure that the Trust remains on target to achieve its planned financial position.
- To approve the amendments to the capital programme.

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	Deliver the financial plan including achieving a financial surplus of £2.269m and a CIP of £15m.
Annual priorities	
NHS LA standards	
Core Standards	
Auditors' Local Evaluation	Reporting and management of financial position.

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

Financial		Potential to fail to meet statutory financial targets.
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		Potential to fail to meet statutory financial targets.

**PREVIOUS CONSIDERATION:**

Financial Management Board and Trust Management Board on 15 December 2009; Finance and Performance Management Committee on 17 December 2009.

## Financial Performance Report – November 2009

### EXECUTIVE SUMMARY

- In the period 1<sup>st</sup> April 2009 to 30<sup>th</sup> November 2009, the Trust has generated an overall I&E surplus of £1,701,000 which is £106,000 lower than the planned position. During the month of November, the Trust produced a net surplus of £135,000 exceeding the planned budget surplus by £17,000. This result continues the trend for the last few months of slightly exceeding the planned in month surplus.
- Fully coded and priced activity information is available for October and patient related SLA income included within this report is based on this position.
- At month end, WTE's (whole time equivalents) excluding the impact of agency staff were 15 below plan and total pay expenditure, including agency costs, for the month £351,000 above plan. This includes £431,000 of agency expenditure during November which is a small increase compared with levels in October.
- The month-end cash balance is approximately £2.5m above the revised cash profile.
- Divisional performance in month continues to be very mixed and, at 30<sup>th</sup> November, four divisions remain in significant year to date deficit positions: Medicine A, Medicine B, Surgery A and Facilities.

Financial Performance Indicators					
Measure	Current Period	Year to Date	Thresholds		
			Green	Amber	Red
I&E Surplus Actual v Plan £000	17	-106	> Plan	> = 99% of plan	< 99% of plan
EBITDA Actual v Plan £000	23	-58	> Plan	> = 99% of plan	< 99% of plan
Pay Actual v Plan £000	-351	-2,089	< Plan	< 1% above plan	> 1% above plan
Non Pay Actual v Plan £000	-376	-1,793	< Plan	< 1% above plan	> 1% above plan
WTEs Actual v Plan	15	69	< Plan	< 1% above plan	> 1% above plan
Cash (incl Investments) Actual v Plan £000	2,534	2,534	> = Plan	> = 95% of plan	< 95% of plan
CIP Actual v Plan £000	-11	-65	> 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	1,807	1,701
Capital Resource Limit	6,000	4,326
External Financing Limit	---	13,451
Return on Assets Employed	3.50%	3.50%

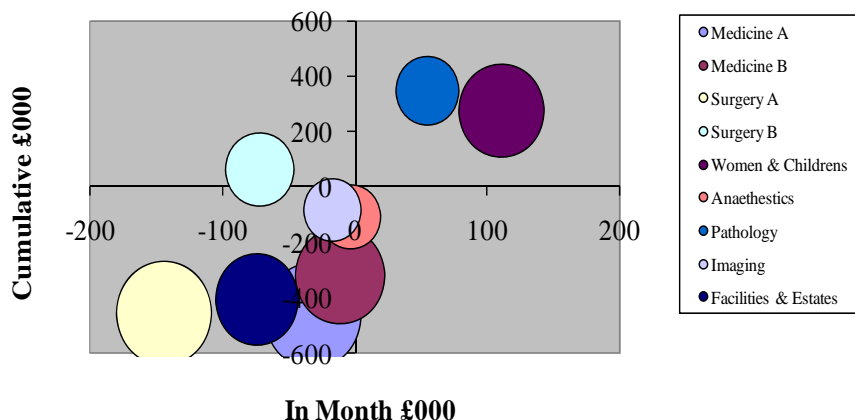
2009/2010 Summary Income & Expenditure Performance at November 2009	Annual Plan £000's	CP Plan £000's	CP Actual £000's	CP Variance £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's	Forecast Outturn £000's
Income from Activities	331,334	27,839	28,500	661	221,023	224,640	3,617	337,671
Other Income	37,915	3,459	3,548	89	25,088	25,295	207	38,122
Operating Expenses	(340,132)	(28,944)	(29,671)	(727)	(226,407)	(230,289)	(3,882)	(346,633)
EBITDA	29,117	2,354	2,377	23	19,704	19,646	(58)	29,160
Interest Receivable	150	13	7	(6)	100	52	(48)	67
Depreciation & Amortisation	(16,444)	(1,370)	(1,370)	0	(10,962)	(10,962)	0	(16,444)
PDC Dividend	(8,374)	(698)	(698)	0	(5,582)	(5,582)	0	(8,374)
Interest Payable	(2,180)	(181)	(181)	0	(1,453)	(1,453)	0	(2,140)
<b>Net Surplus/(Deficit)</b>	<b>2,269</b>	<b>118</b>	<b>135</b>	<b>17</b>	<b>1,807</b>	<b>1,701</b>	<b>(106)</b>	<b>2,269</b>

## Financial Performance Report – November 2009

### Divisional Performance

- As has been experienced over the last few months, the overall position of the Trust has improved slightly and the shortfall against the year to date I&E target is now reduced to £106k. This improvement in performance continues to be wholly driven by additional income, primarily from patient related SLAs.
- Pay costs remain significantly above plan now reaching £2,089k for the year to date with a further worsening in month of £351k. WTE numbers, excluding the impact of agency staff, remain slightly below planned levels although actual wte's in post has again risen slightly. After taking into account agency staff, actual wte's are approximately 118 above plan. The non pay position also continues to be higher than plan, in part reflecting activity related pressures as patient treatment numbers exceed contracted levels.
- In month, Surgery A, Surgery B and Facilities have generated significant deficits. To a significant extent, this performance reflects shortfalls in activity and income performance relative to ongoing high levels of expenditure (including, for example, additional waiting list sessions). The results in these divisions are in part at least, driven by movements in case mix and out-patients with procedure. On the cost side, many operational divisions continue to experience significant pressures on both pay and non pay although in some cases these are balanced by over achievement of income.
- The performance for the Trust overall continues to be assisted by favourable budget positions within corporate divisions with a year to date performance of £437,000 better than plan.

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

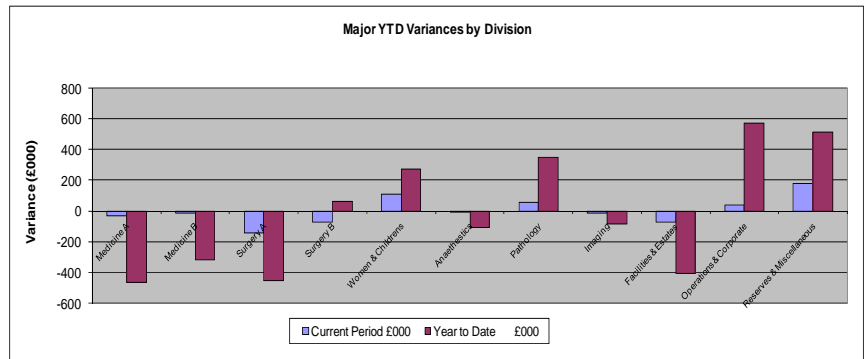


The tables adjacent and overleaf show a mixed position across divisions. The performance, in particular of Surgery A, Surgery B and Facilities worsened in month while Medicine A and Medicine B were close to break even. However, Medicine A, Medicine B, Surgery A and Facilities all continue to report sizeable year to date net deficit positions.

## Financial Performance Report – November 2009

### Divisional Variances from Plan

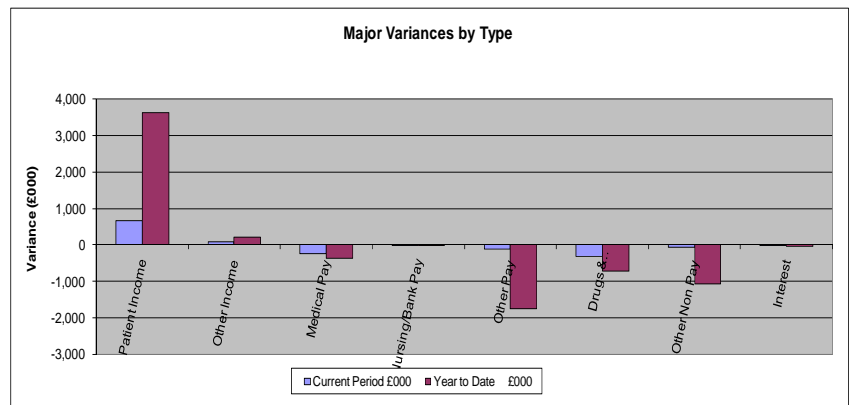
	Current Period £000	Year to Date £000
Medicine A	-32	-463
Medicine B	-11	-319
Surgery A	-144	-454
Surgery B	-72	64
Women & Childrens	110	275
Anaesthetics	-4	-109
Pathology	55	347
Imaging	-17	-82
Facilities & Estates	-74	-405
Operations & Corporate	39	570
Reserves & Miscellaneous	177	516



The tables below illustrate that overall income continues to perform better than plan for the month and year to date, primarily driven by higher levels of patient related SLA (service level agreement) activity. Despite this positive overall SLA income position, issues do exist regarding casemix and the relationship between short stay and long stay admissions, especially where the former results in a reduced reimbursement level for the divisions affected. Given the materiality of these in-year shifts in activity, limited adjustments have been made to divisional positions to reflect this. Overall pay expenditure remains significantly above plan and expenditure on bank and agency remains high. In month, non pay expenditure is again in excess of plan, particularly in respect of medical equipment and consumables, in part reflecting the additional activity undertaken.

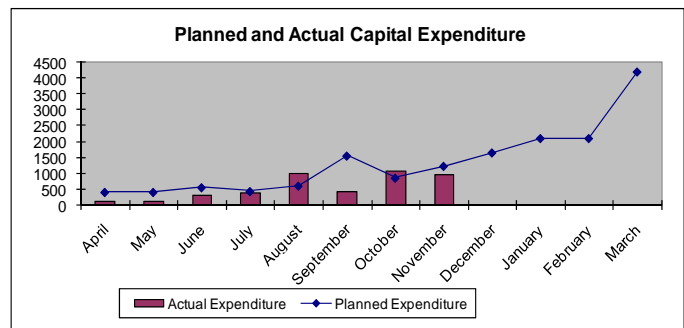
### Variance From Plan by Expenditure Type

	Current Period £000	Year to Date £000
Patient Income	661	3,617
Other Income	89	207
Medical Pay	-244	-361
Nursing/Bank Pay	10	19
Other Pay	-117	-1,747
Drugs & Consumables	-321	-716
Other Non Pay	-55	-1,077
Interest	-6	-48



### Capital Expenditure

- Planned and actual capital expenditure by month is summarised in the adjacent graph. Expenditure of £929,000 was incurred in November mainly relating to medical equipment, the Urgent Care Centre, privacy and dignity and D16 refurbishment. This brings total capital expenditure for the year to date up to £4,326,000.



## Financial Performance Report – November 2009

### Capital Expenditure Continued

- The following changes are proposed to the capital programme:
  - Pathology G8 Analyser £35k
  - Sandwell Computer Room Updated Costs £113k
  - SGH Clinical Space Maximisation £76k
  - Catering Modifications re 10/11 QuEP Advance Works £201k
  - In House Serology Analyser £94k
  - Slippage Review – Forecast Outturn - £519k

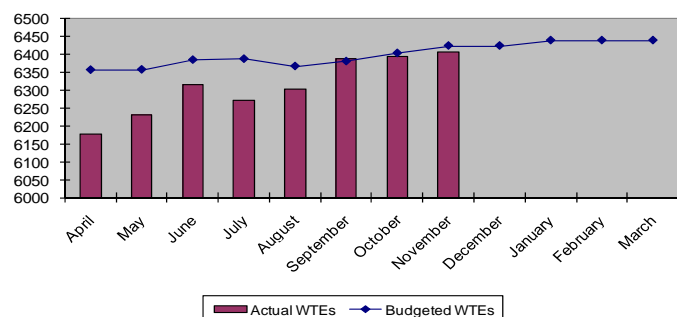
### Paybill & Workforce

• Overall workforce numbers (wtes), excluding the effect of agency staff, are 14.7 below plan for November, which is a slight improvement on the position for October. The number of actual wte's in post has increased by approximately 15. Taking an estimate of the wte effect of agency staff, wte numbers are effectively 118 above plan, again a marginal improvement on the position reported in October.

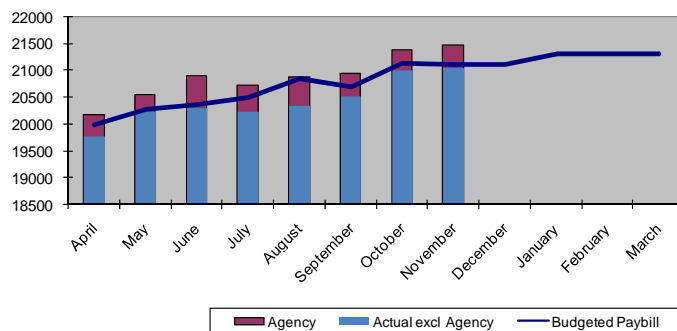
• Paybill (including agency staff) is £351,000 above budgeted levels for the month and £2,089,000 for the year to date. This represents a further worsening of performance against planned levels and continues to be a key risk that must be managed in terms of delivering the yearend forecast surplus.

• In month expenditure on agency staff was £431,000, an increase of £40,000 against expenditure in October.

Budgeted and Actual WTEs (Excluding Agency Staff)



Budgeted and Actual Paybill



### Pay Variance by Pay Group

- The table below provides an analysis of all pay costs by major staff category by removing both bank and agency costs and allocating these into the appropriate main pay group.
- The table demonstrates that the major areas of pay overspend lie within medical staffing and healthcare assistants and support staff, the latter group being broken down primarily into two sub groups: healthcare assistants in clinical divisions and support staff (primarily domestics) within Facilities.



## Financial Performance Report – November 2009

Analysis of Total Pay Costs by Staff Group						
	Year to Date to October					Variance £000
	Budget £000	Actual			Total £000	
		Substantive £000	Bank £000	Agency £000		
Medical Staffing	48,689	48,904		1,422	50,326	-1,637
Management	9,194	8,532		0	8,532	662
Administration & Estates	18,542	18,115		773	18,888	-346
Healthcare Assistants & Support Staff	8,110	8,060	1,278	861	10,199	-2,089
Nursing and Midwifery	58,018	53,767	2,893	518	57,178	840
Scientific, Therapeutic & Technical	22,368	21,753		143	21,896	472
Other Pay	25	17			17	8
Total Pay Costs	164,946	159,148	4,171	3,716	167,035	-2,089

### Balance Sheet

- The opening Statement of Financial Position (balance sheet) for the year at 1<sup>st</sup> April reflects the IFRS based audited accounts for 2008/2009.
- Cash balances at 30<sup>th</sup> November are approximately £2.5m higher than the revised plan, a slightly higher figure than that for 31<sup>st</sup> October. The Trust is still planning to hold the same year end cash balance as included in its original financial plan for the year.

Sandwell & West Birmingham Hospitals NHS Trust				
STATEMENT OF FINANCIAL POSITION				
		Opening Balance as at March 2009 £000	Balance as at November 2009 £000	Forecast at March 2010 £000
<b>Non Current Assets</b>				
	Intangible Assets	547	470	522
	Tangible Assets	277,912	271,276	257,801
	Investments	0	0	0
	Receivables	1,158	1,150	1,200
<b>Current Assets</b>				
	Inventories	3,295	3,305	3,300
	Receivables and Accrued Income	19,138	21,620	18,500
	Investments	0	0	0
	Cash	8,752	23,201	9,750
<b>Current Liabilities</b>				
	Payables and Accrued Expenditure	(28,516)	(41,969)	(31,750)
	Loans	0	0	0
	Borrowings	(1,885)	(1,880)	(1,880)
	Provisions	(5,440)	(2,111)	(2,200)
<b>Non Current Liabilities</b>				
	Payables and Accrued Expenditure	0	0	0
	Loans	0	0	0
	Borrowings	(33,627)	(32,027)	(31,127)
	Provisions	(2,193)	(2,193)	(1,943)
		<b>239,141</b>	<b>240,842</b>	<b>222,173</b>
<b>Financed By</b>				
<b>Taxpayers Equity</b>				
	Public Dividend Capital	160,231	160,231	161,047
	Revaluation Reserve	60,699	60,699	40,966
	Donated Asset Reserve	2,531	2,531	2,391
	Government Grant Reserve	1,985	1,985	1,805
	Other Reserves	9,058	9,058	9,058
	Income and Expenditure Reserve	4,637	6,338	6,906
		<b>239,141</b>	<b>240,842</b>	<b>222,173</b>

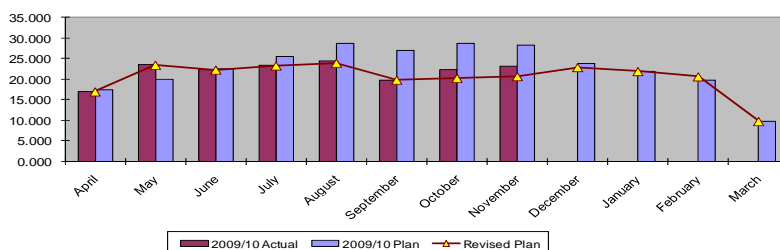
## Sandwell and West Birmingham Hospitals



NHS Trust

# Financial Performance Report – November 2009

Planned and Actual Cash Balances (Including Short Term Investments)



## Cash Flow

• The table below shows cash receipts and payments for November 2009 and a forecast of expected flows for the following 12 months.

## Sandwell &amp; West Birmingham Hospitals NHS Trust

## CASH FLOW

## 12 MONTH ROLLING FORECAST AT November 2009

ACTUAL/FORECAST	Nov-09 £000s	Dec-09 £000s	Jan-10 £000s	Feb-10 £000s	March-10 £000s	April-10 £000s	May-10 £000s	Jun-10 £000s	Jul-10 £000s	Aug-10 £000s	Sep-10 £000s	Oct-10 £000s	Nov-10 £000s
<b>Receipts</b>													
SLAs: Sandwell PCT	13,013	13,040	13,040	13,040	13,040	13,236	13,236	13,236	13,236	13,236	13,236	13,236	13,236
HoB PCT	7,357	7,198	7,198	7,198	7,198	7,306	7,306	7,306	7,306	7,306	7,306	7,306	7,306
South Birmingham PCT	1,280	1,264	1,264	1,264	1,264	1,282	1,282	1,282	1,282	1,282	1,282	1,282	1,282
BEN PCT	1,733	1,732	1,732	1,732	1,732	1,757	1,757	1,757	1,757	1,757	1,757	1,757	1,757
Pan Birmingham LSCG	1,213	1,213	1,213	1,213	1,213	1,231	1,231	1,231	1,231	1,231	1,231	1,231	1,231
Other PCTs	2,314	2,496	2,496	2,496	2,496	2,534	2,534	2,534	2,534	2,534	2,534	2,534	2,534
Over Performance Payments	0	750	0	0	0	1,000							
Education & Training	1,330	1,501	1,501	1,501	1,501	1,523	1,523	1,523	1,523	1,523	1,523	1,523	1,523
Loans	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest	7	6	6	7	6	11	8	8	8	8	8	8	8
Other Receipts	3,776	2,412	2,412	2,412	2,412	2,090	2,090	2,090	2,090	2,090	2,090	2,090	2,090
<b>Total Receipts</b>	<b>32,023</b>	<b>31,610</b>	<b>30,861</b>	<b>30,861</b>	<b>30,861</b>	<b>31,971</b>	<b>30,968</b>	<b>30,968</b>	<b>30,968</b>	<b>30,968</b>	<b>30,968</b>	<b>30,968</b>	<b>30,968</b>
<b>Payments</b>													
Payroll	12,564	12,350	12,520	12,520	12,520	12,673	12,673	12,673	12,673	12,673	12,673	12,673	12,673
Tax, NI and Pensions	8,381	8,456	8,571	8,571	8,571	8,677	8,677	8,677	8,677	8,677	8,677	8,677	8,677
Non Pay - NHS	1,326	2,157	2,465	2,465	3,096	2,490	2,490	2,490	2,490	2,490	2,490	2,490	2,490
Non Pay - Trade	7,512	5,281	6,035	6,035	7,579	5,940	5,940	5,940	6,250	6,200	6,200	6,200	6,200
Non Pay - Capital	1,003	771	1,850	2,158	4,932	500	500	500	501	501	501	501	501
PDC Dividend	0	0	0	0	4,629	0	0	0	0	0	4,200	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	352	325	325	325	325	335	335	335	335	335	335	335	335
Other Payments	55	70	70	70	70	355	355	356	357	358	359	360	361
<b>Total Payments</b>	<b>31,193</b>	<b>29,409</b>	<b>31,835</b>	<b>32,144</b>	<b>41,722</b>	<b>30,969</b>	<b>30,969</b>	<b>30,970</b>	<b>31,282</b>	<b>31,233</b>	<b>35,434</b>	<b>31,235</b>	<b>31,236</b>
Cash Brought Forward	22,371	23,201	25,402	24,428	23,145	12,284	13,285	13,284	13,281	12,967	12,701	8,234	7,967
Net Receipts/(Payments)	830	2,201	(975)	(1,283)	(10,861)	1,001	(2)	(3)	(315)	(266)	(4,467)	(268)	(269)
Cash Carried Forward	<b>23,201</b>	<b>25,402</b>	<b>24,428</b>	<b>23,145</b>	<b>12,284</b>	<b>13,285</b>	<b>13,284</b>	<b>13,281</b>	<b>12,967</b>	<b>12,701</b>	<b>8,234</b>	<b>7,967</b>	<b>7,698</b>

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

## Financial Performance Report – November 2009

### SLA Performance

• The table below shows a summary of both activity and financial performance for major patient types across the Trust's SLA's. This demonstrates that the majority of the financial gain is the result of higher than planned levels of out-patient activity. Final SLA performance remains subject to data processing rules generated via the CBSA. The Trust has challenged the interpretation of activity performance levels by the CBSA and PCT and is working collaboratively in resolving these.

Year to Date Key Performance Against SLA						
PERFORMANCE UP TO OCTOBER	Activity			Finance		
	Planned	Actual	Variance	Planned £000	Actual £000	Variance £000
Accident & Emergency	202,194	136,025	(171)	9,978	10,304	326
Admitted Patient Care - Elective	36,309	38,105	1,796	32,892	34,383	1,491
Admitted Patient Care - Non Elective	33,881	36,122	2,241	53,700	52,514	(1,186)
Excess Bed Days	21,144	21,165	21	4,378	4,288	(90)
Other	72	72	0	44,762	45,424	662
Out-Patients First Attendance	93,474	94,820	1,346	15,720	15,722	2
Out-Patients Follow Up	221,327	236,820	15,493	19,201	20,898	1,697
Out-Patients With Procedure	4,441	13,405	8,964	924	2,915	1,991
Unbundled Activity	8,888	33,625	24,737	6,646	6,744	98
<b>Total</b>	<b>621,729</b>	<b>610,159</b>	<b>54,428</b>	<b>188,200</b>	<b>193,191</b>	<b>4,991</b>

Note: This analysis does not cover all services provided under SLAs

### SLA Performance by Commissioner

• The table adjacent shows overall financial performance by commissioner for the Trust's major commissioners. This demonstrates that over performance is spread over a large number of commissioners including specialised service agencies.

Year to Date SLA Performance by Commissioner			
PERFORMANCE UP TO OCTOBER	Finance		
	Planned £000	Actual £000	Variance £000
SANDWELL PCT	90,874	91,553	679
HEART OF BIRMINGHAM TEACHING PCT	50,435	51,296	861
BIRMINGHAM EAST & NORTH PCT	12,143	12,142	(1)
SOUTH BIRMINGHAM PCT	8,865	9,914	1,049
PAN BIRMINGHAM LSCG	8,511	9,674	1,164
WALSALL PCT	3,769	3,721	(48)
WEST MIDLANDS SCT	3,065	3,107	41
DUDLEY PCT	2,643	3,008	365
WORCESTERSHIRE PCT	1,579	1,773	195
SOLIHULL CARE TRUST	1,375	1,491	117
OTHERS	4,942	5,512	570
<b>TOTAL</b>	<b>188,200</b>	<b>193,191</b>	<b>4,991</b>

**Financial Performance Report – November 2009****SLA Performance by Specialty**

• The table adjacent shows overall financial performance by specialty or service area for those services making the largest contribution to the Trust's net over performance. This is a summary of all types of activity within any given specialty or service area and includes both admitted patient care and out-patients. It therefore needs to be considered only as a broad indication of performance within each area as there may be different issues affecting various patient types within a service.

Year to Date SLA Performance: Variances From Plan			
PERFORMANCE UP TO OCTOBER	Finance		
	Planned £000	Actual £000	Variance £000
Gastroenterology	2,680	4,446	1,767
Cardiology	5,982	7,734	1,752
Elderly	11,428	12,395	968
Respiratory Medicine	1,495	2,441	946
Urology	4,089	5,030	941
Clinical Haematology	2,369	3,209	840
Other	13,454	14,114	660
ENT	3,010	3,621	611
Direct Access	2,988	3,502	513
Ophthalmology	13,575	14,086	512
Neurology	1,176	1,639	463
Maternity	14,414	14,818	405
Vascular Surgery	1,399	1,715	316
Plastic Surgery	1,951	2,261	310
Oral Surgery	588	879	291
Paediatrics	5,871	6,144	274
Dermatology	2,761	3,028	267
Rehabilitation	0	253	253
Oncology	7,727	7,956	229
Gynaecological Oncology	1,379	1,589	210
Diabetes	739	896	157
A&E	12,003	11,292	(712)
Trauma & Orthopaedics	15,053	14,309	(744)
General Surgery	12,011	11,265	(746)
General Medicine	22,035	15,803	(6,233)
Others	28,022	28,764	742
<b>TOTAL</b>	<b>188,200</b>	<b>193,191</b>	<b>4,991</b>
Note: the performance of general medicine needs to be viewed alongside other medical specialties with planned general medicine activity actually delivered within medical sub specialties.			

Risk Ratings			
Measure	Description	Value	Score
EBITDA Margin	Excess of income over operational costs	8.5%	3
EBITDA % Achieved	Extent to which budgeted EBITDA is achieved/exceeded	99.7%	4
Return on Assets	Surplus before dividends over average assets employed	3.3%	3
I&E Surplus Margin	I&E Surplus as % of total income	0.7%	2
Liquid Ratio	Number of days expenditure covered by current assets less current liabilities	3.5	1
<b>Overall Rating</b>			<b>2.4</b>

**Risk Ratings**

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

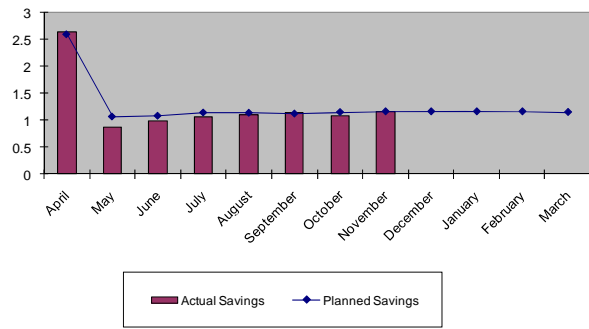
•The only significantly weak area remains liquidity which will only be substantially corrected with the introduction of a working capital facility.

## Financial Performance Report – November 2009

### Cost improvement Programme

- The adjacent graph shows the monthly profile of the Trust's cost improvement programme and actuals achieved up to November.
- As at November, there is a shortfall against planned levels of £65k or 0.6% which represents an improvement against the position reported for October.

Monthly CIP Savings Profile £000s



### External Focus and Forward Look

- Based on performance up to October, Sandwell and West Birmingham Hospitals the Trust is forecasting a further increase in the rate of over performance against its Service Level Agreements with PCTs. Although there are still outstanding data challenge issues, this level of over performance will impact on the financial position of PCTs, particularly as they are experiencing over performance elsewhere in the acute sector.
- Both Sandwell and Heart of Birmingham PCTs are reporting significant over performance both for Sandwell and West Birmingham Hospitals and for a number of other providers. Although this over performance is causing financial pressures for the PCTs, they are expecting to achieve overall financial plans at the year end.
- Work is currently being undertaken jointly with Sandwell and HoB PCTs on updating assumptions in relation to RCRH activity projections and in order to support the World Class Commissioning analysis. The output from this process will strongly influence future years projections for the Trust. However, until the Operating Framework and the 2010/2011 tariff (and its associated terms and conditions) are published, the view of future years can only be limited.
- Clearly, if the Trust is to meet its Income and Expenditure target at the end of the year, it is imperative that performance is sustained and improved for the remainder of the year. This particularly applies to pay expenditure which is generally more difficult to control in the shorter term.
- Given the expectation of a very tight financial settlement, particularly from 2011/2012 onwards, it is essential that the Trust is in the best possible financial position to move forward over the next few years. Part of this process will need to be to ensure that underlying financial performance is sound.

## Financial Performance Report – November 2009

### Conclusions

- For the year to 30th November 2009, the Trust has generated an overall income and expenditure surplus of £1,701,000 which is £106,000 below plan. For the current month, the actual surplus of £135,000 was £17,000 above plan.
- Capital expenditure in November was significantly higher than in previous months, predominantly related to medical equipment purchases and larger building schemes, although actual spend still remains well below the expected profile for the year.
- At 30<sup>th</sup> November, cash balances are approximately £2.5m higher than the revised cash plan.
- Surgery A, Surgery B and Facilities have generated significant in month deficits. Surgery A, along with Anaesthetics and Critical Care, Medicine A, Medicine B and Facilities all have significant year to date deficits. This is balanced by better than planned performance in other divisions and, in particular, in corporate services.
- Expenditure against pay budgets continues to worsen in month with a further deterioration of £351k. Excluding agency staff, actual numbers of whole time equivalents (wtes) in post has increased by 15 in month although the variance against budgeted wtes has decreased. Taking into account an estimated effect on wtes of agency staff, wte numbers are 118 or approximately 2% greater than planned. It remains imperative that staff costs, and particularly the use of agency staff, are realigned to budgeted levels.
- Controls on pay and staffing remain in place and will need to be strengthened and applied with increasing rigour if the current trend of increasing wte numbers is to be reversed, particularly in the light of the financial situation facing the whole of the NHS over the next few years. This has commenced through early work on the 2010/2011 QuEP process.

### Recommendations

The Trust Board is asked to:

- i. NOTE the contents of the report;
- ii. ENDORSE actions taken to ensure that the Trust remains on target to achieve its planned financial position; and
- iii. APPROVE the proposed changes to the capital programme.

Robert White

Director of Finance & Performance Management

## TRUST MANAGEMENT BOARD

<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>	15 December 2009

### SUMMARY OF KEY POINTS:

The report is designed to inform the Trust Board of the summary performance of the Trust for the period April – November 2009.

### 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.

## TABLED PAPER

### ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

Financial	<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
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## Finance and Performance Management Committee – v0.2

**Venue** Executive Meeting Room, City Hospital

**Date** 19 November 2009; 1430h – 1630h

**Members Present**

Mr R Trotman [Chair]  
Mrs S Davis  
Miss I Bartram  
Mrs G Hunjan  
Dr S Sahota  
Prof D Alderson  
Mr J Adler  
Mr R White  
Mr R Kirby

**In Attendance**

Mr A Stevenson  
Mr T Wharram  
Mr M Harding

**Secretariat**

Mr S Grainger-Payne

**Guests**

Mr S Clarke [Item 4.1 only]  
Mrs S Wilson [Item 4.2 only]  
Mr P North [Item 4.1 and 4.2 only]

Minutes	Paper Reference
<b>1 Apologies for absence</b>	<b>Verbal</b>
Apologies for absence were received from Miss Parveen Akhtar.	
<b>2 Minutes of the previous meeting – 22 October 2009</b>	<b>SWBFC (10/09) 206</b>
The minutes of the previous meeting were agreed to be an accurate reflection of discussions held on 22 October 09.	
<b>AGREEMENT: The minutes of the previous meeting were approved</b>	
<b>3 Matters arising from the previous meeting</b>	<b>SWBFC (10/09) 206 (a)</b>
The updated actions log was noted by the Committee.	
<b>4 Presentation by the Facilities directorate</b>	<b>SWBFC (11/09) 208 SWBFC (11/09) 208 (a)</b>
Mr Steve Clarke and Mr Paul North joined the meeting to present an overview of the Facilities directorate's financial position and current activities.  Mr North reported that the directorate was currently in deficit, however the position had improved on recent months.  Mr Clarke advised that the Trust's catering retail outlets have been refurbished in year. Mr Trotman asked whether these outlets have appropriate income and expenditure statements. He was advised that an initial meeting had been held to discuss implementing this recording. At present catering has the ability to track stock movements, however data entry of stock control is not as efficient as desired.	

# Sandwell and West Birmingham Hospitals

NHS Trust

<p>Although calculating margins is difficult, it is anticipated that the retail outlets produce a 40% gross profit at present. It was agreed at the next presentation by the directorate, that a progress update on implementation of profit and loss statements would be provided. Mr White recommended that margin targets need to be built into retail prices before they are set. Mr Trotman asked whether wastage of food was recorded. He was advised that all inpatient meal wastage was recorded and during recent months, there has been an encouraging downward trend.</p> <p>In terms of pay costs, cleaning provides a significant pressure at present and the directorate also carries a significant cost pressure from portering. It is hoped that expenditure in these areas will be addressed in the New Year. Hotel services is incurring significant costs from extra cleaning of toilets for instance and from additional supervision. Portering and security at the Sandwell site are due to be split in the New Year, which should assist with efficiency of the services and control of spend in these areas. Mrs Davis asked whether out of hours working was built into the contracts of the domestic staff. She was advised that the current contracts stipulate an enhancement for working unsocial hours or weekends. Mr Clarke was asked whether weekend cleaning could be contracted to avoid payment of the enhancements. He advised that this would be a difficult arrangement. Mr Adler noted that the high variances in cost are principally a function of the previously funded deep cleaning arrangements that are continuing. It is likely that the end of year position will show a £600k adverse variance.</p> <p>Mr North reported that in relation to non-pay expenditure, inflation on catering was impacting. Nationally there has been a steady increase, however it was reported that the income received from catering outlets had also increased, particularly from the Arches and Costa Coffee outlets. The Committee was advised that consideration is being given to expanding Costa Coffee to other parts of the Trust, given its success to date.</p> <p>The directorate's CIP for 2009/10 was noted to be £698,000, of which £75,000 is non-recurrent. Areas identified to meet the 2009/10 CIP include disestablishment of current vacancies; consolidation of accommodation at Sandwell Hospital; reconfiguration of the Patient Transport Service call centre; car parking initiatives for patients and staff; reducing cleaning in non-clinical areas; and reducing the service in Millers Restaurant at weekends. It is anticipated that there will be a further increase in income generated from retail outlets.</p> <p>Mr Clarke and Mr North were thanked for their informative presentation.</p>	
<p><b>4.2 Presentation by the IM &amp; T directorate</b></p>	<p>SWBFC (11/09) 219 SWBFC (11/09) 219 (a)</p>
<p>Mrs Sue Wilson joined the meeting to present an overview of the IM &amp; T directorate's financial position and current activities.</p> <p>Mr North reported that the directorate was in surplus, being £5k above target. Income was reported to be £58k above plan, mainly due to overperformance of pharmacy work. Income in relation to prescriptions was noted to be below target as the cost of exemptions in relation to TB and cancer drugs may not be claimed by the Trust. Telecommunications income was also noted to have deteriorated, which may be associated with reduced use of internal lines by taxi firms. Mrs Davis suggested that the budgets for 2010/11 should be amended to reflect realistic targets in these areas for the forthcoming year. In connection with telecommunications, Mr White reported that the Head of Telecommunications had worked with Orange to rationalise the number of mobile phone accounts from 829 to 31 accounts. This has, in turn, reduced the previous 10,000 invoices down to a</p>	

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<p>manageable quantity, thereby improving the Trust's ability to meet the required 30 day deadline for the payment of invoices.</p> <p>In terms of pay expenditure, a deficit of £61k is currently reported. The medical records area was noted to be a particular issue, carrying a £63k deficit, although recovery plans have been put in place to address the position. The area also suffers from a high level of long term sickness. Mr Kirby advised that a reduction in services from medical records was not possible, therefore the absences created by long term sickness needed to be covered. In a recent audit of right notes to the right clinic on time, the area achieved 90%. A tracking system for notes is being developed at present and the previously two separate systems have been harmonised; files are also now barcoded. Clinicians were reported to be accessing records online more frequently, supporting the Trust's 'Paperlite' initiative.</p> <p>Regarding non-pay expenditure, medical records present an issue, as offsite storage is a high expense, both in terms of retrievals and storage. Year to date, approximately £150k has been spent on offsite storage, although this has been offset by underspend in other areas. It was noted that £51k of the 'other costs' category is for recharges in respect of minor works, telecommunications and office equipment.</p> <p>The 2009/10 CIP is still being considered at present. Mrs Wilson advised that potential income generation from the sale of the contracting IT system and the clinical data archive was being considered. On the basis that there is much reliance on IT as an enabler, a Quality and Efficiency Programme (QuEP) workstream is to be established encompassing cross-organisational IT work. It was highlighted that an efficient IT model was in operation in pharmacy, whereby any savings incurred as a result of the system are split between pharmacy and the divisions with which it interacts. Mr White added that work is underway to improve the payment of pharmacy invoices within the required 30 day timeframe and deliver back office efficiencies.</p> <p>Dr Sahota remarked that there was no sense of how the expenditure associated with medical records compared with the overall IM &amp; T budget. He stressed the need to build in plans for handling the medical records deficit into the financial plans for the next year.</p> <p>Mrs Wilson and Mr North were thanked for their useful presentation.</p>	
<p><b>5 Trust Board performance management reports</b></p>	
<p><b>5.1 2009/10 month 7 financial position and forecast</b></p>	<p>SWBFC (11/09) 209 SWBFC (11/09) 209 (a) SWBFC (11/09) 209 (b)</p>
<p>Mr Wharram reported that an in-month surplus of £251k against a target surplus of £222k was achieved in-month.</p> <p>In-month FTEs were noted to be 5 below plan, with the cash balance being £2m greater than the revised plan as at 31 October.</p> <p>The Committee was advised that there remain significant variations in financial performance between divisions. Income and particularly service level income, is higher than plan across a number of areas and PCTs. This however is currently offsetting the over spend on pay and non-pay budgets.</p> <p>Expenditure on pay was reported to continue to be overspent and number of WTEs remains above plan. Mrs Hunjan asked for the reasons behind the apparent continued rise in individuals joining the Trust. Mr Adler noted that the WTEs joining the</p>	

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<p>Trust flattens in October and agency costs reduce, however there is an increase in the overall paybill. Mr Wharram was asked to provide an analysis of this situation at the next meeting. Miss Bartram asked whether the budgeted paybill is based on annual increments and payraises, rather than expected new posts. She was advised that this was the case. The Committee was asked to note that some of the vacancies currently carried may be filled, but only a small proportion may be associated with new posts, rather than replacement posts. Mr Kirby added that the creation of new posts, as a rule, is not now approved on a routine basis.</p> <p>In terms of the capital programme, good progress is being made to ensure that the required expenditure is met. The capital works on the Urgent Care Centre and D16 form a significant portion of the capital programme and expenditure associated with these works will progress as planned. Proposed changes to the capital programme were highlighted to include the purchase of a generator for maternity and rephrasing of the budget related to the CT scanner over two years. Mrs Hunjan asked for an update on the proposal to carry forward any capital underspend. Mr White advised that a request had been sent to the Strategic Health Authority and a meeting is planned to discuss this matter.</p> <p>The Committee was asked to note that the balance sheet now reflects the restated IFRS accounts.</p> <p>Mr Kirby reported that although overperformance on activity is mainly associated with work for Sandwell and Heart of Birmingham PCTs, the overperformance is also associated with a number of other areas including South Birmingham PCT ophthalmology work.</p> <p>Mr White advised that the use of uncommitted reserves had been avoided during the month.</p> <p>In connection with the appendix presenting prompt payment performance, it was suggested that consideration should be given to removing those invoice that are in dispute. Mr Wharram explained that it was necessary to include these invoices for auditing purposes.</p> <p>Mr Adler updated the Committee on the plans to undertake an establishment review as part of the QuEP. Divisions and directorates were reported to have been set targets for reduction and establishment review meetings with key managers are scheduled for December. The reviews will look at all posts and vacancies within the relevant area and posts currently undergoing recruitment will also be reviewed. Volunteers for redundancy have been canvassed.</p> <p>Mr Trotman noted that a target establishment of 6000 WTEs had been set, which Mr Adler advised would be achieved by March 2011. Mrs Davis asked how the required target would be maintained and what measures would be put into place to guard against the compensatory use of bank and agency staff. She was advised that rigorous controls will remain in place, although continuity of service would need to be maintained, even in areas of high sickness and maternity leave and where a greater number of beds are open than planned.</p>	
<p><b>ACTION:</b>      <b>Tony Wharram to prepare an analysis of the situation where the WTEs position stabilises, spend on agency staff declines, yet the overall paybill increases</b></p>	
<p><b>5.2      Budget amendments resulting from IFRS changes</b></p>	<p>SWBFC (11/09) 217 SWBFC (11/09) 217 (a)</p>
<p>Mr Wharram reported that the budget amendments resulting from IFRS changes</p>	

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<p>had been discussed previously by the Audit Committee.</p> <p>The Trust's accounts had been restated in line with IFRS guidelines and resubmitted by 30 October 2009. The accounts were then used to generate an opening balance sheet for 1 April 2009 and to confirm the in year impact on the Statement of Comprehensive Income.</p> <p>The only two IFRS related changes which have resulted in changes to the Trust's budgets were reported to be the changed treatment of leases which has largely redefined leases previously treated as operational, to being finance leases and the treatment of PFI schemes as being on balance sheet. It was highlighted that there may be some impact in terms of actual expenditure resulting from the need to accrue employee benefits but it is anticipated that the effect of this will be marginal.</p> <p>The Committee was advised that the PDC dividend is nominally calculated on the basis of a 3.5% return on the Trust's average net assets employed, however the basis on which PDC dividend is charged has changed for 2009/2010, to being calculated on the basis of actual net assets. The effect of this change is to generate an immediate in year impact on dividend charges from changes in the Trust's balance sheet whereas previously there would be no impact until at least the following financial year and potentially a further year later depending on the timing of changes relative to the calculation of capital charges estimates.</p> <p>The Trust has also been required to reconsider its asset valuation and in line with falling property prices and at the end of 2008/09, downgraded the value of its assets by £19m. New indices released suggest that there may be a further fall in property values. A process to revalue land and buildings onto a modern equivalent asset basis, is currently being worked through, which is likely to result in a further decrease in the value of assets. This however means that the Trust will incur a lower depreciation charge and capital charge. Mrs Davis asked whether there was any positive impact of the current climate on rateable value. She was advised that this was not the case at present. The Committee was advised that one of the formal QuEP workstreams concerned estates and the potential impact of vacating some parts of the Trust.</p>	
<p><b>5.3 Performance monitoring report</b></p>	<p>SWBFC (11/09) 210 SWBFC (11/09) 210 (a)</p>
<p>Mr Harding provided an overview of performance against key indicators and targets between April – October 2009.</p> <p>The Committee was advised that there had been a number of breaches to the two week cancer waiting time target, principally due to patients not attending appointments or rescheduling appointments to a time outside of the two week timeframe. This situation has been discussed with PCTs to encourage GPs to stress to patients the importance of attending appointments promptly. Mrs Davis asked whether the current provision of public information around this issue had been considered. She was advised that the Cancer Network had prepared a set of material for distribution through GPs. Some GPs however do not advise their patients that the referral is for suspected cancer, therefore the patient may not understand the urgency to attend the appointment. Professor Alderson highlighted that the 7% DNA and rescheduling appointment rate is not out of line with what would be expected.</p> <p>Mr Harding reported that performance against the cancelled operations target had deteriorated slightly. Year to date the performance was noted to be 0.7%, which was reported to be better than performance in 2008/09. Delayed transfers of</p>	

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<p>care increased on both sites to 3.6%.</p> <p>There was noted to be a disappointing deterioration in performance against the stroke care target, however the reasons behind this are being considered in detail by the Financial Management Board and the Trust Management Board.</p> <p>One MRSA bacteraemia infection was reported in month.</p> <p>In terms of performance against the CQUIN targets, there had been an in year revision to targets for fractured neck of femur operations to be undertaken within 48 hours of admission and brain imaging for emergency stroke admissions. Under the new revised definitions, brain imaging was reported to be 88% and fractured neck of femur at 100%. Progress with smoking cessations prior to elective surgery is progressing well and an electronic referral system has been established. The inpatient surgery process is completed and a minimum of 50 responses was obtained for each ward. Sickness absence increased to 5%, meaning the year to date rate is 4%. The number of shifts requiring to be covered by bank staff due to sickness absence was reported to be high.</p>	
<p><b>5.4 Foundation Trust compliance report</b></p>	<p>SWBFC (11/09) 211 SWBFC (11/09) 211 (a)</p>
<p>As the information presented was noted to be a subset of the monthly performance management information, the Committee noted the report.</p> <p>The Governance Risk Rating remains green.</p>	
<p><b>5.5 NHS performance framework</b></p>	<p>SWBFC (11/09) 212 SWBFC (11/09) 212 (a)</p>
<p>Mr Harding presented the Trust's performance against the indicators comprising the NHS performance framework.</p> <p>The Committee was pleased to note that the Trust remains classified as a 'performing' organisation, despite the amber rating for stroke services and delayed transfers of care.</p>	
<p><b>6 Cost improvement programme (2009/10)</b></p>	
<p><b>6.1 CIP delivery report</b></p>	<p>SWBFC (11/09) 213 SWBFC (11/09) 213 (a) - SWBFC (11/09) 213 (c)</p>
<p>Mr Wharram presented the monthly 2009/10 CIP delivery report, which it was noted had been reviewed in detail at the Financial Management Board meeting.</p> <p>A current £206k shortfall against plan was reported, however this represents an un concerning variance from the target. The variance was noted to relate principally to Medicine A, Medicine B and Surgery B divisions.</p> <p>Mr Trotman expressed his pleasure at the improving position.</p> <p>Mrs Davis remarked that it did not appear that the shortfall incurred in Month 2 could be addressed by the end of the financial year. Mr Adler advised that there was optimism that the target could be delivered, however due scrutiny of the position is considered by the Financial Management Board and if this is not achieved then the shortfall is added to the CIP of the relevant directorate in the following financial year.</p>	

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<b>6.2 Quality and Efficiency programme (QuEP) update</b>	SWBFC (11/09) 216 SWBFC (11/09) 216 (a) - SWBFC (11/09) 216 (m)
<p>Mr Adler presented the outline project plans comprising the QuEP, which were considered at the October meeting of the Financial Management Board. Internally and externally, there were reported to be significant interdependencies. All workstreams were noted to be rated at green status. Since the workstreams had been agreed, two additional workstreams had been developed, concerning high impact nursing standards and cross organisational IT solutions. Feedback and outputs from recent 'Listening into Action' and 'Hot Topics' sessions have also been fed into the plan. Energy saving and drugs wastage were highlighted as major areas needing to be addressed as part of the QuEP. A further workstream around staff ideas is being considered for inclusion in the QuEP.</p> <p>The Committee was advised that the possibility of a dedicated resource to manage the QuEP had been considered and however it had been agreed that more value could be gained by adding resources into the delivery of the workstreams. The need for additional resources to manage the programme has not been discounted totally and will be kept under review. A running total of spend on the programme will be maintained.</p> <p>Simon Grainger-Payne offered to prepare a summary briefing for the Committee in terms of highlights and status of the workstreams.</p> <p>Miss Bartram asked how the Joint Consultation and Negotiating Committee are kept informed. Mr Adler advised that a monthly update is provided.</p> <p>Mr Adler offered to sent the Non Executive Directors a copy of the final letter that was issues to all staff concerning the QuEP.</p>	
<p><b>ACTION:</b>        <b>Simon Grainger-Payne to prepare a summary of the QuEP workstream highlights and status for the next meeting</b></p> <p><b>ACTION:</b>        <b>Mr Adler to send a copy of the staff letter concerning QuEP to the Non Executive Directors</b></p>	
<b>7 Future of the procurement function</b>	SWBFC (11/09) 214 SWBFC (11/09) 214 (a)
<p>Mr White advised that locally there are a number of Trusts that do not use the Healthcare Purchasing Consortium (HPC) for procurement services. Terminating the agreement with the organisation however could be difficult and expensive, however it is considered that this may be an appropriate option for the Trust, particularly in the light of shared services developments.</p> <p>Should the decision be taken to serve notice to HPC, the financial budget currently used to pay HPC would in part be required to recruit in house procurement capability and develop a paperless requisition system.</p> <p>The Committee discussed in detail the advantages and potential challenges the Trust would face if the decision to serve notice was agreed. It was agreed that the Trust should proceed with serving notice to HPC and the alternative plan for procurement services would be shared as soon as defined.</p>	
<p><b>AGREEMENT:</b>    <b>The Finance and Performance Management Committee supported the plan to serve notice to the Healthcare Purchasing Consortium for the provision of procurement services</b></p>	

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<b>8</b>	<b>Minutes for noting</b>	
<b>8.1</b>	<b>Minutes of the Strategic Investment Review Group</b>	SWBSI (11/09) 001
	The Committee noted the minutes of the SIRG meeting held on 13 October 09.	
<b>8.2</b>	<b>Actions and decisions from the Strategic Investment Review Group</b>	SWBFC (11/09) 215
	The Committee noted the actions and decisions arising from the meeting of SIRG meeting held on 10 November 09.	
<b>8.3</b>	<b>Minutes of the Financial Management Board</b>	SWBFM (10/09) 101
	The Committee noted the minutes of the FMB meeting held on 20 October 09.	
<b>9</b>	<b>Meeting schedule 2010</b>	SWBFC (11/09) 218
	The Committee noted the forward schedule of meeting dates for 2010.	
<b>10</b>	<b>Any other business</b>	Verbal
	There was none.	
<b>11</b>	<b>Details of next meeting</b>	Verbal
	The next meeting is to be held on 17 December 2009 at 1100h in the Ground Floor Committee Room at Sandwell Hospital.	

Signed .....

Print .....

Date .....



## Sandwell and West Birmingham Hospitals



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## TRUST BOARD

DOCUMENT TITLE:	Communications and Engagement progress report
SPONSORING DIRECTOR:	Jessamy Kinghorn, Head of Communications and Engagement
AUTHOR:	Jessamy Kinghorn, Head of Communications and Engagement
DATE OF MEETING:	17 December 2009

## SUMMARY OF KEY POINTS:

The paper provides a progress report on communications and engagement activity following the approval of the Trust's Communications and Engagement Strategy in March 2009.

It includes:

- Key achievements
- Membership details
- Media coverage
- Updated action plan

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

Approval	Receipt and Noting	Discussion
	X	

## ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

1. NOTE the progress made

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	All – actions are aligned to the strategic objectives
Annual priorities	The strategy supports the delivery of all the Trust's corporate objectives
NHS LA standards	Patient information
Core Standards	C16, C17
Auditors' Local Evaluation	Use of Resources; value for money – public engagement

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

Financial		
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy		
Equality and Diversity	X	Access to information / engagement with diverse groups
Patient Experience	X	
Communications & Media	X	
Risks		

**PREVIOUS CONSIDERATION:** Strategy approved at Trust Board in March 2009

## **Communications and Engagement Strategy Update**

Paper to the Trust Board  
December 2009

Report by Jessamy Kinghorn  
Head of Communications and Engagement

### **1.0 Introduction**

In March 2009 the Trust Board approved a new Communications and Engagement Strategy and action plan. The purpose of this report is to update the Board on the progress against the action plan and draw the Board's attention to key achievements that have been made this year.

### **2.0 Key achievements**

Highlights of the year include the success of hot topics as a method of communicating and engaging with staff, the launch of the customer care promises, media training programme, a substantial patient information audit and review, membership activities, patient and public engagement events and the creation and launch of the Trust's brand.

### **3.0 Branding**

The Trust's brand was initially discussed by the Trust Board in July and was launched in October following extensive discussion with staff, patients, public and community groups (including Black and Minority Ethnic, Non English speaking and visually impaired groups). A full report on brand engagement was submitted to the Communications and Engagement Governance Group in October and is available on request.

The new brand was unveiled as part of the launch of the Customer Care promises and can be seen on the outside of the BTC and Sandwell Hospital, amongst other areas. It is being incorporated into new capital programmes including ward refurbishments, City Hospital's Accident and Emergency department, MAU, and the Midwifery Led birth centre. The first area to be completed following the launch was ward D16. The branding is being applied to the website, to all new patient information – promotional and clinical, and to other publications and surveys. Plans are also underway to apply the brand to Trust vehicles as part of their routine maintenance.

### **4.0 Membership**

The Trust has committed to building, maintaining and engaging a membership of approximately 7,500 local people. Membership stands at 7,488 to date. The focus for the first half of the year has been on engaging with our members rather than recruiting, although some targeted recruitment has been taking place with young people and in certain geographical areas.

Membership Involvement and Engagement events that have taken place during 2009 are shown below:

*Table 1 - FT Health Seminar Events 2009*

Date	Event	Confirmed number of attendees
27/01/09	Allergies Seminar	94
13/02/09	CPR Seminar	47
18/02/09	CPR Seminar	80
10/03/09	Stroke Aftercare	88
23/04/09	New Hospital	100
15/05/09	Allergies	73
15/05/09	Stroke Aftercare	69
09/07/09	Infection Control Seminar	85
10/07/09	Infection Control Seminar	50
18/08/09	Patient Experience Seminar	78
07/10/09	New Hospital	80
13/10/09	New Hospital	58
03/11/09	Hospital Facilities	55
09/11/09	Hospital Facilities	57
26/11/09	Winter Flu Seminar	41 (15 arrived)

- Events are hosted on both Sandwell and City sites hence the duplication of events
- Please note in table 1 the number of confirmed attendees is the amount of written confirmation slips received back from members. Not the actual amount of attendees.

*Table 2 - FT Young peoples events 2009*

Date	Event	Confirmed number of attendees
11/08/09	Healthy Lifestyle Activity Fair for young members aged between 11 and 21 years of age – BTC	10
20/08/09	Healthy Lifestyle Activity Fair for young members aged between 11 and 21 years of age – Sandwell Hospital	15
26/10/09	NHS Career events for young members aged between 11 and 21	50 (plus 21 new members recruited)

*Table 3 - FT Strategic Events 2009*

<b>Date</b>	<b>Event</b>	<b>Outputs</b>
02/03/09	Acute Hospital - Interactive Workshop on design of new hospital	Members gave their input into the design of the new hospital, specifically; waiting areas and art within the hospital
04/03/09	Governor Awareness Briefing – 53 members in attendance	Members put forward views to CE/Chair on the role of the governor
09/03/09	Governor Awareness Briefing – 28 members in attendance	Members put forward views to CE/Chair on the role of the governor
13/05/09	Branding Workshop – 140 members responded	Members gave their input into which brands they preferred
24/06/09	Paediatric Youth Engagement Workshop for 11-16 year olds - 14 members attended along with representation from Birmingham and Sandwell Council Services	<p>There was a lot of interest in doing more physical activity, particularly supervised outdoor activity like football, if it were possible. As a result, John Morris, the Play Specialist at Sandwell, is leading some work to raise money to improve the play area outside the wards at Sandwell.</p> <p>There was also some comment about the environment at Sandwell being both drab and more suitable for younger children, and there are now plans to redecorate the teenagers recreation room.</p> <p>The reading material on the ward will now include a larger selection of magazine suitable for teenagers. A group is looking at working with a local school to design a new patient information leaflet. Feedback given to those who attended.</p>
8/9/09	Mixed Ward Event – 66 members attended	Feedback sheets are available for both City and Sandwell events on members views of delivering same sex wards and what they felt was important to them, thoughts about privacy and dignity
17/9/09	Mixed Ward Event – 41 members attended	As above
24/09/09	AGM – 300 members attended.	End of year review and look ahead. Stroke presentation and Q&A.
11/11/09	Maternity Consultation	FT members to provide their views around the changes within maternity
14/11/09	Maternity Consultation	As above
23/11/09	Acute Care in the Future – 50 members	FT members to explore what works well and what we could do differently in the future to provide better acute care (Right Care Right Now) linked into SMOCs
26/11/09	Maternity Consultation	
02/12/09	Maternity Consultation	
02/12/09	Maternity Consultation	
08/12/09	Maternity Consultation	
10/12/09	Corporate objectives – 92	FT members will focus on what our priorities

	booked in at time of preparing paper	should be for next year (April 2010 to March 2011)
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#### 4.1 Additional Involvement during 2009:

January 2009 Survey: Annual Report Consultation – views on how this information should be received in the future

January 2009 Survey: What type of involvement would you like with the Trust

March 2009 Survey: Customer Care Promises

- Following the involvement survey sent out to members in January 2009 members have now become involved in patient experience focus groups. Members are currently involved in reading panels and young members are now volunteering for the Trust.

#### 4.2 Membership details:

	<i>Target by 31<sup>st</sup> March 2010</i>	Members	Population	Proportion of population
Oldbury and Smethwick	1200	1335	94969	1.4%
Wednesbury and West Bromwich	1200	1122	105770	1.1%
Tipton and Rowley Regis	1200	715	82165	0.9%
Lady Wood	1200	869	94538	0.9%
Perry Barr	1200	1088	100476	1.1%
Erdington	400	294	90654	0.3%
Edgbaston and Sparkbrook	400	391	96388	0.4%
The Wider West Midlands	800	1674	4602348	
Unknown				
Total		7488	5267308	

	> 5% of target
	> 10% of target
	< 10% of target

Further details are contained in Appendix One.

#### 4.3 Current and future membership recruitment and activities

Membership Involvement and Engagement events so far planned for 2010 include healthy lifestyle roadshows and workshops, patient experience seminars, alzheimer's, diabetes, food allergies, pregnancy, cancer and infection control seminars as well as new hospital workshops and careers fairs.

There are currently two recruitment campaigns underway, both designed to increase the level of membership within the specified targeted areas.

The Young people's recruitment campaign includes working with the PCTs on health promotion initiatives, working with Children and Young People's services who run a variety of youth groups, visits to schools, colleges and universities (including presenting membership information as part of PHSE lessons and in health and social care modules), working with community groups and asking young people to help generate further ideas to develop the campaign.

Recruitment days and mailouts are taking place for the areas that are geographically under-represented, along with recruitment through job centres, members recruiting other members, working with schools and promotion via local and community media.

## 5.0 Media coverage

Since the Communications Department was restructured in September 2008, there has been a significant increase in positive press coverage, averaging more than three times the amount prior to the restructure.

November 2009 has seen a reduction in press coverage, which is due to a member of the press office starting a three month sabbatical.

The cuttings are independently analysed by a company contracted by NHS West Midlands. The advertising equivalent value of the positive cuttings can also be calculated, and averages at over £10,000 per month.

	<i>Aug-08</i>	<i>Aug-09</i>	<i>Sep-08</i>	<i>Sep-09</i>	<i>Oct-08</i>	<i>Oct-09</i>	<i>Nov-08</i>	<i>Nov-09</i>
<b>Total</b>	<b>19</b>	<b>43</b>	<b>34</b>	<b>93</b>	<b>40</b>	<b>54</b>	<b>52</b>	<b>31</b>
<b>Positive</b>	9	30	21	46	25	23	10	20
<b>Negative</b>	8	11	4	24	2	4	12	1
<b>Neutral</b>	2	2	9	23	13	28	30	10

## 6.0 Progress against action plan

Progress against the action plan is shown in appendix two.

## 7.0 Recommendations

The Trust Board is asked to NOTE the report.

APPENDIX ONE

The Public Constituency					
Public Constituency	Number of members	%	Eligible Membership	%	Over /under representation
<b>Gender</b>					
Male	2946	39.34	2575111	48.89	-9.55
Female	4386	58.57	2692197	51.11	7.46
Don't Know	156	2.08			2.08
<b>Total</b>	<b>7488</b>		<b>5267308</b>		
<b>Age (years)</b>					
11-16	253	3.38	428612	9.46	-6.08
17-21	442	5.90	332660	7.34	-1.44
22+	6435	85.94	3768599	83.19	2.74
Don't Know	358	4.78			4.78
<b>Total</b>	<b>7488</b>		<b>4529871</b>		
<b>Ethnicity</b>					
White	4494	60.02	4674296	88.74	-28.73
Mixed	40	0.53	73225	1.39	-0.86
Asian or Asian British	1584	21.15	385573	7.32	13.83
Black or Black British	808	10.79	104032	1.98	8.82
Other	266	3.55	30182	0.57	2.98
Don't Know	296	3.95			3.95
<b>Total</b>	<b>7488</b>		<b>5267308</b>		
<b>Socio-economic grouping</b>					
ABC1	2820	37.66	1913858	46.75	-9.09
C2	1235	16.49	685541	16.75	-0.25
D	1560	20.83	794461	19.41	1.43
E	1873	25.01	700084	17.10	7.91
<b>Total</b>	<b>7488</b>		<b>4093944</b>		
<b>Additional Age Analysis</b>					
11-16	253	3.4	428612	9.46	-6.08
17-21	442	5.9	332660	7.34	-1.44
22-40	1702	22.73	1371892	30.29	-7.56
41-60	2278	30.42	1341504	29.61	0.81
61-70	1276	17.04	496715	10.97	6.08
71-80	840	11.22	167858	3.71	7.51
80+	339	4.53	390630	8.62	-4.10
Don't Know	358	4.78			4.78
<b>Total</b>	<b>7488</b>	<b>100.0</b>	<b>4529871</b>	<b>100.00</b>	



Not yet identified to Constituency

3

**Communications and Engagement Strategy Action plan 2009/10****8.1 Our patients, their carers and the clinicians responsible for their care (including GPs), will have the information they need to understand their treatment and to improve the experience they have in hospital, and their aftercare**

Action	Date	Exec lead	Comments	Status
8.1.1 Develop and introduce standards for spoken, handwritten and printed clinical communications	End Sept '09 <i>Revised Jan '09</i>	MD	Robin Burrow working with clinicians (2 days per week so due date extended).	3
8.1.2 Establish mechanisms for monitoring standards of clinical communication with patients	End Jan '10	MD	Four tools for assessing spoken communication have been developed, along with a questionnaire to establish the baseline for paper based communication	4
8.1.3 Audit clinical entries in patient records	End March '10	MD DoG		1
8.1.4 Improve the range of information available on GP Homepage	End Nov '09	COO	Some improvements made. Under further review.	4
8.1.5 Set and monitor standards for telephone response times	End Oct '09	COO	Included in performance report at Trust Board	4
8.1.6 Audit existing patient information and prioritise areas of poor practice for improvement	End May '09	Head of Comms	Audit completed by Ushi Pragji.	5
8.1.7 Revise and impact assess the Trust's patient information policy and governance arrangements for patient information	End June '09	Head of Comms	Policy revised during June '09. Approved by Governance Board Oct '09.	5
8.1.8 Develop a Board approved formal protocol for translating clinical information and producing it in different formats, with reference to all available national guidance, and promote areas of good practice	End Oct '09 <i>Revised March '10</i>	Head of Comms	Guidance for divisions developed summer '09 – presented to CEGG Nov '09. Background work underway. Full policy to be developed subject to discussion with	3

			Trust Board	
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8.1.9 Increase (where appropriate) the range of formats and languages in which patient information is available, in consultation with BME, deaf, visually impaired and other relevant groups	<b>End March '10</b>	<b>Head of Comms</b>	Review underway and audio tender being considered by 8 companies. EIDO language option of 6 languages initially in 12 leaflets but due to increase - being taken out for new contract from Jan '10 funded by Charitable funds. Two of 6 languages are also in the Trust's top 6 languages.	<b>4</b>
8.1.10 Review and revise the Patient Bedside Directory, ensuring it is available on all wards	<b>End Nov '09</b>	<b>Head of Comms</b>	Draft with company for design 5/11. Cost to be covered with agreed advertising	<b>4</b>
8.1.11 Review Trust signage and develop a strategy for improved signage	<b>End March '10</b>	<b>Chief Nurse</b>	Review reported at E&D group, along with action plan. Many improvements made.	<b>4</b>
8.1.12 Make greater use of plasma screen technology	<b>End March '10</b>	<b>Head of Comms</b>	Plasma screen use reviewed and discussions held with companies – some issues identified	<b>4</b>
8.1.13 Develop patient information and way-finding strategies for the new hospital, in consultation with patients and visitors	<b>End Nov '09</b>	<b>Head of Comms</b>	Patient and public workshops have taken place on way-finding in the new hospital and a way-finding strategy is under development	<b>4</b>
8.1.14 Promote PALS and Complaints services more visibly	<b>End July '09 Revised March '10</b>	<b>HoC/ DoG</b>	Some additional promotion has taken place but a higher profile campaign is planned for later in the year	<b>3</b>

## 8.2 We will ensure patients and GPs have the information they need, when they need it, in the format they need, when choosing this hospital

Action	Date	Exec lead	Comments	Status
8.2.1 Make sure information is available in libraries, health centres and other appropriate outlets	End March '10	Head of Comms		1
8.2.2 Work with in partnership with the Right Care Right Here Programme to ensure that information about changes to services are promoted in our local communities	Ongoing	Head of Comms	Significant input into RCRH newsletters and adverts in local health supplements (Express and Star). Continued participation in RCRH C&E group and associated activities	4
8.2.3 Develop and update the information about the Trust and our services on our website	Ongoing	Head of Comms	Regular updates to Trust website carried out by team and external agency (external agency report available). Further developments in hand.	4
8.2.4 Review and update Trust information on NHS Choices	Ongoing	Head of Comms	Information currently up to date. Changes updated as required	4
8.2.5 Monitor and respond to patient comments on NHS Choices and bring the comments to the attention of the relevant Divisional General Manager	Ongoing	Head of Comms	Divisional managers forwarded responses to investigate where appropriate	4
8.2.6 Examine the Trust internet presence and make appropriate use of external websites and facilities to promote our services	End March '10	Head of Comms		1
8.2.7 Run health seminars promoting our services for our Foundation members as part of our Membership Strategy	Ongoing	Head of Comms	Events on allergy, stroke, CPR, infection control, patient experience, facilities etc.	4
8.2.8 Run specialty GP seminars as part of our Marketing Strategy	Ongoing	Head of Comms / DF /	Several sessions held. Further events postponed by Business Development group	3

		<i>MD</i>	due to low attendance. Large scale GP engagement events planned for Jan-Feb '10. Note new leads	
8.2.9	Produce an up to date consultant directory for GPs	End Nov '09	Head of Comms	Up to date consultant directory in production

## 8.2 We will listen to our patients by establishing systems to monitor levels of patient satisfaction

Action	Date	Exec lead	Comments	Status
8.2.10 Implement ward based surveys of patients	End May '09	Chief Nurse	First report completed	5
8.2.11 Make ward based patient survey information available to the wards	End July '09	Chief Nurse		5
8.2.12 Issue quarterly patient satisfaction reports to the Patient Experience Group and Independent Patient's Forum	Ongoing	Head of Comms <i>Change to CN</i>	Relevant paperwork made available as part of CQUIN. Independent Patient's Forum disbanded. Note change of lead.	4
8.2.13 Develop a policy on the content of patient surveys / bank of approved questions	End Nov '09	Head of Comms / CN	Patient satisfaction working group set up. Surveys are discussed at this group and questions approved. A database of questions exists. Need to do further work on a formal policy and gather all examples from across the organisation.	3
8.2.14 Run a campaign to encourage people to give us their views	End March '10	Head of Comms	Several designs have been developed. Campaign should be launched ahead of schedule (expected Jan '10)	4
8.2.15 Support and develop a 'forum' of patients and local people	End March	Head of Comms	Young people's forum and health promotion forum in	4

	'10		development along with further work on developing the Trust's approach to engagement	
8.2.16 Provide regular feedback on patient satisfaction to staff, stakeholders and local people through Heartbeat, FT newsletter, GP Focus, press releases etc.	Ongoing	Head of Comms	Principle now well established	4

### 8.3 We will uphold public confidence in the Trust and its services through managing the Trust's reputation and promoting its services and successes

Action	Date	Exec lead	Comments	Status
8.3.1 Develop and monitor a proactive PR / media handling strategy for the Trust that sets out how we will handle adverse press enquiries, ensures we are better prepared to handle media interest following national, local or Trust publication of information or reports, outlines our approach to developing closer relationships with local media, and sets clear targets	End May '09	Head of Comms	VR has developed a strategy and regularly meets with the team to discuss DH media diary, amongst other new initiatives. Team has targets for press releases.	4
8.3.2 Undertake a piece of work on reputation management following the NHS Confederation guide	End July '09	Head of Comms	Media handling training session prepared and discussed with SHA. Initial delivery delayed. Pilot trialled with comms team.	3
8.3.3 Respond promptly and effectively to press enquiries, developing media handling guidelines that further enhance our reputation for dealing with enquiries openly and sympathetically	Ongoing	Head of Comms	Guidelines developed. Very positive recent feedback from press (Midlands Today, Birmingham Mail, Central) about our reputation for openness	4
8.3.4 Provide communications guidance and media training to senior managers	End March '10	Head of Comms	Media training underway	4
8.3.5 Enhance the media handling ability of the communications team through training	Ongoing	Head of Comms	Media handling training programme created	4

8.3.6	Maximise positive publicity through external documentary and educational films	Ongoing	Head of Comms	All opportunities are explored and evaluated. Several recent examples. Currently working with a company following a pregnant deaf teenager and another with the DH on swine flu	4
8.3.7	Actively look for opportunities to promote the Trust, its services and its staff	Ongoing	Head of Comms	Increase in positive news coverage maintained since September 2008	4
8.3.8	Raise awareness within the divisions of the benefits of proactive PR to encourage more staff to volunteer stories	Ongoing	Head of Comms	More work undertaken with DGMs and attendance at some divisional meetings	4
8.3.9	Monitor media coverage and produce quarterly reports	End July '09	Head of Comms		4
8.3.10	Promote the Trust's positive media coverage internally	End Aug '09	Head of Comms	News items covered in Heartbeat and on intranet.	4
8.3.11	Look for opportunities to piggy back on DH and other national news	Ongoing	Head of Comms	DH media diary is discussed at informal press office meetings	4
8.3.12	Take advantage of appropriate advertising opportunities within community press	Ongoing	Head of Comms	Advertising with Express and Star and Dudley PCT	4
8.3.13	Develop a calendar of national and regional awards	End Sept '09	Head of Comms	Main dates have been noted – entries made for Health and Social Care Awards, HSJ awards, DH awards and AHC awards.	3
8.3.14	Work with divisions to encourage staff to put themselves and their colleagues forward for Trust, local and national awards	End March '10	Head of Comms	Work undertaken for HSJ, Health and Social Care and staff awards	4
8.3.15	Develop, deliver and monitor the infection control communications plan	Ongoing	Head of Comms	On track	4



**8.4 We will facilitate implementation of the Trust's marketing strategy through appropriate marketing to GPs, commissioners, community and patient groups.**

Action	Date	Exec lead	Comments	Status
8.4.1 Deliver the communications and engagement responsibilities within the Trust marketing strategy	Ongoing	Head of Comms	Monitored at monthly Marketing and Business Development meetings	4
8.4.2 Produce a schedule of content for GP Focus	End April '09	Head of Comms	Approved April '09. Reviewed monthly	4
8.4.3 Produce GP Focus monthly	Ongoing	Head of Comms		4
8.4.4 Revise the GP contacts list	End May '09	Head of Comms	An up to date list has been produced for HOB, Sandwell and BEN	4
8.4.5 Explore different ways of engaging effectively with GPs	End March '10	Head of Comms	Engagement events due in Jan and Feb '10	4
8.4.6 Develop and implement communications and engagement plans for new services	End March '10	Head of Comms	Significant involvement in plans for Greet Health Centre, as well as South Birmingham Community Ophthalmology	4
8.4.7 Implement and promote the Trust's Customer Care promises	End May '09	CEO / HoC	Launch deferred to October '09 to coincide with Customer Care week and new corporate identity	5

**8.5 We will develop our approach to engagement with patients, carers, stakeholders and local people to improve our services and undertake meaningful consultation and involvement in relation to changes and access to services**

Action	Date	Exec lead	Comments	Status
8.5.1 Finalise, publish and roll out involvement and consultation toolkit and best practice examples for staff	End May '09	Head of Comms	Delayed due to publication of recent national reports and larger piece of work than anticipated. Revised date Jan '10	3
8.5.2 Promote areas of good practice, where clinicians and managers are involving staff, patients and local people in the development of services	Ongoing	Head of Comms	Regular promotion through Heartbeat and noticeboards, and recognition with LiA and patient engagement awards at the staff awards	4
8.5.3 In line with our approach to engagement (3.2.5), support departments undertaking service change to develop and deliver communications and engagement plans to provide information, consult and engage patients and local people	Ongoing	Head of Comms	Significant involvement in maternity consultation and service redesign, patient survey underway in T&O, support for other services (such as gynaecology, ENT) to develop plans	4
8.5.4 Develop and monitor communications and engagement plans for surgical reconfiguration and other service change and development	End Sept '09	Head of Comms	Completed as required – surgical reconfiguration plan implemented and reported on.	4
8.5.5 Use a variety of methods, including exploring the use of Listening into Action (LiA) methodology to effectively engage with patients and local people around service improvement and development	End March '10	HoC COO / MD / CN	Events on paediatric services, single sex accommodation, maternity. Acute care and corporate objectives planned.	4
8.5.6 Produce appropriate literature to explain service changes to patients and GPs	Ongoing	Head of Comms	Paediatric, surgical and maternity information published. Greet prospectus developed.	4

8.5.7	Regularly survey Foundation members about plans or considerations for changes and access to services	Ongoing	Head of Comms	Opportunities provided for members to attend / respond on customer care, annual report, single sex accommodation, maternity and corporate objectives	4
8.5.8	Ensure the Health Overview and Scrutiny Committees and other key stakeholders are kept apprised of service developments	End March '09 and ongoing	Head of Comms	Regular updates sent as necessary	4
8.5.9	Establish reading groups to review literature to ensure patients will be able to understand changes to services	End May '09	Head of Comms	Reading groups established as an when required from list of members who have volunteered	4
8.5.10	Review and improve the effectiveness of mechanisms to provide feedback to staff, patients and local people	End March '10	Head of Comms	Primarily using member newsletter, Heartbeat, GP Focus and press. Wider feedback scheme currently being developed	4
8.5.11	Participate in health promotion and public education campaigns to encourage local people to lead healthier lives and use the health service appropriately	End March '10	Head of Comms	Involvement in 'stop before the op' campaign; Particular involvement with young people around drugs, sexual health and recruitment	4
8.5.12	Review and update the Trust's contact list for voluntary and community groups, particularly those defined as hard to reach (6.6)	End March '10	Head of Comms		1
8.5.13	Continue to implement the Equality and Diversity action plans and the plans of the Patient Experience and other sub-groups	Ongoing	Chief Nurse		4

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

Action	Date	Exec lead	Comments	Status
8.6.1 Contribute to the production of the Right Care Right Here newsletter and other communications material	Ongoing	Head of Comms	Regular contributions	4
8.6.2 Participate in events arranged in relation to the Right Care Right Here Programme	Ongoing	Head of Comms	Examples include regeneration exhibition, community events and roadshows and RCRH LiA staff engagement event	4
8.6.3 Promote the concept of care closer to home at relevant Trust events	Ongoing	Head of Comms	New hospital and RCRH represented at FT membership recruitment events and other relevant roadshows	4
8.6.4 Promote and publicise Phlebotomy services moving into the community (blood tests in shopping centres)	End March '10	Head of Comms	Publicity in local press and in corporate publications	4
8.6.5 Develop communications and engagement plans for pilots of services that are moving into the community (such as Ear Clinics)	End March '10	HoC / COO	ENT comms plan developed and implemented. Others developed as required	4

## 8.7 We will engage with the public over our use of resources

Action	Date	Exec lead	Comments	Status
8.7.1 Ask a sample of Foundation Trust members for their views on how we should produce our annual report and other key publications, including the language and format we should use	End April '09	Head of Comms	159 people responded to the survey. Results presented to the Trust Board in May 2009	5
8.7.2 Establish an effective Governance process to ensure that Communications and Engagement activities are recorded and monitored and that engagement is taking place with diverse and hard to reach groups	End June '09, then ongoing	HoC / DoG	Communications and Engagement Governance Group established. Task and finish sub-group to Patient Experience Group set up to review engagement with patients unable to respond fully to surveys in written English. Initial ideas implemented. Diversity of members monitored and young people's engagement programme developed as a result. Work with hard to reach, BME, and visually impaired groups regarding the brand identity and new hospital	4
8.7.3 Present a bi-annual report on communications and engagement activities to the Trust Board	End March '10	Head of Comms	First report will be put together following November CEGG meeting	1
8.7.4 Maintain effective systems to ensure patient feedback is reported to the Trust Board	Ongoing	CN / HoC	Patient Experience reports made available to Trust Board, along with outcome of national and corporate patient surveys	4
8.7.5 Audit the impact of the Communications and Engagement Strategy using staff and	End	Head of		1

patient survey information and other quantitative and qualitative information, paying particular attention to diverse and hard to reach groups	<b>March '10</b>	<b>Comms</b>		
8.7.6 Develop and implement an engagement plan that engages with staff, patients, carers, and local people about the corporate objectives for 2010/11	<b>Sept '09 – March '10</b>	<b>Head of Comms</b>	Patient and public engagement event planned for 10 <sup>th</sup> December 2009. Feature discussion in December's hot topics	<b>4</b>

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

Action	Date	Exec lead	Comments	Status
8.8.1 Implement the new hospital Communications and Engagement plan	<b>Ongoing</b>	<b>Head of Comms</b>	On track	<b>4</b>
8.8.2 Keep our stakeholders, staff and Foundation members up to date with our plans for the new hospital	<b>End March '10</b>	<b>Head of Comms</b>	Regular use of communications methods with specific plans around OBC and CPO approval	<b>4</b>
8.8.3 Keep the Overview and Scrutiny Committee up to date with our plans for the new hospital	<b>End March '10</b>	<b>Head of Comms</b>	Regular emails at key times and planned visits by RCRH programme director	<b>4</b>
8.8.4 Run focus groups and workshops as part of the new hospital Communications and Engagement plan	<b>End March '10</b>	<b>Head of Comms</b>	In addition to smaller focus groups, there were 100 bookings for April 2009, event plus 80 and 58 for October 2009 events	<b>4</b>
8.8.5 Develop appropriate literature about the plans for the new hospital, including a new hospital booklet	<b>End March '10</b>	<b>Head of Comms</b>	Booklet in draft form and run past 100 members of the public. Feedback incorporated	<b>4</b>
8.8.6 Regularly update local press on progress with the new hospital	<b>Ongoing</b>	<b>Head of Comms</b>	Regular conversations, particularly to tie into key milestones and promote engagement opportunities	<b>4</b>

## 8.9 We will ensure staff have the information they need and want to carry out their work effectively and play a full part in the organisation.

Action	Date	Exec lead	Comments	Status
8.9.1 Review internal communications, piloting a Listening into Action (LiA) approach with Medicine A and Facilities	End July '09	Head of Comms	Medicine A and Facilities comms pilots have taken place and consideration is being made to rolling out to other divisions.	5
8.9.2 Develop and implement a revised Internal Communications Plan, incorporating traditional communications methods including Heartbeat and Team Brief, as well as initiatives that come out of the LiA communications work	End March '10	Head of Comms	In hand. Revised initiatives, including hot topics, being incorporated into plan	4
8.9.3 Establish reliable information around numbers of hard to reach staff (i.e. those working out of hours shifts only or working primarily in the community)	End March '10	HoC / DoW	In hand	4
8.9.4 Run a Listening into Action communications event specifically for hard to reach staff	End Nov '10	Head of Comms	In planning stages. Some delay anticipated.	3
8.9.5 Develop the Intranet pages as a source of information	Ongoing	HoC / COO	Intranet home page updated daily. New swine flu pages created and updated with latest info, Q&As etc. Communications pages regularly updated	4
8.9.6 Create a pilot Communications hub for staff to access the intranet and find out about corporate activities	End Dec '09	Head of Comms		1
8.9.7 Provide feedback on staff and patient satisfaction and views	Ongoing	HoC / DoW	Provided through Heartbeat, members newsletter, etc.	4
8.9.8 Introduce a policy for the use of the public folders	End Sept '09 <i>change to Dec '09</i>	Head of Comms	A policy has been drafted following legal advice around liability issues, and incorporating comments made by staff	3

8.9.9	Continue to improve induction information	Ongoing	DoW / HoC	Work ongoing with HR	4
8.9.10	Review and improve the use of notice boards	End Oct '09	Head of Comms	Review completed. Corporate noticeboards are regularly maintained. A plan is being developed to work with divisions next year on noticeboards maintained by departments.	4
8.9.11	Promote Trust expectations of staff (i.e. the code of conduct, Equality Impact Assessments and Customer Care promises)	Ongoing	Head of Comms	Customer care promises launched Oct '09	4
8.9.12	Promote key policies	Ongoing	All / HoC / DoG	Promoted via team brief, intranet, email and (for key policies), Heartbeat	4
8.9.13	Promote the principles of communications and engagement to staff with best practice guidance	End Dec '09	Head of Comms		1

## 8.10 We will promote comprehensive staff engagement

Action	Date	Exec lead	Comments	Status
8.10.1 Continue to roll out the Listening into Action (LiA) methodology and embed it within the culture of the organisation	Ongoing	CEO / DoW		4
8.10.2 Develop and implement a communications plan for LiA, regularly updating staff with progress	Ongoing	Head of Comms		4
8.10.3 Audit the effectiveness of LiA through staff surveys	End March '10	DoW	Full staff survey to be undertaken every other year. 2008 staff survey completed.	4
8.10.4 Provide senior management and/or communications input into several key corporate LiA streams	Ongoing	CEO / HoC	Including single sex accommodation, sustainability, customer care, branding etc.	4
8.10.5 Use the LiA communications stream to improve the way we communicate about	End	Head of	Ongoing review of	4



LiA and other Trust issues	March '10	Comms	communications methods with regard to feedback from communication LiA pilots – esp. access to information from team leaders	
8.10.6 Look for opportunities to publicise LiA outside the Trust	Ongoing	All	Several presentations within the region and nationally, entering national awards, visits from Trusts looking to start LiA, HSJ	4

### 8.11 The communications crisis management and major incident response will be to a high standard

Action	Date	Exec lead	Comments	Status
8.11.1 Ensure the Communications team participate in major incident training exercises	Ongoing	Head of Comms	Communications specific training exercise undertaken and comms represented at all Trust exercises. Significant involvement in flu planning	4
8.11.2 Develop a major incident communications training programme	End June '09	HoC / COO	First event held, major incident media handling programme for senior managers underway – maternity and swine flu issues featured to date	5
8.11.3 Ensure Communications participation in the contingency planning group and at appropriate meetings and training programmes	End June '09	Head of Comms	Some difficulty with dates for contingency planning group but communications department represented at pandemic flu meetings	3
8.11.4 Produce a communications plan for pandemic flu	End May '09	Head of Comms	Completed – and implemented	5
8.11.5 Run regular designated communications exercises to test the communications response	Ongoing	HoC / COO	Communications specific and Trust training events undertaken	4
8.11.6 Media train appropriate staff	End March	Head of Comms	Media training programme in place	4

8.11.7 Observe other organisations' communications handling at major incident exercises	'10 End March '10	Head of Comms		1
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**8.12 We will ensure our Foundation Trust members and key stakeholders play an important role in the activities and direction of the Trust, and will listen to their views and ideas**

Action	Date	Exec lead	Comments	Status
8.12.1 Deliver the Foundation Trust membership strategy	Ongoing	Head of Comms	Membership target exceeded. Membership activities highly successful	4
8.12.2 Monitor the demographics of our membership and target specific campaigns to engage with groups of people that are not fully represented	Ongoing	Head of Comms	Rowley and Erdington and Young people's campaigns instigated in response to demographic reports	4
8.12.3 Produce an 'evolving' annual calendar of events	Ongoing	Head of Comms	Second annual calendar of events in production	4
8.12.4 Give opportunities for feedback from members via written correspondence, telephone, email and at meetings	Ongoing	Head of Comms	Email, freepost and freephone are widely used. Regular meetings provide feedback opportunities, and surveys have taken place on issues such as the annual report, customer care, and a questionnaire on our priorities	4
8.12.5 Develop surveys of stakeholders and GPs	End March '10	Head of Comms		1
8.12.6 Provide regular feedback to members on how their comments are being used and promote examples where feedback has made a difference	End March '10	Head of Comms	Feedback provided via Spring and Autumn members' newsletters	4



**8.13 We will implement a consistent brand across the organisation that reflects our values and increases awareness of the Trust**

Action	Date	Exec lead	Comments	Status
8.13.1 Complete the Board 'Branding for Success' programme run by NHS Elect	End June '09	Head of Comms	The approach for this was changed. Instead of the completion of the session, NHS Elect facilitated branding workshops with around 40 staff and 140 members of the public. Feedback then incorporated into a new brand. Second session with Board cancelled.	2
8.13.2 Develop and consult on suggestions for a new brand for the Foundation Trust	End Aug '09	Head of Comms	Consultation took place starting with getting a feel for what staff and local people felt the Trust was all about, its strengths and weaknesses and the colours, shapes and symbols that reflected it. That was followed by development of graphic ideas and extensive consultation and voting with the Trust Board, team brief, and large numbers of patients, community and diverse groups.	5
8.13.3 Implement a new brand in conjunction with authorisation as a Foundation Trust	Once FT	Head of Comms	Brand launched in October 2009 - ahead of FT status	4
8.13.4 Review the quality, look and feel of publications for external consumption	End July '09	Head of Comms	Examples gathered. Brand identity guidelines to be developed for future publications	4
8.13.5 Run a campaign to promote the Trust values	End Nov '09	Head of Comms	These have been promoted via Hot Topics as discussion topics for staff and their teams. Feedback has been collated.	4

8.13.6	Develop guidelines for the production of literature and publicity materials that do not fall within the patient information policy	<b>End Sept '09 Now Jan '10</b>	<b>Head of Comms</b>	An early draft as been prepared but deferred for development of the brand guidelines after the brand was introduced earlier than planned. Note revised date	<b>4</b>
8.13.7	Develop a plan for winding down stocks of out-dated material and bringing in material with the new brand and logo	<b>End July '09 Now Dec '09</b>	<b>DoF / COO / HoC</b>	Brand implementation plan has been developed and is overseen by a brand implementation group with representation from supplies, facilities, estates, IT etc. to pick up all issues	<b>3</b>

## Sandwell and West Birmingham Hospitals



NHS Trust

<b>TRUST BOARD</b>
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<b>DOCUMENT TITLE:</b>	Annual Radiation Protection Report 2009
<b>SPONSORING DIRECTOR:</b>	Richard Kirby, Chief Operating Officer
<b>AUTHOR:</b>	Dr Bill Thomson, Consultant Physicist and Radiation Protection Adviser
<b>DATE OF MEETING:</b>	17 December 2009

**SUMMARY OF KEY POINTS:**

To provide the Trust Board with an annual report on all aspects of radiation safety, including:

- Staff radiation safety
- Patient Radiation safety
- Routine x-ray equipment monitoring
- Radiation incidents
- Radiation protection training
- Research

**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 this report and note its contents.

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	None specifically, although the annual statement of radiation safety is a mandatory requirement
Annual priorities	
NHS LA standards	
Core Standards	C20 a - a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation; and
Auditors' Local Evaluation	

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

Financial		
Business and market share		
Clinical		
Workforce	<b>X</b>	Training courses organised for cardiology medical staff and healthcare professional staff, such as practitioners within A & E and physiotherapy staff
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

Usual annual report
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## **Sandwell and W Birmingham Hospitals NHS Trust**

### **Radiation Safety Report 2009**

#### **Patient Radiation Safety**

Patient X-ray exposures are routinely monitored and there is an ongoing programme of patient dose audit and comparison to national reference doses.

Work has been continuing on the optimisation of x-ray equipment and CR readers. In addition Anita Jefferies has helped establish a national project to optimise patient radiation doses and image quality (see research section).

New advice on performing diagnostic studies in pregnancy was issued by the Health Protection Agency. The opportunity was taken to revise the existing procedures on pregnancy for City and Sandwell sites and ensure a common process was in place.

As noted in previous reports, in nuclear medicine administered activity of radiopharmaceuticals is governed nationally by the ARSAC committee (Dr Thomson is currently a member of this committee). Revised activity levels for myocardial perfusion studies were issued by ARSAC in 2008. In order to fully implement these, revised registration levels were required with the Environment Agency for increased activity Tc99m generators. However worldwide issues with generator production have led to a delay in full implementation of the ARSAC activity.

Over 95% of nuclear medicine studies depend on Tc99m obtained from a generator system. In the generator, the parent radionuclide Mo99 decays to form Tc99m. Mo99 is produced in a few specialist nuclear reactors worldwide. The Canadian specialist reactor developed a major fault and had to shut down. This produced nearly 40% of the worldwide supply. Other reactors were able to step up production, however some of these had required planned maintenance shutdowns in 2009. This has resulted in disruption in supply throughout 2009 as manufacturers have been forced to supply reduced strength generators on many occasions. The notice period for this disruption has often only been one week. This has led to both office staff and technologist staff having to re-arrange or book patient appointments at very short notice.

One area that ARSAC has considered during this period has been new software reconstruction packages (resolution recovery). A multi-centre project has been established to examine the impact of these packages and how they may affect recommended ARSAC activity levels for certain studies, and we are participating in this study.



## **Staff Radiation Safety**

As noted in previous reports, all staff radiation dose returns are received centrally and reviewed. Finger doses are the main dosimetry issue in the Radiopharmacy. Two staff have now been made classified workers on this basis.

The majority of staff issued with dosimeters receive no measurable whole body dose levels. For example at City, 242 staff working in an X-ray environment have dosimeters but only 12 received any recordable values. However in nuclear medicine most technologists receive low but recordable dose values. Whole body doses are well within classified worker levels with the exception of one technologist who works in nuclear medicine and also in the krypton generator service. His whole body exposures are approaching classified worker limits, and so it is advisable for him to become a classified worker. It should be noted that Dr P Verow, Occupational Health Physician, has obtained 'Appointed doctor' status with the HSE and can now perform the required annual health checks on classified workers. It should be noted that "classifying" a worker is a precautionary measure and does not mean that they have received harmful radiation dosages.

There were two cases of medical staff receiving doses above expected levels from fluoroscopy X-ray use. Following investigation, the values were consistent with the dosimeter being worn outside of the lead apron, instead of directly underneath, thereby giving a falsely high reading. It should be noted that the measured dose levels were within the level for classified worker.

A new whole body dosimeter was introduced this year by the Regional Radiation Protection Service. This is more robust in use compared to the previous film badge and can also give readings at lower dose levels.

## **Routine Equipment Monitoring**

Routine QA tests are carried out on all X-ray and nuclear medicine equipment within the Trust and an annual performance check of all aspects of operation is also performed.

A new digital X-ray room was installed in the City A&E department and a new digital intra-oral X-ray unit was installed in Oral Surgery. During acceptance testing and QA several faults were discovered and corrected prior to the equipment being put into clinical use (eg the A&E unit had several automatic movements and alignments which did not work as expected, and the emergency stop procedure prevented the equipment from rebooting for further use. The dental unit had the wrong specification of exposure switch and a faulty CR image plate).

There are a total of 47 X-ray units in use in the Trust and four gamma camera systems. 18 faults were found and reported to the manufacturer service engineers. Typically these were minor mechanical faults and also faults associated with the CR plate readers; however all faults were discovered and rectified before they presented any clinical problem.

An unusual collimator fault was detected during annual quality control testing of one of the CT scanners at City. The manufacturer's engineers were initially unable to find a fault but further local work demonstrated this fault to be genuine. Further investigation by manufacturer's engineers detected the root cause, which was then corrected. Because the fault was unusual and difficult to detect, it was reported to the MHRA as an equipment issue.

### **Radiation Incidents**

A procedure is in place for all radiation incidents even of a minor nature to be recorded. No incident needed to be onward reported to national bodies.

For information, there are two reporting regimes for any untoward doses. If equipment failure is the cause then this is reportable to the HSE. For other reasons (operator error etc) there is a new reporting regime introduced this year. The Care Quality Commission has taken on the responsibility for receiving notification of all such incidents. There are currently two entirely different strategies for what is deemed to be a reportable incident.

### **Radiation Protection Training**

- Three training courses have been run for Healthcare Professional staff who want to refer for particular patient X-ray investigations e.g. nurse practitioners within A&E and physiotherapy staff.
- Two courses on the radiation safety aspects within the cardiology theatres has been held for SpR cardiology medical staff. This course remains one of only a handful in the country and so attracts interest from outside the region (48 attendees)
- Dr Thomson participates in a national training day for endocrinologists to receive formal training towards gaining an ARSAC certificate for I131 therapy.
- Dr Thomson has given 3 talks on laser safety to staff. This talk has now been incorporated in the staff induction sessions for new doctors for the Regional Eye Centre.
- Two training days have been run on establishing and optimising myocardial perfusion studies in nuclear medicine. These training days are offered nationally and have been highly successful. It is planned to provide more targeted training in this area in 2010 with specialist days for clinical reporting of such studies.

## Research

- Ms Jefferies continues to act as moderator of a Carestream Users Group. In addition she is participating in a multi-centre project to produce standardised exposure and image processing protocols with the aim of optimising patient radiation doses and image quality.
- Ms Jefferies was secretary of the Institute of Physics and Engineering in Medicine's Diagnostic Radiology Special Interest Group until September 2009.
- Dr Thomson has continued his collaboration with the Cancer Treatment hospital in Cardiff (Velindre hospital) in examining optimum radiation protection for high energy beta emitting radionuclides. He is supervisor for a clinical scientist at the centre who is carrying out this work for their M.Phil.
- Dr Thomson is also a member of ARSAC and is participating in a multi-centre study to examine the impact of resolution recovery software.
- Y90 is a radionuclide with excellent properties for radionuclide therapy. The accurate measurement of administered activity is therefore important, however the characteristics of the radionuclide can make this difficult. We participated in a national calibration process carried out by the National Physical Laboratory (NPL) to enable accurate calibration of our systems. This is particularly important for radiopharmacy as Mrs J Croasdale is the only qualified radiopharmacist in the region. As such she will be helping with the preparation and dispensing of Y90 labelled research products being used in therapy research trials at the University hospital.
- In addition, Dr Thomson has been researching filter systems to improve the accuracy of Y90 measurements. A paper was presented to the Radionuclide Calibrator Users Group at NPL entitled "Further investigations into a filter system to improve the measurement accuracy of Y90".
- In relation to the resolution recovery software mentioned in the report, a poster examining this won 3<sup>rd</sup> prize (out of 75) at this year's British Nuclear Medicine Society annual conference.  
 "Use of the Partial Volume Effect to Measure Tomographic System Resolution" C.E. Ashton, W.H. Thomson, J. Cullis, J. O'Brien

WH Thomson  
 Consultant Physicist and RPA

