

AGENDA

Trust Board – Public Session

Venue Anne Gibson Boardroom, City Hospital

Date 26 August 2010; 1430h - 1730h

Members

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

In Attendance

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

Secretariat

Miss R Fuller (REF) [Secretariat]

Item	Title	Reference No.	Lead
1	Apologies	Verbal	SGP
2	Declaration of interests <i>To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting</i>	Verbal	All
3	Chair's opening comments	Verbal	Chair
4	Minutes of the previous meeting <i>To approve the minutes of the meeting held on 29 July 2010 as true and accurate records of discussions</i>	SWBTB (7/10) 158	Chair
5	Update on actions arising from previous meetings	SWBTB (7/10) 158 (a)	Chair
6	Questions from members of the public	Verbal	Public
MATTERS FOR APPROVAL			
7	Research and Development update – approval of Terms of Reference for the Research and Development Committee	SWBTB (8/10) 160 SWBTB (8/10) 160 (a) SWBTB (8/10) 160 (b)	CC
8	Disposal of Trust properties and application of the Trust Seal to deeds and transfer documents	SWBTB (8/10) 162 SWBTB (8/10) 162 (a)	GS
9	Refurbishment of Maternity 1 and ADAU Maternity Unit	SWBTB (8/10) 165	GS
10	Sandwell CT scanner enabling works – execution of contract as a simple contract	SWBTB (8/10) 170	GS
11	Transforming Community Services	SWBTB (8/10) 161 SWBTB (8/10) 161 (a)	MS

12	Trust Annual Plan process and timetable	SWBTB (8/10) 167 SWBTB (8/10) 167 (a)	MS
13	Naming the new hospital – agreement of the shortlist of names	SWBTB (8/10) 174 SWBTB (8/10) 174 (a)	NH
MATTERS FOR INFORMATION/NOTING			
14	Quality and Governance		
14.1	Quarterly update on infection prevention and control	SWBTB (8/10) 164 SWBTB (8/10) 164 (a)	BAO
14.2	Cleanliness report	SWBTB (8/10) 173 SWBTB (8/10) 173 (a)	RO
14.3	OFSTED inspection of safeguarding and looked after children services: Birmingham	SWBTB (8/10) 163 SWBTB (8/10) 163 (a)	RO
14.4	Auditors' Local Evaluation (ALE) score	SWBTB (8/10) 168 SWBTB (8/10) 168 (a)	RW
15	Strategy and Development		
15.1	'Right Care, Right Here' programme: progress report	SWBTB (8/10) 166 SWBTB (8/10) 166 (a)	RK
15.2	New acute hospital project: progress report	SWBTB (8/10) 169 SWBTB (8/10) 169 (a)	GS
16	Performance Management		
16.1	Monthly finance report	SWBTB (8/10) 171 SWBTB (8/10) 171 (a)	RW
16.2	Monthly performance monitoring report	SWBTB (8/10) 177 SWBTB (8/10) 177 (a)	RW
16.3	NHS Performance Framework monitoring report	SWBTB (8/10) 178 SWBTB (8/10) 178 (a)	RW
17	Update from the Board Committees		
17.1	Finance and Performance Management Committee		
►	Minutes from meeting held 22 July 2010	SWBFC (7/10) 083	RT
17.2	Audit Committee		
►	Minutes from meetings held on 6 May 2010 and 10 June 2010	SWBAC (5/10) 037 SWBAC (6/10) 038	GH
18	Any other business	Verbal	All
19	Details of next meeting <i>The next public Trust Board will be held on 30 September 2010 at 1430h in the Anne Gibson Boardroom, City Hospital</i>	Verbal	Chair
20	Exclusion of the press and public <i>To resolve that representatives of the Press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).</i>	Verbal	Chair

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Trust Board (Public Session) – Version 0.2

Venue Anne Gibson Boardroom, City Hospital

Date 29 July 2010 at 1430 hrs

Present:

Mrs Sue Davis	Prof Derek Alderson	Miss Rachel Overfield
Mr Roger Trotman	Mrs Olwen Dutton	Mr Robert White
Mrs Gianjeet Hunjan	Mr John Adler	Mr Mike Sharon
Dr Sarindar Sahota	Mr Donal O'Donoghue	

In Attendance:

Mrs Jessamy Kinghorn	Mr Graham Seager	Mrs Chris Rickards
Mr Matthew Dodd		

Secretariat: Mr Simon Grainger-Payne

Minutes	Paper Reference
1 Apologies for absence	Verbal
Apologies were received from Mr Gary Clarke, Mr Richard Kirby and Miss Kam Dhami.	
2 Declaration of interests	Verbal
There were no declarations of interest in connection with any agenda item.	
3 Chair's opening comments	Verbal
The Chair welcomed Mr Mike Sharon to his first meeting and Mr Matthew Dodd who was in attendance at the meeting in place of Mr Richard Kirby. The Chair remarked that it was a time of change in the NHS, given the implications of the recent White Paper concerning the proposed revised commissioning arrangements but expressed her confidence in the ability of the Trust to respond positively to the new situation.	
4 Minutes of the previous meeting	SWBTB (6/10) 140
The minutes of the previous meetings were presented for approval and were accepted as an accurate record.	
AGREEMENT: The minutes of the previous meeting on 24 June 10 were approved as a true and accurate reflection of discussions held	
5 Update on actions from previous meetings	SWBTB (6/10) 140 (a)
The updated actions list was reviewed. There were noted to be no outstanding	

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actions requiring escalation.	
6	Questions from members of the public
<p>Ms Jenny Drew, observing the meeting as a representative of the local Overview and Scrutiny Committee, advised that a proposal concerning the use of physicians' assistants had recently been discussed within the Department of Health and asked what plans were in place to adopt this proposal within Birmingham. Professor Alderson, advised that although he was unsure of how advanced the plans were, Dr Nick Ross at the University of Birmingham is engaged with developing the plans. Mr O'Donoghue added that it is likely that the proposal will be a significant influence in the way that healthcare is delivered in future.</p>	
7	Single Tender Action for purchase of Carefusion Asena GH+ syringe pumps
<p>Mr Seager presented a proposed Single Tender Action for purchase of 78 Carefusion Asena GH+ syringe pumps at a cost of £101,120.00 plus VAT.</p> <p>Mr Seager advised that a tendering exercise for the syringe pumps had last been undertaken in 2001, however the chosen product was reported to remain at the cutting edge of technology. In terms of Value for Money, Mr Seager reported that the pumps are relatively inexpensive in comparison to other models available. It was noted that University Hospital Birmingham NHS Foundation Trust had also chosen the Carefusion Asena GH+ syringe pumps, following a similar evaluation.</p> <p>Mr Trotman asked whether the cost of the syringe pumps was to be met from the capital budget and whether the existing obsolete pumps are to be removed from the Trust. He was advised that the cost of the pumps would be met from the revenue budget and that the obsolete pumps are to be removed in a structured way over several months. Mr Adler asked whether the syringe pumps are available as part of a national contract. He was advised that this was not the case.</p> <p>The Trust Board supported the single tender arrangement for the purchase of the Carefusion Asena GH+ syringe pumps.</p>	
<p>AGREEMENT: The Trust Board approved the use of a single tender arrangement for the purchase of 78 Carefusion Asena GH+ syringe pumps</p>	
8	Community gynaecology service business case
<p>Mr Kirby presented a proposal for the development of a community gynaecology service, which had been requested by Sandwell and Heart of Birmingham PCTs, in line with the 'Right Care, Right Here' model of care for the speciality.</p> <p>Mr Trotman asked whether the Trust had exclusivity on the service and was advised that this would be the case. The Board was advised that GPs with a specialist interest in gynaecology would undertake a two month training programme. Mr Sharon advised that for these GPs, the training would be on top of an existing level of competence in the speciality and some training was already underway. Mrs Dutton asked whether the service was sustainable, given the implications of the recent White Paper concerning revised commissioning arrangements. Mr Sharon advised that to not pursue the proposal would be against the grain of the 'Right Care, Right Here' programme and highlighted that there is sufficient comfort in that the forecast expenditure on the service would be covered by income in line with</p>	

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<p>the agreement with the commissioners.</p> <p>Mr Adler reported that the plans had been given significant consideration by the Executive Team and by the Strategic Investment Review Group (SIRG) and it was considered that the opportunity should be pursued, on the basis that it promotes engagement in services outside of the hospital setting, while retaining a level of control as to how the service operates.</p> <p>Mrs Davis asked what measures had been put in place to monitor quality and patient satisfaction. Mr Kirby advised that a matron would be assigned to oversee the implementation of the service and set quality measures.</p> <p>Dr Sahota asked what the impact would be should the service require greater expenditure than forecast and need contingency funds. Mr White advised that there was some flexibility on costs should this occur.</p> <p>Mr Adler highlighted that there may be a slight possibility that some GPs would not wish to participate in the service on the basis of the rate attracted for the delivery of the service. Mrs Hunjan asked whether, in this case, there was capacity elsewhere to absorb this work. Mr Sharon advised that four sessions are available from the Trust's consultants if this was to happen, however it was unlikely that GPs would be unwilling to participate in the service.</p> <p>Mrs Davis asked whether the planned mobile sonography equipment would be used to full capacity. Mr White advised that the most suitable equipment for the service would be sourced, however it had been determined that it would not be cost efficient to provide dedicated equipment at each location from which the service is to be delivered. Mrs Davis encouraged the use of the machines as fully as possible. Professor Alderson suggested that consideration be given to leasing the machines as opposed to purchasing them, particularly given the rapidity of technology change.</p> <p>The Trust Board approved the development of a community gynaecology service in line with the service specification produced by Sandwell and Heart of Birmingham PCTs and approved the revenue expenditure on the service of £541.7k, on the basis that this is to be covered by income in line with the agreement with the commissioners.</p>	
<p>AGREEMENT: The Trust Board approved the development of a community gynaecology service in line with the service specification produced by Sandwell and Heart of Birmingham PCTs and approved the revenue expenditure on the service of £541.7k, on the basis that this is to be covered by income in line with the agreement with the commissioners</p>	
<p>9 Quality and Governance</p>	
<p>9.1 Patient experience update</p>	<p>SWBTB (7/10) 155 SWBTB (7/10) 155 (a) - SWBTB (7/10) 155 (d)</p>
<p>Miss Overfield presented an update on patient experience, which the Board was advised would be the final report based on the previous versions of the patient satisfaction survey. The Board was advised that the revised patient satisfaction</p>	

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<p>surveys had been produced and would be used on wards shortly.</p> <p>Further developments were highlighted to include the Trust Board 'walkabouts' from September and the commencement of patient stories being brought to the Board in a themed approach.</p> <p>Mr Adler noted the drop in the 'very clean' score against cleanliness standards was disappointing. Miss Overfield advised however, that the continuing cleanliness audits suggest that standards are still very good, therefore further targeted audits are planned shortly. Miss Overfield was asked whether the fall in scores related to a specific area, however she advised that this appeared to be a generic opinion.</p> <p>Mrs Hunjan reviewed the ratings arising from the ward reviews and remarked that it was encouraging that two wards had achieved green ratings against all standards and were therefore classified as 'outstanding'.</p> <p>Miss Overfield reported that hot milky drinks will now be available to all patients in the evening at a cost to the Trust of £20,000 - £30,000 per year.</p> <p>Mrs Dutton observed that a question on whether the treatment worked and whether the patient felt better after the treatment was not asked as part of the patient satisfaction survey. Mrs Davis advised that Patient Related Outcome Measures (PROMs) work covered these questions. Mr Adler added that there is a need to ask such questions at a sensible time following treatment, as in a number of cases, patients may not feel better or know if the treatment has worked immediately afterwards.</p>	
<p>9.2 Assurance Framework update – Quarter 1</p>	<p>SWBTB (7/10) 147 SWBTB (7/10) 147 (a)</p>
<p>Mr Grainger-Payne presented the quarterly update of the Assurance Framework, highlighting that prior to the application of treatment plans, 14 of the risks were at red status, however after mitigation all reduced to amber or yellow status.</p> <p>The Trust Board received and noted the update.</p>	
<p>10 Strategy and Development</p>	
<p>10.1 'Right Care, Right Here' programme progress report</p>	<p>SWBTB (7/10) 151 SWBTB (7/10) 151 (a)</p>
<p>Mr Kirby presented the latest update on progress with the 'Right Care, Right Here' programme, which was received and noted by the Board.</p> <p>The Board was advised that the plans are on track to deliver the workstream as planned. Capacity reviews were reported to be being undertaken in Birmingham and the Black Country, based on 'Right Care, Right Here' assumptions, with feedback expected on the results being anticipated for 24 August 2010.</p> <p>Dr Sahota remarked that there appeared to be continued difficulty with deterring emergency care patients from attending acute Accident and Emergency departments and redirecting them to Primary Care Urgent Care Centres. Mr Dodd advised that a reduction in Accident and Emergency attendances had been seen at both City Hospital and Sandwell Hospital sites. He emphasised, however that the volume of seriously ill patients requiring admission to Accident and Emergency</p>	

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<p>departments remains high.</p> <p>With reference to the medical engagement action plan, Mrs Hunjan asked what level of shadowing of consultants by GPs and vice versa had been seen. She was advised that many individuals had expressed an interest, however numbers of individuals having participated in the exercise was as yet, low. Mrs Davis emphasised the need to boost the involvement of GPs in the partnership arrangements.</p>	
<p>10.2 New Acute Hospital project: progress report</p>	<p>SWBTB (7/10) 142 SWBTB (7/10) 142 (a)</p>
<p>Mr Seager presented the new acute hospital project progress report, which the Board received and noted.</p> <p>The Board was advised that there had been no further significant change to the project since the recent land acquisition. Preparation of the revised Outline Business Case is continuing and the results of the public inquiry into the Compulsory Purchase Order for the acquisition of land are still awaited. The programme was noted to be set at present within a context of a downturn in public sector finances and a high cost of borrowing, which were highlighted to be significant challenges for the project.</p> <p>The naming of the new hospital was reported to be underway, with c. 500 entries having been received to date.</p> <p>Procurement documentation for the new hospital was reported to be being developed in readiness for approval in December 2010.</p>	
<p>11 Performance Management</p>	
<p>11.1 Monthly finance report</p>	<p>SWBTB (7/10) 153 SWBTB (7/10) 153 (a)</p>
<p>Mr White presented the monthly finance report which had been considered in detail previously by the Financial Management Board and by the Finance and Performance Management Committee.</p> <p>Mr White reported that an in-month surplus of £270k had been posted for Month 3, which was noted to be £46k above the planned position.</p> <p>The Board was advised that as part of its monthly review, the Finance and Performance Management Committee had considered the Cost Improvement Programme and the mitigations for offsetting the current shortfall.</p> <p>The Board noted a significant spike in capital expenditure, which was highlighted to concern the acquisition of land for the new hospital.</p> <p>The divisional position was considered, which was noted to be driven by the higher than planned level of activity and the impact of the partial tariff for over performance on emergency activity. Mr White advised that it was anticipated that the Women and Child Health division's position will improve in the light of a planned correction to the contracted position.</p> <p>In terms of performance against pay costs, the Board noted that the number of</p>	

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<p>Whole Time Equivalents (WTEs) was slightly in excess of plan at present.</p> <p>Mr White reported that the Finance and Performance Management Committee had reviewed a number of material changes to the financial plan, some of which were noted to be linked to the contract with commissioners, while others concerned the change to the value of the estate. On the recommendation of the Finance and Performance Management Committee, the Board was asked and agreed to ratify these changes.</p> <p>Mr Trotman advised that from September, the draft minutes of the Finance and Performance Management Committee held the week before the Trust Board will be included within meeting packs.</p>	
<p>AGREEMENT: The Trust Board approved the proposed changes to the Financial Plan for 2010/11</p>	
<p>11.2 Monthly performance monitoring report</p>	<p>SWBTB (7/10) 156 SWBTB (7/10) 156 (a)</p>
<p>Mr White presented an update on the Trust's performance against all key targets, which again had been considered in detail previously by the Financial Management Board and by the Finance and Performance Management Committee.</p> <p>It was reported that delayed transfers of care within the month had been high at 5.1%. Work is ongoing with both Local Authorities to resolve this situation. The level of cancelled operations was reported to be 1%. Performance against the stroke care target was 72%. The number of <i>C difficile</i> infections was highlighted to be within the national trajectory, however the internal target was noted to be under pressure. Performance against the Referral to Treatment time targets was reported to have been met for all specialities apart from Trauma and Orthopaedics. Sickness absence was highlighted to be 3.74%. Regarding mandatory training, it was highlighted that there was much work underway to achieve a higher level of attendance. Work was also reported to be underway to improve the performance against the PDR target.</p> <p>Mrs Davis suggested that future versions of the performance monitoring report include readmission rates on the report's cover sheet.</p>	
<p>ACTION: Mr White to arrange for readmission rates to be included on the cover sheet of future versions of the performance monitoring report</p>	
<p>11.3 NHS performance framework monitoring report</p>	<p>SWBTB (7/10) 157 SWBTB (7/10) 157 (a)</p>
<p>Mr White presented the NHS Performance Framework monitoring report, which had been considered in detail at the earlier meetings of the Financial Management Board and by the Finance and Performance Management Committee.</p> <p>It was highlighted that the overall performance was at green status.</p>	
<p>11.4 Corporate objectives progress report – Quarter 1</p>	<p>SWBTB (7/10) 144 SWBTB (7/10) 144 (a)</p>
<p>Mr White presented the corporate objectives progress report for receiving and noting. It was noted that action plans are in place to address those areas reported</p>	

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to be at amber status at present. It was highlighted that the Quality and Efficiency Programme (QuEP) clinical directorate projects objective was at red status as further work is needed to gather together a full list of projects.	
12 Operational Management	
12.1 Sustainability update	SWBTB (7/10) 152 SWBTB (7/10) 152 (a)
<p>Mr Seager reported that the Trust was participating in the carbon management programme and was on trajectory to develop a carbon plan. Mrs Davis asked whether the plan considered the equipment that will be in place after the new hospital has been built. She was advised that this is the case.</p> <p>The Board was advised that sustainability champions have been identified. Next steps for the plan include the introduction of a cycling scheme.</p> <p>Mrs Davis asked whether sustainability implications had been considered as part of the Birmingham Treatment Centre development. Mr Seager confirmed that this was the case.</p> <p>Mr Adler advised that in September, the procurement strategy will be considered, which will need to consider the sustainability agenda.</p> <p>Mr Seager advised that a Board-level sustainability champion needed to be identified. Mrs Davis agreed to give this consideration.</p>	
ACTION: Mrs Davis to identify a Board-level champion for sustainability	
13 Update from the Committees	
13.1 Finance and Performance Management Committee	SWBFC (6/10) 069
The Board received and noted the minutes of the Finance and Performance Management Committee meeting held on 17 June 2010.	
13.2 Governance and Risk Management Committee	SWBGR (5/10) 035
The Board received and noted the minutes of the Governance and Risk Management Committee meeting held on 20 May 2010.	
13.3 Charitable Funds Committee	SWBTB (5/10) 011
The Board received and noted the minutes of the Charitable Funds Committee meeting held on 6 May 2010.	
14 Any other business	Verbal
Mr Trotman advised that he had been contacted by the Chair of the Organ Donation Committee who had expressed concern over the time being taken to approve the Organ Donation policy and asked for an update. Mr O'Donoghue advised that the required approval of the policy's equality impact assessment had now been obtained and the policy was due to be presented for approval at the Governance Board on 6 August 2010 and subsequently to the Trust Board on 26 August 2010.	

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<p>Mr Trotman also advised that he had been contacted by a consultant who wished to express 'considerable gratitude [for] the positive effect of leadership in the Trust with respect to name badges and staff identification; infection control, particularly hand washing by all grades of staff; boosting staff morale and celebrating the best in good practice; taking governance seriously and acting on lessons learned; ensuring genuine compliance with targets for patient benefit'. The comments were made following a visit to a neighbouring Trust's Accident and Emergency department, which the consultant reported appeared to reveal a deficiency in these areas. The Board noted the pleasing comments.</p>	
<p>ACTION: Mr O'Donoghue to present the Organ Donation policy to the Trust Board for approval on 16 August 2010</p>	
<p>15 Details of the next meeting</p>	<p>Verbal</p>
<p>The next public meeting of the Trust Board will be held on 26 August at 1430h in the Anne Gibson Boardroom at City Hospital.</p>	
<p>16 Exclusion of the press and public</p>	<p>Verbal</p>
<p>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).</p>	

Signed

Print.....

Date

Next Meeting: 26 August 2010, Anne Gibson Boardroom @ City Hospital

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

29 July - City Hospital

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

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

Apologies: Mr G Clarke (GC), Mr R Kirby (RK),

Secretariat: Mr S Grainger-Payne (SGP)

Last Updated: 19 August 2010

Reference No	Item	Paper Ref	Date	Agreement
SWBTBAGR.178	Minutes of the previous meeting	SWBTB (6/10) 140	29-Jul-10	The minutes of the previous meeting on 24 June 10 were approved as a true and accurate reflection of discussions held
SWBTBAGR.179	Single Tender Action for purchase of Carefusion Asena GH+ syringe pumps	SWBTB (7/10) 150 SWBTB (7/10) 150 (a)	29-Jul-10	The Trust Board approved the use of a single tender arrangement for the purchase of 78 Carefusion Asena GH+ syringe pumps
SWBTBAGR.180	Community gynaecology service business case	SWBTB (7/10) 154 SWBTB (7/10) 154 (a)	29-Jul-10	The Trust Board approved the development of a community gynaecology service in line with the service specification produced by Sandwell and Heart of Birmingham PCTs and approved the revenue expenditure on the service of £541.7k, on the basis that this is to be covered by income in line with the agreement with the commissioners
SWBTBAGR.181	Monthly finance report	SWBTB (7/10) 153 SWBTB (7/10) 153 (a)	29-Jul-10	The Trust Board approved the proposed changes to the Financial Plan for 2010/11

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Research and Development Department Report
SPONSORING DIRECTOR:	Kam Dhami, Director of Governance
AUTHOR:	Professor Carl E Clarke, Professor of Clinical Neurology, Honorary Consultant Neurologist and Director of Research and Development
DATE OF MEETING:	26 August 2010

SUMMARY OF KEY POINTS:

- 1) Updated R & D Committee Terms of Reference prepared for Trust Board approval (Appendix 1).
- 2) Transparent 2010-2011 bid for financial support to Birmingham and Black Country Comprehensive Local Research Network (BBC CLRN). Bid accepted in full by CLRN (£1.1 million; 13% increase on 2009-10 funding).
- 3) CLRN funding secured sessions for clinical research. Now developing more logistical support through R & D Department.
- 4) Research Management and Governance (RM & G) Manager appointed June 2010.
- 5) Advert for lead research nurse and three new research nurse posts will be posted in next few weeks.
- 6) Lack of office accommodation for R & D Department requires urgent attention.

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

Approval	Receipt and Noting	Discussion
X		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to:

- receive and note the progress on activities undertaken since the last update
- approve the updated Terms of Reference for the Research and Development Committee

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	An Effective Organisation
Annual priorities	Implement the next stages of our new clinical research strategy
NHS LA standards	
CQC essential standards of quality and safety	
Auditors' Local Evaluation	

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

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

PREVIOUS CONSIDERATION:

The Trust Management Board and Trust Board was last provided with an update on the R & D strategy in February.

This update was considered by the Governance Board at its meeting on 6 August 2010.

Trust-Wide Governance Committees

Report to:	Trust Board – August 2010	
Report of:	Research and Development	
Report by:	Professor C E Clarke	
Subject:	Progress report for the period January to June 2010	
MEETINGS HELD		
During the reporting period the Committee met on the following dates:	1.	2 nd March 2010
	2.	11 th May 2010
	3.	
	4.	
	5.	
2010-11 OBJECTIVES		
Provide an update on progress made in achieving the agreed annual objectives for the Committee <i>[Only a summary position statement is required against each objective as more detailed information will have been submitted for inclusion in the quarterly Annual Governance Development Plan updates]</i>	1.	To redefine the structure and function of the R&D Committee Updated R & D Committee Constitution prepared for Trust Board approval (Appendix 1).
	2.	To provide a transparent system of funding for research throughout the Trust Transparent 2010-2011 bid for financial support to Birmingham and Black Country Comprehensive Local Research Network (BBC CLRN). Bid accepted in full by CLRN (£1.1 million; 13% increase on 2009-10 funding).
	3.	To continue to increase the quantity of research undertaken in the Trust CLRN funding secured sessions for clinical research. Now developing more logistical support through R & D Department.
	4.	To continue to increase the quality of research undertaken in the Trust Availability of GCP training increased.
	5.	To strengthen and streamline systems with the R&D Department Research Management and Governance (RM & G) Manager appointed June 2010.
	6.	To develop a pool of Research Nurses, Allied Health Professionals and other research support staff within the Corporate Team Advert for lead research nurse and three new research nurse posts will be posted in next few weeks.
	7.	

	General Comments:	
KEY ISSUES		
Key issues that the Committee wants to bring to the attention of the Governance Board should be listed. Where possible, solutions or suggestions should be put forward for any problems or areas of concern raised.	1.	To continue to develop the transparent system of funding for R&D throughout the Trust there is a requirement for dedicated finance support for the R&D Department. In collaboration with the Finance Department a designated R&D Finance Officer will be appointed.
	2.	In order to improve the quality, speed and efficiency of research and research processes for an expanding Trust portfolio, additional staff will be required in the R&D Department. The Department is currently housed in a single office in Arden House that is already overcrowded. The search for additional space within the Trust has been on -going for the past six months but no suitable accommodation has been identified.
	3.	A number of researchers within the Trust have had to decline to participate in research projects in the past six months due to a lack of support staff (e.g. research nurses) to assist in delivering the research. Although some progress had been made with advertising and appointing research staff, progress had been hampered by difficulties in getting posts through banding and vacancy approval.
	4.	
	5.	
QUALITY STANDARDS		
<p>Include details of:</p> <ul style="list-style-type: none">▶ national, regional or local quality standards▶ monitoring information considered by the Committee and/or collected▶ corporate, divisional and directorate-level performance in relation to quality standards▶ the Trust's performance compared with other similar organisations <p><i>[NB: Indicators tracked at directorate-level will be included in the QMF]</i></p>	Recruitment of patients into NIHR Portfolio adopted studies is monitored continuously at a national level. The Trust performance is reported by the BBC CLRN on a monthly basis. The recruitment target for SWBHT has been set by the CLRN for 2010-11 at xxxx. For the first quarter of 2010-11 the recruitment rate for the Trust was well on target at 108% for the period.	
POLICIES, PROCEDURES, PROTOCOLS ETC		
Provide details of any <u>new</u> policies being developed or existing ones that are	Introduce updated R & D Committee Constitution to Trust Board for approval (Appendix 1). Research Passport and Honorary Research Contracts Policy in development	

being reviewed.	
QUALITY IMPROVEMENTS	
Provide details of improvements in the quality of clinical care introduced/initiated by the Committee (including supporting outcomes data/evidence)	
CLINICAL AUDIT, RESEARCH AND EFFECTIVENESS	
Include details of any clinical audit or research initiated by the Committee, key findings and any actions undertaken / planned actions. A brief update on any projects included in this year's Clinical Audit Forward Plan should be reported.	
RISK MANAGEMENT	
Risks: Include details of the key risks to the organisation considered by the Committee and action taken / planned to address these. An update on implementing the treatment plan to mitigate risks included on the Committee's Risk Register should be provided.	
Incidents: Provide details of reported incident themes / cases considered by the Committee and action taken / planned.	
CONSULTATION AND PATIENT INVOLVEMENT	
Provide information on how the Committee has	The Committee includes a lay member

involved services users and their relatives in its work or intends to do so.	
EDUCATION, TRAINING, LEARNING AND CONTINUOUS PROFESSIONAL DEVELOPMENT	
Include details of any support available to staff / GPs / service users. Activity data should be included.	The NIHR has recently developed a nationally recognised Good Clinical Practice (GCP) training package for researchers. To date four research staff within the BBC CLRN area have been trained to deliver the package, three of whom are employees of SWBHT. Although the training sessions are offered to researchers across the BBC CLRN region, over 60 researchers from SWBHT have attended one of the six courses run in the region since January 2010.
GOOD PRACTICE	
Provide examples of good practice within and outside the organisation identified by the Committee and action taken to embed this across the Trust.	
EXTERNAL PUBLICATIONS	
Include information on any relevant external publications that have been considered during the reporting period and the Committee's response	
EXTERNAL ASSESSMENT	
Provide details of any external scrutiny [accreditation, peer review] of the Committee's work, the findings and any resulting action taken/planned.	
SUB-GROUPS	
List any sub-groups established by, and reporting to, the Committee and provide a brief summary of their work.	
ADDITIONAL INFORMATION	

Include any information that has not been captured in the above sections.		
ATTACHMENTS		
List any documents that are attached to this report.	1.	New R & D Committee Terms of Reference
	2.	
	3.	
	4.	

Completed returns to be emailed to simon.grainger-payne@swbh.nhs.uk a week before the schedule date of presentation to the Governance Board

TRUST RESEARCH AND DEVELOPMENT COMMITTEE

Terms of Reference

1. Membership

The Committee will comprise:

- One member representing the main research active departments, including but not restricted to:
 - Cancer
 - Cardiology
 - Gastroenterology
 - Lipidology / Diabetes
 - Neurology
 - Ophthalmology
 - Rheumatology
- One member representing the main research support services, including but not restricted to:
 - Imaging
 - Laboratory services
 - Pharmacy
- Medical Director responsible for research
- Head of Research & Development
- Director of Finance for Research & Development
- Trust Lead Research Nurse
- Lay representative

A quorum will be six members including the Chair.

The Chair of the Committee will be the Director of Research & Development.

2. Attendance at meetings

Guests will be invited from across the Trust or related outside research organisations to support the discussion and/or presentation of any agenda item requiring specific expertise or opinion.

The Research & Development Department will manage the meeting agendas and maintain minutes of the meetings.

3. Frequency of meetings

Meetings will be held quarterly.

4. Purpose

The Research and Development Committee is responsible for supporting research and development, research training, ensuring partnership links for collaborative research and determining the shape of the future of research and development in the Trust.

5. Objectives

- To promote R&D interests and activities within the Trust and ensure knowledge and skill transfer for Evidence Based Practice to underpin the improvement in healthcare quality and delivery.
- To develop and maintain a strategic plan for research
- To promote and oversee research governance and ensure, through the R&D Office, compliance with the regulatory and legal requirements in clinical trial research
- To manage the central research and development monies
- To oversee partnership arrangements with other research organisations
- To adjudicate applications for research awards
- To manage the Charitable Trust research funds.

6. Accountability and Reporting arrangements

The Research & Development Committee will report to the Clinical Governance Board and the Trust Board on a bi-annual basis.

7. Review

The Research & Development Committee terms of reference will be reviewed on an annual basis.

TRUST BOARD

DOCUMENT TITLE:	Approval for the disposal of Trust properties and to agree the application of the Trust seal to the Deeds and Transfer Documents relating to these properties.
SPONSORING DIRECTOR:	Graham Seager, Director of Estates/New Hospital
AUTHOR:	Rob Banks, Head of Estates
DATE OF MEETING:	26 August 2010

SUMMARY OF KEY POINTS:

In accordance with Trust practice and in line with the requirements of the Trust's standing orders, the Board is asked to approve the disposal of 4 Flats and agree the application of the Trust Seal to the Deeds and Transfer Documents relating to the sale of Nos, 4, 12, 18 and 21 Overton Place.

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

Approval	Receipt and Noting	Discussion
X		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Board is recommended to:

- approve the disposal/sale of Nos. 4, 12, 18 and 21 Overton Place
- approve the application of the Trust seal to and signing of the Deeds and Transfer Documents relating to the sale of these properties

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

Financial	x	Disposal of unused surplus residential properties as part of the rationalisation of the estate
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		Properties are vacant and surplus to requirements. Whilst in this state there could be potential for damage, squatters and/or arson.

PREVIOUS CONSIDERATION:

The disposal of these properties has been agreed with the Assistant Director of Facilities as part of a rationalisation of residential accommodation.

Approval for the disposal of Trust properties and Application of the Trust Seal to the Deeds and Transfer Documents

1.0 BACKGROUND

The Board will recall that the Trust owned twelve flats at Overton Place, Sandwell. It has disposed of flats during the last few years as they became surplus to requirements. The Trust has four remaining flats.

Due to a reduced need for residential accommodation the remaining four properties are no longer required. All four properties are off site, in need of refurbishment and surplus to requirements. The properties are valued in the region of £60,000 each, therefore a total asset value of circa £240,000

Subject to approval of this paper, sales would be dealt with by agents and the Trust's Solicitors, Browne Jacobson, who will prepare the appropriate documentation for signing and sealing as sales are agreed. As documents are available arrangements will be made via the Trust Secretary for the documents to be signed and sealed by appropriate Trust Officers.

2.0 DISPOSAL OF TRUST ASSETS AND AFFIXATION OF THE TRUST SEAL

In accordance with Trust practice and in line with the requirements of the Trust's standing orders, the Board is asked to approve the disposal of Trust assets and the application of the Trust seal to the Deeds and Transfer documents relating to the sale of Nos. 4, 12, 18 and 21 Overton Place, West Bromwich.

3.0 RECOMMENDATIONS

The Trust Board is recommended to:

- approve the disposal/sale of Nos. 4, 12, 18 and 21 Overton Place
- approve the application of the Trust seal to and signing of the Deeds and Transfer documents relating to the sale of these properties

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Refurbishment of M1 and ADAU Maternity Unit
SPONSORING DIRECTOR:	Graham Seager, Director of Estates
AUTHOR:	Paul Scott, Capital Projects Manager
DATE OF MEETING:	26 August 2010

SUMMARY OF KEY POINTS:

Works are required to refurbish Ward M1 City Hospital to accommodate a 21 bed maternity ward and also to refurbish the first floor admin offices City Hospital to accommodate a 6 bedded ADAU and a six chair patient Discharge Lounge which can also be flexed up to a 4 bed overnight stay area.

The works will cost £595,838.

Provision has been made in the Trust's Capital Programme. The Trust's Standing Financial Instructions/Standing Orders requires the Trust Board authorise orders over £500k, however. The Board is therefore requested to authorise official order C01888 in accordance with tender document return TW1124. Works are to be completed as per the approved capital programme, with a start date of July 2010 and completion January 2011.

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

Approval	Receipt and Noting	Discussion
X		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is required to support the authorisation of the order.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	21 st Century Facilities
Annual priorities	Continue to improve current facilities, including a new CT scanner at Sandwell Hospital and a major redevelopment of the Medical Assessment Centre at City Hospital
NHS LA standards	
Core Standards	
Auditors' Local Evaluation	

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

Financial	X	Order for £595,838.00
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

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Sandwell CT Scanner Enabling Works – Execution of Contract as a Simple Contract
SPONSORING DIRECTOR:	Graham Seager, Director of Estates/New Hospital Project
AUTHOR:	Richard Kinnersley, Head of Capital Projects
DATE OF MEETING:	26 August 2010

SUMMARY OF KEY POINTS:

It is proposed that the construction contract for building works for Sandwell CT scanner enabling works, between the Trust and RFC Construction Ltd., with a contract sum of £98,356.48 (incl. VAT) is signed.

There is an option for construction contracts to be executed as a smile contract or as a deed. Under the law of contract, the period within which an action for breach of contract may be brought is limited to six years from the time of accrual of the cause of the action for contracts executed as a simple contract and twelve years for contracts executed as a deed.

It is recommended that all construction contracts over £1m are executed as a deed. This requires the application of the Trust's seal, which under the terms of the Trust's Standing Orders/Standing Financial Instructions is a reserved matter for the Trust Board.

The Board is asked to approve the recommendation that the contract be signed as a simple contract.

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

Approval	Receipt and Noting	Discussion
x		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to:

APPROVE the recommendation that contract documents (ref. JCT IF98) be signed as simple contract documents and to sign all required pages of two sets of documents indicated within the contract and also within the related schedule.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	<ul style="list-style-type: none"> • Good Use of Resources • 21st Century Facilities
Annual priorities	
NHS LA standards	
CQC essential standards of quality and safety	
Auditors' Local Evaluation	

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

Financial	X	Capital £98,356.48
Business and market share		
Clinical	X	Improved CT Scanning facilities, including privacy and dignity addressed for inpatients and outpatients, improved clinical reporting of CT scans
Workforce	X	Improved working conditions
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		No risks associated with this proposal.

PREVIOUS CONSIDERATION:

Not previously considered by the Trust Board. Position on TCS and potential SWBH role previously discussed at Trust Board Seminars.

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Transforming Community Services
SPONSORING DIRECTOR:	Mike Sharon, Director of Strategy and Organisational Development
AUTHOR:	Mike Sharon, Director of Strategy and Organisational Development
DATE OF MEETING:	26 August 2010

SUMMARY OF KEY POINTS:

Sandwell PCT Board has made a set of decisions about the future of its provider function. SWBH has been asked to "to work collaboratively on the transition of community services to SWBHT".

This request applies to adult and children's services. Other elements of the provider services are subject to different decision.

The PCT has also formally decided to request that SWBH host the Bradbury Day Centre palliative care service pending market testing by the PCT.

The timescale for achieving a transfer of services by 1 April 2011 will be challenging.

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

Approval	Receipt and Noting	Discussion
x	x	x

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to:

NOTE: the request by Sandwell PCT for SWBH "to work collaboratively on the transition of community services to SWBHT" in respect of Adult and Children's services

NOTE: the request by Sandwell PCT for SWBH to host Bradbury Day Centre services and staff pending market testing by the PCT

NOTE: the timescales and process that Sand well PCT and SWBH are required to follow and the proposed programme structure

APPROVE: the commencement of work on Due Diligence and business case.

Annual priorities	
NHS LA standards	
CQC essential standards of quality and safety	
Auditors' Local Evaluation	

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

Financial	X	Could impact financial performance
Business and market share	X	Will impact business size
Clinical	X	Could impact pathway design
Workforce	X	Will increase workforce numbers and raise transfer and integration issues
Environmental		
Legal & Policy	X	Will need to be approved by Cooperation and Competition Panel and SHA
Equality and Diversity	X	
Patient Experience	X	Impacts patient care
Communications & Media	X	Need for effective communication to staff and stakeholders
Risks		Significant organisational change and longer term unknown financial impact

PREVIOUS CONSIDERATION:

Not previously considered by the Trust Board. Position on TCS and potential SWBH role previously discussed at Trust Board Seminars.

Sandwell and West Birmingham Hospitals NHS Trust

Transforming Community Services

Update to the Trust Board on 26 August 2010

1. Introduction

The purpose of this paper is to provide an update to the Trust Board on discussions and activities regarding the future of the provider functions of Sandwell PCT and to ask for Board approval to take a number of next steps.

2. Background

The White Paper published on 12 July reinforced existing policy that PCTs should divest themselves of their provider functions by April 2011, before the expected date for the abolition of PCTs themselves.

Sandwell PCT originally planned to transfer most of its adult provider services to the planned Birmingham Community Foundation Trust (BCFT), subject to a number of conditions, including a separate management unit within that Trust for Heart of Birmingham and Sandwell adult services. At the same time the managers of the Provider function were developing plans to create Social Enterprises to run paediatric and adult services. These plans included a formal ballot of provider staff to decide whether to submit a formal request to create a Social Enterprise. The right of community staff to request the creation of a Social Enterprise is contained within national guidance on Transforming Community Services (TCS).

Heart of Birmingham PCT is progressing with its plans to transfer most of its provider services to the proposed BCFT.

In May it became clear to Sandwell PCT that the proposed BCFT was unable to take on the Sandwell adult services and meet the conditions laid down by the PCT. This was recognised by the PCT at its May Board meeting. The PCT more recently approached this Trust to put forward a proposal to manage adult and children's services

This Trust set out its thinking to the PCT. We have made it clear that this Trust can see benefits to vertical integration but would be unwilling to take on the management of community services without the broad support of GPs and full engagement of front line community staff.

The Chief Executive and Director of Strategy and OD have presented this thinking to GPs and over 100 community staff and it appears to have been well received.

On 19 July the results of the ballot of provider staff were announced. For every member of staff voting in favour of a Social enterprise, two voted against.

Sandwell PCT consulted staff, GPs, the Local Authority and voluntary sector organisations on two options; vertical integration and social enterprise. According to the PCT analysis, all groups except voluntary organisations were more in favour of vertical integration than social enterprise for Adult and Children's services.

At its Board meeting on 3 August the PCT decided the following:

Adults and Children's Services

- To invite SWBH to work collaboratively on the transition of community services to SWBHT

Dental Services

- To support the transfer of Dental Services to South Birmingham PCT (South Birmingham Community Foundation Trust)

Bradbury Day Centre

- To withdraw market testing for Bradbury Day Services, and consider this as part of a separate exercise within the wider End of Life Care process
- Given that the transfer of services will not be achieved within the nationally stipulated TCS timeframe of April 2011, to ask SWBH to host the services in the short-term

Children's Centres

- To support the planned continuation of the competitive tendering of Children's Centres, but review the timescales for this procurement process to ensure deliverable within the national TCS timescales (April 2011)

In making its decision the PCT Board took into account the approach to managing community services proposed by SWBH. This is set out in the following section

3. SWBH Proposed approach

The main reason for giving serious consideration to providing community services is that it offers the opportunity to more effectively integrate primary community and secondary care services. Removing organisational boundaries can help to ensure that patients receive services that better meet their needs.

In addition, the Right Care Right Here programme and the new hospital plans both require strengthened and deepened community services to reduce the requirement for hospital beds. Vertical integration of community services could improve the ability of the system to make the appropriate investment and redesign of community services that will be needed to support these objectives.

The approach proposed by SWBH is one which is consistent with the service model criteria developed by the PEC Chair of Sandwell PCT, which is that any solution should:

- be integrated with primary care teams and is truly part of the team focusing on working as a unit so that the patient is seen and treated by the most appropriate member(s) of that team.

- be coterminous with GP Commissioner populations.
- provide high quality services
- be responsive to patient needs, flexible and able to deliver optimum care.
- manage population wide health
- support patients in the community and avoids unnecessary hospital admissions
- provide enhanced clinical capacity
- not be fragmented within a larger system of healthcare delivery and maintain local focus
- be efficient and have a responsive management

The PEC Chair also set out a number of criteria against which governance models could be judged:

- GPs as part of a governance arrangement to influence community service developments and direction
- GP commissioners to feel part of the organisation, business and direction.
- Community services to form a discrete delivered service with its own governance structure.
- An organisation that offers flexibility to meet commissioners needs and changing requirements.
- An organisation that is focussed on providing the best care possible with the resources it has rather than meeting contract standard

Any proposed approach by SWBH should be able to meet the criteria above, particularly given the increasing influence that GPs will have. We have set out ideas for a governance model that is intended to reassure front line community staff and GPs that they will have influence over the way in which community services would be managed within an integrated Trust and to allay concerns over loss of identity.

This model assumes the creation of a community services operating unit within the Trust which would be responsible for all matters including strategy, planning, finance, operational management, performance and governance. This unit would have a Management Board with a majority of GPs and front line staff. The governance model would therefore differ from the existing model of Divisional governance but in all other respects the Community Services Division would operate like the existing Divisions within the Trust..The proposed approach to the management of the new Division allows also the opportunity to pilot the approaches that the Trust envisages implementing under "Owning the Future".

The service and governance models will need to be worked through in more detail, taking into account pathway development work, the views of stakeholders and ensuring consistency with the model of governance that will be developed through Owning the Future.

4. Next steps

Sandwell PCT will be required to follow a nationally defined process to gain approval for its preferred option, including SHA approval and Co-operation and Competition Panel Assessment. PCTs are expected to have completed the approvals process in sufficient time to allow implementation of the preferred option from April 2011.

The PCT will set up a PCT led transition Board which will oversee the transfer process for all of the provider services, including Adult and Children's services which will form one of their workstreams.

It has been agreed with the PCT that, subject to the SWBH Board decision, SWBH will lead an Adult and Children's services transition Board which SWBH will chair. The PCT has

requested that, in addition to managers, this Board should include front line staff, GP representatives, a Local authority representative and an Patient and Public Involvement specialist

The steps in the process will include:

- An appropriate level of due diligence
- Production of a Business Case
- Review by SHA
- Three way Board to Board discussion between the SHA, SWBH and the PCT
- Ruling by Co-operation and Competition Panel
- Final decision by the DH/SHA

It can be seen from the above that meeting the nationally set timetable will be a significant challenge.

5. Conclusion

The opportunity for SWBH to run Adult and Children's community services has received broad support and could result in more integrated services for patients and support a number of other strategic objectives of the Trust.

There will be significant effort required to develop a detailed business case and, subsequently, to effect the transfer.

6. Recommendations

The Trust Board is asked to:

NOTE: the request by Sandwell PCT for SWBH "to work collaboratively on the transition of community services to SWBHT" in respect of Adult and Children's services

NOTE: the request by Sandwell PCT for SWBH to host Bradbury Day Centre services and staff pending market testing by the PCT

NOTE: the timescales and process that Sand well PCT and SWBH are required to follow and the proposed programme structure

APPROVE: the commencement of work on Due Diligence and business case.

Mike Sharon

Director of Strategy and OD

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Trust Annual Plan 2011/12 - Process and Timetable
SPONSORING DIRECTOR:	Mike Sharon, Director of Strategy and organisational Development
AUTHOR:	Ann Charlesworth, Head of Corporate Planning
DATE OF MEETING:	26 August 2010

SUMMARY OF KEY POINTS:

The paper outlines the proposed process and timetable for production of Divisional Annual Plans and leading to the production of the Trust's Annual Plan for 2011/12.

(N.B. Some dates may be subject to confirmation of meeting dates for 2011).

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

Approval	Receipt and Noting	Discussion
X		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Management Board is recommended to approve the process and timetable for the production of the Annual Plan 2011/12

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	
Annual priorities	Priorities for 2011/12 will be developed through this process.
NHS LA standards	
CQC Essential Standards Quality and Safety	
Auditors' Local Evaluation	

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

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

PREVIOUS CONSIDERATION:

Usual annual planning timetable.

Approved by the Trust Management Board at its meeting on 17 August 2010.

TRUST ANNUAL PLAN 2011/12 PROCESS AND TIMETABLE

INTRODUCTION

This paper presents the proposed timetable for developing the Trust's Annual Plan for 2011/12 for approval by the Trust Management Board.

PROCESS AND TIMETABLE

The proposed process and timetable for the production of the Trust's Annual Plan for 2011/12 by the beginning of April 2011 is set out below. This mirrors that for 2010/11 with only minor variations to include Hot Topics and a Member Event in September seeking views on priorities for next year. Detailed financial planning will proceed in parallel.

Stage	Dates
Annual Planning Process & Timetable report <ul style="list-style-type: none"> to Trust Management Board to Trust Board 	17 th Aug 10 26 th Aug 10
Initial Cost Improvement Programme (CIP) proposals	tbc
Hot Topics – Staff views on priorities for 2011/12	6 th Sept 10
Member Event – Views on priorities for 2011/12	Mid Sept 10
Annual Planning Framework -Trust Board (?Seminar)	? late Sept/Oct
Divisional Briefing (Med Director/COO)	? w/c 4 th Oct 10
Issue Annual Planning Framework to Divisions	w/c 11 th Oct 10
Divisions engage with Clinical Directorates	Mid Oct – Mid Nov 10
Planning meetings with each Division to review plans	Arranged 8 th - 23 rd Nov 10
First Cut Divisional Plans inc. CIP	3 rd Dec 10
Financial Plan – High level I&E assumptions 2011/12 <ul style="list-style-type: none"> Finance and Performance Committee (F&PC) Trust Board 	18 th Nov 10 25 th Nov 10
Review of Divisional submissions	Dec 10
National Operating Framework issued	? Dec 10
Update of Planning Assumptions	Early Jan 11

Stage	Dates
Monthly updates to Trust Board	Jan-Feb 11
Financial Plan Update <ul style="list-style-type: none"> F&PC Trust Board 	20 th Jan 11 27 th Jan 11
Second Cut Divisional Plans	31 st Jan 11
Financial Plan Draft <ul style="list-style-type: none"> F&PC Trust Board 	17 th Feb 11 24 th Feb 11
Draft Trust Annual Plan issued	w/c 21 st Feb 11
Local Delivery Plan Sign Off (assumed date)	end Feb 11
Consultation on draft Trust Annual Plan /Updating	From issue to 7 th Mar 11
Annual Plan to TMB	15 th Mar 11
Financial Plan – Final Sign Off <ul style="list-style-type: none"> F&PC Trust Board 	24 th Mar 11 31 st Mar 11
Annual Plan presented to Trust Board for approval	31 st Mar 11
Printed version of Annual Plan completed	Mid May 11
Divisional Annual Plans Agreed/Signed	By end May 11

It is proposed that the Trust Board should consider the initial Annual Planning Framework at the end of September. The Annual Planning Framework will then be issued to Divisions early in October setting out the corporate assumptions relating to our objectives, targets, patient activity and financial position for 2011/12. Divisions will be expected to return their draft Divisional Plan proformas by 3rd December 2010.

The national Operating Framework containing planning assumptions and guidance is not expected to be issued until December. The timetable therefore allows for any update required to the Annual Planning Framework to be made and circulated in early January. The aim is to complete any adjustments to Divisional Plans and to produce the Trust's Annual Plan 2011/12 for Trust Board approval at the end of March 2011.

RECOMMENDATION

The Trust Board is recommended to:

- APPROVE the process and timetable for the production of the Annual Plan 2011/12.

Ann Charlesworth
August 2010

TRUST BOARD

DOCUMENT TITLE:	Proposed naming of the New Acute Hospital
SPONSORING DIRECTOR:	Jessamy Kinghorn, Head of Communications and Engagement
AUTHOR:	Jessamy Kinghorn, Head of Communications and Engagement
DATE OF MEETING:	26 August 2010

SUMMARY OF KEY POINTS:

- The report explains the background to the shortlisting process for the name of the new hospital.
- A further report will be tabled that will include the recommendations from the Acute Project Board which meets on the same day as the Trust Board.
- The tabled paper will require discussion and approval.

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

Approval	Receipt and Noting	Discussion
X		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Board is asked to note the approach taken and discuss and agree the shortlist when tabled following the Acute Project Board meeting.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

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

Right Care, Right Here Programme – Acute Hospital Services Development

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

To	Trust Board
From	Head of Communications and Engagement
Author	Head of Communications and Engagement
Date	26 th August 2010

1.0 Introduction

In August 2010 the Trust Board agreed a process and timetable to name the new hospital. The name campaign was launched in June and ran through June and July. 682 separate suggestions were received. It should be noted that this is a very high number – our research shows it may be the highest number of suggestions received from any recent hospital building naming campaign. The response from members of the public and from staff has been outstanding and made the shortlisting process exceptionally difficult.

This report sets out the background to the short listing process. A further paper will be tabled at the Trust Board which will identify the names the Project Board wishes the Trust Board to approve as the shortlist.

2.0 Process

A significant amount of community engagement has taken place to produce the 682 suggestions.

The process was led by the Head of Communications and Engagement with input from some members of the Project Board.

The list of names was initially reduced by removing duplicate suggestions. The remaining names were then subject to an initial sense screening through which most passed.

It was decided to use some basic principles to further reduce the list:

- The hospital should probably not be named after anyone currently alive (this removed suggestions like the Adler Hospital and the Jasper Carrot Hospital).
- The phrase Community Hospital should not be used as it does not accurately describe the nature of services provided from the hospital and could lead to confusion with the hospitals left on the City, Sandwell and Rowley Regis sites which will be Community Hospitals.
- There were many variations to the endings of suggestions, such as General Hospital or District Hospital, as well as simply, Hospital. It was felt that adding General or District did not bring anything extra to identify the hospital and only made the name longer. Rather than choose between them, both were excluded.

The remaining names went through a scoring exercise that looked at:

- The number of times the exact name was suggested
- The number of times a very similar name was suggested
- How easy the name was to use (i.e. to read, spell, say and understand)
- How well the connected to the Trust's vision and values
- How easily identifiable the name was (i.e. is it clearly an acute hospital, could it be confused with another hospital or organisation)
- Connotations or relevance (i.e. would the name immediately conjure up the hospital or did the name have positive or negative associations for people)
- Historical significance of the suggestion
- Geographical significance of the suggestion

A timely Heritage Survey for City Hospital, Sandwell Hospital and Grove Lane, which is due to be presented to the Acute Project Board, as well as other historical and geographical research, has been used for reference.

Sixteen names were long listed and will be presented to the Acute Hospital Project Board ahead of the Trust Board meeting. Searches of company registers and official trademarks will have been conducted on these names prior to the meetings.

The Acute Hospital Project Board recommendation will then be tabled at the Trust Board meeting.

3.0 Next Steps

Following the Trust Board decision on a shortlist, an extensive communications and engagement campaign will be launched to generate a large amount of discussion, comment and opinion on the shortlisted options.

Staff, patients, stakeholders and local people will be able to give their views until the 6th October via text, telephone, email, website, suggestion box and letter, as well as at a wide range of community groups and events, starting with the Sandwell Show.

The Acute Hospital Project Board and Trust Board will receive a presentation of the feedback from these activities at their meetings on 28th October to enable the Trust Board to make a decision on the name of the hospital.

4.0 Recommendations

A paper will be tabled following the Acute Hospital Project Board meeting which will outline their recommendations to the Trust Board.

The Project Board is being asked to reduce the list to a final three to recommend as a shortlist.

The Project Board has representation from members of the Trust Board, project team, and local partner organisations.

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Quarterly Report from Director of Infection Prevention and Control – April-June 2010
SPONSORING DIRECTOR:	Rachel Overfield, Chief Nurse
AUTHOR:	Dr Beryl Oppenheim, Director of Infection Prevention and Control
DATE OF MEETING:	26 August 2010

SUMMARY OF KEY POINTS:

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

Numbers of cases of MRSA bacteraemia and Clostridium difficile infections remain similar to those in previous years; however, achieving the very tight MRSA objective and local C. difficile stretch target will be a major challenge.

A key change to our activities involves a commitment to surveillance of a range of other HCAs and infection control measures, with root cause analysis of cases and actions to reduce the risks of these infections.

Antibiotic audits have shown a pleasing improvement in a number of key areas of antibiotic stewardship and maintaining this during the transition to a new intake of junior doctors will be an important challenge.

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

Approval	Receipt and Noting	Discussion
X		
To advise the Trust Board of the work undertaken by the Infection Control Service at Sandwell & West Birmingham Hospitals NHS Trust for the period April-June 2010.		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to receive and note the Quarterly Report for the period April-June 2010.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	High Quality Care
Annual priorities	2.1 – Continue to keep up high standards of infection control and cleanliness
NHS LA standards	2.4.9 - Infection control
CQC Essential Standards of Quality and Safety	Regulation 12; Outcome 8 – Cleanliness and infection control
Auditors' Local Evaluation	High Quality Care

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

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

PREVIOUS CONSIDERATION:

Routine quarterly update.

QUARTERLY INFECTION PREVENTION AND CONTROL REPORT April – June 2010

Executive Summary

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

Numbers of cases of MRSA bacteraemia and Clostridium difficile infections remain similar to those in previous years; however, achieving the very tight MRSA objective and local C. difficile stretch target will be a major challenge.

A key change to our activities involves a commitment to surveillance of a range of other HCAI's and infection control measures, with root cause analysis of cases and actions to reduce the risks of these infections.

Antibiotic audits have shown a pleasing improvement in a number of key areas of antibiotic stewardship and maintaining this during the transition to a new intake of junior doctors will be an important challenge.

Audit and training continue to be prioritised as a means of delivering continuous improvements.

Management and Organisation

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

MRSA

Mandatory reporting of MRSA bloodstream infections

There was a single MRSA bacteraemia during the quarter April to June 2010, which was a post-48 hour case and will be attributed to the Trust trajectory (Figure 1). The case has been fully investigated and as a result of this, some clarification will be added to our policies to try to avoid a similar incident happening again.

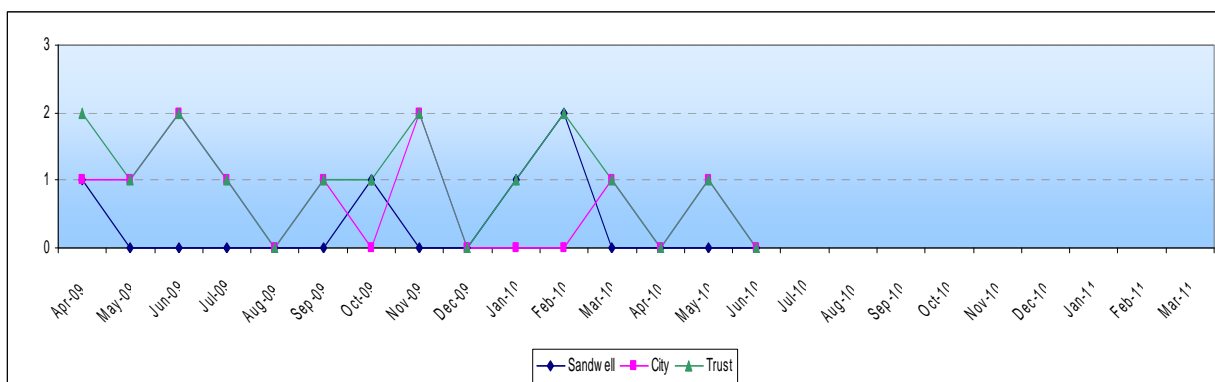


Figure 1. Number of MRSA bacteraemia cases

We continue to target all the major risk factors for MRSA bacteraemia. Avoiding contaminated blood cultures remains an important aim and we continue to monitor these, which have remained fairly low although there is still room for improvement (Figure 2). A major challenge will be ensuring that all new junior doctors starting in the Trust in August are trained in a timely manner and the Infection Control and IV Teams are working together with the Post Graduate departments on a major project to achieve this.

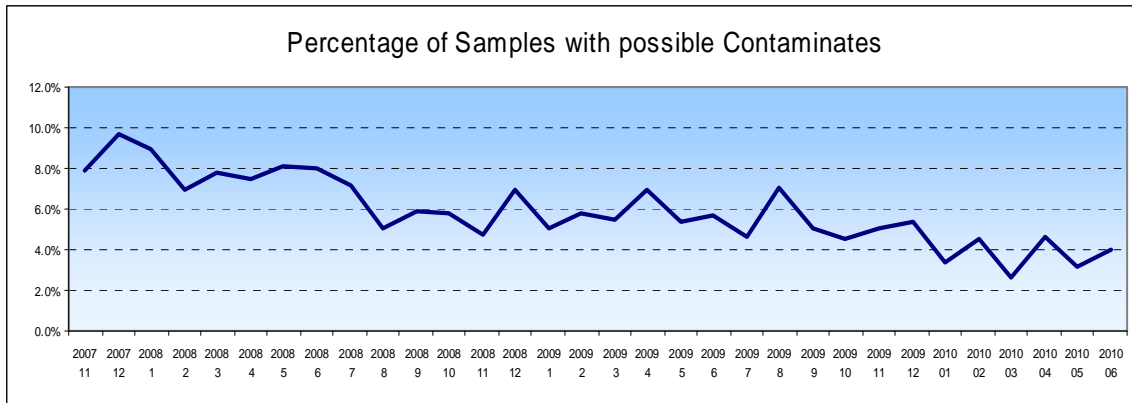
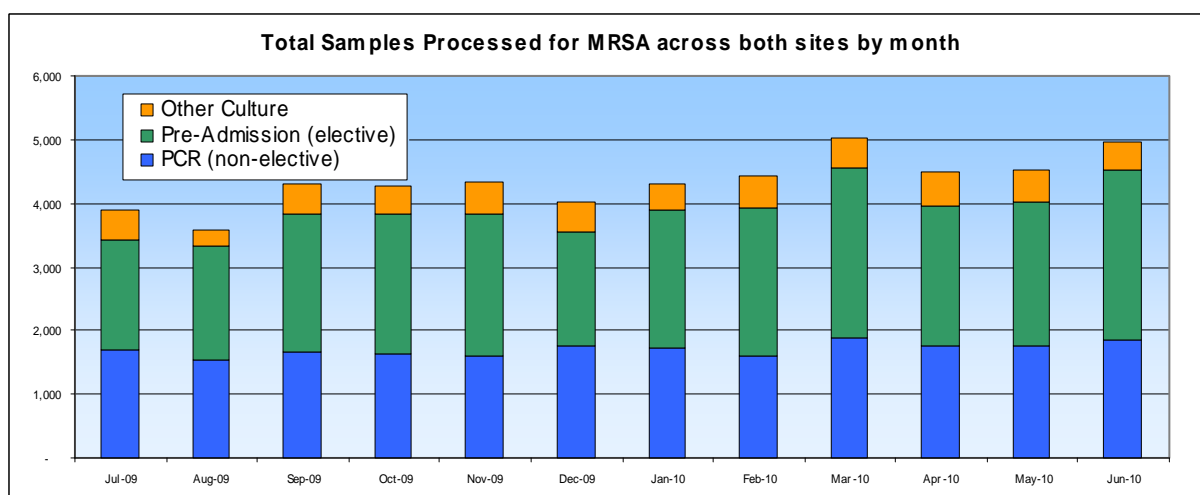


Figure 2. Percentage of possibly contaminated blood cultures

MRSA Screening and Decolonisation Therapy

MRSA screening remains another important tool to try to prevent MRSA infections and the numbers of patients screened has remained fairly consistent, although we are working to ensure that all groups identified as requiring screening undergo the process. There does appear to be a slight reduction in the numbers of emergency patients screening positive on admission which would be another marker of success for the strategy, but we will need to monitor these trends over a longer time period before we can be confident that this is a sustained change (Figure 3).



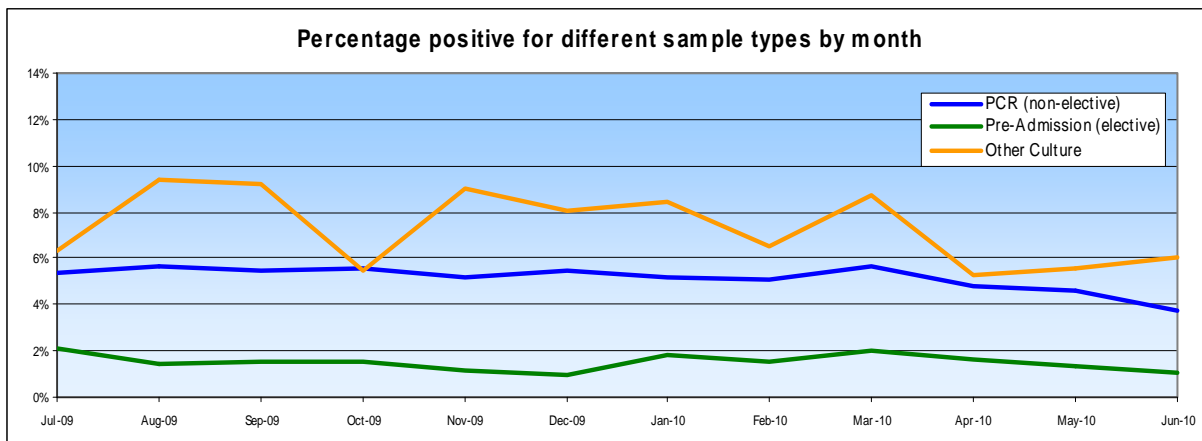


Figure 3. MRSA screening, numbers and positivity rates

Clostridium difficile infections (CDI)

There were 47 cases of *CDI* occurring more than 48 hours after admission during April to June 2010 (Figure 4). While this is within our national target and would have met our local target for the previous year, this has put us above our local stretch target for 2010/11. The main reason for the higher than expected numbers was a rise in the number of cases at Sandwell Hospital. This has been fully investigated and strains sent for detailed typing.

While the majority of strains were different, the typing did detect a small cluster of identical strains focussed on one particular ward where a number of measures have now been put into place. In addition, we have put in place a programme of decanting and deep cleaning acute wards on the Sandwell site and by the end of the programme a total of 9 wards will have been through this process.

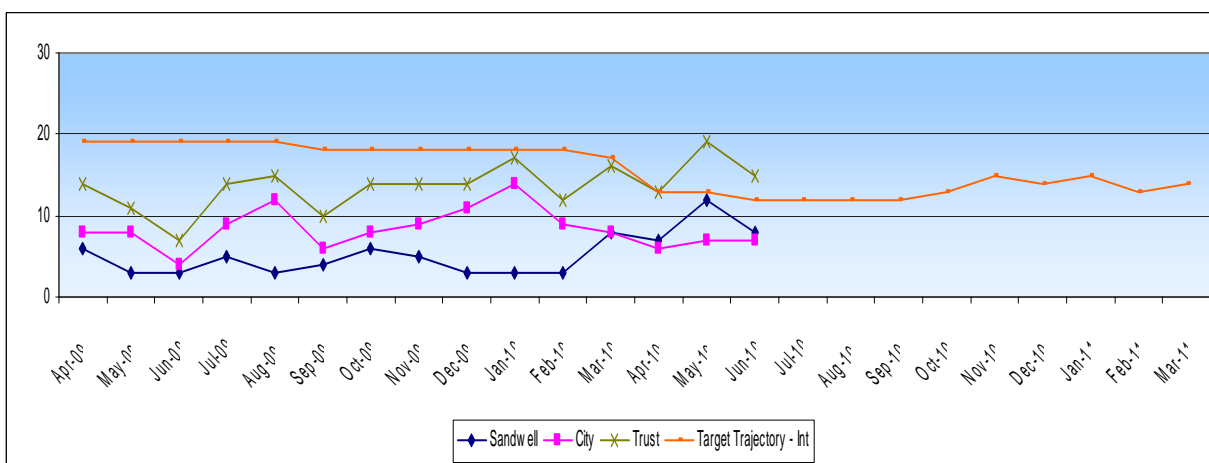


Figure 4. Numbers of post-48 hour cases of CDI

Surveillance of other healthcare associated infections

We continue to monitor hospital acquired cases of methicillin sensitive *Staph. aureus* (MSSA) and *E. coli* bloodstream infections. Numbers appear to be low and stable although we do not have information from other Trusts to compare ourselves with. However, those infections which appear to be acquired in the community do seem high and we are planning a study with Sandwell PCT to try to better understand the risk factors associated with the *E. coli* bloodstream infections (Figures 5 and 6).

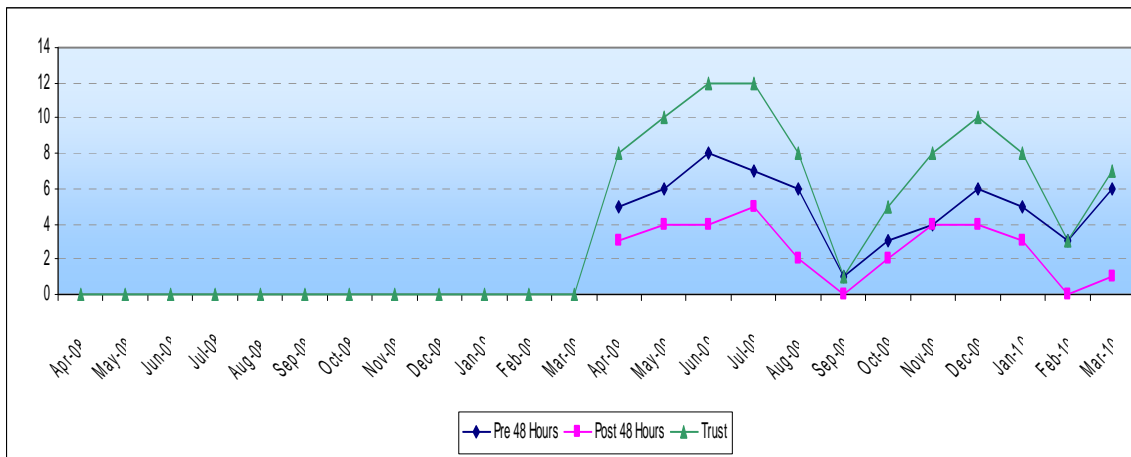


Figure 5. Numbers of MSSA bloodstream infections

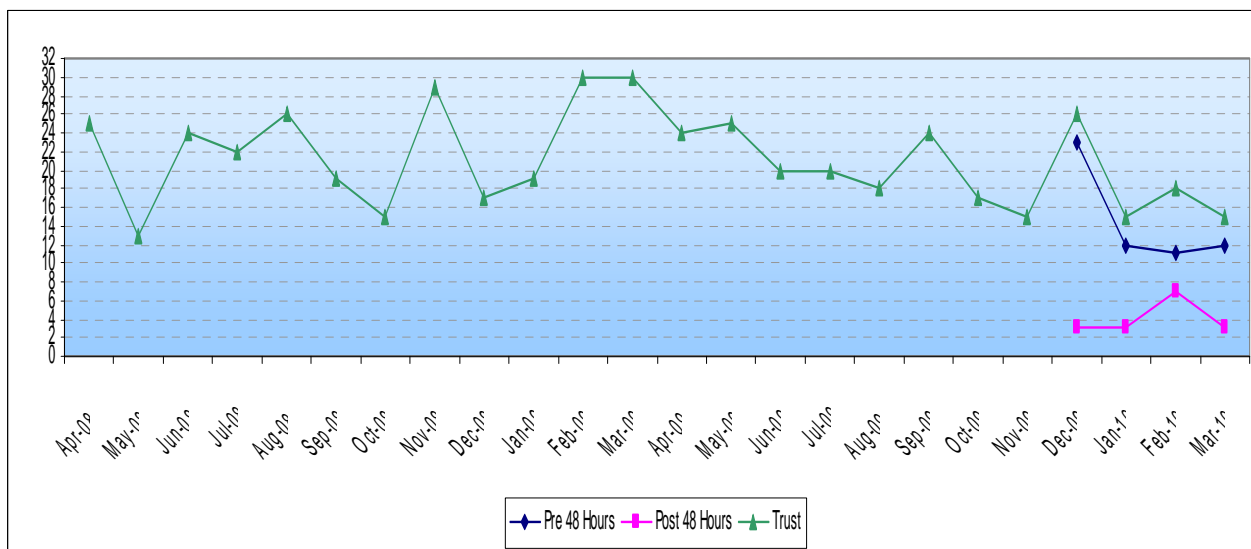


Figure 6. Numbers of E. coli bloodstream infections

Outbreaks and incidents

During June, a cluster of babies colonised with a multiply resistant strain of *Klebsiella* was noted on the Neonatal Unit at City Hospital. The strains were found to be identical and a number of control measures, including temporarily stopping non-emergency new admissions to the unit were put in place. This has been successful in terminating the spread of the bacterium and fortunately there were no proven infections due to this strain. However, the incident did cause disruption to the normal admission process.

It is also worth noting that our Microbiology laboratory has now recently identified two cases of a particularly resistant strain of bacterium carrying an NDM-metallo-carbapenemase, which means that there are very limited options for antibiotic treatment if this is required and we have additionally become aware of clusters of cases in other parts of the Region. This will need to be something we all keep a very careful eye out for, as widespread transmission of these strains could have a severe impact on our services.

Antibiotic stewardship

We have continued to progress all aspects of our work on antibiotic stewardship. We continue to monitor antibiotic utilisation data and this provides a powerful tool to ensure that our policies are being followed and that any changes in policy are having the desired impact. For most of the commonly used antibiotics, our usage remains similar to the previous year (Figure 7).

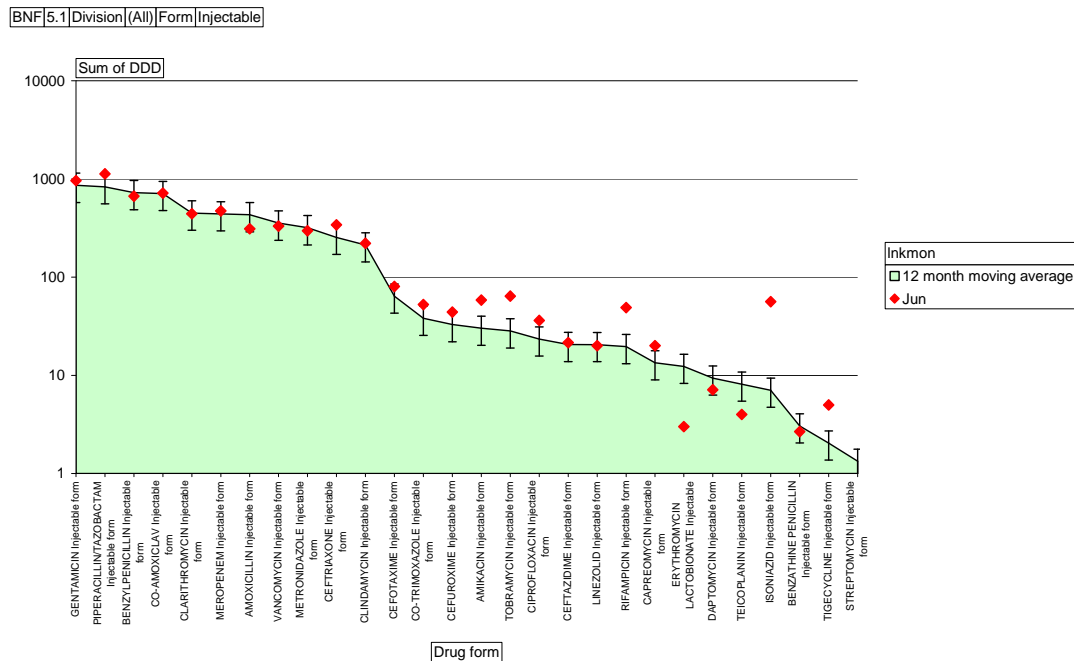
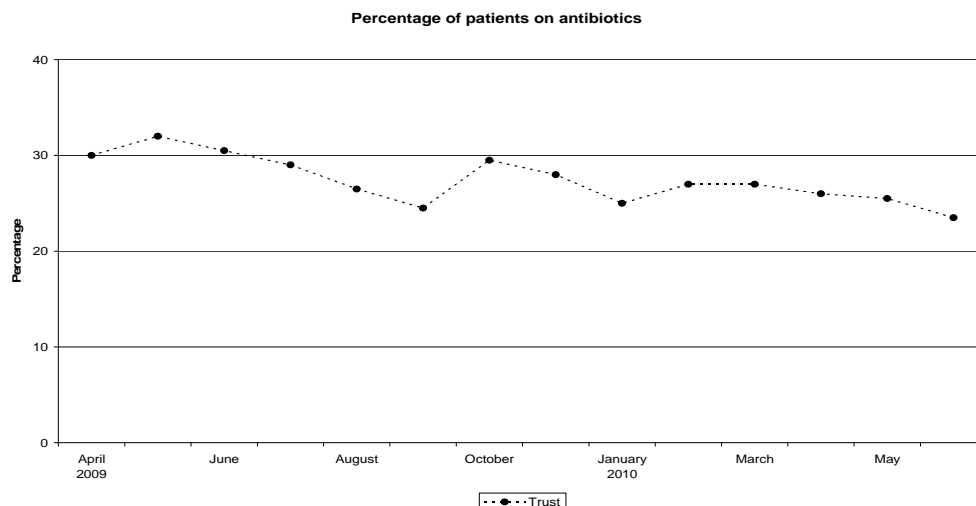
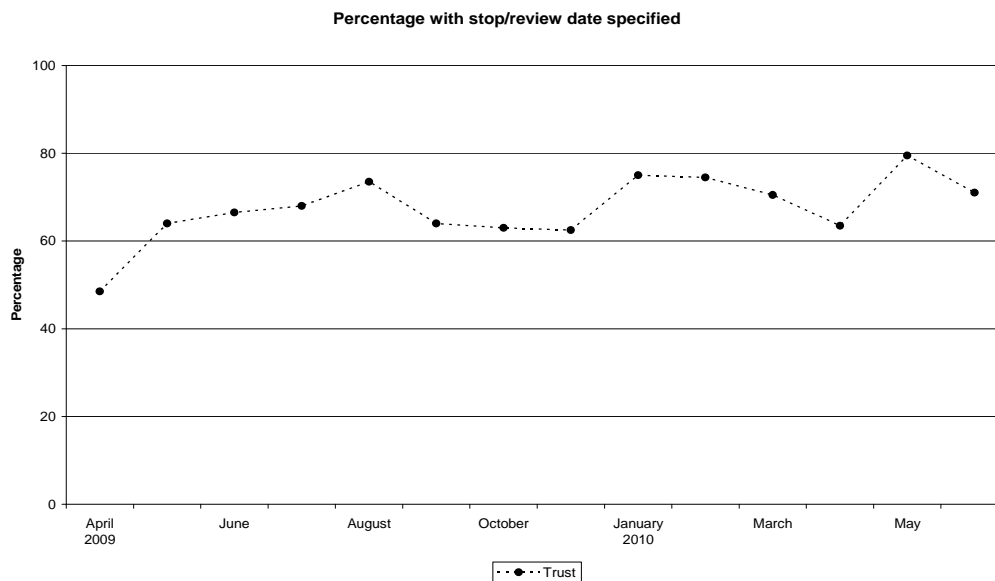
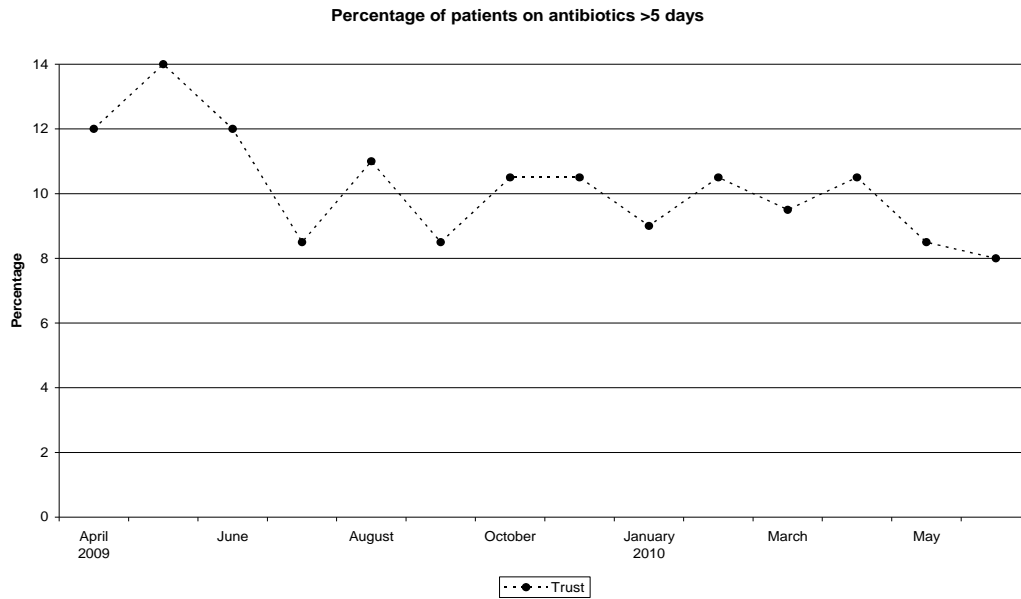


Figure 7.

Snapshot audits of practice also provide reassurance around policies to prevent excessive use of antibiotics and recent audits have shown small but pleasing improvements in the percentage of patients on antibiotics, percentage on antibiotics for more than 5 days and percentage of prescriptions with a stop or review date (Figure 8).

Figure 8.





Audit and training

Regular audit and feedback to teams of their current status with regard to compliance with infection control policies is a key aspect of our programme Committee. We continue with our regular programme and now ensure that wherever problems with practice are identified an action plan is developed to ensure that these are rectified.

A major project is underway to ensure all new junior doctors entering the Trust in August are trained on all aspects of infection control and we are grateful to the Postgraduate Departments for all the assistance and support they have given us in developing this programme.

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Cleanliness/PEAT Report
SPONSORING DIRECTOR:	Rachel Overfield, Chief Nurse
AUTHOR:	Steve Clarke, Deputy Director - Facilities
DATE OF MEETING:	26 August 2010

SUMMARY OF KEY POINTS:

The report provides an update to the Board regarding the results from the National Standards of Cleanliness, PEAT audits and inspections for 2010.

The report provides an overview of the:

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

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Continue to reduce hospital infection rates achieving national and local targets for MRSA and clostridium difficile including introducing MRSA screening in line with national guidance.
Annual priorities	2.1 – Continue to keep up high standards of infection control and cleanliness
NHS LA standards	
CQC Essential Standards of Quality and Safety	Regulation 12; Outcome 8 – Cleanliness and infection control
Auditors' Local Evaluation	

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

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

PREVIOUS CONSIDERATION:

Usual quarterly update.

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST**TRUST BOARD REPORT****CLEANLINESS & PEAT****26TH AUGUST 2010**

The report provides an update to the Board regarding the results from the National Standards of Cleanliness, PEAT audits and inspections for 2010.

NATIONAL STANDARDS OF CLEANLINESS AUDITS

The Trust has maintained its performance for the first quarter period for 2010/11 in the cleanliness of the critical areas designated as 'high' for general wards and departments and 'very high' for theatres, MAU etc.

	April 10		May 10		Jun-10		Jul-10	
	V High	High	V High	High	V High	High	V High	High
	%		%		%		%	
City	97	95	96	94	98	94	96	93
Sandwell	97	96	97	96	96	96	95	97
Rowley	N/A	98	N/A	98	N/A	97	N/A	99
BTC	98	96	97	96	97	97	97	97
Target	98	95	98	95	98	95	98	95
Overall Average	97	96	97	96	97	96	96	97

However questions have been raised resulting from the returns of the national and internal patient surveys regarding the cleanliness of wards, the survey indicates a 12% reduction in patients' perception of the ward being 'very clean'.

Ward Environment & Patient Needs	Oct 2009	May 2010
How clean was the ward/room that you were in?		
Very Clean	86.1%	74.0%
Fairly Clean	13.4%	24.1%
Not at all Clean	0.5%	1.9%

In response to these concerns it is planned to review the National Standards of Cleanliness audits, undertake a number of 'spot check' audits and investigate methods of improving the visibility of cleaning teams.

PEAT

- **Main PEAT Audits (External)**

The next inspections are due in February/March 2011. The National Patient Safety Agency (NPSA) is seeking views on the PEAT assessment criteria for 2011 via the Hefma membership. A draft criteria is expected to be published later this year.

- **PEAT Expenditure 2010/11**

There are a number of major schemes currently being tendered and are due to commence in the Autumn, these include refurbishment of Sandwell ward kitchens,

SWBTB (8/10) 173 (a)

refurbishment of all linen rooms and redecoration of the main hospitals exterior. Detailed is the current expenditure to date.

	PEAT £000's	BED REPLACEMENT £000's	WARD EQUIPMENT £000's	TOTAL EXPENDITURE £000's
Budget	789	200	145	1134
Expenditure	159	68	61	288

CLEANLINESS GENERAL/INITIATIVES

▪ Decontamination

The bed store and wash down facility has been commissioned at Sandwell and is now fully operational. The area is also the base for the porters following the rationalisation of Site Services (Porters and Security).

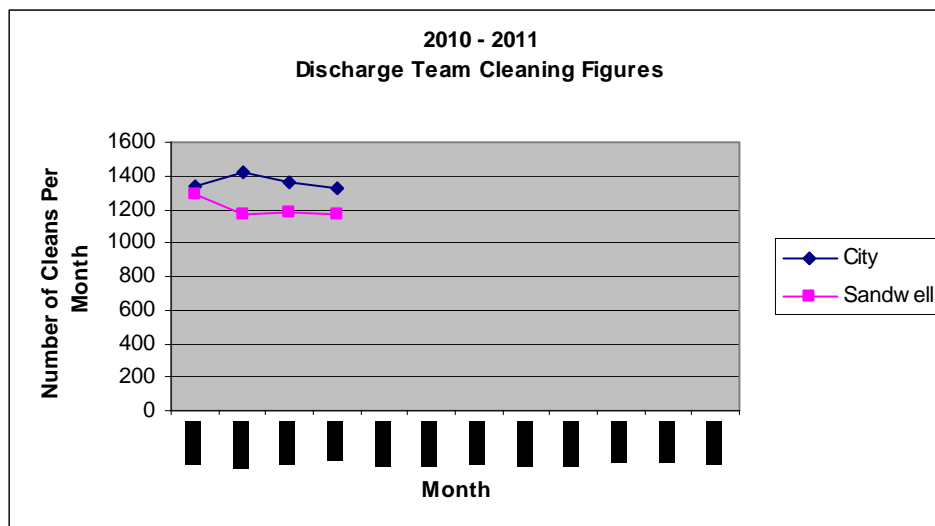
A similar facility for storage and wash-down area is required at City and is a priority should a suitable area/ward become available.

▪ Ipsos Mori Report – Public Perceptions Around Cleanliness in Hospitals

A national research report undertaken by Ipsos Mori on the public perceptions of cleanliness was presented to the Infection Control Committee along with the Trust's current status, the recommendations and action plan re the way forward. The IC committee accepted the current status and way forward, although it was noted that the majority of their recommendations are already part of our standard cleaning procedure or have already been implemented.

▪ Discharge Cleaning Teams – Performance

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



▪ Patient Food

In response to patient questionnaires and meal audits a revised patient A La Carte menu is being redesigned with a view to replacing a number of the dishes that are not popular. The new menu should be introduced in November 2010.

ENVIRONMENTAL DEVELOPMENTS

▪ Quality Improvements & Developments

SWBTB (8/10) 173 (a)

The two lifts in OPD Main Entrance at City have now been completely refurbished, the work was completed on budget and on time. Both are also now DDA compliant. Completed June 2010.

▪ **Statutory Standards Capital Expenditure 2009/10**

All schemes for 2009/10 were completed as per agreed funding and scope of works.

▪ **Statutory Standards Capital Expenditure 2010/11**

2010/11 SIRG Approved funding £3,000,000, Statutory Standards.

Additional funding for 2010/11 for specific schemes has been approved as follows:

		Status
Ward Upgrade Sandwell Priory 5	300k	Order placed
SDU, Sandwell DSSA Ultra Clean Theatre	450k	Brief agreed
D5 City DSSA (including patient monitoring)	500k	Out to tender
Chest Clinic Sandwell	20k	Complete

▪ **Privacy & Dignity - Audits**

Privacy and dignity audits have been undertaken across all in-patient areas and many of the other clinical areas such as theatres, recovery and diagnostic areas.

Works have been approved to improve compliance with Delivering Same-Sex Accommodation (DSSA) these include:

- SDU at Sandwell
- D5 at City

▪ **Development of 'On Premises Laundry'**

SIRG have approved a revised business case for an upgrade of the 'On Premises Laundry' at Rowley Regis.

The original Business Case was to increase capacity so the Trust could wash and process our screen curtains. This is a favourable option in terms of cost and the flexibility to react to any 'outbreaks' regarding processing and turnaround times.

The capacity of the equipment will now be increased to also allow the Trust to process its own nightwear, currently both the Department of Health and our linen supplier are trialling alternatives, however if they do not meet our quality requirements we can review alternatives and introduce a bespoke locally managed service.

STEVE CLARKE

DEPUTY DIRECTOR - FACILITIES

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Ofsted inspection of safeguarding and looked after children services: Birmingham
SPONSORING DIRECTOR:	Rachel Overfield, Chief Nurse
AUTHOR:	Rachel Overfield, Chief Nurse
DATE OF MEETING:	26 August 2010

SUMMARY OF KEY POINTS:

The attached report reflects the Ofsted findings following a recent review of safeguarding and looked after children across Birmingham partner organisations. A separate CQC report will be produced to give a more detailed reflection of the health findings.

The inspection judgements:

Safeguarding – inadequate

Looked after children – adequate

Ofsted recognised that improvements had been made since their last review and since the improvement notice issued in February 2009.

Specific recommendations for health:

- Ensure health care workers are enabled to apply fully the common assessment framework *
- Clarify the roles and capacity of the designated professionals across the three PCTs *

* = also recommended within the Sandwell Ofsted inspection

There already exists action plans to achieve the above recommendations.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	High Quality Care
Annual priorities	2.3 Improve the protection and care we provide to vulnerable children and adults
NHS LA standards	2.3.3 Safeguarding
CQC Essential Standards Quality and Safety	Regulation 11, Outcome 7 – The safeguarding of people who use services from abuse
Auditors' Local Evaluation	

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

Financial		
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy	x	Aligned to the national Safeguarding Policy
Equality and Diversity	x	
Patient Experience	x	
Communications & Media	x	The report has been published on the Ofsted website
Risks		

PREVIOUS CONSIDERATION:

This report has not previously been considered as it has only recently been published.



Inspection of safeguarding and looked after children services: Birmingham

Inspection dates: 7-18 June 2010

Reporting inspector: Stephen Hart HMI

Age group: All

Published: 16 July 2010

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI), one additional social care inspector, a shadow inspector and three inspectors from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with children and young people receiving services, front line managers, health professionals, senior officers including the Director of Children's Services and executives of each of the three Primary Care Trusts and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives.
 - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of serious case reviews undertaken by Ofsted in accordance with 'Working Together To Safeguard Children', 2006. The final report of the work carried out in response to the Government's improvement notice issued in January 2009 and a selection of preceding and associated papers were also reviewed.
 - a review of 42 case files for children and young people with a range of need. This offered a view of services provided over time and the quality of reporting, recording and decision making undertaken.
 - the outcomes of the most recent annual unannounced inspection of local authority contact, assessment and referral centres undertaken in July 2009.

The inspection judgements and what they mean

3. All inspection judgements are made using the following four point scale.

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
Good (Grade 2)	A service that exceeds minimum requirements

Adequate (Grade 3)	A service that only meets minimum requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

Service information

Service information

4. Birmingham is situated in the heart of the West Midlands, with the adjacent motorway network providing good road links across the region. Birmingham is one of the largest local authorities with a population of 1,016,800. It is mainly urban with a rich heritage in architecture, public buildings and culture.

5. There are an estimated 287,000 children and young people under the age of 19 in Birmingham representing 28% of the overall population. About half of these children and young people are from black and minority ethnic groups with more than 50 community languages spoken. The largest minority ethnic communities are Pakistani (20%), African Caribbean (10%), Indian (7%), Bangladeshi (4%), and children of mixed heritage (6%).

6. Birmingham has significant areas of deprivation. Only seven of the 40 wards in the council area are below the national average for children living in poverty (22.4%). In the seven wards with the highest levels of deprivation, the percentages of children living in poverty range from 52.5% to 61.9%.

7. A number of strategic partnerships exist in Birmingham including the Birmingham Children's Trust Board and the Birmingham Safeguarding Children Board. The Children's Trust Executive Board is small in number and comprises the Cabinet Member for Children, Young People and Families, the Chief Executive of the City Council, the Chief Executives of the three Primary Care Trusts, the Chief Constable, the lead for Children from West Midlands Strategic Health Authority, the Head of Probation and the Director of Children's Services. The Executive Board is supported by a trust membership comprising a wide and appropriate representation including senior managers from children's services, partner agencies, representatives of voluntary sector organisations, the wider health communities, Birmingham Safeguarding Children Board, primary and secondary head teacher representatives. Birmingham Safeguarding Children Board has recently become independently chaired and brings together the main organisations working with children, young people and families in the area to deliver safeguarding services.

8. Children's community-based social care services are delivered through five organisational service units: Duty and Assessment, Care Management, Family Placement, Residential Service and Looked After Children's Education

Service. The duty and assessment service comprises 19 teams including a hospital based children's social work team, three duty screening teams, three targeted support teams, one neighbourhood care team and an emergency duty team. The care management service comprises 41 teams including unaccompanied asylum seeker and persons from abroad and three contact and escort teams. In addition, there are 20 residential units (including three short break residential units), three care leavers teams, three children with a disability teams, an adoption team, fostering team and a looked after children's education service. As at 22 June there were 2012 looked after children and 1321 children had child protection plans.

9. The Children's Safeguarding and Child Protection Service comprises three area based Child Protection and Review teams and a city wide Child Protection and Review team, a change management team, customer relations and business support. The service also supports the Birmingham Safeguarding Children's Board's functions in relation to business co-ordination, administration, training and licensing.

10. The local authority directly provides 760 mainstream foster placements and 251 family and friend placements. In addition, it commissions 537 foster care placements from 25 Independent Fostering Agencies through a framework contract.

11. There are 75 children's centres in Birmingham each of which is located in one of the 41 extended schools clusters.

12. Birmingham has 25 nursery schools, 299 infant, junior or primary schools, 75 secondary schools and 27 special schools. In January 2010 there were 177,834 children and young people on school rolls. In addition, there are four pupil referral units in Birmingham which provide 466 places for pupils aged four to 15.

13. Commissioning and planning of health services are carried out by the three Primary Care Trusts in Birmingham which will merge into a single commissioning organisation for Birmingham by April 2011. Acute hospital services are provided by the University Hospitals Birmingham NHS Foundation Trust (UHBT), Sandwell & West Birmingham Hospitals NHS Trust (City Hospitals) Heart of England NHS Foundation Trust and Birmingham Children's NHS Foundation Trust. Two specialist acute providers also serve the area; Birmingham Women's NHS Foundation Trust and the Royal Orthopaedic Hospital NHS Foundation Trust. Child and Adolescent Mental Health Services (CAMHS) are commissioned by a Birmingham children's commissioning team and by specialised services commissioners. Services for children up to 15 years of age are provided by the Birmingham Children's Hospital and services for those aged 16 and 17 are provided by the Birmingham and Solihull Mental Health NHS Foundation Trust. Community health services such as the health visiting, school nursing services and specialist community services are managed through the provider arm functions of the three Primary Care Trusts (PCT);

Heart of Birmingham Teaching PCT, South Birmingham PCT and Birmingham East and North PCT.

The inspection outcomes: Safeguarding services

Overall effectiveness

Grade 4 (Inadequate)

14. The overall effectiveness in safeguarding is inadequate. Although some improvements have been recently made in some key areas by social care services and by partner agencies, including most of those areas required by the Government Improvement Notice that was issued in February 2009, some key and important deficiencies remain. Critical practice shortcomings, particularly within children's social care and health, mean that not all children are being safeguarded and protected and weaknesses in, or absence of, performance management data result in information about safeguarding and child protection cases not being monitored or evaluated. Quality assurance systems, including supervision, fail to identify the major weaknesses in casework in too many cases with the result that poor working practices which fail to assure the child's safety and well-being in accordance with his/her plan are not challenged. Audit arrangements which have been targeted in looked after children services are not yet systematic in front line social care services. The Birmingham Safeguarding Children Board has been pre-occupied by its attention to the business generated by 20 serious case reviews which have been undertaken over the last four years and although plans are underway to achieve a shift in focus, the Board is not yet able to fulfil its role in professional leadership to which it properly aspires.

Capacity for improvement

Grade 4 (Inadequate)

15. The capacity to improve in safeguarding is inadequate. Critical deficiencies remain in front line work with children and young people despite significant attempts to deliver improvements. Although safeguarding concerns which have previously been identified in residential child care have been addressed to good effect, and pockets of good standards of safeguarding exist elsewhere across the partnership, overall there is not a track record of achieving continuous improvement in service provision, particularly in community-based child protection work where outcomes continue to be poor. Serious deficiencies in management and practice remain across the partnership and details of the extent and nature of the problems affecting the service have not been identified and analysed. Medium-term plans to address some concerns, although important, do not address the serious deficiencies in the quality of the safeguarding and protection services which are longstanding, very evident and in need of immediate action. The very recent plans to allocate resources to provide additional support to front line services are overdue and importantly not part of a co-ordinated approach to service improvement across and at all levels in the partnership.

Areas for improvement

16. In order to improve the quality of provision and services for safeguarding children and young people in Birmingham, the local authority and its partners should take the following action:

Immediately:

- Ensure that there is a detailed understanding of the deficits in current practice on cases and the extent of the difficulties affecting front line safeguarding and child protection services; and take the necessary action to provide a safe service to all children and young people.
- Take steps to comply in full with statutory requirements for safe staffing.
- Ensure that all management decisions taken in relation to individual cases are immediately recorded on the child's records.

Within three months

- Introduce systematic auditing arrangements to provide comprehensive and accurate qualitative and quantitative information about safeguarding and child protection services.
- Clarify the roles and capacity of the designated professionals across the three PCTs.

Within six months

- Ensure that health care workers are enabled to apply fully the requirements of the common assessment framework.
- Develop the capacity of the voluntary sector.

Outcomes for children and young people

The effectiveness of services in taking reasonable steps to ensure that children and young people are safe. Grade 4 (Inadequate)

17. The effectiveness of services in Birmingham to ensure that children and young people are safe is inadequate because of significant weaknesses in child protection arrangements. There is evidence of some good initiatives in universal services and in social care settings which have had discernable impact and led, particularly in residential care, to much improved outcomes for children. However, there has been insufficient focus on the critical core business of protecting children and young people at the highest risk

18. Partnerships have improved over the past two years. The Director of Children's Services was until recently chair of the Birmingham Safeguarding Children Board (BSCB) and he actively promoted the strengthened links between the board and the Children's Trust arrangements. The newly-appointed independent chair is taking this work forward while beginning to establish the wider focus of the BSCB beyond its hitherto dominating focus upon the outcomes of the 20 serious case reviews that have been undertaken since April 2006. A new Operational Effectiveness Group of senior operational managers from all partners is specifically supporting the BSCB's change agenda by focusing on operational effectiveness and quality assurance. A revised quality assurance focus for the quality assurance and audit sub group is also developing its work programme but at this stage it is too early to identify sustainable impact. These developments are supported by all partners. A tighter focus on serious case review findings and detailed tracking through a revised serious case review sub-group is working to ensure that the lessons learned remain a priority whilst not distracting from other necessary activity but again this work is at an early stage..

19. Insufficient use is made of management information across the partnership and although there are significant amounts of information available, key data have not been commissioned or are not available in suitable and accessible formats which support the development of a performance management culture. As a result, managers are unable to establish if their service is complying with statutory requirements and are largely unaware of the quality of the service. For example, social care services are unable to report upon the size of social workers caseloads, or whether children with child protection plans are visited in accordance with statutory requirements; the looked after children health team is unable to provide accurate data about the number and types of core health checks which are carried out. The four accident and emergency units visited during this inspection have adequate systems in place to identify children who frequently attend and those children and young people who are the subject of a child protection plan, but referral processes to social care and the feedback arrangements are inconsistent across the partners.

20. Over the recent past, BSCB has prioritised the collection of data relating to serious case reviews and insufficient qualitative information is gathered about wider safeguarding or child protection concerns. This has prevented the Board from being able to understand the extent to which children and young people in Birmingham are safe and to develop fully its role in professional and community leadership in relation to safeguarding issues. Audit is not fully established to evaluate qualitatively front line services and too much reliance has been placed upon Ofsted inspection reports as the predominant source of information about service quality. Although audit tools have been developed and managers are in the process of being trained in their use, it is too early to see evidence of the safeguarding service improvement agenda being informed by evaluations of practice. Five of the 42 cases selected and reviewed by inspectors demonstrated that the children and young people had not been seen by key professionals or that there were major deficits in practice which led to the children being or remaining at significant risk of harm. Notwithstanding that the internal audit of these cases required by Ofsted found similar concerns, limited remedial action had been taken to rectify the problems as a result.

21. Arrangements by the council to ensure safe staffing in social care and education services are inadequate. No corporate record is maintained of all staff that have had CRB checks across Children and Young People and Families Services. That responsibility is delegated to local managers who are also responsible for recruitment and there is evidence of significant variation in the application of council procedures. The standard recording of CRB, health and identity checks on the HR files seen by inspectors was inconsistent with a number of files missing key information. This therefore means that the system is unreliable. Some staff, for example five in one office, had been identified by management as not having had the required refreshed CRB clearance in accordance with the council's policy of updating checks on a three year cycle.

22. Safeguarding training across the health agencies is at various stages. For example, Birmingham Children's Hospital requires take-up at level 2 within 8 weeks of joining the Trust while completion rates of level 2 training in South Birmingham Community Health are disappointing. There is, however, a named GP in each PCT provider and over 120 GPs and practice managers have participated in a Level 2 safeguarding training during 2009-10.

The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe. Grade 3 (Adequate)

23. The evidence from surveys indicates that most children and young people feel safe. There are a range of activities in place and being developed further in order to support young people. For example, the Bullying Reduction Action Group (BRAG) has already begun to work with children and young people supported by the Stonewall Education Champions scheme in relation to homophobic bullying, and other initiatives are tackling cyber-bullying and bullying of young people with learning difficulties and disabilities. Anti-bullying

work will be extended by the full implementation of the School Help Advice Reporting Page (SHARP), a web-based programme which enables young people to use computer or mobile phone to inform a trusted adult if they are bullied or unhappy. Seventy-two secondary schools have installed the software and 32 police officers are included in the list of trusted adults.

24. Significant work has taken place to target knife crime and in excess of 5000 pupils have so far engaged in work as part of the partnership's *Tooled Up For School* and *Respect* initiatives. Building upon the impact of these initiatives, further work to develop a young people's strategy for reducing knife crime is being undertaken in conjunction with schools. The pilot projects are having demonstrable impact upon young people's attitudes towards carrying knives and are well received by teaching staff. However, it is too early to identify any impact upon knife crime. Good impact has been achieved in improving the safety of travel across the city. Pupil monitors can report concerns confidentially to dedicated school contacts and the safer travel police team responds to both individual episodes and targets trends when evaluation of aggregated data indicates a particular problem.

The quality of provision

Grade 4 (Inadequate)

25. Service responsiveness, including complaints, is inadequate. The unannounced inspection of contact, referral and assessment arrangements in November 2009 identified as a priority action the shortfall in multi-agency services for families. This has been addressed in part by the development of the common assessment framework (CAF) but although there are good examples of practice through the CAF and associated services it is yet to be fully implemented across the city. The unannounced inspection also identified a number of areas for development, some of which, most notably that concerning the lack of quality assurance processes have not been fully addressed.

26. Thresholds for access to services are clearly documented and generally understood across the partnership. They do not appear to be consistently applied, particularly at times of pressure but the absence of qualitative data prevents the service gaining a full understanding of this issue. All contacts and referrals received by the children's social care service are initially screened by the unqualified referral and advice team. Decisions about whether they progress as referrals, are discontinued or signposted to other services, are taken by the qualified duty screening manager. This role is pressured and in the course of any day large numbers of decisions are taken, a significant proportion of which were observed to be on the basis of discussion without any reference to documentation which may have revealed significant facts about the child's history. The quality of decision-making was variable but in general decisions were timely and appropriately identified child protection concerns which were speeded through the system to enable further enquiries to be made or investigations to commence. Access to interpreting services at the point of

referral was variable generally, although good in each of the four main hospital accident and emergency departments.

27. Domestic violence referrals are subject of a joint agency screening involving dedicated police, health and social care staff to ensure that an informed assessment of the risk posed by the incident is undertaken before social care services become fully involved. This measure is welcomed but capacity problems precluded attendance by social care staff on a number of occasions resulting in the meetings being cancelled.

28. Sound systems are in place to deal with complaints made against staff by children and young people. There is clear evidence that the wider partnership is fully conversant with the local authority designated officer's role and responsibilities. Some 393 referrals were received in 2009/10 from a wide range of agencies, 307 of which went to an initial meeting. The position of trust team undertakes this work effectively and resolution is completed in a timely manner. The annual complaints report for 2008/09 demonstrates an improvement in compliance with the statutory timescales for complaints. The percentage of new complaints dealt with within 20 days increased by 11% despite a corresponding 18% increase in the total number of complaints received. The percentage of complaints completed within the 25 and 65 working days threshold also improved in 2008/09. However, the increasing complexity of cases also meant that the percentage reaching 3 months increased. Lessons learned from complaints have been built into practice, although there is no analysis of impact.

29. Assessment and direct work with children and families are inadequate overall. There is a clear process for the delivery of the Common Assessment Framework (CAF) and a robust central CAF team. This team provides a range of data which is used to identify progress and trends and offers valued support to agencies in the delivery of CAFs. While the number of CAFs completed has risen to 1175 in the past year, and many service users report positive experiences of the process, not all agencies have embraced the process to the same extent. For example, there is evidence of particular variability in its implementation within health, particularly in health visiting services. A significant shortage of health visiting staff, particularly in the Heart of Birmingham PCT has had a detrimental impact on their capacity to deliver universal as well as targeted services. Significant investment has been made across the 3 PCTs to tackle longstanding difficulties in recruiting and retaining health visiting staff but this has yet to have a demonstrable impact.

30. The timeliness of completion of initial assessments has improved in accordance with the requirements of the improvement notice but the timeliness of core assessments (81% completed within 35 days at March 2010) remains below the Improvement Notice Target of 86%. The quality of the assessments is variable and is not assisted by staff in the social care service needing to access three databases to gather and input information, a complexity which contributes to the high levels of inaccurate and contradictory information found

in records. Although some assessments are of good quality and there has been recent improvement in the quality of assessments submitted to child protection conferences, too many are descriptive, insufficiently evaluative and poorly analysed. Insufficient attention is given to seeking and responding to the views of the child or young person. There is little evidence of effective management oversight or action across most of the partnership to address what is often poor identification of risk factors directly affecting the safety of the child or young person. However, the development of contractual arrangements by the 3 PCTs in Birmingham is enabling improved monitoring of safeguarding activity within the commissioned provider services. Pressures of work, capacity and capability pressures were cited as the root causes of the fundamental performance problems in the duty and assessment service. However, this could not be substantiated as no accurate data exist which show the nature and state of active caseloads. This major deficit prevents effective analysis and action by managers.

31. There are still poor outcomes for infant mortality rates in Birmingham which remain amongst the highest in England; reduction is a high priority for partners in the city. An action plan has been produced and the Health and Well Being Partnership has a detailed delivery plan that specifies work to be done both city-wide and within individual agencies. Recent data show a sustained drop in the infant mortality rates but they remain unacceptably high.

32. Some positive outcomes in reducing the teenage conception rates can be seen as a result of a targeted approach through priority schools and youth services in hotspot areas. Latest figures show under 18 conception rate for Birmingham fell from 53.2 per 1,000 girls in 2006 to 50.1 in 2007, a decline of 9.5% compared with 8.2% decline regionally and 10.7% decline nationally.

33. Good progress is reported as being made to improve mental health of children and young people with the CAMHS strategy closely linked to the Brighter Futures strategy. Services have been reconfigured in the community and extra resources have been allocated to improve mental health support for care leavers. However, children and young people are still waiting too long for access to specialist CAMHS despite a reduction in waiting times for assessment and treatment within specialist CAMHS. Birmingham Children's Hospital have focussed significant resources through service re-design to achieve these reductions.

34. Although qualified social workers have been trained in child protection Achieving Best Evidence (ABE) interviewing in accordance with statutory requirements, no social worker has yet led an ABE interview. The reasons for this are not explained. Management decisions made in the course of supervision are not uniformly recorded on the child's files in children's social care, although there is good progress in instituting and recording the outcomes of regular supervision of health services staff in response to the recommendations of serious case reviews. While some of these issues had been previously identified by the council and its partners, there is little evidence of any systematic and

co-ordinated action being taken to tackle them. Emergency Duty Team (EDT) processes are managed well to provide a clear and consistent service. The protocol between EDT and other teams is clear and is consistently applied.

35. Case planning, reviewing and recording are inadequate. Although there has been improvement in the timeliness of child protection conferences, only 55% of initial child protection conferences were held within statutory timescales although 99.2% of reviews were on time. There are significant variations in the quality of practice. Some cases demonstrate good quality work that is evidenced, carefully and appropriately planned, actioned and recorded, with good quality management oversight and decision making. However, these cases comprised a small proportion of the sample selected for inspection. Child in Need plans are rarely produced or reviewed which reflects the focus on child protection and the absence of a fully integrated family support strategy with its associated range of universal and targeted services. Too frequently child protection plans are insufficiently clear as to what has to happen in order for the child to be deemed safe. Outcome targets are often lacking in clarity or are unrealistic which makes it extremely unlikely that they will be successful. For example, one child protection plan required the parent to take responsibility for the safety of two children who were living at different addresses. This lack of clarity is compounded where the service user has difficulty in reading or understanding the content of the plan. Too little attention is given to establishing whether additional means of communicating the requirements and expectations of plans are required. Although child protection conference chairs are working to include parents and children more effectively in conference processes, the practice of parents often not being given advance copies of reports and having to suffer significant delays before receiving copies of the child protection conference minutes militates against their full inclusion. This is exacerbated further by all documentation being produced in English only.

36. Attendance at child protection core group meetings is variable and minutes of these meetings are not always written up and distributed within appropriate timescales. As a consequence, some actions that had been identified as a requirement of a child protection plan had not been taken or visits had not been made on time. In too many cases it is not possible to establish confidently from case records when a child had been seen and whether he/she had been seen alone in accordance with statutory requirements. This poses a critical and unacceptable risk to the safety and well-being of the child or young person and team managers are not uniformly certain that they knew basic facts about safeguarding and child protection cases in their team's workload. This resulted in some children being 'lost from view', an issue compounded when the children or young people concerned are not attending school.

37. The chairs of child protection conferences have instituted a Red, Amber and Green (RAG) rating system to classify the effectiveness of work to implement plans. This rating is applied at each review conference and concerns and serious concerns are RAG rated amber or red respectively with the

intention of generating appropriate action to respond to the problem, the nature of which is usually discussed in a telephone call between the conference chair and the manager of the worker. Although this system is a positive attempt at injecting a quality assurance measure into the child protection process, its effectiveness is compromised by the absence of accurate information. For example, in one case, the assertion by a manager that the child subject to a child protection plan was seen in accordance with statutory visiting requirements was inaccurate and contradicted the file record, thereby potentially denying the conference chair an accurate overview of the work that had been undertaken.

Leadership and management Grade 4 (Inadequate)

38. The developing Children's Trust arrangements are exercised through the Children and Young People's Strategic Partnership. This provides an adequate and developing platform of ambition and priorities upon which services will continue to be built to achieve the expressed desire to achieve a shift to early intervention and preventative work with a view to reducing reliance upon the costly child protection and looked after children services. The Trust's Executive Board is enabling decisions to be made about the priorities for contributing services.

39. Brighter Futures, the long-term overarching strategy for children's services which has secured political and inter-agency sign up, identifies safeguarding as one of its three central priorities. There is clear evidence that the Children's Trust arrangements and BSCB jointly share a strongly voiced commitment to offering services to ensure that children are safeguarded and protected. However, longstanding and significant issues in the quality of key aspects of frontline services have resulted in children not being visited in accordance with required frequencies, child protection plans not being implemented in full and child protection referrals not being followed up. This demonstrates that insufficient priority has been given by the partnership to addressing fundamental deficiencies in the quality of the service. Although some concerted work has been undertaken to try to effect improvements, and some of this has had some impact on elements of the service, improvement planning has not been brought together into a coherent and logical whole. Deficiencies in data and insufficient analysis of the extent and nature of the issues facing the service have meant that the necessary improvements have not enabled the partnership to offer consistently safe services to the children and young people it serves. Current major reorganisation in the health community, the reconfiguration of police boundaries to align them with those of the council, and the recent developments being implemented in BSCB are each offering the partnership opportunities to strengthen its role. However, these have not been easy to take up in the context of the significant change agenda in which each body is individually engaged.

40. Despite energetic and visible leadership which is welcomed by staff, there is an emerging sense among some front line social care managers and staff that they are isolated and detached from the exciting professional developments associated with the implementation of the Brighter Futures Strategy which has not yet produced services, particularly family support, essential to their work. This sense of disconnection, whether real or perceived, is generating the sense of being overwhelmed by the magnitude of the demand for services and is inhibiting progress. It is understood that longer term strategies are being developed to sit alongside the current services but not all perceive the partnership to be giving at least equal priority to developing and maintaining a clear understanding of the challenges facing the existing service.

41. The roles of the designated professionals within the PCTs are defined and reflect statutory guidance. However, there is evidence that designated doctors and nurses are taking on operational activity which is the remit of named professionals. This impacts on their ability to provide strategic oversight, supervision, leadership and their capacity to ensure that learning from serious case reviews is embedded across all health partners. The allocation of 1.6 whole-time equivalent designated nurses across all three PCTs is insufficient and is being reviewed in preparation for the proposed merger.

42. Evaluation, including performance management, quality assurance and workforce development is inadequate. There are significant amounts of performance information available to front line managers and social workers in children's social care. However, these have not been used systematically to drive performance improvement and to gain a comprehensive understanding of the demand for services and the size of social workers caseloads. This has not been helped by professionals experiencing the IT system to be cumbersome and insufficiently supportive to their task. This, together with significant evidence that for some key staff the council's drive towards creating a data-literate culture has had minimum impact, has meant that opportunities have been lost to use performance information to bring about improvements in practice and to understand whether capacity at the front line is sufficient to meet demand.. For others, however, there is some evidence that the council's drive has had a positive impact and for some this has been reinforced by the Rapid Improvement Programme implemented by the council to assess and to improve the capacity and capability of all managers.

43. The recently completed improvement programme in response to the government's Improvement Notice generated a demand for a range of data associated with the performance targets set out in the plan. This information is still collected and analysed by the Improvement board but quantitative material is insufficiently augmented by qualitative data to enable senior managers and members gain a fully informed view of the state of the services. The reliance on Ofsted inspection reports to provide this understanding is inappropriate.

44. Significant work has taken place to improve the quality of the workforce. The Rapid Improvement Programme, the more frequent use of capability measures and successful recruitment have all had some impact.

45. User engagement with social care services in child protection is not being achieved easily and is adequate overall. Families receive child protection reports at the point of entering conferences and outcome letters and plans arrive in written form some time later and without the benefit of an explanation about its intent; this has not encouraged engagement. However, contrasting experiences were reported by those families subject to the CAF. In health there is also some evidence that healthcare services across the city have reacted and changed in response to the views and involvement of children and young people. Examples of young people's involvement in the planning and delivery of services at both a strategic and operational level include the input into the business case and service specification for the vulnerable young person's key team in the Heart of Birmingham PCT.

46. Partnership working is inadequate overall. The partnership has failed to identify and tackle in a co-ordinated way the profound and longstanding problems facing the safeguarding and child protection services which is leaving children and young people unprotected and at continuing risk of suffering significant harm. However, there are examples of good partnership working at operational levels that are being built upon. The hospital-based social work team at Birmingham Children's Hospital has contributed to effective working between health practitioners and social work staff. The targeted teenage pregnancy strategy is showing a consistent reduction in the rates of teenage pregnancy and the Healthy Schools initiative, part of the childhood obesity strategy, is showing some success in reducing obesity rates in children of primary school age. The voluntary sector continues to provide a range of universal and targeted services and they are members of the Children's Trust. However, their capacity has not been sufficiently developed or utilised despite the council funding the development of an overarching voluntary sector body, VCS Matters, which has the potential to develop the voluntary sectors contributions to service development.

47. There is clear evidence that health partners are effectively contributing to the development of the Children's Trust. Strong foundations for partnership working have been laid, supported by a consistent approach adopted by the executive board.

48. The jointly commissioned Drug and Alcohol Team (DAAT) provides universal and targeted interventions that are commissioned through third sector providers. The contracting process for DAAT services are mature and well embedded and more recently include outcome-focussed measures. Currently commissioners of the service are undertaking a needs assessment which is enabling effective action by targeting appropriate services. Early indicators are showing that alcohol use by young people in Birmingham is lower than national averages. There is good engagement with general practitioners across the city

in relation to drug care. For example, an expert GP is mentoring colleagues to develop expertise and a shared care approach. The National Treatment Agency has recognised this element of the DAAT service as an example of good practice.

49. Equality and Diversity is an adequate and integral part of the commissioning, contracting and provision of health and education services and increasingly in social care services across the city. There are some good examples of culturally sensitive provision in the Child and Adolescent Mental Health service and the targeted employment of speech and language therapy staff to reflect the ethnic make up of the community ensures effective delivery of service. In children's social care services, ethnicity is frequently inadequately recorded and the BSCB does not have a breakdown of service users classified by their ethnicity, thus inhibiting appropriate service development or reconfiguration. However, there was evidence of good work to target specific groups and ensure good access to services, using on occasions community representatives as a gateway.

50. Value for money (VFM) is adequate overall. The Audit Commission assessed the council as achieving level two or above in all of the areas covered by its use of resources assessment. The Children and Young People's Plan charts recent progress in co-locating professionals to improve opportunities for joint working as part of a VFM drive. Improved commissioning and joint commissioning are also beginning to generate potential areas of saving and efficiency. Health-based commissioners are specifying required safeguarding arrangements in all contracts, although there is some variation in their robustness. Aligned budgets and joint appointments in CAMHS, drug and alcohol and teenage pregnancy services are also impacting upon effectiveness and costs. In the latest assessment of Birmingham's progress against the improvement notice, the Government Office for the West Midlands notes that "Birmingham City Council has had difficulty in managing the social care budget this year due in part to an increase in referrals (in line with national trends) and will start the new financial year (2010/11) with a 5 million pound overspend". This overspend is currently supported by council members who anticipate that the drive to secure early intervention and prevention delivered through services within the developing extended schools cluster network, will continue to produce efficiencies and in the longer term cash savings. However work is underway to produce plans that will as far as is practical seek to protect front line services in a challenging economic climate.

The inspection outcomes: services for looked after children

Overall effectiveness

Grade 3 (Adequate)

51. The overall effectiveness of looked after children services is adequate. Concerted action to tackle serious deficiencies identified by Ofsted inspections in the quality of residential care services has been successful and progress has been sustained. Commissioning practice is improving and positive progress is being achieved in increasing the choice of good quality provision available to children and young people. Outcomes in fostering and adoption services are judged to be good by Ofsted despite staffing challenges in the fostering service. Partnerships to support looked after children are well established and there are some specialist targeted services which are having a significant impact. Children and young people in the care system have significant opportunities to contribute to their plans, where necessary with the support of advocates. The developing Children in Care Council is an effective vehicle for gathering children's views to put to the council and then to provide feedback.

Capacity for improvement

Grade 3 (Adequate)

52. The capacity to improve looked after children services is adequate. Services have improved their capacity to deliver good outcomes to children and young people and these have been sustained. Changes to the residential estate made necessary by poor performance have been handled robustly with evidence that children's needs were dealt with sensitively. Partnership working is established in a number of areas but there is no strategic framework governing the role of the looked after children nursing team. The provision of annual health and dental assessments and immunisation checks is inadequate and outcomes are well below the required levels. Although children and young people have opportunities to contribute to service development and their individual plans, this is not done within the context of an established and fully functioning corporate parenting policy.

Areas for improvement

53. In order to improve the quality of provision and services for looked after children and care leavers in Birmingham, the local authority and its partners should take the following action:

Immediately:

- Ensure that statutory visiting and review frequencies are achieved for all children and young people who are privately fostered.

Within three months:

- Develop a strategic plan for the health care of looked after children and care leavers and ensure that current serious deficiencies in health checks are rectified.
- Ensure health care services, particularly CAMHS are available for all looked after children, including those placed outside the area.
- Address with the courts the unacceptably long timescales for the completion of care proceedings and take action to reduce the number of children and young people living at home subject to care orders.

Within six months:

- Plan and implement action to improve the participation of care leavers in education, employment and training (EET).

Outcomes for children and young people**Being Healthy**

54. Services to promote the health of looked after children are inadequate overall. The core provision is deficient in a number of respects although there is also some evidence of imaginative work to enable the provision of some targeted services. There is a clear service specification agreed by all three PCTs that intends to ensure that looked after children in Birmingham receive consistent healthcare, and a team of eight doctors and 6 nurses and assistants has been established to deliver it. This specification is supported by improved processes for data collection and sharing which have recently been agreed by the child health team and their social care partners. However, there is no overall strategic plan for the health care of looked after children which consistently and effectively identifies and targets necessary improvements. As a consequence health outcomes are poor in certain respects. The levels of annual health needs assessments and dental examinations of looked after children at 68 and 69% respectively are below the national averages. Similarly poor practice means that only 42% of looked after children have had a developmental assessment and only 51% have up to date immunisations.

55. Although all initial medical assessments are effectively carried out by community paediatricians, the subsequent health care pathway for each child is not performance managed to ensure that individual and service-wide health outcomes are achieved. The pathway has also not been updated to reflect latest statutory guidance. The arrangements for medical assessments and the provision of CAMHS for out of area placements of looked after children are also inadequate. The lack of appropriate service specification set out in contracts

with providers means that the quality of service received by children and young people placed out of area is variable.

56. For those looked after children placed within the Birmingham area, effective health promotion activity is carried out by the nurses during health assessment reviews. This includes advice on healthy lifestyle choices which is highly regarded by children and young people and is having a positive impact on their well-being. Access to counselling services is available through CAMHS and the recent appointment of an additional dedicated CAMHS nurse has increased the capacity of the dedicated health care service for looked after children. However, the availability of health care support for care leavers is insufficient to meet their needs. A number of different voluntary groups including Open Door, Space and Malachite are used by looked after children and care leavers and provide effective support for their emotional well-being.

57. Cultural and diversity issues are addressed well as part of everyday practice within the looked after children's health team. For example, effective signposting to support groups helps ensure the varying needs of individual children and young people are met.

58. Partnership working is well demonstrated through health representation on the 'Up for It' initiative run by Birmingham City Council which, among a wide range of activities, targets healthy living and emotional well-being. There is some early evidence that this initiative has improved stability of placements, school attendance and improvements to the well-being and emotional health of the looked after children involved in the programme. This initiative has been nominated for a national award.

Staying Safe.

59. Looked after children are adequately safeguarded. Placements are more stable than those for children in similar authorities and a range of supportive services are in place to prevent breakdown. An example of this is the specialist scheme that works with foster carers when placement disruption is identified as a risk. In addition, staff and foster carers receive adequate support and can access well received training provided by the BSCB.

60. Effective action is taken to trace and recover missing looked after children and at the time of the inspection there were only three out of a total child in care population of 2012. When children are returned they are seen by the police who undertake safe and well interviews. An innovative service, the Looked After Missing Persons (LAMP) project, is available to children and young people who go missing from Birmingham's own children's homes. However, the effectiveness of this valuable service is undermined by its limited capacity to work with the young people concerned. Excessive delays in providing services reduce its effectiveness although when the service is able to respond it has a positive impact.

61. All looked after children and young people interviewed by inspectors report feeling safe in their placements and at school and this is reinforced by survey findings. Care plans have a specific focus on safeguarding and reviews ensure that suitable arrangements are in place. All are allocated to an experienced worker. Although some case holders are not qualified social workers their work, which is valued by children and foster carers, is overseen by suitably qualified and experienced colleagues. Council-run services are all judged as having good safeguarding practices and there are no children placed in services where safeguarding has been judged by Ofsted as inadequate.

Enjoying and achieving.

62. The outcomes for services which support looked after children and young people to enjoy and achieve are good. The partnership working between schools and the looked after children education service (LACES) is effective in driving up educational standards. Looked after children and care leavers spoke positively about the support provided to them by schools and LACES.

63. The consistent relationship between schools and outreach workers from LACES is appreciated by schools and is effective in meeting the needs of young people and schools. This includes monitoring of young people educated outside of Birmingham. The trend of improvement in looked after children's educational attainment at Key Stage 2 shows steady improvement with the results in 2009 in mathematics and science above those of similar areas and national figures. Results for English were broadly in line with statistical comparators and the national average. This improving picture is similar for looked after Year 11 students. The latest results show that the proportion of looked after students gaining five or more GCSEs at grades A*-C are above similar authorities and the national average.

64. Particular support within the LACES framework is the short stay school-based on two sites; one with a focus on supporting Year 11 students and the other with Year 7 to 11 students with the aim of them returning to mainstream school. This provision enables tailored support to be available to looked after children who have particular challenges in their lives. The inclusion within LACES of dedicated educational psychologists enhances support for individuals.

65. LACES management information systems provide adequate data to measure the attainment of looked after children but have only recently begun a pilot project to measure the progress made over time by the cohort of Year 10 students. The service has the capacity to develop and expand this to all looked after children and this will provide important evidence of the progress made by individuals and groups. Headteachers are clear about the importance of monitoring closely the progress made by this group and providing intervention strategies when underachievement is detected.

66. Students' personal education plans have been reviewed recently with young people providing their views on format and content. These new plan formats are appropriate for each age group and attractive for the young people to use although some schools note that they are not always kept up to date.

67. Attendance rates for looked after children have steadily improved over time and remain broadly in line with that of all children and young people in local authority schools. Generally, schools are well aware of the importance of thorough monitoring of looked after children's attendance and education social workers are effective in supporting this endeavour. Exclusion rates have fallen significantly over time. During the 2008/09 school year only one looked after child was permanently excluded from school. The figures for fixed term exclusions for the latest reporting year show that the proportion of looked after children excluded was lower than the local authority average.

68. Looked after children have good opportunities to develop their interests and skills outside school. Through the 'My Choices' programme, looked after children are funded for a high proportion of the places on holiday play schemes operated through the extended schools clusters. The personal education allowances are used effectively to develop looked after children's skills, interests and abilities across a range of sporting, cultural, learning and vocational activities.

Making a positive contribution

69. Opportunities for looked after children and young people to make a positive contribution are good. Looked after children contribute to the design and review of services and the developing, ambitious and well-run children in care council is providing an effective vehicle for assuring that the voices of looked after children are heard and responded to. This has been instrumental in working with the council in developing *The Pledge*, the charter setting out the council's commitment to looked after children and young people. It is currently developing this work further to ensure that all young people can be helped to understand its significance and meaning. The children in care council is also producing a summary of the findings of serious case reviews for looked after children. These measures are directly contributing to the view held by most children and young people in the care system that they feel valued and included by the council. This sense of belonging is reflected in the increased figure of 91% of looked after children contributing to their reviews, an improvement assisted by the user friendly questionnaire which helps children and young people formulate their contribution and is proving to be effective.

70. Good partnership working with LACES, leisure, integrated youth, library and voluntary sector, and extended schools services has successfully widened the participation of looked after children in out of school educational, leisure and cultural events. Looked after children have also directly influenced the redesign of the housing points system to ensure timely processes governing the

allocation of suitable accommodation. Consequently, the percentage of care leavers living in suitable accommodation has risen over each of the last two years from a low of 79.7% to 94% currently.

71. All looked after children and young people are able to use the advocacy service and were positive about their experiences. These services were ethnically and culturally sensitive and children and young people were able to access support from specialist advocates when necessary. Looked after children and care leavers were very aware of the complaints procedure and the annual complaints report shows that in general the responses to complaints were timely and appropriate.

Achieving Economic well-being.

72. The impact of partnership working to support and improve care leavers economic well-being is adequate. Most care leavers have multi-disciplinary pathway plans. However, the quality of the plans and the rigour of the review process are inconsistent. In contrast, transition planning for care leavers with complex needs has undergone significant development over the last three years and partners spoke enthusiastically about the impact in terms of the increased and timely opportunities for young people. Earlier involvement by adult services at the age of 14 and then at 17 supports a very smooth transition to adult services with effective personalised planning.

73. Care leavers are encouraged to progress to higher education and currently there are 57 undertaking under graduate and post graduate study at universities. However, the proportion of care leavers aged nineteen in education, training and employment remains at 45% against a national average of 53%. Leisure activity for care leavers is a priority for the council and there is free access to facilities, such as the swimming pools and gymnasiums. A low number of looked after young people (5) became first time entrants to the youth justice system.

The quality of provision

Grade 3 (Adequate)

74. The service responsiveness for looked after children is adequate. However, the number of looked after children at 2020 in June 2012 (reduced from 2198 in August 2009) remains significantly in excess of comparators and too many children are placed outside of the area. However, for those children who do need the protection of the care system, the current average time of 63 weeks to complete court proceedings is too long, particularly for babies and very young children. The changing needs of looked after children are generally understood and services are refocused or re-provisioned in response. An example of this is the creation of a residential service to focus on troubled

young people using reparation as a means of helping them modify their behaviours.

75. In response to comparatively high numbers of children's homes judged unsatisfactory by Ofsted, an effective strategy was put in place to improve their quality and fitness for purpose. Two have been closed and all the others improved to a point where 85% are now judged good or outstanding and none inadequate. The fostering and adoption services have both been judged as good in their respective inspections but the last inspection of private fostering in 2007 found the service to be inadequate. Recent evidence demonstrates that although some improvement has been made, management and practice concerns continue in relation to the identification of privately fostered children, and in achieving consistent levels of compliance with statutory visiting and review frequencies.

76. The new and adequate commissioning process has led to more effective purchasing of provision, both within and outside the area. Resources are known and effectively managed to ensure the majority of children's needs are met within existing provision. Partners provide looked after children with targeted services, offering leisure, and other support services. Care leavers are now receiving improved housing services as a demonstrable result of work undertaken by council officers and the children in care council to improve the 'points system' used for the allocation of accommodation.

77. Assessments and direct work with looked after children are adequate. Although assessments are variable in quality, they usually include the views of children and their parents. The advocacy service is understood and used by looked after children to effectively represent their needs. They are aware also of the complaints process that is fit for purpose. Families whose children are on the edge of care are increasingly the focus of intense work to reduce the need for 'in care' solutions. Some intensive preventative work is undertaken and developing services provided under the 'Brighter Futures' umbrella, such as the Triple P Parenting scheme are increasingly available but full 'roll out' is awaiting evaluations of their effectiveness. It is too early to see the impact of these services and the absence of an implemented family support strategy limits options to intervene with families.

78. The multi-agency accommodation panel which ensures consistent decision making for children on the edge of care has been welcomed by social workers and managers as a means of matching resources to needs, a process that is having a positive impact on the stability of placements. However the quality of some presentations to the panel is poor and some decisions appear to be too optimistic with insufficient attention being given to case history. When it is appropriate to do so, attempts are made to place children with wider family and friends. A specialist service provides assessment and support to the families concerned. Increasingly children and young people are being re-united with their families. When done well, this work is having a sustained impact although

too many children are living at home under a care order for some considerable time after the child has been returned to the family home.

79. Arrangements for planning, case review and recording are adequate overall. Looked after children and care leavers have up to date care plans and personal education plans which are regularly reviewed. However, the implementation of care plans is inconsistent in some cases with the result that cases drift. Ineffective and inconsistent management oversight and supervision fail to tackle the root causes, although there is some evidence that independent reviewing officers bring shortcomings to the attention of managers using the Red, Amber, Green (RAG) rating system. The timeliness of reviews of looked after children is improving but remains below statistical neighbours at 84%. Work is underway to further improve timeliness and to align different processes such as provision for special educational needs and looked after children reviews in order to minimise the number of meetings a child in care experiences in any one year. However, it is too early to assess sustained impact of this measure.

80. All looked after children are allocated to an experienced, although not necessarily qualified social worker, in which case their work is overseen by a suitable qualified and experienced colleague to assure its quality and suitability. Social work and other case files held by school and health professionals are mainly up to date and legible. However, in social work files, ethnicity is not always recorded accurately. The health contribution to the health care plans is inconsistent; some of the case records audited as part of this inspection showed drift in terms of contacts and apparent lack of partnership working, while others were robust and demonstrated a collaborative approach. The health audit tool used for this process was not applied consistently and was process rather than outcome focused.

Leadership and management

Grade 3 (Adequate)

81. The developing children's trust arrangements that are exercised through the Children and Young People's Strategic Partnership are providing an adequate platform upon which ambition and priorities can be determined and services will continue to be built. The Trust's Executive Board is enabling authoritative and consistent decisions to be made about the priorities of contributing services thus establishing the 'golden thread' from top management to ground floor operations.

82. Following a number of highly critical Ofsted reports and the publication of a far reaching Scrutiny Review of children's social care, resource deficits, particularly in children's residential care have been understood and addressed to good effect. Commissioning has recently improved to increase choice of placements for looked after children and young people and although there are still too few foster care placements available, a well resourced recruitment campaign is underway. Needs are understood and services have adapted

accordingly but overall there are currently too many children in care and living at home subject to care orders. Leadership towards achieving the key objectives for the service is clearer although corporate parenting is being re-developed to enable members to understand fully and to exercise their responsibilities, including their key role in holding the Children's Trust to account for the outcomes of looked after children. However, long-term challenges in relation to private fostering remain. Little progress has been made since the 2007 Ofsted inspection in identifying privately fostered children and in achieving consistent visiting and review frequencies in accordance with statutory requirements.

83. Evaluation, including performance management, quality assurance and workforce development, is adequate. Appropriate attention at strategic or managerial levels has ensured that in general the impact of services on looked after children and young people is understood. There is a lack of systematic quality assurance across the partnership, most particularly in the looked after children health care service where there is poor performance in relation to the core functions of providing annual health, developmental and dental checks and in the maintenance of immunisation records. However, elsewhere, for example in the looked after children's education service and in parts of the health services for looked after children, good levels of monitoring and evaluation ensure that progress is monitored. In addition, the independent audit of the case of each looked after child and young person undertaken in response to the Scrutiny Review Report enabled a clear understanding to be formed about areas for priority action which have largely been tackled. However, insufficient attention has been afforded to developing measures to enable authoritative overviews to be formed about quality as well as the volume of services provided. Workforce planning intended to equip the residential and family support workforce with the practice and managerial skills, is proceeding to enable staff to be developed to respond to changing requirements. However, practices in relation to safe recruitment are inconsistent and potentially provide a significant risk to children and young people.

84. User engagement with looked after children is good. Looked after children and young people feel very engaged by the council and welcome the many opportunities to contribute to and affect service development and review as well as contributing to their own case plans. The council and its partners have been active in supporting work which has enabled children and young people to have their voices heard irrespective of age, ability, race or culture. The children in care council is proving to be an effective force in ensuring that the voice of looked after children and young person is heard. Importantly, it is now engaged in innovative work to ensure that the outcomes of serious case reviews are conveyed to all looked after children and young people.

85. Partnerships are good, with good examples of multi-agency frontline working to improve outcomes for looked after children. For example, well established partnership working between social workers, LACES, foster carers and residential care staff results in the effective co-ordination of services to

looked after children and improved outcomes for them. Good inter-agency partnership working has enabled access to a range of leisure and voluntary services which have contributed to good outcomes in relation to diverting looked after young people from offending behaviour as well as positively affecting their emotional and physical well-being. Evidence from Ofsted regulatory inspections of the fostering service and the children's homes describes developing and established partnerships which provide a wide range of services to support young people such as drug advisory and sexual health services.

86. The promotion of equality and diversity for looked after children and young people is adequate overall with evidence of variable practice. There is clear evidence that in most individual cases ethnic, cultural, linguistic and religious background of the child or young person is taken into account and positively influences assessment and case planning. Conversely, there are some other cases in which important details about ethnicity, language or religion are either incorrectly recorded, contradicted on the case file or missing from the record and although the partnership is committed to providing interpreters they are not always accessible when required.

87. Service-wide developments demonstrated good evidence of imaginative approaches, for example, the sensitive targeting of sexual health services to some looked after ethnic groups, working with community elders to ensure that vulnerable young people can be reached and using international best practice to target specific services. Good work is undertaken to meet the individual needs of looked after children with special educational needs and/or disabilities. For example, professionals skilled in communication are deployed to ensure that that they are fully able to participate.

88. Value for money is adequate. Although the proportion of looked after children and young people is considerably higher than that found nationally, it is decreasing without significant impact upon placement stability. However, this progress is at risk unless the service quality problems which are very evident in safeguarding and child protection services are addressed robustly. Considerable work has been undertaken to ensure that the costs of residential and foster care are known and improved tendering and contracting arrangements have produced savings in excess of £1.4m. However, too many children remain placed outside of the Birmingham area and insufficient rigour is applied to discharging care orders when children are returned to live at home with their families on a permanent basis. Looked after children's educational outcomes are mostly better than that found for similar children nationally and the low rate of entrants to the criminal justice system illustrates good outcomes in response to managed investment in targeted services.

Record of main findings: Birmingham

Safeguarding services	
Overall effectiveness	Inadequate
Capacity for improvement	Inadequate
Outcomes for children and young people	
Children and young people are safe: effectiveness of services in taking reasonable steps to ensure that children and young people are safe	Inadequate
Children and young people feel safe: effectiveness of services in helping to ensure that children and young people feel safe	Adequate
Quality of provision	
Service responsiveness including complaints	Inadequate
Assessment and direct work with children and families	Inadequate
Case planning, review and recording	Inadequate
Leadership and management	
Ambition and prioritisation	Adequate
Evaluation, including performance management, quality assurance and workforce development	Inadequate
User engagement	Adequate
Partnerships	Inadequate
Equality and diversity	Adequate
Value for money	Adequate

Services for looked after children	
Overall effectiveness	Adequate
Capacity for improvement	Adequate
Outcomes for looked after children and care leavers	
Being healthy	Inadequate
Staying safe	Adequate
Enjoying and achieving	Good
Making a positive contribution	Good
Economic well-being	Adequate
Quality of provision	Adequate
Service responsiveness	Adequate
Assessment and direct work with children	Adequate
Case planning, review and recording	Adequate
Leadership and management	Adequate
Ambition and prioritisation	Adequate
Evaluation, including performance management, quality assurance and workforce development	Adequate
User engagement	Good
Partnerships	Good
Equality and diversity	Adequate
Value for money	Adequate

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Auditors' Local Evaluation (ALE) score
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Simon Grainger-Payne, Trust Secretary
DATE OF MEETING:	26 August 2010

SUMMARY OF KEY POINTS:

The Audit Commission's work required to support the Auditors' Local Evaluation (ALE) assessments for 2009/10 is now completed and the scores for the Trust are set out in the accompanying schedule

The Trust has been awarded a score of '3', meaning that the Trust is performing well and consistently above minimum standards. The overall score is identical to that awarded in 2008/09.

The scores for individual NHS trusts will be made available on the Commission's website in September following the conclusion of the review process.

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

Approval	Receipt and Noting	Discussion
X		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Management Board is recommended to approve the process and timetable for the production of the Annual Plan 2011/12

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Good use of resources
Annual priorities	
NHS LA standards	
CQC Essential Standards Quality and Safety	
Auditors' Local Evaluation	All standards

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

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

PREVIOUS CONSIDERATION:

The Audit Committee was appraised of the indicative score in May 2010

Sandwell and West Birmingham Hospitals NHS Trust

Notification of Auditors' Local Evaluation 2009/10

Theme scores:

Financial Reporting	3
Financial Management	3
Financial Standing	4
Internal Control	3
Value for Money	3

Overall score: **3**

Theme scores are derived using the scale below

Score/Level	Description
1	Below minimum requirements - inadequate performance.
2	Only at minimum requirements - adequate performance.
3	Consistently above minimum requirements - performing well.
4	Well above minimum requirements - performing strongly.

The overall score is derived using the following rules:

Overall Score	Description
1	If the score of any of financial management, financial standing or value for money is 1.
2	Financial management, financial standing and value for money must each score at least 2.
3	No score below 2. Financial management, financial standing and value for money must each score at least 3.
4	No score below 3. At least two of the scores for financial management, financial standing and value for money must be 4.

TRUST BOARD

DOCUMENT TITLE:	Right Care Right Here Progress Report
SPONSORING DIRECTOR:	Richard Kirby, Chief Operating Officer
AUTHOR:	Jayne Dunn, Redesign Director – RCRH
DATE OF MEETING:	26 August 2010

SUMMARY OF KEY POINTS:

The paper provides a progress report on the work of the *Right Care Right Here* Programme as at the end of July 2010 and includes a copy of the *Right Care Right Here* Programme Director's report to the Right Care Right Here Partnership.

It covers:

- Progress of the Programme.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Monthly progress report to the Trust Board

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

RIGHT CARE RIGHT HERE PROGRAMME: PROGRESS REPORT AUGUST 2010

INTRODUCTION

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

This report is in three sections:

- a) Overview of the work of the Right Care Right Here Programme
- b) Programme Director's report as presented to the Right Care Right Here Partnership and the Boards of Sandwell and HoB PCTs (Appendix 1)

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:

NHS White Paper

Following the publication of the NHS White Paper on 12th July 2010 the RCRH Partnership Board was recommended to debate the following issues:

- How the Programme ensures greater exposure to and involvement with GP commissioners
- The inclusion of LINks representatives in Programme activities (as discussed at the last meeting). I have already requested LINk representation into the Partnership Board and the Engagement and Communications Group.

It was also recommended that the NHS White Paper becomes a standing item on the Partnership Board agenda.

Acute and Urgent Care Capacity Review

Birmingham Review

Work on the review of acute and urgent care capacity in Birmingham is ongoing. Further analyses will be developed of bed reductions required in acute beds, with virtually equivalent increases in community beds and community bed alternatives. The review will encompass discussions on the pattern of provision of specialised hospital services, with analyses of bed requirements being undertaken to be considered alongside the model for acute bed capacity.

Further engagement with clinical commissioners will take place. The RCRH Programme Director attended the HoB tPCT PEC in July. Discussion at the PEC acknowledged the need to participate in the Birmingham Review but also indicated that there is an agreed approach to delivering what Birmingham is trying to achieve, across the western part of Birmingham and Sandwell, that is planned, being delivered, supported by all agencies, and deemed to be affordable within future forecast financial projections.

Black Country Review

The first meeting of this review group was held on 23rd June. Participants are now limited to commissioners, with providers to be engaged at a later date. Whilst several strands of work are

similar to the Birmingham Review it will be mainly focussed on challenged specialties in Black Country acute hospitals, with an examination of the necessary critical mass to ensure appropriate clinical skills and expertise, along with ideas for potential rationalisation of sites from which services are operated.

Joint Health Scrutiny Committee

An update on the Programme was provided to the Joint Health Scrutiny Committee on 14th July. A number of issues were discussed (as outlined in Appendix 1) and it was agreed to update the Joint HSC again in the new year. In addition the updated Risk Register will be provided to the Joint HSC in the autumn. There was also the caveat that the RCRH Programme should return to the Joint HSC if there are any significant unexpected issues in the interim.

Gateway Review Process

In accordance with good programme management practice, and as agreed for the 2010/11 Programme Objectives, the RCRH Programme Director has met with the Gateway Review lead for the West Midlands. It is proposed to hold a Gate Zero Review for the Programme in November (for four days beginning Tuesday 23rd November 2010). This will follow the Trust Gate 2 process, for the new Acute Hospital project, which is scheduled for the end of October.

Approval Process for New Acute Hospital OBC Refresh

The timescale for the above approval process was presented to the RCRH Partnership Board and it was recommended that the Partnership Board receives the Outline Business Case (refresh) for endorsement on 25th October 2010.

RECOMMENDATIONS

The Trust Board is recommended to:

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

Jayne Dunn
Redesign Director – Right Care Right Here
12th August 2010

Sandwell and the Heart of Birmingham Health and Social Care Community

RIGHT CARE RIGHT HERE PROGRAMME

Report to:	Right Care Right Here Partnership Board
Report of:	Les Williams, Programme Director
Subject:	Programme Director's Report
Date:	Monday 26th July 2010

1. Summary and Recommendation

This paper summarises the main issues and developments in the Programme since the previous report.

The Partnership Board is recommended to:

- Debate the issues of greater involvement of GP commissioners and LINKs representatives (Section 2)
- Make the NHS White Paper a standing agenda item (Section 2)
- Note the proposed date for the Gateway Review of 23rd to 26th November 2010 (Section 7)
- Agree to receive the New Hospital Outline Business Case for endorsement on 25th October 2010 (Section 8)
- Note the remainder of the content of the report

2. 'Equity and Excellence: Liberating the NHS'

The publication of the NHS White Paper on 12th July 2010 obviously has many potential implications for the Partnership and the Programme. The proposals to abolish the PCTs and SHAs, introduce GP commissioning consortia and develop greater autonomy for providers will significantly change the nature of the commissioning and providing organisations with which the Programme works. In addition, the relationship with local authorities will be different, given their intended responsibility for public health, health and well-being and health improvement. The way in which the Programme works with wider stakeholders and the public will be subject to change, through the transition of Local Involvement Networks into Local HealthWatch.

While it is possible to speculate about many of these, at the moment the proposals remain subject to consultation and legislation.

It may be useful however for the Board to debate the following:

- How the Programme ensures greater exposure to and involvement with GP commissioners
- The inclusion of LINKs representatives in Programme activities (as discussed as the last meeting). I have already requested LINK representation into the Partnership Board and the Engagement and Communications Group.

It is recommended that this becomes a standing item on the Partnership Board agenda.

3. Acute and Urgent Care Capacity Reviews

3.1 Birmingham

The Steering Group met again on 9th July. The notes of this meeting are attached at Appendix 1. The meeting agreed to develop further the analyses of bed reductions required in acute beds, with virtually equivalent increases in community beds and community bed alternatives. The review will encompass discussions on the pattern of provision of specialised hospital services, with analyses of bed requirements being undertaken to be considered alongside the model for acute bed capacity.

It was also agreed to ensure that there is engagement with clinical commissioners and to this end, representatives from the Group will be attending appropriate meetings in both Heart of Birmingham and Sandwell PCTs. The HoB PEC discussed the review at its meeting on Thursday 15th July, at which I also presented on progress with the Programme. This was a helpful discussion which acknowledged the need to participate in the Birmingham Review but also indicated that there is an agreed approach to delivering what Birmingham is trying to achieve, across the western part of Birmingham and Sandwell, that is planned, being delivered, supported by all agencies, and deemed to be affordable within future forecast financial projections.

3.2 Black Country

The first meeting of this group was held on 23rd June and the notes are attached at Appendix 2. The participants in this review are now limited to commissioners, with providers to be engaged at a later date. As can be seen, there are several strands of work, similar to the Birmingham Review. The nature of the review will be mainly focussed on challenged specialties in Black Country acute hospitals, with an examination of the necessary critical mass to ensure appropriate clinical skills and expertise, along with ideas for potential rationalisation of sites from which services are operated.

4. Medical Engagement Action Plan

The Medical Engagement Sponsor Group met on 28th June and the updated Action Plan is given at Appendix 3. Progress continues to be made on a range of issues, with the transfer of all doctors to nhs.net accounts being critical to ensure the ability to transfer patient data safely. This is generating some technical issues for each organisation which are being addressed.

Progress on the care pathway reviews is encouraging and there is more detail on this in the Service Redesign Performance Report later in the agenda.

5. Joint Overview and Scrutiny Committee – 14th July 2010

An update on the Programme was provided to the Joint Overview and Scrutiny Committee on Wednesday 14th July 2010. The areas covered were:

- General update on Programme for new members
- Update on New Hospital
- Update on Service Redesign and Clinical Pathways
- Progress with Transforming Community Services
- Update on Intermediate Care and Financial Modelling

The update was generally well received. Issues raised included:

- The need to ensure we take account of potential housing developments on released hospital sites which may impact on the size of population to be served
- The level of confidence in the PFI market for the New Hospital

- Have we been told to make the New Hospital smaller and what indications have we had from Government since the election?
- Is there evidence of better outcomes for services provided in the community?
- A suggestion that the now closed Nurses Home at Sandwell would have been an ideal site for the Midwifery Led Birthing Unit.
- How will the Programme ensure that social care services are adequately resourced through the service redesign processes?
- A commitment to ensure Birmingham City Council representation is made available
- What things keep the Programme Director awake at night?
- Concern that the timeframe for establishing a social enterprise for community services is too short
- The future of sexual health services in Birmingham
- The development of self care and the prevention agenda in the Programme

At the conclusion of the meeting, it was agreed to update the Joint OSC again in the new year, although it was also agreed to provide the updated Risk Register in the autumn. There was also the caveat that we should return to the Joint OSC if there are any significant unexpected issues in the interim.

I am grateful to Graham Seager, Jon Dicken, Martin Samuels and of course Doug Round for their participation and support in this meeting.

6. Travel and Access Strategy

The Travel and Access Strategy has been drafted and was presented to the Transport Group on 9th July 2010. The Group felt that it needed further development of the mapping of patient density to bus and other public transport routes, further detailed exploration of the extent of public transport availability during evenings and weekends in the context of the new physical facilities to be provided, and a specific identification of the bus and other transport routes which will need to be changed to achieve more convenient and acceptable access. This would form a more effective basis on which to consult the public.

As a result of this further work, I recommended to the Group that the draft strategy should now been published for consultation in September. A sub group has been established to develop the consultation process and methodology.

7. Gateway Review Process

In accordance with good programme management practice, and as agreed for the 2010/11 Programme Objectives, I have met with the Gateway Review lead for the West Midlands. As a result of this assessment meeting, it is proposed to hold a Gate Zero Review for the Programme in November (for four days beginning Tuesday 23rd November 2010). This will follow the SWBH Gate 2 process which is scheduled for the end of October.

Further details will follow shortly.

8. SWBH Outline Business Case Approval Process

As colleagues will be aware, the SWBH Trust Board and Heart of Birmingham and Sandwell PCT Boards will be asked to approve the Outline Business Case for submission to the Department of Health and HM Treasury in October 2010.

The agreed dates for approval are:

Sandwell and West Birmingham Hospitals Trust Board	30 th September 2010
Sandwell PCT Board	30 th September 2010
Heart of Birmingham teaching PCT Board	14 th October 2010

The Outline Business Case will then be submitted to the SHA in October.

It is also recommended that the Partnership Board receives the Outline Business Case for endorsement on 25th October 2010.

There will be a number of aspects to this decision, including the following:

- The proposed retained estate solution
- The revised size of the New Hospital in the context of the updated Activity and Capacity Model, changed levels of activity on individual sites and the estate solution
- Update on transitional costs
- Update on ongoing costs to commissioners

Given the need to secure support from GP commissioners, it should be noted that the two PCTs are putting in place early arrangements to secure the necessary understanding of the issues to enable the decision to be made at these Board meetings.

9. Recommendations

The Partnership Board is recommended to:

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- Make the NHS White Paper a standing agenda item (Section 2)
- Note the proposed date for the Gateway Review of 23rd to 26th November 2010 (Section 7)
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Les Williams
Programme Director

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST**RIGHT CARE RIGHT HERE PROGRAMME: PROGRESS REPORT
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An update on the Programme was provided to the Joint Health Scrutiny Committee on 14th July. A number of issues were discussed (as outlined in Appendix 1) and it was agreed to update the Joint HSC again in the new year. In addition the updated Risk Register will be provided to the Joint HSC in the autumn. There was also the caveat that the RCRH Programme should return to the Joint HSC if there are any significant unexpected issues in the interim.

Gateway Review Process

In accordance with good programme management practice, and as agreed for the 2010/11 Programme Objectives, the RCRH Programme Director has met with the Gateway Review lead for the West Midlands. It is proposed to hold a Gate Zero Review for the Programme in November (for four days beginning Tuesday 23rd November 2010). This will follow the Trust Gate 2 process, for the new Acute Hospital project, which is scheduled for the end of October.

Approval Process for New Acute Hospital OBC Refresh

The timescale for the above approval process was presented to the RCRH Partnership Board and it was recommended that the Partnership Board receives the Outline Business Case (refresh) for endorsement on 25th October 2010.

RECOMMENDATIONS

The Trust Board is recommended to:

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

Jayne Dunn
Redesign Director – Right Care Right Here
12th August 2010

Sandwell and the Heart of Birmingham Health and Social Care Community

RIGHT CARE RIGHT HERE PROGRAMME

Report to:	Right Care Right Here Partnership Board
Report of:	Les Williams, Programme Director
Subject:	Programme Director's Report
Date:	Monday 26th July 2010

1. Summary and Recommendation

This paper summarises the main issues and developments in the Programme since the previous report.

The Partnership Board is recommended to:

- Debate the issues of greater involvement of GP commissioners and LINKs representatives (Section 2)
- Make the NHS White Paper a standing agenda item (Section 2)
- Note the proposed date for the Gateway Review of 23rd to 26th November 2010 (Section 7)
- Agree to receive the New Hospital Outline Business Case for endorsement on 25th October 2010 (Section 8)
- Note the remainder of the content of the report

2. 'Equity and Excellence: Liberating the NHS'

The publication of the NHS White Paper on 12th July 2010 obviously has many potential implications for the Partnership and the Programme. The proposals to abolish the PCTs and SHAs, introduce GP commissioning consortia and develop greater autonomy for providers will significantly change the nature of the commissioning and providing organisations with which the Programme works. In addition, the relationship with local authorities will be different, given their intended responsibility for public health, health and well-being and health improvement. The way in which the Programme works with wider stakeholders and the public will be subject to change, through the transition of Local Involvement Networks into Local HealthWatch.

While it is possible to speculate about many of these, at the moment the proposals remain subject to consultation and legislation.

It may be useful however for the Board to debate the following:

- How the Programme ensures greater exposure to and involvement with GP commissioners
- The inclusion of LINKs representatives in Programme activities (as discussed as the last meeting). I have already requested LINK representation into the Partnership Board and the Engagement and Communications Group.

It is recommended that this becomes a standing item on the Partnership Board agenda.

3. Acute and Urgent Care Capacity Reviews

3.1 Birmingham

The Steering Group met again on 9th July. The notes of this meeting are attached at Appendix 1. The meeting agreed to develop further the analyses of bed reductions required in acute beds, with virtually equivalent increases in community beds and community bed alternatives. The review will encompass discussions on the pattern of provision of specialised hospital services, with analyses of bed requirements being undertaken to be considered alongside the model for acute bed capacity.

It was also agreed to ensure that there is engagement with clinical commissioners and to this end, representatives from the Group will be attending appropriate meetings in both Heart of Birmingham and Sandwell PCTs. The HoB PEC discussed the review at its meeting on Thursday 15th July, at which I also presented on progress with the Programme. This was a helpful discussion which acknowledged the need to participate in the Birmingham Review but also indicated that there is an agreed approach to delivering what Birmingham is trying to achieve, across the western part of Birmingham and Sandwell, that is planned, being delivered, supported by all agencies, and deemed to be affordable within future forecast financial projections.

3.2 Black Country

The first meeting of this group was held on 23rd June and the notes are attached at Appendix 2. The participants in this review are now limited to commissioners, with providers to be engaged at a later date. As can be seen, there are several strands of work, similar to the Birmingham Review. The nature of the review will be mainly focussed on challenged specialties in Black Country acute hospitals, with an examination of the necessary critical mass to ensure appropriate clinical skills and expertise, along with ideas for potential rationalisation of sites from which services are operated.

4. Medical Engagement Action Plan

The Medical Engagement Sponsor Group met on 28th June and the updated Action Plan is given at Appendix 3. Progress continues to be made on a range of issues, with the transfer of all doctors to nhs.net accounts being critical to ensure the ability to transfer patient data safely. This is generating some technical issues for each organisation which are being addressed.

Progress on the care pathway reviews is encouraging and there is more detail on this in the Service Redesign Performance Report later in the agenda.

5. Joint Overview and Scrutiny Committee – 14th July 2010

An update on the Programme was provided to the Joint Overview and Scrutiny Committee on Wednesday 14th July 2010. The areas covered were:

- General update on Programme for new members
- Update on New Hospital
- Update on Service Redesign and Clinical Pathways
- Progress with Transforming Community Services
- Update on Intermediate Care and Financial Modelling

The update was generally well received. Issues raised included:

- The need to ensure we take account of potential housing developments on released hospital sites which may impact on the size of population to be served
- The level of confidence in the PFI market for the New Hospital

- Have we been told to make the New Hospital smaller and what indications have we had from Government since the election?
- Is there evidence of better outcomes for services provided in the community?
- A suggestion that the now closed Nurses Home at Sandwell would have been an ideal site for the Midwifery Led Birthing Unit.
- How will the Programme ensure that social care services are adequately resourced through the service redesign processes?
- A commitment to ensure Birmingham City Council representation is made available
- What things keep the Programme Director awake at night?
- Concern that the timeframe for establishing a social enterprise for community services is too short
- The future of sexual health services in Birmingham
- The development of self care and the prevention agenda in the Programme

At the conclusion of the meeting, it was agreed to update the Joint OSC again in the new year, although it was also agreed to provide the updated Risk Register in the autumn. There was also the caveat that we should return to the Joint OSC if there are any significant unexpected issues in the interim.

I am grateful to Graham Seager, Jon Dicken, Martin Samuels and of course Doug Round for their participation and support in this meeting.

6. Travel and Access Strategy

The Travel and Access Strategy has been drafted and was presented to the Transport Group on 9th July 2010. The Group felt that it needed further development of the mapping of patient density to bus and other public transport routes, further detailed exploration of the extent of public transport availability during evenings and weekends in the context of the new physical facilities to be provided, and a specific identification of the bus and other transport routes which will need to be changed to achieve more convenient and acceptable access. This would form a more effective basis on which to consult the public.

As a result of this further work, I recommended to the Group that the draft strategy should now been published for consultation in September. A sub group has been established to develop the consultation process and methodology.

7. Gateway Review Process

In accordance with good programme management practice, and as agreed for the 2010/11 Programme Objectives, I have met with the Gateway Review lead for the West Midlands. As a result of this assessment meeting, it is proposed to hold a Gate Zero Review for the Programme in November (for four days beginning Tuesday 23rd November 2010). This will follow the SWBH Gate 2 process which is scheduled for the end of October.

Further details will follow shortly.

8. SWBH Outline Business Case Approval Process

As colleagues will be aware, the SWBH Trust Board and Heart of Birmingham and Sandwell PCT Boards will be asked to approve the Outline Business Case for submission to the Department of Health and HM Treasury in October 2010.

The agreed dates for approval are:

Sandwell and West Birmingham Hospitals Trust Board	30 th September 2010
Sandwell PCT Board	30 th September 2010
Heart of Birmingham teaching PCT Board	14 th October 2010

The Outline Business Case will then be submitted to the SHA in October.

It is also recommended that the Partnership Board receives the Outline Business Case for endorsement on 25th October 2010.

There will be a number of aspects to this decision, including the following:

- The proposed retained estate solution
- The revised size of the New Hospital in the context of the updated Activity and Capacity Model, changed levels of activity on individual sites and the estate solution
- Update on transitional costs
- Update on ongoing costs to commissioners

Given the need to secure support from GP commissioners, it should be noted that the two PCTs are putting in place early arrangements to secure the necessary understanding of the issues to enable the decision to be made at these Board meetings.

9. Recommendations

The Partnership Board is recommended to:

- Debate the issues of greater involvement of GP commissioners and LINKs representatives (Section 2)
- Make the NHS White Paper a standing agenda item (Section 2)
- Note the proposed date for the Gateway Review of 23rd to 26th November 2010 (Section 7)
- Agree to receive the New Hospital Outline Business Case for endorsement on 25th October 2010 (Section 8)
- Note the remainder of the content of the report

Les Williams
Programme Director

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	RCRH Acute Hospital Development: Project Director's Report
SPONSORING DIRECTOR:	Graham Seager, Director of Estates/New Hospital Project
AUTHOR:	Andrea Bigmore, New Hospital Project Manager and Graham Seager, Director of Estates and New Hospital Project
DATE OF MEETING:	26 August 2010

SUMMARY OF KEY POINTS:

The Project Director's report gives an update on:

- Outline Business Case (OBC)
- Commercial/Procurement Documents
- Design Review
- Arts Programme

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Routine monthly update.

Report to:	Trust Board
Report of:	Andrea Bigmore / Graham Seager
Subject:	Project Director's Report
Date:	August 2010

1. Outline Business Case (OBC)

The team has successfully finished a good first draft of the OBC Update on schedule. This document details all changes to the project since the Department of Health (DH) approved the scheme in August 2009. It also takes into account the impact of the economic forecasts, and the changes required to maintain affordability. The documents are currently under review to ensure they are as robust as possible before we present them to the Trust Board in September 2010.

2. Commercial/Procurement Documents

The team is developing the procurement documents for the project and has started the process of review with the Private Finance Unit (PFU). The PFU has already given helpful feedback on a number of the documents and has advised us on how to manage the procurement process. The team is also using lessons learned from other projects around the country.

All of the documents will need to be approved before the procurement process can start.

3. Design Review

The Design Group met last week to start planning how the Trust will manage the new acute hospital design process.

The scope of this group's work will include:

- The architectural appearance of the building including massing, materials and landscaping
- The quality of public spaces and principles of design across all internal areas
- The way in which art and way finding is integrated into the building

This group has widespread representation from Trust members, SWBH staff, both PCTs, the local councils and community groups.

A Design Engagement event will be held at the beginning of September at the Public, West Bromwich. This will enable wider public engagement and involvement in the design of the new hospital.

The Design Group will coordinate the engagement process and lead the evaluation of the design throughout the procurement phase of the project.

4. Arts Programme

An Art Strategy for the new acute hospital was agreed last year.

It was also agreed that a pilot project should be trialled in the existing hospitals. The Arts Programme is now currently underway. A total of 18 paintings have been selected by the Arts Steering Group from the charity *Paintings in Hospitals*. The paintings arrived on 18th August and will be displayed in the Birmingham Treatment Centre (BTC) and areas of Sandwell General Hospital.

The Arts programme also includes:

- A woodland design created by a sixth-form student from Sutton College. This will be applied to the glass around the central escalator in the BTC at the beginning of September 2010.
- Two community art projects engaging both patients and staff.

The programme will continue to test the approaches outlined in the strategy as it develops over the next year or so.

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Financial Performance Report – July 2010
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Tony Wharram, Deputy Director of Finance
DATE OF MEETING:	26 August 2010

SUMMARY OF KEY POINTS:

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

For the year to date, the Trust has posted a surplus of £479,000 against its statutory accounts target and £319,000 against its DoH control total. Both are £67,000 above the planned position. These take into account the changes to the financial plan approved at the last meeting of the Board.

Capital expenditure for the year to date is £6,676,000 and the cash balance at 31st July was £0.4m higher than the revised plan.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Financial Management Board and Trust Management Board on 17 August 2010 and Finance and Performance Management Committee on 19 August 2010.

Financial Performance Report – July 2010

EXECUTIVE SUMMARY

- For the period 1st April 2010 to 31st July 2010, the Trust achieved a “bottom line” surplus of £319,000 which is £67,000 better than the planned position (as measured against the DoH performance target).
- A prudent view continues to be taken of LDP over performance (based on priced activity up to 30th June) and this is reflected in the reported financial position.
- At month end, WTEs (whole time equivalents) were approximately 62 above plan, with a significant increase in the use of agency staff in month (rising to the equivalent of 147 WTE(s)). This represents an increase of approximately 46 in the actual number of WTEs from all sources compared with the equivalent position reported for June. Total pay expenditure for the month, inclusive of agency costs, was £139,000 above plan,
- The month-end cash balance remains broadly in line with the planned cash profile.
- Other than the payment for Grove Lane land, capital expenditure continues at a fairly low level.

Financial Performance Indicators					
Measure	Current Period	Year to Date	Thresholds		
			Green	Amber	Red
I&E Surplus Actual v Plan £000	16	67	> Plan	> = 99% of plan	< 99% of plan
EBITDA Actual v Plan £000	11	49	> Plan	> = 99% of plan	< 99% of plan
Pay Actual v Plan £000	-139	-400	< Plan	< 1% above plan	> 1% above plan
Non Pay Actual v Plan £000	-301	-539	< Plan	< 1% above plan	> 1% above plan
WTEs Actual v Plan	-62	-8	< Plan	< 1% above plan	> 1% above plan
Cash (incl Investments) Actual v Plan £000	406	406	> = Plan	> = 95% of plan	< 95% of plan
CIP Actual v Plan £000	13	-38	> 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	252	319
Capital Resource Limit	2,885	6,676
External Financing Limit	---	406
Return on Assets Employed	3.50%	3.46%

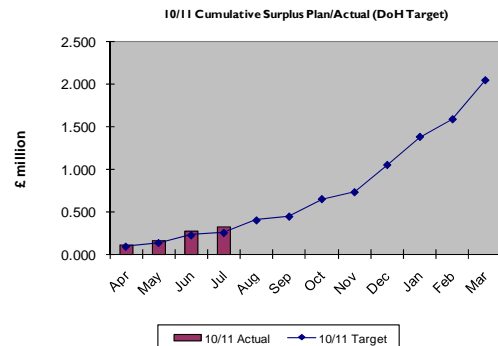
2010/2011 Summary Income & Expenditure Performance at July 2010	Annual Plan £000's	CP Plan £000's	CP Actual £000's	CP Variance £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's	Forecast Outturn £000's
Income from Activities	342,005	28,592	28,873	281	114,041	114,885	844	343,505
Other Income	39,895	3,202	3,372	170	13,151	13,295	144	39,895
Operating Expenses	(358,166)	(31,086)	(31,526)	(440)	(119,672)	(120,611)	(939)	(359,716)
EBITDA	23,734	708	719	11	7,520	7,569	49	23,684
Interest Receivable	25	2	7	5	8	26	18	75
Depreciation & Amortisation	(15,624)	(343)	(343)	0	(4,358)	(4,358)	0	(15,624)
PDC Dividend	(5,855)	(38)	(38)	0	(1,952)	(1,952)	0	(5,855)
Interest Payable	(2,417)	(261)	(261)	0	(806)	(806)	0	(2,417)
Net Surplus/(Deficit)	(137)	68	84	16	412	479	67	(137)
IFRS/Impairment Related Adjustments	2,175	(40)	(40)	0	(160)	(160)	0	2,175
SURPLUS/(DEFICIT) FOR DOH TARGET	2,038	28	44	16	252	319	67	2,038

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

Financial Performance Report – July 2010

Overall Performance Against Plan

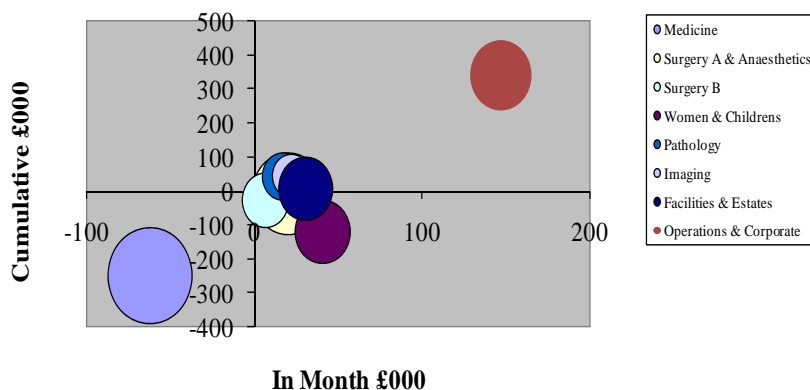
- The overall performance of the Trust against the DoH planned position is shown in the adjacent graph with current performance continuing to be slightly ahead of plan.



Divisional Performance

- In month, adverse bottom line performances have been posted by Medicine & Emergency Care and Miscellaneous & Reserves although the latter is wholly driven by non recurrent adjustments to LDP related income performance and is therefore a one off deterioration. Performance in Medicine & Emergency Care continues to be strongly driven by high levels of emergency activity and the need to maintain higher levels of capacity (with related pay, including bank and agency, and non pay costs). However, the net Trust wide performance still shows a positive position with better than planned performance across all other divisions but particularly Corporate Services.
- It remains important to recognise that changes to the tariff in 2010/2011 (particularly the 30% marginal rate tariff for emergency over performance) as well as the planned changes in activity levels linked with the RCRH programme discourage over performance. These, and particularly the former, have had a significant adverse effect on the income performance of the Trust and, particularly, the Medicine & Emergency Care Division. However, given the expectation of an increasingly difficult financial outlook, it is essential that all divisions are successful in containing costs within agreed plans and delivering savings necessary for the Trust to achieve its cost improvement programme as well as its bottom line financial target.

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



The tables adjacent and overleaf show a mixed position across divisions. Medicine and Miscellaneous & Reserves have significant in month deficits with the former also having a sizeable year to date deficit along with Women & Childrens. However, the performance of the latter has improved in month, largely as a result of the resolution of a number of issues regarding LDP target performance.

Sandwell and West Birmingham Hospitals

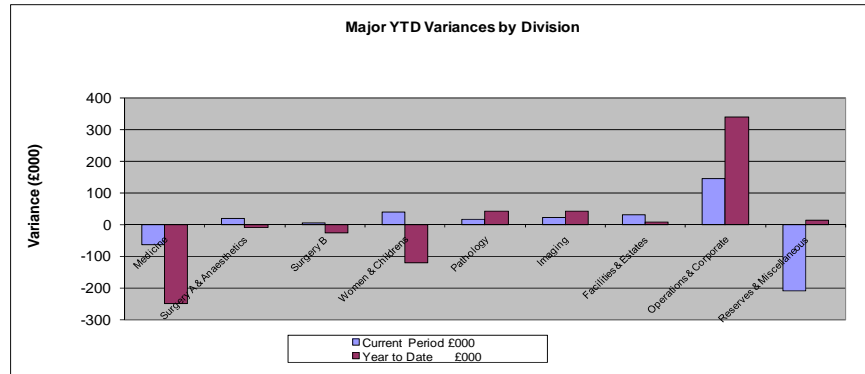


NHS Trust

Financial Performance Report – July 2010

Divisional Variances from Plan

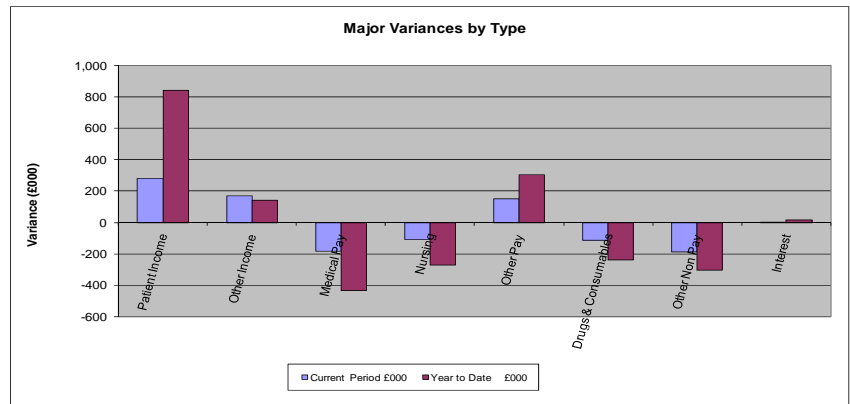
	Current Period £000	Year to Date £000
Medicine	-62	-250
Surgery A & Anaesthetics	20	-7
Surgery B	7	-27
Women & Childrens	41	-121
Pathology	17	44
Imaging	22	44
Facilities & Estates	30	7
Operations & Corporate	147	341
Reserves & Miscellaneous	-208	16



The tables below illustrate that overall, income is performing significantly better than plan but offset by higher levels of expenditure required to maintain additional capacity and deliver higher activity levels.

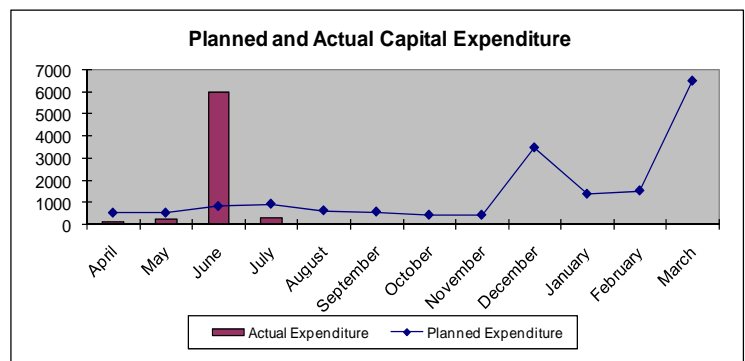
Variance From Plan by Expenditure Type

	Current Period £000	Year to Date £000
Patient Income	281	844
Other Income	170	144
Medical Pay	-183	-432
Nursing	-107	-271
Other Pay	151	303
Drugs & Consumables	-113	-238
Other Non Pay	-188	-301
Interest	5	18



Capital Expenditure

Planned and actual capital expenditure by month is summarised in the adjacent graph. With the exception of expenditure on Grove Lane land, progress on other schemes has been relatively slow but expected to be broadly in line with plan by the year end.

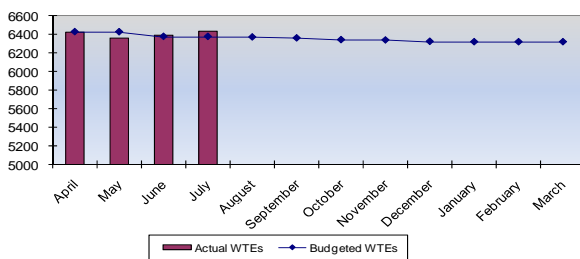


Financial Performance Report – July 2010

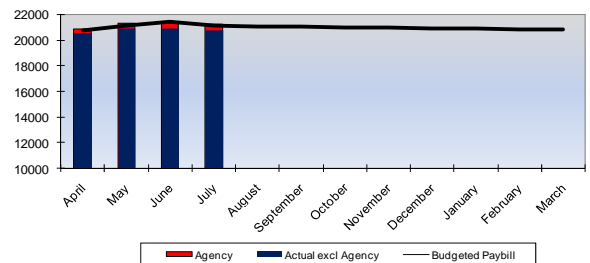
Paybill & Workforce

- Workforce numbers, including the impact of agency workers, are approximately 62 wtes above plan for July. This represents an increase in the actual number of wtes of around 46 compared with the position in June.
- Total pay costs (including agency workers) are £139,000 above budgeted levels for the month and £400,000 for the year to date. The main areas where expenditure is still in excess of plan are nursing and midwifery, healthcare assistants and support staff and medical staff offset to some degree by lower than planned expenditure among other pay groups. Higher than planned levels of spend in key areas are driven, in part at least, by additional capacity continuing to be open.
- Expenditure for agency staff in July was £538,000 compared with £413,000 for June. Again, around half of this expenditure, whether for July or the year to date, relates to medical staff with a significant proportion of medical agency cover residing within the Medicine Division. However, there has been a significant in month increase in the costs of scientific & technical staff, predominantly in pharmacy and within the Imaging Division.

Budgeted and Actual WTEs (Including Agency Workers)



Budgeted and Actual Paybill



Pay Variance by Pay Group

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

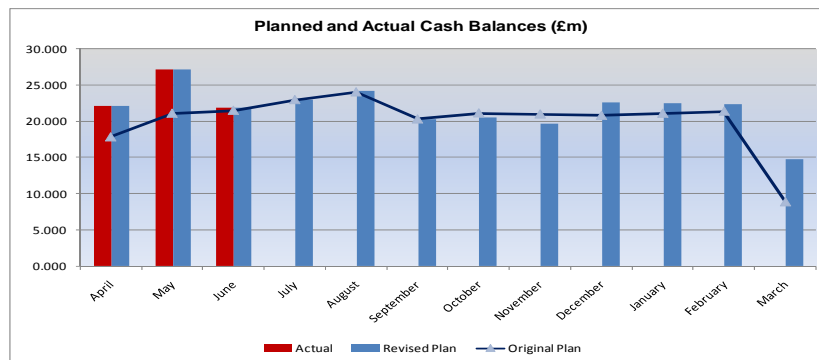
Analysis of Total Pay Costs by Staff Group						
	Year to Date to July					
	Budget £000	Actual				Variance £000
		Substantive £000	Bank £000	Agency £000	Total £000	
Medical Staffing	24,497	24,112		817	24,929	(432)
Management	4,471	4,213		0	4,213	258
Administration & Estates	9,579	9,356		295	9,651	(72)
Healthcare Assistants & Support Staff	9,098	8,405	614	283	9,302	(204)
Nursing and Midwifery	24,839	23,717	1,153	240	25,110	(271)
Scientific, Therapeutic & Technical	11,877	11,463		143	11,606	271
Other Pay	50	0			0	50
Total Pay Costs	84,411	81,266	1,767	1,778	84,811	(400)

Financial Performance Report – July 2010

Balance Sheet

- The opening Statement of Financial Position (balance sheet) for the year at 1st April reflects the statutory accounts for the year ended 31st March 2010.
- Cash balances at 31st July are approximately £0.4m higher than the revised plan.

Sandwell & West Birmingham Hospitals NHS Trust				
STATEMENT OF FINANCIAL POSITION				
		Opening Balance as at March 2010 £000	Balance as at July 2010 £000	Forecast at March 2011 £000
Non Current Assets	Intangible Assets	426	375	400
	Tangible Assets	220,296	222,665	222,598
	Investments	0	0	0
	Receivables	1,158	1,275	1,350
Current Assets	Inventories	3,439	3,559	3,450
	Receivables and Accrued Income	19,289	20,041	19,500
	Investments	0	0	0
	Cash	15,867	23,423	14,743
Current Liabilities	Payables and Accrued Expenditure	(31,962)	(44,956)	(36,206)
	Loans	0	0	0
	Borrowings	(1,698)	(1,685)	(1,690)
	Provisions	(5,338)	(3,402)	(5,000)
Non Current Liabilities	Payables and Accrued Expenditure	0	0	0
	Loans	0	0	0
	Borrowings	(32,476)	(31,910)	(30,786)
	Provisions	(2,175)	(2,050)	(2,150)
		186,826	187,335	186,209
Financed By				
Taxpayers Equity	Public Dividend Capital	160,231	160,231	160,231
	Revaluation Reserve	36,545	36,575	36,575
	Donated Asset Reserve	2,148	2,148	1,698
	Government Grant Reserve	1,103	1,103	1,043
	Other Reserves	9,058	9,058	9,058
	Income and Expenditure Reserve	(22,259)	(21,780)	(22,396)
		186,826	187,335	186,209



Sandwell and West Birmingham Hospitals



NHS Trust

Financial Performance Report – July 2010

Cash Flow

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

Sandwell & West Birmingham Hospitals NHS Trust													
CASH FLOW													
12 MONTH ROLLING FORECAST AT July 2010													
ACTUAL/FORECAST	Jul-10 £000s	Aug-10 £000s	Sep-10 £000s	Oct-10 £000s	Nov-10 £000s	Dec-10 £000s	Jan-11 £000s	Feb-11 £000s	Mar-11 £000s	Apr-11 £000s	May-11 £000s	Jun-11 £000s	Jul-11 £000s
Receipts													
SLAs: Sandwell PCT	12,761	13,586	13,586	13,586	13,586	13,586	13,586	13,586	13,586	13,236	13,236	13,236	13,236
HoB PCT	7,114	7,163	7,163	7,163	7,163	7,163	7,163	7,163	7,163	7,022	7,022	7,022	7,022
Associated PCTs	5,109	4,786	4,786	4,786	4,786	4,786	4,786	4,786	4,786	4,765	4,765	4,765	4,765
Pan Birmingham LSCG	1,379	1,399	1,399	1,399	1,399	1,399	1,399	1,399	1,399	1,371	1,371	1,371	1,371
Other SLAs	532	819	819	819	819	819	819	819	819	820	820	820	820
Over Performance Payments	1,162	1000	0	0	0	500	0	0	0	0	750	750	750
Education & Training	1,221	1,506	1,506	1,506	1,506	1,506	1,506	1,506	1,506	1,500	1,500	1,500	1,500
Loans	0												
Interest	7	6	6	6	6	6	6	6	6	6	6	6	6
Other Receipts	3,163	2,004	2,004	2,004	2,004	2,004	2,004	2,004	2,004	2,000	2,000	2,000	2,000
Total Receipts	32,448	32,270	31,270	31,270	31,270	31,770	31,270	31,270	31,270	30,719	31,469	31,469	31,469
Payments													
Payroll	12,150	12,524	12,574	12,503	12,553	12,402	12,495	12,495	12,546	12,450	12,450	12,450	12,450
Tax, NI and Pensions	8,493	8,916	8,951	8,901	8,936	8,829	8,895	8,895	8,931	8,900	8,900	8,900	8,900
Non Pay - NHS	1,715	2,051	2,305	2,064	2,319	1,555	2,076	2,076	2,366	2,000	2,000	2,000	2,000
Non Pay - Trade	7,421	6,152	6,915	6,193	6,957	4,666	6,227	6,227	7,207	6,500	6,500	6,500	6,500
Non Pay - Capital		595	595	595	595	595	940	940	4,808	750	750	750	750
PDC Dividend	0		3,109						2,746				
Repayment of PDC	0												
Repayment of Loans	0												
Interest	0												
BTC Unitary Charge	370	365	365	365	365	365	365	365	365	374	374	374	374
Other Payments	726	400	400	400	400	400	400	400	400	250	250	250	250
Total Payments	30,875	31,002	35,215	31,021	32,125	28,813	31,398	31,398	39,368	31,224	31,224	31,224	31,224
Cash Brought Forward	21,850	23,423	24,691	20,746	20,995	20,140	23,097	22,969	22,841	14,743	14,238	14,483	14,728
Net Receipts/(Payments)	1,573	1,268	(3,945)	249	(855)	2,957	(128)	(128)	(8,098)	(505)	245	245	245
Cash Carried Forward	23,423	24,691	20,746	20,995	20,140	23,097	22,969	22,841	14,743	14,238	14,483	14,728	14,974

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

Risk Ratings			
Measure	Description	Value	Score
EBITDA Margin	Excess of income over operational costs	6.3%	3
EBITDA % Achieved	Extent to which budgeted EBITDA is achieved/exceeded	100.7%	5
Return on Assets	Surplus before dividends over average assets employed	2.7%	2
I&E Surplus Margin	I&E Surplus as % of total income	0.4%	2
Liquid Ratio	Number of days expenditure covered by current assets less current liabilities	-1.5	1
Overall Rating			2.3

Risk Ratings

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

Financial Performance Report – July 2010

External Focus

- Both Sandwell and Heart of Birmingham PCTs are reporting overall financial performance broadly in line with plans and are forecasting a year end position which is also in line with plan. There is some recognition, particularly by Heart of Birmingham PCT, of general over performance but particularly at Sandwell & West Birmingham Hospitals which is consistent with the Trust's view of the LDP position. Over performance is expected to continue as the year progresses.
- The DoH and StHA monitoring of performance of those organisations in receipt of Strategic Change Reserve funding remains in place additional performance and performance will continue to be monitored against a monthly profile for the remainder of the year. Both this profile and the RCRH trajectory are based on a plan which demonstrates downward movements in activity, income and costs. At the moment, while the Trust is in line with plan on a bottom line basis, it is off trajectory as far as individual measures are concerned. The primary driver of this performance is the ongoing high level of non elective activity being experienced.

Conclusions

- For the first four months of the financial year, the Trust has posted a surplus of £479,000 against its statutory accounts target and £319,000 against its DoH control total. Both are £67,000 above the planned position. This includes the impact of the budgetary changes approved at the last meeting of the Trust Board.
- In month, a surplus of £84,000 was posted against the statutory accounts target and £44,000 against the DoH control total, both £16,000 ahead of plan.
- Capital expenditure in July was £335,000, primarily related to statutory standards and linked estates work.
- At 31st July, cash balances are approximately £0.4m higher than the revised cash plan which itself reflects the early than planned payments related to the purchase of land.
- Cost pressures experienced in earlier months, particularly within the Medicine & Emergency Care Division, continue to be an issue although the adverse performance of individual divisions is being managed on a trust wide level leaving an overall position which is better than planned.
- Performance of Corporate Divisions continues to be better than planned and this has made a significant contribution to the overall position of the Trust.
- Although the overall performance of the Trust is satisfactory, the pressures being experienced in some areas will cause increasing problems with meeting financial targets in future months particularly if even greater demands on capacity are experienced during the winter. In addition, it may not be possible for corporate areas to sustain the level of better than planned performance currently being delivered. It is, therefore, essential that all possible action is taken to manage cost pressures inherent within the current position.

Financial Performance Report – July 2010

Recommendations

The Trust Board is asked to:

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

Robert White

Director of Finance & Performance Management

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Monthly Performance Monitoring Report
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Mike Harding, Head of planning & Performance Management
DATE OF MEETING:	26 August 2010

SUMMARY OF KEY POINTS:

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

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

Approval	Receipt and Noting	Discussion
	x	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Financial Management Board and Trust Management Board on 17 August and Finance and Performance Management Committee on 19 August 2010.

Exec Lead	NATIONAL AND LOCAL PRIORITY INDICATORS			March	April	May	June			July			To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS			08/09 Outturn	09/10 Outturn									
				Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	10/11															
RW	Net Income & Expenditure (Surplus / Deficit (-))			£000s	47	▼	114	▼	128	▲	→		105	▼	→		44	▲	319	252	2038		0%	0 - 1%	>1%	2535	2279			
RK	Cancer	2 weeks	%	94.2	▼	93.7	▼	94.6	▲	→		94.3	▼	→			94.2	=>93	=>93	No variation			Any variation	98.6	93.9					
		2 weeks (Breast Symptomatic)	%	94.2	▲	94.0	▼	93.0	▼	→		93.3	▲	→			93.4	=>93	=>93	No variation			Any variation	n/a	93.6 only (Q4)					
		31 Days	%	100	■	100	■	100	■	→		100	■	→			100	=>96	=>96	No variation			Any variation	100	99.7					
		62 Days	%	89.6	▲	90.9	▲	86.0	▼	→		89.4	▲	→			88.6	=>85	=>85	No variation			Any variation	98.6	89.1					
RK	Cancelled Operations	Elective Admissions Cancelled at last minute for non-clinical reasons	%	1.0	■	0.9	▲	1.0	▼	1.2	■	1.0	■	1.0	■	1.6	▼	0.5	■	1.0	■	0.9	<0.8	<0.8	a	<0.8	0.8 - 1.0	>1.0	1.0	0.8
		28 day breaches	No.	0	■	0	■	1	■	→		0	■	→		0	■	1	0	0	3 or less	4 - 6	>6	0		0				
	Delayed Transfers of Care	Total	%	4.9	■	4.3	▲	3.3	■	4.5	■	5.6	■	5.1	■	3.2	■	6.2	▼	4.8	▲	4.4	<3.0	<3.0	b	<3.0	3.0 - 4.0	>4.0	3.1	3.0
		Cardiology	Primary Angioplasty (<150 mins)		100	■	100	■	92	▼	80	▼									93.3	=>80	=>80			=>80	75-79	<75	83.6	86.2
	Rapid Access Chest Pain		%	100	■	100	■	100	■	100	■	100	■	100	■					100	=>98	=>98	>99		98 - 99	<98	100.0	99.7		
	Thrombolysis (60 minutes)		%	no pts		no pts		no pts		no pts										no pts	80	80	>80		75-80	<75	0	no pts		
DO'D	Stroke Care	>90% stay - EXTERNAL (DH) TARGET	%	67.9	▼	60.0	▼	72.5	▲	→		72.0	▼	→		61.4	▼	66.7	60	60	c	=>60	31-59	=<30	36.5	62.0				
		>90% stay - INTERNAL TARGET	%	→	60.0	■	72.5	▲	→		72.0	▼	→		61.4	■	66.7	66	80	No Variation		0 - 2% Variation	>2% Variation	36.5	62.0					
		TIA Investigation / Treatment <24 hours	%	→													60													
RK	A/E 4 Hour Waits		%	98.8	▲	97.8	■	97.9	▲	98.6	▼	97.3	▲	97.8	▼	98.6	■	96.9	▼	97.6	▼	97.77	98	98	d	=>96	95 - 96	<95	98.16	98.55
	GUM 48 Hours	Patients seen within 48 hours	%	82.5	▲	86.0	▲	83.2	▼	→		87.5	▲	→		80.8	▼	84.5	=>90	=>90		=>90	80-89	<80		81.0	86.8			
		Patients offered app't within 48 hrs	%	100	■	100	■	100	■	→		100	■	→		100	■	100	=>98	=>98		=>98	95-98	<95		98.3	99.8			
R0	Infection Control	C. Diff - EXTERNAL (DH) TARGET	No.	16	▼	13	▲	19	▼	8	■	7	■	15	▲	11	■	3	▲	14	▲	61	83	243	e	No variation		Any variation	163	158
		C. Diff - INTERNAL TARGET	No.	16	▼	13	▲	19	■	8	▲	7	■	15	▲	11	▼	3	▲	14	▲	61	50	158		No variation		Any variation	163	158
		MRSA - EXTERNAL (DH) TARGET	No.	1	▲	0	▲	1	▼	0	■	0	▲	0	▲	0	■	2	■	2	■	3	2	6		No variation		Any variation	15	14
RK	Data Quality	Valid Coding for Ethnic Category (FCEs)	%	95	▲	94	▼	94	■	→		94	■	→			94			94	90	90		>=90	89.0-89.9	<89	87.0	95.5		
		Maternity HES	%	6.1	▲	6.8	▼	7.3	▼	→		7.8	▼	→			7.3			7.3	<15	<15		=<15	16-30	>30	n/a	5.8		
RO	Infant Health & Inequalities	Maternal Smoking Status Data Complete	%	99.3	▲	→	→	→	→	99.4	▲	→		99.4	=>98.0	=>98.0		=>98	95-98	<95	99.9	99.3								
		Breast Feeding Status Data Complete	%	99.8	▲	→	→	→	→	99.9	▲	→		99.9	=>98.0	=>98.0		=>98	95-98	<95	97.8	99.3								
		Maternal Smoking Rates	%	11.0	▼	→	→	→	→	12.5	■	→		12.5	<11.5	<11.5		<11.5	11.5 - 12.5	>12.5	12.6	11.6								
		Breast Feeding Initiation Rates	%	64.2	▲	→	→	→	→	63.8	▼	→		63.8	>63.0	>63.0		>63.0	61-63	<61.0	54.2	63.1								
RK	RTT Milestones	Admitted Care (RTT <18 weeks)	%	93.4	▼	94.0	▲	94.0	■	→		93.9	▼	→			93.9*	=>90.0	=>90.0	f	=>90.0	85-90	<85.0	98.6	93.4					
		Admitted Care - Data Completeness	%	102.6	■	95.8	■	101.0	■	→		103.4	■	→			103.4*	90-110	<90 or >110		90-110		<90 or >110	100.4	102.6					
		Non-Admitted Care (RTT <18 weeks)	%	97.6	▼	97.6	■	97.7	▲	→		98.1	▲	→			98.1*	=>95.0	=>95.0		=>95.0	90 - 95	=<90.0	98.8	97.6					
		Non-Admitted Care - Data Completeness	%	92.4	■	91.7	■	93.4	■	→		91.5	■	→			91.5*	90-110	<90 or >110		90-110		<90 or >110	98.1	92.4					
		Audiology Direct Access Waits (<18 wks)	%	100	■	100	■	100	■	→		100	■	→			100*	=>95	=>95		=>95.0	90 - 95	=<90.0	99.0	100.0					
		Audiology Data Completeness	%	94.0	■	109.0	■	108.0	■	→		107.0	■	→			107.0*	90-110	<90 or >110		90-110		<90 or >110	96.0	94.0					
DO'D	Mortality in Hospital	Hospital Standardised Mortality Rate	HSMR	98.6	Dec '09	108.0	Jan '10	89.0	Feb '10	→		83.3	Mar '10	→		77.9	Apr'10	77.9	< Lower Confidence Limit		< Lower Confidence Limit		>Upper Confidence Limit	105.1	93.0					
		Peer (SHA) HSMR	HSMR	89.8		93.5		90.4		→		87.7		→		84.3		84.3					103.9	93.5						
RK	Readmission Rates within 28 days of discharge	Readmission to any specialty	%	11.1		12.5		12.8		15.4		10.7		12.7				12.6	No. Only	No. Only	g				11.6	11.1				
		Readmission to same specialty	%	4.8		6.0		6.3		8.5		3.6		5.7				5.9	No. Only	No. Only					4.6	4.9				
	Readmission Rates within 14 days of discharge	Readmission to any specialty	%	8.5		9.6		9.7		11.5		7.5		9.2				9.5	No. Only	No. Only					7.3	8.5				
		Readmission to same specialty	%	3.9		4.9		5.0		6.6		2.6		4.3				4.7	No. Only	No. Only					3.4	3.8				
RO	Sickness Absence	Long Term	%	3.20	▲	3.01	▲	2.71	■	→		2.68	▲	→		2.73	▼	2.78	<2.95	<2.95		<2.95	2.95-3.30	>3.30	3.16	3.10				
		Short Term	%	1.25	■	0.95	■	0.87	▲	→		1.00	▼	→		0.87	▲	0.92	<1.25	<1.25		<1.25	1.25-1.40	>1.40	1.22	1.31				
		Total	%	4.45	▲	3.96	■	3.58	▲	→		3.68	▼	→		3.60	▲	3.70	<4.20	<4.20		<4.20	4.20-4.70	>4.70	4.38	4.41				
	Learning & Development	PDRs (includes Junior Med staff)	No.	290	▲	229	▼	224	▼	→		257	▲	→		216	▼	926	1780	5341	h	0-15% variation	15 - 25% variation	>25% variation	4518	4748				
		Mandatory Training Compliance	%	71.1	■	74.3	▲	68.7	▼	→		71.5	▲	→		75.7	▲	75.7	100	100		=>80	50 - 79	<50	4044 (No.)	71.1				

Exec Lead	NATIONAL AND LOCAL PRIORITY INDICATORS (Cont'd)		Value £000s		March	April	May	June			July			To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS		
					Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	10/11				
DO'D	CQUIN	VTE Risk Assessment (Adult IP)	454	%		0.1 ■	0.6 ▲	→		14.6 ▲	→		14.2 ▼	14.2*	40	90	i	=>90		<90
RO		Breast Feeding (At D'charge from M'wife)	420	%			→	Baseline to be established in Q1			→				Base +10%					
RO		Tissue Viability - assessment <12hrs	210	%			→	→		86.0 ■	Measured through quarterly audit			86.0 (Q1)	75	75		=>75		<75
RO		Tissue Viability - Hosp Acq'd Grade 2/3/4	84	%			→	→		-7.3 ■	Measured through quarterly audit			-7.3	-2.50%	Base - 10%		=>-2.5%		<-2.5%
RO		Tissue Viability - TTR of Grade 3/4	126	%			→	All TTRs are up to date		100 ■	Measured through quarterly audit			100 (Q1)	100	100		100		<100
RO		Inpatient Falls Assessment	420	%			→			83.6 ■	Measured through quarterly audit			83.6 (Q1)	75	75				
RO		Inpatient Falls reduction		%		→	-39.0 ■						-39.0	-2.50%	Base - 10%	=>-2.5%			<-2.5%	
RO		Inpatient Falls - TTR of all Fractures		%			100 ■						100	100	100	100			<100	
DO'D		Brain Imaging for Em. Stroke Admissions	420	%	93.6 ▲	85.7 ▼	86.8 ▲	→		87.9 ▲	→		72.2 ■	84.2	81.0	90.0		No Variation	0 - 2% Variation	>2% Variation
RK		Hip Fracture Op's <24 hours of admission	420	%		35.1 ■	36.0 ▼			51.6 ■			77.3 ■	77.3*	58.0	70.0		No Variation	0 - 2% Variation	>2% Variation
DO'D		Smoking - Brief Intervention in OP	420	No.		154 ■	162 ▲	→		151 ▼	→		166 ▲	613	667	2000		=>167	per month	<167
RK		Safer Prescribing of Warfarin	420	%			65.13 ■	Re-audit at 6 months			Re-audit at 6 months			65.13 (M2)	65.0	65.0		=>65		<65
RO		Patient Experience	454	%			→	Composite of 5 Qs - Survey October			Composite of 5 Qs - Survey October					09/10 +2%				
DO'D		Think Glucose	420				→	Participation in Think Glucose Programme			Participation in Think Glucose Programme									
RK	CQUIN (Specialised Commissioners)	Parent's consultation with senior clinician	51	%		61	42	86			72			65.6						
		Neonates Offered Breast Milk	51	%		61	63	69			67			64.7						
		Herceptin Home Delivery	85	%			→	Introduction of service in Q2			Introduction of service in Q2			Service Live		95.0		=>95		<95

CLINICAL QUALITY

R0	Infection Control	Savings Lives Compliance	%	99 ■	100 ▲	99 ▼	→		100 ▲	→		100 ■	100*	>95	>95
		MRSA Screening (Elective)	No.	2707	2312 ■	2353 ▲	→		2824 ▼	→		2360 ▼	9849	9960	30000
		MRSA Screening (Non-Elective)	No.	2408	2518 ■	2487 ▼	→		2544 ▲	→		2607 ▼	10156	10170	30000
DO'D	Obstetrics	Post Partum Haemorrhage (>2000 ml)	No.	0 ▲	0 ■	0 ■	1 ▼	1 ▼	2 ▼	0 ▲	0 ▲	0 ▲	2	16	48
		Admissions to Neonatal ICU	%	3.3 ▲	5.3 ▼	5.1 ▲	1.9 ▲	6.2 ▲	4.5 ▲	3.6 ▼	5.4 ▲	4.7 ▼	4.9	=<10	=<10
		Adjusted Perinatal Mortality Rate	/1000	10.9 ■	14.1 ▼	6.4 ■	4.8 ■	9.3 ■	7.5 ▼				7.5*	<8.0	<8.0
		Caesarean Section Rate	%	22.7 ▲	26.1 ■	19.8 ■	25.6 ■	20.5 ▼	22.5 ▼	28.2 ■	25.3 ■	26.4 ■	23.7	<25.0	<25.0

FINANCE & FINANCIAL EFFICIENCY

RW	Gross Margin		£000s	4603 ▲	2267 ▼	2189 ▲	→		2164 ▼	→		719 ▲	7569	7520	26711
	CIP		£000s	1254 ▲	1332 ■	1425 ■	→		1580 ■	→		1666 ▲	6190	6227	20840
	In Year Monthly Run Rate		%	27.03 ▼	4.59 ▼	197.67 ▲	→		16.67 ▼	→		57.14 ▲	26.59	0	0
RK	Income / WTE		£s	5877 ▲	5021 ■	5150 ■	→		5090 ■	→		5127 ■	5097	5127	5127
	Income / Open Bed		£s	38857 ▲	33600 ▼	34137 ▲	→		34732 ▲	→		35240 ▲	34127	32697	32697
	Income per Spell	Total Income	£s	3250 ▲	3063 ▼	3065 ▲	→		2884 ■	→		2914 ■	2978	2908	2908
		Clinical Income	£s	2553 ■	2759 ■	2749 ▼	→		2573 ■	→		2609 ■	2669	2580	2580
		Non-Clinical Income	£s	697 ▲	304 ■	316 ■	→		311 ■	→		305 ▼	309	328	328
	Cost per Spell	Total Cost	£s	3244 ▼	3052 ▲	3061 ▼	→		2882 ■	→		2907 ■	2966	2891	2891
		Total Pay Cost	£s	1841 ■	2012 ■	2030 ▼	→		1923 ■	→		1922 ▼	1970	1909	1909
		Medical Pay Cost	£s	526 ■	577 ■	576 ▲	→		541 ■	→		548 ▼	560	555	555
		Nursing Pay Cost (including Bank)	£s	596 ■	696 ■	609 ■	→		585 ▲	→		578 ▲	592	660	660
		Non-Pay Cost	£s	1402 ▼	1040 ▲	1031 ▲	→		960 ■	→		984 ■	996	982	982
		Mean Drug Cost / IP Spell	£s	143 ■	134 ▲	134 ■	→		121 ■	→		136 ■	131	124	124
		Mean Drug Cost / Occupied Bed Day	£s	60 ▼	53 ▲	52 ▲	→		52 ■	→		55 ▼	53	49	49

< YTD target		> YTD target
0-15%	16-30%	>30%
0-15%	16-30%	>30%
=<2	3 - 4	>4
=<10	10.0-12.0	>12.0
<8	8.1 - 10.0	>10
=<25.0	25-28	>28.0

08/09 Outturn	09/10 Outturn
n/a	n/a
n/a	n/a
n/a	n/a
n/a	n/a
n/a	n/a
n/a	n/a
n/a	n/a
n/a	n/a
72.0	81.8
n/a	55.0
7	1164
n/a	n/a
n/a	n/a
n/a	n/a
n/a	n/a
n/a	n/a
n/a	n/a

99.0	99.0
6495	24710
n/a	18571
	10
	5.5
	10.9
27.0	23.3

26436	30436
11084	15075
1.4	0.44
5014	5058
30498	32697
2701	2908
2400	2580
301	328
2682	2891
1785	1909
532	555
625	660
897	982
120	124
47	49

Exec Lead	PATIENT EXPERIENCE			March	April	May	June		July			To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS												
				Trust	Trust	Trust	S'well	City	Trust	S'well	City		Trust	YTD		10/11												
RK	Same Sex Accommodation Breaches	Number of Breaches	No.	721	▼	960	■	802	▲	→		897	■	→		784	▼	3443	2000	6000	k	<500 pcm	501 -800 pcm	>800 pcm				
		Percentage of overall admissions	%	5.81	▼	7.91	■	5.44	■	→		6.83	■	→		7.50	■	7.64	<3%	<3%		<3%	3 - 6%	>6%				
KD	Complaints	Number Received	No.	213		→	→	→		→			875 (09/10)	No. Only	No. Only		80%+	70 - 79%	<70%									
		Response within initial negotiated date	%	70.4	■	→	→	→		→			70.6 (09/10)	85	85													
	Thank You Letters		No.	664		→	→	→		→			2286 (09/10)	No. Only	No. Only													
RK	Elective Access Contact Centre	Number of Calls Received	No.	14286		11589		12550	→	13550		→		37689	No. Only	No. Only		No variation	0 - 10% variation	>10% variation								
		Average Length of Queue	mins	2.56	▲	2.00	▲	3.01	▼	→		2.11	▲	→		2.11*		0.5	0.5	No variation	0 - 10% variation	>10% variation						
		Maximum Length of Queue	mins	39.6	▼	30.1	▲	26.5	▲	→		22.0	▲	→		22.0*		6.0	6.0	No variation	0 - 10% variation	>10% variation						
	Telephone Exchange	Number of Calls Received	No.	84026		74895		75300	→	77711		→		72874	300780	No. Only		No. Only										
		Calls Answered	%	84.1		88.3		90.4		90.9				91.5	90.3	No. Only		No. Only										
		Answered within 15 seconds	%	39.0		47.5		51.9		52.9				54.4	51.7	No. Only		No. Only										
		Answered within 30 seconds	%	53.2		62.6		68.1		69.1				70.7	67.6	No. Only		No. Only										
		Average Ring Time	Secs	36.0		28.3		24.3		23.8				22.0	22.0*	No. Only		No. Only										
		Longest Ring Time	Secs	646		727		588		755				800	800*	No. Only		No. Only										
		STRATEGY																										
RK	Referrals	Total By Site	No.	18584	▲	15995	▼	15480	▲	→		16560	▼	→			48035	45938	192945	No Variation	0 - 2% Variation	>2% Variation						
		Total GP Referrals	No.	12326	▲	10591	▼	10439	▲	→		11430	▼	→			32460	30237	127001	No Variation	0 - 2% Variation	>2% Variation						
		Total Other Referrals	No.	6258	▲	5404	▼	5041	▲	→		5130	■	→			15575	15701	65944	No Variation	0 - 2% Variation	>2% Variation						
		By PCT - Heart of B'ham	No.	5073	▲	4349	▼	4336	▲	→		4713	▼	→			13398	12525	52604	No Variation	0 - 2% Variation	>2% Variation						
		By PCT - Sandwell	No.	9333	▲	8000	▼	7772	▲	→		8390	▼	→			24162	23023	96699	No Variation	0 - 2% Variation	>2% Variation						
		By PCT - Other	No.	4178	▲	3646	▼	3372	■	→		3457	■	→			10475	10391	43642	No Variation	0 - 2% Variation	>2% Variation						
		Conversion (all referrals) to New OP Att'd	%	84.8		80.0		84.1		→		89.6		→			84.5	No. Only	No. Only	No Variation	0 - 2% Variation	>2% Variation						
		OP Source of Referral Information	%	1.01	▲	0.88	▲	0.82	▲	→		1.95	▼	→		0.90	▲	1.16	=<5.0	=<5.0	No variation		Any variation					
ACTIVITY																												
RK	Spells	Elective IP	No.	1341	▲	1073	▼	1026	▲	→		1049	■	→		1033	▼	4028	4197	12641	I	No Variation	0 - 2% Variation	>2% Variation				
		Elective DC	No.	5105	▲	4240	▼	4306	▲	→		4939	▼	→		4682	▼	18159	15188	45747		No Variation	0 - 2% Variation	>2% Variation				
		Total Elective	No.	6446	▲	5313	▼	5332	▲	→		5988	▼	→		5715	▼	22187	19285	58338		No Variation	0 - 2% Variation	>2% Variation				
		Non-Elective - Short Stay	No.	1428	▼	1296	■	894	■	→		1369	■	→		1432	▼	5829	5326	15712		No Variation	0 - 2% Variation	>2% Variation				
		Non-Elective - Other	No.	3950	▼	3767	▲	4288	■	→		3736	■	→		3918	▲	14883	15764	46502		No Variation	0 - 2% Variation	>2% Variation				
		Total Non-Elective	No.	5378	▼	5063	■	5182	▲	→		5105	■	→		5350	■	20712	21091	62214		No Variation	0 - 2% Variation	>2% Variation				
	Outpatients	New	No.	15595	▲	12748	▼	13023	▲	→		14839	▼	→		14200	▼	55094	51723	155792		No Variation	0 - 2% Variation	>2% Variation				
		Review	No.	42309	▲	35633	▼	34674	▲	→		39287	▼	→		37893	▼	149038	131875	397213		No Variation	0 - 2% Variation	>2% Variation				
	A/E Attendances	Type I (Sandwell & City Main Units)	No.	15921	▲	15485	▼	16549	▲	6586	▼	8949	▼	15535	▼	6961	▲	8247	▼	15208		▲	63241	69256	191845	No Variation	0 - 2% Variation	>2% Variation
	A/E Attendances	Type II (BMEC)	No.	3061	▼	3010	■	2996	■	→	3100	▲	3100	▲	→	2998	▲	2998	▲	12128		12683	35133	No Variation	0 - 2% Variation	>2% Variation		

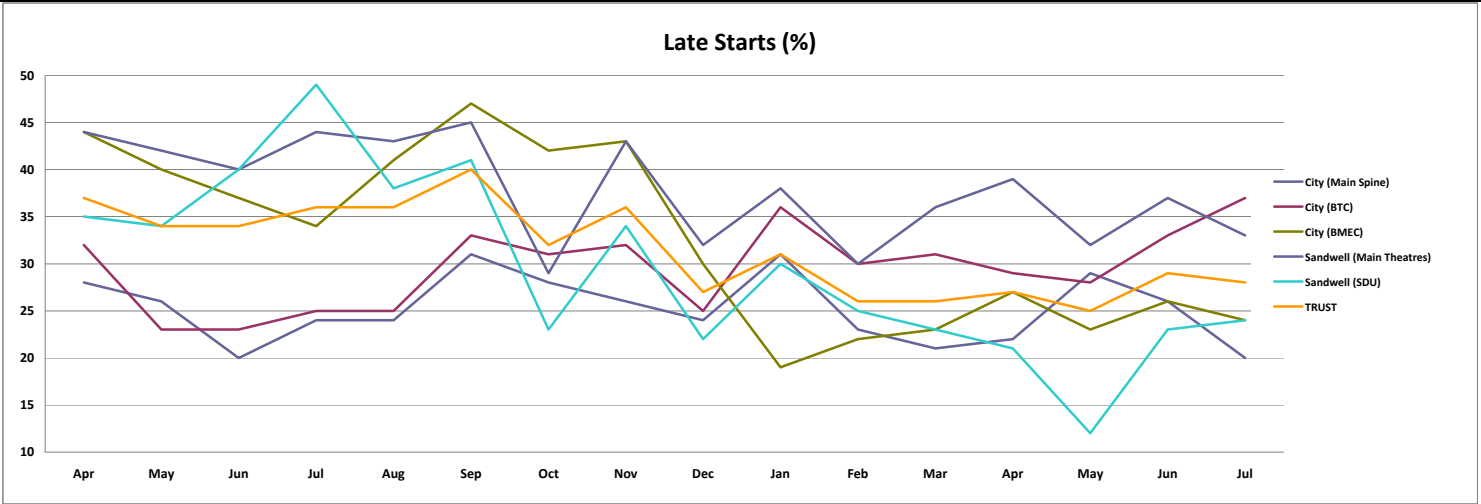
08/09 Outturn	09/10 Outturn
n/a	3711 (Nov - Mar)
n/a	6.47 (Nov - Mar)
789	875
81.1	70.6
2912	2286
190434	incomplete data
0.44	
17.4	
1559688	1100521
82.3	83.6
39.1	43.8
55.5	58.8
28.8	36.0
695	646
178070	192945
120138	127001
57932	65944
49859	52604
87779	96699
40453	43642
85.9	85.3
10.0	1.4
13106	13722
50873	52729
63979	66451
12770	18769
56226	47072
68996	65841
152923	164358
374867	425850
191141	190254
30800	34836
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Exec Lead	PATIENT ACCESS & EFFICIENCY			March	April	May	June			July			To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS			08/09 Outturn	09/10 Outturn								
				Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		S'well	City		Trust	YTD	10/11										
RK	Waiting Times	Diagnostic Waits greater than 6 weeks	No.	3	▲	4	▼	41	▼	→		19	▲	→		5	▲	5*	0	0	a	0		>0	26	3			
	Length of Stay	Average Length of Stay	Days	4.2	▲	4.4	▼	4.0	▲	4.4	▼	4.0	▼	4.2	▼			4.18	5.0	5.0		No Variation	0 - 5% Variation	>5% Variation	5.0	4.4			
		All Patients with LOS > 14 days	No.	356		326		338		165		162		327		174	145	319		No. Only		No. Only			312	356			
		All Patients with LOS > 28 days	No.	195		187		196		89		87		176		98	90	188		No. Only		No. Only			152	195			
		Min. Stay Rate (Electives (IP/DC) <2 days)	%	92.5	▼	93.1	▲	93.5	▲	96.0	▼	91.7	■	93.5	■	95.9	▼	91.4	▼	93.3		▼	92.0	92.0	No Variation	0 - 5% Variation	>5% Variation	91.6	92.3
	Admissions	Day of Surgery (IP Elective Surgery)	%	87.3	▼	89.8	▲	88.7	▼	89.5	▼	88.0	▲	88.5	▼	92.5	▲	89.4	▲	90.4	▲	82.0	82.0	No Variation	0 - 5% Variation	>5% Variation	79.4	85.5	
		Day of Surgery (IP Non-Elective Surgery)	%	70.0		71.7		70.9		68.1		72.4		70.4		70.9		73.2		72.1		No. Only	No. Only			70.2	69.7		
		With no Procedure (Elective Surgery)	%	9.4		7.7		8.1		11.9		8.1		9.3						8.4		No. Only	No. Only			10.6	9.7		
		Per Bed (Elective)	No.	5.58	▲	5.40	▼	5.32	▼	4.88	▲	6.16	■	5.55	▲	6.01	■	7.74	▲	6.91	■	5.90	5.90	No Variation	0 - 5% Variation	>5% Variation	5.33	5.49	
	Discharges	Pt's Social Care Delay	No.	28	■	15	■	31	■	14	▼	20	▼	34	▼	10	■	17	▲	27	▲	b	No Variation	0 - 10% Variation	>10% Variation				
		Pt.'s NHS & NHS plus S.C. Delay	No.	12	■	12	■	6	■	4	▼	8	■	12	■	2	▲	8	■	10	■		No Variation	0 - 10% Variation	>10% Variation				
	Beds	Occupied Bed Days	No.	27959	▲	26314	▲	26949	▲	10967	▲	15005	■	25972	▲	13134	▼	14273	■	27407	▼	c	No Variation	0 - 5% Variation	>5% Variation	342793	331946		
		Occupancy Rate	%	85.4	■	85.6	■	86.8	■	87.6	■	85.5	■	86.5	■	89.4	■	86.1	■	87.7	■		86.5-89.5	85.5-86.4 or 89.6-90.5	<85.5 or >90.5	90.3	86.0		
		Open at month end (exc Obstetrics)	No.	989	▲	944	■	976	▼	437		484		921	■	433		482		915	▲		No Variation	0 - 2% Variation	>2% Variation	975	989		
	Day Case Rates	All Procedures	%	79.2	▼	79.8	▲	80.8	■	85.3	▲	78.7	▲	81.5	▲	85.8	▲	77.8	▼	81.1	▼	d	No Variation	0 - 5% Variation	>5% Variation	79.0	79.4		
		BMEC Procedures	%	79.5	■	82.8	■	82.6	▼	→		82.7	▲	82.7	▲	→		75.8	■	75.8	■		No Variation	0 - 5% Variation	>5% Variation	79.7	79.7		
	Non-Admitted Care	New : Review Rate	Ratio	2.72	▼	2.80	▼	2.66	▲	2.80	▲	2.58	■	2.65	▲	2.89	▼	2.56	▲	2.67	▼	e	No Variation	0 - 5% Variation	>5% Variation	2.45	2.59		
		DNA Rate - New Referrals	%	12.5	▲	13.4	▼	14.1	▼	13.7	▼	15.8	▼	15.1	▼	13.1	▲	14.3	▲	13.9	▲		No Variation	0 - 5% Variation	>5% Variation	12.0	13.5		
		DNA Rate - Reviews	%	11.8	▲	11.8	■	12.8	▼	13.1	▼	13.5	▼	13.3	▼	12.7	▲	12.6	▲	12.6	▲		No Variation	0 - 5% Variation	>5% Variation	13.5	12.3		
		OP Cancellations - Trust Initiated	No.	3532		3757		3449		→		3791		→				10997		No. Only	No. Only				n/a	20348 (Mar)			
OP Cancellations - Patient Initiated		No.	3568		3322		3576		→		3922		→				10820		No. Only	No. Only				n/a	22820 (Oct-Mar)				
OP Cancellations as % OP activity		%	12.3		14.6		14.7		→		14.3		→				14.5		No. Only	No. Only				n/a	14.4 (Oct-Mar)				
Diagnostic Report Turnaround	Cervical Cytology Turnaround	Weeks	0.9	▲	0.9	■	0.9	■	→		2.4	▼	→		1.0	▲	1.0*	<4.0	<4.0	f	<4.0	4.0-6.0	>6.0	2.7	0.9				
Ambulance Turnaround	In Excess of 30 minutes	%	23.9	▼	20.5	▲	23.9	▼	36.2	▼	23.5	▲	29.0	▼	28.9	▲	23.5	■	25.9		▲	<10	10 - 12.5	>12.5	19.0	23.9			
	(West Midlands average)	%	25.5		26.2		29.7		→		32.3		→		30.9		30.9*	No. Only	No. Only						21.0	25.5			
In Excess of 60 minutes	No.	46	▼	45	▲	41	▲	56	▼	19	▲	75	▼	26	▲	19	■	45	▲	45*	0	0	0	1 - 5	>5		46		
THEATRE UTILISATION																													
RK	Sitrep Declared Late Cancellations by Specialty	General Surgery	No.	5	■	8	■	17	▼	4		0		4	■	2		3		5	▼	a	0-5% variation	5 - 15% variation	>15% variation	104	81		
		Urology	No.	9	■	7	▼	1	■	3		9		12	■	14		0		14	▼		0-5% variation	5 - 15% variation	>15% variation	102	48		
		Vascular Surgery	No.	2	■	0	■	1	■	0		1	■	0		0		0	■	2			0-5% variation	5 - 15% variation	>15% variation	7	8		
		Trauma & Orthopaedics	No.	2	▼	2	■	4	▼	5		3		8	■	3		1		4	■		0-5% variation	5 - 15% variation	>15% variation	75	66		
		ENT	No.	0	▲	1	▼	2	■	0		1		1	■	0		3		3	■		0-5% variation	5 - 15% variation	>15% variation	23	23		
		Ophthalmology	No.	18	▼	17	▼	14	▲	1		9		10	■	3		3		6	▲		0-5% variation	5 - 15% variation	>15% variation	153	139		
		Oral Surgery	No.	2	■	0	■	0	■	0		2	■	0		0		0	■	2			0-5% variation	5 - 15% variation	>15% variation	19	24		
		Cardiology	No.	1	▼	1	■	2	▼	3		1		4	■	0		0	■	7			0-5% variation	5 - 15% variation	>15% variation	31	7		
		Gynaecology / Gynae-Oncology	No.	9	■	5	■	3	▲	0		0		0	▲	5		3		8	■		0-5% variation	5 - 15% variation	>15% variation	71	63		
		Plastic Surgery	No.	1	▼	1	■	2	■	0		0		0	■	0		0	■	3			0-5% variation	5 - 15% variation	>15% variation	21	11		
		Dermatology	No.	9	■	0	■	4	■	0		0		0	■	0		1		1	▼		0-5% variation	5 - 15% variation	>15% variation	24	27		
		TOTAL	No.	58	■	42	■	50	■	16		26		42	■	27		14		41	▲		175	141	422			630	497
		Page 4 of 6																											

Exec Lead	WORKFORCE			March	April		May		June			July			To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS			08/09 Outturn	09/10 Outturn			
				Trust	Trust		Trust		S'well	City	Trust	S'well	City	Trust		YTD	10/11									
RK	WTE in Post	Total	No.	6539	■	6317	■	6257	▲	→		6285	▼	→		6289	▼	6289*	6374	6107		No Variation	0 - 1% Variation	>1% Variation	6042	6539
		Medical and Dental	No.	825	■	739	■	755	▼	→		740	▲	→		750	▼	750*	779	790		No Variation	0 - 1% Variation	>1% Variation	755	825
		M'ment, Admin. & HCAs	No.	2046	■	2019	■	2574	■	→		2561	▲	→		2567	▲	2567*	2719	2492		No Variation	0 - 1% Variation	>1% Variation	1852	2046
		Nursing & Midwifery (excluding Bank)	No.	2385	▼	2342	▼	1784	■	→		1779	▼	→		1780	▼	1780*	1825	1822		No Variation	0 - 1% Variation	>1% Variation	2259	2385
		Scientific and Technical	No.	1002	▼	987	▲	980	▲	→		978	▲	→		969	▲	969*	1051	1003		No Variation	0 - 1% Variation	>1% Variation	913	1002
		Bank Staff	No.	281		230		164		→		227		→		222		222*	No. Only	No. Only					260	281
		Gross Salary Bill	£000s	21768	■	20875	■	21343	■	→		21327	■	→		21269	■	84811	84411	250319		No Variation	0 - 1% Variation	>1% Variation	238674	252557
RK	Bank & Agency	Nurse Bank Fill Rate	%	86.9		89.1		86.6		→		86.5		→		87.1		87.3	No. Only	No. Only	n				81.8	85.1
		Nurse Bank Shifts covered	No.	5534	■	4419	■	4213	▲	→		4239	▼	→		4325	▲	17199	20540	61621		0 - 2.5% Variation	2.5 - 5.0% Variation	>5.0% Variation	69675	61621
		Nurse Agency Shifts covered	No.	509	▲	320	■	363	▼	→		331	▲	→		225	▲	1241	1588	4765		0 - 5% Variation	5 - 10% Variation	>10% Variation	4765	5388
		Nurse Bank AND Agency Shifts covered	No.	6043	■	4739	■	4576	▲	→		4570	▲	→		4550	▲	18440	22128	66386		0 - 2.5% Variation	2.5 - 5.0% Variation	>5.0% Variation	74440	67009
		Nurse Bank Costs	£000s	529	▲	424	▲	404	▲	→		482	▼	→		457	▲	1767	2135	6404		0 - 2.5% Variation	2.5 - 5.0% Variation	>5.0% Variation	6844	6263
		Nurse Agency Costs	£000s	249	■	51	■	74	▼	→		65	▲	→		50	▲	240	331	992		0 - 5% Variation	5 - 10% Variation	>10% Variation	832	1268
		Medical Agency Costs	£000s	436	▼	148	▲	239	▼	→		189	▲	→		239	▼	815	397	1192		0 - 5% Variation	5 - 10% Variation	>10% Variation	2026	2384
		Medical Locum Costs	£000s	246	▼	287	▼	360	▼	→		230	▲	→		237	▼	1114	750	2250		0 - 2.5% Variation	2.5 - 5.0% Variation	>5.0% Variation	2747	2896
		Med Ag./Loc Costs as % Total Med Costs	%			7.1		9.3		→		6.7		→		7.6		7.7	No. Only	No. Only					6.6	7.0
		Med Staff Exp variance from Budget	%			2.5	■	3.9	▼	→		3.2	▲	→		3.9	▼	3.40	0	0		No Variation	0 - 1% Variation	>1% Variation	2.86	3.24
RK		Other Agency Costs	£000s	293	▼	161	▲	154	▲	→		159	▼	→		249	▼	723	470	1410	0 - 5% Variation	5 - 10% Variation	>10% Variation	3759	2600	
RK/KD		Agency Spend cf. Total Pay Spend	%	4.49	▼	1.72	■	2.19	■	→		1.95	■	→		2.19	■	1.96	<2.00	<2.00	<2	2 - 2.5	>2.5	2.77	2.47	
RO	Recruitment & Retention	Permission to Recruit	wte	47		36		94		→		76		→		73		279	No. Only	No. Only				1124	813	
		New Starters	wte	73		44		31		→		14		→		27		116	No. Only	No. Only				1066	1017	
		Leavers	wte	121		54		58		→		45		→		48		205	No. Only	No. Only				999	928	
		Inductions	No.	49		32		34		→		43		→		122		231	No. Only	No. Only				896	805	
KEY TO PERFORMANCE ASSESSMENT SYMBOLS																										
▲	Fully Met - Performance continues to improve																									
■	Fully Met - Performance Maintained																									
▼	Met, but performance has deteriorated																									
▲	Not quite met - performance has improved																									
■	Not quite met																									
▼	Not quite met - performance has deteriorated																									
▲	Not met - performance has improved																									
■	Not met - performance showing no sign of improvement																									
▼	Not met - performance shows further deterioration																									
Please note: Although actual performance within the period may have improved, this may not always be reflected by a symbol which reflects this, if the distance from trajectory has worsened																										
																								Page 5 of 6		

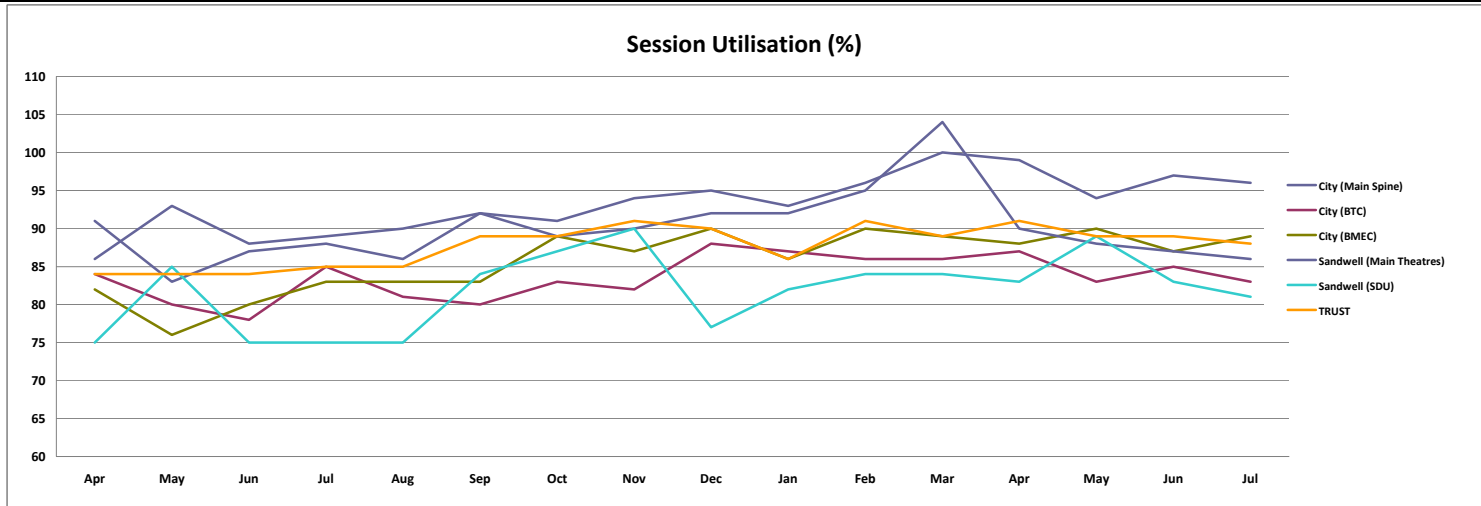
LATE STARTS (%)	2009 / 2010												2010 / 2011				
Theatre Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
City (Main Spine)	28	26	20	24	24	31	28	26	24	31	23	21	22	29	26	20	
City (BTC)	32	23	23	25	25	33	31	32	25	36	30	31	29	28	33	37	
City (BMEC)	44	40	37	34	41	47	42	43	30	19	22	23	27	23	26	24	
Sandwell (Main Theatres)	44	42	40	44	43	45	29	43	32	38	30	36	39	32	37	33	
Sandwell (SDU)	35	34	40	49	38	41	23	34	22	30	25	23	21	12	23	24	
TRUST	37	34	34	36	36	40	32	36	27	31	26	26	27	25	29	28	

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



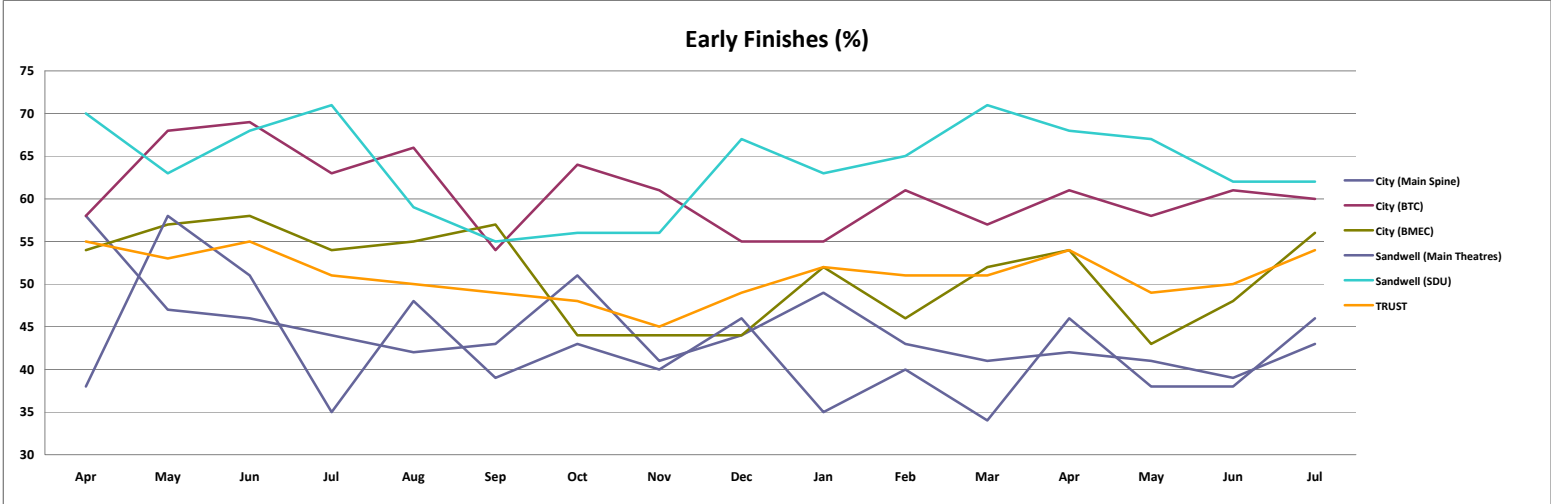
SESSION UTILISATION (%)	2009 / 2010												2010 / 2011				
Theatre Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
City (Main Spine)	86	93	88	89	90	92	91	94	95	93	96	100	99	94	97	96	
City (BTC)	84	80	78	85	81	80	83	82	88	87	86	86	87	83	85	83	
City (BMEC)	82	76	80	83	83	83	89	87	90	86	90	89	88	90	87	89	
Sandwell (Main Theatres)	91	83	87	88	86	92	89	90	92	92	95	104	90	88	87	86	
Sandwell (SDU)	75	85	75	75	75	84	87	90	77	82	84	84	83	89	83	81	
TRUST	84	84	84	85	85	89	89	91	90	86	91	89	91	89	89	88	

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



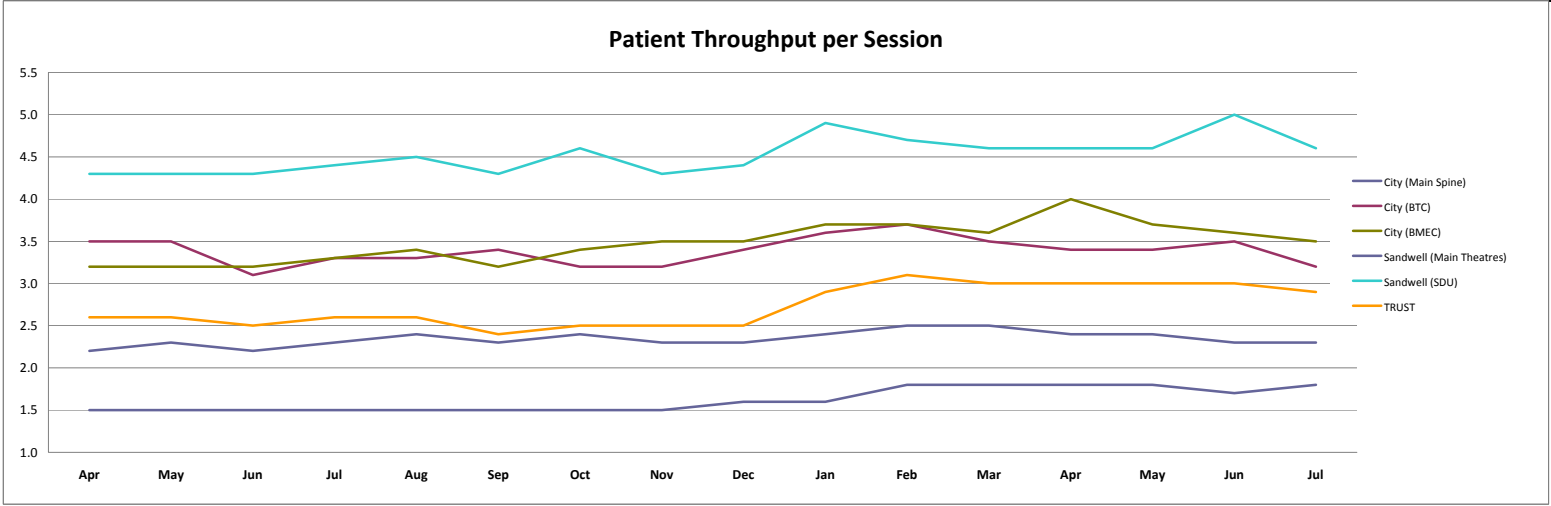
EARLY FINISHES (%)	2009 / 2010												2010 / 2011				
Theatre Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
City (Main Spine)	58	47	46	44	42	43	51	41	44	49	43	41	42	41	39	43	
City (BTC)	58	68	69	63	66	54	64	61	55	55	61	57	61	58	61	60	
City (BMEC)	54	57	58	54	55	57	44	44	44	52	46	52	54	43	48	56	
Sandwell (Main Theatres)	38	58	51	35	48	39	43	40	46	35	40	34	46	38	38	46	
Sandwell (SDU)	70	63	68	71	59	55	56	56	67	63	65	71	68	67	62	62	
TRUST	55	53	55	51	50	49	48	45	49	52	51	51	54	49	50	54	

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



THROUGHPUT / SESSION	2009 / 2010												2010 / 2011				
Theatre Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
City (Main Spine)	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.6	1.6	1.8	1.8	1.8	1.8	1.7	1.8	
City (BTC)	3.5	3.5	3.1	3.3	3.3	3.4	3.2	3.2	3.4	3.6	3.7	3.5	3.4	3.4	3.5	3.2	
City (BMEC)	3.2	3.2	3.2	3.3	3.4	3.2	3.4	3.5	3.5	3.7	3.7	3.6	4.0	3.7	3.6	3.5	
Sandwell (Main Theatres)	2.2	2.3	2.2	2.3	2.4	2.3	2.4	2.3	2.3	2.4	2.5	2.5	2.4	2.4	2.3	2.3	
Sandwell (SDU)	4.3	4.3	4.3	4.4	4.5	4.3	4.6	4.3	4.4	4.9	4.7	4.6	4.6	4.6	5.0	4.6	
TRUST	2.6	2.6	2.5	2.6	2.6	2.4	2.5	2.5	2.5	2.9	3.1	3.0	3.0	3.0	3.0	2.9	

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



Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

DOCUMENT TITLE:	The NHS Performance Framework Monitoring Report and summary performance assessed against the NHS FT Governance Risk Rating (FT Compliance Report)
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Mike Harding, Head of planning & Performance Management and Tony Wharram, Deputy Director of Finance
DATE OF MEETING:	26 August 2010

SUMMARY OF KEY POINTS:

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

Service Performance - The Trust underperformed in July in 4 areas. A/E 4-hour wait performance was 97.60%. There were 2 MRSA Bacteraemias reported during the month, which exceeded the trajectory for the period. It continues to be anticipated that the 18-week RTT performance target will not be achieved in all Admitted and Non-Admitted specialties. Additionally, although overall Delayed Transfers of Care reduced slightly during July, the level of 4.8% is in excess of the performing threshold.

Overall for the month of July the Trust remains within the 'Performing' threshold.

Financial Performance - Underperformance is indicated in July in the same 4 areas reported during June, with the weighted overall score remaining at 2.85. The Trust remains within the overall 'Performing' threshold. The Trust did not Fail any indicators.

Foundation Trust Compliance Report – the Trust underperformed in 1 area (weighted 0.5), MRSA Elective Screening. The overall score for the month was 0.5 with an Overall Governance Rating of GREEN.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Financial Management Board on 17 August 2010 and Finance and Performance Management Committee on 19 August 2010.

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

Operational Standards and Targets

Indicator	Weight	Thresholds	
		Performing	Underperforming
A/E Waits less than 4-hours	1.00	98.00%	97.00%
Cancelled Operations - 28 day breaches	1.00	5.0%	15.0%
MRSA Bacteraemia	1.00	0	>1.0SD
Clostridium Difficile	1.00	0%	>1.0SD
18-weeks RTT (Admitted)	1.00	90.0%	85.0%
18-weeks RTT (Non-Admitted)	1.00	95.0%	90.0%
18-weeks RTT - achievement in all specialties (Admitted & Non-Admitted)	1.00	0	>0
Cancer - 2 week GP Referral to 1st OP Appointment	0.50	93.0%	88.0%
Cancer - 2 week GP Referral to 1st OP Appointment - breast symptoms	0.50	93.0%	88.0%
Cancer - 31 day second or subsequent treatment (surgery)	0.33	94.0%	89.0%
Cancer - 31 day second or subsequent treatment (drug)	0.33	98.0%	93.0%
Cancer - 31 day second or subsequent treatment (radiotherapy)	0.33	96.0%	91.0%
Cancer - 62 day referral to treatment from screening	0.33	90.0%	85.0%
Cancer - 62 day referral to treatment from hospital specialist	0.33	85.0%	80.0%
Cancer - 62 day urgent referral to treatment for all cancers	0.33	85.0%	80.0%
Reperfusion - Primary Angioplasty (within 150 minutes of call)	0.50	75.00%	60.00%
Reperfusion - Thrombolysis (within 60 minutes of call)	0.50	68.00%	48.00%
2-week Rapid Access Chest Pain	1.00	98.0%	95.0%
48-hours GU Medicine Access	1.00	98.0%	95.0%
Delayed Transfers of Care	1.00	3.5%	5.0%
Stroke (Stay on Stroke Unit)	1.00	60.0%	30.0%
Sum	15.00		
Average Score			

Q1 2010-11	Score	Weight x Score	July 2010	Score	Weight x Score
97.80%	2	2.00	97.60%	2	2.00
<5.0%	3	3.00	0%	3	3.00
1	3	3.00	2	0	0.00
47	3	3.00	14	3	3.00
>90.0%	3	3.00	>90.0%*	3	3.00
>95.0%	3	3.00	>95.0%*	3	3.00
>0	0	0.00	>0	0	0.00
94.2%	3	1.50	>93.0%*	3	1.50
93.4%	3	1.50	>93.0%*	3	1.50
100.0%	3	0.99	>94.0%*	3	0.99
100.0%	3	0.99	>98.0%*	3	0.99
100.0%	3	0.99	>96.0%*	3	0.99
99.0%	3	0.99	>90.0%*	3	0.99
96.9%	3	0.99	>85.0%*	3	0.99
88.6%	3	0.99	>85.0%*	3	0.99
>75.00%*	3	1.50	>75.00%	3	1.50
no patients*	-	-	no patients*	-	-
100.00%	3	3.00	>98.0%*	3	3.00
100.00%	3	3.00	100.00%	3	3.00
3.5 - 5.0%	3	3.00	4.80%	2	2.00
65.46%	3	3.00	61.40%	3	3.00
*projected		39.44	*projected		35.44
		2.72			2.44

Scoring:	
Underperforming	0
Performance Under Review	2
Performing	3

Assessment Thresholds	
Underperforming if less than	2.1
Performance Under Review if between	2.1 and 2.4
Performing if greater than	2.4

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

Financial Indicators			SCORING			2010 / 2011												
Criteria	Metric	Weight (%)		1	2	3	April	Score	Weight x Score	May	Score	Weight x Score	June	Score	Weight x Score	July	Score	Weight x Score
Initial Planning	Planned Outturn as a proportion of turnover	5	5	Planned operating breakeven or surplus that is either equal to or at variance to SHA expectations by no more than 3% of income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to SHA expectations by more than 3% of planned income.	Operating deficit more than or equal to 2% of planned income.	0.00%	3	0.15	0.00%	3	0.15	0.00%	3	0.15	0.00%	3	0.15
Year to Date	YTD Operating Performance	25	20	YTD operating breakeven or surplus that is either equal to or at variance to plan by no more than 3% of forecast income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to plan by more than 3% of forecast income.	Operating deficit more than or equal to 2% of forecast income.	-0.01%	3	0.6	0.01%	3	0.6	0.01%	3	0.6	0.02%	3	0.6
	YTD EBITDA		5	Year to date EBITDA equal to or greater than 5% of actual year to date income	Year to date EBITDA equal to or greater than 1% but less than 5% of year to date income.	Year to date EBITDA less than 1% of actual year to date income.	6.96%	3	0.15	6.70%	3	0.15	6.73%	3	0.15	5.91%	3	0.15
Forecast Outturn	Forecast Operating Performance	40	20	Forecast operating breakeven or surplus that is either equal to or at variance to plan by no more than 3% of forecast income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to plan by more than 3% of income.	Operating deficit more than or equal to 2% of income.	0.00	3	0.6	0.00	3	0.6	0.00	3	0.6	0.00	3	0.6
	Forecast EBITDA		5	Forecast EBITDA equal to or greater than 5% of forecast income.	Forecast EBITDA equal to or greater than 1% but less than 5% of forecast income.	Forecast EBITDA less than 1% of forecast income.	7.05%	3	0.15	7.01%	3	0.15	6.97%	3	0.15	6.18%	3	0.15
	Rate of Change in Forecast Surplus or Deficit		15	Still forecasting an operating surplus with a movement equal to or less than 3% of forecast income	Forecasting an operating deficit with a movement less than 2% of forecast income OR an operating surplus movement more than 3% of income.	Forecasting an operating deficit with a movement of greater than 2% of forecast income.	0.00%	3	0.45	0.00%	3	0.45	0.00%	3	0.45	0.00%	3	0.45
Underlying Financial Position	Underlying Position (%)	10	5	Underlying breakeven or Surplus	An underlying deficit that is less than 2% of underlying income.	An underlying deficit that is greater than 2% of underlying income.	0.54%	3	0.15	0.53%	3	0.15	0.53%	3	0.15	0.53%	3	0.15
	EBITDA Margin (%)		5	Underlying EBITDA equal to or greater than 5% of underlying income	Underlying EBITDA equal to or greater than 5% but less than 1% of underlying income	Underlying EBITDA less than 1% of underlying income	7.05%	3	0.15	7.01%	3	0.15	6.97%	3	0.15	6.18%	3	0.15
Finance Processes & Balance Sheet Efficiency	Better Payment Practice Code Value (%)	20	2.5	95% or more of the value of NHS and Non NHS bills are paid within 30days	Less than 95% but more than or equal to 60% of the value of NHS and Non NHS bills are paid within 30days	Less than 60% of the value of NHS and Non NHS bills are paid within 30 days	82.00%	2	0.05	80.00%	2	0.05	68.00%	2	0.05	67.00%	2	0.05
	Better Payment Practice Code Volume (%)		2.5	95% or more of the volume of NHS and Non NHS bills are paid within 30days	Less than 95% but more than or equal to 60% of the volume of NHS and Non NHS bills are paid within 30days	Less than 60% of the volume of NHS and Non NHS bills are paid within 30 days	77.00%	2	0.05	81.00%	2	0.05	79.00%	2	0.05	68.00%	2	0.05
	Current Ratio		5	Current Ratio is equal to or greater than 1.	Current ratio is anything less than 1 and greater than or equal to 0.5	A current ratio of less than 0.5	1.01	3	0.15	1.03	3	0.15	0.93	2	0.1	0.94	2	0.1
	Debtor Days		5	Debtor days less than or equal to 30 days	Debtor days greater than 30 and less than or equal to 60 days	Debtor days greater than 60	23.00	3	0.15	20.99	3	0.15	20.84	3	0.15	20.29	3	0.15
	Creditor Days		5	Creditor days less than or equal to 30	Creditor days greater than 30 and less than or equal to 60 days	Creditor days greater than 60	42.31	2	0.1	46.02	2	0.1	43.59	2	0.1	45.62	2	0.1
Weighted Overall Score						2.9	2.9			2.85			2.85					

Operating Position = Retained Surplus/Breakeven/deficit less impairments

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

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

Finance and Performance Management Committee – v0.3

Venue Executive Meeting Room, City Hospital

Date 22 July 2010; 1430h – 1630h

Members Present

Mr R Trotman [Chair]

Mrs S Davis

Dr S Sahota

Mrs G Hunjan

Prof D Alderson

Mr G Clarke

Mrs O Dutton

Mr R White

In Attendance

Mr T Wharram

Mr M Harding

Secretariat

Mr S Grainger-Payne

Guests

Mr T Faulkner [Item 4 only]

Mrs N Reid [Item 4 only]

Mrs L Barnett [Item 6.2 only]

Minutes	Paper Reference
1 Apologies for absence	Verbal
Apologies were received from Mr John Adler and Mr Richard Kirby.	
2 Minutes of the previous meeting – 17 June 2010	SWBFC (6/10) 069
The minutes of the previous meeting were accepted as a true and accurate record of discussions held on 17 June 2010.	
AGREEMENT: The minutes of the previous meeting were approved	
3 Matters arising from the previous meeting	SWBFC (6/10) 069 (a)
The Committee noted the updated actions log.	
3.1 Marginal rate emergency tariff	SWBFC (7/10) 081
<p>Mr White reminded the Committee that over performance on emergency activity attracted a partial tariff of 30%. Mr Trotman asked what work was underway to address the objective set by the Department of Health to shift care out of the hospital setting and keep the number of emergency admissions to a minimum. Mr White reported that 'front door' acute physicians are being recruited into the Emergency Departments to discharge patients without delay and refer them to Primary Care if appropriate.</p> <p>Dr Sahota asked whether there were any proactive measures that were being taken to direct patients away from Emergency Departments to Primary Care to prevent the need for an intervention by the acute physicians. He was advised that clear signage is in place at Emergency Departments to direct patients to Urgent Care Centres and Primary Care facilities.</p>	

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4 Imaging division's performance	SWBFC (7/10) 079
<p>Mr Tony Faulkner and Mrs Nicola Reid joined the meeting to present an overview of the performance and key activities of the Imaging division.</p> <p>Mr Faulkner reported that the majority of the modalities offered by the Imaging department are available at both City and Sandwell Hospital sites.</p> <p>The Committee was advised that interventional activity had reduced, largely due to no activity from Walsall Hospital, unlike in previous years. Mr Trotman asked whether work had been expected from Walsall Hospital when the new equipment for Room 11, the interventional radiography suite, had been ordered. Mr Faulkner confirmed that this was the case, although highlighted that the shortfall in work from Walsall Hospital was being compensated to some degree by a growth in other work, such as arterial stenting. Other areas of work are also being investigated by the Divisional Director. Mrs Davis asked why there had been no work from Walsall Hospital and was advised that efforts had been made to engage with the trust to understand the reasons, although there had been few meetings, despite promises to work collaboratively. Mrs Davis asked whether this issue had been escalated. She was advised that Mr Kirby had been made aware of the position.</p> <p>Mrs Dutton asked whether effort is put into resolving bad debts for the division. Mrs Reid advised that phonecalls are made to the relevant organisations, in an effort to clear bad debts and any defaults against the LDP contract are handled by the contracts team.</p> <p>Mrs Hunjan asked what alternatives had been considered to improve the work into Imaging division. Mr Faulkner reported that different interventional techniques are being explored, including Uterine Fibroid Embolysation, in conjunction with the Women and Child Health division. In response to Mrs Hunjan's suggestion that there should be a plan outlining when extra work would be received, together with the financial implications of this, Mr Trotman asked that this analysis be shared at the next meeting of the Committee.</p> <p>Mr Faulkner reported that direct access activity is performing well and growing on a month by month basis. Income from MPI techniques was also highlighted to be healthy. Inpatient activity was noted to have reduced, which was reported to be reflective of factors such as the changes to the patient pathway whereby a number of procedures are now performed in Primary Care, rather than in an acute setting. The position was also highlighted to reflect the fewer number of beds open in the Trust. Mr Faulkner reported that the demand for plain film techniques was rising, however ultrasound activity had reduced due to capacity constraints. There has however been a shift in consultant sessions to support this work and sickness absence issues are being addressed. Mr White asked, given that the capacity had reduced, what impact had been experienced by patients needing to be scanned. Mr Faulkner advised that patient appointments were being renegotiated through partial booking and by closely managing the schedules to ensure that any cancelled or vacant slots are filled. He advised the Committee that the capacity issues were mainly confined to the Sandwell Hospital unit.</p> <p>Mr Harding asked what the 'Did Not Attend' (DNA) rate was for Imaging. He was advised that this figure was low and was around 3%. Mr Faulkner reported that a student had been employed within the division to call patients to confirm their booking, which had assisted with controlling the DNA rate. Mrs Davis asked whether this approach would benefit other areas of the Trust. Mr White advised that there is technology available that can remind patients of their appointments. Mrs Hunjan remarked that Mr Kirby may be trialling such technology in Trauma and</p>	

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Orthopaedics.

Mr Faulkner reported that the division, as at the end of Month 3 was in surplus by £22k. Within radiopharmacy, income was reported to have increased due to revised charges for isotopes, in addition to an increase in the volume of work undertaken. External graphics work and baby scan income was reported to have declined due to the loss of a contract.

Dr Sahota noted that the Service Level Agreement income appeared to be incorrectly presented, however Mrs Reid advised that the figures were accurate, yet the presentation was reflective of new trading categories having been introduced. It was agreed that an explanation of this position needed to be provided as part of the next Imaging update.

Regarding pay, an underspend of £24k was noted, which was highlighted to be attributable to vacancies for radiographic, administration and breast consultant staff. Mr Trotman observed that pay would be overspent if all of these positions were filled. He was advised that some of the current work is being covered by locum staff and additional sessions are also being covered, which would be reversed when substantive staff are in post and would therefore prevent any overspend. Mr White asked whether the previous issues concerning the supply of radiographers was persisting. Mr Faulkner advised that placements at universities had increased and there was not now a difficulty with filling positions. Regarding spend on agency staff, it was highlighted that this is associated mainly with the breast unit, although this expenditure was noted not to be significant. Mr Faulkner advised that a plan had been developed to ensure that the currently vacant breast sessions are covered by other substantive consultants until such time as permanent breast consultants are in post. It was highlighted that the mammography unit had expanded considerably and as such required agency staff support.

Mr Faulkner advised that spend on extra out of hours sessions had been high and was due to be reduced as part of the division's Cost improvement Programme.

Non-pay was noted to be overspent by £39k, mainly associated with work diverted to the Lister in Health MRI facility in Sandwell that was used pending the commissioning of the City Hospital MRI scanner. As the MRI scanner is now fully operational however, this expenditure will be addressed.

The small overspend on consumables was reported to concern the purchase of biopsy needles.

Mr Trotman asked for an update on the division's use of 'Listening into Action'. He was advised that a large scale event had been held which had been very successful. As a result of the event, action plans were reported to be being developed and implemented at present. Improvement in the reporting process in particular was highlighted to be the subject of a significant action plan.

Mrs Dutton remarked that when the activity by modality position is reviewed, it appears that some are underperforming considerably. Mr Faulkner advised that this was reflective of some modalities being replaced by others, such as barium procedures with CT scans. The underperformance on ultrasound was reported to concern capacity issues, although a growth in this area has now been seen.

Mr Trotman reminded the Committee that an extension to the Lister contract had been recently approved, which Mr Faulkner confirmed and advised that the contract was currently being redrafted, based on some legal advice obtained.

Mr Trotman thanked Mr Faulkner and Mrs Reid for their informative update.

Sandwell and West Birmingham Hospitals

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ACTION:	Mr Faulkner to organise for an update from the Imaging division to be presented at a future meeting, which is to include the plans to attract new work into the Imaging division and the clarification of the SLA income	
5	Trust Board performance management reports	
5.1	2010/11 month 3 financial position and forecast	SWBFC (7/10) 072 SWBFC (7/10) 072 (a) SWBFC (7/10) 072 (b)
	<p>Mr Wharram reported that for the year to date, the Trust had posted a deficit of (£3,000) against its statutory accounts target and a surplus of £270,000 against its Department of Health control total. The Committee was advised that both of these figures are £46,000 above the planned position.</p> <p>Mr Wharram reported that there was significant financial pressure in the Medicine & Emergency Care and Women & Child Health division, although the performance was being offset largely by underspend in corporate divisions.</p> <p>In terms of capital expenditure, the Committee noted a significant spike, associated with the recent land acquisition for the new hospital.</p> <p>Mr Clarke noted that drugs and consumables spend had increased and asked whether this was connected to the higher levels of activity. Mr White confirmed that this was the case.</p> <p>Dr Sahota asked whether there had been any impact on activity as a result of the opening of the new Queen Elizabeth Hospital. Mr White reported that as yet, there had been no demonstrable impact on market share or referrals. Professor Alderson suggested that any effect may be seen once the new hospital was open in its entirety.</p> <p>Mr Wharram was asked to change the scales used on the paybill and workforce graphs.</p> <p>Dr Sahota noted that the WTE position had increased in month, while the paybill had reduced. Mr Wharram reported that adjustments to pay budgets had been made in month. Furthermore, a number of payments had been processed which were not associated with a WTE, including payments for waiting list initiatives.</p> <p>The cash position was highlighted to have reduced to the expected position, due to the recent land purchase.</p> <p>A number of accrued items were highlighted, including injury costs recovery scheme income, which is administered nationally and is currently outstanding by £3m; partially completed spells; prepayments concerned with IT and maintenance contracts; VAT; and the Strategic Change Reserve funds, which has been accrued pending the agreement of allocations.</p> <p>Mrs Dutton observed that there appeared to be a significant expenditure on education and training, which Mr Wharram advised was mainly medical. He was asked whether the training costs are borne by the training budget, which he confirmed was covered by the Trust's mandatory training budget.</p>	
ACTION:	Mr Wharram to amend the Finance Report in line with comments made at the meeting	

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5.2 Updated financial plan	SWBFC (7/10) 080 SWBFC (7/10) 080 (a) SWBFC (7/10) 080 (b)
<p>Mr White reported that there had been a number of changes made to the financial plan that the Trust Board had last approved in March 2010. Changes were reported to include the change due to the reduction in capital charges associated with the revaluation of assets by the District Valuer. Other significant changes were noted to concern the treatment of NICE drugs.</p> <p>Mr Trotman asked for confirmation that the changes to 'other income' concerned the reclassification of this broad category of income into more clearly defined categories, including non-NHS clinical income. He was advised that this interpretation was correct.</p> <p>Mr White highlighted that the impact of the refreshed financial plan would generate a degree of non-recurrent flexibility, however other challenges are presented as a result of the refresh which will need mitigating plans to be implemented.</p>	
<p>AGREEMENT: The Finance and Performance Management Committee approved the proposed changes to the financial plan and agreed that the changes should be presented to the Trust Board at its next meeting</p>	
5.3 Update on debtors	SWBFC (7/10) 075 SWBFC (7/10) 075 (a) SWBFC (7/10) 075 (b)
<p>Mr Wharram presented an overview of all debts owed to the Trust, advising that the overall debtor balance had reduced slightly. It was noted that the balance of debts due from Heart of England Foundation Trust had been resolved.</p>	
5.4 Reporting of overheads and other costs	SWBFC (7/10) 082 SWBFC (7/10) 082 (a)
<p>In response to a request at a previous meeting, Mr Wharram presented a number of examples as to how the Committee may wish overhead costs and other costs to be reported in future. Mr White advised that in future, Service Line Reporting would assist with providing this clarity and a quarterly report will be presented to the Committee once this is established.</p> <p>It was agreed that the consideration of the examples would be presented again at the next meeting for discussion.</p>	
<p>ACTION: Mr Wharram to present the reporting of overheads and other costs for further consideration at the next meeting of the Finance and Performance Management Committee</p>	
6 Trust Performance Reports	
6.1 Performance monitoring report	SWBFC (7/10) 074 SWBFC (7/10) 074 (a)
<p>Mr Harding reported that delayed transfers of care stood at 5.1% in month, which was an approximately even split between both City and Sandwell Hospitals, with the majority of delays being attributable to social services. The issues are however different for the two Local Authorities, with Sandwell Council addressing the position</p>	

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<p>on a temporary basis, when a more sustained solution is required. In Birmingham, the assessment for discharge is delayed. Mr Trotman asked whether the position would become worse with the planned cuts in public service costs. Mr Harding advised that there was no indication that this would be the case, although it was a fair assumption to be made. Mrs Davis observed that Heart of England Foundation Trust and University of Birmingham Foundation Trust had threatened to levy fines for delayed discharges of care and asked whether this had improved performance. Professor Alderson advised that this had not been the case to his knowledge.</p> <p>Regarding performance against the stroke care target, the Committee was advised that this was 72% for June.</p> <p>A 3% for sickness absence target was reported to have been set for divisions, in an effort to meet the challenging regional target of 3.39% by March 2013.</p> <p>All referral to treatment targets were reported to have been met, apart from that related to Trauma and Orthopaedics.</p> <p>The performance against the VTE assessment target was reviewed and was noted to be lower than desired. Mr Harding reported however, that this did not take into account the planned exclusions from assessment, such as paediatrics and some gynaecology patients. The Committee was advised that in course, the position would be amended to reflect these exclusions.</p> <p>Mr Harding reported that good progress had been made on collecting evidence to support the COUIN targets, including tissue viability and inpatient falls, although some targets have been amended or extended, such as the inclusion of Grade 2 pressure sores now being included within the tissue viability performance target.</p> <p>Of patients attending for brain imaging procedures, 86.54% are seen within 24 hours of admission.</p> <p>Regarding specialised commissioning date, a baseline has been submitted and the target is awaited. Data concerning readmission to the same speciality was highlighted to be included, where effort is being made to reduce these instances.</p> <p>It was reported that ambulance turnaround performance at Sandwell Hospital is poor at present.</p>	
<p>ACTION: Mr Kirby to determine whether fining for delayed transfers of care had resulted in an improved performance at Heart of England NHS Foundation Trust and University of Birmingham NHS Foundation Trust</p>	
<p>6.2 HR dashboard</p>	<p>SWBFC (6/10) 058 SWBFC (6/10) 058 (a) SWBFC (6/10) 058 (b) SWBFC (6/10) 058 (c)</p>
<p>Mrs Barnett joined the meeting to present the updated HR dashboard.</p> <p>The Committee was advised that there had been a steady rise in FTEs throughout 2009/10. A considerable number of posts previously filled by agency staff were reported to have been filled with substantive staff, thereby reducing the organisation's reliance on the use of bank and agency staff.</p> <p>Regarding sickness absence, Mrs Barnett reported that as at the end of 2009/10, the position was 4.45%, which presented a challenge given the regional target of 3.39% by 31 March 2013. Mrs Davis asked whether the swine 'flu pandemic had impacted and was advised that this was the case to some degree, although during June and</p>	

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July 2009, there had been high levels of short term absence.

In terms of cases in formal procedure, there had been concerns around the ethnic blend of individuals involved and much work is underway around this aspect, including an initial challenge as to the need to conduct the case. Mr Clarke emphasised the need to resolve this apparent inequality, which Mrs Barnett agreed although highlighted that the issue affected a very small element of the workforce. It was agreed that an action plan is needed to resolve the issue, which should be presented at a future meeting of the Committee. Mr Trotman noted that cases in formal procedure were taking a significant time and resource. Mrs Barnett confirmed that this was the case however advised that this did not concern the ethnicity of the individual concern but was reflective of the need to undertake detailed investigation.

Mrs Barnett advised that non-medical recruitment is automated, however due to immigration rules, some foreign individuals may not be short listed. It was agreed that regarding the analysis of recruitment activity, it would be useful to exclude these individuals.

Mrs Dutton observed that in terms of the staff information, there was little to indicate the number of disabled individuals. Mrs Barnett advised that this was due to reluctance by staff to disclose this information and was the same for information concerning sexual orientation and religion. Another staff census is planned however which may improve this information.

Regarding the position concerning professional registration, Mrs Barnett reported that there is much work to undertake to confirm cases where the ESR team has not been advised that an individual has received or renewed their appropriate registration. Each true lapse is formally investigated.

The Committee was advised that in terms of PDRs, the performance was not as good as desired, which is anticipated to concern managers not returning the paperwork to confirm that the appraisal had been conducted, rather than PDRs not being undertaken.

In terms of leavers, Mrs Barnett advised that there were no issues of significance, although work is undertaken to determine the reasons behind why staff leave. Mr Clarke highlighted that there had been a significant number of Asian leavers between July – August 2009. Mrs Barnett acknowledged that this appeared to be an abnormal pattern during these months, however this had not been replicated in subsequent months. The number of midwives banded 5 -7 leaving were also noted to be high, however the Committee was advised that this would be expected in the profession as individuals seek development opportunities within the field. Overall, Mrs Barnett advised that the Trust has a healthy turnover of staff.

There were highlighted to be no significant trends regarding promotions.

The Committee was advised that a formal instruction had been issued by the Chief Executive concerning the need to achieve mandatory training targets and as a result, a steady improvement in the overall compliance had been seen. Hot spots were highlighted to include safeguarding and blood transfusion training. Mrs Davis asked how frequently the length and relevance of the modules was considered. She was advised that a constant review of the modules is undertaken and the Mandatory Training Policy is amended accordingly. Mrs Dutton asked whether training is always delivered face to face, which Mrs Barnett advised was not the case as fully integrated e-learning packages are also used. Mr Clarke asked whether staff were happy with e-learning. Mrs Barnett advised that the majority of staff were content with this approach, although this method is not appropriate for

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<p>ward-based staff. Mrs Dutton suggested that the delivery of Mandatory Training should be costed, which Mrs Barnett agreed to do for the next update.</p> <p>Mrs Barnett was thanked for the useful and informative report.</p>	
<p>ACTION: Mrs Barnett to present the action plan to resolve the issues concerning cases in formal procedure at a future meeting of the Finance and Performance Management Committee</p> <p>ACTION : Mrs Barnett to arrange for the cost of Mandatory Training to be presented to the Finance and Performance Management Committee at a future meeting</p>	
<p>6.3 Foundation Trust compliance report</p>	<p>SWBFC (7/10) 076 SWBFC (7/10) 076 (a)</p>
<p>As the information presented was noted to be a subset of the monthly performance management information, the Committee received and noted the report. It was noted that the report now includes the amendments as a result of the revised Operating Framework.</p> <p>It was highlighted that the overall performance was at green status and the governance rating is 0.5.</p>	
<p>6.4 NHS performance framework</p>	<p>SWBFC (7/10) 077 SWBFC (7/10) 077 (a)</p>
<p>Mr White presented the Trust's performance against the indicators comprising the NHS performance framework. It was noted that the impact of the revised Operating Framework was still to be included in the report.</p> <p>It was highlighted that the overall performance was at green status.</p>	
<p>7 Cost improvement programme (2010/11) – delivery report</p>	<p>SWBFC (7/10) 071 SWBFC (7/10) 071 (a) - SWBFC (7/10) 071 (c)</p>
<p>Mr Wharram advised that performance against the Cost Improvement Programme was £102,483 below plan.</p> <p>Mr Wharram highlighted that the report now differentiated between schemes that are recurrent and non-recurrent.</p>	
<p>8 Quality and Efficiency Programme (QuEP) update</p>	
<p>8.1 Status report</p>	<p>Hard copy paper</p>
<p>Mr Grainger-Payne presented a summary of the progress with the workstreams forming the Quality and Efficiency Programme (QuEP).</p> <p>The Committee was advised that the benchmarking workstream had been closed as the work had been completed. Mr Mike Sharon, the Director of Strategy and Organisational Development was reported to have assumed responsibility for the Market Share Improvement workstream. The workstream concerned with clinical directorate projects was noted to be at red status, given that a number of directorates are still to submit a proposed list of projects. The estates workstream was reported to have been relaunched on the basis that agreement had been reached that the impairment of assets would be treated as a technical adjustment</p>	

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in the Trust's statutory accounts.	
9 Potential provision of payroll services	SWBFC (7/10) 078 SWBFC (7/10) 078 (a)
<p>Mr Wharram reported that a number of Black Country organisations have been undertaking some work on the possibility of developing an alternative model for payroll provision.</p> <p>A business case for a local shared services arrangement is likely to be developed in due course.</p> <p>It was noted that the Trust had reduced payroll costs over the past few years, however the Committee endorsed the approach discussed.</p>	
10 Minutes for noting	
10.1 Minutes of the Strategic Investment Review Group	SWBSI (7/10) 001
The Committee noted the minutes of the SIRG meeting held on 8 June 10.	
10.2 Actions and decisions from the Strategic Investment Review Group	SWBFC (7/10) 073
The Committee noted the actions and decisions arising from the meeting of SIRG meeting held on 13 July 10.	
10.3 Minutes of the Financial Management Board	SWBFM (6/10) 067
The Committee noted the minutes of the FMB meeting held on 22 June 10.	
11 Any other business	Verbal
There was none.	
12 Details of next meeting	Verbal
The next meeting is to be held on 19 August 2010 at 1430h in the Executive Meeting Room at City Hospital.	

Signed

Print

Date

MINUTES

Audit Committee – Version 0.2

Venue Executive Meeting Room, City Hospital **Date** 6 May 2010; 1030h – 1230h

Members

Mrs G Hunjan [Chair]
Mr R Trotman
Miss I Bartram
Mr G Clarke

In Attendance

Mr R White
Mr T Wharram
Mr P Westwood
Mr P Capener
Ms R Chaudary
Mr P Smith
Mr M McDonagh
Mrs S-A Moore

Secretariat

Mr S Grainger-Payne [Minutes]

Minutes	Paper Reference
1 Apologies for absence	Verbal
Apologies were received from Dr Sarindar Sahota and Professor Derek Alderson. Mrs Hunjan welcomed Mr Gary Clarke to his first meeting as a new Non Executive Director of the Trust.	
2 Minutes of the previous meetings	SWBAC (2/10) 016
The minutes of the previous meeting, held on 4 February, were presented for approval. Subject to minor amendment, the Audit Committee approved the minutes.	
AGREEMENT: The minutes of the previous meeting were approved, subject to minor amendment	
3 Matters arising from the previous meetings	SWBAC (2/10) 016 (a)
The Audit Committee reviewed the updated actions log. Mr Westwood provided a verbal update on progress with actions SWBACACT.079, 080 and 082. In connection with action SWBACACT.082, Mr Westwood advised that	

<p>although counter fraud was not yet included within the suite of mandatory training modules, 'Listening into Action' would be used to disseminate the important key messages in connection with this. Mr White added that counter fraud messages may also be distributed through the use of the 'Hot Topics' briefing.</p> <p>Mr Westwood was asked to provide a further update on progress with inclusion of counter fraud within mandatory training at the next meeting.</p>	
<p>ACTION: Mr Westwood to provide a further update on progress with inclusion of counter fraud within mandatory training at the next meeting</p>	
<p>4 External audit matters</p>	
<p>4.1 Interim External Audit update</p>	<p>SWBAC (5/10) 028</p>
<p>Mr McDonagh provided an overview of the interim external audit report and a summary of findings of the work undertaken since February 2010.</p> <p>The Committee was advised that during the period, the interim work on the accounts had been completed and the Auditors' Local Evaluation (ALE) assessment had been finished. Indicative scores for the Financial Management, Internal Control and Value for Money dimensions of the ALE assessment were highlighted to be '3' for each. Mr McDonagh advised that the scores represent a good outcome for the Trust and indicate that the organisation is running effectively.</p> <p>In connection with the work on the annual accounts, and the effectiveness of key financial controls, it had been recommended that further work is undertaken to improve the Trust's physical verification of assets. Information Technology controls were also reviewed and no issues of significance were raised. Mr Trotman asked whether the issue regarding verification of assets was typical of the situation in other organisations. Mrs Moore advised that most organisations will seek to gain assurance of the contents of the fixed asset register. Mr McDonagh suggested that this verification be sought on a random basis, rather than being undertaken as an annual exercise. Mrs Hunjan asked whether this responsibility was included within the roles of members of staff already in place. Mr White advised that a capital assets accountant is in place at present, although the verification process would be reliant on the co-operation of many members of staff across the Trust. A register is in place, held by the Medical Engineering department, which lists the Trust's medical equipment, which could be used as a first step to address the recommendation. Mrs Hunjan asked that the matter be expedited to ensure that it is not reported as an issue in further audits.</p> <p>Mr Trotman observed that pharmacy stocks variation was another matter raised as part of the interim audit work. Mr White advised that a statement from the Pharmacy department is required to highlight what processes are in place to make the necessary stock checks. Mr Trotman remarked that</p>	

<p>there was a need to understand what the issues are specifically. Mr White suggested that internal audit be engaged with clarifying the process.</p> <p>Regarding the issue concerning NHS debtor recovery, it was reported that actions to resolve the matter had been implemented.</p>	
<p>ACTION: Mr White to expedite the actions required to address the External Audit recommendation concerning the verification of fixed assets</p> <p>ACTION: Mr White to arrange for Internal Audit to be engaged with clarifying the process regarding verification of pharmacy stocks</p>	
<p>4.2 Annual Plan letter 2010/11</p>	<p>SWBAC (5/10) 027</p>
<p>Mr McDonagh reported that the External Audit annual plan was to be conducted according to the timetable dictated by the Audit Commission. Key challenges were highlighted to concern the outcome of the general election and the associated impact on the public sector finances. The plan will also need to consider the 'Right Care, Right Here' context.</p> <p>The Committee was advised that the proposed External Audit fee was to be £180k, a reduction from the £200k fee in 2009/10. This fee was highlighted to be within the Audit Commission fee range. Mr Clarke remarked that the 10% reduction in fees was welcome and asked whether this reduction was planned to continue over further years. Mr McDonagh advised that this would be dependent on what further efficiencies were implemented by the Trust and by future external financial influences.</p> <p>Mr Trotman highlighted that a target for management costs had been set at 4% of total expenditure and asked whether there was a view as to whether a reduction in this target will be sought over future years. Mr McDonagh advised that it is likely that attention on management costs may be given initially to central government. Mr Capener added that in terms of healthcare providers, the West Midlands region incurs higher management costs than the national average at present. Mr White advised that PCTs have been asked to reduce pay costs by 30% over a four year period. Mr Trotman commented that he had confidence in the Trust's management team's attention should there be a need to adjust costs, noting that the Cost Improvement Programme would assist if required.</p>	
<p>4.3 Review of draft accounts</p>	<p>SWBAC (5/10) 021 SWBAC (5/10) 021 (a) SWBAC (5/10) 021 (b)</p>
<p>Mr Wharram reported that the impact of the revaluation of assets had been considered by the Finance and Performance Management Committee in terms of the impact on the annual accounts. As the revaluation does not affect the overall control total determined by the Strategic Health Authority and the matter is to be treated as a technical adjustment, it had been</p>	

agreed to leave the draft accounts without further amendment.

Mr Wharram reported that the draft annual accounts had been submitted to the Department of Health and the Strategic Health Authority, with the final accounts being presented following consideration at the Trust Board meeting on 10 June 2010.

The Committee was asked to note that the accounts had been presented in a format to be compliant with the recently implemented International Financial Reporting Standards (IFRS).

Overall, the Committee was advised that the Trust was planning to post as deficit of £28.5m, wholly driven by the revaluation of assets. However, it was emphasised that this deficit did not reflect an underlying performance issue for the Trust.

Mr Wharram reported that performance against the external finance limit (EFL), meant that the Trust was holding £8m more cash than expected, although there was little benefit in terms of interest.

The capital resource limit (CRL) was nearly achieved, with a variance of only £200k reported. The original plan included a sizeable land purchase for the new hospital, which did not occur, therefore the programme had to be realigned in year.

The Committee was advised that two adjustments to the accounts would need to be made, which concern the impact of the proposed impairments and the dual accounting system relating to the Trust's Birmingham Treatment Centre.

On the statement of financial position, a significant movement was noted in the non-current assets. Buildings and dwellings were reported to have decreased in value by 27%.

A small amount of disposals were reported, mainly relating to equipment.

Provisions for liabilities were reviewed, which were noted to include provision for costs relating to potential tribunal cases and for redundancies following the recent establishment review.

Staff costs and numbers of staff were observed to have increased in year and Mr Wharram highlighted that staff sickness had been added into the report. Mrs Hunjan asked how the figure reporting that 45% of staff had not had any sick leave compared with other trusts. Mrs Moore offered to determine the position relative to other organisations and report back to the Committee. Mr Clarke added that a breakdown of the number of instances of sickness and a spread of these occurrences across the Trust would be interesting. Mrs Hunjan advised that detailed monitoring of sickness is in place through the use of the divisional review process. It was also pointed out that the information is also included with the HR dashboard considered

<p>on a quarterly basis by the Finance and Performance Management Committee.</p> <p>On behalf of all Committee members, Mrs Hunjan expressed her thanks to Mr White, Mr Wharram and their teams for the successful outcome to the year end and for the efforts put into preparing the accounts.</p>	
<p>5. Internal Audit matters</p>	
<p>5.1 Draft annual Head of Internal Audit report and assessment of the Assurance Framework 2009/10</p>	<p>SWBAC (5/10) 018 SWBAC (5/10) 018 (a) SWBAC (5/10) 018 (b)</p>
<p>Mr Capener presented the draft annual Head of Internal Audit report, highlighting that the outcome contributes to the Strategic Health Authority control assessment.</p> <p>The Committee was advised that the Assurance Framework had been reviewed and there had been no significant issues to bring to the Committee's attention. The Assurance Framework could be further improved by more fully documenting some of the key controls and the independent sources of assurance.</p> <p>In terms of the Head of Internal Audit opinion, Mr Capener reported that the overall level of assurance determined was 'significant', with the only area to have provided 'limited' assurance during the course of the year being that relating to theatre utilisation.</p>	
<p>5.2 Internal Audit progress report and recommendation tracking</p>	<p>SWBAC (5/10) 022 SWBAC (5/10) 022 (a)</p>
<p>Ms Chaudary reported that 419 audit days had been delivered during the year against a plan of 500. A number of the days remaining to be delivered were highlighted to be being carried over to the 2010/11 plan. During the year audits including bank and agency staff and financial systems had been completed. Audits were reported to remain ongoing in outpatient utilisation and safeguarding. A number of changes to the plan were proposed, including the replacement of the Standards for Better Health audit with an audit on the Policy for the Development, Approval and Management of Policies. Mr Trotman noted that the audit on Productivity had been requested for deferment to Quarter 4 2010/11 and suggested that this was inappropriate. Mr Capener advised however that systems were not sufficiently embedded and the second half of the year would provide more meaningful information for the audit. A review of the Quality and Efficiency Programme (QuEP) would also be included as part of this work.</p> <p>The Committee was pleased to note that the audits on payroll and ESR now provided 'significant' assurance following a previous assurance level of 'limited'. In terms of the payroll review, the medium risk recommendations were reviewed. Mr Capener advised that there were good processes in</p>	

<p>place to identify over payments, however more sophisticated measures were needed to recover the payments. Mr White added that further focus needed to be given to the cause of the over payments.</p> <p>Regarding the training in WebDE as part of ESR work, it was highlighted that staff had raised issues around the access to training.</p> <p>Referring to the earlier discussion around verification of Pharmacy stocks, Mrs Hunjan asked whether the days carried forward from the 2009/10 plan could be used to support investigation of the processes in this area. She was advised that this could be accommodated.</p> <p>The Committee was advised that actions in respect of the European Working Time Directive (EWTD) audit were progressing well.</p> <p>Ms Chaudary was asked to provide a further update on progress with actions arising from the theatre utilisation audit at the next meeting.</p>	
<p>ACTION: Ms Chaudary to provide a further update on progress with actions arising from the theatre utilisation audit at the next meeting</p>	
<p>5.3 Counter fraud progress report</p>	<p>Verbal</p>
<p>Mr Westwood reported that there was a slight shortfall in the number of days delivered on counter fraud activity against plan. The Committee was advised that these days will be carried forward into the 2010/11 plan.</p> <p>Three investigations were reported to be ongoing.</p> <p>A proactive exercise around pre and post employment checks was underway, however feedback was awaited from the educational bodies.</p>	
<p>5.4 Counter Fraud annual plan 2010/11</p>	<p>SWBAC (5/10) 023 SWBAC (5/10) 023 (a)</p>
<p>Mr Westwood presented the counter fraud annual plan for 2010/11, which the Committee received and noted. The Committee was advised that the plan is expected to be completed within the year and no increased financial commitment is expected.</p>	
<p>5.5 Progress against the CFSMS compound indicator action plan</p>	<p>Verbal</p>
<p>Mr Westwood reminded the Committee that at the end of each financial year NHS organisations are required to make a declaration of the counter fraud work they have completed. Using the information captured on the Compound Indicator (CI) declaration an assessment of counter fraud arrangements is made by the NHS Counter Fraud Service (CFS). NHS organisations are assessed on their compliance with instructions and guidance outlined by NHS policy.</p>	

<p>From the information provided on the CI declaration, and upon examination of supporting documentation, the Trust had been assessed as a rating '2' (adequate performance).</p> <p>Following the assessment, the use of a risk assessment tool had been considered to address some of the weaknesses identified.</p> <p>In readiness for the counter fraud annual report, Mr Westwood advised that all policies and procedures are to be reviewed for fraud implications.</p>	
<p>5.6 Counter fraud staff survey results</p>	<p>SWBAC (5/10) 024 SWBAC (5/10) 024 (a)</p>
<p>Mr Westwood reported that in response to the counter fraud staff survey that had been issued, 185 responses had been received. The surveys highlighted that 82% of respondents were aware of the counter fraud service; 87% were aware of the whistleblowing policy. A big improvement on the number of staff who had seen the counter fraud promotional material was evident.</p> <p>Mrs Hunjan remarked that the response rate for the surveys was poor and encouraged Mr Westwood to raise the profile of the service if possible.</p>	
<p>6 Assurance Framework</p>	
<p>6.1 Review of losses and special payments</p>	<p>SWBAC (5/10) 019 SWBAC (5/10) 019 (a) SWBAC (5/10) 019 (b)</p>
<p>Mr Smith presented the losses and special payments register, which incorporated payments and losses between 1 April 2009 – 31 March 2010. 630 losses and special payments (normally the first element of a claim not covered by the NHS litigation authority) were reported, totalling £419k, which was noted to be an improvement on the 2008/09 position. The level of bad debts and claims abandoned related to overseas visitors was highlighted to have increased from the prior year.</p>	
<p>6.2 Review of waived tenders</p>	<p>SWBAC (5/10) 025 SWBAC (5/10) 025 (a)</p>
<p>Mr White reported that the number of cases where the usual tendering processes had been waived had fallen, although the average amount of the tender per month had increased. The increase was highlighted to concern mainly the supply of medical staff to the University of Birmingham and the payment of the BBraun contract.</p> <p>Mr White advised that a number of divisions would be challenged regarding use of single tender actions.</p>	

6.3 Breaches to the Trust's Standing Orders and SFIs	SWBAC (5/10) 026 SWBAC (5/10) 026 (a)
Mr White advised that 18 breaches to the Trust's Standing Orders and SFIs had been reported during 2009/10, compared with 25 instances in 2008/09. One breach concerned a quarterly payment for the External Audit, but as the Auditor is appointed by the Audit Commission on behalf of the Trust this was largely procedural. Mrs Hunjan remarked that it was encouraging to see the number of breaches declining.	
6.4 Draft Statement on Internal Control	SWBAC (5/10) 020 SWBAC (5/10) 020 (a)
The Committee reviewed the draft Statement on Internal Control, which it was highlighted would accompany the submission of the annual accounts.	
6.5 Annual Audit Committee Chair's report	SWBAC (5/10) 029 SWBAC (5/10) 029 (a)
Mrs Hunjan presented the annual Audit Committee Chair's report, which she advised would be presented at the next meeting of the Trust Board.	
6.6 Review of the Audit Committee's terms of reference	SWBAC (5/10) 030 SWBAC (5/10) 030 (a)
Mr Grainger-Payne presented the revised terms of reference for the Audit Committee, advising that they had been amended to be consistent with the terms of reference for other Trust Board Committees. The terms of reference also reflect that the Trust Chair makes a recommendation regarding the appointment of the Audit Committee Chair to the Board for it to consider. The amendments were supported.	
AGREEMENT: The proposed changes to the terms of reference for the Audit Committee were approved	
7 Minutes from Trust Board committees	
7.1 Finance and Performance Management Committee	SWBFC (1/10) 010 SWBFC (2/10) 023 SWBFC (3/10) 037
The Committee noted the minutes from the Finance and Performance Management Committee meetings held on 21 January, 18 February and 18 March 2010.	

7.2 Governance and Risk Management Committee	SWBGR (1/10) 009
The Committee noted the minutes from the Governance and Risk Management Committee meeting held on 21 January 2010.	
8 Any other business	Verbal
<p>Mrs Hunjan advised that Miss Isobel Bartram was due to retire from the Trust and as such this would be the last meeting at which she would attend as a Non Executive Director.</p> <p>In recognition for her contribution, Mrs Hunjan thanked Miss Bartram for her time served as a member of the Audit Committee.</p>	
9 Details of next meeting	Verbal
The next meeting is planned for 10 June 2010 in the Anne Gibson Boardroom, City Hospital at 1515h.	
Signed:	
Name:	
Date:	

MINUTES

Audit Committee – Version 0.2

Venue Executive Meeting Room, City Hospital **Date** 10 June 2010; 1515h – 1600h

<u>Members</u>	<u>In Attendance</u>	<u>Secretariat</u>
Mrs G Hunjan [Chair]	Mr R White	Mr S Grainger-Payne [Minutes]
Mr R Trotman	Mr T Wharram	
Dr S Sahota	Mr P Smith	
Mr G Clarke	Mr P Capener	
Mrs O Dutton	Mr M McDonagh	
	Mrs S-A Moore	
	Mr B Stone	

Minutes	Paper Reference
1 Apologies for absence	Verbal
Apologies were received from Professor Derek Alderson.	
2 2009/10 annual accounts	SWBAC (6/10) 034 SWBAC (6/10) 034 (a) SWBAC (6/10) 034 (b)
<p>Mr Wharram reported that the latest version of accounts was fundamentally the same as those reviewed by the Committee at its May meeting, with only minor changes having been made as a result of the recent audit by KPMG LLP. These changes improved the financial position by £212k. A further provision of £290k had been made for the withdrawal of the Healthcare Purchasing Consortium contract.</p> <p>Overall a deficit of £28.6m was reported, which the Committee was advised was driven largely by the recent revaluation of assets and was completely unconnected with the underlying financial performance of the Trust in terms of its core clinical and service delivery.</p> <p>Mrs Hunjan noted that the data concerned with sickness records had been amended significantly. Mr Wharram agreed and advised that the information had been re-presented on instruction from the Department of Health to cover a different period to that previously and an adjustment factor had been applied to report working days sick.</p>	

It was agreed that the Audit Committee should recommend the adoption of the annual accounts to the Trust Board.	
AGREEMENT: It was agreed that the Audit Committee should recommend the adoption of the annual accounts 2009/10 to the Trust Board	
3 2009/10 Audit Memorandum	Hard copy
<p>Mr McDonagh reported that the Use of Resource assessment and a review of the Trust's financial statements had been completed. In terms of the Use of Resources assessment, it was highlighted that this formed a part of the overall Auditors' Local Evaluation (ALE) and that the scores awarded were generally on an upward trend. An issue concerning the verification of the fixed assets register was reported to have been raised however and as such the performance score against the relevant Key Line of Enquiry had been downgraded from '3' to '2'. Mr McDonagh advised that despite this downgrading, an overall positive opinion on the Trust's performance remained.</p> <p>Mr McDonagh presented the opinion on the Trust's financial statements, advising that the Trust had good basic controls in place and performance was testimony to the strong finance team. The Committee was advised that a clean opinion was expected.</p> <p>Two unadjusted items were outlined, although were highlighted not to be material: the provision of £200k for redundancy payments, where five of the individuals were reported to have been paid before the year end; and the provision for potential litigation costs associated with employment tribunals, despite the lack of evidence that this provision was required.</p> <p>The Committee was advised that a number of recommendations were raised as part of the audit, which remain outstanding and need to be assigned a target completion date.</p> <p>Mrs Dutton asked what significance was attached to the fixed asset verification issue. Mr Stone advised that of the 125 asset disposals reviewed, 85 had not been present on the fixed asset register. The value of these disposals was reported to be £19k.</p> <p>Mr McDonagh continued that the Trust had appropriate arrangements for the detection and handling of fraud.</p> <p>The Committee was advised that moving forward, there was likely to be significant challenges financially for the public sector, which may impact on the NHS.</p> <p>The declaration of independence was reviewed and it was reported that there had been no impairment of judgement.</p> <p>The External Audit work was observed to have been maintained within the</p>	

<p>approved fees and there is a commitment to a downward trend on fees.</p> <p>Mr White and Mr Wharram were thanked by Mr McDonagh for their co-operation.</p> <p>Mr Trotman asked whether the future financial pressures would be taken into account by the Audit Commission when considering the fees to be set for External Audit services. Mr McDonagh advised that there had been some changes in local government, whereby some of the usual activities were being scaled back, such as the Use of Resources exercise.</p> <p>Mrs Hunjan remarked that there was a need to ensure that the External Audit recommendations are addressed and as such an update on progress against these should be provided at the next meeting of the Audit Committee. An update on progress with addressing the fixed asset verification issue was also requested. Mr White confirmed that this would be provided and the plan would be shared with External Audit.</p> <p>Having concluded their report, the external auditors left the meeting.</p>	
<p>ACTION: Mr White to organise for an update on progress against the External Audit recommendations at the next meeting of the Audit Committee</p> <p>ACTION: Mr White to provide an update on progress with addressing the issue concerned with verification of the fixed asset register at the next meeting</p>	
<p>4 Head of Internal Audit annual report 2009/10</p>	<p>SWBAC (6/10) 033</p>
<p>Mr Capener presented a summary of work undertaken by Internal Audit in 2009/10 and confirmed that the overall opinion given was one of 'significant' assurance. The Committee was advised that there had been no significant control issues requiring its attention and 'limited' assurance had only been provided in connection with the work around theatre utilisation.</p> <p>Mr Capener advised that the expected outturn position was that 20 audit days would need to be carried forward into 2010/11.</p> <p>The Committee was advised that there had been a good uptake and implementation of recommendations during the year.</p> <p>Mrs Dutton asked in connection with the current levels of control, whether this would be adequate given the financial pressures forecast in coming months and years. In response, Mr Capener drew the Committee's attention to the 'significant' level of assurance awarded to the financial management area, although advised that this area would be kept under close review in the challenging times ahead. Mr Trotman added that the Trust has a robust management structure and a strong record of delivery of the Cost Improvement Programme, which would be beneficial in the future</p>	

<p>climate.</p> <p>Mrs Hunjan thanked Mr Capener for his informative report.</p>	
<p>5 Revised 2009/10 Statement on Internal Control</p>	<p>SWBAC (6/10) 032</p>
<p>Mr White presented the revised Statement on Internal Control advising that the report provides a declaration as to the overall control environment by the Chief Executive.</p> <p>It was highlighted that there had been in-year non-compliance with the Healthcare Commission's Core Standards.</p> <p>Mrs Dutton asked in connection with risk assessment, where the business continuity plans were considered. Mr White reported that the Trust has an Emergency Planning Manager in post who takes responsibility for developing and maintaining this plan. Mr Grainger-Payne added that a Contingency Planning Group is also in place which meets regularly.</p> <p>It was agreed that the Committee should recommend to the Board that the Statement on Internal Control should be approved and be signed by the Chief Executive.</p>	
<p>AGREEMENT: It was agreed that the Audit Committee should recommend to the Trust Board that the Statement on Internal Control should be approved and be signed by the Chief Executive</p>	
<p>6 Letter of Representation</p>	<p>Hard copy</p>
<p>Mr White presented the Letter of Representation to the Audit Committee, highlighting that its purpose was to advise that there were no matters which should have been declared by the Trust to inform the opinion of the external auditors.</p> <p>One minor issue was reported which concerned deferred income, whereby as at 31 March 2010, the Trust had a deferred income balance of £4,011,000 relating to monies provided by the SHA and local health economy in respect of the 'Right Care, Right Here' programme where expenditure is planned for a future period. The Auditor was provided with details of the nature of the funds and a profile for future expenditure which together demonstrated that recognition in 2009/10 would not be appropriate.</p> <p>It was agreed that the Committee should recommend to the Board that the Letter of Representation should be approved and be signed by the Director of Finance and Performance Management.</p>	
<p>AGREEMENT: It was agreed that the Audit Committee should recommend to the Trust Board that the Letter of Representation should be approved and be signed by the Director of Finance and Performance Management</p>	

7	Any other business	Verbal
<p>Mrs Hunjan expressed her thanks to the Finance Department for the delivery of the accounts to meet the more challenging timescale and advised that the accounts had furthermore been prepared a day in advance of the deadline.</p> <p>Mr Wharram agreed to convey the expression of thanks to the Finance Department.</p>		
9	Details of next meeting	Verbal
<p>The next meeting is planned for 2 September 2010 in the Executive Meeting Room, City Hospital at 1030h.</p>		
<p>Signed:</p>		
<p>Name:</p>		
<p>Date:</p>		