

AGENDA

Trust Board – Public Session

Venue Anne Gibson Boardroom, City Hospital

Date 30 July 2009 at 1430h

Members

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

In Attendance

| | |
|----------------|------|
| Mr G Seager | (GS) |
| Miss K Dhami | (KD) |
| Mr C Holden | (CH) |
| Mrs J Kinghorn | (JK) |
| Miss J Whalley | (JW) |
| Mr J Cash | (JC) |

Guests

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| Mr M Dodd | (MD) |
| Mr R Banks | (RB) |

Secretariat

Mr S Grainger-Payne (SGP) [Secretariat]

| Item | Title | Reference No. | Lead |
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| 1 | Apologies for absence | Verbal | SGP |
| 2 | Declaration of interests <i>To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting</i> | Verbal | All |
| 3 | Chair's opening comments | Verbal | Chair |
| 4 | Minutes of the previous meeting <i>To approve the minutes of the meeting held on 11 June and 25 June 2009 as true and accurate records of discussions</i> | SWBTB (6/09) 127 SWBTB (6/09) 128 | Chair |
| 5 | Update on actions arising from previous meetings | SWBTB (6/09) 127 (a) | Chair |
| 6 | Questions from members of the public | Verbal | Public |
| MATTERS FOR APPROVAL | | | |
| 7 | Single tender action – interim care beds scheme | SWBTB (7/09) 140 | MD |
| 8 | Single tender action – salary recharge for academics from University of Birmingham | SWBTB (7/09) 139 | RW |
| 9 | Learning and Development agreement with the Strategic Health Authority | SWBTB (7/09) 138 SWBTB (7/09) 138(a) SWBTB (7/09) 138 (b) | CH |
| 10 | Fire safety management policy | SWBTB (7/09) 130 SWBTB (7/09) 130 (a) SWBTB (7/09) 130 (b) SWBTB (7/09) 130 (c) | RB |

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| 11 | Self certification action plan | SWBTB (7/09) 134 SWBTB (7/09) 134 (a) | SGP |
| MATTERS FOR INFORMATION/NOTING | | | |
| 12 | Strategy and Development | | |
| 12.1 | 'Right Care, Right Here' programme: progress update | SWBTB (7/09) 137 SWBTB (7/09) 137 (a) SWBTB (7/09) 137 (b) | MD |
| 12.2 | New acute hospital project: progress update | Verbal | JA |
| 13 | Performance Management | | |
| 13.1 | Monthly performance monitoring report | SWBTB (7/09) 135 SWBTB (7/09) 135 (a) | RW |
| 13.2 | Monthly finance report | SWBTB (7/09) 131 SWBTB (7/09) 131 (a) | RW |
| 13.3 | Foundation Trust compliance report | SWBTB (7/09) 132 SWBTB (7/09) 132 (a) | RW |
| 13.4 | Progress against corporate objectives – Quarter 1 | SWBTB (7/09) 141 SWBTB (7/09) 141 (a) | JA |
| 14 | Governance and Operational Management | | |
| 14.1 | Assurance Framework update – Quarter 1 | SWBTB (7/09) 142 SWBTB (7/09) 142 (a) | SGP |
| 14.2 | Corporate identity proposals | SWBTB (7/09) 143 SWBTB (7/09) 143 (a) | JK |
| 14.3 | Nursing midyear update | SWBTB (7/09) 147 SWBTB (7/09) 147 (a) SWBTB (7/09) 147 (b) | RO |
| 14.4 | Annual workforce plan | SWBTB (7/09) 146 SWBTB (7/09) 146 (a) | CH |
| 14.5 | National staff survey | SWBTB (7/09) 133 SWBTB (7/09) 133 (a) | CH |
| 14.6 | Swine 'flu update | SWBTB (7/09) 136 SWBTB (7/09) 136 (a) | MD |
| 14.7 | Update on maternity services | Verbal | JA |
| 15 | Update from the Board Committees | | |
| 15.1 | Finance and Performance Management Committee | | |
| ▶ | Minutes from meeting held 18 June 2009 | SWBFC (6/09) 061 | RT |
| 15.2 | Audit Committee | | |
| ▶ | Minutes from meetings held 7 May 2009 and 11 June 2009 | SWBAC (5/09) 046 SWBAC (6/09) 047 | GH |
| 15.3 | Governance and Risk Management Committee | | |
| ▶ | Minutes from meeting held 21 May 2009 | SWBGR (5/09) 032 | IB |
| 15.4 | Charitable Funds Committee | | |
| ▶ | Minutes from meeting held 7 May 2009 | SWBCF (5/09) 010 | SS |

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| 16 | Any other business | Verbal | All |
| 17 | Details of next meeting <i>The next public Trust Board will be held on 27 August 2009 at 1430h in the Churchvale/Hollyoak Rooms, Sandwell Hospital</i> | Verbal | Chair |
| 18 | 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 Churchvale/Hollyoak Rooms, Sandwell Hospital **Date** 25 June 2009 at 1430 hrs

Present:

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

In Attendance:

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| Mr Graham Seager | Miss Kam Dhami | Mr Colin Holden |
| Mr John Cash | [Sandwell LINK] | |

Guests: Mr Rob Banks [Item 7]

Secretariat: Mr Simon Grainger-Payne

| Minutes | Paper Reference |
|--|----------------------|
| 1 Apologies for absence | Verbal |
| Apologies were received from Miss Parveen Akhtar and Miss Judith Whalley. | |
| 2 Declaration of interests | Verbal |
| No declarations of interest in connection with any agenda item were made. | |
| 3 Chair's opening comments | Verbal |
| The Chair welcomed Mr John Cash to the meeting who has been nominated to represent Sandwell LINK on behalf of the Trust's patients. | |
| 4 Minutes of the previous meeting | SWBTB (5/09) 111 |
| The minutes of the meeting held on 28 May 09 were approved. | |
| AGREEMENT: The minutes of the previous meeting on 28 May 09 were approved as a true and accurate reflection of discussions held | |
| 5 Update on actions from previous meetings | SWBTB (5/09) 111 (a) |
| The updated action list was reviewed. There were noted to be no outstanding actions. | |

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| 6 Questions from members of the public | Verbal |
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| There were no members of the public in attendance. | |
| <p>Mr Kirby provided an update on the Swine 'Flu position. He reported that nationally, the focus has now moved from prevention to treatment of the infection.</p> <p>The most significant area of the Trust affected by the Swine 'Flu outbreak has been the Accident and Emergency departments, where people who suspect that they may have Swine 'Flu present for review. However much work has been done to discourage members of the public coming to the hospital, but to use the services of Primary Care instead.</p> <p>Very few people have been admitted into the Trust with Swine 'Flu, although escalation processes have been developed, should there be an increased number of patients needing to be admitted.</p> <p>The Chair asked whether there had been a significant number of staff absences as a consequence of the outbreak. She was advised that there had been a number of instances, however not at a level giving cause for concern.</p> <p>Dr Sahota asked whether a PCT committee had been established to deliver the 'flu strategy. Mr Kirby advised that a framework to deliver the strategy had been established at a national level, together with a more regional setup, to which the PCTs contribute. Mr Adler added that work is underway to establish why some people are more affected than other members of the public, although at present there is little clarity on future spread or possible mutation of the virus.</p> <p>On a separate issue and in response to a previous action raised, Mr Kirby reported that it had been determined that the establishment of a midwifery led service did not require a formal consultation, however some public engagement activities had been arranged around the plans.</p> | |
| 7 Sustainability | Presentation |
| <p>Mr Seager and Mr Banks delivered a presentation concerning the background and the Trust's role with respect to sustainability.</p> <p>It was highlighted that there is a challenge for the NHS in forthcoming months and years, to reduce its carbon footprint. It is expected that national strategies will feed into NHS targets and expected to be delivered as part of the commissioning and procurement process through the NHS performance framework and NHS constitution.</p> <p>The Trust's next steps include the development of a sustainability strategy, which will include such measures as more efficient procurement activity; alternative transport considerations, such as lift sharing and care pooling; and a reduction in energy consumption.</p> <p>Mr Cash suggested that consideration should be given to employing a more efficient alternative to the Trust's current central boiler system. He asked, in terms of energy consumption, where the Trust stood against benchmarked information for other hospitals. Mr Seager advised that Sandwell Hospital's position is in line with other Trusts, although due to the nature of City Hospital's estate, energy</p> | |

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| <p>consumption is higher than the benchmarked position.</p> <p>Mr Seager reported that a reduction in waste would be a significant saving for the Trust. It is envisaged that measures such as waste reduction may be incentivised through taxation schemes in the future.</p> <p>The Healthcare Purchasing Consortium (HPC) is also engaged with sustainability issues. Mr White advised that there is a greater focus now on 'just in time' production, although travel costs associated with NHS procurement activities is still high. On a related note, Mr Trotman remarked that reports recently considered by the Audit Committee, suggested that write off of obsolete pharmacy stock has declined significantly. Professor Alderson suggested that there is a significant costs in the development of drugs, as opposed to the manufacture. He was advised that the production of the chemicals is a significant contributor to the general energy consumption of the health and pharmaceutical sector.</p> <p>Mr Adler reported that sustainability is not yet part of the core targets set for the NHS, although efforts are being made to incorporate a sustainability focus within the Trust's performance management framework. It was suggested that the Care Quality Commission may have a future role in monitoring sustainability.</p> <p>It was agreed that the sustainability strategy, currently under development, should be considered at the November Trust Board.</p> <p>Mr Grainger-Payne was asked to circulate the presentation given.</p> <p>The Chair thanked Mr Seager and Mr Banks for the informative presentation.</p> | |
| <p>ACTION: Mr Seager to present the Sustainability Strategy at the November meeting of the Trust Board</p> <p>ACTION: Mr Grainger-Payne to circulate the sustainability presentation to Trust Board members</p> | |
| <p>8 Amendment to the Trust's bank mandate</p> | <p>SWBTB (6/09) 114</p> |
| <p>Mr White reported that the Trust had recently been notified by National Westminster Bank that it intended to withdraw the Trust's access to its Bankline dial-up service and transfer the Trust to the new internet-based Bankline service with effect from 31 July 2009. There is no extra cost to the Trust for this new service, which currently stands at £20 per month.</p> <p>The Board was advised that the Bankline service provides Technical Accounts staff with access to the Trust's commercial and Charitable Funds bank accounts in order that they may view up-to-date balances and individual transactions, plus provide the ability to print statements.</p> <p>In line with the Trust's Scheme of Delegation, The Trust Board gave its approval for the Director of Finance and Performance Management to sign the new Bankline Mandate in order for this transfer to take place.</p> | |
| <p>AGREEMENT: The Trust Board approved the amendment to the Trust's bank mandate</p> | |
| <p>9 Single Tender Action – Urgent Care Centre – Locum GP service</p> | <p>SWBTB (6/09) 113</p> |

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| <p>Mr Kirby presented a single tender arrangement for approval. The Board was asked to authorise a requisition being raised for £500k to cover a locum GP service, supporting Medicine A division. The purchase order generated will prevent the need for multiple orders to be raised over the duration of the service.</p> | |
| <p>AGREEMENT: The Trust Board approved the single tender action for the Locum GP service</p> | |
| <p>10 Delivering single sex accommodation</p> | <p>SWBTB (6/09) 123 SWBTB (6/09) 123 (a)</p> |
| <p>Mr Kirby reported that good progress had been made with the plans to deliver single sex accommodation across the Trust. Under revised national rules, unless there is a clinical need or by exception for a short period, there is now no expectation that sleeping accommodation or bathroom facilities will be shared between sexes.</p> <p>At Sandwell Hospital, fixed partitions are being installed at the end of each bay. Improved signage and privacy curtains have been introduced, which will further assist the plans.</p> <p>At City Hospital, the majority of wards are 'Nightingale' style, with men and women at opposite ends of the ward. To refine this level of segregation is complex. For this reason, patient surveys reflect that the Trust performs more poorly in comparison to a number of other Trusts on single sex arrangements. Non-compliance with the Care Quality Commission Core Standard, regarding delivery of single sex accommodation has been declared for 2008/09, although an action plan to achieve compliance by 31 December 2009 has been submitted.</p> <p>Revised processes have been implemented to monitor compliance against the single sex accommodation policy and work is underway to identify any trends in breaches reported.</p> <p>In a number of areas at City Hospital bespoke work to address single sex accommodation issues is progressing, including within the Sheldon Block. A possibility being considered at present concerns the potential to arrange mixed speciality, single sex wards, although there are a number of considerations needed before these arrangements are put into place, including the possibility that the pool of expertise created on the wards would become diluted. Additional wards may need to be opened, should the Trust choose to adopt the approach, causing an increase in costs. Mr Kirby reported that the clinical teams have been consulted and there are concerns about moving away from single speciality wards.</p> <p>Mr Kirby was asked what financial penalties would ensue, should the Trust not comply with the Department of Health guidance. He advised that the position, is, as yet, unclear.</p> <p>The Chair asked Professor Alderson whether he was aware of any appetite for discussion around the practicalities of the guidance. He advised that there was little manoeuvre and flexibility.</p> <p>Mr Trotman noted that the Trust had received some funding to assist with implementing the requirements, however asked what additional funding had been committed to support the plans. He was advised that in addition to the funds received from the Department of Health through the Strategic Health Authority, an</p> | |

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| <p>additional £150k has been identified for the work.</p> <p>Mr Cash asked whether the addition of a partition to the end of a bay restricted the nursing space available. He was advised that this was not the case.</p> <p>Mr Kirby was asked if any accommodation had been identified which could be converted, thereby assisting with any requirements for additional wards if needed. He advised that the only space available would be outpatient clinics and offices.</p> <p>It was agreed that a further update on progress with implementing the plans should be presented at the September meetings of the Trust Management Board and the Trust Board. The paper is to address options and financial implications of fully complying with the single sex accommodation requirements.</p> | |
| <p>ACTION: Mr Kirby to present an update on delivery of single sex accommodation at the September meetings of the Trust Management Board and Trust Board</p> | |
| <p>11 Strategy and Development</p> | |
| <p>11.1 'Right Care Right Here' programme: progress report</p> | <p>SWBTB (6/09) 119 SWBTB (6/09) 119 (a)</p> |
| <p>The Trust Board was asked to receive and note the latest version of the 'Right Care Right Care' programme progress report.</p> | |
| <p>11.2 New acute hospital project: progress report</p> | <p>SWBTB (6/09) 124 SWBTB (6/09) 124 (a)</p> |
| <p>Mr Seager reminded the Board that the Outline Business Case (OBC) had been submitted to the Department of Health. A decision was expected at the end of March 2009, although no response has yet been received.</p> <p>Informal feedback suggests that the Department of Health's deliberations are nearly completed and a decision may be expected shortly.</p> <p>In terms of the land acquisition, a Compulsory Purchase Order will be required to assemble the entire site, although this is dependent on the outcome of the Department of Health's review of the OBC.</p> <p>Work is continuing on the procurement workstreams of the project.</p> | |
| <p>12 Performance Management</p> | |
| <p>12.1 Monthly performance report</p> | <p>SWBTB (6/09) 122 SWBTB (6/09) 122 (a)</p> |
| <p>Mr White reported that there had been an increase in cancelled operations, to 0.8%, of which the majority are attributable to dermatology and ophthalmology, due to higher than planned VR emergencies in Surgery B. A dedicated co-ordinator is due to be put into place shortly to manage specifically the VR emergency work, which should alleviate the position.</p> <p>In terms of the stroke care target, the number of indicators against which the Trust is to be assessed has been reduced from ten to three. The change has contributed to an improvement in the Trust's performance, although there is further work needed</p> | |

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| <p>to meet the targets.</p> <p>There has been good performance in-month against the Accident and Emergency waiting time targets, which remain above 99%.</p> <p>In terms of access to GU medicine services, performance against the target to offer patients and appointment was good, although the number of patients seen was noted to have reduced, mainly as a consequence of patients not attending their agreed appointment.</p> <p>Infection control rates remain within national trajectory and within the local stretch targets.</p> <p>It was noted that performance against CQUIN targets is now being monitored, although smoking cessation referrals information is still to be determined. A good response has been received in relation to the inpatient patient survey.</p> <p>An improvement in ambulance turnaround targets has been reported in-month. The usage of bank and agency staff is in line with the expected profile. PDR submissions continue to rise.</p> <p>Mr Cash asked how many operations were performed during May. He was advised that this was approximately 5000. Mr Cash asked for details of the process, should there be a breach in outpatient waiting times. Mr Kirby advised that if the breach had been handled in line with the standard protocols, then the breach would be reported to the Strategic Health Authority, with little further follow up. If for any reason, the handling of the breach had not adhered to accepted practice, then a lessons learned exercise would be conducted and further scrutiny by the Strategic Health Authority would be expected.</p> | |
| <p>12.2 Monthly finance report</p> | <p>SWBTB (6/09) 115 SWBTB (6/09) 115 (a)</p> |
| <p>Mr White reported that an in-month surplus of £357k had been achieved; £1k above plan but with significant variation among divisions.</p> <p>The Board was advised that the Cost Improvement Plan (CIP) performance had been reviewed in detail at the Financial Management board and a number of mitigating actions have been agreed to address the underperformance. Mr Trotman advised that the situation regarding the Trust's CIP had also been reviewed at the recent Finance and Performance Management Committee and the Committee agreed that appropriate corrective actions are being undertaken.</p> <p>Mr White advised that cash balances remain strong and capital expenditure is low against plan at present.</p> | |
| <p>12.3 Foundation Trust compliance report</p> | <p>SWBTB (6/09) 116 SWBTB (6/09) 116 (a)</p> |
| <p>Mr White presented the Foundation Trust service performance report.</p> <p>The report highlighted that the Trust's governance risk rating has been maintained as green status.</p> | |

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| 13 Governance and Operational Management | |
| 13.1 Single Equality Scheme update | SWBTB (6/09) 126 SWBTB (6/09) 126 (a) |
| <p>Miss Overfield noted that compliance against Core Standard C7e had been declared as not met in the 2007/08 declaration. As a Single Equality Scheme is now in place however, compliance with the Core Standard was declared as met in the 2008/09 submission.</p> <p>Equality impact assessments are now being routinely undertaken, both for policies and services. At least two services per division have now been assessed.</p> <p>A 'wayfinder' audit has been completed, using members of the public with various levels of disability. The next update will include the full action plan to address the outcome of the audit.</p> <p>In terms of ethnicity data, there are still difficulties with obtaining ethnicity data for all staff, however work is underway to improve the current data set. The Chair reported that this information is to be included as part of the proposed workforce dashboard currently under development. It was agreed that this dashboard should accompany each update on the Single Equality Scheme.</p> <p>Mrs Hunjan asked whether exit interviews were routinely being undertaken. Mr Holden advised that every leaver is offered an opportunity to undergo an exit interview, however very few staff take up this offer. Miss Bartram remarked that this was a similar situation to that she had experienced while working in education. Mr Holden added that some staff do not know their ethnic group or there may be a reluctance to disclose the information for personal reasons. The information is however now requested when a member of staff initially joins the Trust as part of the initial recruitment application. Mr Cash suggested that thought should be given to widening the application process from purely web-based, to assist applicants without access to the internet. Mr Holden pointed out that this was not within the gift of the Trust to amend, given that NHS Jobs is organised by a national body.</p> <p>Dr Sahota suggested that consideration should be given to identifying why there is high turnover in certain specialities. Mr Holden confirmed that there is a growing ability to benchmark this information against other Trusts at a speciality level.</p> <p>Mr O'Donoghue noted that the exit interview provides a good opportunity to collect some valuable feedback about the Trust. Mr Holden agreed but advised that there is no obligation for staff to partake in an interview.</p> <p>Mrs Kinghorn asked whether there was any correlation between leavers and those members of staff reaching the top of their Agenda for Change band. She was advised that this did not appear to be the case.</p> <p>Miss Bartram suggested that benchmarked data and contextual information be included in future reports where possible.</p> | |
| <p>ACTION: Miss Overfield to include benchmarked data and contextual information into future versions of the Single Equality Scheme update</p> | |
| 13.2 Report back from Sandwell Mental Health Trust Governor | SWBTB (6/09) 117 SWBTB (6/09) 117 (a) |

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| <p>Mrs Debbie Talbot joined the meeting to present an update on the activities to date as the Trust's nominated representative as governor for Sandwell Mental Health and Social Care Foundation Trust.</p> <p>Mrs Talbot reported that two governors' meetings had been held since her election. The governors have also undergone a comprehensive induction programme.</p> <p>The Chair asked if there was a mechanism by which mental health issues impacting on the Trust could be raised. She was advised that a steering group for mental health is due to be established and this would provide an appropriate forum for these discussions.</p> <p>Mrs Talbot was thanked for her update.</p> | |
| <p>13.3 Integrated risk and complaints report</p> | <p>SWBTB (6/09) 121 SWBTB (6/09) 121 (a)</p> |
| <p>Miss Dhami presented the integrated risk and complaints report, covering the final quarter of 2008/09. She advised that there had been an increase in reported incidents from the same period in 2007/08. Of the five most frequently reported categories of incidents, three remain the same: patient accident; admission; and aspects of clinical care. Incidents relating to record keeping and verbal abuse were noted to have dropped significantly.</p> <p>The Board was asked to note that an analysis of actual harm suffered by the patient is now included in the report. This information is obtained from the National Patient Safety Agency and shows that the harm profile is in line with the national average. The analysis also shows a steady increase in the number of yellow and green incidents reported, indicating that there is an improving culture of incident reporting within the Trust.</p> <p>Complaints were noted to have increased, resulting in some difficulty in consistently meeting the response targets.</p> <p>In terms of claims, it was noted that twenty clinical negligence and nine personal injury claims were received during the period. A breakdown of the status of all claims was reviewed, the majority of which tend not to proceed beyond the disclosure of records stage. A comparison of claims information with that of other comparable trusts was considered, where it was noted that the Trust has a higher number of personal injury claims. It is thought that this position is attributable to a high number of slips and falls in the Trust, which Miss Overfield suggested was reflective of the current estate configuration and condition. Miss Dhami was asked to provide a further analysis on the personal injury claims position.</p> <p>It was highlighted that input from Patient Advice Liaison Service (PALS) is not included in the report. Miss Overfield advised that this information is generally included within the regular report on patient experience.</p> <p>Mr Cash asked what allocation was set aside for meeting claims. He was advised that all Trusts pay premiums into a central fund, held by the NHS Litigation Authority, which then meets payments needed in respect of any claims. The premiums are based largely on staff numbers within the Trust.</p> <p>Professor Alderson suggested that as a comparison with other trusts, the number of medical episodes may be a more meaningful measure to use when considering the</p> | |

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| <p>Trust's position in terms of claims.</p> <p>It was agreed that the presentation of the claims information should be considered by the Governance and Risk Management Committee at its next meeting.</p> | |
| <p>ACTION: Miss Dhami to provide an analysis of the personal injuries claim position and present at a future meeting of the Trust Board</p> <p>ACTION: Miss Dhami to discuss the presentation of claims information at the next meeting of the Governance and Risk Management Committee</p> | |
| <p>13.4 Update on maternity services</p> | <p>Verbal</p> |
| <p>Mr Adler advised that the maternity risk mitigation action plan had been recently updated and was due to be considered at the next meeting of the Maternity Taskforce.</p> <p>Recruitment of staff into key posts is now progressing well, particularly into newly qualified midwifery roles. The appointment of an experienced Fetal Medicine Consultant was also confirmed. Recruitment of experienced midwives was reported to still be difficult.</p> <p>The development of the birthing centre at City Hospital, as agreed at the May meeting of the Trust Board, was reported to be progressing well.</p> <p>The review of maternity configuration is being developed; the clinical case for change has been prepared and an options appraisal is being worked up. A number of staff engagement events have been held which have been well attended and positive. The decision as to whether to initiate a consultation of reconfiguration is planned for the July PCT and Trust Board meetings.</p> <p>Miss Overfield reported that the general morale was improving considerably in the maternity area.</p> | |
| <p>14 Update from the Committees</p> | |
| <p>14.1 Finance and Performance Management</p> | <p>SWBFC (5/09) 049</p> |
| <p>The Board noted the minutes of the Finance and Performance Management Committee meeting held on 21 May 2009.</p> | |
| <p>15 Any other business</p> | <p>Verbal</p> |
| <p>There was none.</p> | |
| <p>16 Details of the next meeting</p> | <p>Verbal</p> |
| <p>The next meeting is scheduled for Thursday 30 July 2009 at 14.30pm in the Anne Gibson Boardroom, City Hospital.</p> | |
| <p>17 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</p> | |

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Sandwell and West Birmingham Hospitals



NHS Trust

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| prejudicial to the public interest (Section 1 (2) Public Bodies (Admission to Meeting Act 1960). | |
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Signed

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Date

Next Meeting: 30 July 2009, Anne Gibson Boardroom @ City Hospital

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

25 June 2009 - Sandwell Hospital

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

In Attendance: Miss K Dhami (KD), Mr G Seager (GS), Mr C Holden (CH), Mrs J Kinghorn (JK), Mr J Cash (JC)

Apologies: Miss P Akhtar (PA), Miss J Whalley (JW)

Secretariat: Mr S Grainger-Payne (SPGP)

Last Updated: 24 July 2009

| Reference | Item | Paper Ref | Date | Action | Assigned To | Completion Date | Response Submitted | Status | Review Date |
|---------------|---|--|-----------|--|-------------|-----------------|--|-----------------------------|-------------|
| SWBTBACT. 097 | Sustainability | Presentation | 25-Jun-09 | Circulate the sustainability presentation to Trust Board members | SGP | 30-Jul-09 | Circulated as requested | Completed Since Last Review | |
| SWBTBACT. 091 | Business case for a maternity birthing centre | SWBTB (5/09) 106 SWBTB (5/09) 106 (a) SWBTB (5/09) 106 (b) | 28-May-09 | Confirm that consultation is not required for the introduction of a midwifery-led birthing centre | RK | 30-Jul-09 | Consultation not required as outlined at June Trust Board meeting | Completed Since Last Review | |
| SWBTBACT. 095 | Patient Experience update | Hard copy papers | 28-May-09 | Amend the Board report cover sheet to include information concerning where reports have been considered prior to presentation to the Trust Board | SGP | 25-Jun-09 | Draft of Board report cover sheet prepared including this information. Due to be implemented at start of July. Now in place. | Completed Since Last Review | |
| SWBTBACT. 101 | Integrated risk and complaints report | SWBTB (6/09) 121 SWBTB (6/09) 121 (a) | 25-Jun-09 | Discuss the presentation of the claims information at the next meeting of the Governance and Risk Management Committee | KD | 23-Jul-09 | Discussed and agreed that the organisations used for comparable claims data were appropriate | Completed Since Last Review | |
| SWBTBACT. 085 | New acute hospital: progress report | Verbal | 30-Apr-09 | Present the process for consultation on the name of the new hospital at the next Trust Board meeting | GS | 28-May-09 | Deferred to a future meeting. Suggest revisiting in September | Future | 24-Sep-09 |
| SWBTBACT. 084 | MRI business case | SWBTB (4/09) 093 SWBTB (4/09) 093 (a) | 30-Apr-09 | Present a post implementation review of the City Hospital MRI scanner | RK | 29-Apr-10 | ACTION NOT YET DUE | Future | |
| SWBTBACT. 094 | Patient Experience update | Hard copy papers | 28-May-09 | Present an update on progress against the Patient Experience Action Plan at a future meeting of the Trust Board | RO | 24-Sep-09 | Next report due at the September meeting | Future | |
| SWBTBACT. 096 | Sustainability | Presentation | 25-Jun-09 | Present the sustainability strategy at the November meeting of the Trust Board | GS | 26-Nov-09 | ACTION NOT YET DUE | Future | |
| SWBTBACT. 098 | Delivering single sex accommodation | SWBTB (6/09) 123 SWBTB (6/09) 123 (a) | 25-Jun-09 | Present an update on delivery of single sex accommodation at the September meetings of the Trust Board and TMB | RK | 24-Sep-09 | ACTION NOT YET DUE | Future | |

| Reference | Item | Paper Ref | Date | Action | Assigned To | Completion Date | Response Submitted | Status | Review Date |
|---------------|---------------------------------------|--|-----------|--|-------------|-----------------|---|--------|-------------|
| SWBTBACT. 099 | Single Equality Scheme update | SWBTB (6/09) 126 SWBTB (6/09) 126 (a) | 25-Jun-09 | Include benchmarked data and contextual information into future versions of the Single Equality Scheme update | RO | 24-Sep-09 | ACTION NOT YET DUE | Future | |
| SWBTBACT. 100 | Integrated risk and complaints report | SWBTB (6/09) 121 SWBTB (6/09) 121 (a) | 25-Jun-09 | Provide an analysis of the personal injuries claim position and present at a future meeting of the Trust Board | KD | 24-Sep-09 | Will be included in the next version of the integrated risk and complaints report | Future | |

Next Meeting: 30 July 2009, Anne Gibson Board Room @ City Hospital
Sandwell and West Birmingham Hospitals NHS Trust - Trust Board
25 June 2009 - Sandwell Hospital

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

In Attendance: Miss K Dhami (KD), Mr G Seager (GS), Mr C Holden (CH), Mrs J Kinghorn (JK), Mr J Cash (JC)

Apologies: Miss P Akhtar (PA), Miss J Whalley (JW)

Secretariat: Mr S Grainger-Payne (SPGP)

Last Updated: 24 July 2009

| Reference No | Item | Paper Ref | Date | Agreement |
|--------------|---|------------------|-----------|---|
| SWBTBAG.096 | Minutes of the previous meeting | SWBTB (5/09) 111 | 25-Jun-09 | The minutes of the previous meeting were approved as a true and accurate record of discussions held |
| SWBTBAG.098 | Amendment to the Trust's mandate | SWBTB (6/09) 114 | 25-Jun-09 | The Trust Board approved the amendment to the Trust's bank mandate |
| SWBTBAG.099 | Single Tender Action - Locum GP service | SWBTB (6/09) 113 | 25-Jun-09 | The Trust Board approved the single tender action for the Locum GP service |

MINUTES

Trust Board (Public Session) – Version 0.1

Venue Anne Gibson Boardroom, City Hospital

Date 11 June 2009 at 1600 hrs

Present: Mr Roger Trotman [Vice Chair] Mr Richard Kirby
Mrs Gianjeet Hunjan
Dr Sarindar Sahota
Mr Robert White
Mr Donal O'Donoghue

In Attendance: Mr Graham Seager Miss Kam Dhami Mr Colin Holden

Secretariat: Mr Simon Grainger-Payne

| Minutes | Paper Reference |
|--|--|
| 1 Apologies for absence | Verbal |
| Apologies were received from Mrs Sue Davis, Miss Isobel Bartram, Professor Derek Alderson, Mr John Adler and Miss Rachel Overfield. | |
| 2 Declaration of interests | Verbal |
| No declarations of interest in connection with any agenda item were made. | |
| 3 Chair's opening comments | Verbal |
| The chair welcomed all to the meeting and reported that the Audit Committee had met beforehand to consider the annual report and accounts. | |
| 4 Questions from members of the public | Verbal |
| There were no members of the public in attendance. | |
| 5 Annual Accounts – Year Ended 31 March 2009 | SWBTB (6/09) 111 SWBAC (6/09) 041 SWBAC (6/09) 041 (a) |
| Mr White presented the final audited annual accounts for 2008/09, advising that in line with recommendations by External Audit, minor adjustments had been made since the Audit Committee had reviewed the draft at its meeting held on 7 May 2009. The Board was advised that the Audit Committee had approved the final version of the annual accounts at its earlier meeting and recommended to the Board that the accounts should be adopted. | |

MINUTES

| | | |
|---|--|--|
| AGREEMENT: The Trust Board agreed to adopt the annual accounts 2008/09 | | |
| 6 | 2008/09 audit memorandum | SWBAC (6/09) 042 |
| <p>Mr White reported that that audit memorandum is designed for External Audit to alert the Audit Committee and Trust Board to any issues encountered as part of the auditing of the annual accounts.</p> <p>The audit memorandum reports adjustments to the value of £2.8m which External Audit believes should be made to accounts, although as the threshold for materiality is set at £4m, this uncorrected amount does not present a cause for concern. The main uncorrected adjustments were outlined to relate to the accounting treatment of CNST premiums for 2009/10; provisions made for uncollectible debts from PCTs; and a provision for redundancy payments. The reasons for not accepting the recommendation to make the adjustments had been outlined in detail and agreed by the Audit Committee.</p> <p>The ALE scores for the outstanding dimensions were reported to be four for financial standing, given that the Trust has delivered a surplus for three years consistently, and three for financial reporting.</p> | | |
| 7 | Statement on Internal Control 2008/09 | SWBTB (6/09) 112 SWBAC (6/09) 043 |
| <p>Mr White presented the Statement on Internal Control, which was noted to incorporate amendments suggested by the Strategic Health Authority. The Trust's non-compliance with Core Standards had been included within the 'Significant Control Weaknesses' section.</p> <p>The Trust Board approved the Statement on Internal Control and agreed that the Chief Executive should sign the document on behalf of the Trust Board.</p> | | |
| AGREEMENT: The Trust Board approved the Statement on Internal Control 2008/09 and agreed that the Chief Executive should sign this document on behalf of the Trust Board | | |
| 8 | Letter of Representation 2008/09 | SWBTB (6/09) 113 SWBAC (6/09) 044 |
| <p>Mr White presented the letter of Letter of Representation, which reported that there were no matters of significance that should have been brought to the attention of the external auditors as part of the audit process.</p> <p>The Trust Board agreed that the Letter of Representation should be signed by the Director of Finance and Performance Management.</p> | | |
| AGREEMENT: The Trust Board agreed that the Director of Finance and Performance Management should sign the Letter of Representation | | |
| 9 | Any other business | Verbal |
| There was none. | | |
| 10 | Details of the next meeting | Verbal |
| The next meeting is scheduled for Thursday 25 June 2009 at 14.30pm in the | | |

MINUTES

Sandwell and West Birmingham Hospitals



NHS Trust

| | |
|---|--|
| Churchvale/Hollyoak Rooms, Sandwell Hospital. | |
|---|--|

Signed

Print.....

Date

TRUST BOARD

| | |
|-----------------------------|--|
| REPORT TITLE: | Single Tender Action – Short-term use of nursing home facilities |
| SPONSORING DIRECTOR: | Richard Kirby, Chief Operating Officer |
| AUTHOR: | Simon Grainger-Payne, Trust Secretary |
| DATE OF MEETING: | 30 July 2009 |

KEY POINTS:

The Board is asked to approve a single tender action to raise a requisition for £100k in respect payments to Carehome Select for short-term usage of nursing home facilities.

The Trust makes occasional short-term use of nursing home beds to enable early discharge of patients who are awaiting finalisation of their post-discharge package of care. The commissioning of the nursing home beds is handled for the Trust by a local organisation, Carehome Select.

Carehome Select is the only local organisation we are aware of operating this service and able to access placements in a wide range of local nursing homes. It has a track-record of working with the Trust and is able to continue to provide this service.

PURPOSE OF THE REPORT:

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

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Board is asked to approve the single tender arrangement.

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

None specifically

IMPACT ASSESSMENT:

| | | |
|----------------------|-------------------------------------|--------------------------------|
| FINANCIAL | <input checked="" type="checkbox"/> | Value of the payment is £100k. |
| ALE | <input type="checkbox"/> | |
| CLINICAL | <input type="checkbox"/> | |
| WORKFORCE | <input type="checkbox"/> | |
| LEGAL | <input type="checkbox"/> | |
| EQUALITY & DIVERSITY | <input type="checkbox"/> | |
| COMMUNICATIONS | <input type="checkbox"/> | |
| PPI | <input type="checkbox"/> | |
| RISKS | | |

TRUST BOARD

| | |
|-----------------------------|---|
| REPORT TITLE: | Single Tender Action – Salary recharge for University of Birmingham academics |
| SPONSORING DIRECTOR: | Robert White, Director of Finance and Performance Mgt |
| AUTHOR: | Simon Grainger-Payne, Trust Secretary |
| DATE OF MEETING: | 30 July 2009 |

KEY POINTS:

The Board is asked to approve a single tender action for payment of £1,289,876 in respect of salary recharge costs for clinical academics from University of Birmingham.

Within medical/surgical specialities there is a range of clinical academic posts as you would expect in a teaching trust. The individuals hold joint appointments but have their salaries met by the University of Birmingham Medical School, for which there is an agreed recharge mechanism.

PURPOSE OF THE REPORT:

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

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Board is asked to approve the single tender arrangement.

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

None specifically

IMPACT ASSESSMENT:

| | | |
|----------------------|-------------------------------------|-------------------------------------|
| FINANCIAL | <input checked="" type="checkbox"/> | Value of the payment is £1,289,876. |
| ALE | <input type="checkbox"/> | |
| CLINICAL | <input type="checkbox"/> | |
| WORKFORCE | <input type="checkbox"/> | |
| LEGAL | <input type="checkbox"/> | |
| EQUALITY & DIVERSITY | <input type="checkbox"/> | |
| COMMUNICATIONS | <input type="checkbox"/> | |
| PPI | <input type="checkbox"/> | |
| RISKS | | |

TRUST BOARD

| | |
|-----------------------------|--|
| DOCUMENT TITLE: | Learning and Development Agreement [LDA] |
| SPONSORING DIRECTOR: | Colin Holden, Director of Workforce |
| AUTHOR: | Colin Holden, Director of Workforce |
| DATE OF MEETING: | 30 July 2009 |

SUMMARY OF KEY POINTS:

A vital component of any health education and training includes the provision of practice placements, which requires a collaborative approach between the Authority, the placement provider (i.e. the Trust) and higher education institutions.

The SHA has developed this LDA in order to set out its relationship in this regard with the Trust.

This LDA also requires the Trust to submit workforce planning data at the appropriate times in order to assist the SHA in commissioning the right number of education places with the various educational bodies.

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 authorise and the Chief Executive to sign the LDA.

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

PREVIOUS CONSIDERATION:

Draft documents have been discussed at a sub group of the HR Directors meeting external of the Trust.

Learning and Development Agreement

Introduction

This is the first time that the Board will have seen an LDA. NHS West Midlands Strategic Health Authority (SHA) has developed a standard LDA for all of its education and training providers.

Detail

The SHA commissions a wide variety of education and training services from a broad range of educational providers to ensure that the regions health care professionals and prospective health care professionals have the relevant qualifications, skills, abilities and experience to do their job effectively, efficiently and in the best interests of the service users.

A vital component of any health education and training includes the provision of practice placements, which requires a collaborative approach between the Authority, the placement provider [i.e. the Trust] and higher education institutions. Placement experience is also vital to students to ensure that they are fit for practice and able to support health care organisations in their future workforce requirements.

The SHA has developed this LDA in order to set out its relationship in this regard with the Trust.

This LDA formalises our commitment to the SHA with regard to practice placement provision, it specifies the various funding streams and should assist in ensuring that placement quality is maintained and improved.

This LDA also requires the Trust to submit workforce planning data at the appropriate times in order to assist the SHA in commissioning the right number of education places with the various educational bodies.

Background

The development of the LDA has been problematic. The first version was considered by a sub group of Human Resource Directors who felt that its demands were too onerous for Trusts. Accordingly this same sub group was tasked with suggesting amendments which would make it more acceptable. Following lengthy debate and many amendments the sub group is now content with the content of the LDA.

Financial Matters

A financial schedule is attached which details the payments to be received from the SHA.

Recommendation

The Board is asked to authorise the CEO to sign the LDA.

NB: If colleagues wish to see the full contract documentation a copy can be made available.



Learning and Development Agreement

Between NHS West Midlands and
Sandwell and West Birmingham Hospitals NHS
Trust

Financial Information



Sandwell and West Birmingham Hospitals NHS Trust - 2009-10 Multi-Professional Education & Training Funding Summary

West Midlands Strategic Health Authority - Workforce Deanery

| Funding Type | Payment Due | Annual Allocation £ |
|---|-------------|------------------------|
| Learning Beyond Registration (LBR) | July 09 | 223,290 |
| Library Strategy Funding | July 09 | 31,464 |
| Nursing & Midwifery Salary Replacement | Monthly | 379,119 |
| Clinical Skills Centre (NMET) | July 09 | 31,070 |
| Practice Placement Managers Incl. Admin Support) | Aug 09 | 292,531 |
| Scientist & Technicians Salary Replacement | Monthly | 500,523 |
| SIFT Medical Placements and Facilities - Birmingham Medical School | Monthly | 3,857,171 |
| Dental SIFT Medical Placements and Facilities - Birmingham Medical School | Monthly | 57,550 |
| MADEL | Monthly | 11,552,969 |
| Total | | 16,925,686 |

Notes:

1. Funds are subject to changes in activity.
2. Funds are reflected at 2009/10 prices.
3. Prospective commissions for 2009/10 are not included for Nursing, Allied Health Professionals and Scientists & Technicians, as commissioned activity is yet to be confirmed.

| Name of Trainee | Training Scheme | Intake Year | Start Date | End Date | April | May | June | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | TOTAL £ | |
|---------------------------|-----------------------------|-------------|------------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--------|
| Pre-reg Nursing | | | | | | | | | | | | | | | | | | |
| Bhanjo Mann | Adult Diploma | 2008 | Sep-08 | Sep-11 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 16,202 | |
| Jason Carter | Adult Diploma | 2008 | Sep-08 | Sep-11 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 16,202 | |
| Paramjit Kaur | Adult Diploma | 2008 | Sep-08 | Sep-11 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 16,202 | |
| Laura Bellamy | Adult Diploma | 2008 | Sep-08 | Sep-11 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 16,202 | |
| Kayleigh Jepson | Adult Diploma | 2008 | Sep-08 | Sep-11 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 16,202 | |
| Jamie Whitehouse | Adult Diploma | 2008 | Sep-08 | Sep-11 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 16,202 | |
| Shelly Dawes | Adult Diploma | 2008 | Sep-08 | Sep-11 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 16,202 | |
| Bryony Dogget | Adult Diploma | 2008 | Sep-08 | Sep-11 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 16,202 | |
| Helen Cartwright | Adult Diploma | 2009 | Jan-09 | Dec-11 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 16,202 | |
| Joanne Magee | Adult Diploma | 2009 | Jan-09 | Dec-11 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 16,202 | |
| Lisa Wood | Adult Diploma | 2009 | Jan-09 | Dec-11 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 1,350 | 16,202 | |
| TOTAL Pre-reg Nursing | | | | | 14,852 | 14,852 | 14,852 | 14,852 | 14,852 | 14,852 | 14,852 | 14,852 | 14,852 | 14,852 | 14,852 | 14,852 | 178,222 | |
| Midwifery 18 months | | | | | | | | | | | | | | | | | | |
| Tracy Griffiths | BSc Midwifery Shortened | 2007 | Sep-07 | May-09 | 1,762 | 1,762 | | | | | | | | | | | 3,525 | |
| Andrea Manns | BSc Midwifery Shortened | 2008 | Jun-08 | Nov-09 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | | | | | 14,098 | |
| Catherine Weldon | BSc Midwifery Shortened | 2008 | Jun-08 | Nov-09 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | | | | | 14,098 | |
| Rachel Jack | BSc Midwifery Shortened | 2008 | Sep-08 | Apr-10 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 21,147 | |
| Fati Huseni | BSc Midwifery Shortened | 2008 | Sep-08 | Apr-10 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 21,147 | |
| Lisa Hall | BSc Midwifery Shortened | 2008 | Sep-08 | Apr-10 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 21,147 | |
| Jasbinder Kaur | BSc Midwifery Shortened | 2008 | Sep-08 | Apr-10 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 21,147 | |
| Lisa Skully | BSc Midwifery Shortened | 2008 | Sep-08 | Apr-10 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 21,147 | |
| Emma Barnett-Pounds | BSc Midwifery Shortened | 2008 | Sep-08 | Apr-10 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 21,147 | |
| Daisy Muzofa | BSc Midwifery Shortened | 2008 | Sep-08 | Apr-10 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 21,147 | |
| Maria Rojas | BSc Midwifery Shortened | 2008 | Sep-08 | Apr-10 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 1,762 | 21,147 | |
| TOTAL Midwifery 18 months | | | | | 19,385 | 19,385 | 17,623 | 17,623 | 17,623 | 17,623 | 17,623 | 17,623 | 14,098 | 14,098 | 14,098 | 14,098 | 200,897 | |
| TOTAL DUE | | | | | 34,237 | 34,237 | 32,474 | 32,474 | 32,474 | 32,474 | 32,474 | 32,474 | 28,950 | 28,950 | 28,950 | 28,950 | 379,119 | |
| (A) | Total Due (including adju | | | | 34,237 | 34,237 | 32,474 | 32,474 | 32,474 | 32,474 | 32,474 | 32,474 | 28,950 | 28,950 | 28,950 | 28,950 | 379,119 | |
| | Pre-reg Nursing | | | | 14,852 | | | | | | | | | | | | 14,852 | |
| | 2nd Registration Nursing FT | | | | | | | | | | | | | | | | - | |
| | 2nd Registration Nursing PT | | | | | | | | | | | | | | | | - | |
| | Community Nursing FT | | | | | | | | | | | | | | | | - | |
| | Community Nursing PT | | | | | | | | | | | | | | | | - | |
| | Midwifery 18 months | | | | 19,385 | | | | | | | | | | | | 19,385 | |
| | Midwifery 3 years | | | | | | | | | | | | | | | | - | |
| | EN Conversions | | | | | | | | | | | | | | | | - | |
| | Discipline 1 | | | | | | | | | | | | | | | | - | |
| (B) | Total Paid | | | | 34,237 | - | - | - | - | - | - | - | - | - | - | - | - | 34,237 |
| | Cumulative | | | | | | | | | | | | | | | | | |
| | Pre-reg Nursing | | | | 0 | - 14,852 | - 29,704 | - 44,555 | - 59,407 | - 74,259 | - 89,111 | - 103,963 | - 118,815 | - 133,666 | - 148,518 | - 163,370 | - 163,370 | |
| | 2nd Registration Nursing FT | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| | 2nd Registration Nursing PT | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| | Community Nursing FT | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| | Community Nursing PT | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| | Midwifery 18 months | | | | 0 | - 19,385 | - 37,007 | - 54,630 | - 72,252 | - 89,875 | - 107,497 | - 125,120 | - 139,218 | - 153,316 | - 167,414 | - 181,512 | - 181,512 | |
| | Midwifery 3 years | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| | EN Conversions | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| Discipline 1 | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| Discipline 2 | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| Discipline 3 | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| Discipline 4 | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| TOTAL CUMULATIVE | | | | 0 | - 34,236 | - 66,711 | - 99,185 | - 131,659 | - 164,134 | - 196,608 | - 229,082 | - 258,032 | - 286,982 | - 315,932 | - 344,882 | - 344,882 | | |

| Name of Trainee | Training Scheme | Intake Year | Start Date | End Date | April | May | June | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | TOTAL £ | |
|---------------------------------|------------------------------|-------------|------------|----------|--------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--------|
| AUDIOLOGISTS | | | | | | | | | | | | | | | | | | |
| Catherine Mitchell | Audiological Scientists | 2006 | Oct-06 | Sep-10 | 3,047 | 3,047 | 3,047 | 3,047 | 3,047 | 3,047 | 3,151 | 3,151 | 3,151 | 3,151 | 3,151 | 3,151 | 37,188 | |
| Stephanie Minett | Audiological Scientists | 2007 | Oct-07 | Sep-11 | 2,943 | 2,943 | 2,943 | 2,943 | 2,943 | 2,943 | 3,047 | 3,047 | 3,047 | 3,047 | 3,047 | 3,047 | 35,940 | |
| Nicholas Crow | Audiological Scientists | 2008 | Oct-08 | Sep-12 | 2,840 | 2,840 | 2,840 | 2,840 | 2,840 | 2,840 | 2,943 | 2,943 | 2,943 | 2,943 | 2,943 | 2,943 | 34,698 | |
| TOTAL AUDIOLOGICAL SCIENTISTS | | | | | 8,830 | 8,830 | 8,830 | 8,830 | 8,830 | 8,830 | 9,141 | 9,141 | 9,141 | 9,141 | 9,141 | 9,141 | 107,826 | |
| CLINICAL BIOCHEMISTS | | | | | | | | | | | | | | | | | | |
| Petros Kempouris | Clinical Biochemistry | 2005 | Sep-05 | Aug-09 | 3,201 | 3,201 | 3,201 | 3,201 | 3,201 | | | | | | | | 16,005 | |
| Jane Williams (Dickens) | Clinical Biochemistry | 2007 | Sep-07 | Aug-11 | 2,993 | 2,993 | 2,993 | 2,993 | 2,993 | 3,097 | 3,097 | 3,097 | 3,097 | 3,097 | 3,097 | 3,097 | 36,644 | |
| Joanna Birch | Clinical Biochemistry | 2008 | Sep-08 | Aug-12 | 2,890 | 2,890 | 2,890 | 2,890 | 2,890 | 2,993 | 2,993 | 2,993 | 2,993 | 2,993 | 2,993 | 2,993 | 35,401 | |
| TOTAL CLINICAL BIOCHEMISTS | | | | | 9,084 | 9,084 | 9,084 | 9,084 | 9,084 | 6,090 | 6,090 | 6,090 | 6,090 | 6,090 | 6,090 | 6,090 | 88,050 | |
| MEDICAL PHYSICISTS | | | | | | | | | | | | | | | | | | |
| Ceri Ashton | Medical Physicists | 2006 | Sep-06 | Aug-10 | 3,027 | 3,027 | 3,027 | 3,027 | 3,027 | 3,131 | 3,131 | 3,131 | 3,131 | 3,131 | 3,131 | 3,131 | 37,652 | |
| Gregory James | Medical Physicists | 2008 | Sep-08 | Aug-12 | 2,820 | 2,820 | 2,820 | 2,820 | 2,820 | 2,923 | 2,923 | 2,923 | 2,923 | 2,923 | 2,923 | 2,923 | 34,561 | |
| TOTAL MEDICAL PHYSICISTS | | | | | 5,847 | 5,847 | 5,847 | 5,847 | 5,847 | 6,054 | 6,054 | 6,054 | 6,054 | 6,054 | 6,054 | 6,054 | 71,613 | |
| PHARMACY TECHNICIANS | | | | | | | | | | | | | | | | | | |
| Rebecca Harrison | Pharmacy Technology | 2007 | Sep-07 | Aug-09 | 1,652 | 1,652 | 1,652 | 1,652 | 1,652 | | | | | | | | 8,260 | |
| Kuldeep Kuchhal | Pharmacy Technology | 2007 | Sep-07 | Aug-09 | 1,652 | 1,652 | 1,652 | 1,652 | 1,652 | | | | | | | | 8,260 | |
| Rizwana Jamil | Pharmacy Technology | 2007 | Sep-07 | Aug-09 | 1,652 | 1,652 | 1,652 | 1,652 | 1,652 | - | - | - | - | - | - | - | 8,260 | |
| Manzjeet Sandhu | Pharmacy Technology | 2007 | Sep-07 | Aug-09 | 1,652 | 1,652 | 1,652 | 1,652 | 1,652 | | | | | | | | 8,260 | |
| Zwera Khumrat | Pharmacy Technology | 2008 | Sep-08 | Aug-10 | 1,542 | 1,542 | 1,542 | 1,542 | 1,542 | 1,652 | 1,652 | 1,652 | 1,652 | 1,652 | 1,652 | 1,652 | 19,274 | |
| Emma Dunn | Pharmacy Technology | 2008 | Sep-08 | Aug-10 | 1,542 | 1,542 | 1,542 | 1,542 | 1,542 | 1,652 | 1,652 | 1,652 | 1,652 | 1,652 | 1,652 | 1,652 | 19,274 | |
| TOTAL PHARMACY TECHNICIANS | | | | | 9,692 | 9,692 | 9,692 | 9,692 | 9,692 | 3,304 | 3,304 | 3,304 | 3,304 | 3,304 | 3,304 | 3,304 | 3,304 | 71,588 |
| PRE-REG PHARMACY | | | | | | | | | | | | | | | | | | |
| Shondrop Kaur | Pre-Registration Pharmacy | | Aug-08 | Jul-09 | 2,140 | 2,140 | 2,140 | 2,140 | | | | | | | | | 8,560 | |
| Oghenevga Urhale | Pre-Registration Pharmacy | | Sep-08 | Aug-09 | 2,140 | 2,140 | 2,140 | 2,140 | 2,140 | | | | | | | | 10,700 | |
| Sharon Raza | Pre-Registration Pharmacy | | Sep-08 | Aug-09 | 2,140 | 2,140 | 2,140 | 2,140 | 2,140 | | | | | | | | 10,700 | |
| TOTAL PRE-REG PHARMACY | | | | | 6,420 | 6,420 | 6,420 | 6,420 | 4,280 | - | - | - | - | - | - | - | 29,960 | |
| CCCP | | | | | | | | | | | | | | | | | | |
| Alison Simons | CCCP -Neurophysiology | | Sep-07 | Aug-11 | 1,803 | 1,803 | 1,803 | 1,803 | 1,803 | 1,941 | 1,941 | 1,941 | 1,941 | 1,941 | 1,941 | 1,941 | 22,602 | |
| Asma Mullan | CCCP- Cardiology | 2008 | Sep-08 | Aug-12 | 1,664 | 1,664 | 1,664 | 1,664 | 1,664 | 1,803 | 1,803 | 1,803 | 1,803 | 1,803 | 1,803 | 1,803 | 20,941 | |
| Joe Turner | CCCP- Cardiology | 2008 | Sep-08 | Aug-12 | 1,664 | 1,664 | 1,664 | 1,664 | 1,664 | 1,803 | 1,803 | 1,803 | 1,803 | 1,803 | 1,803 | 1,803 | 20,941 | |
| Emma Sherratt | CCCP - Respiratory | 2008 | Sep-08 | Aug-12 | 1,664 | 1,664 | 1,664 | 1,664 | 1,664 | 1,803 | 1,803 | 1,803 | 1,803 | 1,803 | 1,803 | 1,803 | 20,941 | |
| Stephanie Brown | CCCP - Respiratory | 2008 | Sep-08 | Aug-12 | 1,664 | 1,664 | 1,664 | 1,664 | 1,664 | 1,803 | 1,803 | 1,803 | 1,803 | 1,803 | 1,803 | 1,803 | 20,941 | |
| TOTAL CCCP | | | | | 8,459 | 8,459 | 8,459 | 8,459 | 8,459 | 6,153 | 6,153 | 6,153 | 6,153 | 6,153 | 6,153 | 6,153 | 106,368 | |
| AUDIOLOGY BSc | | | | | | | | | | | | | | | | | | |
| Paramdeep Kaur | Audiology BSc | 2008 | Aug-08 | Jul-09 | 1,570 | 1,570 | 1,570 | 1,570 | | | | | | | | | 6,280 | |
| Rasheda Begum | Audiology BSc | 2008 | Aug-08 | Jul-09 | 1,570 | 1,570 | 1,570 | 1,570 | | | | | | | | | 6,280 | |
| Holly McDonald | Audiology BSc | 2008 | Aug-08 | Jul-09 | 1,570 | 1,570 | 1,570 | 1,570 | | | | | | | | | 6,280 | |
| Lauren Poulfield | Audiology BSc | 2008 | Aug-08 | Jul-09 | 1,570 | 1,570 | 1,570 | 1,570 | | | | | | | | | 6,280 | |
| TOTAL AUDIOLOGY BSc | | | | | 6,280 | 6,280 | 6,280 | 6,280 | - | - | - | - | - | - | - | - | 25,120 | |
| TOTAL DUE | | | | | 54,612 | 54,612 | 54,612 | 54,612 | 46,192 | 33,431 | 33,742 | 33,742 | 33,742 | 33,742 | 33,742 | 33,742 | 600,523 | |
| (A) | Total Due (including ad hoc) | | | | 54,612 | 54,612 | 54,612 | 54,612 | 46,192 | 33,431 | 33,742 | 33,742 | 33,742 | 33,742 | 33,742 | 33,742 | 600,523 | |
| Child Psychotherapy | | | | | | | | | | | | | | | | | | |
| Clinical Psychology | | | | | | | | | | | | | | | | | | |
| Audiological Scientists | | | | | | | | | | | | | | | | | | |
| Clinical Biochemists | | | | | | | | | | | | | | | | | | |
| Clinical Cytogeneticists | | | | | | | | | | | | | | | | | | |
| Molecular Geneticists | | | | | | | | | | | | | | | | | | |
| Medical Physicists | | | | | | | | | | | | | | | | | | |
| Paediatric Metabolic Scientists | | | | | | | | | | | | | | | | | | |
| Rehabilitation Engineers | | | | | | | | | | | | | | | | | | |
| Clinical Microbiologists | | | | | | | | | | | | | | | | | | |
| Clinical Immunologists | | | | | | | | | | | | | | | | | | |
| Genetics Technologists | | | | | | | | | | | | | | | | | | |
| Pharmacy Technicians | | | | | | | | | | | | | | | | | | |
| Pre-reg Pharmacy | | | | | | | | | | | | | | | | | | |
| CCCP | | | | | | | | | | | | | | | | | | |
| CYTOLOGY | | | | | | | | | | | | | | | | | | |
| CLINICAL GI PHYSIOLOGY | | | | | | | | | | | | | | | | | | |
| AUDIOLOGY BSc | | | | | | | | | | | | | | | | | | |
| DISCIPLINE 2 | | | | | | | | | | | | | | | | | | |
| DISCIPLINE 3 | | | | | | | | | | | | | | | | | | |
| DISCIPLINE 4 | | | | | | | | | | | | | | | | | | |
| (B) | Total Paid | | | | 54,612 | - | - | - | - | - | - | - | - | - | - | - | 54,612 | |
| Cumulative | | | | | | | | | | | | | | | | | | |
| Child Psychotherapy | | | | | | | | | | | | | | | | | | |
| Clinical Psychology | | | | | | | | | | | | | | | | | | |
| Audiological Scientists | | | | | | | | | | | | | | | | | | |
| Clinical Biochemists | | | | | | | | | | | | | | | | | | |
| Clinical Cytogeneticists | | | | | | | | | | | | | | | | | | |
| Molecular Geneticists | | | | | | | | | | | | | | | | | | |
| Medical Physicists | | | | | | | | | | | | | | | | | | |
| Paediatric Metabolic Scie | | | | | | | | | | | | | | | | | | |
| Rehabilitation Engineers | | | | | | | | | | | | | | | | | | |
| Clinical Microbiologists | | | | | | | | | | | | | | | | | | |
| Clinical Immunologists | | | | | | | | | | | | | | | | | | |
| Genetics Technologists | | | | | | | | | | | | | | | | | | |
| Pharmacy Technicians | | | | | | | | | | | | | | | | | | |
| Pre-reg Pharmacy | | | | | | | | | | | | | | | | | | |
| CCCP | | | | | | | | | | | | | | | | | | |
| CYTOLOGY | | | | | | | | | | | | | | | | | | |
| CLINICAL GI PHYSIOLOGY | | | | | | | | | | | | | | | | | | |
| AUDIOLOGY BSc | | | | | | | | | | | | | | | | | | |
| DISCIPLINE 2 | | | | | | | | | | | | | | | | | | |
| DISCIPLINE 3 | | | | | | | | | | | | | | | | | | |
| DISCIPLINE 4 | | | | | | | | | | | | | | | | | | |
| TOTAL CUMULATIVE | | | | | - | 54,612 | 109,224 | 163,836 | 210,828 | 243,459 | 277,201 | 310,943 | 344,685 | 378,427 | 412,169 | 445,911 | 445,911 | |

SIFT FUNDING 2009/10

| Heading | Student Weeks Medical | Place- ment Funding | MEDICAL SIFT | | | | | | | | MED FOR DENTAL SIFT | | | | Trust Total 08/09 | Original Mandate | BCH Cap Charges | Stud Adj | SSA Correction | Indicative 09/10 value 2% uplift |
|--|-----------------------------|---------------------------|-------------------------------|----------------|----------------------|-----------|--------|-------|----------|------------------|-------------------------------|-----------------|----------------------|-----------------|-------------------------|---------------------|--------------------|-------------|-------------------|---|
| | | | Core Facilities Funding | Cap Charges | Cont Run Costs | O&G CL | Travel | ILS | Bridging | Total Medical | Student Sessions Dental | Dental Place | Dental Facilities | Total Dental | | | | | | |
| Mandated Trust Payments | | | | | | | | | | | | | | | | | | | | |
| Sandwell and West Birmingham Hospitals NHS Trust (City Site) | 3,149 | 1,102,641 | 1,802,586 | 22,980 | 15,320 | -4,723 | | 2,045 | | 2,941,449 | | 4,587 | 51,834 | 56,421 | 2,007,870 | 2,973,145 | | | 24,725 | 3,057,827 |
| Sandwell and West Birmingham Hospitals NHS Trust (Sandwell Site) | 2,175 | 761,644 | 0 | 47,160 | 31,440 | -3,148 | | 2,996 | | 840,092 | | 0 | 0 | 0 | 840,092 | 823,282 | | | 16,810 | 856,894 |
| Total | 5,323 | 1,864,285 | 1,802,586 | 70,140 | 46,760 | -7,871 | | 5,641 | | 3,781,540 | | 4,587 | 51,834 | 56,421 | 3,837,962 | 3,796,427 | | | 41,535 | 3,914,721 |

Indicative SIFT funding levels only. For consideration at the next Birmingham SIFT Finance & Strategy Group Meeting on 22/6/2009

O&G STRH study leave budget held by Birmingham Womens

NHS West Midlands Workforce Deanery
Postgraduate Educational Contract (MADEL) Funding - Trainee Pay Grid

Trust: Sandwell & West Birmingham Hospitals NHS Trust
Period: 2009/2010 (Position from 01 April 2009)

TF Trust Funded Posts
DF Deanery Funded Posts

| Specialty | F1 | | | | F2 | | | | STR Lower (L1 & L2) | | | | STR Lower (L3) | | | | STR Higher (levels 3 +) | | | |
|--|-------------|----|-----------|------------------|-------------|-----------|-----------|----------------|---------------------|----------|------------|------------------|----------------|----|----------|---------------|-------------------------|-----------|------------|------------------|
| | Total Posts | TF | DF | £ | Total Posts | TF | DF | £ | Total Posts | TF | DF | £ | Total Posts | TF | DF | £ | Total Posts | TF | DF | £ |
| Academic Posts | 3 | | 3 | 81,681 | | | | | | | | | | | | | | | | |
| Emergency Medicine | 4 | | 4 | 108,909 | 7 | | 7 | 118,198 | 11 | 2 | 9 | 167,362 | 2 | | 2 | 41,379 | 9 | 2 | 7 | 318,454 |
| Acute medicine | | | | | 7 | | 7 | | 1 | | 1 | 18,596 | | | | | 6 | 5 | 1 | 45,493 |
| Anaesthetics | 2 | | 2 | 54,454 | | | | | 13 | 1 | 12 | 223,150 | | | | | 15 | 5 | 10 | 454,935 |
| Cardiology | | | | | 1 | | 1 | | 4 | | 3 | 55,787 | | | | | 4 | 1 | 3 | 136,480 |
| Chemical Pathology | | | | | | | | | | | | | | | | | | | | |
| Clinical Neurophysiology | | | | | | | | | | | | | | | | | 1 | | 1 | 45,493 |
| Clinical Pharmacology & Therapeutics | | | | | | | | | 1 | | 1 | 18,596 | | | | | 1 | 1 | | |
| Dermatology | | | | | | | | | 2 | | 2 | 37,192 | | | | | 4 | | 4 | 181,974 |
| Clinical Radiology | | | | | | | | | | | | | | | | | 14 | 3 | 11 | 500,428 |
| Endocrinology & Diabetes | | | | | | | | | 3 | 1 | 2 | 37,192 | | | | | 3 | 1 | 2 | 90,987 |
| Gastro-enterology | | | | | | | | | 4 | | 4 | 74,383 | | | | | 5 | 2 | 3 | 136,480 |
| General (Internal) Medicine | 26 | | 26 | 707,905 | 3 | | 3 | | | | | | | | | | | | | |
| General Practice | | | | | 8 | | 8 | 270,166 | | | | | | | | | | | | |
| General Surgery | 21 | | 21 | 571,770 | | | | | 6 | | 6 | 111,575 | | | | | 12 | 5 | 7 | 318,454 |
| Geriatric Medicine | | | | | | | | | 9 | | 9 | 167,362 | | | | | 5 | | 5 | 227,467 |
| Haematology | | | | | | | | | 2 | | 2 | 37,192 | | | | | 1 | 1 | | |
| Histopathology (Morbid Anatomy & Forensic) | | | | | | | | | | | | | | | | | 1 | | 1 | 45,493 |
| Intensive Care Medicine | 1 | | 1 | 27,227 | | | | 16,885 | 5 | 1 | 4 | 74,383 | | | | | 1 | 1 | | |
| Medical Microbiology & Virology | | | | | 1 | | 1 | 16,885 | | | | | | | | | 1 | 1 | | |
| Neurology | | | | | | | | | 1 | | 1 | 18,596 | | | | | 2 | 1 | 1 | 45,493 |
| Nuclear Medicine | | | | | | | | | | | | | | | | | 1 | | 1 | 45,493 |
| Obstetrics & Gynaecology | | | | | 6 | | 6 | | 10 | | 10 | 185,958 | | | | | 14 | 3 | 11 | 500,428 |
| Occupational Medicine | | | | | | | | | | | | | | | | | 1 | | 1 | 45,493 |
| Ophthalmology | | | | | 2 | | 2 | 33,771 | 4 | | 4 | 74,383 | | | | | 40 | 2 | 38 | 1,728,752 |
| Otolaryngology | | | | | 1 | | 1 | 16,885 | 4 | | 4 | 74,383 | | | | | 2 | | 2 | 90,987 |
| Paediatrics | 1 | | 1 | 27,227 | 3 | 1 | 2 | 33,771 | 17 | 1 | 16 | 297,533 | 2 | | 2 | 41,379 | 13 | 8 | 5 | 227,467 |
| Plastic Surgery | | | | | 1 | | 1 | | 1 | | 1 | 18,596 | | | | | 2 | 1 | 1 | 45,493 |
| Psychiatry | 5 | | 5 | 136,136 | | | | | | | | | | | | | | | | |
| Public Health Medicine | | | | | 3 | | 3 | 101,312 | | | | | | | | | | | | |
| Renal Medicine (Nephrology) | | | | | | | | | | | | | | | | | 1 | | 1 | 45,493 |
| Respiratory Medicine | | | | | | | | | 4 | | 4 | 74,383 | | | | | 4 | | 4 | 181,974 |
| Rheumatology | | | | | 1 | | 1 | 33,771 | 2 | | 2 | 37,192 | | | | | 1 | | 1 | 45,493 |
| Trauma & Orthopaedic Surgery | | | | | 5 | 4 | 1 | 16,885 | 5 | | 5 | 92,979 | | | | | 5 | 2 | 3 | 136,480 |
| Urology | | | | | | | | | 2 | | 2 | 37,192 | | | | | 3 | | 3 | 136,480 |
| Total | 63 | | 63 | 1,715,309 | 51 | 24 | 27 | 658,529 | 111 | 7 | 104 | 1,933,963 | 4 | | 4 | 82,759 | 172 | 45 | 127 | 5,777,672 |

Total Value £ 10,270,243

Exceptional Funding Arrangements

| Specialty | Level | No | Rate | Details | £ |
|-------------------------|-------|----|--------|------------------------|----------------|
| Geriatric Medicine | ST3 * | 1 | 45,493 | Growth post Aug 08 | 45,493 |
| Intensive Care Medicine | F2 | 1 | 33,771 | 100% funded post | 33,771 |
| Ophthalmology | STRH | 1 | 22,747 | 50% funded post | 22,747 |
| Neurology | STH | 1 | | Clinical Lecturer post | |
| Ophthalmology | STH | 1 | | Clinical Lecturer post | |
| Rheumatology | STH | 1 | | Clinical Lecturer post | |
| Therapeutics | STH | 1 | | Clinical Lecturer post | |
| Total | | | | | 102,011 |

Study leave 600 265 159,000
Study leave - FI 400 63 25,200

Flexi study leave 440

Sub Total Study Leave 184,640

Less:
Paediatrics STR's (TF & DF) 600 32 -19,200
O&G STRH's 600 11 -6,600
Radiology STRH's 600 11 -6,600
Flex Study Leave Paediatrics -100
Flex Study Leave O&G -80
Histopathology STR's 55 1 -55

removed to pass handing to Birmingham School

324,335

Study leave (excludes STR's, L1&L2 STRH's)

152,005

PLUS Radiology
SWB Hosp 600 11 6,600
Dudley group of hospitals 600 1 600
George Eliot 600
HEFT 600 8 4,800
Royal Ortho 600 2 1,200
Royal W'ton 600 5 3,000
LHM 600 15 9,000
UHCW 600 6 3,600
Worcs Acute 600 2 1,200

Flexi Radiology
SWB
Dudley group of hospitals
George Eliot
HEFT
Royal Ortho
Royal W'ton
LHM
UHCW
Worcs Acute

30,000

Radiology STRH study leave budget held by Sandwell & West Birmingham
Paediatrics STR's study leave budget held by Birmingham Childrens NHS Foundation Trust
O&G STRH study leave budget held by Birmingham Womens
Histopathology STR's toplice £55 per trainee applied for Cytology courses

FIRE SAFETY MANAGEMENT POLICY

| PROFILE | |
|--|--|
| REFERENCE NUMBER: | |
| VERSION: | |
| STATUS: | |
| ACCOUNTABLE DIRECTOR: | Director of Estates and New Hospital Project |
| AUTHOR: | Head of Estates |
| DATE OF LAST REVIEW/ ORIGIN DATE: | April 2007 |
| DATE OF THIS REVIEW: | April 2009 |
| APPROVED BY: | |
| DATE OF APPROVAL: | |
| IMPLEMENTATION DATE: | April 2009 |
| DATE NEXT REVIEW DUE: | April 2012 |
| REVIEW BODY: | |
| CATEGORISATION: | |
| DATE OF EQUALITY IMPACT ASSESSMENT: | April 2009 |
| APPLICATION: | Trust Wide |
| PRINCIPAL TARGET AUDIENCE: | All Trust employees |
| ASSOCIATED TRUST DOCUMENTS: | |

FIRE SAFETY MANAGEMENT POLICY

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1.0 Introduction

- 1.1 The Trust is required to clearly define fire safety policies for all premises under its control. Such policies should include a carefully prepared programme for dealing with fire prevention, fire-fighting and the movement or evacuation of patients and other building occupants in an emergency. The programme should include the implementation of precautionary measures to prevent the occurrence of fire, and provisions for dealing with outbreaks (including minimizing the impact of fire). Policies should also include instruction and training to ensure that every member of staff has a clear understanding of his or her role, and will cooperate in taking effective emergency action.
- 1.2 In addition to any statutory requirements under Fire Legislation, the Trust has a mandatory requirement by the DoH document FIRECODE: Policy and Principles, to have for each of its premises:
- a) a clearly defined Fire Safety Policy;
 - b) a programme, agreed with the local Fire Authority, for installing and satisfactorily maintaining an adequate level of physical fire precautions designed to prevent the occurrence of fire, ensure its early detection and warning and to control and stop the spread of fire;
 - c) an emergency evacuation plan to include means for raising the alarm in case of fire, first aid fire-fighting, methods for the movement or evacuation of patients, staff and other occupants in an emergency and appropriate, periodic and formally recorded staff training in all these matters.
- 1.3 The Trust acknowledges all of its existing and continuing responsibilities in relation to Fire Safety Legislation and to FIRECODE, and is committed to meeting those responsibilities both fully and at the earliest opportunity in each case, within the limits of its financial and staffing resources.

The Trust recognises the impact that its activities in relation to the active and passive fire precautions measures employed in its premises has on employees, patients and the public.

The Trust intends to:-

- comply with statutory and mandatory requirements;
- foster a culture which recognises the importance of effective fire safety; measures and in which all staff, without exception, understand what is expected of them and co-operate fully with Trust management to reduce the risk of a fire occurring and thus make the Trust's premises a safer place for all;
- provide a place of work as free as possible from the dangers of fire for all its employees ;

- operate in a manner which minimises the risks from fire to employees, patients and staff, the environment and the community at large;
- continually strive to improve its performance with regard to fire safety through the participation, commitment and support of all its employees;
- liaise closely with other organisations to ensure a continued high level of fire safety in its premises;

1.4 This fire safety policy has the following aims:

- to minimize the incidence of fire throughout the Trust;
- to minimize the impact from fire on life safety, delivery of service, the environment and property; and
- to ensure that the Trust meets its statutory duties under the Fire Safety Order and other fire safety legislation.

The Trust is committed to providing and maintaining an environment that is safe from the dangers of fire for all people who may be affected by its activities including its employees, patients, contractors and visitors.

2.0 Objectives

2.1 In order to achieve the aims of this Policy, the Trust has the following key objectives:-

- a) to comply with relevant Fire Legislation to ensure that the risk of fire is kept to a minimum by the provision and maintenance of adequate fire precautions;
- b) to make available appropriate resources to ensure compliance with relevant fire safety legislation to implement this policy effectively;
- c) to discharge the Trust's statutory and mandatory duties by preparing procedures for dealing with staff training, fire prevention, fire detection, fire fighting, supply and maintenance of equipment and evacuation;
- d) to identify hazards, assess the risks and eliminate or control those risks;
- e) to ensure deficiencies in existing buildings, plant and equipment which affect fire safety are identified and remedial work is programmed to be carried out within a reasonable time scale;
- f) to ensure all new construction and modernisation work includes provision of funding for the correct level of fire safety precautions;
- g) to identify the responsibilities of staff at all levels within the Trust and to ensure that they are able to discharge their responsibilities effectively;

- h) to ensure that ongoing training and information is provided to all staff so that they are aware of the general and specific fire hazards which they may encounter and be aware of how to deal with them;
- i) to ensure that the content of this policy is made known to all Trust staff, including all new staff;
- j) to consult, as appropriate, with employee representatives on fire safety related matters;
- k) to ensure timely liaison with other relevant organisations and regulatory bodies; and
- l) the Trust will actively monitor the performance of the Directorates with regard to the implementation of this policy.

3.0 Scope

- 3.1 This Fire Safety Management Policy affects all premises or parts of premises owned or occupied by the Trust and all aspects of the Policy will have a mandatory application to either some or all staff of the Trust.
- 3.2 This policy provides an unambiguous statement of fire safety policy applicable to the Trust and its premises where patients receive treatment or care, or people work or visit. It applies to all Trust employees regardless of their place of work. In accordance with the requirements of the Regulatory Reform (Fire Safety) Order 2005 (Fire Safety Order), where Trust employees work on premises not under the direct control of the Trust, it will liaise with the relevant responsible person or persons to ensure that Trust employees are not exposed to undue risk from fire.

4.0 Definitions / Abbreviations

- Health Technical Memoranda (HTM): Firecode – NHS Technical Memoranda relating to the management and provision of fire safety in NHS premises.
- The Fire Safety Order – the Regulatory Reform (Fire Safety Order) 2005.
- Local Fire Plan – a fire plan relating to an individual ward or department that details the expected response in the event of fire. The plan outlines the actions to be taken for a fire in the ward or department and includes a drawing of the area showing the fire precautions with which it is provided.
- Fire Scene Manager – the senior person present in a ward or department at the time of a fire. The fire scene manager is expected to take control of the situation and direct actions in accordance with the Local Fire Plan.
- Fire Response Team – a small team of nominated and trained staff required to respond to a fire emergency, each having a specific responsibility.

- Fire Response Team Leader – the principal member of the Fire Response Team and the person who will take overall control of a fire incident.
- Automatic Fire Detection (AFD) – electro-mechanical devices connected to the fire alarm system that detect the products of combustion – smoke or heat – causing the alarm to sound.
- IRMP – The Trust Integrated Risk Management Plans (IRMP) is a strategic plan for the application of resources – being in the right place at the right time – in order to reduce the likelihood of fire and its effects.
- Fire Safety Advisor -an appropriately qualified and experienced agent of the Trust acting on behalf of the Chief Executive and the appointed Board Level Director with responsibility for fire safety and advises on all matters concerning fire safety within the Trust
- Assembly Point – a pre-arranged area of safety, normally outside a building, to which the occupants of a building will go in the event of fire. (Not all buildings will have nominated assembly points. In some cases, a roll call will be conducted at the assembly point.)
- Rendezvous Point – the location at which staff will assemble to await further instruction as to the contribution they may be asked to make to a fire incident.
- Unwanted fire signal – an incident resulting in the undesirable activation of the fire detection and alarm system.

5.0 Roles and responsibilities

Based upon the level of management identified for the organisation, it is appropriate that the Trust nominate a Fire Safety Manager to be responsible for the day-to-day activities. This role will be carried out by one person. (Presently, it will be an appropriately experienced and competent member of the Estates Team.) Whilst the Fire Safety Manager may have a different line manager, accountability for fire safety matters should always be through the Board Level Director responsible for championing fire safety.

Other staff will be required or nominated to take on specific responsibilities commensurate with their role, see below.

5.1 Resources and Authority

Staff undertaking the role of Fire Safety Manager, and other nominated roles, will be sufficiently empowered and have access to expert fire safety advice.

(In all NHS organisations it will be necessary to have access to a Fire Safety Adviser (see “Definitions”). This may be an employee of the organisation or a person “bought in” from an external source, which includes other NHS organisations.)

5.2 Role of the Chief Executive

The Chief Executive is responsible for ensuring that current fire legislation is met and that, where appropriate, Firecode guidance is implemented in all premises owned or occupied by the NHS organisation. Chief Executives are required to have appropriate fire safety policies and programmes of work in place in order to improve and maintain fire precautions within the organisation's premises.

The Chief Executive is responsible on behalf of the Trust Board for the overall organisation and management of fire precautions within all premises owned and/or occupied by the Trust.

The Chief Executive is required to appoint an Executive Director to be responsible on his/her behalf for the implementation of all matters relating to Fire Safety. This person will be known as the "Executive Director responsible for Fire Safety". That role is undertaken by the Director of Estates and New Hospital Project Director.

5.3 Role of the Board

The Trust Board has overall accountability for the activities of the organisation. The Board should ensure they have appropriate assurance that the requirements of current fire safety legislation are met and, where appropriate, that the objectives of Firecode are met.

5.4 Role of the Board Level Director

The Director of Estates and New Hospital Project Director is responsible for championing fire safety issues at Board level. Part of this will include proposing programmes of work relating to fire safety for consideration as part of the annual business plan. The Director of Estates and New Hospital Project Director will chair the Fire Safety Committee.

He or she will be responsible for ensuring the preparation of the Trust Annual Fire Report and completion of the NHS Annual Statement of Fire safety.

5.5 Role of the Fire Safety Manager

The Head of Estates will be appointed Fire Safety manager for the Trust.

It is not possible or desirable to fully define the roles and responsibilities of the Fire Safety Manager. However, he or she will be responsible for the following:

- ensuring all staff have an appropriate awareness of all fire safety features and their purpose;
- identifying fire safety risks particular to the organisation;
- requirements for disabled staff and patients (related to fire procedures);
- ensuring appropriate levels of management are always available to ensure decisions can be made regardless of the time of day;
- compliance with legislation;

- development and implementation of the organisation's fire safety policy;
- development of the organisation's fire safety strategy;
- development of an effective training programme;
- co-operation between other employers where two or more share the premises;
- the reporting of fire incidents in accordance with NHS requirements;
- monitoring and mitigation of unwanted fire incidents;
- liaison with enforcing authorities;
- liaison with other managers;
- monitoring of inspection and maintenance of fire safety systems;
- chair the Fire Safety Committee in the Absence of the Board Level Director/Director of Estates and New Hospital Project Director; and
- the development and maintenance of the Fire Safety Manual.

5.6 The role of the Fire Safety Advisor

As an agent of the Trust, the Fire Safety Advisor acts on behalf of the Chief Executive and the appointed "Executive Director responsible for Fire Safety" and advises on all matters concerning fire safety within the Trust.

Duties to include:

- a) advising management on the interpretation and application of the provisions of Fire Safety Legislation, Firecode and other official fire safety guidance;
- b) involvement in fire safety audits / risk assessments, with Estates staff, contribute to authoritative reports to management about the state of fire precautions in Trust premises and recommending prioritised actions lists for fire safety improvements;
- c) liaising with Estates Staff and Planning Teams, local Building Control and Fire Authorities in the specification of fire precautions in new and existing Trust premises;
- d) preparation of staff Fire Safety training programmes, liaising with the Fire Safety Manager in organising staff fire training and drills, records of staff training;
- e) managing and supervising adequate provision, siting and maintenance of first aid fire-fighting equipment, fire safety signs, notices etc.;
- f) keeping records of fire incidents, investigating suspicious fires in conjunction with local Police, Fire Authorities and reporting fires to NHS Estates;
- g) taking appropriate action in conjunction with Estates management to ensure that contractors on site are known to him/her and that their activities do not subvert fire precautions on Trust premises;
- h) to review the Fire Policy as specified above;

- i) attend the Fire Safety Committee; and
- j) liaise with the Trust's Security Advisor/Health & Safety Manager as appropriate.

5.7 The role of the Fire Safety Trainers

The fire safety trainers will:

- Train staff in patient areas that will be engaged directly in patient evacuation
- Train fire wardens
- Train other staff accordingly
- Assist the Fire Safety Advisor with fire safety audits
- Assist in the organisation and execution of fire drills and fire exercises
- Investigate all fire signals
- Maintain a record of fire signals and prepare regular reports for the Fire Safety Committee
- Accompany local authority fire inspecting officers on fire safety tours

5.8 Executive/Divisional Director Level

Directors on behalf of the Chief Executive are held responsible for ensuring that the Trust's Fire Safety Policy is fully implemented within their own Division/Directorates. This will include:-

- a) ensuring that fire safety instructions are brought to the attention of, and observed by, all staff under their control;
- b) ensuring that every member of staff under their control receives and participates in fire safety training;
- c) ensuring that fire precautions arrangements within their Directorate are being observed and that deficiencies are reported;
- d) ensuring that any particular fire hazards known to them and/or any changes in working practices or use of rooms are reported to the Fire Safety Advisor/Fire Safety Manager accordingly;
- e) actively reviewing the fire safety arrangements within their Directorate in response to the outcome of routine fire safety audits;
- f) ensuring that at all times adequate numbers of staff are on duty to implement the trust's fire response procedures.

5.9 Divisional General Managers/Line Managers

Divisional General Managers and Line Managers on behalf of their Directors are responsible for ensuring that requirements of the Trust's Fire Safety Management Policy are complied with in the areas for which they are responsible.

It is also the responsibility of line managers to ensure that adequate numbers of staff, relative to the dependency of the patients, are on duty at all times and that those on duty are familiar with the local fire plan. In addition, line managers must ensure that all new employees receive local fire induction training.

5.10 Ward or Department Manager

The ward or departmental manager is responsible for ensuring that the fire precautions on the ward for which he or she is responsible are adequately maintained and that any faults are reported. In addition, the Ward or Department Manager must ensure that all new employees receive local fire induction training.

5.11 The role of the Fire Safety Warden

The Fire Safety Warden has an important part to play in assisting the Trust maintain fire precautions.

In particular, the Fire Safety Warden will:

- Supporting the ward or department manager in respect of fire safety matters
- Assist in the delivery of local fire safety induction training
- Assisting with the local dissemination of fire safety information
- Assisting the fire safety trainers during training sessions in their ward or department where appropriate
- Complete the Fire Safety Warden Fire Safety Checklist on a regular basis

5.12 The Role of all Employees

Every member of staff has a responsibility to:

- a) make themselves fully conversant with the action to take in the event of fire and to familiarise themselves with any special fire safety requirements relating to their place of work or work practices;
- b) safeguard themselves, so far as is reasonably practicable and ensure that other people, equipment or property are not put in jeopardy by their actions, either by instruction, example or behaviour;
- c) follow prescribed working methods and safety procedures at all times;
- d) co-operate with the Trust with regard to all physical fire safety provisions, procedures, practices etc. that the Trust puts into place for the safety of its employees;
- e) comply with the requirement for mandatory training and assessment;
- f) not interfere with or misuse any fire safety equipment, which includes, fire doors, fire extinguishers, fire alarm systems and automatic fire/smoke detectors, which are provided by the Trust for the health and safety of its staff; and

- g) report any hazard (potential or actual) to their line managers immediately they spot it.

5.13 Estates Duty Technician

The role of the duty Estates technician is as follows:

- To carry a fire bleep and respond to fire incidents as directed;
- To attend the panel from which the alarm originates;
- To provide other personnel attending the incident with detailed information of its location;
- To wait at the alarm panel unless requested to attend the incident scene or undertake another task by the Fire Response Team Leader.

In addition to providing information on the location of the fire incident, the on call technician will:

- Silence the fire alarm at the instruction of the Fire Response Team Leader;
- Reset the fire alarm at the request of the Fire Response Team Leader;
- Inform switchboard staff if there is likely to be a delay before the main fire panel in switchboard can be reset;
- Provide further information about the fire alarm system and automatic fire detection as requested;
- Should it be necessary, replace, repair, or disable a fire detector or other alarm device in accordance with Trust procedures;
- To provide information (or obtain information) on site services of which they have knowledge, in particular of potential hazards;
- To provide information about Estates procedures;
- To act as liaison with the on call Estates Manager as necessary;
- To assist with the management of the fire scene as directed by the Fire Response Team Leader.

5.14 Fire Safety Committee

Constitution

The Fire Safety Committee will be a sub-committee of the Governance Board.

Membership

A Board Level director, Mr G Seager (Director of Estates and New Hospital Project Director) or Mr R Banks (Fire Safety Manager) will chair the Fire Safety Committee.

Other Members

Chief Operating Officer (Mr R Kirby)
Deputy Chief Operating Officer (Mr M Dodd)
Deputy Head of Estates, Compliance (Mr P Foley)
Deputy Head of Estates, Operations (Mr K Reynolds)
Trust Fire Safety Advisor (Mr P Beech)

Fire Safety Trainer Representative (Mrs A Fletcher)
Head of Capital Projects (Mr R Kinnersley)
Trust Health & Safety Manager (Mr D Masaun)
Trust Security Advisor (Peter Finch)
Head of Telecommunications (Mr M Lynch)
General Manager Representative (Mr R Ashley)
Senior Nurse Representative – to be appointed
Fire Response Team Leader Representative (Sister J Grundy)
Staff Side Representative (Mrs S Corless)

Quorum

The Committee will consist of a minimum of four members in attendance including at least either the Director of Estates and New Hospital Project Director or Head of Estates.

Attendance

The committee may co-opt other members on to the Committee as required and invite other persons to attend occasionally as necessary.

Frequency of meetings

Meetings will be held monthly and the frequency of meetings will be reviewed on a 12 monthly basis.

Role of the Committee

- To ensure that the Trust has an effective approach to the management of fire safety.
- To ensure roles and responsibilities relating to fire safety are in accordance with the Firecode and are clearly defined.
- To develop and implement a Trust wide Fire Policy and Procedures for all sites.
- To report to the Governance Board
- To monitor and review the content and delivery of staff fire safety training to ensure it is strategic and structured relative to patient dependency and location
- To monitor and review significant fire risks.

Reporting Arrangement

The Fire Safety Committee will report to the Governance Board on a quarterly basis and produce an annual report to the Trust Board.

5.15 The Birmingham Treatment Centre (BTC)

Fire safety management procedures at the BTC differ slightly from the rest of the Trust's premises. The fire safety management and response procedures are essentially the same, but some are carried out by the managing agents for the building rather than Trust personnel.

A service level agreement with the managing agents sets out their specific

responsibilities in relation to fire safety management and response.

5.16 Specialist Roles of the Fire Response Team

Each member of the Trust Fire Response team has a specific and detailed role to play. Staff required to carry out these roles are supported by extensive training. The individual responsibilities are listed under Section 7, Emergency Procedures, below.

6.0 The Management of Fire Safety

6.1 Legislative responsibilities

Fire Safety Order

The Regulatory Reform (Fire Safety) Order 2005 came into effect in October 2006. It is the principle legislative control regarding fire safety and requires the Trust to conduct a detailed fire risk assessment and implement general fire precautions to ensure the safety from fire of patients, staff, and other visitors to the Trust's premises. The Order also imposes duties on employees, who must co-operate with the Trust to ensure the workplace is safe from fire and its effects and must not do anything that will place themselves or other people at risk.

Firecode

The Trust will, as far as is reasonably practicable and appropriate, comply with the NHS Firecode guidance. Firecode is a suite of guidance documents produced by the Department of Health specifically covering fire safety in the NHS in England. It considers management, functional requirements and operational provisions.

The range of Trust premises providing healthcare is extensive and therefore guidance within Firecode may not specifically address every issue for all buildings. The Trust will use professional judgement when considering fire safety measures to be applied to its buildings, taking into account:

- The type of healthcare being provided
- The average age and dependency of patients
- Planned staffing levels
- The size of the building

Whilst Firecode provides a means of achieving an acceptable standard of fire safety, the Trust will consider alternative ways of achieving the same objectives where necessary. Where an alternative solution to Firecode is proposed, the Trust will demonstrate that the approach does not result in a lower standard of fire safety than if Firecode had been applied.

Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR)

DSEAR is a set of regulations concerned with protection against risks from fire, explosion and similar events arising from dangerous substances used or present in the workplace.

The Regulations give a detailed definition of 'dangerous substance', which should be referred to for more information, but it includes any substance or preparation, which because of its properties or the way it is used, could cause harm to people from fires and explosions. Dangerous substances include: petrol; liquefied petroleum gas (LPG); paints; varnishes; solvents; and dusts which when mixed with air could cause an explosive atmosphere. Dangerous substances will be found, in varying quantities, in many of the Trust's buildings.

6.2 Management levels

Whilst the Chief Executive has overall responsibility for fire safety, the Director of Estates and New Hospital Project Director is the Board Level Director delegated to take formal responsibility and play an active role in managing fire safety. The Board Level Director should determine the appropriate management knowledge necessary for the various departments and sections of the Trust, and this will vary depending on the size of the department or section, the number of premises, the activities within the premises, and the overall risk of fire. It would not be reasonable to expect the same level of management knowledge in a small office building that might be necessary for one of the large ward blocks.

Each building is individually classified and will fall within one of the following categories:

| Building | Use of building or area |
|-----------------|---|
| A | In-patient care |
| B | Premises using or storing large quantities of flammable or dangerous substances |
| C | Buildings containing critical services or supplies |
| D | Out-patient departments and clinics |
| E | Offices and other administrative buildings |

The Building category is recorded in the Local Fire Plan.

Table 1 gives levels of understanding that is be required for particular management tasks for the different types of healthcare building under the Trust's control. The level of management knowledge should not be reduced from that given in the table; however, based on a higher risk identified by assessment, it may be increased to the more appropriate level. Where a building is put to more than one use and the uses imply different management levels, the higher management level will normally be adopted for the whole building.

The definitions of high, medium and low in the management levels are:

H - high – a high level of understanding of each management task, along with the appropriate authority to take management decisions and authorize use of resources (including financial);

M - medium – a reasonable understanding of the management tasks, with appropriate authority to instigate interim corrective arrangements;

L - low – a basic understanding of the management tasks, but having the knowledge to understand individual limitations and to know where additional assistance might be sought.

Table 1

| Management task | Building Category | | | | |
|---------------------------------|-------------------|---|---|---|---|
| | A | B | C | D | E |
| Fire training | H | H | H | M | M |
| Security | H | H | H | M | M |
| Control of works | H | H | H | M | M |
| Communications | H | H | H | M | L |
| Maintaining fire systems | H | H | H | M | L |
| Fire and rescue service liaison | H | H | H | M | L |
| Testing of management systems | H | H | H | M | L |
| Risk management | H | H | H | M | L |
| Fire load management | H | H | H | M | L |
| Fire Safety Warden * | Y | Y | Y | Y | Y |

*All areas will have a nominated Fire Safety Warden.

The management levels of a particular building may be increased over that shown in the table where certain features of the building imply a higher fire risk than normal, for example, an older building with poor structural fire precautions relative to modern standards.

The frequency with which Fire Safety Wardens are required to carry out the Fire Safety Warden Checklist will depend on the Management level for an area or building. In areas or buildings of category A, B, or C the Fire Safety Warden Checklist will be conducted 3 monthly, in areas or buildings of category D, 6 months, and in areas or buildings of category E, 12 months.

6.3 Consultation

Preparation of a fire safety policy requires multidisciplinary teamwork due to the complexities of a healthcare organisation. When formulating or amending this policy, managers and the responsible person should consult with administrative, medical, nursing and estates staff, and the Fire Safety Adviser.

6.4 Trust Integrated Risk Management Plan

Fire and rescue services will have integrated risk management plans (IRMPs) in place. These are aimed, primarily, at ensuring the right resources are in the right place at the right time throughout the fire authority's area. NHS organisations are encouraged to develop their own internal IRMP, particularly in response to fire incidents, which should be discussed with local fire and rescue services at an early stage.

6.5 Fire Incident reporting

6.5.1 Trust Requirements

All fire incidents, including false alarms, must be reported using the Trust's incident reporting system, currently SWBH/ORG/50 Incident/Hazard Reporting Policy. The Clinical and Non-Clinical Incident Report Form must be completed without delay by the person in charge of the area where the alarm originated.

6.5.2 NHS Requirements

HTM 05 01 Managing Healthcare Fire Safety requires that all outbreaks of fire in the Trust's premises (to which the fire and rescue service has been called) must be reported within 48 hours to the Department of Health, using the on-line efm-information system.

The Trust incident reporting system does not capture all of the information for the NHS reporting system. Estates staff will acquire the necessary additional information about the incident in order for the Deputy Head of Estates (Compliance) to ensure that the fire incident reporting requirements of HTM 05 01 are fully complied with.

6.5.3 Reporting deliberately started fire

Whenever a fire is believed to have been started deliberately, the Fire Response Team Leader will ensure that the Police are notified by the Trust, irrespective of the action of the fire and rescues service, as soon as practically possible.

6.6 Fire Safety Manual

A Trust Fire Manual outlining the fire precautionary standards, practices and procedures will be developed and maintained by the Fire Safety Manager. The manual will contain details of the Trust's Fire Safety Strategy, the finding of fire risk assessments and the fire safety practices and procedures employed by the Trust. The manual is an invaluable reference source and record of the decision making process with respect to fire safety on Trust premises.

6.7 Arson avoidance procedures

All hospitals are at risk from arson, and locally there have been a number of arson attacks in recent years – luckily, none have resulted in the devastating effects of the deliberately started fire at Sandwell A&E Department in 2002.

The Fire Safety Manager has day to day responsibility for managing the arson risk to the Trust's premises. The Trust's intention is to minimize the threat from arson on our premises through good building design (the avoidance of arson will form a consideration for all new building projects) and the actions and vigilance of its staff.

The potential for arson forms part of the Trust's fire risk assessment procedures. The Trust's annual fire risk assessment will also include a review of the Trust's approach to waste management.

The use of fire suppression systems will always be considered as part of the Trust's risk and cost/benefit analysis for new building projects. The Trust will prepare an Arson Management Plan as a component of the Annual Fire Report.

Arson awareness is included in the Trust's staff fire safety awareness training.

There will be close liaison between the Trust's Security Advisor, the Estates and Capital Projects Departments, and the Fire Safety Manager to ensure that conflicts between fire safety and security are avoided. *(Please note that although we discussed listing this matter under the Fire safety manager's responsibilities, this activity is clearly implied within the existing list.)*

As far as possible, the Trust's fire safety systems will be remotely monitored to reduce the potential for interference.

Practical advice on what the Trust is doing and can do to reduce the likelihood of arson on its premises is listed at Appendix B

6.8 Unwanted fire signals (false alarms)

In recent years the Trust has experienced a high number of false alarms; these alarms result from a variety of causes. False alarms cause inconvenience to the hospital and the fire and rescue service, and can be detrimental to the health of patients.

The Trust investigates the cause of every false alarm and introduces remedial action to limit their reoccurrence.

7.0 Emergency Procedures

7.1 Introduction

The safety of building occupants is paramount and will depend on the successful implementation of effective fire procedures, in addition to the use of active and passive systems (for sprinklers, fire alarm and detection systems, fire doors, fire-fighting equipment, etc).

Pre-planning for a fire is key to the success of safeguarding the occupants and the fabric of the building. Pre-planning will also include testing the proposed measures to ensure they achieve their intended objectives. The overall aim is to ensure that all occupants can escape unharmed to a place of relative safety either within the building (progressive horizontal evacuation) or outside the building. In order to achieve this, there must be a prompt response to the alarm, an effective strategy for evacuation, and appropriate response to control and extinguish the fire.

In complex buildings such as hospitals, a sufficient number of adequately trained staff will need to be available to assist patients who will be unfamiliar with the building layout or will need assistance due to their medical condition.

It is not possible to give precise guidance on every conceivable situation that could arise in a fire emergency. However, the Trust has considered the following:

- action on discovery
- warning and alarm signals
- calling the fire and rescue service
- risk assessment findings (including risks to patients during evacuation)
- arranging and co-ordinating evacuation
- fire-fighting (prior to the arrival of the fire and rescue service)
- availability of staff as an additional resource
- internal management control systems
- availability of additional specialist equipment for continuing care
- facilities for the continuation of care
- caring for high-risk and vulnerable patients
- information for the fire and rescue service
- contingency planning
- people with disabilities
- contractors, visitors and relatives
- information, instruction and training
- debriefing after the incident
- returning the affected premises to normal service

7.2 Local Fire Plan

For each department, ward, or other area, a local fire plan has been prepared taking the above factors into account. The local and wider emergency plans will be followed in the event of a fire incident.

7.3 Information for the Fire and Rescue Service

Information about the premises should be readily available for attending fire and rescue services.

Information that should be included:

- plans of the premises, showing the structural fire precautions and access and egress routes;
- the location of valuable equipment (for example CT and MRI scanners);
- fire and safety systems;
- utilities isolation switches and environmental systems; and
- hazardous areas or contents of the premises.

7.4 Procedure to be followed in the event of a fire or suspected fire

This procedure details the action to be taken in the event of a fire or suspected fire on Trust premises.

All members of staff must be familiar with the fire plan for their ward, department, or area. It is essential that action is prompt and effective if the effects of a fire are to be kept to a minimum.

The general procedure to be followed by staff is detailed on the fire routine notices displayed throughout the Trust's premises. Although they may differ in detail, the principle is as follows:

7.4.1 Action to be taken in patient areas

On discovery of a Fire

Raise the alarm by operating the nearest break glass call point.

Ring "2222" and inform switchboard of the exact location and nature of the fire.

Attack the fire, if appropriate, with the fire fighting equipment provided, but without taking personal risks.

Instigate the **local fire plan** for your ward, department, or area.

On hearing the Fire Alarm

Continuous Alarm (the fire is in your zone)

Attempt to identify the location of fire and instigate the **local fire plan** if necessary.

Ring "2222" and inform switchboard of the reason for the actuation if known.

Intermittent Alarm (The fire is in an area near you.)

Send two members of staff to the rendezvous point to establish the location of the fire.

Preparations must be made to evacuate the area should it become necessary.

7.4.2 ACTION TO BE TAKEN IN NON-PATIENT AREAS

On discovery of a Fire

Raise the alarm by operating the nearest break glass call point.

Ring “2222” and inform switchboard of the exact location of the fire.

Attack the fire, if appropriate, with the fire fighting equipment provided, but without taking personal risks.

Leave the building, closing doors and windows if possible.

On hearing the Fire Alarm

Continuous Alarm (the fire is in your zone)

Ring “2222” and inform switchboard of the reason for the actuation if known.

Leave the building closing doors and windows if possible.

Intermittent Alarm (The fire is in an area near you.)

Identify the location of the fire and be prepared to evacuate the building, close doors and windows.

The local fire plan gives the full detail of the evacuation procedure for individual wards, departments, and areas.

7.5 Specialist Roles

7.5.1 The Responsibility of the Fire Response Team Leader

The Fire Response Team Leader will be a designated manager with suitable experience and knowledge. Those managers who will be expected to perform this role will be informed accordingly and receive appropriate training and support.

The responsibility of the Fire Response Team Leader is to take and maintain control of the fire incident. The Fire Response Team Leader must liaise closely with the Fire Scene Manager to ensure that adequate

resources are available for the evacuation of the affected area and fire fighting if Trust staff as so engaged. He/she must ensure that the Fire and Rescue Service are fully briefed about the incident. The Fire Response Team Leader must also ensure that senior Trust officers and members are adequately informed of the progress of the incident.

The Fire Response Team Leader is responsible for ensuring that the post incident reporting procedures are followed in full.

7.5.2 The Responsibility of the Fire Scene Manager

The Fire Scene Manager (the senior nurse or manager of the affected ward, department or area as defined in the **local fire plan** is responsible for ensuring that the **local fire plan** is properly implemented. He or she must ensure that persons in greatest danger are evacuated first. In addition, on arrival of the Fire Response Team Leader or, in his or her absence, the fire and rescue service these are to be informed of any persons trapped by fire and the existence of any special hazards. The Fire Scene Manager will retain responsibility for the evacuation of the ward or department until relieved of that duty by the Fire Response Team Leader or the Senior Fire Service Officer present.

Full details of the situation must also be provided by the Fire Scene Manager to the Fire Response Team Leader on his/her arrival.

7.5.3 Telephone exchange staff

Telephone Exchange Staff upon receipt of a signal from the automatic alarm system or via a '2222' fire call the Telephone Exchange will:

- Call the Fire Brigade giving the location of the fire and appropriate gate for entry;
- Contact members of the fire response team via the fire bleep giving location of the fire;
- Maintain communications with the Rendezvous Point Officer;
- Respond to requests from the rendezvous point officer for more staff to attend the Rendezvous Point;
- Will notify 'Stand Down' to all Fire Team Members via the Fire Bleeps following instruction from the Fire Response Team Leader; and
- Complete the Emergency Call Log Book

7.5.4 Fire Response Team

The fire response team will respond to all alarm actuations.

The Fire Response team will consist of:

Fire Response Team Leader – a designated manager
Directions Officer – nominated from the security team/other member of staff

Rendezvous Point Officer – nominated member of staff

Fire response team members are provided with a dedicated fire bleep, which must be carried at all times. The Fire Response Team will respond to an incident on receipt of a bleep call. It is important that responding team members acknowledge receipt of the call and inform switchboard that they are able to respond to the call as soon as possible.

Depending upon the location of an incident, rendezvous points – areas where people and other resources will be marshalled before being sent to the site of the incident – are located as follows:

- City Sector 1 Opposite Pharmacy ('A' Square)
- City Sector 2 Ground floor Sheldon Block
- Sandwell Main Ward Block, Reception Ground Floor
- Sandwell (alternative) Women's Health Block Reception, Ground Floor
- Rowley Regis Main Reception, Ground Floor

Due to the size of the site, City Hospital is separated into two sectors, each with a separate rendezvous point. Also, should the location of an incident prevent the nominated rendezvous point being used, the other may be used as an alternative.

At Sandwell, the main reception will be used as the rendezvous point. Should the location of the incident prevent it from being used, the reception to the Women's Health Block should be used.

7.5.5 The action of the Fire Response Team

Fire Response Team Leader when contacted by the Telephone Exchange will:-

- remain in charge of the incident throughout its duration (unless it is particularly protracted, when a relief will be provided); the passing on of command and control at emergency incidents often has the effect of reducing efficiency (and only Fire Response Team Leaders will have been fully trained). More senior hospital staff may attend the incident to support and advise the Fire Response Team Leader at their discretion or at the fire response team leader's request. If for any reason the fire response team leader should be changed, the name of the new leader must be conveyed to the Directions Officer and Rendezvous Point Officer.
- attend the affected area – either directly if the location is already known or by obtaining the location of the fire from the appropriate fire alarm panel. Inform Telephone Exchange of his or her arrival.
- having been briefed by the Fire Scene Manager, take charge of the incident. The first priority is to identify if anybody remains at risk from the fire.
- maintain contact with the Rendezvous Point.
- for patient areas, continue with the evacuation of the area if necessary. For non-patient areas, ensure that the building has been fully evacuated. Maintain or implement fire-fighting procedures if

appropriate.

- liaise with the Fire and Rescue Service on their arrival, providing them with appropriate information – especially information regarding persons still in danger from the fire and special hazards that may be present in the affected area. When it is considered safe (after confirmation with the Senior Fire Service Officer if necessary) allow an orderly reoccupation of the building or area.
- request further resources as necessary from the Rendezvous Point.
- inform senior hospital managers, through the Telephone Exchange, of the nature and progress of the incident.
- announce 'Stand Down' to the Telephone Exchange, when appropriate and after consultation with the Senior Fire Officer present if necessary. Advise Telephone exchange to inform all Team Members of 'Stand Down'.
- ensure that the Duty Manager's Fire Report Form is completed immediately the incident is over and sent to the Fire Safety Manager without delay.

7.5.6 Directions Officer when contacted by the Telephone Exchange will:-

- Inform Telephone Exchange that he or she is able to attend.
- Go to the appropriate hospital gate, and wait to give directions to the attending fire and rescue service vehicles as necessary.
- Remain at the gate – unless otherwise instructed by the fire response team leader – until the conclusion of the incident, directing other emergency appliances as they arrive.
- If instructed to leave the gate by the Fire Response Team Teader, he or she should go to the rendezvous point.

During an incident, only the fire response team leader may instruct the directions officer to leave the gate. (At a large incident the fire and rescue service will establish their own rendezvous and appliance movement procedures – after this point there may be little benefit in a continuing attendance at a gate.)

7.5.7 Rendezvous Point Officer when contacted by the Telephone Exchange will:

- Proceed to the appropriate Fire Rendezvous Point.
- Inform Telephone Exchange of his or her arrival.
- Inform those staff members coming from adjacent areas of the nature and location of the fire.
- In liaison with the Fire Response Team Leader retain a number of other staff members in case their assistance is required.
- Despatch staff to the affected areas as requested by the Fire Response Team Leader.
- Secure more staff as is necessary from other areas of the hospital
- Remain at the Rendezvous Point – unless otherwise instructed by the Fire Response Team Leader – until the conclusion of the incident, directing staff as appropriate.
- At the conclusion of the incident, under the direction of the Fire Response Team Leader, stand down those staff that remain at the

Rendezvous Point.

Note: During the hours of darkness, when a member of the Fire Response Team needs to cross open ground to attend the fire location he or she should contact security and arrange to be accompanied to the fire location.

7.5.8 The Fire and Rescue Service

The Fire Brigade will locate the fire with the assistance of the Directions Officer, the site plan, or via the instructions given on receipt of the fire call.

The Fire Service incident commander will liaise with the Fire Response Team Leader at the incident, taking charge and issuing instructions as necessary.

Advice should be sought from the Fire Service Incident Commander as to when the building, or parts of it, may be safely re-occupied.

8.0 Equality

The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the Equality initial screening toolkit, the results for which are monitored centrally'.

9.0 Review

This policy will be reviewed in 2 years time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

10.0 Training and awareness

10.1 The need for Fire Safety Training

Fire safety training is essential and mandatory for all staff and is a legal requirement under the **Regulatory Reform (Fire Safety) Order 2005** (Fire Safety Order)

Staff need to have an understanding of fire risks and know what to do in the event of a fire so that fire safety procedures can be applied effectively. It is therefore imperative that the Trust provides appropriate levels of fire safety training. **This applies to all staff without exception. Senior management and senior medical staff will lead by example.**

It must be stressed that the key concern in a fire situation remains patient care. Staff will commonly assume that the greatest risk in fire is from the fire itself – especially spreading smoke – yet the greatest danger for the most dependent

patients will be the disruption to their treatment and care.

Additionally, a speedy and effective response to a fire situation will reduce the damage and inconvenience that the fire might otherwise have caused, allowing the hospital to return to normal operation with the minimum of delay and cost.

To these ends, the Trust does its best to minimize the likelihood of fire starting (prevention) in the first place, and has measures in place to limit the effect of a fire should one start (fire precautions). But the potential for a harmful fire still remains, so the Trust has in place procedures to be followed in the event of fire (the emergency plan).

10.2 Fire Safety Training Programme

As a minimum fire safety training programmes will include the following:

- basic fire safety and prevention;
- good housekeeping;
- general fire procedures;
- the local fire plan;
- staff responsibilities during a fire incident;
- actions to take on discovering a fire;
- actions to take on hearing the fire alarm;
- procedures for evacuation;
- specialist roles (switchboard staff, fire response team, fire wardens etc).

Every member of staff must have a basic understanding of each of these areas, but for many there will be a need for greater understanding, especially those directly engaged in patient care, or forming part of the fire response team. Dependent upon the role of the individual, every member of staff needs to know what to do, when to do it, and how to do it.

10.3 Responsibility for Training

The **Fire Safety Manager** (Head of Estates) is responsible for developing a training programme. The programme should reflect staff responsibilities for fire safety and set in place appropriate means for recording and monitoring staff training.

The **Fire Safety Manager** is also responsible for monitoring the effectiveness of staff training. Regular reports will be made to the **Fire Safety Committee** (at a frequency determined by the committee).

The **Fire Safety Advisor** is responsible for ensuring that a programme of fire training and to undertake reviews of the effectiveness of such training.

Ward/Departmental Managers are responsible for releasing staff to attend fire safety training sessions.

10.4 Training for effective evacuation of In-Patient Areas

The detailed evacuation strategy for each patient area must first be determined – it is only on this basis that effective training can be based. The strategies for individual wards will vary. For example, that for an undivided above ground ward with an external escape will be quite different to those wards from which it is possible to move directly to an adjacent ward where there is a very limited likelihood of having to use stairs for escape. The written local plan will not cover every eventuality, but it can cover most. The plan will assist decision making when exceptional circumstances are encountered. Ideally, staff will acquire decision-making skills through the process of training.

Once the local plan has been agreed, it is then possible to train in the execution of the plan, stressing patient care. It is common for people to say, even believe, that it is the smoke that kills you not the fire. To some extent this is true, but the evidence stems from dwelling fires and has as much to do with people sleeping through a serious fire in lounge or kitchen. It is also true that if one were to attempt to breath in the smoke from a well developed fire, the 700 °C toxic gases would quickly take serious effect, but the smoke generated from a small fire – detected quickly -is not immediately life threatening. It is important to stress that it will be possible to pass through most areas affected by fire to a safer area, rather than committing straight to a staircase where such movement would threaten the health of the patient.

10.5 Training Frequency

Fire safety awareness is a component of the compulsory induction training undertaken by all new members of staff. Ward or department specific induction training will be undertaken under the supervision of the Department/Ward Manager as soon as the member begins work. Ward or department induction

training must also take place whenever a member of staff is required to work in another area. (For short or temporary postings, it is essential that staff at least familiarize themselves with the local fire plan.)

All staff will receive regular update training and instruction provided under the supervision of the Trust's Fire Safety Advisor. The duration and frequency of the training is determined by a training needs analysis. This takes account of the fire risks present in the premises, the numbers of people at risk, and the responsibilities of staff in a fire emergency. (This is also reflected in the building management level.) The outcomes of the fire risk assessment and the determination of training requirements are formally recorded and reviewed annually. Staff involved in the direct care of patients, who may need to help evacuate others, will receive instruction more frequently than those who are required only to evacuate themselves from the building on the sounding of the fire alarm.

A matrix showing the type and frequency of fire training for each category of Trust employee is attached as Appendix A.

A Fire Safety Building Management Level for each building and department has been determined. There is a greater need for higher management levels in patient care areas and other critical departments than for some other areas, purely administration buildings, for example. The frequency and detail of training the each member of staff receives is determined by the building management level.

Training will be related to the role of the individual. Some staff, local managers for instance, will require a higher level of training than others.

10.6 Induction Training

In accordance with the Trust's induction Policy, all employees, and other specified persons, will attend an induction course on which is covered basic fire safety procedures. Further training and familiarization will follow shortly after in the workplace, when the workplace training audit must be completed.

10.7 Continuation Training

10.7.1 Central training

Every member of staff is required, within any 12 month period, to complete the mandatory Health and Safety and Infection Control Training Module – which includes basic fire safety procedures. This may be done either by attending a training module or by accessing the Self-Tutor module. Central training is delivered and monitored by Learning & Development. (Rather than attend a training course, staff have the option to access the self-tutor module.) Following the course or completion of the self-tutor module, every member off staff must successfully complete a short test to demonstrate competency.

10.7.2 Workplace Specific Training

In addition to central fire safety training, in building types A, B, C, and D, where the fire safety management levels are assessed as high, workplace training will be conducted by a Fire Safety Trainer (or other specialist fire trainers) and be based on the local fire plan. Each department is required to produce a local fire plan.

The local fire plan is the detailed emergency plan that must be followed in the event of a fire. It will have been developed locally between key departmental staff and the Fire Safety Warden and Fire Safety Trainer, and will have taken into account patient need or the potential disruption to the hospital (as appropriate), the potential for a fire to start, and the fire precautions with which the building is provided. The local fire plan forms the basis for training delivered by the Fire Safety Trainer. All staff working in building types A, B, C, or D will receive a formal training session at least once in a 12 month period.

Every member of the ward or department team that may reasonably be expected to assist in the evacuation of patients must receive workplace training at least once in a 6 month period.

Assessment will be conducted by the Fire Safety Trainer and be based of specified learning outcomes. Assessment may be carried out at the time of training or at a later date, subject to the approval of the ward or department management team. It may be necessary for some members of the team, especially those that will lead the evacuation procedure, to attend training more frequently.

Workplace training will normally last for a full morning or afternoon period and involve discussion and practise of the evacuation plan, practical evacuation (although it will not deal specifically with manual handling issues), closing down hazardous processes, and a consideration of providing patient care or other vital services during an evacuation.

During the training, the local evacuation plan will be simulated in as much detail as possible in order to test its viability.

10.7.3 Fire Response Team Training

Training for the Fire Response Team will be conducted separately by the Fire Safety Adviser. The full team for each of the Trust's sites will meet at least once in every 12 month period. Full morning or afternoon sessions will be held, at which desk top exercises and discussion of the principles of emergency incident management will take place.

10.7.4 The Training of Fire Wardens

Training for fire wardens is formed from two components, initial training, and continuation training.

Initial training will take place over two days (which may be held as two separate days) and take the fire warden through the basics of fire safety, building construction and the structural fire precautions with which the hospital is provided, means of escape and evacuation planning, fire-fighting procedures, and the Trust's fire safety procedures. This background is important if the fire warden is to have the credibility and confidence to support their ward or departmental manager.

Continuation training will take place in the second and subsequent years of a warden's appointment. A number of half day refresher and discussion sessions, facilitated by the Fire Safety Trainer, will be held throughout the year. Each warden is required to attend at least one of these sessions.

10.8 Training Aims and Learning Objectives

The training aims and learning objectives will form the basis against which the Trust will measure the effectiveness of its policy and training. For each training session specific testable objectives are set and form part of the training package, but the general aims and objectives are listed below.

10.8.1 Fire Safety Training Aims

- to ensure that staff take constant care and implement agreed procedures to reduce the risk of a fire starting to a minimum
- to ensure that staff take constant care and implement agreed procedures to maintain the fire precautions
- to ensure that staff are aware of when it would be appropriate to take fire-fighting action and that they would use fire-fighting equipment effectively should they decide to take such action
- to ensure that the most effective evacuation action is taken when patients, staff, or visitors may be threatened by fire
- to ensure that, in the event of fire, the hospital emergency plan is effectively implemented

10.8.2 Fire Safety Training Objectives

- to present the Trust's fire safety policy and its application to the individual and his or her responsibilities
- to explain the preventative practices employed by the Trust and expected of the individual
- to explain the fire precautions (and their maintenance) with which the building is provided
- to discuss the Trust's emergency plan for the event of fire
- to discuss the local fire safety plan and the evacuation procedure for the building (or area) to discuss the safe movement of patients in the event of fire
- to discuss fire-fighting action in the event of fire
- to discuss possible fire scenarios not covered by the local plan
- to discuss the receipt of patients from adjoining areas that are affected by fire
- to identify the particular role of the individual in the event of fire

10.8.3 Fire Safety Training Outcomes

Learning outcomes: on completion of the training the individual will be able to:

- State his or her responsibilities as detailed by the fire safety policy;
- Identify the potential ignition sources in his or her work area;
- State the preventative measures designed to minimize the risk of ignition;
- Identify combustible and hazardous materials in the workplace.
- State the fire precautions with which the building is provided;
- State the need to maintain those fire precautions;
- State the evacuation plan for the building (or area);
- State his or her role in the event of a fire in the building and to state when fire-fighting action may be taken and by whom; and
- Take an effective part in the implementation of the emergency plan in the event of fire.

Organisational outcomes: on completion of the training the Trust expects:

- The minimisation of the incidence of fire
- The effective maintenance of fire precautions leading to:
 - Reduced fire spread in the event of a fire

- Reduced disruption to treatment and care of patients
 - Reduced maintenance costs
- An effective response to a fire emergency minimising the disruption to the continuing care of patients and its services

10.9 Fire Drills and Fire Evacuation Simulation

Once the training has been completed, it will be necessary to evaluate its effectiveness. For patient areas, the best way to do this is to perform a fire drill. A well – planned and executed fire drill will confirm understanding of the training and provide helpful information for future training. The Fire Safety Manager will set objectives of the drill such as:

- to identify any weaknesses in the evacuation strategy;
- testing the procedure following any recent alteration or changes to working practices;
- to familiarise new members of staff with procedures; and
- to test the arrangements for disabled people.

Every member of staff will take part in at least one fire drill in every 12 month period.

11.0 Monitoring

The application of this Policy will be monitored as follows:

- By the Fire Safety Management Committee
- Estates Compliance Manager.

12.0 Discipline

The Trust considers misuse of fire safety features as misconduct and will not hesitate to take disciplinary action against any member of staff who can be identified as having misused building fire protection features and/or equipment. The misuse of equipment, malicious activation of alarms and attempted or actual arson, will be reported to the Police and other authorities for prosecution where appropriate.

13.0 References

Regulatory Reform (Fire Safety) Order 2005
SWBH NHS Disciplinary Policy HR 003

14.0 Bibliography

Health Technical Memorandum HTM 05-01: Managing Healthcare Fire Safety

15.0 Appendices

Appendix A: Type and Frequency of Fire Training

Appendix B: Arson avoidance advice.

16.0 Further Information

Further details and information about the content or application of this Policy may be obtained from the Head of Estates.

Type and frequency of Fire Training

| Staff Group | Training Type | Frequency | Delivery | Comments |
|---|--|---|---|---|
| All Staff | Induction (General Fire Safety) | On joining Trust | Learning and Development | |
| | Induction (Departmental Fire Safety) | On taking up post or transfer to new ward or department | Fire Warden | |
| All Staff | Fire Safety (Continuation) | 12 Months | Learning and Development | Staff may elect to access the self-tutor package. |
| Patient care areas and higher risk areas (Building type A, B, C, D) | Local Fire Plan (Initial and Continuation) | 12 Months | Fire Safety Trainer | New training programme introduced Jan 2007 |
| Staff in patient care areas that will be engaged directly in patient evacuation | Local Fire Plan and Evacuation Management (Initial and Continuation) | 6 months | Fire Safety Trainer | New training programme introduced Jan 2007. Applies to only some of the ward or department team. |
| Fire Response Team | Fire Incident Management (Initial and Continuation) | 12 Months | Fire Safety Adviser (Fire Incident Management Specialist) | New training programme introduced Jan 2007. To include representative from Fire and Rescue Service |
| Fire Warden | The role of the Fire Warden (Initial and Continuation) | 12 Months | Fire Safety Trainer | New training programme introduced Jan 2007. |

28 Ways to stop our hospital becoming an arson statistic

Responsibility

The Head of Estates is responsible for fire safety including protection from arson attack.

Premises security is regularly reviewed and forms a consideration for all new building projects.

All deliberately started fires will be thoroughly investigated and the police informed accordingly.

Security

Reduce the number of public access points to a minimum.

Public access points should be in easily observable locations.

Outer fences, walls and gates need to be high enough and strong enough to keep out intruders.

Doors and windows must be in good repair and locked when not in use.

Use good quality locks and padlocks.

Gaps under doors should be as small as possible.

Letter boxes should have metal(or fire resisting) containers fitted on the inside.

Keep a detailed keyholder and location record.

Minimize the issue of access facilities – keys, cards, codes.

Stored material of any kind should not be stacked adjacent to fences or walls where it could be set alight from outside.

Stores are kept locked.

Combustible materials are not left in public access areas.

Employees

All staff are warned of the threat from arson fires and how to reduce their likelihood.

Staff must challenge anyone who should not be on the premises and to report any suspicious activities.

All new employees are effectively vetted.

Outside contractors are well supervised.

Arson avoidance advice

Visitors

The movement of visitors within the building should be controlled.

Fire Protection

The fire safety equipment that we have installed – extinguishers, hose-reels, alarms, detectors, sprinklers – is in good working order and protected against sabotage attempts.

End of Day Checks

Named individuals are responsible for securing the building at the end of each working day.

Windows and doors are properly secured

No combustible material is left lying around.

When and where appropriate, no unauthorised people on premises.

Intruder alarms are switched on.

External illuminations is switched on.

Flammable liquids and highly combustible solids are locked away in secure store.

Initial Equalities Screening Checklist

| | |
|--|----------------------------|
| POLICY TITLE/SERVICE: | Fire Safety Management |
| ACCOUNTABLE DIRECTOR: | Graham Seager |
| MANAGER RESPONSIBLE FOR COMPLETION: | Rob Banks |
| DATE: | 14 th July 2009 |

Public service organisations are required to take concerted action to identify and eliminate inequality. Undertaking equality impact assessment in relation to all relevant policies provides the means for doing this.

This checklist should be completed to determine if the proposed policy is relevant to the Trust's General Duty under race, gender and disability equality.

CHECKLIST**Step 1 – What is the purpose of the policy/service proposal?**

To provide a prescriptive document for fire safety and the management of fire risks throughout the Trust. It seeks to minimise the incidence of fire and its potential impact on life safety, delivery of service, the environment and property and to ensure the Trust meets its statutory duties under the Fire Safety Order and other fire safety legislation.

How will the outcomes be measured?

Staff numbers attending fire safety training, monitoring fire incidents and physical improvements to fire precautions throughout the Trust is monitored by the Trust Fire Safety Management Committee.

Who are the key stakeholders?

Estates Department and all staff.

| Step 2 – Gather information and data (evidence) | YES | NO |
|--|-----|----|
| <p>Will the proposed policy/service involve or have consequences for the patients or staff of the Trust on racial grounds in the context of their gender, disability, sexuality, age, religion and language?</p> <ul style="list-style-type: none"> If yes, please explain, identifying those likely to be affected and detailing evidence sources. | | X |
| <p>Is there any reason to believe that people from the different equality strands, taking into account of interaction between strands, could be affected differently, by the proposed policy/service</p> <ul style="list-style-type: none"> If yes, please state reason and those likely to be affected and evidence sources... | | X |
| <p>Is there evidence to suggest that any part of the proposed policy/service could discriminate unlawfully, directly or indirectly?</p> <ul style="list-style-type: none"> If yes, please specify If no, please explain | | X |
| <p>Is there any evidence that some people may have different expectations of the policy/service in question due to their race, gender, disability, sexuality, age, religion and language?</p> <ul style="list-style-type: none"> If yes, please specify If no, please explain | | X |
| <p>Is the proposed policy/service likely to affect relations between some</p> | | X |

| | |
|--|--|
| people due to their race, gender, disability, sexuality, age, religion and language, for example if it is seen as favouring a particular group or denying opportunities for another? | |
|--|--|

- If yes, please state reason/evidence and information on those likely to be affected.

Step 3 – Impact of the Policy, process or service

If any of the questions are answered 'yes' then the proposed policy/service is likely to be relevant to the Trust's legal duties in relation to race, gender and disability. The relevant manager should proceed to complete a full Equalities Impact Assessment (see appendix 2).

A copy of the completed form must accompany the policy/service when it is presented to the relevant body for approval.

This initial quality impact assessment checklist has been completed by
(please sign below):

Name of EIA Lead: Phil Foley Date: 14/07/09

Signed: 

Sandwell and West Birmingham Hospitals



NHS Trust

POLICY IMPLEMENTATION PLAN

| | |
|------------------------------|------------------------|
| POLICY TITLE: | Fire Safety Management |
| ACCOUNTABLE DIRECTOR: | Graham Seager |
| POLICY AUTHOR: | Rob Banks/Phil Foley |
| APPROVED BY: | |
| DATE OF APPROVAL | |

An implementation plan must be developed for all policies. This will ensure that a systematic approach is taken to the introduction of policies in order to secure effective working practices.

The following template provides a checklist to be used as a starting point for thinking about implementation in a systematic manner.

| KEY TASKS | ISSUES IDENTIFIED | ACTION TAKEN/PLANNED | LEAD | TIMESCALE |
|--|--|---|-------|------------------|
| Co-ordination of implementation <ul style="list-style-type: none"> How will the implementation plan be co-ordinated and by whom? <p><i>Clear co-ordination is essential to monitor and sustain progress against the implementation plan and resolve any issues that may arise.</i></p> | <p>Fire safety training is essential and mandatory for all staff. All staff will be made aware of this policy at their mandatory training session.</p> | <p>The application of the policy will be monitored by the Fire Safety Management Committee and the Estates Compliance Manager</p> | RB/PF | April 09 onwards |
| Engaging staff <ul style="list-style-type: none"> Who is affected directly or indirectly by the policy? Are the most influential staff involved in the implementation? <p><i>Engaging staff and developing strong working relationships will provide a solid foundation for changes to be made.</i></p> | <p>All Trust employees without exception must attend fire safety training.</p> <p>Senior management and senior medical staff to lead by example and ensure they and their staff attend fire training sessions.</p> | <p>The Trust Fire Safety Training Team to co-ordinate all staff training through regular communication and consultation with senior managers and nursing staff</p> | RB/PF | April 09 onwards |
| Involving service users and carers <ul style="list-style-type: none"> Is there a need to provide information to service users and carers regarding this policy? Are there service users, carers, representatives or local organisations who could contribute to the implementation? <p><i>Involving service users and carers will ensure that any actions taken are in the best interests of the service users and carers and that they are better informed about their care.</i></p> | <p>Details of individuals' roles and responsibilities contained within the policy.</p> <p>Specialist fire training is required by certain staff members, as detailed in policy.</p> | <p>Ensure that those individuals tasked with a specific role are fully aware of their responsibilities and trained to fulfil that role.</p> | RB/PF | April 09 onwards |
| Communication <ul style="list-style-type: none"> What are the key messages to communicate to the different stakeholders? How will these messages be communicated? | <p>All staff to attend Fire Safety Training to learn how to react in the event of a fire incident, to reduce risk of fire and how to report fire incidents.</p> | <p>Monthly progress report relating to members of staff attending Fire Safety Training, number and nature of fire incidents and improvements to physical fire precautions is presented to</p> | RB/PF | April 09 |

| KEY TASKS | ISSUES IDENTIFIED | ACTION TAKEN/PLANNED | LEAD | TIMESCALE |
|---|--|---|------------------------|------------------|
| <i>Effective communication will ensure that all those affected by the policy are kept informed thus smoothing the way for any changes. Promoting achievements can also provide encouragement to those involved.</i> | | Trust Fire Safety Management Committee and summarised at the Quarterly Trust Health, Safety and Welfare Council | | |
| Training <ul style="list-style-type: none"> What are the training needs related to this policy? Are the people available with the skills to deliver the training? <i>All stakeholders need time to reflect on what the policy means to their current practice and key groups may need specific training to be able to deliver specific requirements.</i> | Fire Safety training is essential and mandatory for all staff and is a legal requirement under the Regulatory Reform (Fire Safety) Order 2005. Staff must therefore be released to attend training sessions. | The Trust Fire Safety Training Team is delivering training sessions to all staff throughout the year. | RB/PF/Fire Safety Team | April 09 onwards |
| Resources <ul style="list-style-type: none"> Have the financial impacts of any changes been established? Are other resources required to enable the implementation of the policy e.g. new documentation, increased staffing? <i>Identification of resource impacts is essential at the start of the process to ensure action can be taken to address issues that may arise at a later stage.</i> | The Trust employs three Fire Safety training staff, supported by the Trust Fire Safety Advisor, Fire Safety Manager and Deputy Fire Safety Manager. | Annual fire safety budget established to include training and implementation costs. | RB/PF | April 09 |

| KEY TASKS | ISSUES IDENTIFIED | ACTION TAKEN/PLANNED | LEAD | TIMESCALE |
|---|---|--|-------------------------------|-------------------------|
| Securing and sustaining change <ul style="list-style-type: none"> Have the likely barriers to change and realistic ways to overcome them been identified? Who needs to change and how do you plan to approach them? Have arrangements been made with service managers to enable staff to attend briefing and training sessions? Are arrangements in place to ensure the induction of new staff reflects the policy? <p><i>Initial barriers to implementation need to be addressed as well as those that may affect the on-going success of the policy.</i></p> | <p>Barriers identified, including difficulty in releasing key staff to attend training sessions.</p> <p>Actions taken to minimise impact.</p> <p>All staff to understand roles and responsibilities in relation to fire safety.</p> <p>All new staff receive Fire Training at induction</p> | <p>Arrangements relating to releasing staff to attend training agreed following consultation to ensure minimal inconvenience to service delivery</p> | <p>RB/PF/Fire Safety Team</p> | <p>April 09 onwards</p> |
| Evaluation <ul style="list-style-type: none"> What are the main changes in practice that should be seen from the policy? How might these be evaluated? How will lessons learned from implementation of this policy be fed into the organisation? <p><i>Evaluating and demonstrating the benefits of new policy is essential to promote the achievements of those involved and justify changes that have been made.</i></p> | <p>All staff to be conversant with the actions to take in the event of fire.</p> <p>Staff to follow prescribed working methods and safety procedures at all times.</p> <p>Staff to co-operate with the Trust regarding all physical fire safety provisions, procedures and practices</p> | <p>Training sessions conclude with a test of understanding to ensure awareness of fire safety principles and safe working practises.</p> | <p>RB/PF/Fire Safety Team</p> | <p>April 09 onwards</p> |
| Other consideration <ul style="list-style-type: none"> | | | | |

Sandwell and West Birmingham Hospitals



NHS Trust

| TRUST BOARD | |
|-------------|--|
|-------------|--|

| | |
|----------------------|---------------------------------------|
| DOCUMENT TITLE: | Self Certification Action Plan |
| SPONSORING DIRECTOR: | Kam Dhami, Director of Governance |
| AUTHOR: | Simon Grainger-Payne, Trust Secretary |
| DATE OF MEETING: | 30 July 2009 |

SUMMARY OF KEY POINTS:

At its Time Out in February 2009, the Trust Board considered the evidence it would rely on as part of the Foundation Trust authorisation process, to assure itself that the Trust complies with the 13 statements stipulated by Monitor, forming the 'self certification' relating to the governance risk of the organisation.

When considering the evidence available, a number of pieces of additional evidence or actions to provide further assurance, or further enhance the routine operation of the Board were identified, which are captured in the Self Certification action plan.

Progress on actions to date is included, and the status assigned shows that the majority are on track to being delivered by their assigned completion date. There are a number that are, as yet, unstated but will proceed once the Trust's Foundation Trust application becomes more advanced.

Progress will be reported quarterly to the Trust Board.

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 against actions forming the self-certification action plan.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

| | |
|----------------------------|---------------------------------|
| Strategic objectives | Achieve Foundation Trust Status |
| Annual priorities | |
| NHS LA standards | |
| Core Standards | |
| Auditors' Local Evaluation | |

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

| | | |
|---------------------------|----------|--|
| Financial | | |
| Business and market share | | |
| Clinical | | |
| Workforce | | |
| Environmental | | |
| Legal & Policy | X | Compliance with Monitor (the independent regulator of NHS Foundation Trusts) governance framework |
| Equality and Diversity | | |
| Patient Experience | | |
| Communications & Media | | |
| Risks | | Failure to declare a satisfactory self certification submission could jeopardise the Trust's application for Foundation Trust status |

PREVIOUS CONSIDERATION:

Considered at the Trust Board's 'Time Out' on 27 February 2009 and subsequently reviewed by the FT Project Team and Executive Team

TRUST BOARD – SELF-CERTIFICATION ACTION PLAN

| Element | Action | Trust Board Lead | Operational Lead | Target Completion | Progress | Status |
|---|---|------------------|------------------|-------------------|--|--------|
| CLINICAL QUALITY | | | | | | |
| <i>The board is satisfied that, to the best of its knowledge and using its own processes (supported by Healthcare Commission metrics and including any further metrics it chooses to adopt), its aspirant NHS foundation trust has and will keep in place effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients</i> | Improve the quantity of clinical quality evidence being presented to the Governance and Risk Management Committee and Trust Board in the form of the Quality Management Framework | DOD | DOD | Nov-09 | Work is underway, as discussions have taken place around organising a pilot. Dashboard due to be presented to the Trust Board in November | 4 |
| <i>The board is satisfied that to the best of their knowledge and using their own processes, plans in place are sufficient to ensure ongoing compliance with the Health Act 2006: Code of Practice for the Prevention and Control of Healthcare Associated Infections ("The Hygiene Code")</i> | Ensure that the Trust Board is presented with evidence of the Trust's compliance with duties under the Hygiene Code | RO | SC | 28-May-09 | Statement of compliance with CQC Healthcare Acquired Infections requirements was presented at the January meeting of the Trust Board | 5 |
| SERVICE PERFORMANCE | | | | | | |
| <i>The board is satisfied that</i> | Arrange additional Board | RK | RK | TBC | Agreed that this is best | 1 |

Status key: **5** Complete **4** On track **3** Some delay – expect to complete as planned **2** Significant delay – unlikely to be completed as planned **1** Not yet commenced **0** Objective Revised

| Element | Action | Trust Board Lead | Operational Lead | Target Completion | Progress | Status |
|--|--|------------------|------------------|-------------------|--|--------|
| <i>plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) and national core standards, and a commitment to comply with all known targets going forwards</i> | sessions to discuss progress with operational targets and plans to achieve these and the corporate objectives | | | | done as part of preparation for 20010/11 planning framework | |
| | Ensure that the Trust Board is aware of the process for setting and the plans to achieve operational targets Create a grid outlining the operational targets and plans to achieve them | RK | RK | TBC | Agreed that this is best done as part of preparation for 20010/11 planning framework | 1 |
| | Draw up a reporting structure to show from where the Trust Board gets its assurance | KD | SGP | Sep-09 | Structure chart drawn up, although requires more appropriate formatting to ensure detail is as clear as possible | 4 |
| RISK MANAGEMENT PROCESSES | | | | | | |
| <i>Issues and concerns raised by external audit and external assessment groups (including reports for NHS Litigation Authority assessments) have been addressed and resolved. Where any issues or concerns are outstanding, the board is confident that there are appropriate action</i> | Create a report tracking the progress of Internal Audit recommendations Implement a more robust feedback loop relating to progress with Internal Audit actions from the Audit Committee to the Trust Board and Executive Team | RW | PD/SGP | Aug-09 | Process to be worked through with Executive Team and Board members | 4 |

Status key: **5** Complete **4** On track **3** Some delay – expect to complete as planned **2** Significant delay – unlikely to be completed as planned **1** Not yet commenced **0** Objective Revised

| Element | Action | Trust Board Lead | Operational Lead | Target Completion | Progress | Status |
|--|---|------------------|------------------|-------------------|--|--------|
| <i>plans in place to address the issues in a timely manner</i> | Ensure that there is feedback from Clinical quality meetings to the Trust Board via the Governance and Risk Management Committee | DOD | DOD | 28-May-09 | Minutes presented to the Governance and Risk Management Committee on 23 July 2009 | 5 |
| | Ensure that there is feedback on national reports received by the Trust to the Trust Board via the Governance and Risk Management Committee | KD | SGP | Sep-09 | Present the position statement with regard to national reports and the Trust's response at the September meeting of the Governance and Risk Management Committee meeting | 4 |
| <i>All recommendations to the board from the audit committee are implemented in a timely and robust manner and to the satisfaction of the body concerned</i> | Consider revising the complement of Non Executive Directors on the Audit Committee | SD | SD | Oct-09 | Initial discussions taken place but further consideration required regarding commitments on Non Executive Directors | 4 |
| | Include a page in the annual plan discussing the divisional review process | RK | AC | 24-Apr-09 | A description regarding the process is incorporated in the Annual Plan. | 4 |
| | Update the Trust Board on the outcome of divisional reviews on a quarterly basis | RK | MH | 24-Sep-09 | Briefing paper to be presented to Trust Board | 4 |
| <i>A Statement of Internal Control ("SIC") is in place, and the aspirant NHS</i> | Consider increasing the frequency of reporting any issues raised in the SIC to | RW | SGP | Dec-09 | Introduce midyear review of SIC at the December meeting. | 4 |

| | | | | | | | | | | | | |
|-------------|---|----------|---|----------|---|--|---|---|---|-------------------|---|-------------------|
| Status key: | 5 | Complete | 4 | On track | 3 | Some delay – expect to complete as planned | 2 | Significant delay – unlikely to be completed as planned | 1 | Not yet commenced | 0 | Objective Revised |
|-------------|---|----------|---|----------|---|--|---|---|---|-------------------|---|-------------------|

| Element | Action | Trust Board Lead | Operational Lead | Target Completion | Progress | Status |
|---|---|------------------|------------------|-------------------|--|--------|
| <i>foundation trust is compliant with the risk management and assurance framework requirements that support the SIC pursuant to most up to date guidance from HM Treasury</i> | more than annually. | | | | | |
| <i>All key risks to compliance with Authorisation have been identified and addressed</i> | Evaluate the Trust's position against the standard terms of authorisation | JA | DL | Mar-10 | Will be progressed when the Foundation Trust status application is more advanced | 1 |
| | Consider where any issues contained within the FT service performance report should be reported | RW | MH | Sep-09 | Reported to Trust management board, Finance and Performance Management Committee and Financial Management board | 5 |
| BOARD STRUCTURES, ROLES AND CAPACITY | | | | | | |
| <i>The Board maintains its register of interests, and can specifically confirm that there are no material conflicts of interest in the Board</i> | Consider expanding the register of interests to include family and significant others | KD | SGP | Aug-09 | Revise current declaration of interest form to specifically enquire whether relationships with family and significant others may constitute a conflict of interest. Circulate to Trust board members and observers when revised. | 4 |
| <i>The board is satisfied that all directors are appropriately qualified to discharge their functions effectively,</i> | Clarify the future appointments process of NEDs and CEO (post FT) | SD | SGP | Sep-09 | For discussion with Board of Governors, should the Trust be authorised as a Foundation Trust | 1 |

Status key: **5** Complete **4** On track **3** Some delay – expect to complete as planned **2** Significant delay – unlikely to be completed as planned **1** Not yet commenced **0** Objective Revised

| Element | Action | Trust Board Lead | Operational Lead | Target Completion | Progress | Status |
|--|---|------------------|------------------|-------------------|---|--------|
| <i>including setting strategy, monitoring and managing performance, and ensuring management capacity and capability</i> | | | | | | |
| <i>The selection process and training programmes in place ensure that the non-executive directors have appropriate experience and skills</i> | Implement a training programme for the all Non Executive Directors | SD | SGP | Sep 09 | Some Non Executive Directors attend courses on an 'as needed' basis at present. Individual training needs for 2009/10 appraisals to be actioned | 4 |
| | Arrange a 'catch up' induction course attendance for longer serving NEDs | SD | SGP | Sep-09 | Applicable to two Non Executive Directors only | 4 |
| | Arrange a more comprehensive internal induction programme for newly appointed NEDs | SD | SGP | Sep 09 | Latest appointment has been on a comprehensive induction course. Consider further should there be a new appointee to the Trust Board | 1 |
| <i>The management team has the capability and experience necessary to deliver the business plan</i> | Provide NEDs with periodic information on the structure and performance of the Trust's divisional management team | RK | RK | Sep 09 | Structure and performance of divisional management team will be provided in a private forum of the Trust Board | 4 |

| | | | | | | | | | | | | |
|-------------|---|----------|---|----------|---|--|---|---|---|-------------------|---|-------------------|
| Status key: | 5 | Complete | 4 | On track | 3 | Some delay – expect to complete as planned | 2 | Significant delay – unlikely to be completed as planned | 1 | Not yet commenced | 0 | Objective Revised |
|-------------|---|----------|---|----------|---|--|---|---|---|-------------------|---|-------------------|

TRUST BOARD

| | |
|-----------------------------|---|
| REPORT TITLE: | Right Care Right Here Progress Report |
| SPONSORING DIRECTOR: | Richard Kirby, Chief Operating Officer |
| AUTHOR: | Jayne Dunn, Redesign Director – Right Care Right Here |
| DATE OF MEETING: | 30 June 2009 |

KEY POINTS:

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

- Progress of the Programme including final end of year performance of exemplar projects against targets for 2008/09.

PURPOSE OF THE REPORT:

☐ Approval

☐ Noting

☐ Discussion

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

1. NOTE progress made with the Programme.

ALIGNMENT TO TRUST ANNUAL OBJECTIVES:

3.1 - Deliver new models of care through the first wave exemplar projects and begin to deliver new models of care for community-based outpatients in the second wave of exemplar specialties.

IMPACT ASSESSMENT:

| | | |
|----------------------|-------------------------------------|--|
| FINANCIAL | <input type="checkbox"/> | |
| ALE | <input type="checkbox"/> | |
| CLINICAL | <input checked="" type="checkbox"/> | The Right Care Right Here Programme sets the context for future clinical service models. |
| WORKFORCE | <input checked="" type="checkbox"/> | |
| LEGAL | <input type="checkbox"/> | |
| EQUALITY & DIVERSITY | <input type="checkbox"/> | |
| COMMUNICATIONS | <input type="checkbox"/> | |
| PPI | <input type="checkbox"/> | |
| RISKS | | |

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

**RIGHT CARE RIGHT HERE PROGRAMME: PROGRESS REPORT
JUNE 2009**

INTRODUCTION

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

This report is in three sections:

- a) Overview of the work of the Right Care Right Here Programme;
- b) Programme Director's report as presented to the Right Care Right Here Partnership and the Boards of Sandwell and HoB PCTs (Appendix 1).
- c) Right Care Right Here Exemplar Project Performance for 2008/09 (Appendix 2 – separate spreadsheet).

OVERVIEW

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

Project Performance – Appendix 2 shows the final year end 2008/09 performance data for first and second wave projects. None of the projects are rated as red but three rated 'amber', two of these are for underperformance against target and one (cardiology) because of ongoing problems with data provision. The two projects with an underperformance against target are Rehabilitation Beds, Sheldon (for the Care Centre occupied bed day elements, due to late opening of the Norman Power Centre in Ladywood), and Gynaecology (where throughput remains below that expected).

Due to the usual delays in activity reporting for the first two months of the financial year the July report does not include any project performance data. The August report will therefore, include performance data for April and May 2009 for each project.

Service Redesign Activity - The Strategic Model Of Care Steering (SMOC) Groups continue to make progress and will present their outputs in the autumn. The Clinical Group has agreed to meet in all day sessions for the specific purpose of receiving presentations from the SMOCS.

Partnership Risks Workshop - A Partnership Risk Workshop was held in May. A total of 46 risks were identified (from strategic risks to delivery risks) with each being scored by attendees for likelihood and impact. A report will be presented to the Partnership Board with the risks and scores being agreed at the July Partnership Board meeting.

RECOMMENDATIONS

The Trust Board is recommended to:

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

Jayne Dunn
Redesign Director – Right Care Right Here
23rd July 2009

APPENDIX 1**Sandwell and the Heart of Birmingham Health and Social Care Community****RIGHT CARE RIGHT HERE PROGRAMME**

| | |
|-------------------|--|
| Report to: | Partnership Board |
| Report of: | Programme Director |
| Subject: | Programme Director's Report |
| Date: | Monday, 22nd June 2009 |

1. Summary and Recommendation

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

The Partnership Board is recommended to:

- Note the content of the report.

2. Project Performance**2.1 2008/09 Final Outturn Performance**

At the last meeting, Board members received the 2008/09 performance data for first and second wave projects. This has now been updated to give a final year end performance summary, attached at Appendix 1.

This shows that there are two projects rated 'amber' which have underperformed against target, Rehabilitation Beds, Sheldon (for the Care Centre occupied bed day elements, due to late opening of the Norman Power Centre in Ladywood), and Gynaecology (where throughput remains below that expected). Cardiology is rated 'amber' due to continuing problems in the provision of data, related to the issues of lack of sufficient project support to the Project Lead.

In aggregate, therefore, projects have overperformed against targets as shown below.

| Summary Year End Performance | 2008/09 YE Target | Yearend Actual | Variance |
|---|------------------------------|---------------------------|-----------------|
| Urgent Care Attendances | 34,745 | 36,975 | 2,230 |
| Community OBDs | 15,644 | 16,858 | 1,214 |
| Care Centre OBDs | 4,581 | 2,921 | -1,660 |
| Community Alternatives-Admissions Avoidance | 1,205 | 398 | -807 |
| Community Attendances | 17,325 | 19,706 | 2,381 |
| Community Outpatients | 27,598 | 43,365 | 15,767 |
| Primary Care Outpatients | 2,100 | 1,768 | -332 |

2.2 2009/10 Performance

Data reporting has remained problematic, with data not available for April and May 2009. This is particularly acute at the moment following the introduction of a new contracting system at SWBH and this has resulted in delays to the provision of contracting data, from which the performance data for Projects is drawn. Having reviewed the information and reports submitted at the Programme Delivery Group on Monday 15th June, the Group was unable to sign off the April performance data as it was incomplete from most projects. It is intended therefore to provide both April and May data to the July Partnership Board.

3. Service Redesign Activity

The activity in SMOCS Groups has increased as more are making progress. A summary of the overall position is given below;

- Three SMOCS have a draft clinical strategy and model of care (Maternity and Newborn, Children's Services and Staying Healthy) but further work is required to ensure alignment with best practice and the extent of fit with current service developments within the local health economy. Programme Leads are actively working to agree timescales for deliverables with SMOCS in order to plan for presentations to the Clinical Group in the autumn.
- The Planned Care SMOCS Group has reviewed and agreed to use the Quality Metrics devised by the SHA.
- There are three SMOCS workshops in June to develop first draft clinical strategy, agree the model of care and identify areas for service change. They are Acute Care, (3rd June), Dementia, (17th June) and Mental Health (26th June). Confirmed delegates include clinical representation from primary and secondary care. The Acute Care event was a success, attended by 35 staff across the day, the outcome of which was an agreed model of care ready to go out for wider consultation and sufficient information to be incorporated into the first draft strategy document.
- The Maternity and Newborn SMOCS Group has a Communication and Engagement Plan in order to achieve wider public involvement with the Group's work. This has been developed to ensure there is no overlap with the more immediate proposed consultation process for Maternity services provision and it will complete before that process starts.
- Chairs of other SMOCS are being asked if they would be interested in a public engagement event organised by the Programme along the lines of the Staff Engagement event held on 3rd April.
- A meeting has been organised, 31st July 2009, for SMOCS Chairs to discuss progress to date, timescales for delivery, challenges being faced and areas of overlap.
- A small number of primary care practitioners have agreed to be members of SMOCS but availability to attend meetings is limited.
- The Provider arms of both PCTs are actively identifying which SMOCS they would like to be involved with prior to confirming the names of individuals to become members.
- Many SMOCS have made contact with SHA clinical and/or management leads for their respective care areas and are establishing the necessary working relationships. The SHA management lead for Dementia is participating in the workshop on 17th June. All SMOCS have committed to involving their respective regional clinical lead.
- The Long Term Conditions SMOCS Group has it first meeting on the 27th July 2009, Vinod Patel, the regional Clinical Lead will be attending.
- It is likely that many of the SMOCS Groups will be presenting all the deliverables at one time in the autumn rather than the separate deliverables at different timescales. The Clinical Group has agreed to meet in all day sessions for the specific purpose of receiving presentations from the SMOCS.

4. Third Wave Projects

As reported last month, ideas for projects have been requested from all partners and WMAS. This has resulted in 30 ideas being put forward by colleagues. These were discussed at the Programme Delivery Group on Monday 15th June and further work is required with colleagues who have submitted ideas. In addition, there are several ideas which have been notified which have not been translated into completed templates. Members of the Programme Delivery Group have undertaken to discuss ideas with these individuals, and the group will review the completed templates on 20th July against the agreed criteria and make the recommendation to Strategy Group. This will result in a list of proposed projects for recommendation to the Strategy Group, prior to confirmation of proposed projects with Chief Executives of partner organisations and then decision by the Partnership Board.

5. Partnership Risks Workshop

The Partnership Risk Workshop was held on Friday 29th May 2009, with a good attendance of 15 Board members. A total of 46 risks were identified, from strategic risks to delivery risks. Each risk was scored by attendees for likelihood and impact. I have received the report from the auditors running the workshop but it requires further work on presentation. I anticipate being able to circulate this to all Board members by the end of June, for discussion of the total risk scores and agreement of the risks as described at the July Partnership Board meeting. I will then take forward the detailing of sources of control and assurance, gaps in these and the development of a series of action and mitigation plans for each risk.

6. Development of Transport Strategy

A well-attended workshop on Friday 12th June has generated significant content for the development of a Transport Strategy. The workshop was attended by colleagues from most partner organisations with an interest in transport, with John Cope providing the patient perspective. In addition, there were inputs from National Express, Centro and the Walking and Cycling Lead from Sandwell PCT. Significant progress was made in developing the framework and content for the strategy and three workstreams have been agreed to develop the detailed underpinning work, to cover customer segmentation, key performance indicators and development of tactics to respond to the needs of patients, public, visitors, carers and staff for good access and transport to all our planned facilities.

It is intended to develop a draft strategy for debate at the August Transport Group, prior to debate at the Partnership Board in September 2009, to be followed by public engagement on this important issue for members of the public.

7. Summary and Recommendation

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

The Partnership Board is recommended to:

- Note the content of the report.

Les Williams
Programme Director

2009-06-14 – prog dir report v1 - lnw

RIGHT CARE, RIGHT HERE PROGRAMME

Project Performance Report April - March 08/09

Appendix 1

| PROJECT | MONTH (2008/09) | | | | | | | | | | | | Total YTD | % Over/ Under YTD | 2008/09 Yearend Target | Status | PROJECT LEAD | Comments |
|--|-----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-----------|----------------------|------------------------------|--------|-------------------------|---|
| | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | | | | | | |
| URGENT CARE - SANDWELL | | | | | | | | | | | | | | | | | | |
| Target (Attendances) | 720 | 720 | 720 | 792 | 1,500 | 700 | 859 | 859 | 859 | 858 | 858 | 858 | 10,303 | | 10,303 | | | Validation of November-March activity resulted in an increase of 48 patients resulting in target being slightly exceeded. |
| Actual | 838 | 913 | 774 | 763 | 631 | 704 | 810 | 846 | 1,062 | 870 | 913 | 1,194 | 10,318 | | | | | |
| Variance | | | | | | | | | | | | | 15 | 0 | | | Matthew Dodd SWBH | |
| URGENT CARE - HoB | | | | | | | | | | | | | | | | | | |
| Target (Attendances) | 2,083 | 2,083 | 2,083 | 2,083 | 2,992 | 897 | 2,037 | 2,037 | 2,037 | 2,037 | 2,036 | 2,037 | 24,442 | | 24,442 | | | Project has exceeded target by 9%. |
| Actual | 2,350 | 2,470 | 2,359 | 2,279 | 2,114 | 1,879 | 1,991 | 2,341 | 2,328 | 2,145 | 1,987 | 2,414 | 26,657 | | | | Mark Curran HOB PCT | |
| Variance | | | | | | | | | | | | | 2,215 | 9 | | | | |
| REHAB BEDS - SHELDON | | | | | | | | | | | | | | | | | | |
| Targets: | | | | | | | | | | | | | | | | | | D43 target has been achieved. |
| Community - D43 (OBDs) | 646 | 646 | 646 | 646 | 647 | 647 | 647 | 647 | 647 | 647 | 647 | 647 | 7,760 | | 7,760 | | | |
| Actual | 646 | 650 | 650 | 650 | 650 | 650 | 650 | 660 | 650 | 682 | 568 | 664 | 7,770 | | | | Angela Young HOB PCT | |
| Variance | | | | | | | | | | | | | 10 | 0 | | | | Care Centres (OBDs) has under achieved the target by 36%. |
| Care Centres (OBDs) | 382 | 382 | 382 | 382 | 382 | 382 | 382 | 382 | 382 | 382 | 379 | | 4,581 | | 4,581 | | | |
| Actual | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 557 | 810 | 748 | 806 | 2,921 | | | | | |
| Variance | | | | | | | | | | | | | -1,660 | -36 | | | | Intermediate care attendances with OBD equivalents now being reported but not the number of patients whose admissions have been avoided. Programme commissioning a piece of work to define and codify community alternatives. |
| Community Alternatives (Av Admits) | 43 | 43 | 43 | 43 | 43 | 43 | 43 | 43 | 43 | 43 | 43 | 52 | 525 | | 525 | | | |
| Actual | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | 0 | | | | | |
| Variance | | | | | | | | | | | | | -525 | -100 | | | | |
| REHAB BEDS - ROWLEY | | | | | | | | | | | | | | | | | | |
| Targets: | | | | | | | | | | | | | | | | | | Yearend target for OBDs has been exceeded. |
| Community Step Up/Down (OBDs) | 360 | 372 | 360 | 365 | 365 | 2,120 | 657 | 657 | 657 | 657 | 657 | 657 | 7,884 | | 7,884 | | | |
| Actual | 685 | 600 | 564 | 463 | 782 | 869 | 911 | 920 | 907 | 871 | 732 | 784 | 9,088 | | | | Wendy Godwin SPCT | |
| Variance | | | | | | | | | | | | | 1,204 | 15 | | | | The March actual STAR activity shows demand for the service continuing to increase, the shortfall in the STAR service owing to the reason previously reported i.e.time for the service to establish. |
| STAR (Av Admits) | | 0 | 0 | 0 | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 680 | | 680 | | | |
| Actual | | 0 | 0 | 0 | 37 | 32 | 49 | 52 | 48 | 53 | 58 | 69 | 398 | | | | | |
| Variance | | | | | | | | | | | | | -282 | -41 | | | | |
| MUSCULOSKELETAL (includes Orthopaedic beds & outpatients, Rheumatology outpatients & Pain Management) | | | | | | | | | | | | | | | | | | |
| Targets: | | | | | | | | | | | | | | | | | | Whilst the HoB Orthopaedics Triage activity is below target, actual activity in the 4th quarter is above target, and had this trend been the case throughout the year the reported position would have been above target. |
| HoB Orthopaedics Triage (Atts) | 553 | 553 | 553 | 553 | 553 | 553 | 553 | 553 | 553 | 555 | 553 | 555 | 6,640 | | 6,640 | | | |
| Actual | 196 | 334 | 399 | 605 | 487 | 614 | 564 | 453 | 445 | 569 | 600 | 546 | 5,812 | | | | Paul Hazle SWBH | |
| Variance | | | | | | | | | | | | | -828 | -12 | | | | The Sandwell Orthopaedic triage has exceeded target (data validation led to increased activity being reported November-January - 132 attendances) |
| Sandwell Orthopaedics Triage (Atts) | 573 | 574 | 574 | 574 | 573 | 574 | 574 | 574 | 574 | 574 | 573 | 574 | 6,885 | | 6,885 | | | |
| Actual | 547 | 544 | 525 | 633 | 570 | 602 | 611 | 545 | 552 | 709 | 534 | 629 | 7,001 | | | | | |
| Variance | | | | | | | | | | | | | 116 | 2 | | | | Community Rheumatology has exceeded target by 49% and Community Orthopaedics exceeded by 6%, a notable achievement. |
| Community Rheumatology (OPs) | 380 | 380 | 380 | 381 | 380 | 380 | 380 | 381 | 380 | 381 | 380 | 381 | 4,564 | | 4,564 | | | |
| Actual | 715 | 557 | 575 | 660 | 592 | 719 | 518 | 517 | 523 | 502 | 417 | 524 | 6,819 | | | | | |
| Variance | | | | | | | | | | | | | 2,255 | 49 | | | | In total 18,490 patients were seen in community locations against the target of 20,423, an overall overperformance of 1% |
| Community Orthopaedics (OPs) | 62 | 61 | 62 | 62 | 62 | 62 | 62 | 62 | 62 | 62 | 62 | 62 | 743 | | 743 | | | |
| Actual | 83 | 66 | 111 | 69 | 46 | 109 | 39 | 70 | 76 | 45 | 18 | 59 | 791 | | | | | |
| Variance | | | | | | | | | | | | | 48 | 6 | | | | |
| OPHTHALMOLOGY | | | | | | | | | | | | | | | | | | |
| Target (Outpatients) | 122 | 123 | 123 | 122 | 123 | 123 | 122 | 123 | 123 | 123 | 122 | 123 | 1,472 | | 1,472 | | | Project has significantly exceeded target |
| Actual | 0 | 0 | 0 | 0 | 46 | 96 | 84 | 106 | 104 | 122 | 65 | 12,641 | 13,264 | | | | Wendy Godwin SPCT | |
| Variance | | | | | | | | | | | | | 11,792 | 801 | | | | |

RIGHT CARE, RIGHT HERE PROGRAMME

Project Performance Report April - March 08/09

| PROJECT | MONTH (2008/09) | | | | | | | | | | | | Total YTD | % Over/ Under YTD | 2008/09 Yearend Target | Status | PROJECT LEAD | Comments |
|---|-----------------|-----|------|------|-----|------|-----|-----|-----|-----|-----|-------|-----------|----------------------|------------------------------|--------|-----------------|---|
| | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | | | | | | |
| DERMATOLOGY | | | | | | | | | | | | | | | | | | |
| Targets: | | | | | | | | | | | | | 4,880 | | 4,880 | | Kayode | Project lead has completed data validation with SWBH and the actual activity now includes all redesigned outpatient clinics being held at Sandwell Hospital (i.e. not in final location), target exceeded by 26%. |
| Community Virtual (Outpatients) | 406 | 407 | 406 | 407 | 406 | 407 | 407 | 407 | 407 | 407 | 406 | 407 | 6,159 | | | | Odetayo | |
| Actual | 448 | 474 | 478 | 525 | 473 | 555 | 663 | 608 | 462 | 464 | 575 | 434 | 1,279 | 26 | | | HOB PCT | |
| Variance | | | | | | | | | | | | | 2,100 | | 2,100 | | | |
| Primary Care - GPwSI (Outpatients) | 175 | 175 | 175 | 175 | 175 | 175 | 175 | 175 | 175 | 175 | 175 | 175 | 2,100 | | | | | Whilst the GPwSI service has under performed significantly, the total number of patients that were seen during 2008/9 in community locations is 7,927 against a target of 6,980 (excess 14%). |
| Actual | 26 | 114 | 148 | 130 | 148 | 167 | 206 | 172 | 149 | 160 | 156 | 192 | 1,768 | | | | | |
| Variance | | | | | | | | | | | | | -332 | -16 | | | | |
| RESPIRATORY | | | | | | | | | | | | | | | | | | |
| Target (Nurse/Cons Led Attendances) | 40 | 40 | 40 | 60 | 60 | 60 | 80 | 80 | 80 | 150 | 140 | 170 | 1,000 | | 1,000 | | Sally Sandel | Project has significantly exceeded target |
| Actual | 76 | 82 | 64 | 74 | 89 | 81 | 94 | 81 | 79 | 68 | 78 | 2,441 | 3,307 | 231 | | | SPCT | Project Lead has completed data validation and the actual activity now includes all redesigned consultant led clinics being delivered at Sandwell Hospital and BTC, and will continue to do so when the new Hospital becomes operational in 2015/16 (total for year 2,389). The total nurse led patient activity, which has previously been reported during 2008/9, is 918. |
| Variance | | | | | | | | | | | | | 2,307 | | | | | |
| ENT | | | | | | | | | | | | | | | | | | |
| Target (Outpatients) | 715 | 715 | 715 | 715 | 715 | 715 | 715 | 715 | 715 | 715 | 715 | 715 | 8,580 | | 8,580 | | Jane Clark | Project has exceeded target. |
| Actual | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | 8,942 | 8,942 | 4 | | | SWBH | Data reporting errors have reduced the previously reported full year actual activity from 12,342 outpatients (44% overperformance against target) to 8,942. |
| Variance | | | | | | | | | | | | | 362 | | | | | |
| CARDIOLOGY | | | | | | | | | | | | | | | | | | |
| Targets: | | | | | | | | | | | | | 800 | | 800 | | | Estimates used for Quarter 4 actual, particularly March. |
| Community (Outpatients) | 66 | 67 | 66 | 67 | 67 | 67 | 66 | 67 | 67 | 67 | 67 | 66 | 601 | | | | Ruth Westerby | |
| Actual - Rowley & Neptune | 71 | 46 | 40 | 72 | 36 | 55 | 27 | 61 | 41 | 63 | 39 | 50 | -199 | -25 | | | SPCT | |
| Variance | | | | | | | | | | | | | 2,800 | | 2,800 | | | |
| Community (Attendances) | 233 | 234 | 233 | 233 | 234 | 233 | 233 | 233 | 233 | 233 | 234 | 234 | 2,800 | | | | | |
| Actual | 331 | 331 | 333 | 309 | 309 | 309 | 337 | 300 | 258 | 270 | 199 | 300 | 3,586 | | | | | |
| Variance | | | | | | | | | | | | | 786 | 28 | | | | |
| Note: Includes Sandwell CVD, HoB& Sandwell HF Nurse clinics & GP practice diagnostics. Excludes HoB Consultant Clinic activity. | | | | | | | | | | | | | | | | | | |
| GYNAECOLOGY | | | | | | | | | | | | | | | | | | |
| Target (Outpatients) | 8 | 23 | 150 | 150 | 458 | 90 | 147 | 147 | 147 | 146 | 147 | 146 | 1,759 | | 1,759 | | Therese McMahon | Project has underperformed by 47%. However, it should be noted that work continues with the support Project Lead in SWBH to identify clinics that have been redesigned but not in final location occurring at Sandwell which would impact upon the yearend position against target. |
| Actual | 2 | 15 | 86 | 44 | 42 | 82 | 113 | 112 | 83 | 170 | 86 | 93 | 928 | -47 | | | HOB PCT | |
| Variance | | | | | | | | | | | | | -831 | | | | | |
| DIABETES | | | | | | | | | | | | | | | | | | |
| Target (Outpatients) | 400 | 400 | 400 | 400 | 400 | 400 | 400 | 400 | 400 | 400 | 400 | 400 | 4,800 | | 4,800 | | Olivia Amartei | Project has exceeded target. |
| Actual | 458 | 377 | 486 | 575 | 530 | 486 | 573 | 499 | 438 | 511 | 488 | 440 | 5,861 | 22 | | | HOB PCT | |
| Variance | | | | | | | | | | | | | 1,061 | | | | | |

Sandwell and West Birmingham Hospitals



NHS Trust

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|--------------------|
| TRUST BOARD |
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| | |
|-----------------------------|---|
| 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: | 30 July 2009 |

SUMMARY OF KEY POINTS:

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

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 | |
| Core Standards | |
| Auditors' Local Evaluation | Internal Control and Value for Money |

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

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

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| Note | Comments | | | | |
|------|--|----------|-------|-------|---|
| a | The Cancer Two Week Wait target was met in 92.9% of cases during the month of May. Of 504 referrals, 36 patients were not seen within 2 weeks. All 36 breaches relate to patients electing for an initial appointment beyond the one that was originally offered by the Trust, which was within 2 weeks of referral. | | | | |
| b | Cancelled Operations increased to 1.1% during the month of June, principally influenced by the number of cancellations in General Surgery at Sandwell. | | | | |
| c | Delayed Transfers of Care fell during the month to 2.6% as a result of a decreased proportion and number of delays on the Sandwell site. On the census date there were only 4 delays recorded at Sandwell, none attributable to the NHS. | | | | |
| d | Coronary Heart Disease - Primary Angioplasty performance improved during May to 82%. There has been 1 breach of the 2-week Rapid Access Chest Pain target during the first 3 months of the year. Waiting times for Revascularisation remain well within the national maximum of 13 weeks. | | | | |
| e | Stroke Care - 47.6% of stroke patients spent at least 90% of their hospital stay on a Stroke Unit during the month of May. Performance against this target for the year to date is 50%. | | | | |
| f | Accident & Emergency 4-hour waits - Performance during the first quarter of the year has averaged 99.4%, with each of the 3 units exceeding 99% for each of the 3 months. It should be noted that this level of performance was delivered during a period (quarter) when overall attendances were 4.8% higher than the corresponding period last year, largely influenced by patients attending with swine-flu like symptoms. | | | | |
| g | Cases of C Diff reduced to 7 across the Trust during June. A total of 2 cases of MRSA Bacteraemia were recorded, both at City. The Trust continues to meet National and Local performance trajectories. | | | | |
| h | Maternal Smoking and Breast Feeding data for the first quarter indicates an improvement in both when compared with rates for last year. An improvement is being sought in the smoking data completeness, which has historically been almost 100%. | | | | |
| i | Referral to Treatment Time targets continue to be met. A total of 23 Diagnostic Waits in excess of 6 weeks were recorded at the end of June, comprising; Audiology 20, Gastroscopy 2 and Imaging 1(MRI). | | | | |
| j | CQUIN: | | | | |
| | Outpatient source of Referral - Performance remains well within the trajectory set for this target. | | | | |
| | Caesarean Section Rate - The overall rate across the Trust for the first quarter is 23.0%. This compares favourably with a 2008 / 09 rate of 27.0%. | | | | |
| | Brain Imaging - During the month of May 74.2% of patients admitted as an emergency following a stroke received a brain scan within 24 hours of admission. This increased the year to date performance to 67.4%. | | | | |
| | Hip Fracture - During the first quarter 84.2% of patients have received an operation within 48 hours of admission with a fracture of the hip. Performance during June was 94.7%. | | | | |
| | Smoking Cessation Referrals - Data for the year to date is included, which although below trajectory for the period, demonstrates a significant increase on last year. | | | | |
| | Inpatient Patient Satisfaction Survey - The initial survey as reported last month has as intended informed the future composition of this indicator, with formal assessment against coverage of a further survey scheduled to be conducted later in the year. | | | | |
| k | Detailed analysis of Financial Performance is contained within a separate paper to this meeting. | | | | |
| l | Activity to date is compared with the contracted activity plan for 2009 / 2010 . | | | | With the exception of New Outpatient activity, other high level contracts continue to be met for the period to date. |
| | | Sandwell | City | Trust | |
| | IP Elective | -4.8% | 15.7% | 7.3% | |
| | Day case | 9.5% | 5.4% | 7.3% | |
| | IPE plus DC | 6.8% | 7.7% | 7.3% | |
| | IP Non-Elective | 3.7% | 3.9% | 3.8% | |
| | OP New | -1.3% | -1.5% | -1.5% | |
| | OP Review | -2.5% | 7.0% | 3.3% | |
| | When activity to date is compared with 2008 / 09 for the corresponding period | | | | Overall Elective, Non-Elective and Outpatient activity delivered during the first 3 months exceeds that delivered during the corresponding period last year by the level indicated. |
| | | Sandwell | City | Trust | |
| | IP Elective | -8.1% | 5.4% | 0.1% | |
| | Day case | 4.4% | 1.3% | 2.7% | |
| | IPE plus DC | 2.0% | 2.3% | 2.2% | |
| | IP Non-Elective | 5.1% | 3.1% | 3.9% | |
| | OP New | 7.1% | 6.2% | 6.5% | |
| | OP Review | 3.3% | 14.6% | 10.2% | |
| m | Ambulance turn around delays in excess of 30 minutes expressed as a percentage remain essentially stable. The number of delays reported in excess of 60 minutes increased on both sites during the month. | | | | |
| n | Nurse Bank and Agency Shifts and Costs remain within the profile set for the period to date. Other Agency and Locum costs attributable to Medical and Non-Nursing staff have increased by almost £300K within month. | | | | |
| o | Overall Sickness Absence remains below the Trust target of 4.25% for the third month in succession, with an average for the first two months of the year of 3.64%. | | | | |
| p | A total of 749 staff have received PDRs reported to Learning and Development during the first 3 months of the year, this represents approximately 14% of all staff. 729 staff have received Conflict Resolution Training during the same period. | | | | |

| Exec Lead | NATIONAL AND LOCAL PRIORITY INDICATORS | | | February | March | April | May | | | June | | | To Date | TARGET | | Exec Summary Note | THRESHOLDS | | | |
|--|--|---|------|----------|--------|--------|--------|--------|--------|--------|------|-------|---------|--------------|------------------|-------------------|---------------|-------------------|----------------|-----|
| | | | | Trust | Trust | Trust | S'well | City | Trust | S'well | City | Trust | | YTD | 09/10 | | | | | |
| RW | Net Income & Expenditure (Surplus / Deficit (-)) | | | E000s | 120 | -117 | 162 | → | | 357 | → | | -5 | 511 | 706 | 2269 | | 0% | 0 - 1% | >1% |
| RK | Cancer | 2 weeks | % | 94.0 | 96.0 | 93.2 | → | | 92.9 | → | | | 93.0 | ==>93 | ==>93 | a | No variation | | Any variation | |
| | | 31 Days | % | 100 | 100 | 100 | → | | 100 | → | | | 100 | ==>98 | ==>98 | | No variation | | Any variation | |
| | | 62 Days | % | 94.0 | 93.0 | 92.6 | → | | 91.4 | → | | | 92.1 | ==>86 | ==>86 | | No variation | | Any variation | |
| | Cancelled Operations | Elective Admissions Cancelled at last minute for non-clinical reasons | % | 0.6 | 0.9 | 0.5 | 0.4 | 1.1 | 0.8 | 1.2 | 1.0 | 1.1 | 0.8 | <0.8 | <0.8 | b | <0.8 | 0.8 - 1.0 | >1.0 | |
| | | 28 day breaches | No. | 0 | 0 | 0 | → | | 0 | → | | 0 | 0 | 0 | 3 or less | | 4 - 6 | >6 | | |
| | Delayed Transfers of Care | Total | % | 2.8 | 1.5 | 2.2 | 3.0 | 3.4 | 3.2 | 1.7 | 3.4 | 2.6 | 2.6 | <3.0 | <3.0 | c | <3.0 | 3.0 - 4.0 | >4.0 | |
| | | | | | | | | | | | | | | | | | | | | |
| RK | Coronary Heart Disease | Primary Angioplasty (<90 mins) | % | 61 | 62 | 53 | 85 | 75 | 82 | | | | 68 | 80 | 80 | d | >80 | 75-80 | <75 | |
| | | Rapid Access Chest Pain | % | 100 | 100 | 100 | 97.4 | 100 | 98.4 | 100 | 100 | 100 | 99.5 | ==>98 | ==>98 | | >99 | 98 - 99 | <98 | |
| | | Revascularisation >13 weeks | No. | 0 | 0 | 0 | → | | 0 | → | | 0 | 0 | 0 | 0 | | | >0 | | |
| | | Thrombolysis (60 minutes) | % | 0 | no pts | no pts | no pts | no pts | no pts | | | | no pts | 80 | 80 | | >80 | 75-80 | <75 | |
| DO'D | Stroke Care | >90% stay on Stroke Unit | % | 34.4 | 32.4 | 52.6 | → | | 47.6 | → | | | 50.0 | 65.5 | 70 | e | +>70 | 65 - 70 | <65 | |
| | A/E 4 Hour Waits | | % | 99.2 | 99.6 | 99.3 | 99.7 | 99.4 | 99.5 | 99.0 | 99.4 | 99.2 | 99.39 | ==>98 | ==>98 | f | ==>98 | | <98 | |
| RK | GUM 48 Hours | Patients seen within 48 hours | % | 84.5 | 85.2 | 90.2 | → | | 81.8 | → | | 89.6 | 87.5 | ==>95 | ==>95 | | No variation | 0 - 10% variation | >10% variation | |
| | | Patients offered app't within 48 hrs | % | 99.5 | 100 | 99.8 | → | | 100 | → | | 99.1 | 99.6 | 100 | 100 | | No variation | 0 - 10% variation | >10% variation | |
| RO | Infection Control | C. Diff - EXTERNAL (DH) TARGET | No. | 15 | 15 | 14 | 3 | 8 | 11 | 3 | 4 | 7 | 32 | 69 | 264 | g | No variation | | Any variation | |
| | | C. Diff - INTERNAL (LHE) TARGET | No. | 15 | 15 | 14 | 3 | 8 | 11 | 3 | 4 | 7 | 32 | 57 | 220 | | No variation | | Any variation | |
| | | MRSA - EXTERNAL (DH) TARGET | No. | 0 | 2 | 2 | 0 | 1 | 1 | 0 | 2 | 2 | 5 | 9 | 33 | | No variation | | Any variation | |
| | | MRSA - INTERNAL (LHE) TARGET | No. | 0 | 2 | 2 | 0 | 1 | 1 | 0 | 2 | 2 | 5 | 6 | 23 | | No variation | | Any variation | |
| RK | Data Quality | Valid Coding for Ethnic Category (FCEs) | % | 88 | 94 | 94 | → | | 94 | → | | | 94 | 90 | 90 | | >=90 | 89.0-89.9 | <89 | |
| RO | Infant Health & Inequalities | Maternal Smoking Status Data Complete | % | → | 100 | → | → | | → | → | | 96.9 | 96.9 | ==>99.0 | ==>99.0 | h | >99 | 98 - 99 | <98 | |
| | | Breast Feeding Status Data Complete | % | → | 100 | → | → | | → | → | | 99.1 | 99.1 | ==>99.0 | ==>99.0 | | >99 | 98 - 99 | <98 | |
| | | Maternal Smoking Rates | % | → | 10.6 | → | → | | → | → | | 12.3 | 12.3 | <12.0 | <12.0 | | <12.0 | 12-14 | >14.0 | |
| | | Breast Feeding Initiation Rates | % | → | 57.7 | → | → | | → | → | | 62.9 | 62.9 | >57.0 | >57.0 | | >57.0 | 55-57 | <55.0 | |
| RK | Patient Access | Inpatients >26 weeks | No. | 0 | 0 | 0 | → | | 0 | → | | 0 | 0 | 0 | 0 | | 0 | | >0 | |
| | | Outpatients >13 weeks | No. | 1 | 0 | 0 | → | | 1 | → | | 0 | 1 | 0 | 0 | | 0 | | >0 | |
| RK | RTT Milestones | Admitted Care (RTT <18 weeks) | % | 96.8 | 98.6 | 98.2 | → | | 98.5 | → | | 97.2 | 97.2 | ==>90.0 | ==>90.0 | i | ==>90.0 | | <90.0 | |
| | | Admitted Care - Data Completeness | % | 98.4 | 100.4 | 102.5 | → | | 101.3 | → | | 101.7 | 90-110 | <90 or >110 | 90-110 | | | <90 or >110 | | |
| | | Non-Admitted Care (RTT <18 weeks) | % | 98.5 | 98.8 | 98.2 | → | | 98.7 | → | | 98.6 | ==>95.0 | ==>95.0 | ==>95.0 | | | <=95.0 | | |
| | | Non-Admitted Care - Data Completeness | % | 104.4 | 98.1 | 96.2 | → | | 108.0 | → | | 101.0 | 90-110 | <90 or >110 | 90-110 | | | <90 or >110 | | |
| | | Audiology Direct Access Waits (<18 wks) | % | 100 | 99 | 100 | → | | 99.7 | → | | 100 | ==>95 | ==>95 | ==>95 | | | <95 | | |
| | | Audiology Data Completeness | % | 106.0 | 96.0 | 102.0 | → | | 97.0 | → | | 91.0 | 90-110 | <90 or >110 | 90-110 | | | <90 or >110 | | |
| | | Diagnostic Waits greater than 6 weeks | No. | 33 | 26 | 23 | → | | 18 | → | | 23 | 23 | 0 | 0 | | 0 | | >0 | |
| DO'D | Mortality in Hospital | Hospital Standardised Mortality Rate | HSMR | 104.9 | 103.5 | 104.2 | → | | 96.8 | → | | 89.1 | 99.0 | Rate only | Rate only | | | | | |
| | | Peer (SHA) HSMR | HSMR | 96.6 | 102.6 | 101.1 | → | | 95.5 | → | | 88.7 | 96.5 | Rate only | Rate only | | | | | |
| RK | DO'D CQUIN | OP Source of Referral Information | % | | | 0.93 | → | | 0.87 | → | | 1.37 | 1.07 | 8.5 | 5.0 | j | No variation | | Any variation | |
| | | Caesarean Section Rate | % | 21.6 | 22.1 | 22.5 | 20.9 | 24.1 | 22.7 | 21.2 | 25.5 | 23.9 | 23.0 | 26.7 | 26.0 | | ==<26.0 | | >26.0 | |
| Brain Imaging for Em. Stroke Admissions | | % | | | 61.7 | → | | 74.2 | → | | | 67.4 | 72.0 | 72.0 | ==>72.0 | | | <72.0 | | |
| Hip Fracture Op's <48 hours of admission | | % | 82.1 | 85.2 | 89.7 | → | | 71.4 | → | | 94.7 | 79.0 | 87.0 | No Variation | 0 - 2% Variation | | >2% Variation | | | |
| Smoking Cessation Referrals | | No. | | | | → | | | → | | 39 | 128 | 167 | 167 | 250 | | 1000 | ==>83 | per month | <83 |
| RO | | IP Patient Satisfaction (Survey Coverage) | % | | | | | | | | | | | | | | ==>90 | | <90 | |

| 06/07 Outturn | 07/08 Outturn | 08/09 Outturn |
|---------------|---------------|---------------|
| 3399 | 6547 | 2535 |
| 100 | 97.1 | 98.6 |
| 99.9 | 99.9 | 100 |
| 99.3 | 99.7 | 98.6 |
| 0.9 | 0.9 | 1.0 |
| 4 | 0 | 0 |
| 4.0 | 2.7 | 3.1 |
| n/a | 63.0 | 70.5 |
| 99.7 | 99.6 | 100.0 |
| 0 | 0 | 0 |
| 57 | 50 | 0 |
| n/a | n/a | 36.5 |
| 98.20 | 98.28 | 98.16 |
| n/a | n/a | 81.0 |
| 35.8 | 80.7 | 98.3 |
| n/a | 355 | 163 |
| n/a | 355 | 163 |
| 61 | 43 | 15 |
| 61 | 43 | 15 |
| 99.0 | 89.0 | 87.0 |
| 99.9 | 99.5 | 99.9 |
| 98.3 | 99.8 | 97.8 |
| 13.2 | 13.1 | 12.6 |
| 52.5 | 55.0 | 54.2 |
| 1 | 0 | 0 |
| 4 | 0 | 5 |
| 52.0 | 90.6 | 98.6 |
| n/a | n/a | 100.4 |
| n/a | 95.5 | 98.8 |
| n/a | n/a | 98.1 |
| n/a | n/a | 99.0 |
| n/a | n/a | 96.0 |
| 996 | 25 | 26 |
| 101.1 | 100.2 | 99.0 |
| 110.7 | 106.1 | 96.5 |
| n/a | n/a | 10.0 |
| n/a | 27.7 | 27.0 |
| n/a | n/a | 72.0 |
| 63.6 | 70.1 | 77.8 |
| n/a | n/a | 7 |
| n/a | n/a | n/a |
| Page 1 | | |

| Exec Lead | CLINICAL QUALITY | | | Trust | Trust | Trust | S'well | City | Trust | S'well | City | Trust | To Date | YTD | 09/10 | Summary Note | | | | 06/07 Outturn | 07/08 Outturn | 08/09 Outturn | | | | |
|-----------------------------------|--------------------------------|--|-------|-------|-------|-------|--------|------|-------|--------|------|-------|----------|----------|----------|--------------|--------------|-------------------|----------------|---------------|---------------|---------------|--|--|--|--|
| RK | Readmission Rates | (Within 28 days of discharge) | % | 12.9 | 11.3 | 12.0 | 12.6 | 12.1 | 12.3 | | | | 12.1 | No. Only | No. Only | | | | | 10.1 | n/a | 11.6 | | | | |
| | | (Within 14 days of discharge) | % | 9.5 | 8.0 | 8.6 | 9.3 | 9.0 | 9.1 | | | | 8.9 | No. Only | No. Only | | | | | n/a | n/a | 7.3 | | | | |
| R0 | Infection Control | Savings Lives Compliance | % | 99 | 99 | 99 | | → | 99 | | → | 99 | 99 | >95 | >95 | | < YTD target | | > YTD target | n/a | n/a | 99.0 | | | | |
| | | Phlebitis Rate | % | | | 1.08 | | → | 0.97 | | → | 0.43 | 0.43 | <5 | <5 | | | | | n/a | 1.77 | | | | | |
| | | Phlebitis Compliance | % | | | 76.6 | | → | 80.7 | | → | 84.9 | 84.9 | >95 | >95 | | | | | n/a | 78 | | | | | |
| | | MRSA Screening (Elective) | No. | 608 | 1184 | 1822 | | → | 1692 | | → | 2007 | 5521 | No. Only | No. Only | | | | | n/a | n/a | 6495 | | | | |
| | | MRSA Screening (Non-Elective) | No. | | | 1074 | | → | 527 | | → | 678 | 2279 | No. Only | No. Only | | | | | n/a | n/a | n/a | | | | |
| DO'D | Obstetrics | Post Partum Haemorrhage (>2000 ml) | No. | 0 | 1 | 1 | 1 | 2 | 3 | 0 | 1 | 1 | 5 | 12 | 48 | | | | | n/a | n/a | | | | | |
| | | Admissions to Neonatal ICU | % | 5.5 | 6.5 | 6.6 | 2.2 | 9.4 | 6.3 | 6.2 | 7.0 | 6.7 | 6.5 | =<10 | =<10 | | | | | n/a | 9.6 | | | | | |
| | | Adjusted Perinatal Mortality Rate | /1000 | 2.0 | 9.8 | 9.5 | 4.3 | 9.8 | 7.5 | 25.3 | 12.2 | 17.1 | 17.1 | <8.0 | <8.0 | | | | | n/a | n/a | | | | | |
| FINANCE & FINANCIAL EFFICIENCY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RW | Gross Margin | | £000s | 2237 | 1267 | 2361 | | → | 2569 | | → | 2206 | 7134 | 7304 | 29805 | | 0% | 0 - 1% | >1% | 26429 | 33250 | 26436 | | | | |
| | CIP | | £000s | 829 | 829 | 2542 | | → | 949 | | → | 949 | 3507 | 3711 | 15075 | | | | | 19679 | 14027 | 11084 | | | | |
| | In Year Monthly Run Rate | | % | -29 | -202 | 9.5 | | → | 0.3 | | → | -102 | -27.6 | 0 | 0 | | | | | 329 | 45 | 1.4 | | | | |
| RK | Income / WTE | | £s | 5013 | 5521 | 4955 | | → | 4991 | | → | 4908 | 4944 | 5127 | 5127 | k | No variation | 0 - 5% variation | >5% variation | 5460 | 4924 | 5014 | | | | |
| | Income / Open Bed | | £s | 29946 | 34214 | 29321 | | → | 32944 | | → | 32662 | 32200 | 31184 | 31184 | | | | | 24774 | 29065 | 30498 | | | | |
| | Income per Spell | Total Income | £s | 2925 | 2858 | 2714 | | → | 2836 | | → | 2719 | 2762 | 2762 | 2762 | | | | | 2635 | 2740 | 2701 | | | | |
| | | Clinical Income | £s | 2624 | 2402 | 2456 | | → | 2561 | | → | 2448 | 2494 | 2454 | 2454 | | | | | 2317 | 2449 | 2400 | | | | |
| | | Non-Clinical Income | £s | 301 | 456 | 258 | | → | 275 | | → | 272 | 269 | 308 | 308 | | | | | 318 | 291 | 301 | | | | |
| | Cost per Spell | Total Cost | £s | 2914 | 2868 | 2700 | | → | 2803 | | → | 2720 | 2747 | 2742 | 2742 | | | | | n/a | 2643 | 2682 | | | | |
| | | Total Pay Cost | £s | 1993 | 1904 | 1788 | | → | 1882 | | → | 1834 | 1839 | 1825 | 1825 | | | | | 1772 | 1737 | 1785 | | | | |
| | | Medical Pay Cost | £s | 594 | 556 | 517 | | → | 547 | | → | 515 | 527 | 544 | 544 | | | | | 543 | 517 | 532 | | | | |
| | | Nursing Pay Cost (including Bank) | £s | 685 | 676 | 619 | | → | 666 | | → | 648 | 646 | 639 | 639 | | | | | 609 | 615 | 625 | | | | |
| | | Non-Pay Cost | £s | 921 | 963 | 912 | | → | 921 | | → | 886 | 908 | 917 | 917 | | | | | n/a | 906 | 897 | | | | |
| Mean Drug Cost / IP Spell | | £s | 119 | 123 | 114 | | → | 110 | | → | 107 | 110 | 123 | 123 | n/a | 95 | 120 | | | | | | | | | |
| Mean Drug Cost / Occupied Bed Day | | £s | 44 | 49 | 56 | | → | 44 | | → | 44 | 47 | 48 | 48 | n/a | 35 | 47 | | | | | | | | | |
| PATIENT EXPERIENCE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KD | Complaints | Number Received | No. | → | 206 | → | | → | | → | | | No. Only | No. Only | | 80%+ | 70 - 79% | <70% | 673 | 697 | 789 | | | | | |
| | | Response within 25 days | % | → | 75 | → | | → | | → | | | 85 | 85 | | | | | 77.4 | 81.2 | 81.1 | | | | | |
| | Thank You Letters | | No. | → | 328 | → | | → | | → | | | No. Only | No. Only | | | | | 6026 | 3491 | 2912 | | | | | |
| RK | Elective Access Contact Centre | Number of Calls Received | No. | 13378 | 13245 | 11985 | | → | 11244 | | → | 13516 | 36745 | No. Only | No. Only | | No variation | 0 - 10% variation | >10% variation | n/a | n/a | 190434 | | | | |
| | | Average Length of Queue | mins | 1.23 | 0.44 | 1.14 | | → | 0.39 | | → | 0.50 | 0.50 | 0.5 | 0.5 | | | | | n/a | n/a | 0.44 | | | | |
| | | Maximum Length of Queue | mins | 24.5 | 17.4 | 20.5 | | → | 13.4 | | → | 22.5 | 22.5 | 6.0 | 6.0 | | | | | n/a | n/a | 17.4 | | | | |
| RK | Telephone Exchange | | | | | | | | | | | | | | | | | | n/a | n/a | n/a | | | | | |
| STRATEGY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RK | Referrals | Total By Site | No. | 14217 | 16975 | 15358 | | → | 14555 | | → | | 29913 | 29203 | 178070 | | No Variation | 0 - 2% Variation | >2% Variation | 138580 | 151755 | 178070 | | | | |
| | | Total GP Referrals | No. | 9517 | 11309 | 10403 | | → | 10178 | | → | | 20581 | 19703 | 120138 | | | | | 98476 | 95857 | 120138 | | | | |
| | | Total Other Referrals | No. | 4700 | 5666 | 4955 | | → | 4377 | | → | | 9332 | 9500 | 57932 | | | | | 40104 | 55898 | 57932 | | | | |
| | | By PCT - Heart of B'ham | No. | 4112 | 4854 | 4431 | | → | 4044 | | → | | 8475 | 7977 | 49859 | | | | | 40394 | 41628 | 49859 | | | | |
| | | By PCT - Sandwell | No. | 6957 | 8283 | 7488 | | → | 7065 | | → | | 14553 | 14396 | 87779 | | | | | 72580 | 77592 | 87779 | | | | |
| | | By PCT - Other | No. | 3150 | 3842 | 3439 | | → | 3446 | | → | | 6885 | 6830 | 40453 | | | | | 25606 | 32535 | 40453 | | | | |
| | | Conversion (all referrals) to New OP Att'd | % | 84.0 | 83.0 | 90.8 | | → | 86.0 | | → | | 88.5 | No. Only | No. Only | | | | | 91.5 | 87.0 | 85.9 | | | | |
| Page 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |

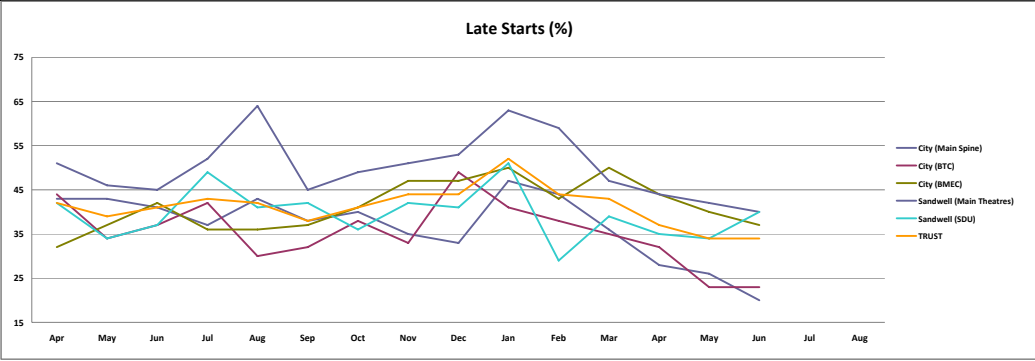
| Exec Lead | | ACTIVITY | | Trust | | Trust | | Trust | | S'well | | City | | Trust | | S'well | | City | | Trust | | To Date | | YTD | | 09/10 | | Summary Note | | | | | 06/07 Outturn | | 07/08 Outturn | | 08/09 Outturn | |
|-----------------------------|--|--|-------|-------|------|-------|------|-------|---|--------|------|-------|------|-------|----|--------|------|-------|------|-------|------|----------|-----------|--------------|------------------|------------------|-------------------|-------------------|----------------|-----------|--------|------|---------------|--|---------------|--|---------------|--|
| RK | Spells | Elective IP | No. | 988 | ■ | 1167 | ▼ | 1084 | ■ | 403 | ▲ | 677 | ▲ | 1080 | ▲ | 387 | ▼ | 817 | ▲ | 1204 | ▲ | 3380 | 3149 | 13077 | I | No Variation | 0 - 2% Variation | >2% Variation | 13887 | 13395 | 13106 | | | | | | | |
| | | Elective DC | No. | 4052 | ▲ | 4468 | ▼ | 4393 | ▼ | 1877 | ▼ | 2185 | ▲ | 4062 | ▼ | 2099 | ▲ | 2352 | ▲ | 4451 | ▲ | 12826 | 11952 | 49636 | | No Variation | 0 - 2% Variation | >2% Variation | 45831 | 46304 | 50873 | | | | | | | |
| | | Total Elective | No. | 5040 | ▲ | 5635 | ▼ | 5477 | ▲ | 2280 | ▼ | 2862 | ▲ | 5142 | ▼ | 2486 | ▲ | 3169 | ▲ | 5655 | ▲ | 16206 | 15010 | 62713 | | No Variation | 0 - 2% Variation | >2% Variation | 59718 | 59699 | 63979 | | | | | | | |
| | | Non-Elective - Short Stay | No. | 778 | ■ | 988 | ▲ | 1584 | ■ | 659 | ▼ | 664 | ▼ | 1323 | ▼ | 708 | ▲ | 698 | ▲ | 1406 | ▲ | 4600 | 3346 | 13745 | | No Variation | 0 - 2% Variation | >2% Variation | 12414 | 11575 | 12770 | | | | | | | |
| | | Non-Elective - Other | No. | 4501 | ▲ | 5051 | ▲ | 4255 | ■ | 1823 | ■ | 2630 | ■ | 4453 | ▼ | 1693 | ▼ | 2645 | ▲ | 4338 | ■ | 12709 | 13331 | 54971 | | No Variation | 0 - 2% Variation | >2% Variation | 52662 | 55163 | 56226 | | | | | | | |
| | | Total Non-Elective | No. | 5279 | ▲ | 6039 | ▲ | 5839 | ▼ | 2482 | ▼ | 3294 | ▼ | 5776 | ▼ | 2401 | ■ | 3343 | ▲ | 5744 | ▲ | 17309 | 16677 | 68716 | | No Variation | 0 - 2% Variation | >2% Variation | 65076 | 66738 | 68996 | | | | | | | |
| | Outpatients | New | No. | 11943 | ▲ | 14094 | ▲ | 13948 | ▼ | 4805 | ■ | 7716 | ■ | 12521 | ■ | 4996 | ▼ | 9337 | ■ | 14333 | ■ | 39210 | 39789 | 159666 | | No Variation | 0 - 2% Variation | >2% Variation | 127449 | 131941 | 152923 | | | | | | | |
| | | Review | No. | 29092 | ■ | 34697 | ▲ | 37057 | ▲ | 12070 | ▲ | 21844 | ▲ | 33914 | ▲ | 12808 | ▲ | 22825 | ▲ | 35633 | ▲ | 101000 | 97731 | 385680 | | No Variation | 0 - 2% Variation | >2% Variation | 370970 | 361113 | 374867 | | | | | | | |
| | A/E Attendances | Type I (Sandwell & City Main Units) | No. | 12950 | ▼ | 17110 | ■ | 16650 | ■ | 7365 | ▼ | 7619 | ■ | 14984 | ■ | 7678 | ■ | 10406 | ■ | 17984 | ■ | 51767 | 51981 | 197122 | | No Variation | 0 - 2% Variation | >2% Variation | 200561 | 195093 | 191141 | | | | | | | |
| A/E Attendances | Type II (BMEC) | No. | 2222 | ▼ | 3079 | ■ | 2885 | ▲ | → | → | 3197 | ▲ | 3197 | ▲ | → | → | 2923 | ▼ | 2923 | ▼ | 9048 | 8109 | 30749 | No Variation | 0 - 2% Variation | >2% Variation | 31373 | 29803 | 30800 | | | | | | | | | |
| PATIENT ACCESS & EFFICIENCY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RK | Length of Stay | Average Length of Stay | Days | 5.5 | ■ | 4.9 | ■ | 4.6 | ■ | 4.7 | ▼ | 4.1 | ▲ | 4.4 | ▲ | | | | | | 4.5 | 5.0 | 5.0 | c | No Variation | 0 - 5% Variation | >5% Variation | 5.7 | 5.0 | 5.0 | | | | | | | | |
| | | All Patients with LOS > 14 days | No. | 328 | | 312 | | 306 | | 142 | | 163 | | 305 | | 119 | | 138 | | 257 | | 257 | No. Only | | No. Only | n/a | 345 | 312 | | | | | | | | | | |
| | | All Patients with LOS > 28 days | No. | 185 | | 152 | | 179 | | 68 | | 93 | | 161 | | 62 | | 83 | | 145 | | 145 | No. Only | | No. Only | 190 | 174 | 152 | | | | | | | | | | |
| | | Min. Stay Rate (Electives (IP/DC) <2 days) | % | 91.7 | ■ | 91.8 | ▲ | 92.2 | ■ | 93.4 | ▲ | 91.7 | ▲ | 92.4 | ■ | 95.2 | ▲ | 89.9 | ▼ | 92.2 | ▼ | 92.3 | 92.0 | | 92.0 | No Variation | 0 - 5% Variation | >5% Variation | 88.3 | 90.5 | 91.6 | | | | | | | |
| | Admissions | Day of Surgery (IP Elective Surgery) | % | 79.4 | ■ | 82.3 | ■ | 82.4 | ▲ | 81.8 | ▲ | 83.2 | ■ | 82.6 | ▲ | 88.8 | ■ | 84.8 | ▲ | 86.1 | ▲ | 83.5 | 82.0 | 82.0 | m | No Variation | 0 - 5% Variation | >5% Variation | 63.2 | 76.5 | 79.4 | | | | | | | |
| | | Day of Surgery (IP Non-Elective Surgery) | % | 68.9 | | 73.2 | | 72.6 | | 66.2 | | 67.1 | | 66.2 | | 62.6 | | 74.2 | | 69.8 | | 69.3 | No. Only | No. Only | | n/a | 68.3 | 70.2 | | | | | | | | | | |
| | | With no Procedure (Elective Surgery) | % | 9.2 | | 7.6 | | 9.2 | | 9.3 | | 9.1 | | 9.2 | | | | | | | | 9.2 | No. Only | No. Only | | 10.6 | n/a | 10.6 | | | | | | | | | | |
| | | Per Bed (Elective) | No. | 4.92 | ■ | 5.23 | ▲ | 6.07 | ■ | 4.46 | ■ | 5.29 | ■ | 4.89 | ■ | 4.78 | ▲ | 5.74 | ▲ | 5.27 | ▲ | 5.41 | 5.90 | 5.90 | | No Variation | 0 - 5% Variation | >5% Variation | 4.66 | 4.87 | 5.33 | | | | | | | |
| | Discharges | Pt's Social Care Delay | No. | 7 | ■ | 8 | ▼ | 15 | ▼ | 6 | ■ | 8 | ▼ | 14 | ▲ | 4 | ▲ | 6 | ▲ | 10 | ▲ | 10 | <18 | <18 | c | No Variation | 0 - 10% Variation | >10% Variation | n/a | | | | | | | | | |
| | | Pt.'s NHS & NHS plus S.C. Delay | No. | 10 | ■ | 6 | ▲ | 8 | ▼ | 4 | ▼ | 8 | ■ | 12 | ■ | 0 | ▲ | 8 | ■ | 8 | ■ | 8 | <10 | <10 | | No Variation | 0 - 10% Variation | >10% Variation | 88.6 | 90.8 | 90.3 | | | | | | | |
| | Beds | Occupied Bed Days | No. | 27686 | ▲ | 29282 | ■ | 23098 | ■ | 12279 | ▼ | 14907 | ▼ | 27186 | ▼ | 12523 | ▼ | 15216 | ■ | 27739 | ■ | 78023 | 84269 | 342000 | m | No Variation | 0 - 5% Variation | >5% Variation | 378060 | 348676 | 342793 | | | | | | | |
| | | Occupancy Rate | % | 90.3 | ■ | 88.5 | ■ | 86.2 | ■ | 82.56 | ■ | 84.5 | ■ | 83.57 | ■ | 84.31 | ■ | 87.22 | ■ | 85.71 | ■ | 85.2 | 86.5-89.5 | 86.5-89.5 | | No Variation | 0 - 5% Variation | >5% Variation | 88.6 | 90.8 | 90.3 | | | | | | | |
| | | Open at month end (exc Obstetrics) | No. | 1008 | ■ | 975 | ■ | 986 | ■ | 444 | | 496 | | 940 | ■ | 461 | | 488 | | 949 | ▼ | 949 | 975 | 975 | | No Variation | 0 - 2% Variation | >2% Variation | 1039 | 1007 | 975 | | | | | | | |
| | Day Case Rates | All Procedures | % | 80.0 | ▼ | 78.8 | ■ | 78.7 | ▼ | 82.2 | ▼ | 76.4 | ■ | 79.0 | ▲ | 83.3 | ▲ | 70.9 | ■ | 76.3 | ■ | 77.6 | 80.0 | 80.0 | m | No Variation | 0 - 5% Variation | >5% Variation | 76.0 | 76.9 | 79.0 | | | | | | | |
| | | BMEC Procedures | % | 79.4 | ■ | 78.3 | ▼ | 76.4 | ▼ | | | 79.5 | ▲ | 79.5 | ▲ | | | 80.2 | ■ | 80.2 | ■ | 78.5 | 80.0 | 80.0 | | No Variation | 0 - 5% Variation | >5% Variation | 71.5 | 77.2 | 79.7 | | | | | | | |
| | Non-Admitted Care | New : Review Rate | Ratio | 2.40 | ■ | 2.46 | ■ | 2.66 | ▼ | 2.51 | ▼ | 2.83 | ▼ | 2.71 | ▼ | 2.56 | ▼ | 2.44 | ▲ | 2.49 | ▲ | 2.58 | 2.30 | 2.30 | m | No Variation | 0 - 5% Variation | >5% Variation | 2.91 | 2.74 | 2.45 | | | | | | | |
| | | DNA Rate - New Referrals | % | 12.3 | ▲ | 11.7 | ▲ | 11.8 | ▼ | 15.1 | ▼ | 17.0 | ▼ | 16.3 | ▼ | 15.0 | ▲ | 15.5 | ▲ | 15.3 | ▲ | 13.9 | 9.0 | 9.0 | | No Variation | 0 - 5% Variation | >5% Variation | 10.8 | 10.9 | 12.0 | | | | | | | |
| | | DNA Rate - Reviews | % | 14.0 | ▼ | 12.4 | ▲ | 14.5 | ▼ | 15.2 | ▼ | 14.1 | ▲ | 14.5 | ■ | 14.1 | ▲ | 13.6 | ▲ | 13.8 | ▲ | 12.9 | 9.0 | 9.0 | | No Variation | 0 - 5% Variation | >5% Variation | 12.8 | 13.5 | 13.5 | | | | | | | |
| | Pathology | Cervical Cytology Turnaround | Weeks | 1.5 | ▼ | 2.7 | ▼ | 3.8 | ▼ | | | | | | | | | | | | | 3.8 | <4.0 | <4.0 | m | <4.0 | 4.0-6.0 | >6.0 | 1.7 - 4.0 | 1.5 - 2.9 | 2.7 | | | | | | | |
| | Ambulance Turnaround | In Excess of 30 minutes | % | 20 | ▲ | 19 | ▲ | 17 | ▲ | 16 | ▼ | 19 | ▲ | 17 | ■ | 18 | ▼ | 17 | ▲ | 17 | ■ | 17 | <10.0 | <10.0 | | m | <10 | 10 - 12.5 | >12.5 | n/a | 29.1 | 19.0 | | | | | | |
| (West Midlands average) | | % | 22 | | 21 | | 20 | | | | 20 | | | | | | 19 | | 19 | | 19 | No. Only | No. Only | n/a | | | 31.1 | 21.0 | | | | | | | | | | |
| In Excess of 60 minutes | | No. | 13 | ▲ | 13 | ■ | 7 | ▲ | 5 | ▼ | 4 | ■ | 9 | ▼ | 15 | ▼ | 11 | ▼ | 26 | ▼ | 26 | 0 | 0 | 0 | 1 - 5 | | >5 | n/a | n/a | | | | | | | | | |
| THEATRE UTILISATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RK | Sitrep Declared Late Cancellations by Speciality | General Surgery | No. | 4 | ■ | 2 | ▲ | 6 | ■ | 3 | | 2 | | 5 | ■ | 16 | | 0 | | 16 | ■ | 27 | 15 | 60 | b | 0-5% variation | 5 - 15% variation | >15% variation | n/a | 75 | 104 | | | | | | | |
| | | Urology | No. | 6 | ▲ | 1 | ■ | 3 | ▼ | 0 | | 1 | ▲ | 0 | | 1 | ▲ | 0 | 2 | 2 | ▼ | 6 | 12 | 48 | | 0-5% variation | 5 - 15% variation | >15% variation | n/a | 67 | 102 | | | | | | | |
| | | Vascular Surgery | No. | 0 | ■ | 0 | ■ | 0 | ■ | 0 | 0 | 0 | ■ | 0 | 0 | 0 | ■ | 0 | 1 | 1 | ■ | 1 | 1 | 3 | | 0-5% variation | 5 - 15% variation | >15% variation | n/a | 1 | 7 | | | | | | | |
| | | Trauma & Orthopaedics | No. | 6 | ■ | 13 | ■ | 3 | ■ | 0 | 0 | 0 | ▲ | 1 | | 4 | | 5 | ▼ | 8 | | 8 | 18 | 72 | | 0-5% variation | 5 - 15% variation | >15% variation | n/a | 100 | 75 | | | | | | | |
| | | ENT | No. | 1 | ■ | 2 | ■ | 0 | ■ | 0 | 0 | 0 | ■ | 0 | 0 | 3 | 3 | ■ | 3 | | 3 | | 3 | 3 | | 12 | 0-5% variation | 5 - 15% variation | >15% variation | n/a | 19 | 23 | | | | | | |
| | | Ophthalmology | No. | 7 | ▼ | 14 | ■ | 9 | ■ | 3 | 16 | 19 | ■ | 0 | 14 | 14 | ▲ | 42 | 27 | 108 | | 42 | 27 | 108 | | 0-5% variation | 5 - 15% variation | >15% variation | n/a | 139 | 153 | | | | | | | |
| | | Oral Surgery | No. | 0 | ■ | 5 | ■ | 2 | ■ | 0 | 0 | 0 | ■ | 0 | 6 | 6 | ■ | 8 | 2 | 8 | | 8 | 2 | 8 | | 0-5% variation | 5 - 15% variation | >15% variation | n/a | 10 | 19 | | | | | | | |
| | | Cardiology | No. | 4 | ■ | 0 | ■ | 0 | ■ | 0 | 1 | 1 | ▼ | 1 | 0 | 1 | ■ | 2 | 5 | 21 | | 2 | 5 | 21 | | 0-5% variation | 5 - 15% variation | >15% variation | n/a | 28 | 31 | | | | | | | |
| | | Gynaecology | No. | 2 | ■ | 6 | ■ | 3 | ■ | 1 | 0 | 1 | ▲ | 4 | 2 | 6 | ▼ | 10 | 13 | 54 | | 10 | 13 | 54 | | 0-5% variation | 5 - 15% variation | >15% variation | n/a | 69 | 71 | | | | | | | |
| | | Plastic Surgery | No. | 0 | ■ | 1 | ▼ | 1 | ■ | 0 | 0 | 0 | ▲ | 1 | 0 | 1 | ▼ | 2 | 3 | 12 | | 2 | 3 | 12 | | 0-5% variation | 5 - 15% variation | >15% variation | n/a | 17 | 21 | | | | | | | |
| | | Dermatology | No. | 0 | ■ | 8 | ■ | 0 | ■ | 0 | 10 | 10 | ■ | 0 | 1 | 1 | ■ | 11 | 6 | 24 | | 11 | 6 | 24 | | 0-5% variation | 5 - 15% variation | >15% variation | n/a | 4 | 24 | | | | | | | |
| | | TOTAL | No. | 30 | ■ | 52 | ■ | 27 | ■ | 7 | 30 | 37 | ■ | 23 | 33 | 56 | ■ | 120 | 105 | 422 | | 120 | 105 | 422 | | 0-5% variation | 5 - 15% variation | >15% variation | n/a | 529 | 630 | | | | | | | |
| | | Page 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Exec Lead | | | | Trust | | | | Trust | | | | Trust | | | | S'well | | | | City | | | | Trust | | | | S'well | | | | City | | | | Trust | | | | To Date | | | | YTD | | | | 09/10 | | | | Summary Note | | | | | | | | | | | | | | | |
|--|--|--------------------------------------|-------|-------|---|-------|---|-------|---|--|---|-------|-------|---|--|--------|--|-------|------|-------|----------|----------|-------|--------------------|----------------------|-----------------|--|--------|--|--|--|--------|--|--|--|-------|--|--|--|---------|--|--|--|------|--|--|--|-------|--|--|--|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| WORKFORCE | | | | No. | | | | 6021 | | | | 6042 | | | | 6178 | | | | | | | | 6232 | | | | | | | | 6315 | | | | 6315 | | | | 6383 | | | | 6241 | | | | | | | | | | | | | | | | | | | | | | | |
| RK | WTE in Post | Total | No. | 6021 | ▼ | 6042 | ▼ | 6178 | ▲ | | → | | 6232 | ▼ | | → | | 6315 | ▼ | 6315 | 6383 | 6241 | | No Variation | 0 - 1% Variation | >1% Variation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Medical and Dental | No. | 756 | ▼ | 755 | ▲ | 759 | ▼ | | → | | 756 | ▲ | | → | | 744 | ▲ | 744 | 774 | 761 | | No Variation | 0 - 1% Variation | >1% Variation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | M'tment, Admin. & HCAs | No. | 1844 | ▼ | 1852 | ▼ | 1966 | ▼ | | → | | 1972 | ▲ | | → | | 2015 | ▼ | 2015 | 2021 | 1952 | | No Variation | 0 - 1% Variation | >1% Variation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Nursing & Midwifery (excluding Bank) | No. | 2255 | ▲ | 2259 | ■ | 2317 | ▼ | | → | | 2346 | ▼ | | → | | 2355 | ▼ | 2355 | 2582 | 2547 | | No Variation | 0 - 1% Variation | >1% Variation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Scientific and Technical | No. | 912 | ▲ | 913 | ▲ | 935 | ▲ | | → | | 942 | ▼ | | → | | 935 | ▲ | 935 | 1003 | 981 | | No Variation | 0 - 1% Variation | >1% Variation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Bank Staff | No. | 251 | | 260 | | 201 | | | → | | 216 | | | → | | 266 | | 266 | No. Only | No. Only | | No Variation | 0 - 1% Variation | >1% Variation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Gross Salary Bill | £000s | 20561 | ■ | 22232 | ▼ | 20168 | ■ | | → | | 20556 | ■ | | → | | 20906 | ▼ | 61630 | 60638 | 243342 | | No Variation | 0 - 1% Variation | >1% Variation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RK | Bank & Agency | Nurse Bank Fill Rate | % | 76.0 | | 84.3 | | 86.3 | | | → | | 87.7 | | | → | | 82.8 | | 85.9 | No. Only | No. Only | | 0 - 2.5% Variation | 2.5 - 5.0% Variation | >5.0% Variation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Nurse Bank Shifts covered | No. | 5480 | ▲ | 6524 | ▼ | 5198 | ■ | | → | | 5222 | ▼ | | → | | 5077 | ▲ | 15497 | 15459 | 61836 | | 0 - 5% Variation | 5 - 10% Variation | >10% Variation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Nurse Agency Shifts covered | No. | 371 | ▲ | 362 | ▲ | 299 | ▲ | | → | | 259 | ▲ | | → | | 432 | ▼ | 990 | 1243 | 4972 | | 0 - 2.5% Variation | 2.5 - 5.0% Variation | >5.0% Variation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Nurse Bank AND Agency Shifts covered | No. | 5851 | ▲ | 6524 | ▼ | 5497 | ■ | | → | | 5481 | ▲ | | → | | 5509 | ▼ | 16487 | 16702 | 66808 | | 0 - 2.5% Variation | 2.5 - 5.0% Variation | >5.0% Variation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Nurse Bank Costs | £000s | 600 | ■ | 699 | ▼ | 472 | ■ | | → | | 536 | ▼ | | → | | 529 | ▲ | 1537 | 1605 | 6423 | | 0 - 2.5% Variation | 2.5 - 5.0% Variation | >5.0% Variation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Nurse Agency Costs | £000s | 40 | ■ | 106 | ■ | 66 | ■ | | → | | 24 | ▲ | | → | | 24 | ■ | 114 | 248 | 992 | | 0 - 5% Variation | 5 - 10% Variation | >10% Variation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Medical Agency Costs | £000s | 192 | ▲ | 309 | ▼ | 119 | ▲ | | → | | 109 | ■ | | → | | 277 | ■ | 505 | 298 | 1192 | | 0 - 5% Variation | 5 - 10% Variation | >10% Variation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KD | | Other Agency Costs | £000s | 348 | ▲ | 773 | ▼ | 239 | ▲ | | → | | 198 | ▲ | | → | | 331 | ▼ | 768 | 352 | 1410 | | 0 - 5% Variation | 5 - 10% Variation | >10% Variation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RK | | Medical Locum Costs | £000s | 183 | ■ | 225 | ■ | 256 | ▼ | | → | | 200 | ▲ | | → | | 174 | ■ | 630 | 562 | 2250 | | 0 - 2.5% Variation | 2.5 - 5.0% Variation | >5.0% Variation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RK/KD | | Agency Spend cf. Total Pay Spend | % | 2.82 | ▲ | 5.35 | ▼ | 2.10 | ■ | | → | | 1.61 | ■ | | → | | 3.02 | ■ | 2.25 | <2.00 | <2.00 | | <2 | 2 - 2.5 | >2.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CH | Sickness Absence | Long Term | % | 3.04 | ▲ | 2.85 | ■ | 2.50 | ▲ | | → | | 2.58 | ▼ | | → | | | 2.54 | <3.00 | <3.00 | | <3.0 | 3.0-3.35 | >3.35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Short Term | % | 1.23 | ■ | 1.10 | ▲ | 1.09 | ▲ | | → | | 1.10 | ▼ | | → | | | 1.10 | <1.25 | <1.25 | | <1.25 | 1.25-1.40 | >1.40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Total | % | 4.27 | ▲ | 3.95 | ■ | 3.59 | ▲ | | → | | 3.68 | ▼ | | → | | | 3.64 | <4.25 | <4.25 | | <4.25 | 4.25-4.75 | >4.75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Recruitment & Retention | Permission to Recruit | wte | 69 | | 87 | | 83 | | | → | | 72 | | | → | | 91 | | 246 | No. Only | No. Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | New Starters | wte | 71 | | 102 | | 85 | | | → | | 69 | | | → | | 56 | | 210 | No. Only | No. Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Leavers | wte | 66 | | 82 | | 36 | | | → | | 57 | | | → | | 35 | | 128 | No. Only | No. Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Inductions | No. | 85 | | 72 | | 59 | | | → | | 88 | | | → | | 72 | | 219 | No. Only | No. Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Learning & Development | PDRs (includes Junior Med staff) | No. | 144 | ▲ | 248 | ▲ | 218 | ▼ | | → | | 245 | ▲ | | → | | 286 | ▲ | 749 | 1335 | 5341 | | 0-5% variation | 5 - 15% variation | >15% variation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Mandatory Training | No. | 337 | ▲ | 341 | ▲ | | | | → | | | | | → | | | | | | 5163 | | 0-5% variation | 5 - 15% variation | >15% variation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Conflict Resolution Training | No. | 204 | ■ | 87 | ■ | 159 | ■ | | → | | 298 | ▲ | | → | | 270 | ▼ | 727 | 500 | 2000 | | 0-5% variation | 5 - 15% variation | >15% variation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SUPPLEMENTARY DATA THEATRE UTILISATION

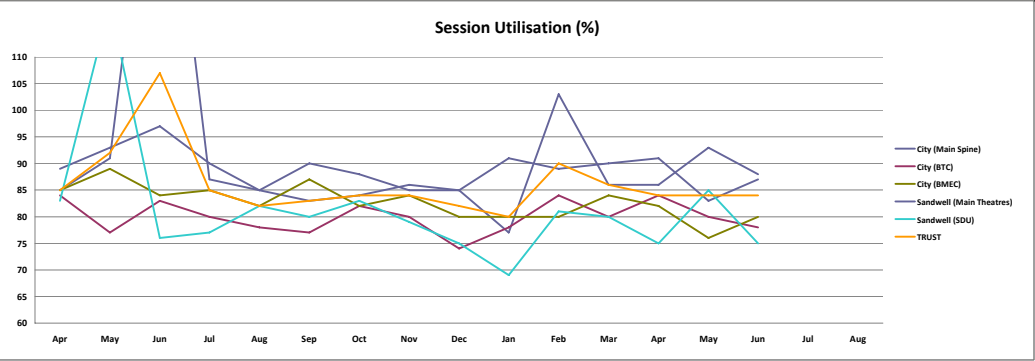
| LATE STARTS (%) | 2008 / 2009 | | | | | | | | | | | | 2009 / 2010 | | | | |
|--------------------------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------|-----|-----|-----|-----|
| Theatre Location | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug |
| City (Main Spine) | 43 | 43 | 41 | 37 | 43 | 38 | 40 | 35 | 33 | 47 | 44 | 36 | 28 | 26 | 20 | | |
| City (BTC) | 44 | 34 | 37 | 42 | 30 | 32 | 38 | 33 | 49 | 41 | 38 | 35 | 32 | 23 | 23 | | |
| City (BMEC) | 32 | 37 | 42 | 36 | 36 | 37 | 41 | 47 | 47 | 50 | 43 | 50 | 44 | 40 | 37 | | |
| Sandwell (Main Theatres) | 51 | 46 | 45 | 52 | 64 | 45 | 49 | 51 | 53 | 63 | 59 | 47 | 44 | 42 | 40 | | |
| Sandwell (SDU) | 42 | 34 | 37 | 49 | 41 | 42 | 36 | 42 | 41 | 51 | 29 | 39 | 35 | 34 | 40 | | |
| TRUST | 42 | 39 | 41 | 43 | 42 | 38 | 41 | 44 | 44 | 52 | 44 | 43 | 37 | 34 | 34 | | |

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



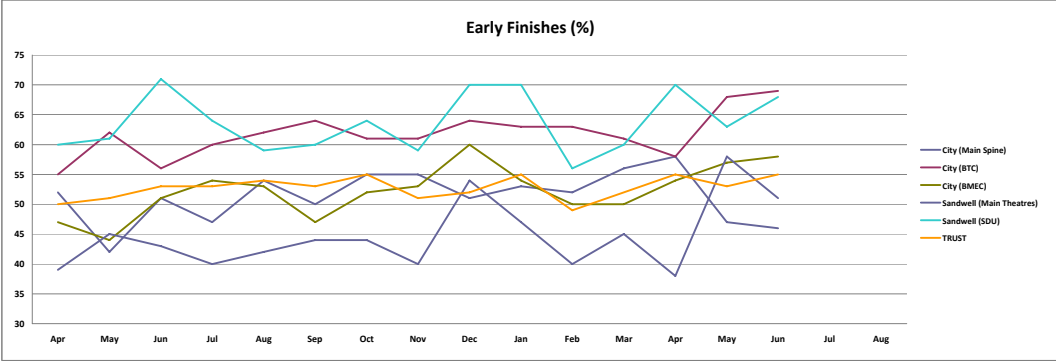
| SESSION UTILISATION (%) | 2008 / 2009 | | | | | | | | | | | | 2009 / 2010 | | | | |
|--------------------------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------|-----|-----|-----|-----|
| Theatre Location | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug |
| City (Main Spine) | 85 | 91 | 165 | 87 | 85 | 83 | 84 | 86 | 85 | 77 | 103 | 86 | 86 | 93 | 88 | | |
| City (BTC) | 84 | 77 | 83 | 80 | 78 | 77 | 82 | 80 | 74 | 78 | 84 | 80 | 84 | 80 | 78 | | |
| City (BMEC) | 85 | 89 | 84 | 85 | 82 | 87 | 82 | 84 | 80 | 80 | 80 | 84 | 82 | 76 | 80 | | |
| Sandwell (Main Theatres) | 89 | 93 | 97 | 90 | 85 | 90 | 88 | 85 | 85 | 91 | 89 | 90 | 91 | 83 | 87 | | |
| Sandwell (SDU) | 83 | 120 | 76 | 77 | 82 | 80 | 83 | 79 | 75 | 69 | 81 | 80 | 75 | 85 | 75 | | |
| TRUST | 85 | 92 | 107 | 85 | 82 | 83 | 84 | 84 | 82 | 80 | 90 | 86 | 84 | 84 | 84 | | |

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



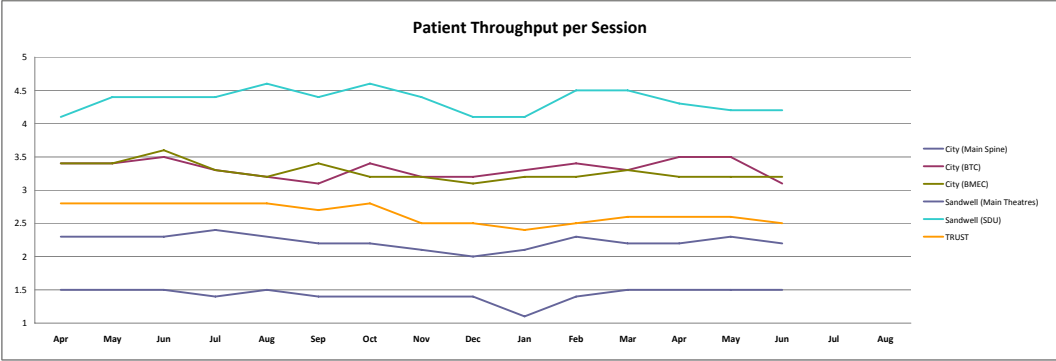
| EARLY FINISHES (%) | 2008 / 2009 | | | | | | | | | | | | 2009 / 2010 | | | | |
|--------------------------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------|-----|-----|-----|-----|
| Theatre Location | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug |
| City (Main Spine) | 52 | 42 | 51 | 47 | 54 | 50 | 55 | 55 | 51 | 53 | 52 | 56 | 58 | 47 | 46 | | |
| City (BTC) | 55 | 62 | 56 | 60 | 62 | 64 | 61 | 61 | 64 | 63 | 63 | 61 | 58 | 68 | 69 | | |
| City (BMEC) | 47 | 44 | 51 | 54 | 53 | 47 | 52 | 53 | 60 | 54 | 50 | 50 | 54 | 57 | 58 | | |
| Sandwell (Main Theatres) | 39 | 45 | 43 | 40 | 42 | 44 | 44 | 40 | 54 | 47 | 40 | 45 | 38 | 58 | 51 | | |
| Sandwell (SDU) | 60 | 61 | 71 | 64 | 59 | 60 | 64 | 59 | 70 | 70 | 56 | 60 | 70 | 63 | 68 | | |
| TRUST | 50 | 51 | 53 | 53 | 54 | 53 | 55 | 51 | 52 | 55 | 49 | 52 | 55 | 53 | 55 | | |

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



| THROUGHPUT / SESSION | 2008 / 2009 | | | | | | | | | | | | 2009 / 2010 | | | | |
|--------------------------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------|-----|-----|-----|-----|
| 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 | 1.4 | 1.5 | 1.4 | 1.4 | 1.4 | 1.4 | 1.1 | 1.4 | 1.5 | 1.5 | 1.5 | 1.5 | | |
| City (BTC) | 3.4 | 3.4 | 3.5 | 3.3 | 3.2 | 3.1 | 3.4 | 3.2 | 3.2 | 3.3 | 3.4 | 3.3 | 3.5 | 3.5 | 3.1 | | |
| City (BMEC) | 3.4 | 3.4 | 3.6 | 3.3 | 3.2 | 3.4 | 3.2 | 3.2 | 3.1 | 3.2 | 3.2 | 3.3 | 3.2 | 3.2 | 3.2 | | |
| Sandwell (Main Theatres) | 2.3 | 2.3 | 2.3 | 2.4 | 2.3 | 2.2 | 2.2 | 2.1 | 2.0 | 2.1 | 2.3 | 2.2 | 2.2 | 2.3 | 2.2 | | |
| Sandwell (SDU) | 4.1 | 4.4 | 4.4 | 4.4 | 4.6 | 4.4 | 4.6 | 4.4 | 4.1 | 4.1 | 4.5 | 4.5 | 4.3 | 4.2 | 4.2 | | |
| TRUST | 2.8 | 2.8 | 2.8 | 2.8 | 2.8 | 2.7 | 2.8 | 2.5 | 2.5 | 2.4 | 2.5 | 2.6 | 2.6 | 2.6 | 2.5 | | |

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: | Financial Performance – Month 3 |
| SPONSORING DIRECTOR: | Robert White, Director of Finance and Performance Mgt |
| AUTHOR: | Robert White/Tony Wharram |
| DATE OF MEETING: | 30 July 2009 |

SUMMARY OF KEY POINTS:

The report is provided to update the Board on financial performance for the three months to 30th June 2009.

In-month deficit is (£5k) against a target surplus of £202k; £207k below plan with significant variation among divisions.

Year to date surplus is £511k against a plan of £706k, £195k below plan.

In-month WTEs are 67 below plan.

Cash balance is £174k below plan at 30th June.

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

| Approval | Receipt and Noting | Discussion |
|----------|--------------------|------------|
| X | X | |

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

- To receive and note the monthly finance report.
- To endorse any actions taken to ensure that the Trust remains on target to achieve its planned financial position.
- To approve the amendment to the capital programme in relation to estates statutory standards and risk related expenditure.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Monthly report considered previously at FMB and TMB on 21 July and Finance and Performance Management Committee on 23 July 2009.

Sandwell and West Birmingham Hospitals



NHS Trust

Financial Performance Report – June 2009

EXECUTIVE SUMMARY

- For the first three months of the financial year, the Trust generated an overall I&E surplus of £511k which is £195k less than the planned position. In month, the Trust generated a net deficit of £5k which is £207k worse than plan.
- Fully coded and priced activity information is available for May and patient related SLA income included within this report is based on this position.
- At month end WTE's (whole time equivalents) were 67 below plan but total pay expenditure was £530k above plan. This includes £632k of agency expenditure during June.
- The cash balance is £174k below plan at the month end.
- Budgetary performance in a number of divisions worsened again in June with pay related expenditure being the most adverse contributing factor. In some cases, activity levels are below plan and/or not producing the anticipated case mix adjusted reimbursement levels under payment by results. Work has commenced with divisions on the actions required to bring the respective positions back into line.

| Financial Performance Indicators | | | | | |
|--|----------------|--------------|----------------|------------------|-----------------|
| Measure | Current Period | Year to Date | Thresholds | | |
| | | | Green | Amber | Red |
| I&E Surplus Actual v Plan £000 | -207 | -195 | > Plan | > = 99% of plan | < 99% of plan |
| EBITDA Actual v Plan £000 | -195 | -170 | > Plan | > = 99% of plan | < 99% of plan |
| Pay Actual v Plan £000 | -530 | -992 | < Plan | < 1% above plan | > 1% above plan |
| Non Pay Actual v Plan £000 | -326 | -225 | < Plan | < 1% above plan | > 1% above plan |
| WTEs Actual v Plan | 67 | 123 | < Plan | < 1% above plan | > 1% above plan |
| Cash (incl Investments) Actual v Plan £000 | -174 | -174 | > = Plan | > = 95% of plan | < 95% of plan |
| CIP Actual v Plan £000 | -108 | -256 | > 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 | 706 | 511 |
| Capital Resource Limit | 1,850 | 524 |
| External Financing Limit | --- | 13,516 |
| Return on Assets Employed | 3.50% | 3.50% |

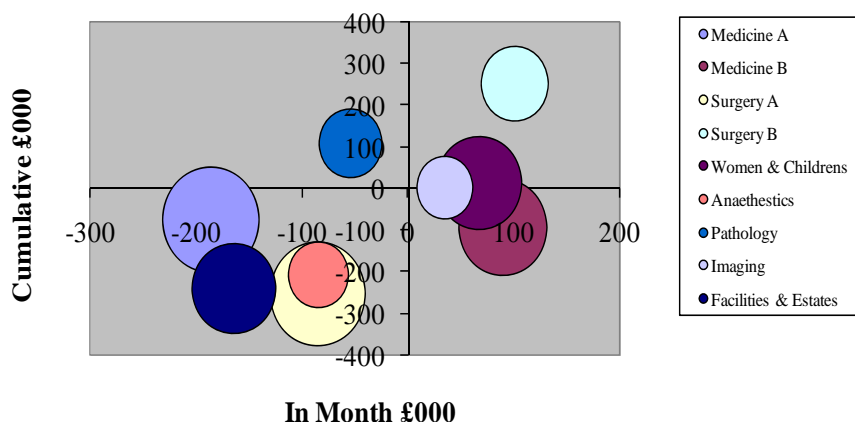
| 2009/2010 Summary Income & Expenditure Performance at June 2009 | Annual Plan £000's | CP Plan £000's | CP Actual £000's | CP Variance £000's | YTD Plan £000's | YTD Actual £000's | YTD Variance £000's |
|--|-----------------------|-------------------|---------------------|-----------------------|--------------------|----------------------|------------------------|
| Income from Activities | 328,974 | 27,327 | 27,900 | 573 | 82,461 | 83,570 | 1,109 |
| Other Income | 36,439 | 3,008 | 3,096 | 88 | 9,067 | 9,005 | (62) |
| Operating Expenses | (336,750) | (27,934) | (28,790) | (856) | (84,224) | (85,441) | (1,217) |
| EBITDA | 28,663 | 2,401 | 2,206 | (195) | 7,304 | 7,134 | (170) |
| Interest Receivable | 150 | 13 | 5 | (8) | 38 | 17 | (21) |
| Depreciation & Amortisation | (17,246) | (1,437) | (1,441) | (4) | (4,311) | (4,315) | (4) |
| PDC Dividend | (9,258) | (772) | (772) | 0 | (2,315) | (2,315) | 0 |
| Interest Payable | (40) | (3) | (3) | 0 | (10) | (10) | 0 |
| Net Surplus/(Deficit) | 2,269 | 202 | (5) | (207) | 706 | 511 | (195) |

Financial Performance Report – June 2009

Divisional Performance

- Although not all divisions are showing year to date deficits, there has been a general deterioration in financial performance, largely, although not wholly, the result of ongoing pay expenditure in excess of plan. Whilst this continues a general pressure within pay categories, the rate at which the position has worsened rose significantly in month. Five divisions have significant net year to date deficits and in each case, pay performance is the major contributory factor.
- Anaesthetics & Critical Care, Medicine A, Medicine B, Surgery A and Nursing–Facilities all have significant bottom line deficits. The performance of the Imaging and Womens & Childrens Divisions has improved in month and both now have small year to date surpluses, primarily the result of higher patient related activity and income.
- Income shortfalls continue as a major factor driving the performance of Surgery A, whereas this is no longer the case for other divisions. For the five operational divisions with net income and expenditure deficits, their amalgamated performance against pay budgets shows an over spend of £872k, driven by a combination of higher numbers of permanently employed wte's, without a commensurate reduction in bank and, particularly, agency spend.
- For Surgery A, although an income shortfall continues to be a significant factor driving overall performance, this has only worsened marginally in month and pay over spending is now an equally large factor in overall divisional performance.
- The performance for the Trust overall is assisted by favourable budget positions within corporate divisions although this is no longer sufficient to rectify the below plan performance of some operational divisions.
- Given the scale of the movement during the month, use of the general uncommitted contingency (1/12th) has been used and this equates to approximately £170k. Further budget adjustments (£167k) were made to imaging income targets to take account of legitimate changes arising from the 'unbundling' of diagnostics from within outpatient tariffs. Whilst this is in line with the planned utilisation profile of these reserves it does mean a reduction in the flexibility which will be available to the Trust later in the year.

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



The tables adjacent and overleaf show a mixed position across divisions. A significant number of operational divisions have generated both an in month and year to date performance which is worse than plan.

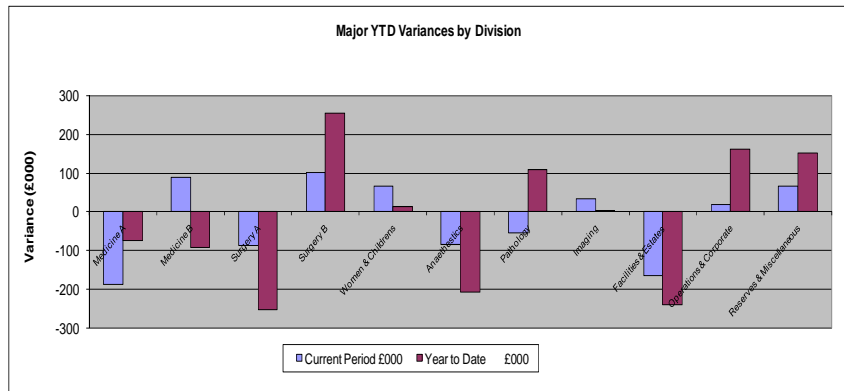
Sandwell and West Birmingham Hospitals



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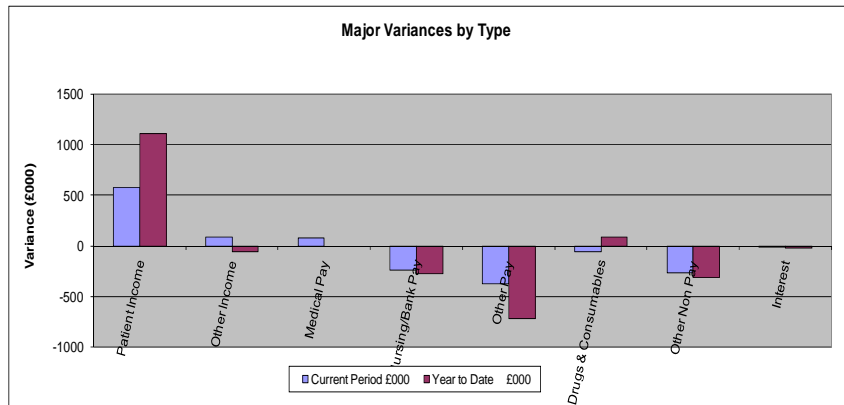
Financial Performance Report – June 2009

| Divisional Variances from Plan | | |
|--------------------------------|---------------------|-------------------|
| | Current Period £000 | Year to Date £000 |
| Medicine A | -186 | -74 |
| Medicine B | 90 | -93 |
| Surgery A | -86 | -253 |
| Surgery B | 101 | 254 |
| Women & Childrens | 68 | 15 |
| Anaesthetics | -85 | -206 |
| Pathology | -54 | 109 |
| Imaging | 35 | 4 |
| Facilities & Estates | -165 | -239 |
| Operations & Corporate | 20 | 162 |
| Reserves & Miscellaneous | 67 | 152 |



The tables below illustrate that overall income has performed better than plan for the year to date, driven by patient related SLAs. The worsening position of pay expenditure against plan has accelerated in month with continuing high levels of spend on bank and agency staff. Year to date non pay expenditure is also now above planned levels although elements of this are non recurrent and rectification of this performance should be more readily delivered.

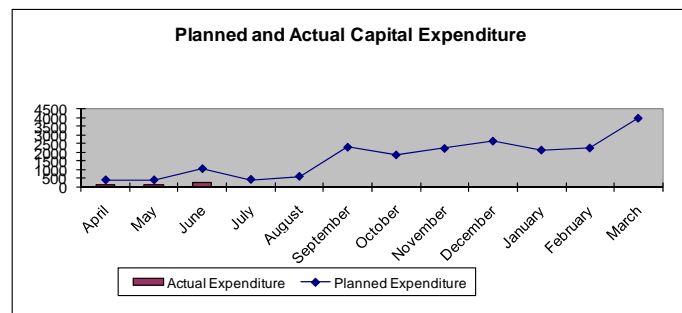
| Variance From Plan by Expenditure Type | | |
|--|---------------------|-------------------|
| | Current Period £000 | Year to Date £000 |
| Patient Income | 573 | 1109 |
| Other Income | 88 | -62 |
| Medical Pay | 81 | 0 |
| Nursing/Bank Pay | -238 | -273 |
| Other Pay | -373 | -719 |
| Drugs & Consumables | -62 | 88 |
| Other Non Pay | -264 | -313 |
| Interest | -8 | -21 |



Capital Expenditure

- Planned and actual capital expenditure by month is summarised in the adjacent graph. Expenditure of £288k was incurred in June mainly relating to statutory standards and the completion of 08/09 schemes. This brings total capital expenditure for the year to date up to £524k.

- An update of the Estates related element of the capital programme was reviewed by SIRG and changes are proposed to reduce the capital element of statutory standards and risk related expenditure from £2,915k to £2,265k plus £650k held as a revenue budget. This more accurately reflects the expected pattern of spend.



Sandwell and West Birmingham Hospitals



NHS Trust

Financial Performance Report – June 2009

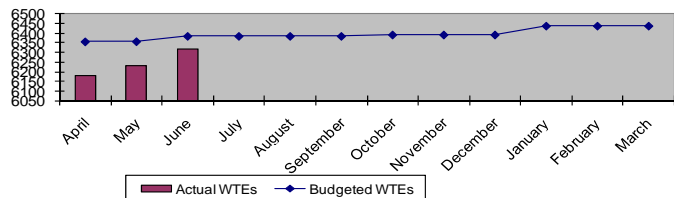
Paybill & Workforce

• Overall workforce numbers (wtcs) are 67 below plan for June, a reduction on the position for May of approximately 84 wtcs.

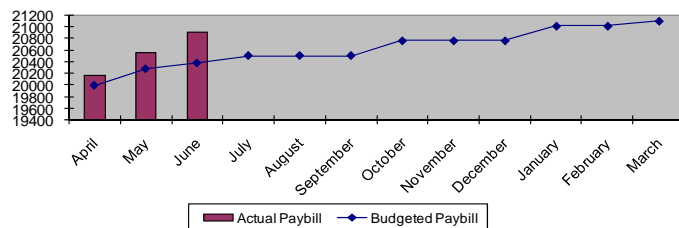
• Paybill (including agency staff) is £530k above budgeted levels for the month and £992k for the year to date, with bank and agency spend being a significant driver behind this performance.

• In month expenditure on agency staff was £632k compared with an average for April and May of £377k. Excluding agency spend, actual pay expenditure would be broadly in line with budget. In the past, under spending on substantive posts has allowed agency expenditure to be accommodated within budget; this is no longer the case.

Budgeted and Actual WTEs



Budgeted and Actual Paybill



Pay Variance by Pay Group

• The table below provides an analysis of all pay costs by major pay group by removing both bank and agency costs and allocating these into the appropriate main pay group.

• The table demonstrates that the major areas of pay overspend lie within medical staffing and healthcare assistants and support staff, the latter group being broken down primarily into two sub groups: healthcare assistants in clinical divisions and support staff (primarily domestics) within Facilities.

| Analysis of Total Pay Costs by Staff Group | | | | | | |
|--|----------------------|---------------------|--------------|----------------|---------------|------------------|
| | Year to Date to June | | | | | Variance £000 |
| | Budget £000 | Actual | | | Total £000 | |
| | | Substantive £000 | Bank £000 | Agency £000 | | |
| Medical Staffing | 17,740 | 17,672 | | 506 | 18,178 | -438 |
| Management | 3,474 | 3,236 | | | 3,236 | 238 |
| Administration & Estates | 6,757 | 6,655 | | 285 | 6,940 | -183 |
| Healthcare Assistants & Support Staff | 2,996 | 2,955 | 455 | 378 | 3,788 | -792 |
| Nursing and Midwifery | 21,384 | 20,097 | 1,090 | 114 | 21,301 | 83 |
| Scientific, Therapeutic & Technical | 8,282 | 8,078 | | 103 | 8,181 | 101 |
| Other Pay | 5 | 6 | | | 6 | -1 |
| Total Pay Costs | 60,638 | 58,699 | 1,545 | 1,386 | 61,630 | -992 |

Sandwell and West Birmingham Hospitals



NHS Trust

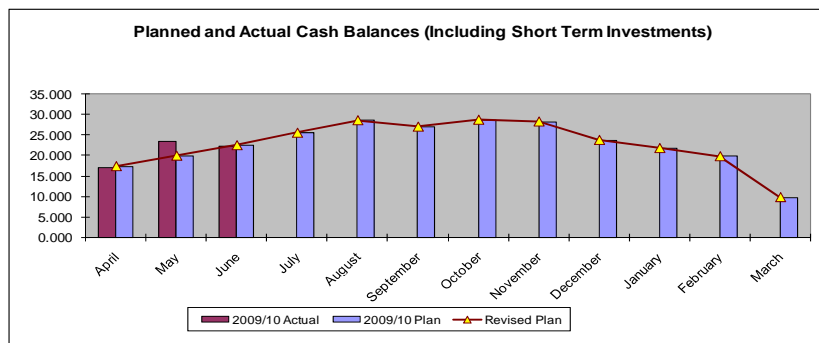
Financial Performance Report – June 2009

Balance Sheet

- The opening balance sheet for the year at 1st April reflects the final audited accounts for 2008/2009.
- Cash balances are now close to planned levels at 30th June following significantly higher than planned payments to suppliers both in month and for the year to date. Some increases in payroll related cash spend is also evident, reflecting higher than planned levels of pay expenditure.

Sandwell & West Birmingham Hospitals NHS Trust BALANCE SHEET

| | | <u>Opening Balance as at March 2009 £000</u> | <u>Balance as at June 2009 £000</u> | <u>Forecast at March 2010 £000</u> |
|---|--|--|---|--|
| Fixed Assets | | | | |
| | Intangible Assets | 547 | 500 | 522 |
| | Tangible Assets | 255,007 | 251,216 | 260,039 |
| | Investments | 0 | 0 | 0 |
| Current Assets | | | | |
| | Stocks and Work in Progress | 3,295 | 3,338 | 3,300 |
| | Debtors and Accrued Income | 20,242 | 18,285 | 18,500 |
| | Investments | 0 | 0 | 0 |
| | Cash | 8,752 | 22,268 | 9,750 |
| Current Liabilities | | | | |
| | Creditors and Accrued Expenditure Falling Due In Less Than 1 Year | (27,328) | (34,592) | (24,752) |
| | Loan Repayments Due in Less Than 1 Year | 0 | 0 | (2,049) |
| Long Term Liabilities | | | | |
| | Creditors Falling Due in More Than 1 Year | 0 | 0 | (2,049) |
| Provisions for Liabilities and Charges | | (7,633) | (7,622) | (5,500) |
| | | 252,882 | 253,393 | 257,761 |
| Financed By | | | | |
| Taxpayers Equity | | | | |
| | Public Dividend Capital | 160,231 | 160,231 | 160,661 |
| | Revaluation Reserve | 60,699 | 60,699 | 63,199 |
| | Donated Asset Reserve | 2,531 | 2,531 | 2,391 |
| | Government Grant Reserve | 1,985 | 1,985 | 1,805 |
| | Other Reserves | 9,058 | 9,058 | 9,058 |
| | Income and Expenditure Reserve | 18,378 | 18,889 | 20,647 |
| | | 252,882 | 253,393 | 257,761 |



Sandwell and West Birmingham Hospitals



NHS Trust

Financial Performance Report – June 2009

Cash Flow

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

| Sandwell & West Birmingham Hospitals NHS Trust | | | | | | | | | | | | | |
|--|------------------|------------------|-----------------|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-------------------|-------------------|-----------------|-----------------|
| CASH FLOW | | | | | | | | | | | | | |
| 12 MONTH ROLLING FORECAST AT June 2009 | | | | | | | | | | | | | |
| ACTUAL/FORECAST | June-09 £000s | July-09 £000s | Aug-09 £000s | Sept-09 £000s | Oct-09 £000s | Nov-09 £000s | Dec-09 £000s | Jan-10 £000s | Feb-10 £000s | March-10 £000s | April-10 £000s | May-10 £000s | Jun-10 £000s |
| Receipts | | | | | | | | | | | | | |
| SLAs: Sandwell PCT | 13,013 | 13,040 | 13,040 | 13,040 | 13,040 | 13,040 | 13,040 | 13,040 | 13,040 | 13,040 | 13,236 | 13,236 | 13,236 |
| HoB PCT | 7,195 | 7,198 | 7,198 | 7,198 | 7,198 | 7,198 | 7,198 | 7,198 | 7,198 | 7,198 | 7,306 | 7,306 | 7,306 |
| South Birmingham PCT | 1,274 | 1,264 | 1,264 | 1,264 | 1,264 | 1,264 | 1,264 | 1,264 | 1,264 | 1,264 | 1,282 | 1,282 | 1,282 |
| BEN PCT | 1,733 | 1,732 | 1,732 | 1,732 | 1,732 | 1,732 | 1,732 | 1,732 | 1,732 | 1,732 | 1,757 | 1,757 | 1,757 |
| Pan Birmingham LSCG | 1,213 | 1,213 | 1,213 | 1,213 | 1,213 | 1,213 | 1,213 | 1,213 | 1,213 | 1,213 | 1,231 | 1,231 | 1,231 |
| Other PCTs | 2,271 | 2,581 | 2,581 | 2,581 | 2,581 | 2,581 | 2,581 | 2,581 | 2,581 | 2,581 | 2,620 | 2,620 | 2,620 |
| Over Performance Payments | | | | | | | | | | | 1,000 | | |
| Education & Training | 1,148 | 1,220 | 1,220 | 1,220 | 1,220 | 1,220 | 1,220 | 1,220 | 1,220 | 1,220 | 1,238 | 1,238 | 1,238 |
| Loans | | | | | | | | | | 4,098 | 0 | 0 | 0 |
| Interest | 6 | 12 | 13 | 15 | 15 | 15 | 16 | 14 | 13 | 11 | 11 | 8 | 8 |
| Other Receipts | 1,943 | 2,073 | 2,073 | 2,073 | 2,073 | 2,073 | 2,073 | 2,073 | 2,073 | 2,073 | 2,090 | 2,090 | 2,090 |
| Total Receipts | 29,796 | 30,332 | 30,333 | 30,335 | 30,335 | 30,335 | 30,336 | 30,334 | 30,333 | 34,429 | 31,771 | 30,768 | 30,768 |
| Payments | | | | | | | | | | | | | |
| Payroll | 12,232 | 12,077 | 12,077 | 12,077 | 12,218 | 12,218 | 12,218 | 13,067 | 13,067 | 13,067 | 13,227 | 13,227 | 13,227 |
| Tax, NI and Pensions | 8,319 | 8,137 | 8,137 | 8,137 | 8,256 | 8,256 | 8,256 | 8,973 | 8,973 | 8,973 | 8,970 | 8,970 | 8,970 |
| Non Pay - NHS | 2,720 | 1,843 | 1,843 | 1,843 | 2,093 | 2,093 | 2,787 | 2,787 | 2,787 | 2,977 | 3,007 | 3,007 | 3,007 |
| Non Pay - Trade | 7,059 | 4,513 | 4,513 | 4,513 | 5,124 | 6,305 | 6,305 | 6,305 | 6,305 | 6,170 | 5,940 | 5,940 | 5,940 |
| Non Pay - Capital | 291 | 481 | 481 | 481 | 722 | 722 | 4,797 | 722 | 722 | 4,723 | 500 | 500 | 500 |
| PDC Dividend | | | | 4,629 | | | | | | 4,629 | | | |
| Repayment of Loans | | | | | | | | | | | | | |
| Interest | | | | | | | | | | 3 | | | |
| BTC Unitary Charge | 326 | 375 | 375 | 375 | 375 | 375 | 375 | 375 | 375 | 375 | 386 | 386 | 386 |
| Other Payments | 24 | 350 | 350 | 350 | 350 | 350 | 350 | 350 | 350 | 350 | 355 | 355 | 356 |
| Total Payments | 30,971 | 27,775 | 27,775 | 32,404 | 29,139 | 31,013 | 35,088 | 32,579 | 32,579 | 41,267 | 32,385 | 32,385 | 32,386 |
| Cash Brought Forward | 23,443 | 22,268 | 24,824 | 27,382 | 25,313 | 26,510 | 25,832 | 21,079 | 18,834 | 16,588 | 9,750 | 9,136 | 7,520 |
| Net Receipts/(Payments) | (1,175) | 2,556 | 2,558 | (2,069) | 1,197 | (678) | (4,752) | (2,245) | (2,247) | (6,837) | (614) | (1,617) | (1,618) |
| Cash Carried Forward | 22,268 | 24,824 | 27,382 | 25,313 | 26,510 | 25,832 | 21,079 | 18,834 | 16,588 | 9,750 | 9,136 | 7,520 | 5,902 |

| Risk Ratings | | | |
|--------------------|---|-------|-------|
| Measure | Description | Value | Score |
| EBITDA Margin | Excess of income over operational costs | 8.3% | 3 |
| EBITDA % Achieved | Extent to which budgeted EBITDA is achieved/exceeded | 97.7% | 4 |
| Return on Assets | Surplus before dividends over average assets employed | 1.2% | 2 |
| I&E Surplus Margin | I&E Surplus as % of total income | 0.6% | 2 |
| Liquid Ratio | Number of days expenditure covered by current assets less current liabilities | 6.4 | 1 |
| Overall Rating | | | 2.2 |

Risk Ratings

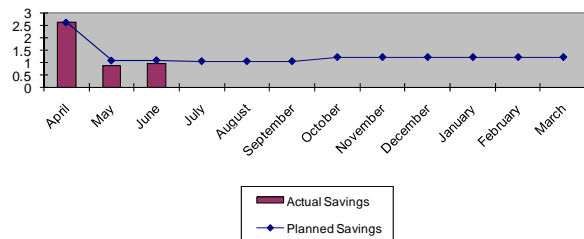
- The adjacent table shows the Monitor risk rating score for the Trust based on performance at June.
- The only significantly weak area remains liquidity which will only be substantially corrected with the introduction of a working capital facility. However, the deteriorating financial position of the Trust has also marginally worsened over risk rating.

Financial Performance Report – June 2009

Cost improvement Programme

- The adjacent graph shows the monthly profile of the Trust's cost improvement programme and actuals achieved up to June.
- As at June, there is a shortfall against planned levels of £256k or 5.4%

Monthly CIP Savings Profile £000s



External Focus and Forward Look

- The Trust and wider Health Economy must prepare for the well documented reduced health spending after 2010/11. Neither Sandwell and West Birmingham Hospitals nor the broader local health economy will be immune from the impact of these changes.
- For 2011/2012, the first year following the end of the current Comprehensive Spending Review, it is expected there will be a significant tightening in the financial position of the NHS with minimal, if any, scope for growth. This will clearly have a significant impact on the local health economy and preparations for this period need to occur over the next 12-18 months.
- Heart of Birmingham tPCT has identified that, after 2010/2011, it expects only inflationary cash uplifts to its allocation and Sandwell PCT has had to amend its set of surplus forecasts. This is evident in the 2009/10 control total which is now breakeven.
- For the current year, both Sandwell and Heart of Birmingham PCTs are forecasting potential overspends for the year against acute contracts although it is very early in the year for the forecasts to be firm. However, both PCTs are also forecasting that they will manage overall resources to ensure financial targets are met.
- Based on performance up to May, Sandwell and West Birmingham Hospitals is also forecasting fairly significant over performance against its Service Level Agreements with PCTs although performance is varied between PCTs and among divisions and specialties.
- Clearly, if the Trust is to meet its Income and Expenditure target at the end of the year, it is imperative that expenditure is brought back within budgetary limits, net of any additional over performance income. This particularly applies to pay expenditure which is generally more difficult to control in the shorter term.
- Given the expectation of a very tight financial settlement, particularly from 2011/2012 onwards, it is essential that the Trust is in the best possible financial position to move forward over the next few years. Part of this process will need to be to ensure that underlying financial performance is sound.

Financial Performance Report – June 2009

Conclusions

- For the year to 30th June 2009, the Trust has generated an overall income and expenditure surplus of £511k which is £195k below plan. For the current month, the actual deficit of £5k was £207k below plan.
- Capital expenditure for the year to date remains low and amendments to the capital programme are being considered by SIRG to recover any potential under spending.
- At 30th June, cash balances are approximately in line with the planned position.
- The Trust's overall position reflects operational deficits in a number of key divisions. This is denoted by high levels of pay expenditure, significant increases in wte numbers as well as an increase in bank and agency costs.
- In previous years, under spending on substantive staff has generated funding to accommodate spending on bank and agency staff. However, this under spending has ceased and it is imperative that staff costs, and particularly the use of agency staff, are realigned to budgeted levels.
- Although some of the higher spending levels may be attributed to higher activity levels (the financial position does not assume any over performance for June), it cannot be assumed that a positive contribution will be forthcoming in all areas.
- Initial meetings between key divisions and the Chief Operating Officer and Director of Finance have taken place to consider financial and operational performance and agree action plans to rectify any problems, e.g. CIP shortfalls. Divisional performance will continue to be closely monitored and reviewed and further action taken where necessary. Divisions recognise that in order to improve financial performance, expenditure control mechanisms require escalation. In addition, a number of specific actions are currently being undertaken including strengthening vacancy approval procedures, evaluation of non contracted payments, selective establishment review and an assessment of use of bank and agency staff in targeted areas.

Recommendations

The Trust Board is asked to:

- i. **NOTE** the contents of the report;
- ii. **ENDORSE** actions taken to ensure that the Trust remains on target to achieve its planned financial position; and
- iii. **APPROVE** the amendment to the capital programme in respect of estates risk related and statutory standards expenditure.

Robert White

Director of Finance & Performance Management

Sandwell and West Birmingham Hospitals



NHS Trust

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| TRUST BOARD |
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|-----------------------------|---|
| DOCUMENT TITLE: | Foundation Trust Compliance Report |
| SPONSORING DIRECTOR: | Robert White, Director of Finance and Performance Mgt |
| AUTHOR: | Mike Harding, Head of planning & Performance Management |
| DATE OF MEETING: | 30 July 2009 |

SUMMARY OF KEY POINTS:

Part of the calculation of the Trust's Governance Risk Rating under Monitors Compliance Framework is dependent on a Service Performance Report.

The Governance Risk Rating is based on a combination of self-certification, information from the Trust, exception reports and reports from third parties.

It is important both for the prospects for authorisation as an NHS Foundation Trust and to the level of monitoring which will be applied subsequently.

The current status of the Trust's Governance Risk Rating is Green

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

| | | |
|----------|--------------------|------------|
| Approval | Receipt and Noting | Discussion |
| | x | |

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to NOTE the report

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

| | |
|----------------------------|---|
| Strategic objectives | Accessible and responsive Care, High Quality Care and An Effective NHS Foundation Trust |
| Annual priorities | National targets and Infection Control |
| NHS LA standards | |
| Core Standards | |
| Auditors' Local Evaluation | |

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

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

PREVIOUS CONSIDERATION:

Considered at the Financial Management Board on 21 July 2009 and Finance and Performance Committee on 23 July 2009.

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST - KEY PERFORMANCE INDICATORS - 2008 / 2009 (Quarter 1 2009)

| INDICATOR | MEASUREMENT | WEIGHT | | Q1 2008 / 09 | Q2 2008 / 09 | Q3 2008 / 09 | Q4 2008 / 09 | April 2009 / 10 | May 2009 / 10 | Q1 2009 / 10 | NARRATIVE |
|--|-------------------|--------|----------|-----------------|-----------------|-----------------|-----------------|--------------------|------------------|-----------------|---|
| Clostridium Difficile | No. of Infections | 1.0 | Actual | 45 | 33 | 38 | 47 | 14 | 11 | 32 | The number of C Diff cases reported during the first quarter of 2009 / 10 reduced further to 69, and remains within trajectory. |
| | | | [Target] | [81] | [80] | [78] | [78] | [23] | [23] | [69] | |
| | | | | ■ | ▲ | ▼ | ▼ | ▲ | ▲ | ▲ | |
| MRSA Bacteraemia | No. of Infections | 1.0 | Actual | 2 | 6 | 3 | 4 | 2 | 1 | 5 | There were 5 cases of MRSA Bacteraemia reported during the quarter, compared with a maximum trajectory of 9 for the period. |
| | | | [Target] | [9] | [9] | [9] | [6] | [3] | [3] | [9] | |
| | | | | ■ | ▼ | ▲ | ▼ | ■ | ▲ | ▼ | |
| 18-weeks RTT (Admitted) | % patients | 1.0 | Actual | 94.6 | 95.0 | 94.5 | 98.6 | 98.2 | 98.5 | | Admitted patients commencing treatment with 18 weeks of referral has been maintained in excess of 90% throughout the period since April 2008 and is projected to be so for the first quarter of 2009 / 10. |
| | | | [Target] | [90] | [90] | [90] | [90] | [90] | [90] | [90] | |
| | | | | ■ | ▲ | ▼ | ▲ | ▼ | ▲ | ■ (projected) | |
| 18-weeks RTT (Non-Admitted) | % patients | 1.0 | Actual | 93.3 | 95.7 | 96.2 | 98.8 | 98.2 | 98.7 | | Non-admitted patients commencing treatment with 18 weeks of referral has now been in excess of 95% since Quarter 2 (2008 / 09) and is projected to be maintained at this level for the first quarter of 2009 / 10. |
| | | | [Target] | [95] | [95] | [95] | [95] | [95] | [95] | [95] | |
| | | | | ■ | ■ | ▲ | ▲ | ▼ | ▲ | ■ (projected) | |
| A/E Waits less than 4-hours | % patients | 0.5 | Actual | 98.4 | 98.1 | 96.3 | 99.6 | 99.3 | 99.5 | 99.4 | Performance during the quarter has averaged 99.4%, with each of the 3 units, exceeding 99.0% for each of the 3 months. |
| | | | [Target] | [98.0] | [98.0] | [98.0] | [98.0] | [98.0] | [98.0] | [98.0] | |
| | | | | ■ | ▼ | ■ | ■ | ▼ | ▲ | ▼ | |
| Cancer - 2 weeks (Urgent GP Referral to first OP App't) | % patients | 0.5 | Actual | 99.1 | 99.9 | 99.8 | 96.0 | 93.0 | 92.9 | | Operational Standards for performance assessment are unlikely to be published until Summer 2009. Actual performance for May 2009 dipped slightly to 92.9%. Performance for the quarter is projected to meet the indicative target of 93.0%. |
| | | | [Target] | [98.0] | [98.0] | [98.0] | [93.0] | [93.0] | [93.0] | [93.0] | |
| | | | | ■ | ▲ | ▼ | ■ | ▼ | ■ | ■ (projected) | |
| Cancer - 31 days (Diagnosis to Treatment) | % patients | | Actual | 100 | 100 | 100 | 100 | 100 | 100 | | Operational Standards for performance assessment are unlikely to be published until Summer 2009. Actual performance for May 2009 is 100%, with performance for the quarter projected to exceed an indicative target of 98.0%. |
| | 0.5 (Apr-Dec '08) | | [Target] | [98.0] | [98.0] | [98.0] | | | | | |
| (Decision to treat to commencement) | 1.0 (Jan-Mar '09) | | [Target] | | | | [98.0] | [98.0] | [98.0] | [98.0] | |
| | | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ (projected) | |
| Cancer - 62 days (Urgent Referral to Treatment) | % patients | | Actual | 99.6 | 100 | 100 | 93.0 | 92.6 | 91.4 | | Operational Standards for performance assessment are unlikely to be published until Summer 2009. Actual performance for May 2009 is 91.4% and is projected to exceed an indicative target of 86.0% for the quarter. |
| | 0.5 (Apr-Dec '08) | | [Target] | [95.0] | [95.0] | [95.0] | | | | | |
| (Referral to Treatment - All) | 1.0 (Jan-Mar '09) | | [Target] | | | | [86.0] | [86.0] | [86.0] | [86.0] | |
| | | | | ■ | ▲ | ■ | ■ | ▼ | ▼ | ■ (projected) | |
| National Core Standards | No. Not Met | 0.4 | Actual | 2 | 2 | 0 | 2 | 1 | 1 | 1 | Non-compliance identified relates to Core Standard C20b 'Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality'. |
| | | | [Target] | [0] | [0] | [0] | [0] | [0] | [0] | [0] | |
| | | | | ▲ | ■ | ■ | ■ | ▲ | ■ | ■ | |
| Overall Score for Period | | | | 1.8 | 0.8 | 0.5 | 0.8 | 0.4 | 0.9 | 0.4 | |
| Overall Governance Rating (after trend assessment) | GREEN <1.0 | | | ■ | ▲ | ▲ | ▼ | ▲ | ▼ | ▲ | |
| | AMBER 1.0 - 2.9 | | | | | | | | | | |
| | RED >2.9 | | | | | | | | | | |

Basis of RAG rating:
Indicators with a weighting of 1.0 will be either GREEN or RED, while those with a weighting of 0.5 / 0.4 will be either GREEN or AMBER. If there are 3 successive AMBER ratings, the third will be shown as RED. For the incomplete quarter, the projected risk rating is based on the months to date. Overall RAG is based on Monitor Compliance Framework.

| | | |
|----------------------|---|------------------|
| Trends are shown as: | ▲ | Improving |
| | ■ | Staying the same |
| | ▼ | Getting worse |

Sandwell and West Birmingham Hospitals



NHS Trust

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| TRUST BOARD |
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| DOCUMENT TITLE: | Corporate Objectives 2009/10 – Progress Report (Quarter 1) |
| SPONSORING DIRECTOR: | Richard Kirby, Chief Operating Officer |
| AUTHOR: | Anne Charlesworth, Head of Corporate Planning |
| DATE OF MEETING: | 30 July 2009 |

SUMMARY OF KEY POINTS:

The report contains a summary of progress, at the end of Quarter 1, towards the achievement of the Trust's Corporate Objectives set out in the Annual Plan 2009/10.

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

| | | |
|----------|--------------------|------------|
| Approval | Receipt and Noting | Discussion |
| | X | |

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

To note progress made on the corporate objectives at Q1 and the proposed amendment to objective 6.1 regarding the application for NHS Foundation Trust status.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Considered at Trust Management Board on 21 July 2009

ANNUAL PLAN 2009/10 CORPORATE OBJECTIVES PROGRESS REPORT (QUARTER ONE)

INTRODUCTION

The Trust's Annual Plan for 2009/10 set a series of corporate objectives for the year to ensure that we make progress towards our six strategic objectives. Progress on the majority of these objectives is reported to the Board at regular intervals either through routine monthly reports on finance and performance or through specific progress reports. Progress across all objectives is also reported quarterly to ensure the Board has a clear overview of our position.

QUARTER ONE PROGRESS

A summary of the position on each objective at the end of the year is set out in the table that accompanies this report. An overview of the Q1 RAG assessment for each objective is set out in the table below.

| Objective | R / A / G Assessment | | | |
|---|----------------------|----|----|----|
| | Q1 | Q2 | Q3 | Q4 |
| 1. Accessible and Responsive Care | | | | |
| 1.1 Ensure continued achievement of national access targets | | | | |
| 1.2 Deliver Single Equality Scheme for 2009/10 | | | | |
| 1.3 Improve compliance with single sex accom. standards | | | | |
| 1.4 Improve communication with patients about their care | | | | |
| 1.5 Identify key hospital actions to improve public health | | | | |
| 2. High Quality Care | | | | |
| 2.1 Infection control - achievement of national and local targets | | | | |
| 2.2 Complete implementation of surgical reconfiguration | | | | |
| 2.3 Improve quality of care for patients with stroke / TIA | | | | |
| 2.4 Deliver improvements in the Trust's maternity services | | | | |
| 2.5 Deliver the Trust's "Optimal Wards" programme | | | | |
| 2.6 Develop approach to clinical quality | | | | |
| 2.7 Deliver CQUIN targets | | | | |
| 2.8 Achieve NHSLA standards | | | | |
| 2.9 Improve care provided to Vulnerable Adults and Children | | | | |
| 2.10 Ensure the Trust fully meets the EWTD standards | | | | |
| 3. Care Closer to Home | | | | |
| 3.1 Right Care Right Here Programme exemplar projects | | | | |
| 3.2 Outpatient facilities in Aston HC, Rowley Regis Hospital | | | | |
| 3.3 Community Ophthalmology service for S. Birmingham PCT | | | | |
| 4. Good Use of Resources | | | | |
| 4.1 Delivery of planned surplus of £2.3m | | | | |
| 4.2 Delivery of CIP of £15m | | | | |
| 4.3 Service improvement - theatres, outpatients and bed mgt. | | | | |
| 4.4 Introduce routine service line reporting | | | | |

| Objective | R / A / G Assessment | | | |
|--|----------------------|----|----|----|
| | Q1 | Q2 | Q3 | Q4 |
| 5. 21st Century Facilities | | | | |
| 5.1 Continue to deliver New Hospital Project as planned | | | | |
| 5.2 Deliver the capital programme | | | | |
| 5.3 With PCTs design major community facilities | | | | |
| 6. An Effective NHS FT | | | | |
| 6.1 Achieve NHS FT status | | | | |
| 6.2 Continue to achieve Annual Healthcheck Core Standards | | | | |
| 6.3 Mandatory training and the LiA "Time to Learn" project | | | | |
| 6.4 Spread staff engagement through Listening into Action | | | | |
| 6.5 Next stages of the Trust's clinical research strategy | | | | |
| 6.6 Improve the Trust's approach to leadership development | | | | |
| 6.7 Improve response to the national carbon reduction strategy | | | | |

At the end of this first quarter, half of the objectives are assessed as green. The remainder are amber with the exception of 5.1 the new hospital and 6.1 the application for NHS Foundation Trust status which are red.

REVISION TO OBJECTIVES

As members of the Trust Board will be aware the Trust's application for NHS Foundation Trust status has been revised to allow time to assess the impact of the latest guidance from Monitor on the Trust's Long-Term Financial Model and Integrated Business Plan. This guidance had not been issued at the time the Trust Board agreed the corporate objectives and objectives 6.1 - "Achieve NHS Foundation Trust status" – was based on the original timetable for the application.

The detail of the new timetable for the FT application is likely to be clearer in the early autumn and it is now possible that the Trust will not achieve NHS FT status during 2009/10. It is therefore proposed to amend this objective to:

6.1 Continue to make progress with application for NHS Foundation Trust status

This proposed change is in light of the fact that the external environment has changed significantly since the original objective was agreed by the Board.

CONCLUSION AND RECOMMENDATIONS

This report and the accompanying table present an overview of the position on our corporate objectives for 2009/10 at the end of Q1. The Trust Board is recommended to:

1. NOTE the progress made on the corporate objectives at Q1.
2. AMEND objective 6.1 to "*Continue to make progress with application for NHS Foundation Trust status*"

Richard Kirby
July 2009

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST TRUST OBJECTIVES 2009/10: QUARTER ONE PROGRESS REPORT

PROGRESS REPORTING

Progress with many of the corporate objectives will be reported to the Board monthly through for example the monthly performance and finance reports (e.g. progress with 2009/10 financial plan and progress with national access targets) or through specific monthly reports (e.g. 'Right Care Right Here' programme reports). In addition to this and in order to ensure that the Board has a clear view of progress across the corporate objectives as a whole it is intended to report progress quarterly, as we have throughout the last year, using a traffic-light based system at the following Board meetings:

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

CATEGORISATION

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

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

| Trust Objectives 2009/10 | | | | |
|--------------------------|--|---|--|--------------------------------|
| Ref. | Objective | Success Factors | Summary Position as at end of Quarter One (June 2009) | Red / Amber / Green Assessment |
| 1. | Accessible and Responsive Care | | | |
| 1.1 | <p>Ensure continued achievement of national access targets (A&E, cancer, inpatient, outpatient and diagnostics and GUM).</p> <p>RK</p> | <ul style="list-style-type: none"> A&E 4 hour target achievement Cancer target achievement (2 weeks, 31 days and 62 days) 18 week referral to treatment targets Maximum waits for IP, OP and diagnostic treatment (13 wks OP, 26 wks IP, 6 wks diagnostic) Rapid access chest pain 2 week target achievement GUM 48 hour access targets | <ul style="list-style-type: none"> A&E(4 hour) = 99.4% Cancer targets (Mths 1&2): 2 Weeks = 93.0% 31 Days = 100% 62 Days = 92.1% <p>(Assessed against revised national definitions for which thresholds not yet determined)</p> <ul style="list-style-type: none"> 18 weeks (Month 2): Admitted RTT = 98.5% Non-Adm. RTT = 98.7% Max. Waits (Mths 1&2): IP = max wait 19 weeks OP = 1 wait at 14 weeks, otherwise all <13 weeks Cardiac = max wait 6 weeks Diagnostics = 41 greater than 6 weeks, none >13 weeks Rapid access chest pain = 99.5% GUM 48 hour access: Offered App't = 99.6% Seen = 87.5% | 3 |
| 1.2 | <p>Deliver commitments in Single Equality Scheme for 2009/10</p> <p>RO</p> | <ul style="list-style-type: none"> Evidence of Impact Assessment of both policies and services Training reports show good update of training Workforce demographic data published on website and an action plan for managing diversity | <p>Most divisions have completed at least 2 impact assessments of services.</p> <p>Policies are currently being prioritised for full impact assessment</p> <p>Trust is now compliant with publication duties.</p> <p>Action plan in place and monitored through Steering group.</p> <p>Quarterly reports to TB</p> | 3 |

| Trust Objectives 2009/10 | | | | |
|--------------------------|--|---|--|--------------------------------|
| Ref. | Objective | Success Factors | Summary Position as at end of Quarter One (June 2009) | Red / Amber / Green Assessment |
| 1.3 | Improve patient privacy and dignity by increasing compliance with single sex accommodation standards. RK | <ul style="list-style-type: none"> Improvement with single sex standards demonstrated through audits | An initial action plan has been developed and agreed by the Trust Board. Capital work to improve Privacy and Dignity at Sandwell is proceeding according to plan. Detailed plans are being developed for City Hospital. | 2 |
| 1.4 | Continue to improve communication with patients about their care. RO | <ul style="list-style-type: none"> Evidence from two inpatient surveys per year plus national survey Patient experience action plan updated and reported to Trust Board. | In patient survey of all in patient adult wards undertaken in April/May. Reported to patient experience group and TB in June. Patient experience action plan reported to TB in June also. | 3 |
| 1.5 | Work with Sandwell and HoBtPCTs to identify key hospital actions that will contribute to improvements in public health. DOD | <ul style="list-style-type: none"> Agreement of plan with PCTs. Achievement of measures included in plan | Initial discussions have been held with PCT Directors of Public Health and further detail is due to be worked up shortly | 2 |
| 2. | High Quality Care | | | |
| 2.1 | Ensure continued improvement in infection control and achievement of national and local targets. RO | <ul style="list-style-type: none"> MRSA targets achieved. C difficile target achieved. Compliance with Hygiene Code Meeting national cleanliness standards Improvements in hand hygiene audits Increased access to hand wash facilities | <p>Targets continue to be achieved.</p> <p>MRSA Screening:</p> <ul style="list-style-type: none"> Elective Screens = 5521 Non-Elec. Screens = 2279 <p>C. Diff:</p> <ul style="list-style-type: none"> 32 cases (target <70) <p>MRSA Bacteraemia:</p> <ul style="list-style-type: none"> 5 cases (target <10) <p>Hygiene code largely compliant. Plan for additional hand wash stations in place. Trust action plan and assurance framework in place and reported to TB</p> | 3 |

| Trust Objectives 2009/10 | | | | |
|--------------------------|--|--|--|--------------------------------|
| Ref. | Objective | Success Factors | Summary Position as at end of Quarter One (June 2009) | Red / Amber / Green Assessment |
| | | | quarterly. Hand hygiene results showing improvement | |
| 2.2 | Complete implementation of surgical reconfiguration RK | <ul style="list-style-type: none"> Reconfiguration completed by June 09 | Surgical reconfiguration now complete following changes to T&O in May 2009. Impact will be reviewed at 6 months and 12 months. | 3 |
| 2.3 | Deliver significant improvements in quality of care for patients with stroke / TIA. DOD | <ul style="list-style-type: none"> Agreement of stroke services plan Delivery of actions set out in plan Improved % of time on stroke unit Improved access to CT scan within 24 hours. | <p>Stroke Action Team set up to implement Stroke Plan developed in 2008/09.</p> <p>Stay on Stroke Unit (Mths 1&2):</p> <ul style="list-style-type: none"> 50% patients spent >90% hospital stay on Stroke Unit <p>Access to CT Scan (Mths 1&2):</p> <ul style="list-style-type: none"> 67.3% patients received Scan within 24 hours admission | 2 |
| 2.4 | Deliver significant improvements in the Trust's maternity services. JA | <ul style="list-style-type: none"> Successful delivery of action in Maternity Integrated Development Plan. Improved performance on key measures (see monthly Performance Report). Successful delivery of Risk Mitigation Action Plan Complete configuration review | <p>The Integrated development plan and risk mitigation plan are both progressing well. Vast majority of due actions green.</p> <p>Recent success in recruitment of both new consultant and large quantity of midwives. Dashboard now fully populated and key indicators are showing positive trends. Caesarean section and PPH rates within target both sites (May data) [Caesarean section Rate 23.0%]</p> <p>Only 2 (out of 45) risk mitigation actions rated red. Configuration review progressing with commissioner acceptance of clinical case for change. Some concern re review timetable slippage.</p> | 3 |
| 2.5 | Deliver the Trust's "Optimal Wards" programme. RO | <ul style="list-style-type: none"> Ward reviews undertaken. Results demonstrate progress in key areas. | <p>3rd round of ward reviews complete.</p> <p>13 wards in Optimal wards programme – further 7 in September.</p> <p>2 further Sharing events held.</p> | 3 |

| Trust Objectives 2009/10 | | | | |
|--------------------------|---|---|--|--------------------------------|
| Ref. | Objective | Success Factors | Summary Position as at end of Quarter One (June 2009) | Red / Amber / Green Assessment |
| | | <ul style="list-style-type: none"> Improvement in ward accreditation scores over the year. | Patient surveys and ward reviews show good progress across all wards but especially optimal wards. Establishment review complete. | |
| 2.6 | Develop the Trust's approach to measuring and managing clinical quality. DOD | <ul style="list-style-type: none"> Launch of Quality Management Framework Production of Quality Account Regular assessments of mortality rates at specialty level and at Trust Board | Quality Management Framework developed in basic form. Clinical Executive Team meetings scheduled from 9/09 to oversee QMF. | 2 |
| 2.7 | Deliver CQUIN targets: <ul style="list-style-type: none"> - time to surgery for fractured neck of femur; - access to CT scan for stroke patients; - reduced caesarean section rate; - improved outpatient data quality (referral source); - introduction of patient surveys; - referral of patients to smoking cessation services - provide annual report for Neonatal and Cardiology Specialised Services - improve reporting of Neonatal Intensive Care data DOD | <ul style="list-style-type: none"> Achievement of targets agreed in the detail of the CQUIN agreement. | Not all targets have systematic collection of relevant data. Aim to integrate CQUIN data into QMF and monitor regularly. For Q1: Hip Fracture: <ul style="list-style-type: none"> 84.2% received operation within 48 hours admission (target 79%) CT Scan Access: <ul style="list-style-type: none"> 67.3% patients received Scan within 24 hours admission (target 72%) Caesarean Section Rate: <ul style="list-style-type: none"> 23.0% (target 26.7%) OP Source of Referral Info: <ul style="list-style-type: none"> 1.07% not stated (target <8.5%) | 2 |

| Trust Objectives 2009/10 | | | | |
|--------------------------|--|--|--|--------------------------------|
| Ref. | Objective | Success Factors | Summary Position as at end of Quarter One (June 2009) | Red / Amber / Green Assessment |
| 2.8 | <p>Achieve NHSLA standards Level 2 (general) by December 2009 and new Level 1 (maternity) by March 2010.</p> <p>KD</p> | <ul style="list-style-type: none"> Achievement of NHSLA standards. | <p>"Hot spots" for the NHSLA assessment have been identified and are being managed separately. These include:</p> <ul style="list-style-type: none"> ▶ Induction/Mandatory training ▶ Consent ▶ Medical equipment training ▶ Patient Information ▶ Patient Transfer ▶ Being Open <p>CNST maternity level 1 - criteria around staffing levels for midwifery, obstetric and anaesthetic staff, where no guidelines exist at present are rated red. Continued targeted work is on-going in the above areas.</p> <p>An interim visit to assess preparedness and advise on further action for both assessments is scheduled for 2/3 September 2009.</p> <p>Action plans for both assessments are managed at monthly project groups.</p> | 3 |
| 2.9 | <p>Improve the quality of care provided to Vulnerable Adults (e.g. patients with mental health difficulties or learning disabilities) and Children – to include Safeguarding Children standards.</p> <p>RO</p> | <ul style="list-style-type: none"> Agreement of plan for improvement for both vulnerable adults and children including performance measures Establish structures Delivery of plan Compliance with core standards | <p>Safeguarding structure in place. Additional funding secured for mandatory training. Monitoring and reporting mechanisms now in place. Action plans for adults in place and children nearing completion. TB report due in September.</p> | 2 |

| Trust Objectives 2009/10 | | | | |
|---------------------------------|---|--|--|---------------------------------------|
| Ref. | Objective | Success Factors | Summary Position as at end of Quarter One (June 2009) | Red / Amber / Green Assessment |
| 2.10 | Ensure the Trust fully meets the EWTD standards for junior doctors by August 2009. KD | <ul style="list-style-type: none"> Achieve EWTD compliance | EWTD compliant working patterns for all junior doctors employed by the Trust (366) have been introduced. Full compliance with the EWTD requirements for all junior doctors has therefore been achieved. | 3 |
| 3. | <i>Care Closer to Home</i> | | | |
| 3.1 | Ensure full Trust participation in delivery of Right Care Right Here Programme exemplar projects. RK | <ul style="list-style-type: none"> Exemplar projects achieve their targets for 2009/10 | Exemplar projects and project targets agreed for 2009/10. Progress varies across projects as reported separately to the Trust Board. | 2 |
| 3.2 | Make full use of outpatient facilities in Aston HC, Rowley Regis Hospital. RK | <ul style="list-style-type: none"> Plans agreed to make maximum use of facilities Increased volumes of outpatients delivered from these locations. | Currently delivering range of specialties from Aston. Expect to deliver 1,500 – 2,000 atts per annum on current plans. Rowley Regis delivering c. 10,000 atts per annum. Plan to expand capacity at Rowley to be presented to August SIRC. Ongoing discussions with HoB about long-term future of Aston. | 2 |
| 3.3 | Deliver successful community ophthalmology service for South Birmingham PCT. RK | <ul style="list-style-type: none"> Activity delivered in South Birmingham community service. | Community service now operational from Hall Green and Edgbaston locations. Northfield next service to be established. c. 500 patients seen in new service in Q1. | 3 |
| 4 | <i>Good Use of Resources</i> | | | |
| 4.1 | Delivery of planned surplus of £2.3m. RW | <ul style="list-style-type: none"> Achievement of financial target. | Pressure evident within month 3 with action to correct the overall position. Too early to predict trend from adverse position reported in June, contingency present for further unforeseen pressures. | 3 |

| Trust Objectives 2009/10 | | | | |
|---------------------------------|---|---|--|---------------------------------------|
| Ref. | Objective | Success Factors | Summary Position as at end of Quarter One (June 2009) | Red / Amber / Green Assessment |
| 4.2 | Delivery of CIP of £15m. RW | <ul style="list-style-type: none"> Achievement of CIP. | Slippage occurring in the plan hence the need for remedial action and replacement schemes as agreed by FMB and reported to F&PMC | 2 |
| 4.3 | Develop approach to service improvement concentrating on theatres, outpatients and bed management RK | <ul style="list-style-type: none"> Service improvement plan agreed. Improved theatre and outpatient utilisation. | <p>Service improvement plans agreed for theatres, outpatients and bed management.</p> <p>Work on theatres commenced and Theatre late starts have reduced to an average of 35% (46% previous quarter). Session utilisation remains c.84 / 85%.</p> <p>Work on outpatients also underway and detailed reported to FMB.</p> | 2 |
| 4.4 | Introduce routine service line reporting to support development of clinical management structure. RW | <ul style="list-style-type: none"> Service line reporting in place. Impact demonstrated through F&PC reviews of Divisions. | The submission of reference costs to the DoH was completed on 10 July 09. This now allows the Trust to press ahead with the assessment of specialty based financial positions as part of the annual SLR statement. Next steps include getting the new Ardentia system functioning and reconciled to SSAP (current ref.cost sys). With output anticipated towards mid autumn. | 3 |
| 5 | 21st Century Facilities | | | |
| 5.1 | Continue to deliver New Hospital Project as planned. GS | <ul style="list-style-type: none"> OBC approved Land acquired where possible through voluntary agreement CPO launched and statutory process ongoing Draft OJEU procurement documentation prepared and ready for PFU approval OBC review documentation prepared | <p>OBC not approved</p> <p>Some land owners engaged on voluntary basis</p> <p>CPO launch linked to OBC approval</p> <p>OJEU documentation being prepared</p> | 1 |

| Trust Objectives 2009/10 | | | | |
|---------------------------------|--|---|---|---------------------------------------|
| Ref. | Objective | Success Factors | Summary Position as at end of Quarter One (June 2009) | Red / Amber / Green Assessment |
| 5.2 | Continue to improve current facilities through the delivery of the capital programme including: <ul style="list-style-type: none"> - replacement MRI scanner at City - upgrade of accommodation at City (MAU and D16) GS | <ul style="list-style-type: none"> • Major capital projects delivered in line with programme • Programme managed to deliver Trust objectives • Capital Budget managed in line with project delivery. | Major construction projects on plan reported in detail to SIRG | 3 |
| 5.3 | Fully engage with PCTs in design of major community facilities (Aston, BTC, Rowley Regis and Sandwell). GS | <ul style="list-style-type: none"> • Submission of Business case/LIFT stage 1 approval for each development agreed with PCTs through Right Care Right Here Programme. | Revised guidance on business case content may challenge submission date | 2 |
| 6 | <i>An Effective NHS Foundation Trust</i> | | | |
| 6.1 | Achieve NHS FT status JA | <ul style="list-style-type: none"> • Authorised as NHS FT | Application pending review of Right Care Right Here Programme, incorporating revised NHS financial assumptions. | 1 |
| 6.2 | Continue to achieve Annual Healthcheck Core Standards KD | <ul style="list-style-type: none"> • Core standards achieved. | <p>Only one of the core standards - C20b (compliance with single sex accommodation standards) - is currently declared by the Trust as 'not met'. The action plan to address the issues identified is due to be implemented by December 2009.</p> <p>Work is on-going to implement the action plan to achieve compliance with standard C20b – see 1.3 above.</p> <p>The CQC is due to publish its proposed criteria for assessment of the core standards in 2009/10 in mid-July. The Trust's response will be determined once this information is available.</p> | 3 |

| Trust Objectives 2009/10 | | | | |
|---------------------------------|---|--|--|---------------------------------------|
| Ref. | Objective | Success Factors | Summary Position as at end of Quarter One (June 2009) | Red / Amber / Green Assessment |
| 6.3 | Deliver improved uptake of mandatory training and implement the LiA "Time to Learn" project. CH | <ul style="list-style-type: none"> Uptake of mandatory training | A revised MT policy has been issued. Additional training staff have been recruited. A new monitoring system is in place. Time to learn will be introduced as phase 2 before april 2010. | 2 |
| 6.4 | Continue to spread staff engagement through Listening into Action including delivery of the LiA "Enabling Our People" projects. JA | <ul style="list-style-type: none"> Spread of LiA projects Progress with "Enabling Our People" Staff views reported through staff survey | LiA continues to expand, particularly into non-clinical areas. 48 projects now in progress. Good progress on some but not all Enabling our People projects. A new system of project progress reporting has been introduced to increase effectiveness and target areas of difficulty. The 2008 staff survey results by ward/department have been distributed and new projects are being informed by these results. Next staff survey Autumn 09. | 3 |
| 6.5 | Establish the next stages of the Trust's clinical research strategy. DOD | <ul style="list-style-type: none"> Strategy agreed Progress with implementation Recruitment of patients into clinical trials | New Director of R&D – 1 st June New Head of R&D – 4 th May Review of R&D currently being undertaken in order to develop strategy. Aim for 1 st draft Strategy by end Sept and complete by Jan 2010. | 2 |
| 6.6 | Improve the Trust's approach to leadership development. CH | <ul style="list-style-type: none"> Review of current management and leadership development activity Agreed programme of future work | Review undertaken and discussion document produced. This needs further debate which will take place during the next 3 months. | 2 |
| 6.7 | Improve the environmental sustainability of the Trust's operations by responding to the national carbon reduction strategy. GS | <ul style="list-style-type: none"> Agreed plan to improve sustainability Improved performance in measures identified in the plan | Presentation on Sustainability given to Board. Sustainability plan to be developed, initial plan developed November | 3 |

ASSURANCE FRAMEWORK 2009-10 – QUARTER 1

The Assurance Framework provides the Trust with a simple and comprehensive method for the effective and focused management of the principal risks to meeting its corporate objectives. It also provides evidence to support the Statement on Internal Control.

The Framework identifies where action plans are needed to develop further controls and assurances to allow more effective management of the Trust's risks.

July 2009

Abbreviations:

| | |
|-----------|---|
| CE | Chief Executive |
| CN | Chief Nurse |
| COO | Chief Operating Officer |
| DE / NHPD | Director of Estates/New Hospital Project Director |
| DFPM | Director of Finance and Performance Management |
| DG | Director of Governance |
| DW | Director of Workforce |
| MD | Medical Director |

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

ASSURANCE FRAMEWORK 2009/10

| Principal risks | | | | Controls | | | Assurances | | Action plan | | Progress report | | | |
|--|----------------|----------|------------|--|--|--|---|--|---|-----------------------------|---|-----------------|----------|------------|
| | | | | Key controls | Assurances on controls | Gaps in controls | Positive assurances | Gaps in assurance | | | | | | |
| What could or is preventing this objective from being achieved? | Pre-mitigation | | | What controls / systems we have in place to assist in securing delivery of our objective | Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective? | Where are we failing to put controls/systems in place? Where are we failing to in making them effective? | We have evidence that we are reasonably managing our risks and objectives are being delivered | Where are we failing to gain evidence that our controls / systems, on which, we place reliance, are effective? | What needs to be done to address the identified gaps in control and assurance | Executive Lead and due date | Outline of progress to date on actions taken to minimise risk and/or progress with addressing the gaps in control and assurance | Post-mitigation | | |
| | Probability | Severity | Risk score | | | | | | | | | Probability | Severity | Risk score |
| 1. Accessible and Responsive care | | | | | | | | | | | | | | |
| 1.1 Ensure continued achievement of national access targets (A&E, cancer, inpatient, outpatient and diagnostics and GUM) | | | | | | | | | | | | | | |
| • Trust not able to adapt care pathways to respond to impact of new cancer targets for 2009. | 3 | 3 | 9 | Well established cancer patient tracking systems supported by new IT system and routine reporting, | Performance on cancer targets reported monthly to TMB, F&PC and Trust Board. | No gaps in control. | Performance to date is above expected thresholds. | No significant gaps in assurance. | None required | COO | • Cancer Mgr now part of DGMs weekly meeting. • Review commenced of cancer role in Weekly Waiting List mtg. | 2 | 3 | 6 |
| • Major increase in activity due to swine flu / heatwave or winter pressures presents major capacity problems | 4 | 5 | 20 | Business Continuity / Flu Pandemic and Major Incident Plans in place. | Trust plans meet NHS standards for business continuity, | No gaps in control – currently responding to flu pandemic in line with plan. | Trust has responded well to flu pandemic to date. Board has been briefed verbally. | More formal briefing for Trust Board required. | • Report to Trust Board in July on action taken to date and expectations for the summer. • September Trust Board to receive formal assessment of state of readiness for autumn / winter. | Dep COO | • Initial stages of flu pandemic plan delivered successfully during Q1 | 4 | 4 | 16 |
| 1.2 Deliver commitments in Single Equality Scheme for 2009/10 | | | | | | | | | | | | | | |

| Principal risks | | | | Controls | | | Assurances | | Action plan | | Progress report | | | |
|---|---|---|----|---|--|---|---|-----------------------------------|---|-----|--|---|---|----|
| | | | | Key controls | Assurances on controls | Gaps in controls | Positive assurances | Gaps in assurance | | | | | | |
| Failure to meet statutory standards could result in Trust prosecution under Equality and Diversity legislation. | 2 | 4 | 8 | Meeting structure. E&D team. E&D training. E&D website. Action plan. | TB reports. E&D Steering group. Action Plan. Monitoring impact assessments. | Still need to train more staff. Greater interrogation of HR info. Impact assess all services. | TB reports. | None. | More training. Impact assessments. | CN | Infrastructure in place. E&D team in place. Compliant with publication duties. | 2 | 4 | 8 |
| 1.3 Improve patient privacy and dignity by increasing compliance with single sex accommodation standards | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> That activity pressures prevent access to undertake the necessary capital work to meet the standards. | 4 | 3 | 12 | Trust capacity plan revised to enable capital works to be undertaken. Plan agreed by TMB. | Progress reported to Trust Board in July and expected again in September. Trust provides regular reports to SHA and has been pilot site for national support team visit. | No significant gaps in control. | Ongoing review of Trust plans by SHA and national support team. | No significant gaps in assurance. | None required | COO | <ul style="list-style-type: none"> P&D work on wards at Sandwell well underway. Plan for City being developed for September Trust Board. | 3 | 3 | 9 |
| <ul style="list-style-type: none"> That the age and layout of the wards at City make it impossible to comply with the new standards. | 4 | 4 | 16 | Plan for City being produced for review by Trust Board in September | Ongoing review of Trust plans by SHA and national support team. | Need to establish monthly single-sex accommodation standards project team. | Ongoing review of Trust plans by SHA and national support team. | No significant gaps in assurance. | Four key areas of action agreed by Trust Board. <ul style="list-style-type: none"> Awareness, bed management and escalation; Ward P&D work (Sandwell & Sheldon) Specialist areas at City; Single-Sex wards at City. | COO | <ul style="list-style-type: none"> Plan for City being developed for September Trust Board. | 4 | 3 | 12 |
| 1.4 Continue to improve communication with patients about their care | | | | | | | | | | | | | | |

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| Principal risks | | | | Controls | | | Assurances | | Action plan | | Progress report | | | |
|---|---|---|----|--|---|--|---|-------------------|--|----|--|---|---|----|
| | | | | Key controls | Assurances on controls | Gaps in controls | Positive assurances | Gaps in assurance | | | | | | |
| 1) Failure to seek views of patients about their care. | 2 | 4 | 8 | Twice year patient surveys. Patient views Committee and Action Plan. | Twice a year TB reports. Reports to Patient Views Committee. | Currently non recurrent funding for this activity. | Trust Board reports. | None identified | Recurrent funding identified for post and software licence | CN | 1 st round of surveys and reports complete. CQUIN target achieved. | 2 | 4 | 8 |
| 2) Failure to achieve CQUIN target. | 2 | 4 | 8 | | | | | | | | | 2 | 5 | 10 |
| 1.5 Work with Sandwell and HoBtPCTs to identify key hospital actions that will contribute to improvements in public health | | | | | | | | | | | | | | |
| Financial difficulties could get so challenging that each party tries to defend their own position at the expense of the others | 2 | 5 | 10 | Right Care Partnership promotes deepening of the relationships necessary for the delivery of the objective | Financial, quality and performance data and systems. | None identified | Minutes of Partnership meetings, Quality review meetings with PCTs. | None identified | None required | MD | Monitoring framework established through a number of key committees and groups | 2 | 5 | 10 |
| 2. High Quality Care | | | | | | | | | | | | | | |
| 2.1 Ensure continued improvement in infection control and achievement of national and local targets | | | | | | | | | | | | | | |
| 1) Failure to meet Trust IC targets. | 3 | 4 | 12 | IC infrastructure. Monitoring reports. PEAT cleanliness plan. | TB reports. IC Committee reports. | None identified. | Trust Board reports. | None identified. | Continue with IC action plans. | CN | Incentive to meet targets. | 3 | 4 | 12 |
| 2.2 Complete implementation of surgical reconfiguration | | | | | | | | | | | | | | |

| Principal risks | | | | Controls | | | Assurances | | Action plan | | Progress report | | | |
|---|---|---|----|--|---|--|---|--|---|-----|---|---|---|---|
| | | | | Key controls | Assurances on controls | Gaps in controls | Positive assurances | Gaps in assurance | | | | | | |
| <ul style="list-style-type: none"> That failure to agree appropriate arrangements for the medical staffing prevent successful implementation of reconfiguration. | 3 | 4 | 12 | Established project structure for delivering reconfiguration including steering group and project board. | Interim Reconfiguration on project board oversees implementation on behalf of board. | No significant gaps in control. | Project board has strong NED representation. | No significant gaps in assurance. | None required | COO | Reconfiguration now implemented. | 2 | 3 | 6 |
| 2.3 Deliver significant improvements in quality of care for patients with stroke/TIA | | | | | | | | | | | | | | |
| Failure to implement 24/7 scanning and treatment. Failure to ensure that beds available throughout the pathway. | 4 | 4 | 16 | Stroke Action Team responsible for monitoring Pathways | Regular audits | Systems for monitoring performance not yet developed or in place | CQUIN data | Systems for monitoring performance not yet developed or in place | Stroke Action Team needs to develop appropriate systems and ensure that performance data flows to board level | MD | Stroke Action Team set up to implement Stroke Plan developed in 08/09 | 2 | 4 | 8 |
| 2.4 Deliver significant improvements in the Trust's maternity services | | | | | | | | | | | | | | |
| Resource constraints Leadership capacity Difficulty in recruiting new staff Failure to monitor progress Lack of data to evaluate progress Stakeholder objections re configuration review | 3 | 4 | 12 | Maternity Taskforce, Maternity Action Team, Dashboard | Dashboard reports, Taskforce Minutes, Risk Mitigation Plan progress reports, Integrated Development Plan progress reports | None identified | Recent progress reports indicate bulk of actions on track and quantifiable improvements | None identified | None required | CE | £1.9m additional resources identified 09/10, Dep Head of Midwifery and experienced consultant appointed. Midwifery recruitment very successful. All progress tracking mechanisms remain active. Clinica case for change re configuration agreed by commissioners. | 3 | 3 | 9 |
| 2.5 Deliver the Trust's "Optimal Wards" programme | | | | | | | | | | | | | | |

| Principal risks | | | | Controls | | | Assurances | | Action plan | | Progress report | | | | |
|--|---|---|----|--|---|---|--|--|---|----|--|---|---|----|--|
| | | | | Key controls | Assurances on controls | Gaps in controls | Positive assurances | Gaps in assurance | | | | | | | |
| The Trust may fail to achieve level 2 NHSLA risk management standards in December 2009 as a result of: <ul style="list-style-type: none">Lack of awareness of and/or failure of staff to follow policy requirements,Inadequate/inappropriate requirements within policies and/or processes for them to be operationalisedInability to collect adequate evidence due to lack of resource within risk and/or unavailability of evidenceInterpretation of policies/ evidence by assessors at assessment The Trust may fail to achieve level 1 CNST maternity standards in March 2010 as a result of: <ul style="list-style-type: none">Failure to develop guidelines containing all minimum requirementsFailure to ensure guidelines are approved appropriately | 4 | 4 | 16 | Monthly project groups chaired by Director of Governance (NHSLA standards) and Clinical Director for Obstetrics (CNST maternity) | Regular updates to: Governance Board and Governance and Risk Management Committee | Band 7 and Band 4 newly created NHSLA posts currently vacant | Interim visit January 2009 from NHSLA assessor approved Trust approach in many areas. Further interim visit due September 2009. | Lack of centralised evidence for some standards, resulting in difficulties in assessing status Key | <ul style="list-style-type: none">Fill vacant postsContinue collection and assessment of evidence from leads / divisionsContinue targeted "hot spot" work streams (mandatory training, medical devices training, consent, patient information, Being Open)Undergo interim assessment against both standards to establish progress and further areas of weakness. | DG | NHSLA posts have been advertised. Band 7 post could not be filled and alternative methods are being considered. Band 4 recruitment ongoing and interviews awaited | 2 | 4 | 8 | |
| | | | | Regularly reviewed action plans | | | | | | | NHSLA Surgeries are being held in July/August at which operational leads in each of the 50 areas covered by the general assessment will present evidence to the Director of Governance and Head of RM to support compliance. | | | | |
| | | | | Leads for specific standards/ criteria | | | | | | | | | | | |
| | | | | Work streams for identified "hot spot" standards | | | | | | | | | | | |
| | | | | Regular liaison with assessors. | | | | | | | | | | | |
| Dedicated NHSLA posts now funded | | | | | | | | | | | | | | | |
| 2.9 Improve the quality of care provided to vulnerable adults (e.g. patients with Mental Health difficulties or learning disabilities) and children | | | | | | | | | | | | | | | |
| Failure to effectively safeguard vulnerable adults and children leading to incident and investigation. | 3 | 4 | 12 | Vulnerable Adults Nurse. Reporting system in place. Safeguarding Committee. Training for staff level 1+2. | Quarterly reports. | Insufficient resource to investigate and action plan incidents. | None identified at present. | None identified | Further resources need to be identified. | CN | Structures now established. Reporting systems in place. Training established. | 3 | 4 | 12 | |
| 2.10 Ensure the Trust fully meets the EWTD standards for junior Doctors by August 2009 | | | | | | | | | | | | | | | |

| Principal risks | | | | Controls | | | Assurances | | Action plan | | Progress report | | | | |
|--|---|---|----|--|--|---|-----------------------------|--|---------------|----|--|---|---|---|--|
| | | | | Key controls | Assurances on controls | Gaps in controls | Positive assurances | Gaps in assurance | | | | | | | |
| <ul style="list-style-type: none">▪ Unfilled deanery posts from August 2009 (particularly in Trauma and Orthopaedics and General Surgery)▪ Lack of availability of doctors to cover vacant posts with Trust doctors or locums▪ Unexpected outcome of monitoring exercises of new EWTD compliant working arrangements | 4 | 3 | 12 | Structured action plan (managed by the Deputy Medical Director and Head of Medical Staffing) in place to oversee the process of EWTD compliance. | Monthly update to the Trust Management Board | No significant gaps in control identified | Monthly reports to the SHA. | No significant gaps in assurance identified. | None required | DG | EWTD compliant working patterns for all junior doctors employed by the Trust (366) have been introduced from 15 th June 2009. | 3 | 3 | 9 | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 3. Care Closer to Home | | | | | | | | | | | | | | | |
| 3.1 Ensure full Trust participation in delivery Towards 2010 Programme exemplar projects | | | | | | | | | | | | | | | |

| Principal risks | | | | Controls | | | Assurances | | Action plan | | Progress report | | | |
|---|---|---|----|---|--|--|---|--|--|-----|---|---|---|---|
| | | | | Key controls | Assurances on controls | Gaps in controls | Positive assurances | Gaps in assurance | | | | | | |
| <ul style="list-style-type: none"> That the Trust's teams do not participate fully in the work of the Right Care Right Here Programme resulting in delayed progress on new models of care. | 3 | 4 | 12 | Progress with new models of care overseen by Trust RCRH Board and then by health economy wide structures. | Monthly report to Trust Board on progress with projects. External overview from RCRH Programme Director. | No significant gaps in control. | Health economy level oversight through Programme Director provides assurance. | No significant gaps in assurance | None required | COO | <ul style="list-style-type: none"> Targets agreed for existing projects in 2009/10. Process underway for identifying further round of projects. | 2 | 3 | 6 |
| 3.2 Make full use of outpatient facilities in Aston HC, Rowley Regis Hospital | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> That the Trust cannot invest in the necessary levels of infrastructure to deliver increases in outpatient in Aston and Rowley. | 4 | 3 | 12 | RCRH Implementation team leading the work on these projects. Progress reported monthly to RCRH Imp Bd chaired by CEO. | PCTs ensuring progress made with plans through the RCRH Partnership Bd. | Will need project teams to be established for the capital works once agreed. | RCRH reports to Trust Board provide assurance. | No significant gaps in assurance. | <ul style="list-style-type: none"> Finalise agreement on capital required to increase OP capacity at Rowley. Agree list of specialties who will use new capacity at Rowley. Agree approach to provision of outpatients outside of hospital for HoB. | COO | <ul style="list-style-type: none"> Work in progress on detail of plans for Rowley. Will be presented to August SIRG. Discussions ongoing with HoB re Aston. Aiming to conclude in August. | 3 | 2 | 6 |
| 3.3 Deliver successful community ophthalmology service for South Birmingham PCT | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> That the Trust does not attract sufficient activity to make the clinics viable or that the Trust cannot staff the clinics adequately. | 4 | 3 | 12 | Divisional level project team established, reporting monthly to COO and to RCRH Imp Bd. | Regular monthly mtgs with South Birmingham PCT provide feedback on commissioner view of the service. | No significant gaps in control. | Reported to Board through quarterly corporate objectives report. | Consider further reporting to board and/or F&PC to strengthen oversight of this development. | <ul style="list-style-type: none"> Deliver agreed plan for roll out of clinics including: <ul style="list-style-type: none"> - Hall Green - Edgbaston - Northfield - Selly Oak Agree whether further board oversight is required. | COO | Clinics established in Hall Green and Edgbaston. Now planning for launch of Northfield service. | 3 | 3 | 9 |
| 4. Good Use of Resources | | | | | | | | | | | | | | |
| 4.1 Delivery of planned surplus of £2.3m | | | | | | | | | | | | | | |

Overall (7/88) 112 (6)

| Principal risks | | | | Controls | | | Assurances | | Action plan | | Progress report | | | |
|--|---|---|---|---|--|--|--|-----------------------------------|---|------|--|---|---|---|
| | | | | Key controls | Assurances on controls | Gaps in controls | Positive assurances | Gaps in assurance | | | | | | |
| Unforeseen financial costs and/or income losses | 2 | 3 | 6 | Routine and ad-hoc monitoring | Non exec scrutiny | None identified | Board receives minutes and periodic updates from Finance Committee | None identified | None required | DFPM | Too early to accurately determine post mitigation scores | 2 | 3 | 6 |
| 4.2 Delivery of CIP of £15m | | | | | | | | | | | | | | |
| Slippage on higher risk schemes not covered by replacement schemes | 3 | 3 | 9 | FMB detailed monitoring | Monthly interrogation of performance | None identified | Variances spotted with replacement schemes identified | None identified | None required | DFPM | Too early to accurately determine post mitigation scores | 3 | 3 | 9 |
| 4.3 Develop approach to service improvement concentrating on theatres, outpatients and bed management | | | | | | | | | | | | | | |
| <ul style="list-style-type: none">That the Trust is not able to deliver improvements in productivity in the key areas of theatres and outpatients. | 3 | 3 | 9 | Project plans for all areas agreed through FMB, Progress reports monthly to TMB. Project team for theatres meets monthly. | Improvements in productivity should be seen in Trust monthly performance report. | Need to establish project teams for the outpatient and bed mgmt exercises. | Trust performance reports show impact of activity. | No significant gaps in assurance. | <ul style="list-style-type: none">Establish project teams for outpatient and bed management exercises.Deliver action plans as agreed by FMB. | COO | First quarter's actions delivered in line with the plan. Some improvement demonstrated in theatre start times. | 2 | 3 | 6 |
| 4.4 Introduce routine service line reporting to support development of clinical management structure | | | | | | | | | | | | | | |
| Lack of pathway and/or reserves | 3 | 3 | 9 | Corporate objectives reporting | Steering Group set up | None identified | Will report progress as part of Steering Group | None identified | None required | DFPM | Reconcile current SLR with reference costs | 3 | 2 | 6 |
| 5. 21 st Century Facilities | | | | | | | | | | | | | | |
| 5.1 Continue to deliver New Hospital Project as planned | | | | | | | | | | | | | | |

| Principal risks | | | | Controls | | | Assurances | | Action plan | | Progress report | | | |
|--|---|---|----|--|--|---|--|-------------------|---|-----------------|---|---|---|----|
| | | | | Key controls | Assurances on controls | Gaps in controls | Positive assurances | Gaps in assurance | | | | | | |
| Failure to achieve approval of OBC Failure to launch CPO Failure to maintain affordability of project | 5 | 4 | 20 | Project structure and management processes established Affordability review taking place. | Project Board minutes made available to Trust board. Green Gateway Review | None identified | Project Board minute available in Project office shows delivery against plan. | None identified | None required | DE/ NHP D | Affordability review initiated. Quarterly risk review completed in June. | 4 | 4 | 16 |
| Continue to improve current facilities through the delivery of the capital programme including: | | | | | | | | | | | | | | |
| 5.2 <ul style="list-style-type: none">Replacement MRI scanner at CityUpgrade of accommodation at City (MAU and D16)New facilities for PCCU at Sandwell | | | | | | | | | | | | | | |
| Insufficient resources to deliver programme | 3 | 3 | 9 | Project teams established | Project reported to SIRG (monthly) | Imminent retirement of Capital projects staff | SIRG project reports available | None identified | Staff succession planning required | DE/ NHP D | Succession plan to be developed | 2 | 3 | 6 |
| 5.3 Fully engage with PCTs in design of major community facilities (Aston, BTC, Rowley Regis and Sandwell) | | | | | | | | | | | | | | |
| Insufficient resources to engage fully | 3 | 3 | 9 | Project teams for City and SGH established | Project team minutes and reporting | None identified | Projects progressing as planned | None identified | Secure sufficient resources to deliver projects | DE/ NHP D | None required at present. | 2 | 3 | 6 |
| 6. An Effective NHS Foundation Trust | | | | | | | | | | | | | | |
| 6.1 Achieve NHS FT Status | | | | | | | | | | | | | | |
| Requirement to revise IBP and LTFM in light of revised growth assumptions. Interface with review of Right Care Right Here programme Difficulty in meeting Prudential Borrowing Code requirements Variation in national assessment requirements. | 4 | 3 | 12 | FT Project Board, FT Seminars, Ft project Team | Project Plan updates, Project Board minutes | None identified. | Latest progress reports and and analysis, although these do not eliminate risks. | None identified. | None required | CE | Formal review of RCRH programme underway. SHA comfortable with position. Remodelling of LTFM taking place in parallel. | 4 | 3 | 12 |
| 6.2 Continue to achieve Annual Health check Core Standards | | | | | | | | | | | | | | |

| Principal risks | | | | Controls | | | Assurances | | Action plan | | Progress report | | | |
|---|---|---|----|--|---|---|---|---|--|----|---|---|---|----|
| | | | | Key controls | Assurances on controls | Gaps in controls | Positive assurances | Gaps in assurance | | | | | | |
| <ul style="list-style-type: none">Failure to implement the action plan for standards 20b (privacy and confidentiality) which was declared as 'not met' in 2008/09 and which should be achieved by December 2009 (see 1.3 above)Inability to provide evidence to support continued compliance with the core standards | 4 | 4 | 16 | Executive Leads identified for each core standard Executive Team and Governance and Risk Management Committee oversee the declaration process and implementation of action plans. | Reports to the Executive Team and Governance and Risk Management Committee | No significant gaps in control identified | Electronic system that centrally captures evidence to support compliance. Internal Audits Third party commentaries e.g. Overview and scrutiny committee NHSLA accreditation PEAT reports NHS Staff & Patient Surveys | No significant gaps in assurance identified | None required | DG | Work is on-going to implement the action plan developed to address the areas of non-compliance with care standard C20b (single sex accommodation) – see 1.3 above. The CQC is due to publish its proposed criteria for assessment of the core standards in 2009/10 in mid-July. Any new/additional requirements about the self-declaration process will be known at this time. | 4 | 3 | 12 |
| 6. 3 Deliver improved uptake of mandatory training and implement the LiA “Time to Learn” project | | | | | | | | | | | | | | |
| It is important that managers clearly identify the training needs of their workforce set against the new policy and that they have regular appraisals . If this is done correctly and staff attend the sessions there should be few problems. TTL is being dealt with as the second phase of improving MT and is therefore not dealt with here. | 2 | 3 | 6 | Monthly reporting will allow managers to keep track of individuals status | Corporate level reports will be available | Too early to tell. System needs to be in. | MT policy reports | None | None required at present. | DW | Too early to accurately determine post mitigation scores | 2 | 3 | 6 |
| 6. 4 Continue to spread staff engagement through Listening into Action delivery of the LiA “Enabling Our People” projects | | | | | | | | | | | | | | |
| Failure to maintain momentum and spread. | 3 | 3 | 9 | LiA Sponsor Group, project monitoring process | Project progress reports, monthly LiA updates, updates to TMB and Trust Board | Lack of robust project monitoring system | Staff survey results, progress reports (but see gap at left) | Difficulty in accurately assessing project progress | Introduce more robust and cyclical project reporting process. Increase Divisional accountability for LiA projects. | CE | New system introduced and first round complete. LiA to feature in Jul Divisional performance reviews. | 2 | 3 | 6 |
| 6. 5 Establish the next stages of the Trust's clinical research strategy | | | | | | | | | | | | | | |

UPDATE (1/2027) 112 (3)

| Principal risks | | | | Controls | | | Assurances | | Action plan | | Progress report | | | |
|--|---|---|---|-----------------------------------|---|--|---|--------------------|---|-----------------|--|---|---|---|
| | | | | Key controls | Assurances on controls | Gaps in controls | Positive assurances | Gaps in assurance | | | | | | |
| Trust R&D systems need to be completely overhauled. | 2 | 3 | 6 | Regular meetings of R&D committee | R&D committee minutes Annual report to Board | No gaps identified | R&D committee minutes Annual report to Board | No gaps identified | None required | MD | | 2 | 3 | 6 |
| 6.6 Improve the Trust's approach to leadership development | | | | | | | | | | | | | | |
| We do not yet have a leadership development strategy although some early work has been produced on what should be included. It is important to note that LD is high on the DoH agenda and we will be expected to deliver against any targets that they set. As with any staff development issue resourcing will be a problem. We do run a risk of not identifying and developing our best leaders. | 4 | 1 | 4 | None as yet | Not applicable | We need to ensure that the PDR system is working and that it supports the identification of leadership talent. | Not applicable | None identified | Development of a clear strategy and operational policy designed to identify and develop those who have leadership potential from the workforce. | DW | Too early to accurately determine post mitigation scores | 4 | 1 | 4 |
| 6.7 Improve the environmental sustainability of the Trust's operations by responding to the national carbon reduction strategy | | | | | | | | | | | | | | |
| A suitable strategy cannot be developed | 3 | 2 | 6 | Programmed report to Trust Board | Board reporting cycle | None identified | Minutes of Board presentation | None identified | None required | DE/ NHP D | Fact finding for strategy content commenced | 2 | 2 | 4 |

TRUST BOARD

| | |
|-----------------------------|---|
| DOCUMENT TITLE: | SWBH Brand Identity |
| SPONSORING DIRECTOR: | Jessamy Kinghorn, Head of Communications and Engagement |
| AUTHOR: | Jessamy Kinghorn, Head of Communications and Engagement |
| DATE OF MEETING: | 30 July 2009 |

SUMMARY OF KEY POINTS:

A brand is something that people (customers, users, staff and others) relate to. It is a set of values, expressed through:

- the service experience, and
- communicated through the identity, promotional activity, materials, website etc.

The Trust does not currently have a 'brand identity' that ensures it is readily recognised and distinguished from other local NHS organisations.

A significant amount of work has already taken place to develop the Trust's vision and values and understand how staff, patients and local people perceive the organisation.

This work has been developed into a design brief that the Trust's Medical Illustration department has been working on in order to develop a brand identity.

This paper sets out the background to this work and the information that has shaped the design brief. At the meeting, Board members will be shown the emerging brand designs.

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 view and comment on the designs and if possible select a preferred design that will be further worked on.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

| | |
|----------------------------|--|
| Strategic objectives | Helps communicate and promote strategic objectives |
| Annual priorities | |
| NHS LA standards | Improves the quality of patient information |
| Core Standards | Improves the quality of patient information (C16) |
| Auditors' Local Evaluation | |

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

| | | |
|---------------------------|---|--|
| Financial | | |
| Business and market share | X | Helps distinguish the Trust from other local Trusts |
| Clinical | | |
| Workforce | X | Responds to comments raised through Listening into Action by staff from all professional groups |
| Environmental | X | Should ultimately improve the aesthetic environment |
| Legal & Policy | | |
| Equality and Diversity | | |
| Patient Experience | X | Will improve the quality and consistency of patient information and enable patients to quickly identify information about or from SWBH |
| Communications & Media | X | Will apply to all trust communication materials |
| Risks | | |

PREVIOUS CONSIDERATION:

This document has not been considered in another venue. However, the subject matter has been widely discussed and developed through a lengthy process of engagement.

Brand Identity

REPORT FOR TRUST BOARD 30th JULY 2009

1. Introduction

The Trust has made progress around developing a vision and values for the organisation to give it direction and focus. Staff have shown high recognition and understanding of the vision and values but suggested there was more work to do when they were asked about pride in the organisation through the Listening into Action staff conversations.

The Trust merged in 2002. Work rightly focused on the clinical and operational structures and performance, but until now an identity for the organisation has not been developed through 'branding'

Use of the NHS logo is fairly widespread across the Trust but there are still some examples of use of the old City Hospital and Sandwell Healthcare names and logos.

Various attempts have been made to develop a consistent style for patient information but a recent audit showed just how different all our information looked. For example, in literature in relation to colorectal procedures, there were seven different leaflets produced in seven different styles. Vascular surgery had six different leaflets all with a different design and there were eight different ophthalmic leaflets, each with a different design.

In addition, we produce a vast array of other publications, literature, posters, electronic information and imagery, generated by departments across the Trust, not just the communications department. Brand guidelines would help ensure that all these items looked as though they came from the same organisation and helped convey the Trust's values.

Brand guidelines could even be applied beyond printed publications and incorporated into signage, décor and the environment of our hospital sites.

Work to create a brand identity for the Trust has progressed in a number of different ways outlined in this report.

The purpose of this report to the Trust Board is to explain the need for a brand identity, set out the work done to date and outline the design brief given to our Medical Illustration department based on research with staff, GPs, patients and local people.

At the public board meeting, members will be given the opportunity to view and comment on designs that Medical Illustration have developed, and if possible, select one or two designs to do some further work on.

Marketing consultants have not been used to undertake this branding exercise. The work done to date has been carried out by the Trust's communications and graphics staff and involved consultation with staff, GPs, patients and members of the public.

2. Definition of a brand

A brand is something that people (customers, users, staff and others) relate to. It is a set of values, expressed through:

- the service experience, and
- communicated through the identity, promotional activity, materials, website etc.

The Chartered Institute of Marketing's Definition of brand is:

- The set of physical attributes of a product or service, together with the beliefs and expectations surrounding it -a unique combination which the name or logo of the product or service should evoke in the mind of the audience.

Good branding should help promote instant recall of the key brand personality or characteristics for the hospital and our service proposition (i.e. our values and the areas where we aim to stand out – infection control, waiting times, care in the community etc.)

Stelios Haji-Ioannou, Chairman, EasyGroup:

"Your brand is created out of customer contact and the experience your customers have of you"

3. Drivers for branding

A brand will differentiate us from the competition and create an identity for the whole organisation to understand and work to.

With five other acute trusts, three specialist trusts, PCT provider arms, private hospitals and community services in close proximity, there is a lot of opportunity for patients to be confused about their local services.

A brand will help identify Sandwell and West Birmingham Hospitals NHS Trust and reinforce its values and strengths.

Other local trusts are also going through a process of branding. University Hospitals Birmingham, Dudley Group of Hospitals and Walsall Hospitals have

recently agreed 'brands'. Their brands and the way they have started to use them are illustrated below:

Dudley Group of Hospitals:

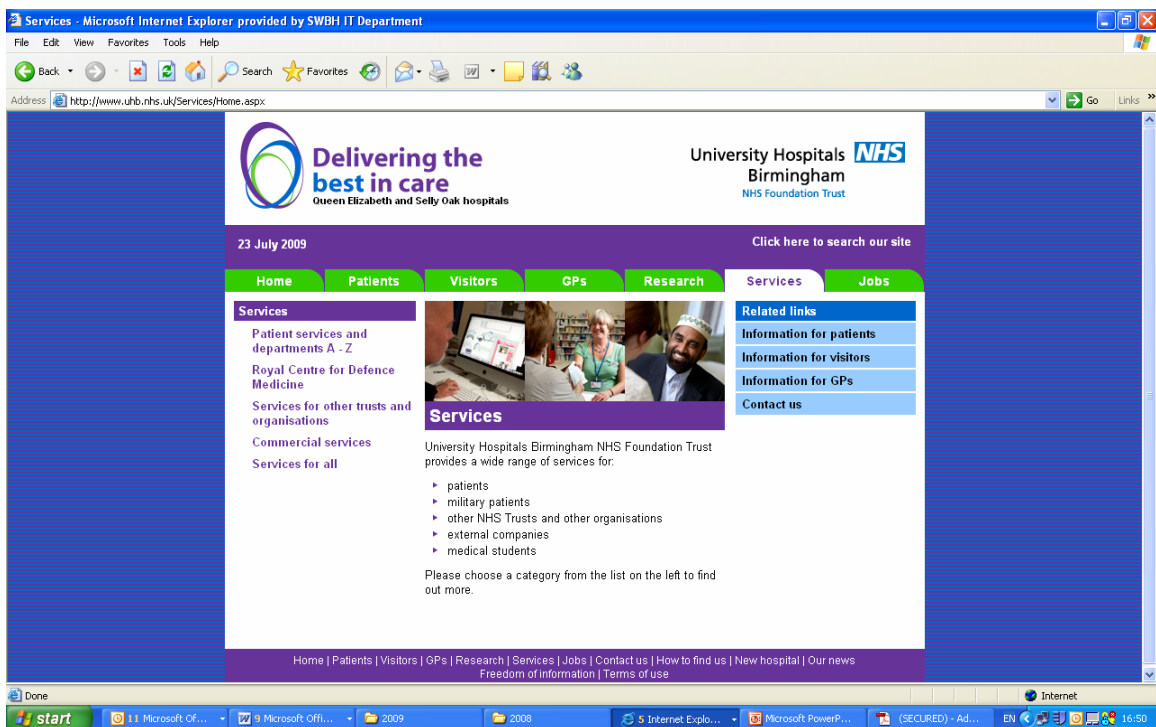


Walsall Hospitals:

Building Better Health
For Walsall



University Hospital Birmingham:



4. Work to date

A significant amount of work has taken place to develop the Trust's vision and values and to find out what our staff and local people think of us and what they think is important in our brand identity.

NHS Elect branding workshop

NHS Elect provides marketing advice to NHS organisations. In December 2007 they held a branding workshop with the Trust Board which introduced board members to the concept of branding by looking at which brands worked well and what they said about the companies or products they represented.

At this session board members felt that the image of the trust currently 'lacks identity and focus', but that there were various qualities that were readily attributable to the organisation - quality care, friendly, approachable, responsive.

Foundation consultation on vision and values

The Trust Board developed a vision and some values that were included in the consultation on NHS Foundation status that took place between January and April 2008.

Comments about the vision and values were largely positive and as a result of responses to the consultation and to subsequent staff engagement, some changes were made, including the addition of 'Engaging and Empowering' as the fifth value.

| Caring and Compassionate | Accessible and Responsive | Professional and Knowledgeable | Open and Accountable | Engaging and Empowering |
|--|---|--|--|--|
| <p>We care for patients, their carers and relatives as they want us to.</p> <p>We treat all our patients with dignity and respect.</p> | <p>Our services are accessible to all.</p> <p>We identify and respond to the diverse needs of the patients and communities that we serve.</p> <p>We involve patients in decisions about their care.</p> | <p>We demonstrate high levels of competence and professionalism in all we do.</p> <p>We provide safe, high-quality services.</p> <p>We pursue opportunities for innovation in the way we provide services.</p> | <p>We are open about what we do.</p> <p>We are accountable to patients and local people for the decisions we take and the services we provide.</p> | <p>We value the experience and knowledge of all our staff and listen to their ideas.</p> <p>We work together across boundaries to provide the very best care.</p> <p>We provide an environment in which staff can flourish and grow.</p> |

Listening into Action

After the new approach to staff engagement – Listening into Action (LiA) was launched in May 2008, the initial staff conversations flagged vision and values as an area for further work. This resulted in two related work streams:

- Customer Care
- Vision and values

Customer care work stream

Listening into Action sessions identified the need for a specific focus on customer care which led to the development of customer care promises. These promises have been tested on staff through team brief and Heartbeat and with local people through a survey that 347 people responded to. There was overwhelming support for the idea and the promises that had been developed.

Following analysis of the survey, an implementation plan has been developed to launch the customer care promises in October and embed them to make them into a way of life for the Trust. The promises reflect the Trust's values.

Vision and values work stream

An event took place in September 2008 with more than 80 staff to discuss how each of us can live the visions and values of the Trust.

The event showed that the vast majority of people in the room had a good awareness of the vision for the future of the Trust.

At the event, staff were asked to come up with a simple strapline to explain what the Trust is all about, something like Tesco's 'Every little helps'. They then voted on their favourite strapline and the top ten were circulated for staff feedback through Heartbeat and Hot Topics.

Following that process, the slogan 'where everyone matters' has been tested on more groups of staff, patients and local people and is being proposed as part of the design brief for the new brand.

Staff and public branding workshops

LiA style branding workshops took place in May 2009 for staff, GPs and members of the public, with 140 Foundation Trust members attending the public session.

Those attending were asked to comment on what well known brands said about the companies or products they represented before discussing the qualities and characteristics that stand out for Sandwell and West Birmingham Hospitals and other local trusts.

How delegates viewed the trust

Encouragingly, the comments about the trust were very positive on the whole with an emphasis strong services, low waiting times, high levels of cleanliness and low infections, friendly staff with a personal, local feel. There were some more negative comments about staff attitude, clutter in some places and improvements needed in communication with patients but these were significantly in the minority.

Delegate views on the strapline

The strapline, 'where everyone matters' was generally acceptable, although some people did suggest alternatives that used different words, such as health and care.

Logo ideas

Words used to describe any potential logo or brand style emphasised clean, diversity, togetherness and people. Circles, curvy shapes and rainbows were suggested as positive shapes that symbolised unity and coherence. Shapes such as squares were dismissed as appearing negative. Each table drew ideas for imagery. Many of the images used curves, circles and / or people. Other ideas included designs based on a stethoscope and an umbrella.

Colours

Those attending the workshops were very consistent in their opinions on the colours we should be using. Delegates were united that simple, clear, light and bright colours need to be used, with many suggesting using a splash of colour as a contrast.

Blues and greens were very popular – described as reassuring, positive, healing, warm, friendly, local colours. One or two delegates suggested adding a rainbow of colours, others suggested a more simple single splash of colour to contrast the blues and greens to reflect the vibrant, modern nature of the trust.

All delegates agreed that we should avoid grey, black, dark, industrial colours.

Workshop overview

The workshops proved a valuable opportunity to get into the minds of our staff and patients and understand not just what they think about the Trust, but how they think about the organisation. The feedback from staff, GPs, patients and local people has been used to develop a design brief which Medical Illustration have been working on. The brief is attached at appendix one.

5. Next steps

Graphic designers from the Medical Illustration department have developed some initial brand concepts from the design brief which is attached at appendix one.

At the public board meeting, their designs will be displayed for comments. The designs are not being circulated before hand as it is important at this stage to gauge 'first impressions' reactions to the designs.

Following the meeting, the next steps will be to select and finalise a brand, develop templates and guidelines and apply it to all new and replacement Trust literature and build it into other aspects of life in the Trust. The brand will be launched with the launch of the customer care promises at the start of October.

6. Recommendations

The Board is asked to view and comment on the designs and if possible select a preferred design that will be further worked on.

APPENDIX ONE

Design brief

A brand is created through the use of distinctive colours and shapes that can then be represented as the look and feel of an organisation. The key is to keep it simple and fresh which will then enable the design to up be used for many years with slight amendments added when and if needed.

The trust is now in a position to create a recognisable brand identity that will enable us to differentiate our services and hospitals from other local trusts. It is important that we use the feedback we have gathered from staff, GPs, patients and local people to help create the brand.

As a result, the idea needs to be clean and simple, containing 50% white space. The visual concept needs to be simple and sharp using a range of curves, circles or waves to represent a friendly smooth and fresh look.

The concept needs to be a generic one that can be translated and used on all publications and incorporated into different styles for different areas and divisions. It also needs to be a style that can be easily used with both pictures and text.

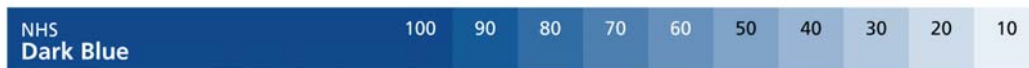
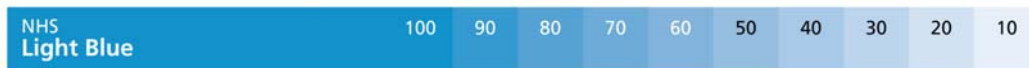
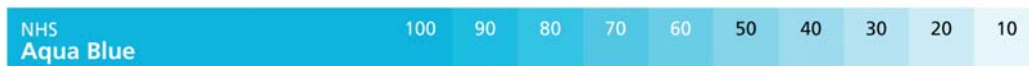
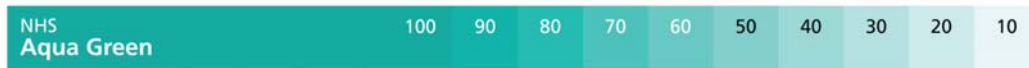
The Trust brand needs to adhere to NHS brand guidelines and main colours should fit into the NHS colour palate.

Following feedback from staff and patients, blues and greens should be the dominant colours with the use of a contrast colour. The initial suggestion based on the views of staff and patients is to use:

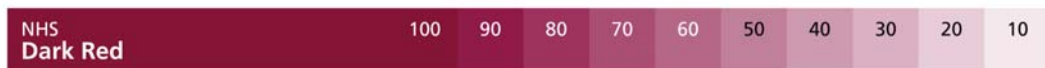
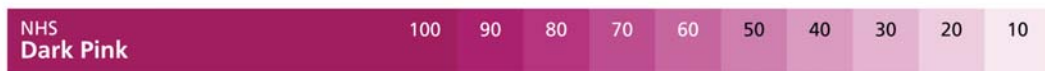
- NHS blue,



- Aqua



- Burgundy / pink



The Brand Strapline will be “**where everyone matters**”. If a word is accented, it must be the word ‘everyone’, although designs do not have to accent any word.

Words used by the public, staff and stakeholders to describe us;

| | | | |
|-----------------|----------|--------|-----------------|
| Friendly | Local | Clean | Caring |
| People’s choice | Cultural | United | People friendly |

The Trust’s values are:

- Caring and Compassionate
- Accessible and Responsive
- Open and Accountable
- Professional and Knowledgeable
- Engaging and Empowering

Our brand should reflect these values.

The NHS Logo should be integrated into the brand identity following NHS identity guidelines – i.e. primarily top right hand side with white space around it.

The primary typeface should be frutiger (light, regular and bold). The secondary typeface should be arial (regular, bold and italic).

Text is more legible if it is:

- non-italic;
- against a background which is in strong contrast to the type.

To ensure that material is accessible as possible, the minimum typeface size for body copy is 12 point; ideally 14 point should be used wherever possible.

Fonts used in translation should be simple and clear.

Sandwell and West Birmingham Hospitals



NHS Trust

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| TRUST BOARD |
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| DOCUMENT TITLE: | Mid Year Nursing Update |
| SPONSORING DIRECTOR: | Rachel Overfield, Chief Nurse |
| AUTHOR: | Rachel Overfield, Chief Nurse |
| DATE OF MEETING: | 30 July 2009 |

SUMMARY OF KEY POINTS:

The attached report provides a summary of progress against the Nursing Workforce Strategy and other key areas of work within the Nursing profession across the Trust.

In the following areas significant progress has been made using vehicles such as Optimal Wards (LiA) and Productive Ward methodology:

- Workforce
- Patient Experience
- Quality

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

| | | |
|----------|--------------------|------------|
| Approval | Receipt and Noting | Discussion |
| | x | |

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is recommended to note this report and to continue to support the considerable effort being put into these initiatives.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

| | |
|----------------------------|--|
| Strategic objectives | Patient Experience. Safe and effective care. |
| Annual priorities | Optimal Wards Programme. Patient Experience improvements. |
| NHS LA standards | |
| Core Standards | |
| Auditors' Local Evaluation | |

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

| | | |
|---------------------------|----------|---|
| Financial | | |
| Business and market share | | |
| Clinical | x | The work and report impact positively on clinical care. |
| Workforce | x | The work and report impact positively on clinical care. |
| Environmental | | |
| Legal & Policy | | |
| Equality and Diversity | | |
| Patient Experience | x | The work and report impact positively on clinical care. |
| Communications & Media | | |
| Risks | | |

PREVIOUS CONSIDERATION:

| |
|------|
| None |
|------|

Nursing Update – Mid Year
Rachel Overfield
July 2009

Introduction

The following paper describes the progress made against the Nursing Workforce Strategy, Optimal Wards Programme and Ward Reviews.

Nursing and Nurses are fundamental to ensuring that the patient experience is as good as possible and that clinical outcomes are optimised. For this reason, it is critical that clear standards are established against which to measure the patient experience and the level of care achieved in our nursing areas. There have been several high profile cases recently where failings within nursing were contributory to poor reports on hospital standards – most notably the Mid Staffordshire HCC report.

The Health Care Commission recommended in their report on Mid Staffordshire NHS FT that Trust Boards should:

- See and respond to data which captures patient experience
- See staffing and capacity as safety issues including recruitment gaps, agency use, benchmarking, training on equipment and training and supervision of staff.
- Ensure that basic standards of care are being delivered.

In addition to these recommendations and in light of considerable adverse public opinion about the quality of nursing care, the Prime Minister has ordered the establishment of a Nursing Commission which recognises the importance of Nurses in delivering quality care. The Commission will ensure nurses are given the support, skills and competencies that they require to deliver care in the 21st century and in particular to tackle barriers that impede nurses. The Commission will consider how best to support nurses in their pivotal leadership role and ensure that there is recognition for Ward Managers as being the person who coordinates all of the various health professionals involved in patient care.

There continue to be a range of work streams within nursing designed to continuously improve the experience and care that our patients receive. These can be broadly divided as:

- Workforce developments
- Patient experience improvements
- Quality improvement

Each of these is overseen by a Deputy Director of Nursing. The nursing division ensure that the Optimal Wards Programme picks up elements of each and the Ward Review process is the means by which we monitor how our in patient areas are progressing. This is further supported by the staff survey and the patient surveys.

Workforce

The original strategy (2008) described a number of measures planned to improve the number and competency of nursing staff within the Trust. This included:

- An establishment review
- Introduction of new rostering practices, absence management and recruitment practices.
- Development of new roles
- Review and development of leadership roles
- Development of Health Care Assistants

Establishment Review

The majority of nursing establishments within the Trust have now been reviewed. Paediatrics and Surgical specialities were reviewed as part of reconfiguration – these areas will need to be revisited within the next 12 months. The medical wards have been individually reviewed by the Chief Nurse and Assistant Director of Nursing for Workforce (ADN).

A simple template was sent to Ward Managers asking them to describe their current establishment, sickness absence, maternity leave and rostering practices. Ward Managers were asked to state whether they believed that their establishments were fit for purpose and to describe how they would change it.

Each Ward Manager and their Matron were invited to a “Confirm and Challenge” session with the Chief Nurse and ADN. Measures were discussed at these meetings about how establishments could be improved and each Ward Manager left with an agreed action plan. At the meeting a RAG rating was applied to each ward:

Red – budgeted establishment inadequate to meet minimal standards of care
 Amber – budgeted establishment adequate but there are issues with how staff are, deployed/managed
 Green – budgeted establishment adequate.

Twenty four wards in total were reviewed. Five were rated red, nine ambers and the rest green. Of the five ‘red’ wards plans were already in place to resolve two and the other three will be discussed at divisional performance reviews in July.

It should be noted that where wards are designated a red rating, Ward Managers and Matrons do use bank staff or administration time in order to ensure patient care does not suffer. However, this is not sustainable. There are plans for two of the red rated wards and at Divisional Performance Reviews DGMs will be asked for solutions to the others.

Action plans will be reviewed with Ward Managers as part of the Ward Review process and a full establishment assessment completed every 12 months.

We are currently considering the AUHUK dependency scoring model to provide a more sophisticated method of establishing the adequacy of establishments. This is being widely used across the NHS now and seems to be more generally acceptable as a tool to Nursing Managers.

Other themes from the review:

- Ward Managers have no dedicated administration support despite managing more staff than any other manager in the Trust. Providing Ward Managers with PA support is a major recommendation of a recent RCN paper into Ward Leadership.
- Ward Clerk support is limited to a few hours per day on most wards. This means that Nursing staff for at least two thirds of the day answer phones, open doors for visitors, complete basic paperwork and answer simple queries instead of delivering care.

Rostering Practices, Absence Management and Recruitment

Many wards have now changed rostering practices to include middle shifts and twilight shifts. The establishment review action plans will encourage more of these changes.

Absence management has improved considerably across the ward areas. Most wards have now put in place local systems for recording absence and for displaying absence trends to staff. Areas of good practice have shared their tools with other wards through the Optimal Wards Programme.

Recruitment has improved in recent months. The process is now quicker and a recent recruitment fair for qualifying student nurses attracted 110 applicants to the Trust with 75 offered posts. This means that there are currently no unfilled band 5 posts at ward level (although students do not take up posts until the autumn). However, there remain a number of posts in the specialist areas, ie, Critical Care, Theatres and A+E. More work is required to convince Managers in these areas that newly qualified staff nurses can be effective members of staff in specialist fields.

Recruitment fairs will continue twice a year and divisions will continue to be encouraged to consider over recruitment strategies to reduce bank and agency use.

Bank and Agency Use

Generally Bank spend is within the nursing pay budgets on general wards and at Ward Review it was established that the majority of wards make good decisions about use of Bank staff. There is very little agency use on the general wards.

In specialist areas Bank and Agency use is more common due to the high levels of vacancies and variability of case load. The cost of employing staff through both the Bank and the Agency is considerably higher for these areas than it is in the general wards.

A review of the Hospital Bank has been undertaken this year and new rates of pay will be introduced from September. This will bring general staff up to rates in line with Agenda for Change and put better control methods in place to reduce the extensive use of Bank and Agency in specialist areas. This needs to link to improvement in recruitment in these areas.

New Roles

The first cohort of Assistant Practitioners (APs - band 4) in nursing are now in training with two further cohorts fully appointed and planned. The opportunity has, to date, only been available to HCAs at NVQ level 3. On completion of training the APs will move into roles designed to offer better fundamental care at ward level. They will lead other HCAs and Student Nurses and become experts at ward level in areas such as nutrition, tissue viability and continence. In the future APs could be recruited from school leavers and promising HCAs at NVQ level 2.

It is envisaged as part of the nursing workforce plan for the future that wards/departments will have at least 25% of their workforce at Band 4 level.

The Chief Nurse has been asked to chair the SHA Steering Group for the development of APs and is currently working on proposals to develop Critical Care Technicians and OPD APs also at band 4.

The Graduate Profession

Nursing will become an all graduate profession over the next few years. This will create a number of challenges for nursing and for the local health economy. Currently around 70% of courses are at diploma level and 30% at degree level but in our region this is more like 90:10 %. For the Trust we commission around 250 nursing places per year of which only 35 are at degree level.

A graduate entry will automatically change the number and type of individuals entering nursing. Positively it will create a nursing workforce that is more autonomous and challenging and able to “compete” with other professional groups. Graduate nurses will be better prepared to cope with the complexity of modern healthcare and will be able to make high level judgements and decisions. There are a number of risks:

- Difficulty filling places – reduced number of registered staff available in the future.
- High attrition rates from a more academically challenging programme – currently around 40% locally at diploma level.
- Possible lower level of conversion into NHS employees
- Possible greater attrition of nurses from the NHS – greater opportunities for graduates.
- Possible risk of retaining diplomat Nurses as their value is seen to diminish.
- Criticism of nursing becoming elitist (too posh to wash).
- Massive “catch up” exercise with existing diplomat nurses.
- Cost of higher salary expectations – most registered Nurses will expect to be at band 6 within a year of qualifying.

The result of this will mean that the registered nursing workforce will potentially become both more costly and less available. The importance of Assistant Practitioner roles and HCA roles will therefore increase.

Of concern, the profession risks losing a large number of individuals who want to “care” and who make excellent nurses, because they lack the academic ability to enter graduate programmes. It is critically important that these individuals still have the opportunity to enter “nursing” as APs.

Review and Development of Leadership Roles

See below under Optimal Wards.

Clinical Supervision and Preceptorship

Midwives and Therapists are generally very organised around supporting existing staff and offering preceptorship to newly qualified staff. However, within general nursing this is commonly not well organised.

A new clinical supervision policy has been produced and workshops delivered across the Trust.

Funding for supporting preceptorship has been secured and recruitment for two facilitators is underway. This should ensure a continuum of practice from novice to expert through preceptorship → clinical supervision → coaching/buddying mentorship.

Advanced Practice

An LiA style workshop launched a review of all nurse specialist and practitioner roles across the Trust. It is aimed at ensuring nurses in these roles are properly supported and clinically and academically credible. The workshop was well received and will deliver positive results for the Trust in terms of quality of care, patient safety and nursing careers.

Optimal Wards – Happy Staff, Happy Patients (LiA)

Introduction

'Optimal Wards' aims to improve the experience at ward level for patients, staff and visitors through improved staff engagement, support for action and use of supplementary methodology, especially Productive Ward (LEAN) modules.

The programme commenced in June 08 with D16, D17, P5 and L3 – 4 particularly challenged wards. A further 8 wards were included in October 08 following a 'Sharing Into Action' event and another 8 wards will join the programme this Summer – these additional wards are a mixture of well performing wards and wards with particular challenges.

Methodology

A LiA style staff event is undertaken for each ward led by the Ward Manager and Matron and is supported by the Chief Nurse and sponsoring ADN.

The conversation results in actions being identified, most of which are 'owned' by staff at ward level. Some actions are assigned to the Nursing division or Facilities/Estates.

Each ward has its own sponsor group led by the Ward Manager and a sponsoring ADN. The whole programme is overseen by the Chief Nurse through the ADN meeting and reports into the Senior Nurse Forum

Progress to date

Ward Level

Each ward has an action plan and there have been numerous improvements made within the following areas:

- Meet and greet standards
- Improved patient information and notice boards
- Mission statements and ward identification
- Staff training
- Patient and staff environmental improvements
- Documentation
- Infection control
- Patient safety
- The patients day
- Privacy and dignity
- New role development
- Skills audit (competency check)
- Improved stock control for stores and therefore decreased expenditure
- Team working
- Leadership
- Different models of care
- Sickness absence
- Annual leave management
- Rostering

All wards have had a specific 'environmental visit' and Estates and Facilities have concentrated resources into the Optimal Wards to improve the physical environments. This has resulted in many improvements, eg:

- New nurses stations
- Improved staff/teaching rooms
- General décor improvements
- New notice boards
- New bathrooms/toilets
- Total refurbishment (D16)

Using Productive Ward Methodology

All Optimal Wards have received a specific training session on Productive Ward methodology and all wards have been offered Rapid Improvement Events and "Activity follow/waste walks".

Rapid Improvement Events (RIE's)

This involves putting dedicated time aside to de-clutter wards and undertake minor work. LEAN principles are also applied to improve storage, administration procedures and notice boards. Nursing, Estates and Facilities staff are required for this exercise which usually takes 2 days. To date 6 RIE's have been undertaken. The Sandwell wards are receiving a limited RIE as wards are closed for partition work. Other wards will have an RIE as they are decanted for refurbishments, eg D16.

"Activity Walks/Waste"

Similar to a 'time and motion' study this involves recording every activity undertaken by nursing staff of all grades on a ward over a specific period of time. Activity is classified into various categories, eg clinical (patient contact), clinical (non-patient contact), documentation, non-productive time etc. This is reflected back to staff groups to encourage them to look particularly at non-productive time. Typically, most of these exercises will identify that staff are unproductive for 30% of the time – usually around travel time, looking for equipment and other similar activities. Staff are

generally shocked at the amount of time not spent at the bedside. Seven wards have undertaken 'Activity walks' to date

Measures Boards

'Knowing how we are doing' is a key principle underpinning Productive Wards. Displaying key information to staff, patients and visitors develops pride in work undertaken, confidence in ward teams and improved performance. It has been decided to provide all Optimal Wards with Measures Boards:

- One for public display - Including infection control results
 - Essence of care results
 - Falls and pressure damage rates
 - Staff numbers, turnover
- One for staff display - As above, plus
 - Sickness absence
 - Financial info
 - Bank/Agency use
 - Mandatory training data
 - PDR data

Corporate Focus

The Nursing division has led a number of LiA events for Optimal Wards in order to address issues that apply across all wards or to share the learning from existing Optimal Wards.

'Sharing Into Action'

This event was run in October 2008 and was intended to share the experience of the original Optimal Wards and to encourage new wards to put themselves forward to join up. As a result of this event 8 additional wards joined the programme and many ideas were shared.

A second event was run in April 2009 where staff from the Optimal Wards were asked to develop newspaper headlines for the best story they had around staff and patient improvements. These were shared on the day and subsequently converted into newspaper front pages for display in ward areas – 'Optimal News!'

Developing Ward Management Capability – The Triumvarite Model

It was recognised very early in the life of Optimal Wards that effective leadership was essential to achieve the aims of 'Optimal Wards: Happy Staff, Happy Patients'. To this end an LiA ward leadership event was undertaken in May 2009. Ward Managers, lead Doctors and Therapists from across the Trust (not just Optimal Wards) were invited to attend and explore the following:

- Your ward has received a HSJ award for great leadership – what does that look like?
- What stops you being great ward leaders now?
- What can we do together to improve ward leadership?

There were three key strands of work that came out of this event:

- Ward leadership needs greater involvement of doctors and therapists – Triumvarite model

- Ward Managers need specific development and support
- Communication on wards needs to improve for patient safety reasons

As a result the following are now progressing:

- Triumvirate model is described and a proposal will come to TMB over the Summer with a view to running 4 pilots from September.
- L&D are working on a clinical leaders development programme for the whole health economy (4 places per cohort for SWBH)
- The Nursing division is planning a series of Masterclasses for Ward Managers and Lead Therapists
- The Nursing division is developing a support framework that includes 'buddying' systems and career progression
- A communication development plan has been developed and includes the introduction of:
 - Handover standards
 - The Captain's Log – shift leaders communication
 - Communication Book – MD team communication for safety issues
 - Worry list (failure to rescue)

Staffing Reviews

From the outset staffing levels have been cited as a reason for poor performance or an inability to progress. Specific LiA sessions have been run with several of the Optimal Wards to develop a shared understanding of what the staffing concerns actually are and how these can be resolved. In the main, issues were around poor management of sickness and absence, poor and traditional rostering and under use of HCA skills and other support roles. Through the LiA events, wards have been able to identify for themselves staffing solutions. (see previous section)

Optimal Wards - Future Plans

1. Sharing Event – 'Speed Dating!'

The next sharing event will be in September and will be run akin to a speed dating evening. Tables will be allocated to wards with a particular area of improvement or practice to share. Participants will move from table to table in 10 minute slots gathering 'matches', ie good ideas for their areas.

At the end of the session each participating ward will pledge hearts to the ideas they want to take and use in their areas.

2. Continue with communication developments including patient safety concerns.

3. Next 8 wards come on stream in September with the first staff conversations.

4. Develop a framework for Optimal Wards with key measurable deliverables. To include:

Standard expected activities eg: Measures Boards
Mission Statements
Patient Booklets
Environment Reviews
RIE's
Waste Walks
Establishment Reviews

Optional activities eg: Productive Ward Modules

Patient Feedback Methods
Communication And Safety Reviews
Ward Specific Actions from LiA Events
Success to be measured via Ward Reviews
Competencies review
Customer Care review

Ward Reviews

The Ward Review process is the vehicle for measuring the progress of all wards within the Trust and especially the Optimal Wards. The third round is now complete (see appendix 1) and there are definite measurable improvements noted across many wards but markedly on the Optimal Wards. Unfortunately because the tool has been changed and refined it is not possible to show this as a comparison from one review period to another but the National and local in-patient survey also supports this view.

Trends from the last round of reviews include:

Positively:

- Training for vulnerable adults has been well received.
- Sickness absence management has improved
- Local databases for mandatory training, medical devices and sickness are now largely in place.
- Patient surveys have been undertaken and generally report positively.
- Audits into fundamental care have been completed and action planned.
- Patient safety issues have improved – especially in Med A.
- Infection control and cleanliness audits are showing good improvements.
- Meal service has improved

Negatively:

- Nutritional assessment remains poor.
- Mandatory training remains difficult for ward managers to manage – due to the number of individual modules that nurses have to attend.
- Information provision is poor in many areas.

In Conclusion

There are many positive areas of work taking place within Nursing that will lead to Optimal Care on our wards and more generally across all Nursing areas.

The Trust Board are recommended to note this report and to continue to support the considerable effort being put into these initiatives.

| Objectives | Round 3 | | | |
|---|---------|----|----|-----|
| | R | A | G | N/A |
| <u>1. Patient environment is clean and IC procedures are in place</u> | 0 | 32 | 12 | 0 |
| C.Diff MRSA Hand Hygiene Audit Saving Lives Audit PEAT Inspection Audit VIP Score | | | | |
| <u>2. All patients will have their basic care needs met</u> | 4 | 25 | 14 | 1 |
| Meal Times Assistance with meals Bed Plans MUST tool Toilet needs met Falls Assessment Pain Assessment Waterlow Score | | | | |
| <u>3. Effective use of all resource</u> | 0 | 27 | 17 | 0 |
| Bank and Agency Usage Workforce data i.e : ● Sickness Absence ● Maternity Leave ● PDR ● Staff Registration ● Mandatory Training ● Vacancies Developed Local training plan Local induction Hot Topics' | | | | |
| <u>4. To maximise patient experience through effective communication</u> | 1 | 20 | 23 | 0 |
| 'Meet and Greet' standards Information regarding ward procedures Responsive to user feedback A twice yearly survey is completed Care is delivered with compassion | | | | |
| <u>5. Privacy and Dignity is respected and maintained</u> | 0 | 30 | 14 | 0 |
| Mixed sex bays Bathrooms and toilets are clearly labelled Privacy signs are in use Equality Impact Assessment Information for individual needs Diversity Awareness training Spiritual needs assessed & met | | | | |
| <u>6. Needs of vulnerable people are recognised and met</u> | 6 | 19 | 19 | 0 |
| Safeguarding training Mental Capacity training Deprivation of Liberty training VAP DOL Register Incidents | | | | |
| <u>7. Suitable education environment</u> | 3 | 13 | 25 | 3 |
| Mentors meet NMC requirements Link Nurses Education Link meeting | | | | |
| <u>8. Patient's safety needs are met</u> | 2 | 20 | 22 | 0 |
| Recognise and report changes in condition Role is taken to rescue the patient Appropriate Medical Devices Training Business Continuity plan Annual environmental Risk Assessment Wards 'incident trends' | | | | |

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD

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| DOCUMENT TITLE: | Annual Workforce Plan – 2009/10 |
| SPONSORING DIRECTOR: | Colin Holden, Director of Workforce |
| AUTHOR: | Gayna Deakin, Deputy Director of Workforce |
| DATE OF MEETING: | 30 July 2009 |

SUMMARY OF KEY POINTS:

The purpose of this report is to inform the Trust Board of the following:

- The SHA's requirements and main changes to the process for the annual workforce planning process;
- The process and timetable for the Trust's submission;
- The basis upon which the Trust's submission has been developed;
- Confirmation that the Trust's Annual Workforce Plan has been submitted within the deadline.

A copy of the Trust's Annual Workforce Plan for 2009/10 is attached.

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** this report.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

| | |
|----------------------------|---|
| Strategic objectives | The Trust's workforce plan is a key contributor in supporting the achievement of the Trust's strategic and corporate objectives. |
| Annual priorities | |
| NHS LA standards | |
| Core Standards | Core Standard 11a Element two: 'The healthcare organisation aligns workforce requirements to its service need by undertaking workforce planning, and ensuring that its staff are appropriately trained and qualified for the work they undertake' |
| Auditors' Local Evaluation | |

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

| | | |
|---------------------------|----------|--|
| Financial | | |
| Business and market share | | |
| Clinical | | |
| Workforce | X | To comply with obligations to meet national and regional annual workforce planning requirements. |
| Environmental | | |
| Legal & Policy | | |
| Equality and Diversity | | |
| Patient Experience | | |
| Communications & Media | | |
| Risks | | |

PREVIOUS CONSIDERATION:

Considered at Trust Management Board on 21 July 2009

Annual Workforce Plan – 2009/10

1. Introduction

Each year the Strategic Health Authority (SHA) undertakes a workforce planning exercise, which is used to ensure that the right workforce is available for service delivery and redesign, and informs education commissions.

This report will set out the SHA requirements for this year's return and the approach that has been undertaken to complete this. It will also provide, for information, a copy of the Trust's Annual Workforce Plan submission.

2. SHA Requirements

The SHA requires a detailed understanding of each service provider's whole workforce demand over the next five years to develop an informed educational commissioning plan for 2009/10 that reflects the service needs of healthcare organisations up until 2014.

In previous years the SHA has led the annual workforce planning process. This year, in line with national policy, PCT commissioners are taking a lead role in the evaluation and collation of provider workforce plans.

Sandwell PCT, as the Trust's lead commissioner, is responsible for co-ordinating and receiving the Trust's submission. It is intended that 2009/10 will be a transitional year where the SHA will work closely with each PCT providing support as necessary.

The SHA has developed a tool for PCTs to use to aggregate all of their service providers' workforce plan returns to enable them to develop a high level analysis of the local health economy.

3. Process and Timetable

The process and timescales for this year are as follows:

| | Deliverable | Date/By |
|----|---|------------------|
| 1. | Workforce Planning Guidance and Templates to be issued by Lead PCTs to Service Providers | 6 May 09 |
| 2. | PCTs to attend Quality Assurance workshop on workforce information | 25 June 09 |
| 3. | Provider workforce plans to signed off by Chief Executives of provider organisation and submitted to PCT | 6 July 09 |
| 4. | PCT to submit 'high level' analysis of provider workforce plans to the SHA | 31 July 09 |
| 5. | SHA to provide preliminary feedback to PCT by provider | 17 Aug 09 |
| 6. | PCTs to submit final version of workforce demand plans to SHA, including answers to preliminary queries | 4 Sept 09 |

4. Methodology

As with previous years, a demand proforma populated with the latest workforce census and Electronic Staff Record data was issued to aid completion. These were completed, as required, in the context of NHS West Midlands strategic direction: '*Investing for Health*' and '*Investing for the Workforce*' and the impact of these on service delivery.

The demand proforma sets the Staff In Post according to the data held in the Electronic Staff Record (ESR) as the baseline for 2009/10. Service providers are then required to populate the proforma with the projected year on year WTE changes up until 2014/15.

It is not possible, at this stage, to align our internal workforce modelling with the structure and format required by the SHA. This is because the SHA require the plans to be developed using ESR (Staff In Post) data and our current workforce forecasts are derived from the OBC affordability model and are based on budgeted whole-time equivalents.

The proformas have, therefore, been populated by mirroring as far as possible the year on year percentage changes for each staff group as forecast in the OBC affordability model. Copies of the demand templates are available upon request.

It was also necessary to complete a 'narrative template' with the commentary to explain what service changes are driving the workforce trajectory specified in the demand proforma. This was primarily completed using the service, financial, and workforce information contained within the Trust's Annual Plan, Acute Hospital Development Project Outline Business Case, Foundation Trust Application and other key documents.

5. Conclusion

The Trust's Annual Workforce Plan for 2009/10 has been completed and submitted to Sandwell PCT within the deadline. A copy of the plan is attached for information and copies of the demand proforma (ESR numerical data) can be provided upon request.

The next steps are as detailed in the timetable above.

6. Recommendation

The Trust Management Board is asked to **receive** and **note** this report.

Strategic Workforce Plans 2009 – 2014

Provider Workforce Planning Narrative Template

| | |
|------------------------|--|
| Organisation | Sandwell & West Birmingham Hospitals NHS Trust |
| Completed by | Gayna Deakin, Deputy Director of Workforce |
| Contact Details | Email: gayna.deakin@swbh.nhs.uk Tel: 0121 507 6682 |
| Date | 6 th July 2009 |
| Statement: | I confirm that the submitted annual workforce plan is an accurate reflection of the workforce projected for my organisation from 2009-2014. |
| CEO Signature |  John Adler, Chief Executive [6 th July 2009] |

Workforce Narrative

Name of Organisation: **Sandwell and West Birmingham Hospitals NHS Trust**

This is a suggested format for the workforce narrative using the framework outlined below. It is intended to be an 'aide memoire' and not necessarily to be followed slavishly.

Executive Summary/ Key Messages

1. Trust Profile

The Trust is one of the largest teaching Trusts in the United Kingdom with a reputation for excellent, friendly staff who provide high quality care from three hospitals:

- City Hospital in Birmingham
- Sandwell General Hospital in West Bromwich
- Rowley Regis Community Hospital in Rowley Regis

The Trust was established in April 2002 and has an income of £350 million. It employs circa 6000 WTE staff, has circa 1000 beds and serves a population of over 500,000.

Sandwell General Hospital and City Hospital are busy acute hospitals providing many specialist services and a broad range of emergency services, including Accident & Emergency at both sites. Rowley Regis Community Hospital provides continuing care and rehabilitation. It also has a range of outpatient and diagnostic facilities.

The Trust hosts the Birmingham and Midland Eye Centre which is a supra-regional specialist facility, as well as the Pan-Birmingham Gynaecological Oncology Centre, Birmingham Skin Centre and Sickle Cell and Thalassaemia Centre.

Aside from being one of the largest providers of acute patient services in the Midlands, the Trust also has a substantial teaching and research agenda with several academic departments including rheumatology, ophthalmology, cardiology, gynaecological oncology and neurology.

2. Strategic Overview

The Trust is a key partner along with local PCTs and local authorities in the 'Right Care, Right Here' Programme which seeks to deliver an ambitious redevelopment of local health services. This has the backing of the West Midlands Strategic Health Authority and has been approved as a national priority scheme by the Department of Health.

Following a very successful public consultation, implementation of the programme is underway with a wide range of secondary care services now being provided via new models of care in community locations. The programme includes investment of £700 million in new facilities in both the acute and community sectors, making it one of the largest investment programmes in the UK. Included within this is a brand new state of the art acute hospital which has planning permission and is set to open in 2015/16. This will create some of the largest clinical teams in the country on a single site.

The Trust's current strategy focuses on the period leading up to the new hospital with an emphasis on driving clinical integration by reconfiguration of services between the existing sites, strengthening key specialties, and on quality and productivity improvements.

3. National Context

The Operating Framework for the NHS in England 2009/10 (December 2008) sets the national priorities, financial assumptions and national planning process for the year ahead. The five national priorities have not changed from 2008/9 and are as follows:

- Infection Control: achieving trajectories introducing MRSA screening
- Improving access: maintaining 18 weeks, extending direct booking
- Improving health/reducing inequalities: four key areas of cancer, stroke, maternity, and children
- Patient experience: improving engagement and satisfaction
- Emergency preparedness: major incident planning/preparedness
-

4. Local Context

The local context for our planning for 2009/10 remains the 'Right Care, Right Here' Programme with its aim of delivering a major redevelopment of local health and social care services including a new acute hospital, the shift of care 'closer to home', and significant investment in primary and community locations.

The next five years will see significant changes to the workforce to deliver cost efficiencies, further reconfiguration of clinical services, introduction of new and more productive ways of working, and change programmes to develop the skills and modernised working practices required to provide high quality services in community locations and in readiness for the new acute hospital service model in 2015/16.

In the light of its strategic, operational and financial strength the Trust is applying to become a NHS Foundation Trust with an expected date of authorisation as an FT in 2009. In preparation for this we have had considerable success in recruiting an initial public membership from our local population. Our membership programme has been developed to ensure that members have the opportunity to play an active role in Trust activities including planning for the new hospital.

Key Issues

Service

1. Service Overview

Our service plans over the next five years include:

- continuing to transform our services to reduce activity provided in an acute setting including further significant efficiency gains;
- delivering a substantial proportion of our activity in community settings;
- procuring and building a new smaller but state of the art acute hospital to replace our two current hospitals;
- becoming a smaller but more focussed provider of secondary care that our local population will choose to support.

2. Clinical Activity

The table below sets out our planned activity levels for 2009/10 - 2011/12 based on the agreed Local Delivery Plan (LDP) for 2009/10 and the assumptions in our agreed Long-Term Financial Model.

| 000's of cases | Plan 08/09 | Forecast Outturn 08/09 | 2009/10 Plan | 2010/11 Forecast | 2011/12 Forecast |
|----------------|------------|------------------------|--------------|------------------|------------------|
| Elective | 61.9 | 63.7 | 62.7 | 66.2 | 67.2 |
| Non-elective | 67.5 | 69.2 | 58.2 | 67.8 | 67.6 |
| Unbundled HRGs | - | - | 22.5 | | |
| Outpatients | 507.2 | 528.6 | 537.7 | 467.7 | 431.5 |
| A&E | 225.4 | 228.6 | 230.0 | 235.0 | 244.1 |
| Rehab OBDs | 25.7 | 22.8 | 25.7 | n/a | n/a |
| Neonatal OCDs | 8.7 | 8.8 | 9.8 | n/a | n/a |

In 09/10 we are therefore planning for the following changes in activity levels compared with 2008/9 outturn:

- + 7.8% admitted patient care including the effect of moving to the new currency (HRG4). On a like for like comparison we are planning to deliver a similar level of admitted patient care in 2009/10 to that forecast for 2008/9;
- +0.7% outpatients. This assumes that although the high levels of outpatient growth seen in 2007/8 are not reversed, there is no further significant growth in 2009/10.

3. Service Developments

Our service plan includes developments in 2009/10 for the following services:

- **Improving emergency surgical services** – completing the changes in surgical configuration agreed in 2007/8 including additional investment for emergency theatres at Sandwell;
- **Maternity** –investment in maternity services to continue to improve the quality of our hospital based maternity services as well as working with PCTs to improve the quality of our community-based midwifery services. We will develop a business case for at least one midwife-led birth centre and conduct a major review of our maternity services;

| | |
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| | <ul style="list-style-type: none"> ▪ Stroke Services – Working with Sandwell and HoB PCTs to develop our plans to meet the standards for stroke services set out in the local specification. This will include improving access to thrombolysis for patients with stroke; ▪ Ophthalmology – Investing in additional consultants in ophthalmology to respond to rising demand and opportunities to develop new services including establishing a community service in South Birmingham; ▪ Infection Control – Maintaining existing levels of investment in cleaning and infection control and including MRSA screening for elective as well as emergency patients. Our plans are designed to ensure that we deliver our agreed infection control targets. <p>4. <u>Quality Improvements</u></p> <p>As part of the LDP agreed with commissioners the Trust has agreed to a Commissioning for Quality and Innovation (CQUIN) Scheme that includes quality objectives in the following areas:</p> <ul style="list-style-type: none"> ▪ Reducing the Trust's caesarian section rate ▪ Improving the percentage of patients with fractured neck of femur operated on within 48 hours of admission ▪ Improving the management of stroke patients including time to CT scan after admission ▪ Introducing routine arrangements for monitoring patient satisfaction ▪ Increasing the numbers of patients who smoke referred to stop smoking services before elective operations ▪ Improving the quality of coding for the source of outpatient referrals ▪ Providing an annual report for neonatal and cardiology specialised services ▪ Improving reporting of neonatal intensive care data <p>5. <u>Acute Hospital Development ('Right Care, Right Here' Programme)</u></p> <p>We will be participating fully in the 'Right Care, Right Here' Programme Exemplar Projects to facilitate service and workforce redesign, and we will also be making full use of outpatient facilities in Aston Health Centre and Rowley Regis Hospital by increasing the volumes of outpatient activity delivered from these locations. In addition we will be engaging with the PCTs in the design of major community facilities (Aston, BTC, Rowley Regis, and Sandwell)</p> <p>The new Acute Hospital will be delivering a new model of patient care in line with the vision agreed by the local health economy. In summary, this vision requires a major step change in service provision across the health economy through service redesign and investment with a re-balancing of capacity to reflect a greater focus on delivering care in community and primary care settings and a new single site acute hospital operating at maximum productivity.</p> <p>Our plans to procure the new acute hospital will continue to be developed and delivered and following approval of the Outline Business Case we will enter the pre-procurement phase.</p> |
| Financial | <p>The key assumptions on which our financial plan for 2009/10 – 2011/12 is based include:</p> <ul style="list-style-type: none"> ▪ A planned surplus of £2.3m; ▪ Income of £364.9m, a 2.67% increase on 2008/9 forecast outturn; ▪ Operating expenditure of £335.0m, a 1.78% increase in 2008/9 forecast recognising the cost of pay awards, meeting national cost pressures, full year effect of developments in 2008/9 and developments in key priorities identified above, net of CIPs; ▪ The plan incorporates the impact of moving to HRG4 and the changes to the Market Forces Factor (net loss of £3.8m income) and increases in the NHSLA premium (£3.5m increase in premium); ▪ A CIP of 4.5% of operating income (£15m); ▪ Income of £1.6m from the achievement of CQUIN targets; ▪ Income of £1.3 from HoB tPCT under the Right Care, Right Here Transitional Framework to support the Urgent Care Centre at City Hospital. |
| Workforce | <p>1. <u>Strategic Overview</u></p> <p>Maintaining a highly performing and engaged workforce is the key to future success and progressive HR and employment practices, with a strong emphasis on organisational development, are essential to delivering the Trust's vision, strategic objectives, and wider NHS reform.</p> |

Our Workforce Strategy (2008-2015) is designed to support the delivery of our challenging workforce agenda and to compliment and work in conjunction with the key national HR themes: the four pillars set out in *HR in the NHS (2002)* , and the NHS West Midlands strategic direction *Investing for Health, Workforce Transformation*.

The specific actions detailed within the strategic document will ensure that the Trust is able to:

- Recruit, retain, and deploy the workforce needed to deliver the Trust's vision;
- Identify, nurture, and develop leaders and managers whose practice will support the Trust's vision and values;
- Engage with staff in ways that will directly improve patient care and staff satisfaction;
- Develop, implement and maintain first class employment practices.

2. Organisational Development

We are committed to supporting the development of our managerial and clinical leaders to focus on delivering sustainable results and desired outcomes for patients, public and staff through engagement processes. Our approach to staff engagement called 'Listening into Action' is a vehicle for developing our leaders and accords well with the principles in Lord Darzis report "A High Quality Workforce".

LiA is a method of engaging with staff and driving improvements in service from the bottom up, and it's aim is to fundamentally change the way the Trust is managed, putting staff at the centre of driving change and improving outcomes for patients.

We now have over 50 teams (clinical and non-clinical) and up to one third of the workforce involved in this new way of working, and we are able to see improvements for patients achieved by individual teams, as well as improvements in the national staff and inpatient survey results.

3. Workforce Planning

Building workforce planning capacity and capability is a key organisational priority to successfully deliver the efficiencies and programmes of change that are essential to achieving the Trust's strategic objectives.

We have a range of senior managers and clinical leaders that are studying the Post Graduate Certificate in Strategic Workforce Planning and many of our service managers are undertaking the 5 day workforce utilisation course sponsored by NHS West Midlands.

We have held a series of workforce planning workshops with the service leads for all of the clinical divisions using the Six-Step Integrated Workforce Planning Methodology. We are in the process of putting together a workforce planning framework that will co-ordinate and align all of the levels of workforce planning and we have established an executive level Clinical Workforce Planning Steering Group.

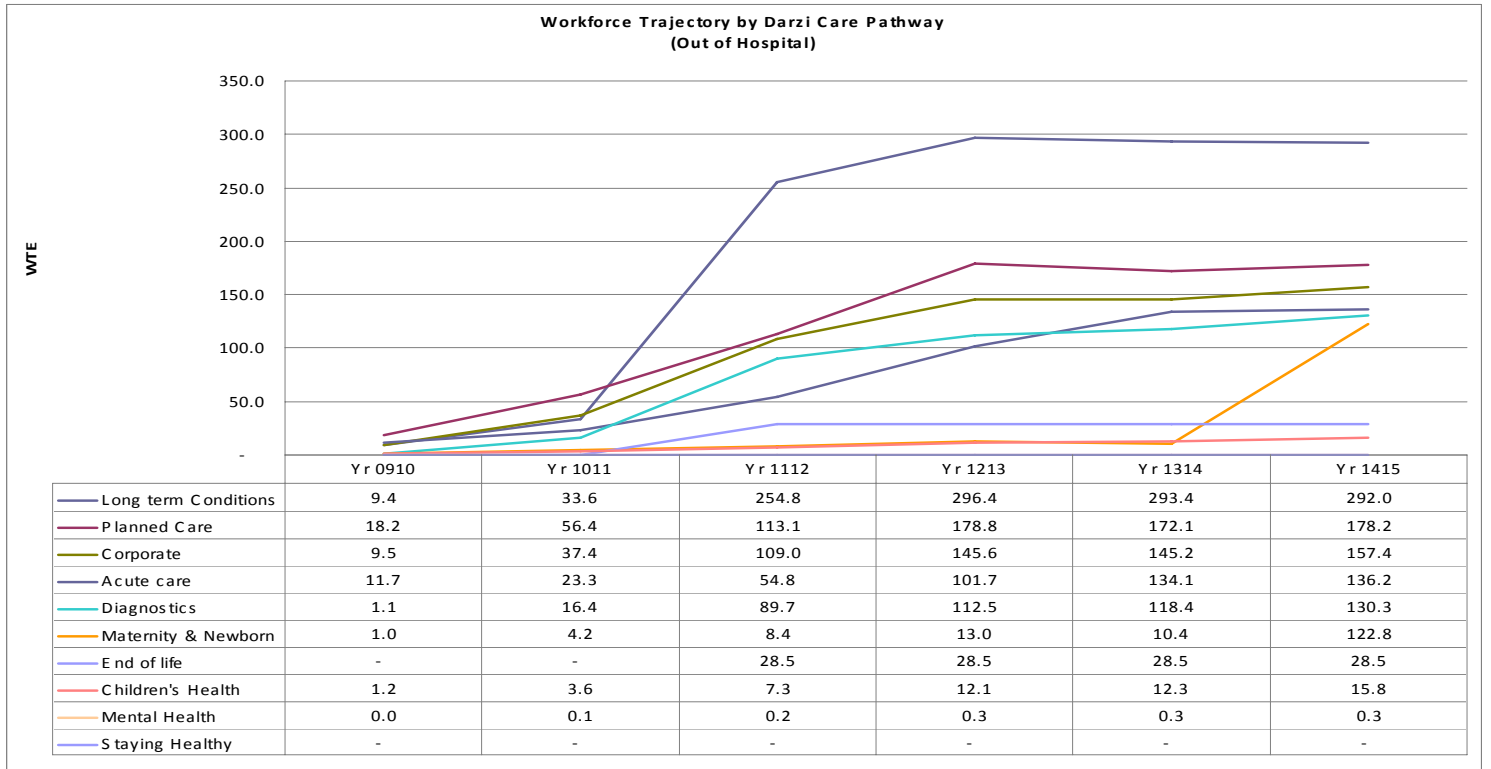
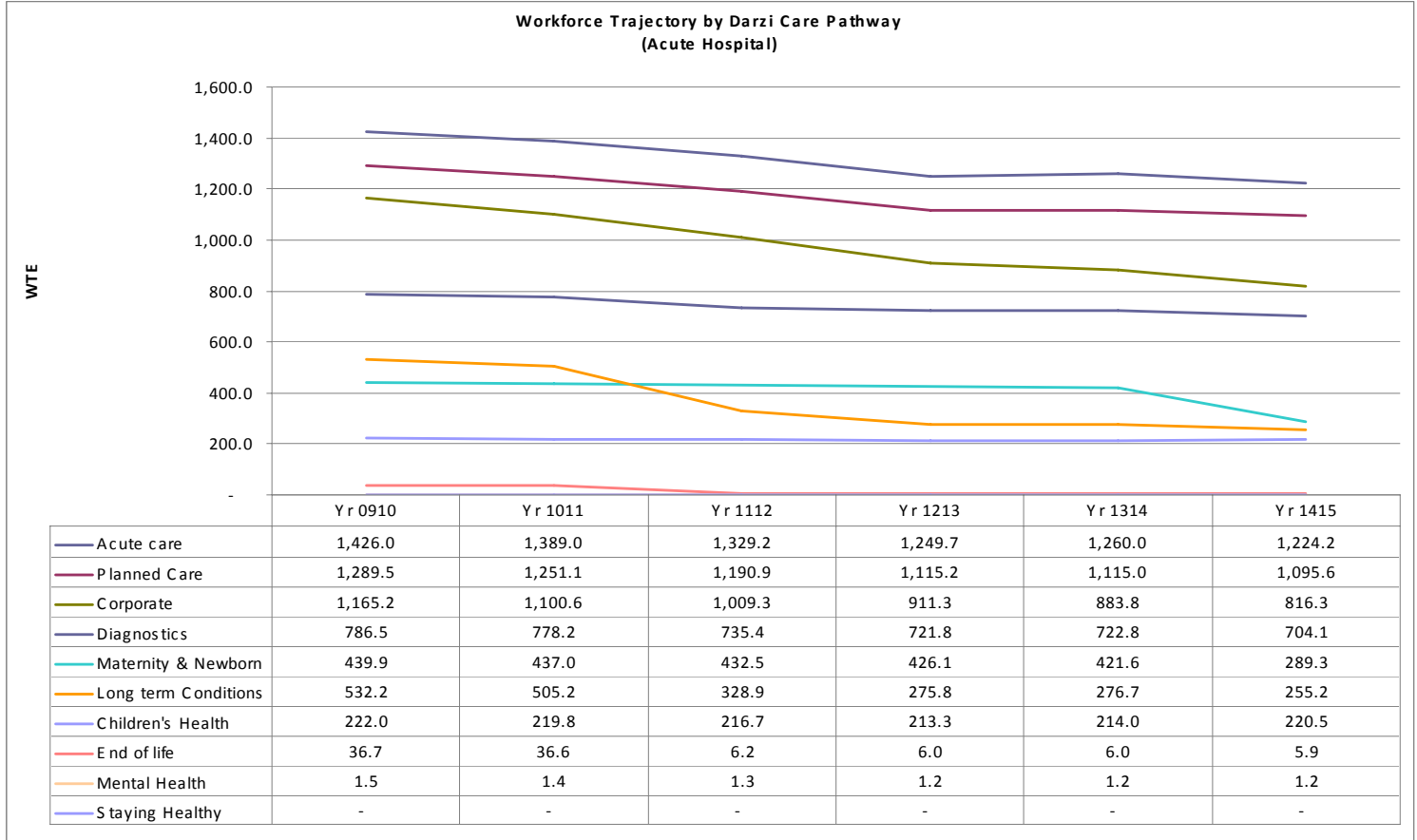
4. Emergency Preparedness

We have typically increased workforce capacity through traditional means i.e. agency staff, nurse bank, overtime working, and in more extreme situations increased staff flexibility and goodwill.

Our Influenza Pandemic Plan includes a section on the workforce implications to achieve emergency preparedness and we have developed a detailed workforce plan to operationalise this. The plan sets out the processes for maximising staff availability, increasing the pool of staff available to maintain essential services, deploying staff from non-essential service areas etc. We have a policy document that has been shared with our trade unions and that sets out the HR response to all of the staffing issues that arise in this scenario e.g. staff communication, management of sickness absence, staff flexibility, occupational health and pastoral support etc.

| | |
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| Educational | <p>1. <u>Joint Investment Framework (JIF)</u></p> <p>We are keen to ensure that we benefit from the funding that the Joint Investment Framework offers to develop our non-professional staff groups in Bands 1-4. Funding accessed is currently being used to up-skill a diverse range of staff groups such as high dependency ambulance drivers, and clerical, domestic, and catering staff (approximately 370 staff). Basic literacy, numeracy and ESOL needs are being provided for about 95 members of staff.</p> <p>We are undertaking a programme to ensure that all HCAs have the appropriate competencies for their role and are rolling out NVQ level 2 and NVQ level 3. It is anticipated that by 2010 all HCAs will have completed the NVQ competency relevant to their Agenda for Change band. This will ensure the availability of more skilled members to support the multidisciplinary team and to act as a feeder route into the Assistant Practitioner programme.</p> <p>We are using funding through JIF to develop Assistant Practitioners in Maternity theatres, Critical Care, Outpatients, and general wards. The competencies for this role have been agreed and 4 cohorts have been identified with over 40 places over the next two years. In March 2009 the first cohort started their training programme that will lead to a health and social care foundation degree. It is anticipated that the wards will each have two Assistant Practitioners (essence of care practitioners).</p> <p>2. <u>Widening Participation</u></p> <p>We are working in partnership with Sandwell PCT and Sandwell MBC to engage, train and up skill members of the local area who are low skilled and many of whom live in identified deprived areas, to provide a pathway into NHS employment.</p> <p>The project will support disadvantaged groups into employment and link into the City Strategy in support of the 'worklessness' agenda. It will assist us in meeting our objective of encouraging our local population to choose to work for us and to enable us to move towards a position whereby the ethnic profile of our workforce more closely reflects that of our local community.</p> <p>We will be expanding our current work experience arrangements to form a comprehensive structured work experience system linking with local education providers e.g. JCP 'Routeways'. We are in discussion with our PCT partners to determine how best to achieve this.</p> <p>3. <u>Skills for Health (SfH) Standards in all professional education standards</u></p> <p>Following on from the 'qualifications' audit we will now focus on the identification of SfH competencies for each role within the Trust. This will be undertaken prior to the introduction of OLM (ESR). We will be working with the 'Right Care, Right Here' Programme to ensure that there is consistency of identified competencies for roles that in future will be providing care in out of hospital locations.</p> |
| Working Time Directive 2009 | <p>All the Trust's junior doctors in Accident and Emergency, General Medicine, General Surgery, General Paediatrics, Obstetrics and Gynaecology, Urology, Dermatology, Neurology, Neurophysiology, Rheumatology, Neonatal Paediatrics, Ophthalmology, Radiology, Anaesthetics, Trauma and Orthopaedics, ENT, Plastic Surgery, Cardiology, Microbiology and Haematology are now working in accordance with the August 2009 EWTD requirements.</p> <p>As at 15th June 2009 100% of the Trust's junior doctors are working in accordance with the August 2009 EWTD targets.</p> |
| Please name organisational vital signs for 2009/10 | |
| The Trust's 32 annual objectives cover the relevant components of Vital Signs and the national priorities | |
| Please provide detail on how current and future workforce issues will align to the Darzi Pathways:- Maternity, Children, Staying Healthy, Long Term Conditions, Acute Care, Planned Care, Mental Health, Dementia, Learning Disabilities, and End of life. | |

The following graphs illustrate how our workforce will reduce in overall size and the shift of care being provided from acute to community locations during the period 2009/10 and 2014/15 by darzi care pathway. The section below provides the commentary.



Workforce Demand

The Local Health Economy has developed an Activity and Capacity Model that captures the patient flows and activity associated with the new 'Right Care, Right Here' service vision. The service changes that will arise as a result of our New Acute Hospital Service Model and that will impact on our future workforce requirements between 2009/10 and 2014/15 can be summarised as follows:

- A&E services reduce in line with activity predictions and the introduction of Urgent Care Centres within Community settings;
- Critical Care services are predicted to increase with a planned overall increase in Intensivist Bed requirements;
- Rehabilitation/stroke and Intermediate Care services are provided in community-based facilities;
- Admitted Patient Care services reduce in line with activity projections;
- A significant number of long term conditions currently treated within the acute hospital will shift to primary care settings
- Diagnostic tests undertaken will increase (particularly in imaging).

Significant changes in the workforce will be required in terms of an overall reduction in numbers of staff, where staff work, development of new skills and competencies, and the introduction of new ways of working and redesigned/new roles to deliver the new service model.

New employment models and working patterns are being developed to respond to dealing effectively with emergency and inpatient services that will be available 24 hours/7 days a week, the majority of other services being operational for at least 12 hours a day and for sometime at the weekend, and robust 24-hour senior cover.

The following identifies some of the future workforce requirements to deliver the proposed new models of care:

A&E and Urgent Care

- A team of specialists who can manage the acute assessment of patients to a very high standard ensuring rapid assessment, diagnosis, treatment and discharge;
- A range of new roles including advance nurse practitioners and emergency care;
- Changes in the medical skill mix.

Admitted Patient Care

- An increase in staff with specialist intensive care training to manage the new Level 1 Critical Care Unit in the new acute hospital service model;
- Appropriately skilled staff to run a new central admissions area in Operating Theatres and a central Stage 1 recovery area to maximise surgical productivity;
- Highly skilled staff to run an effective Acute Adult Assessment ensuring effective acute assessment and early treatment;
- A considerable increase in Assistant Practitioner roles to develop a high quality, affordable nursing workforce;
- The effective flow of patients through this system combined with new ways of working will require the whole workforce to be skilled and highly motivated;
- The future case mix of beds on each of the wards has been decided on the basis of groups of conditions that have similar pathways. This will require training and development for nursing and medical staff.

Outpatients

- Many of the Trust's staff based in the new Acute Hospital will also be required to work in community locations to provide specialist secondary care 'closer to home';
- Specialist teams will have to address governance issues and build well led multi- disciplinary teams between acute and community settings;
- Diagnostic services, as far as possible, will be provided in community locations as well as in the new acute hospital and as a result clinical staff will be required to work in a number of locations;
- The majority of planned diagnostics will be provided outside of the acute hospital by secondary care specialists. This will include plain x-ray, ultrasound, CT, and MRI;
- An increase in one stop clinics, telephone review and other new ways of working will require training for all staff involved in delivering the new services;
- New extended nursing roles will be required to deliver new service models.

Intermediate Care

- Specialist staff who work closely with community and social care staff to enable effective discharge;
- Specialist staff who will be able to deliver effective sub-acute care along efficient and safe care pathways;
- Staff will work in a community hospital environment requiring different ways of working with a cultural shift away from the acute illness model.

Delivery Suite

- Midwives skilled in active birth delivery;
- Training to manage risk to facilitate transfer if required;
- Midwifery staff skilled to run the Acute Birth rooms for high risk mothers.

The methodology applied to populate the return demand template is as with previous submissions. This is to apply the percentage changes derived from the 'high level' workforce modelling for the new acute hospital development Outline Business Case (OBC) to the staff groups relevant for this workforce plan. It should also be noted that assumptions have been made regarding which reduction applies as the FIMS staff groupings in our modeling do not necessarily align with the staff categories in this plan.

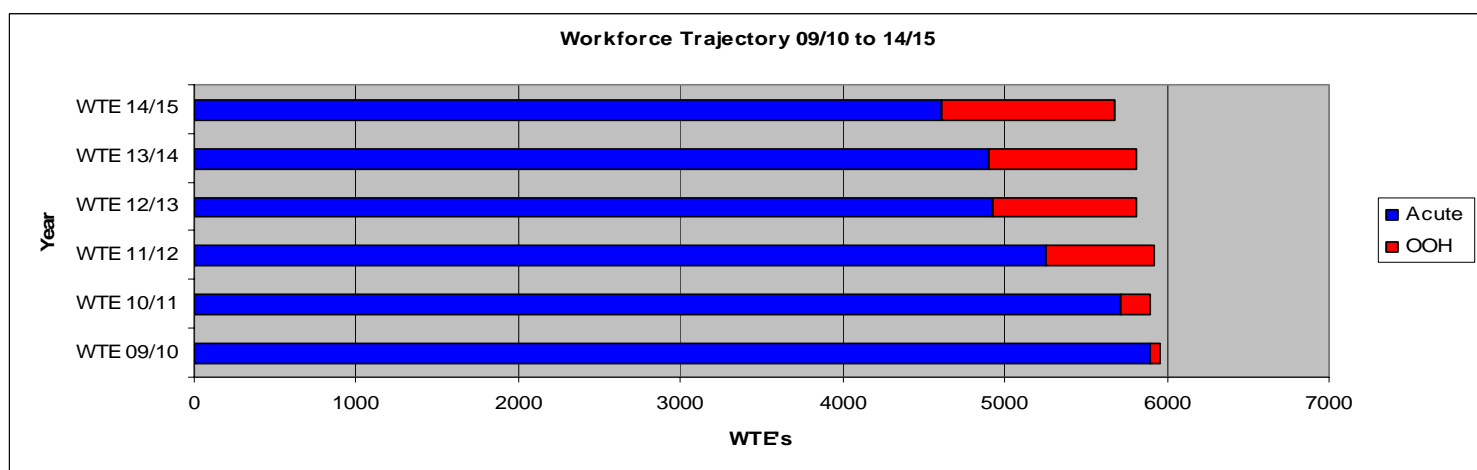
Workforce Capacity

Workforce modelling for the OBC forecasts a stable affordable workforce position for 2009/10 at circa 5,900 WTEs. During the period 2009-2014/15 our forecasts indicate that we will see the workforce reducing in overall size (by circa 278 WTEs). This modelling does not take into account service redesign and new ways of working and therefore does not specifically address redesigned/new roles.

Many of the Trust's staff based in the acute hospital will also be outreaching into community locations to provide specialist secondary care closer to home (Out of Hospital), and over this period the component of care provided in community locations (OOH) will fall from the equivalent of 52 WTEs to the equivalent of 1,061 WTEs (please note that this is not two separate workforces). The table below sets out the workforce trajectory year on year by staff group:

| Staff Group | Care Setting | WTE 09/10 | WTE 10/11 | WTE 11/12 | WTE 12/13 | WTE 13/14 | WTE 14/15 |
|---------------------------|--------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Admin & Estates Staff | ACUTE | 1006.79 | 960.40 | 870.08 | 785.72 | 782.79 | 735.31 |
| | OOH | 15.14 | 52.50 | 133.25 | 194.87 | 199.61 | 206.33 |
| | Total | 1021.93 | 1012.90 | 1003.33 | 980.59 | 982.41 | 941.64 |
| HCA & Support Staff | ACUTE | 479.71 | 471.80 | 443.35 | 430.60 | 427.98 | 425.74 |
| | OOH | 2.41 | 5.88 | 56.31 | 61.80 | 61.85 | 64.65 |
| | Total | 482.12 | 477.67 | 499.66 | 492.40 | 489.83 | 490.40 |
| Healthcare Sciences Staff | ACUTE | 969.51 | 946.00 | 879.33 | 839.21 | 836.06 | 805.86 |
| | OOH | 4.54 | 30.85 | 135.56 | 173.47 | 179.58 | 194.84 |
| | Total | 974.05 | 976.84 | 1014.89 | 1012.68 | 1015.64 | 1000.70 |
| Management | ACUTE | 234.77 | 230.35 | 219.40 | 209.82 | 210.54 | 197.86 |
| | OOH | 1.24 | 7.38 | 19.28 | 25.23 | 22.11 | 24.76 |
| | Total | 236.01 | 237.73 | 238.69 | 235.05 | 232.65 | 222.62 |
| Medical Staff | ACUTE | 763.49 | 743.38 | 705.94 | 666.71 | 664.59 | 655.33 |
| | OOH | 10.98 | 33.41 | 89.92 | 134.26 | 126.34 | 128.25 |
| | Total | 774.47 | 776.79 | 795.86 | 800.97 | 790.94 | 783.59 |
| Nursing & Midwifery Staff | ACUTE | 2445.25 | 2367.09 | 2132.45 | 1988.27 | 1979.07 | 1792.16 |
| | OOH | 17.85 | 44.80 | 231.46 | 299.26 | 325.21 | 442.62 |
| | Total | 2463.10 | 2411.89 | 2363.92 | 2287.53 | 2304.28 | 2234.77 |
| Acute Total | | 5899.52 | 5719.00 | 5250.56 | 4920.33 | 4901.04 | 4612.27 |
| OOH Total | | 52.17 | 174.82 | 665.78 | 888.89 | 914.70 | 1061.45 |
| Grand Total | | 5951.69 | 5893.82 | 5916.34 | 5809.23 | 5815.74 | 5673.72 |

The graph below compliments the table above and illustrates further, by whole time equivalent, the overall shift of activity from secondary to primary care.



The development of new clinical roles is an ongoing process and we will continue to build upon existing work. The new service model proposes fewer in-patient beds, increased services in the community, and greater patient acuity in the acute hospital. This will require a workforce with a higher level of technical competency supported by competent support roles to administer basic care needs and less advanced technical skills.

The proportion of our registered graduate nurses is expected to be significantly reduced and an entirely new cohort of practitioner roles (Assistant Practitioners, and Senior Health Care Assistants) will be responsible for delivering care under the direction of the registered nurse.

As acute care becomes more specialised it means that more doctors need to be available 24 hours a day this coupled with the implementation of EWTD and MMC which reduces significantly the service contribution of doctors in training will require us to continue to enhance the practitioner role contribution to support the medical role.

Skills currently considered to be advanced e.g. non-medical prescribing, nurse led discharge, transcribing, initial assessment and diagnostic orders will become much more main stream as the Trust responds to issues such as affordability, modernising healthcare careers, new technology etc.

The table below summarises some of the new roles already developed within the Trust:

| | |
|-----------------------------------|--|
| Hospital at Night | <p>The role of Clinical Nurse Practitioner has been developed to maximise efficiency and improve patient safety and quality of care and incorporates national standards of clinical competency and more integrated working with junior doctors.</p> <p>Nursing staff in these roles now undertake prescribing, ordering investigations (such as x-rays) and providing first-line assessment, triage and intervention for acutely ill adult inpatients, supported by multi-professional teams who between them have the full range of skills and competencies to meet patients immediate needs.</p> |
| Advanced Practitioners in Imaging | <p>The Imaging Division has introduced many Advanced Practitioner roles, to improve the quality and timeliness of the Trust's diagnostic services by increasing capacity for reporting and improving performance in key area e.g. reporting of plain-film x-rays (appendicular reporting) for accident and emergency skeletal examinations. These include:</p> <ul style="list-style-type: none"> ❖ Advanced Practitioner Fluoroscopy; ❖ Plain film x-ray reporting; ❖ CT head reporting; and ❖ Sonographer reporting <p>This has been a major influencing factor in retaining experienced staff and enhancing the profile of the Trust's service when recruiting new staff.</p> |
| Surgical Care Practitioners | <p>The Trust has nine Surgical Care Practitioners working in roles within general surgery, colorectal surgery, urology, breast surgery, and trauma and Orthopaedics, with a broad remit including:</p> <ul style="list-style-type: none"> ❖ Working on the FY2/CT2 rota; ❖ Undertaking review outpatient clinics; ❖ Minor operating sessions; and ❖ Prescribing <p>They are also responsible for implementing many initiatives resulting in improvements to quality of care as well as reducing surgical length of stay and reducing outpatient follow-ups.</p> |

| | |
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| Assistant Practitioners | A programme for training Assistant Practitioners will soon commence. This will enable Health Care Assistants to further extend their training to enable them to undertake tasks that have previously been the domain of the qualified nurse. This type of role will be instrumental in developing a high quality affordable workforce for the future. |
| Extended Nursing Roles | Some specialties have introduced nursing roles that undertake aspects of the diagnosis phase that previously will have been undertaken by doctors therefore releasing medical staff to deal with more complex cases, e.g. nurse endoscopists who are instrumental in managing rectal bleeds. |

Detailed planning for the staff and skills required for the future to work in the new acute hospital service model and for some staff skills to work in both secondary and primary care settings will be required. Development of training programmes to up skill the workforce and further develop support worker roles are essential components of our workforce strategy.

Our staff turnover rate over the last two years remains reasonably consistent at between 10 and 12.5%, depending on whether you look at FTE or Headcount. This excludes doctors in training who are expected to move on as part of their rotational training programme. This level of turnover is fairly typical of an acute trust of this size and is necessary to facilitate the level of workforce reduction, re-skill mixing, and new role development envisaged in the future.

The table below shows our retirement forecasting by staff group and this will enable us to re-profile our workforce and to develop recruitment, development, and retention plans as necessary.

| Staff Group | Age Band | Leaving Year | | Total FTE | Average Retirees per year FTE | Predicted Retirements by 2014/15 FTE |
|----------------------------------|----------|--------------|-------------|-----------|-------------------------------|--------------------------------------|
| | | 2007/08 FTE | 2008/09 FTE | | | |
| Add Prof Scientific and Technic | 50-54 | | 0.68 | 0.68 | 0.34 | 2.04 |
| | 55-59 | | 0.80 | 0.80 | 0.40 | 2.40 |
| | 60-64 | | 0.76 | 0.76 | 0.38 | 2.28 |
| | | | | | | |
| Additional Clinical Services | 50-54 | 1.18 | 1.80 | 2.98 | 1.49 | 8.95 |
| | 55-59 | 4.05 | 6.73 | 10.78 | 5.39 | 32.33 |
| | 60-64 | 1.69 | 2.50 | 4.19 | 2.10 | 12.57 |
| | | | | | | |
| Administrative and Clerical | 50-54 | | 2.00 | 2.00 | 1.00 | 6.00 |
| | 55-59 | 13.88 | 8.97 | 22.85 | 11.42 | 68.55 |
| | 60-64 | 11.67 | 4.20 | 15.87 | 7.94 | 47.61 |
| | | | | | | |
| Allied Health Professionals | 55-59 | | 2.56 | 2.56 | 1.28 | 7.68 |
| | 60-64 | | 0.20 | 0.20 | 0.10 | 0.61 |
| | 65+ | 0.50 | | 0.50 | 0.25 | 1.50 |
| | | | | | | |
| Estates and Ancillary | 50-54 | 2.30 | 3.47 | 5.77 | 2.88 | 17.30 |
| | 55-59 | 7.00 | 7.21 | 14.21 | 7.10 | 42.62 |
| | 60-64 | 11.54 | 4.95 | 16.50 | 8.25 | 49.49 |
| | 65+ | 1.00 | 0.45 | 1.45 | 0.73 | 4.36 |
| | | | | | | |
| Healthcare Scientists | 50-54 | 1.67 | 1.00 | 2.67 | 1.33 | 8.00 |
| | 55-59 | 1.93 | | 1.93 | 0.97 | 5.80 |
| | | | | | | |
| Medical and Dental | 50-54 | 2.00 | | 2.00 | 1.00 | 6.00 |
| | 55-59 | 1.70 | 5.23 | 6.93 | 3.47 | 20.79 |
| | 60-64 | 7.20 | 2.73 | 9.93 | 4.96 | 29.79 |
| | 65+ | 1.00 | | 1.00 | 0.50 | 3.00 |
| | | | | | | |
| Nursing and Midwifery Registered | 50-54 | 4.00 | 3.80 | 7.80 | 3.90 | 23.40 |
| | 55-59 | 8.33 | 15.52 | 23.85 | 11.93 | 71.55 |
| | 60-64 | 8.87 | 4.97 | 13.85 | 6.92 | 41.54 |
| | | | | | | |
| Total | | 91.52 | 80.53 | 172.05 | 86.03 | 516.15 |

We adopt a pro-active approach to addressing recruitment and retention issues and in particular 'hard to fill' posts. Particular areas that are difficult to recruit to are children's nursing, sonographers, and qualified midwives.

From 2013 onwards workforce transitional arrangements (i.e. temporary workforce solutions, vacancy control, etc.) will need to be put in place to enable a further workforce reduction of circa 500 WTEs in 2015/16. This is as a consequence of the new hospital opening resulting in an anticipated further reduction in Admitted Patient Care services and a predicted change in the catchment population served.

Workforce Enablers

The key workforce enablers can be described as follows:

- Further re-configuration of services and the opening of the new single site hospital will result in a greater critical mass of clinical teams so reducing professional isolation and enabling the delivery of high quality care through greater sub-specialisation, robust 24 hour senior cover, and on-going service development;
- Better physical environments that will provide for effective patient flows and more productive ways of working;
- The development of new models of care and clinical pathways will provide further opportunities to introduce more efficient and effective ways of working and new/redesigned roles;
- The Local Health Economy service redesign programme will provide an opportunity to further break down professional and organisational boundaries.

Key Workforce Challenges

The Trust's clinical services strategy and proposed new models of care will require significant workforce redesign and change, including:

- The introduction of more efficient and effective working practices;
- The introduction of new ways of working resulting in new/redesigned and support worker roles;
- The development of skills and competencies for existing primary and secondary care staff
- A new relationship between primary and secondary care requiring changes in the configuration of skills required for working in both primary and secondary care
- The deployment of staff between health and social care partners
- A complexity of organisational change that is unprecedented in this health economy

In addition to developing a flexible and highly skilled workforce to support our future service model and respond to the key national workforce drivers e.g. Modernising Healthcare Careers, Care Closer to Home, etc., our workforce plans moving forward will be significantly influenced by the recent NHS Confederation announcement that in less than 2 years the NHS will face the most severe constraints ever in its finances.

Please identify any changes to delivery of services that have impacted on your NHS employed workforce numbers e.g. Social Enterprise

N/A

PCTs ONLY

As a commissioner- can you please identify any:

- a) critical workforce issues in commissioning
- b) service improvement initiatives that are planned

a)

b)

What is contained within the detailed workforce strategy underpinning the submission in order to achieve the service delivery

Please identify any further support required for implementation of future workforce needs by:

Your Organisation

PCT Commissioners

West Midlands SHA

TRUST BOARD

| | |
|-----------------------------|--|
| DOCUMENT TITLE: | National Staff Survey - 2008 |
| SPONSORING DIRECTOR: | Colin Holden, Director of Workforce |
| AUTHOR: | Gayna Deakin, Deputy Director of Workforce |
| DATE OF MEETING: | 30 July 2009 |

SUMMARY OF KEY POINTS:

The National Staff Survey was undertaken between the period September 2008 and January 2009. A random sample of 850 staff was selected to take part in the survey and the Trust's response rate was 57%. The Trust undertook an additional staff sample to extend the survey to all employees. The response rate for the additional sample was 58%. The national response rate for acute trusts was 52%.

The key highlights from the survey are as follows:

Compared to last year the figure for '*senior managers involving staff in important decisions*' went up by eight percent; those agreeing that '*communication between senior management and staff is effective*' went up by six percent, while the figure for '*senior managers encouraging staff to suggest new ideas for improving services*' rose by 14%.

Areas where the survey revealed that the Trust is doing less well are as follows:

- 17% of staff had experienced physical violence in the past 12 months
- 27% of staff reported harassment and bullying by patients and relatives
- An increase from one percent to four percent of staff reporting physical violence from colleagues

Two results that were lower than the national average relate to flexible working and being valued by colleagues. 65% of staff said that they were taking advantage of flexible working against an average for acute trusts of 71%, and 81% of staff said that they felt valued by work colleagues, compared to a national average of 85%. The number of staff who said that they had received an appraisal was the highest in the country, although the results indicate that further work is needed to make these more effective.

Following the results of the 2008 survey the Trust's staff satisfaction score increased by 0.06 from 3.35 to 3.41 against the target of score of 3.38. The Trust must maintain or exceed this level of staff satisfaction to meet the target score of 3.41 by 2011.

This report sets out a new approach that the Trust is taking for making further progress in improving the experience of staff and ultimately the quality of services to patients.

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 this report | |
| Strategic objectives | |
| Annual priorities | |
| NHS LA standards | |
| Core Standards | The staff survey results are used for measuring the effectiveness of HR employment policies and practices that are found in many of the core standards e.g. 'whistleblowing' anti-discriminatory policies and procedures, and monitoring arrangements for Equality and Diversity. |
| Auditors' Local Evaluation | |

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

| | | |
|---------------------------|---|--|
| Financial | | |
| Business and market share | | |
| Clinical | | |
| Workforce | X | The annual National Staff Survey is a national requirement. Engaging and empowering staff is one of the Trust's Values and the findings of the staff survey contributes to the measures used to gauge performance in this area. |
| Environmental | | |
| Legal & Policy | | |
| Equality and Diversity | X | The survey provides evidence to support the effectiveness of the Trust's employment policies in this area |
| Patient Experience | | |
| Communications & Media | | |
| Risks | | |

PREVIOUS CONSIDERATION:

The general themes arising from the National Staff Survey have been discussed at the 'Listening into Action' Executive Sponsor Group to inform the focus of the corporate LiA event held on 1st May 2009.

This report was on the Trust Management Board on 21st July 2009, and has been amended slightly to emphasise the position with regards to progress against the staff survey element of the Trust's 'vital signs' target on staff satisfaction.

National Staff Survey - 2008

1. Introduction

The National Staff Survey was undertaken by Quality Health for Sandwell & West Birmingham Hospitals NHS Trust between September 2008 and January 2009.

This report will set out the National Staff Survey overall results and the action plan to maintain the good progress that has been made and to address areas where further improvement is required.

The NHS Next Stage Review recognised the importance of the national NHS staff survey and highlighted its potential to support greater emphasis on engaging with staff.

2. Background

The National Staff Survey was introduced in 2003 in all Trusts in England. The purpose of the survey is to establish the effectiveness of agreed national human resources policies in the context of each Trust, and to gauge the views and experiences of the 1.3 million staff in the NHS.

The Survey Advice Centre at Aston University collects data from all Trusts and produces key scores and scales weighted by occupational group on the basis of all the national responses from all Trusts, so that Trusts with large or small proportions of one occupational group will not be advantaged or disadvantaged by their particular occupational structure. The Survey Advice Centre publishes all national comparative data in public access reports which are housed on the Care Quality Commission website.

Comparative data within the survey report compares individual Trusts with all other Trusts of the same type (i.e. Acute compared to Acute, PCTs to PCTs) surveyed by Quality Health. Quality Health surveyed 150 Trusts and SHAs in 2008 and received about 100,000 completed staff survey questionnaires which have been incorporated in to the relevant national databases for the survey for each type of Trust.

3. Health Check and Vital Signs Programmes

In December 2007, the Department of Health published the Operating Framework for the NHS 2008-10 (Gateway Ref 9120): and it is clear that “ensuring we improve the patient experience, staff satisfaction, and engagement” is now a core part of the ambition that the service has for the future.

The staff survey element in ‘vital signs’ is a National Priority for Local Delivery and the staff survey results on 7 job satisfaction questions are the relevant data sources to determine the Trust’s staff satisfaction score, and are on the subject of:

- Recognition for good work
- Satisfied with support from their immediate manager
- Satisfied with the support from their work colleagues
- Freedom to choose their own methods of working
- Satisfied with the amount of responsibility given
- Satisfied with the opportunities to use their abilities
- Satisfied with the extent to which the Trust values their work

The co-ordination centre (Aston University) is responsible for publishing each Trust's staff satisfaction score and success is defined as maintaining or increasing the 2006 mean score for the 7 questions in the job satisfaction domain highlighted above and increasing these scores year-on-year.

4. Methodology

A sample of staff was used for the survey in larger Trusts. The sample size was determined by the total number of staff employed, on a nationally determined sliding scale. Where sampling was undertaken, the sample was generated at random on a nationally agreed protocol from all those employed on 1st September 2008.

This Trust, along with some others chose to survey all employees. The reporting arrangements at the Survey Advice Centre meant that only the 'official' sample, whatever its size, was taken into account for the purposes of calculating performance indicator levels at national level.

The questionnaire content is agreed nationally after extensive consultation between the Healthcare Commission, the Department of Health, the Survey Advice Centre, and HR managers in a wide range of Trusts. This Trust, along with several others, added local questions to the survey.

5. Local Response Rate

The official sample rate for Sandwell & West Birmingham Hospitals NHS Trust was 850 and 458 completed questionnaires were returned from this sample. The response rate to the National Staff Survey was therefore 57%.

The Trust decided to undertake a census this year and an additional 5,395 staff were surveyed resulting in the return of 2,985 completed questionnaires. The response rate for this sample was 58%.

6. Response Rates Nationally

Trusts surveyed by Quality Health had a mean overall response rate of 57%. The overall national response rate achieved for all Trusts in England was 55%; and the national response rate for Acute Trusts was 52%.

7. Survey Findings

Compared to last year the figure for '*senior managers involving staff in important decisions*' went up by eight percent; those agreeing that '*communication between senior management and staff is effective*' went up by six percent, while the figure for '*senior managers encouraging staff to suggest new ideas for improving services*' rose by 14 percent. The number of staff who said that they had received an appraisal was the highest in the country, although the results indicate that further work is needed to make these more effective.

These are significant moves in opinion as typically the results in the annual staff survey tend not to change significantly from year to year.

Areas where the survey revealed that the Trust is doing less well are as follows:

- 17 percent of staff had experienced physical violence in the past 12 months;
- 27 percent of staff reported harassment and bullying by patients and relatives;
- An increase from one percent to four percent of staff reporting physical violence from colleagues.

Two figures from the survey that were lower than the national average relate to flexible working and being valued by colleagues. Sixty five percent of staff said that they were taking advantage of flexible working against a national average for acute trusts of 71 percent, and eighty one percent of staff said that they felt valued by work colleagues compared to a national average of 85 per cent.

The table below shows all of the areas covered in the survey and how the Trust has performed in these compared to last years results and our position when compared with other acute trusts nationally:

| Section | Comparison to last year's results | Comparison to other Trusts |
|--|-----------------------------------|----------------------------|
| Resources to Deliver | Same | Less Positive |
| Training | Mixed | Mixed |
| Support to do a good job (appraisals) | Improved | More Positive |
| About the job | Improved | Same |
| The Organisation | Improved | Less Positive |
| A worthwhile job and chance to develop | – | Same |
| Errors, near misses and incidents | Same | Same |
| Harassment, bullying and violence | Same | Same |
| Occupational Health and Safety | Improved | Same |
| Infection Control and Hygiene | Improved | Less Positive |

The executive summary that pulls together the conclusions from each of the questionnaire sections is attached as Appendix 1. The management report with a full breakdown of the survey results can be found on the HR pages on the Trust's intranet.

Comparative data of all the NHS Trust's taking part in the survey is published on the Care Quality Commission website and can be found by using the following link, www.cqc.org.uk/usingcareservices/healthcare/nhsstaffsurveys/2008nhsstaffsurvey/trustsurveyreports.cfm

8. 'Vital Signs'

The Trust's 'vital signs' target for the staff satisfaction elements of the staff survey this year is 3.38. The Trust has achieved a score of 3.41, therefore increasing last years score (3.35) by 0.06 and exceeding the target set. Whilst this score is below the national average score of 3.45 for acute trusts it should be noted that significant progress has been made since the last survey.

The Trust must maintain or exceed this level of staff satisfaction to meet the target score of 3.41 by 2011.

9. Trust Response

This year the Trust has adopted a new approach to responding to the areas that the survey reveals needs further improvement and considerable progress has already been made.

As an alternative to adopting a corporate wide action plan, as in previous years, the LiA Executive Sponsor Group invited front line staff to a corporate LiA event to give their views on how some of the key issues requiring further improvement can be tackled.

'Getting to the Heart of the Staff Survey' took place on 1st May 2009 and a wide selection of staff attended and looked at the areas where the Trust is doing less well than other Trusts. The event, which generated a wealth of ideas and views to be taken forward, focused on:

- Improving work/life balance;
- Reducing violence and aggression and improving support to staff;
- Supporting staff and teams in valuing each other.

The following summarises the plan of action in response to the National Staff Survey (2008):

- The outputs from the corporate LiA Event held on 1st May 2009 and described above are being addressed. This includes work already started on a set of 'quick wins' to promote the Trust's counselling service via posters and publish an article in 'Heartbeat'. An article informing staff about the approach and actions that the Trust takes to deal with patients and relatives who are violent and aggressive to staff will also be published in a future addition of 'Heartbeat'. The views and ideas that were generated at the event are being considered as part of the Trust's current review of the Violence and Aggression policy.
- Clinical divisions and executive directorates are considering the survey results analysed by department and will introduce ways to address any 'hot spots'. Progress in this area will be monitored within the divisional/directorate performance review framework;
- The LiA Executive Sponsor Group is targeting the use of the LiA approach to increase levels of staff engagement in departments/services where the survey feedback was poor.

10. Conclusion

Typically staff survey figures tend to move marginally. The results for this survey show some significant moves and positive results in the right direction as indicated by our latest staff satisfaction score. The results are pleasing and encouraging and provide a strong position from which we can do much more to improve further.

This report has set out the areas where the survey has indicated that the Trust is performing less well and describes the plan of action against which these issues can be addressed.

The survey findings also show encouraging signs that 'Listening into Action' (LiA) is having a positive effect on changing the organisational culture within the Trust with more than a quarter of staff already feeling that LiA will drive service improvements for patients and around a third feeling that this engaging approach is empowering staff to make changes.

11. Recommendation

The Trust Management Board is asked to **receive** and **note** this report.

Executive Summary

This section pulls together the conclusions and action points from each of the following sections of the report that detail the survey results.

THE RESOURCES TO DELIVER

Trust scores compared to other Trusts on issues relating to the resources to deliver are generally less positive. Overall, Trust scores compared to last year on the resources to deliver have remained about the same.

ACTION

- Assess staffing levels in key areas with a view to reducing the amount of non-contracted hours worked by staff.
- Take further steps to increase awareness of policies that are in place on job sharing, flexible retirement etc., especially in hard to reach groups such as ancillary staff, or staff working on different sites.

TRAINING

Trust scores compared to other Trusts on issues relating to training are generally mixed. Overall, Trust scores compared to last year on training are mixed.

ACTION

- Investigate ways to increase the number of staff attending Health & Safety training given the number of staff who say they have not received any in the past 12 months.
- Review the incidence of equality and diversity training of all types.
- Undertake further work on the quality of training and its relevance to staff.

SUPPORT TO DO A GOOD JOB

Trust scores compared to other Trusts on issues relating to support to do a good job are more positive, especially on appraisals. Overall, Trust scores compared to last year on support to do a good job have improved on appraisals.

ACTION

- Ensure that managerial and supervisory roles include the duty to communicate to staff that they have done well in their tasks where this is justified.
- Review ways of increasing the number of staff receiving an annual Performance Development Review or other appraisal.
- Assess the way in which appraisals and reviews are conducted in order to increase their usefulness to staff.
- Assess the written information given to staff as a consequence of their appraisal or review.

- Check on the coverage of appraisals and reviews amongst hard to reach groups, and take steps to increase coverage and monitor the incidence of appraisals.

ABOUT THE JOB

Trust scores compared to other Trusts on issues relating to staff views about their job are about the same. Overall, Trust scores compared to last year on staff views about their job have improved.

ACTION

- Introduce better work planning and scheduling in order to reduce conflicting work demands on staff.
- Put in place specific arrangements in each work group to ensure that staff receive clear feedback on how well they have performed their work.
- Construct a clear 'message board' of no more than 6 things that the Trust has achieved in the last year, and on which the staff have made a significant contribution to the achievement of these goals. Ensure that this simplified message is transmitted through every Trust publication and in PDR meetings with individual staff.

YOUR ORGANISATION

Trust scores compared to other Trusts on issues relating to the organisation are generally less positive. Overall, Trust scores compared to last year on the organisation have improved.

ACTION

- Enhance the communications function to ensure that key messages upwards and downwards are communicated more effectively.
- Take action to inform staff of service modernisation, changes to the patient focus in the Trust, and the results of patient survey programmes.
- Identify any concentrations of staff who feel they have been discriminated against; take action to train local managers on Trust policies where necessary.
- Take further steps to communicate the Trust's strategic vision for the future, major projects to be undertaken, and policies to be pursued, in the knowledge that failure to communicate management values and vision is a common problem in both public and private sectors.
- Ensure that the communication of the strategic values and vision of the Trust is specifically linked to the real environment (i.e. service reconfiguration and financial pressures).

A WORTHWHILE JOB AND A CHANCE TO DEVELOP

Trust scores compared to other Trusts on issues relating to a worthwhile job and the chance to develop are generally about the same.

- Ensure that the pathways to jobs with greater responsibility are clear to all staff, including bands 1-4 staff, and that the training and support mechanisms to support job and personal development are flagged plainly to all staff.
- Make the Trust's role in delivering the NHS's focus on patients and the national vision for the NHS clear; consider commissioning simple leaflets, posters, and DVDs to describe these policies and how staff contribute to them.

- Ensure that there are clear arrangements in place to listen to staff proposals, individual or collective, for improving processes, systems, and patterns of care, and that these encompass informal meetings with the top team, formal focus group work, and linkage into the business and clinical planning processes.
- Produce simple leaflets explaining the results of the staff survey and the actions that the Trust are prioritising to act on the findings; distribute these through the staff side network and pay packet attachments etc.

ERRORS, NEAR MISSES AND INCIDENTS

Trust scores compared to other Trusts on issues relating to errors, near misses and incidents are generally about the same. Overall, Trust scores compared to last year on errors, near misses and incidents are about the same.

ACTION

- Ensure that the Trust's policies on handling errors, near misses and incidents are transparent and communicated to all staff.

HARASSMENT, BULLYING AND VIOLENCE

Trust scores compared to other Trusts on issues relating to violence, bullying and harassment are generally about the same. Overall, Trust scores compared to last year on violence, bullying and harassment have remained about the same.

ACTION

- Improve awareness of the need to report violence experienced by staff.
- Improve awareness of the need to report bullying and harassment in a confidential fashion.
- Consider publicising, in an anonymous way, the action taken by the Trust against those perpetrating violence, bullying, harassment or abuse.

OCCUPATIONAL HEALTH AND SAFETY

Trust scores compared to other Trusts on issues relating to occupational health and safety are about the same. Overall, Trust scores compared to last year on occupational health and safety have improved.

ACTION

- Assess the impact of moving and handling training in the light of the number of staff saying they have been injured or felt unwell.
- Prioritise the issue of stress at work and analyse ways in which the Trust can meet legitimate problems, especially by improving communication, reducing conflicting pressures, and improving the quality of work processes to eliminate barriers to effective professional work.
- Ensure that all staff are made aware of the counselling and occupational health services available to them at work.

INFECTION CONTROL AND HYGIENE

Trust scores compared to other Trusts on issues relating to infection control and hygiene are less positive. Overall, Trust scores compared to last year on infection control and hygiene have improved.

ACTION

- Take further action to ensure that all staff are aware of their infection control roles, and of the specific actions they need to take to comply with Trust standards.
- Ensure that facilities are readily available and promoted for staff, patients and, where necessary, visitors to clean their hands.

Sandwell and West Birmingham Hospitals



NHS Trust

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| TRUST BOARD |
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| DOCUMENT TITLE: | Trust's response to the Swine 'Flu pandemic |
| SPONSORING DIRECTOR: | Richard Kirby, Chief Operating Officer |
| AUTHOR: | Matthew Dodd, Deputy Chief Operating Officer |
| DATE OF MEETING: | 30 July 2009 |

SUMMARY OF KEY POINTS:

On 2 July 2009, the Department of Health changed the national response to Swine Flu from containment to treatment and identified a series of actions that all NHS Acute Trusts should undertake. As a result of this, the Trust Board is required to formally present a statement of readiness against the DH surge and human resources guidance at its September meeting.

This paper outlines the impact of Swine Flu upon SWBH to date and the further actions that are being undertaken.

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

| | | |
|----------|--------------------|------------|
| Approval | Receipt and Noting | Discussion |
| | x | |

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is recommended to:

1. NOTE the Trust's response to Swine Flu to date;
2. REVIEW a formal statement of readiness for dealing with Swine Flu at the September meeting of the Trust Board.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Verbal updates given at previous meetings of the Trust Board and to the Trust Management Board.

SWBHT RESPONSE TO THE SWINE FLU PANDEMIC
PROGRESS REPORT FOR TRUST BOARD
JULY 2009

1.0 INTRODUCTION

The Department of Health on 2nd July 2009 changed the national response to Swine Flu from containment to treatment and identified a series of actions that all NHS Acute Trusts should undertake. As a result of this, the Trust Board is required to formally present a statement of readiness against the DH surge and human resources guidance at its September meeting.

This paper outlines the impact of Swine Flu upon SWBH to date and the further actions that are being undertaken.

2.0 CURRENT POSITION**2.1 Patient Activity**

The cluster of Swine Flu patients in Birmingham which started in May was centred on the Handsworth area of the city. SWBH is the main acute provider for this area and consequently was one of the first in England to experience the impact of rising numbers of flu-like cases amongst its local population.

Between the 1st June and the 21st July 2009, SWBH saw over 2000 patients in its Emergency Departments and admitted 237 patients with flu-like symptoms. The demand and pressure from the flu cases have hit City Hospital to a far greater extent than Sandwell General Hospital (see Table 1). This enabled the organisation to focus attention onto one site, while the less affected site provided the resilience to cope should there have been any additional demand.

Table 1: SWBH Swine Flu Activity 1st June – 21st July 2009

| | Number | % |
|--|---------------------------------|----------|
| Number Admitted with Flu-like symptoms | 237 | |
| Admitted To City | 189 | 80% |
| Admitted to SGH | 48 | 20% |
| | | |
| Number with confirmed Swine Flu | 102 | |
| Admitted To City | 84 (33 children & 51 adults) | 82% |
| Admitted to SGH | 18 (13 children & 5 adults) | 18% |

To date we have admitted 7 patients to critical care

2.2 Lessons Learnt

The Trust has managed to deal with the Swine Flu patients whilst maintaining all its other business & clinical activities. This has been due in large part to the robust infection control support from the Microbiology Department, and the training and isolation measures undertaken within Critical Care and the emergency departments.

Debrief sessions within the Trust have been undertaken to enable evaluation of performance and to inform plans for dealing with further waves of influenza. Key issues to date have been:

Understanding the impact of the pandemic on in-patient areas: Critical Care was the area where the pressure to escalate expansion plans was the greatest. Strategies had to be developed to ensure that throughput on the unit was maintained. These included giving greater priority to discharges from critical care, enhancing the outreach service, and putting additional medical cover onto the unit. The Trust plans had identified medical and paediatric wards as being the receiving areas for Swine Flu patients, however there were several suspected cases on maternity, surgical and trauma wards. Plans now reflect the need to prepare all areas to receive Swine Flu patients at an early stage when admissions are relatively low. .

Identification of 'bottlenecks' in the isolation strategy: The Trust maintained an aggressive isolation policy throughout this outbreak for Swine Flu patients. In-patients with flu-like symptoms who needed to be isolated until results came back constituted a significant bottleneck. There is only a finite number of side rooms and these facilities are also required for the plethora of communicable diseases encountered every day. Strategies were developed to ensure a rapid turnover through the side rooms which will be incorporated into routine practice.

Development of a sustainable approach to personal protective equipment (PPE): There are different types of face mask recommended for low and high risk procedures which range from surgical masks to those which offer a greater degree of protection (FFP3 masks). PPE emerged as a key theme in discussions with all groups of staff. It proved essential to clarify to the whole workforce who would require masks and under what conditions each type of mask should be used. Over 600 staff have been trained to use the FFP3 masks, while in the light of further national guidance, we have tightly defined the circumstances under which they are to be used. The mask strategy is being reviewed in terms of products and distribution to deal with further waves of influenza.

Communication with Staff: There has been considerable interest amongst Trust employees regarding the local outbreak of Swine Flu. It was recognised that an information vacuum for staff could lead to speculation and uncoordinated responses to perceived pressures. Consequently, through the creation of an intranet site, regular staff briefings and liaison with staff side representatives, the Trust has passed on information throughout the organisation about the numbers of flu patients we are dealing with, how SWBH is responding and what the expectations are of staff.

2.3 Summary of SWBH Experience

The challenges from Swine Flu to date have not been about bed capacity and staff sickness. In essence, the surge in demand has been contained within the Emergency Department/Assessment Units. The main pressures have come from a rapid implementation of PPE strategy & training, the operational constraints involved in isolating these patients and finally the need to communicate an evolving strategy quickly and effectively to all parts of the organisation.

3.0 NEXT STEPS

Further planning assumptions were issued by the DH on 16th July. These gave clinical attack and hospitalisation rates which may be applied to the population served by SWBH. Divisions are being asked to review their business continuity plans in the light of anticipated demands, while the Trust flu planning group is working on areas such as vaccination plans, mutual aid, admission & discharge criteria, PPE, workforce planning and the expansion of medical, paediatric and critical care capacity.

4.0 CONCLUSION AND RECOMMENDATIONS

This paper has summarised the Trust's current position on responding to Swine Flu. The understanding gained from the experience of the outbreak in the West Midlands will shape our future contingency plans.

The Trust Board is recommended to:

1. NOTE the Trust's response to Swine Flu to date;
2. REVIEW a formal statement of readiness for dealing with Swine Flu at the September meeting of the Trust Board.

Matthew Dodd
23rd July 2009

Finance and Performance Management Committee – v0.2

Venue Executive Meeting Room, City Hospital

Date 18 June 2009; 1430h – 1630h

Members Present

Mr R Trotman [Chair]
Mrs S Davis
Mrs G Hunjan
Dr S Sahota
Miss P Akhtar

In Attendance

Mr R White
Mr R Kirby
Mr T Wharram
Mr M Harding
Mr D O'Donoghue

Apologies

Prof D Alderson
Mr J Adler
Miss R Overfield
Ms I Bartram

Secretariat

Mr S Grainger-Payne [Minutes]

Guests

Mr P Foley [Item 4 only] Mr P North [Item 4 only]
Mr K Reynolds [Item 4 only] Ms C Holden [Item 7 only]

| Minutes | Paper Reference |
|--|--|
| 1 Apologies for absence | Verbal |
| Apologies were received from Professor Derek Alderson, Mr John Adler, Miss Rachel Overfield and Miss Isobel Bartram. | |
| 2 Minutes of the previous meeting – 21 May 2009 | SWBFC (5/09) 049 |
| The minutes of the previous meeting were agreed to be an accurate reflection of discussions held on 21 May 09. | |
| AGREEMENT: The minutes of the previous meeting were approved | |
| 3 Matters arising from the previous meeting | SWBFC (5/09) 049 (a) |
| The Committee noted the updated action log. Mr Grainger-Payne was asked to invite Kathy Olley to present the paper concerning ophthalmology performance in the period following the KPMG operational review to the Committee at its next meeting. | |
| ACTION: Simon Grainger-Payne to invite Kathy Olley to present the ophthalmology performance in the period following the KPMG operational review recommendations at the next meeting of the Finance and Performance Management Committee | |
| 4 Presentation by Estates | SWBFC (6/09) 058 SWBFC (6/09) 058 (a) |
| Mr Phil Foley, Mr Kevin Reynolds and Mr Paul North joined the meeting to present an overview of the activities and performance of the Estates area. | |

Sandwell and West Birmingham Hospitals

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| <p>In response to the outstanding action, SWBFC.ACT.057, to determine reasons for the adverse variance related to energy and utility expenditure during April, Mr Foley reported that the energy prices have been volatile recently due to changing oil prices, however the situation appears to have settled and there is anticipation that the end of year expenditure position will be in line with plan. Energy reduction schemes underway will ensure that the area's CIP will be delivered within the year.</p> <p>Mrs Davis observed that lights are often left on at night in unoccupied rooms and buildings and asked whether technical solutions such as automatic light switches and computer hibernation had been considered. She was advised that payback of the investment in such technology was a major influence on whether these solutions were introduced, however a daylight dimming solution for lighting on the main spine at City Hospital was in place, dimming lights according to the level of ambient light available.</p> <p>Mrs Davis asked to what extent energy usage could be monitored. She was advised that at a micro level, this is difficult, although at a higher level, an overall reduction in the use of energy has been seen. It was suggested that the reduction by site should be published in a future edition of Heartbeat.</p> <p>The usage of gas turbines was discussed and it was noted that the maintenance contract for the turbines ends shortly, after which time there may be a possibility of introducing smaller boiler plants which are more efficient. There are likely to be further initiatives in the coming months aimed at reducing the Trust's carbon footprint.</p> <p>In terms of the area's non-pay performance, no significant variances were noted. The expenditure against medical equipment was noted to be high, although Mr North advised that these costs are recharged to relevant areas. It was suggested that this could be clarified in future versions of the report.</p> <p>Estates were noted to be intrinsically involved with statutory standards work and elimination of mixed sex accommodation plans. The areas's CIP was reported to be on track. Maintenance contract reductions are a key scheme within the CIP, the most significant contracts being those related to medical engineering. Work is also underway to centralise and rationalise the Trust's use of ultrasound machines.</p> <p>Mr North was asked whether the plans for the sale of accommodation discussed at a previous meeting of the Committee were included within the Estates budget. Mr North advised that this was not the case, however this would be built this into budgets if required. Mr Grainger-Payne offered to provide a copy of the Facilities accommodation report presented at the May meeting of the Committee. Funding to support the forthcoming assessment against NHS Litigation Authority risk management standards is included in the budget. It was noted that very few temporary staff were employed within the area during the previous year.</p> <p>Mr Trotman thanked the attendees for the informative presentation.</p> | |
| <p>ACTION: Mr Foley to consider publishing statistics concerning the Trust's reduction in energy consumption in a future edition of Heartbeat</p> <p>ACTION: Mr North to clarify the recharge element of the medical equipment costs within the Estates budget in future reports</p> <p>ACTION: Mr Grainger-Payne to send Mr North a copy of the Facilities accommodation paper</p> | |
| <p>5 Trust Board performance management reports</p> | |

Sandwell and West Birmingham Hospitals

NHS Trust

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| 5.1 2009/10 month 2 financial position and forecast | SWBFC (6/09) 052 SWBFC (6/09) 052 (a) SWBFC (6/09) 052 (b) |
| <p>Mr Wharram reported that an in-month surplus of £357k against a target surplus of £356k was achieved in-month, although a number of divisions fell short of the month's CIP target.</p> <p>In-month FTEs were noted to be 124 below plan, with the cash balance being £3.5m ahead of plan at present. There is an expectation that the cash balance will be in line with plan by the year end.</p> <p>Higher than planned expenditure on pay was noted in-month across a number of areas. Overspend on bank and agency staff pay was noted to be a particular concern. Mrs Davis asked whether it was possible to distinguish between agency and bank staff costs incurred to cover vacancies, as opposed to those for covering staff sickness or other absence. It was suggested that a sample week's requests for bank and agency staff should be reviewed to determine the reasons for the requests. It was highlighted that a review of bank staff pay is currently underway and pay rates at the top of the payscales are due to be addressed where relevant and consolidated. Further detail was requested in terms of whether the expenditure on bank and agency staff may be supported by additional income. It was noted that locums covering consultant posts are included as part of the corporate payroll system.</p> <p>Mr Wharram reported that capital expenditure is currently less than plan. Mrs Hunjan noted that in 2008/09 the Trust underachieved against the Capital Resource Limit target and asked what measures are being put in place to ensure that the target is met in 2009/10. She was advised that work is underway to address this, although it is a complex issue owing to the absence of definitive guidance from the DH.</p> <p>The Committee reviewed an analysis of pay costs by cost centre for the Medicine B division. Mr Wharram suggested that this level of detail would be useful to identify the location of any particular areas of concern, although the reasons behind the issues will need to be investigated further. It was proposed that any areas of overspend will be challenged as part of the divisional review process. Mr Wharram was thanked for the useful analysis.</p> | |
| 5.2 Performance monitoring report | SWBFC (6/09) 051 SWBFC (6/09) 051 (a) |
| <p>Mr Harding presented the Trust's summary performance during May 2009.</p> <p>The percentage of cancelled operations stands at 0.8%, of which the majority are attributable to dermatology and ophthalmology, due to higher than planned VR emergencies in Surgery B. A dedicated co-ordinator is due to be put into place shortly to manage specifically the VR emergency work, which should alleviate the position. Delayed Transfers of Care were noted to have increased and were split equally across Birmingham and Sandwell.</p> <p>In terms of the stroke care target, the number of indicators against which the Trust is to be assessed has been reduced from ten to three. The change has contributed to an improvement in the Trust's performance to 53%, although there is further work needed to meet the targets.</p> <p>There has been a dip in the GU medicine target to see all patients within 48 hours of being offered an appointment to 81.8%. Performance against the infection control targets was noted to be within the national trajectory and local stretch targets. All</p> | |

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| <p>Referral to Treatment targets were met for both admitted and non-admitted patients. Performance against the diagnostic waiting times improved significantly in-month.</p> <p>Performance against the CQUIN targets was reviewed. The caesarean section rate for the year to date was noted to be 22.6%. Performance against the brain imaging target is still to be determined, although internal processes for assessing this indicator are due to be established. An electronic means of capturing smoking cessation referrals is due to be implemented to replace the current paper system. Good progress is being made against the inpatient patient satisfaction survey target.</p> <p>Dr Sahota noted that the caesarean section rate had reduced at the Sandwell site, but had increased at City Hospital. He was advised however that this fluctuation was within acceptable parameters and did not represent any significant change in performance.</p> <p>Sickness absence levels were noted to have fallen to 3.59%, due mainly to a reduction in long term sickness absence.</p> <p>A reduction in theatre sessions starting late was noted by the Committee. Escalation systems are now in place to report such instances and has contributed to an improved performance.</p> <p>Mrs Davis observed that a red rating had been given to bed occupancy and asked for an explanation. She was advised that this situation is reflective of recent pressures on Accident and Emergency and EAU/MAU and does not represent low bed occupancy.</p> <p>The Trust's Hospital Standardised Mortality rate was noted to have declined to 99.8%.</p> <p>The revised format of the performance report was noted and agreed to be an improvement on the previous versions of the report.</p> | |
| 5.3 Foundation Trust compliance report | SWBFC (6/09) 053 SWBFC (6/09) 053 (a) |
| <p>As the information presented was noted to be a subset of the monthly performance management information, the Committee noted the report.</p> <p>The Governance Risk Rating remains green.</p> | |
| 5.4 NHS performance framework | SWBFC (6/09) 054 SWBFC (6/09) 054 (a) |
| <p>Mr Harding presented the Trust's performance against the indicators comprising the NHS performance framework.</p> <p>The overall assessment will be based on information from the first quarter and includes non financial and financial performance evaluation. The Trust's current position was noted to be good and above the threshold for 'performing' Trusts.</p> <p>It was agreed that there would not be a need for formal presentation of the performance framework report to the Trust Board, however any items would be flagged by exception if required.</p> | |
| 6 Cost improvement programme (2009/10) | |
| 6.1 CIP delivery report | SWBFC (6/09) 057 SWBFC (6/09) 057 (a) |

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| | SWBFC (6/09) 057 (b) SWBFC (6/09) 057(c) |
| <p>Mr Wharram presented the monthly 2009/10 CIP delivery report, which it was noted had been reviewed in detail at the Financial Management Board meeting. Minor changes to the programme were incorporated in the report, around pay and non-pay allocations and recurrent and non-recurrent expenditure.</p> <p>The programme was noted to be underachieving at present, attributable to underperformance against a number of schemes across the divisions. Meetings with poorly performing divisions will be held on an exceptional basis, outside of the usual divisional performance monitoring framework.</p> <p>The correlation between the divisional financial performance and the CIP underperformance was noted.</p> | |
| 6.2 CIP enabling workstreams | SWBFC (6/09) 055 (a) - SWBFC (6/09) 055 (i) |
| <p>The project plans for delivery of the CIP enabling workstreams were reviewed.</p> <p>In relation to the consultant productivity workstream, Dr Sahota asked how research undertaken by consultants was monitored and where Intellectual Property (IP) rights were held. Mr Kirby advised that research papers are monitored and a register is maintained. Mr. White confirmed that the Trust owns the IP, although there is a mechanism for sharing revenue arising from innovations. It was agreed that a progress report on research should be presented on a biannual basis to the Committee.</p> <p>Dr Sahota observed that there was significant activity planned to deliver the procurement enabling workstream.</p> | |
| ACTION: Mr Grainger-Payne to schedule presentations on research and development activity into the reporting cycle for the Finance and Performance Management Committee | |
| 7 HR reporting | Tabled paper |
| <p>Mr Colin Holden joined the meeting to present a proposed dashboard of key workforce indicators, including sickness absence, grievances, whistleblowing, recruitment activity, leavers and promotions. It is proposed that the first edition of the report be presented at the August meeting of the Committee.</p> <p>The Committee reviewed the indicators suggested. Mr Holden advised that information to support a number of the indicators needed to be developed further to ensure it is in a meaningful format or would be developed over the forthcoming months.</p> <p>The Electronic Staff Record (ESR) system was noted to be key to providing much of the information. Miss Akhtar asked who would be responsible for the implementation of the ESR self-service plans and monitoring the quality of data input to the system. She was advised that managers will be granted a level of access appropriate only to their area of responsibility. The quality of the data will depend on the integrity of the data submitted by managers. The implementation of the self-service will be supported by a training programme which will reinforce managers' responsibilities for providing up to date and accurate information. A census is also planned shortly which will assist with ensuring that data is as complete and as current as possible when self-service is introduced. It was highlighted that the</p> | |

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| implementation is to be on a phased approach. Mr Holden was thanked for the proposal. | | |
| ACTION: Simon Grainger-Payne to add Workforce Dashboard to the agenda of the August meeting of the Finance and Performance Management Committee | | |
| 8 | Minutes for noting | |
| 8.1 | Minutes of the Strategic Investment Review Group | SWBSI (6/09) 001 |
| The Committee noted the minutes of the SIRG meeting held on 12 May 09. | | |
| 8.2 | Actions and decisions from the Strategic Investment Review Group | SWBFC (6/09) 056 |
| The Committee noted the actions and decisions arising from the meeting of SIRG meeting held on 9 June 09. | | |
| 8.3 | Minutes of the Financial Management Board | SWBFM (5/09) 049 |
| The Committee noted the minutes of the FMB meeting held on 19 May 09. | | |
| 9 | Any other business | Verbal |
| As requested by the Trust Board, Mr Kirby presented an overview of expenditure on private sector treatment of patients. During 2008/09 £37,886 was spent on private sector treatment, the majority of which was attributable to orthopaedics and plastic surgery work. Mr White reported that a difference between the performance information reported by the PCTs in relation to the Trust's position had been noted at the May Trust Board. He advised that these differences had now been reconciled. | | |
| 10 | Details of next meeting | Verbal |
| The next meeting is to be held on 23 July 2009 at 1430h in the Executive Meeting Room at City Hospital. | | |

Signed

Print

Date

Audit Committee – Version 0.2

Venue Executive Meeting Room, City Hospital

Date 7 May 2009 at 1030h

Members Present

Mrs G Hunjan [Chair]

Mr R Trotman

Miss I Bartram

Dr S Sahota

In Attendance

Mr R White

Mr T Wharram

Mr P Smith

Mr P Dudfield

Ms R Chaudary

Mr P Westwood

Mr M McDonagh

Mrs S-A Moore

Mr S Grainger-Payne [Secretariat]

| Minutes | Paper Reference |
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| 1 Apologies | Verbal |
| Apologies were received from Professor Derek Alderson and Miss Parveen Akhtar. | |
| 2 Minutes of the last meeting | SWBAC (3/09) 021 |
| The minutes of the last meeting were accepted as a true and accurate reflection of discussions held on 26 March 09. | |
| AGREEMENT: The minutes of the meeting held on 26 March 09 were approved. | |
| 3 Matters arising from previous meetings | SWBAC (3/09) 021 (a) |
| <p>Ms Chaudary reported that in connection with action SWBACACT.042, that progress with the seven recommendations in the KSF audit report has been reviewed and of these, three had been implemented, with the remaining four assigned revised deadlines, with action plans to meet these timescales having been put into place.</p> <p>It was agreed that in relation to action SWBACACT. 039, the recommendation tracking system will be demonstrated to key members of the Committee in a separate session outside of the Audit Committee.</p> <p>Action SWBACACT. 033, to provide an example of a policy governing the use of external audit for non-audit related work, was noted to have been completed. Mr White advised that he planned to discuss the policy at a future meeting of the Executive Team.</p> <p>Action SWBACACT. 044, to report back on the Internal Audit CIP was agreed to be a matter inappropriate for discussion at the formal Audit Committee meeting. Mr Dudfield advise that the matter would be discussed in a private meeting outside of the main session.</p> | |
| 3.1 Reciprocal arrangements for overseas patients | Verbal |
| Mr White reported that payment for the treatment of overseas visitors under a reciprocal arrangement is made by the host PCT, providing that it can be | |

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| demonstrated that the patient is eligible to be covered under the reciprocal arrangements. PCT funding allocations are subsequently adjusted by the Department of Health, according to the level of overseas patient activity. | |
| 3.2 Exposure to third parties in financial distress | Verbal |
| <p>Mr White reported that, following a discussion at the Executive Team meeting, there did not appear to be any formal mechanisms to protect the Trust from exposure to third party suppliers in financial distress. The situation was noted to be particularly pertinent, given the potential impact on supplies, caused by the recent outbreak of Swine 'Flu, however Mr White assured the Audit Committee that adequate stocks of the necessary supplies to handle the potential pandemic were already in place. Furthermore, there had not been any interruption to the regular supply of the stocks to date, however the situation would be monitored closely.</p> <p>Mr Trotman asked whether the satisfactory performance of BBraun had been maintained during recent months. He was advised that although there were minor issues, overall the previous performance issues had reduced.</p> | |
| 3.3 PCT debts – ophthalmology | Verbal |
| Mr White advised that the situation concerning outstanding ophthalmology debts had been discussed with the necessary parties at Sandwell PCT and the situation is now largely addressed. | |
| 4 External Audit matters | |
| 4.1 Evaluation of External Audit | SWBAC (5/09) 026 SWBAC (5/09) 026 (a) |
| <p>Mr White reported that a set of considerations had been devised to assist the Committee in reaching an assessment of the Trust's External Auditors and initial scores had been applied, on which the Committee was invited to comment and review.</p> <p>Mr Trotman noted that the assessment against the reasonableness of the audit fee in relation to that levied for other similar Trusts, was proposed as 'adequate' and asked what measures could be put in place to improve this rating. Mr McDonagh responded that there had been a good deal of open debate regarding the audit fee and asked the Committee to note that it had reduced year on year. For the next year, Mr McDonagh advised that there are plans to reduce the fee further in line with the performance of the organisation. Mr White added that a benchmarking exercise against fees for other similar Trusts had been undertaken and the fee did not appear to be markedly out of line. Should the Trust gain Foundation Trust status, it is likely that the fee would reduce further still, given the differing audit requirements for Foundation Trusts.</p> <p>It was recommended and agreed that the assessment against the requirement for external audit to communicate its internal processes for ensuring independence with the Audit Committee, should be rated more highly, given the stringent internal processes communicated through the Audit Memorandum (ISA 260).</p> <p>Dr Sahota suggested that it was good practice to test whether External Audit was receiving the information it needed from the Trust to perform its work effectively. Mr McDonagh assured him that this was the case and explained, as an example, that</p> | |

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| <p>the ALE process for the current year had been much improved given the measures put in place to improve the evidence gathering and information exchange between the Trust and External Audit.</p> <p>Miss Bartram asked how simple it was to communicate the technical details of accounting to individuals who are not familiar with the language. Mr McDonagh responded that this was a challenge, yet every effort was made to ensure that information is presented at a level appropriate for the target audience. Mrs Moore added that all reports presented the Audit Committee are written in plain English where possible.</p> <p>The Chair asked whether there were any additional measures needed to improve communication between Internal and External Audit. Mr McDonagh advised that a discussion was planned after the year-end process was concluded to set out expectations with Internal Audit.</p> <p>The assessment of External Audit was agreed, subject to alteration of the scoring ratings where suggested.</p> | |
| <p>AGREEMENT: The External Audit evaluation was agreed, subject to minor amendment</p> | |
| <p>4.2 External Audit progress report, including update on ALE assessment</p> | <p>SWBAC (5/09) 040</p> |
| <p>Mrs Moore presented the External Audit progress report, which she highlighted covered the work undertaken in February and March 2009. The work to finalise the accounts is due to be completed by 18 May 2009.</p> <p>In relation to the ALE assessment, three of the five themes have been assessed: financial management; internal control; and value for money, all of which have been scored as three. The remaining two elements (financial reporting and financial standing) will be assessed, following the conclusion of the year end accounting process. Mrs Moore highlighted that the ALE assessment process had improved considerably since the previous year's assessment.</p> <p>The work to finalise the accounts is due to be completed to plan. Mr Trotman noted that wastage due to expired pharmacy stocks is now much improved due to tighter controls in place and asked whether it was therefore necessary to verify stock levels as part of the work. Mrs Moore responded that stock takes had been attended which had revealed no significant issues. The Chair asked when the management response was due to this recommendation and was advised that this will be reported as part of the standard Internal Audit recommendation tracking report.</p> <p>Mrs Moore reported that an assessment had been undertaken of the organisation's arrangements for the introduction of the new International Financial Reporting Standards (IFRS). The arrangements have been rated as amber. A green rating could not be awarded, given that the Trust has a PFI scheme underway and definitive guidance from the Department of Health in respect of accounting for PFI was not available at the restatement submission date. The project plan preparing for implementation of IFRS was noted however, to have been strengthened since the last meeting of the Audit Committee.</p> <p>The Chair expressed her congratulations to Mr White and team for the work undertaken with External Audit, noting in particular the improved ALE scores.</p> | |

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| <p>4.3 Review of draft accounts</p> | <p>SWBAC (5/09) 028 SWBAC (5/09) 028 (a) SWBAC (5/09) 028 (b)</p> |
| <p>Mr Wharram presented the draft annual accounts for 2008/09, highlighting that the format is consistent with the guidelines issued by the Department of Health.</p> <p>As an unaudited surplus of £2,535k is reported, it is expected that the target surplus of £2.5m will be achieved. The External Financing Limit was noted to have been underachieved, although this remains within the threshold permitted. Linked with this, the Capital Resource Limit was noted to have been underachieved by £1,413k, the largest contributor to this position being under expenditure against the Urgent Care Centre scheme.</p> <p>In terms of the Income and Expenditure, it was reported that there had been a series of general economic events that had impacted significantly on the position; most notably, the impact of the economic downturn on the value of the Trust's land and buildings. The value of the assets has been reduced using Treasury indices. There have also been small losses on disposable assets, although this effect is of little significance and relates mainly to obsolescence of medical equipment. The debtors position was noted to have not changed markedly and impairment of a number of debts has reduced, which is reflective of the Trust's success in collecting a number of outstanding debts from local Foundation Trusts at the end of the financial year. The value of incomplete spells is included within the overall position, which has been agreed with the Trust's main commissioners. In terms of creditors, it was reported that £12,121 related to outstanding invoices and goods receipts, both NHS and non-NHS and £15,207k of accrued expenditure and deferred income not covered by invoices. The provisions for liabilities and charges were outlined, including an allocation for equal value pay claims and limited provision for redundancies and Agenda for Change claims.</p> <p>Other matters highlighted, included that cash had increased by £467k; the WTE position had increased by 200 on average over the year and the Trust is currently underperforming against the 'better payment' practice code. The amount allocated for disputed invoices was noted to be small in comparison to other organisations.</p> <p>The Audit Committee was advised that the audited accounts will be presented to the Committee at a meeting arranged for 11 June, after which time the Trust Board will be recommended to adopt the accounts.</p> <p>Mr Trotman congratulated the Trust's finance team and External Audit for the effort made to achieve the revised accounts submission deadlines.</p> | |
| <p>5 Internal Audit matters</p> | |
| <p>5.1 Head of Internal Audit opinion 2008/09</p> | <p>SWBAC (5/09) 037 SWBAC (5/09) 037 (a)</p> |
| <p>Mr Dudfield presented the Head of Internal Audit opinion 2008/09, asking the Committee to note the Significant Assurance provided.</p> <p>A summary of the internal audit work was reviewed, including the review of the Assurance Framework. It was noted that this document links the Trust's objectives through to principal risks, controls and assurances and is monitored adequately.</p> | |

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| <p>In terms of the review of the core systems supporting financial transactions and budgetary reporting, some areas for improvement were identified around payroll processing.</p> <p>The majority of recommendations arising from the work of Internal Audit have been categorised as medium and low priority.</p> <p>The Standards for Better Health declaration process was reviewed as part of the internal audit work, which has suggested that appropriate evidence is being collected.</p> <p>Mr Dudfield advised that no third party assurances are included within the opinion, although Mr Trotman highlighted that External Audit had passed opinion on the work of Internal Audit and that the Audit Commission had conducted a triennial review. It was agreed that this review should be considered at the September meeting of the Audit Committee.</p> <p>Mr White asked if it was common in any other organisations for Internal Audit to provide an opinion of Full Assurance. He was advised that this was not commonplace and that the effort required to achieve this opinion needed to be balanced against the benefit of achieving such a result.</p> <p>The outturn position of the Internal Audit programme was reviewed. Of the planned 540 days, 505 days were delivered, 35 of which are carried forward into the 2009/10 plan. Mr Dudfield explained that there is a commitment to deliver a smoother profile of audit work in 2009/10 to ensure that pressure at the year-end is avoided. Mr Dudfield was asked to amend the 2009/10 plan to ensure that the audit days carried forward are included in the forecast position.</p> <p>The Chair asked what progress had been made with respect to peer reviews of Internal Audit. Mr Dudfield advised that the triennial review had been undertaken, a self-assessment of files is underway and Leicestershire Internal Audit was also undertaking a peer review of files, although progress with the latter review had not progressed to any extent due to issues regarding confidentiality of data concerns.</p> <p>It was noted that there were currently 2 high priority, 24 medium priority and 8 low priority recommendations outstanding. Mr Dudfield explained that the majority of the recommendations have now been implemented and the two high priority recommendations have recently been raised.</p> <p>The Chair thanked Mr Dudfield and team for the work undertaken during the year.</p> | |
| <p>ACTION: Mr Dudfield to present the findings of the Audit Commission triennial review at the September meeting of the Audit Committee</p> | |
| <p>5.2 Internal Audit reports</p> | |
| <p>EAU/MAU data recording</p> | <p>SWBAC (5/09) 038</p> |
| <p>Ms Chaudary presented a summary of an Internal Audit report concerning EAU/MAU data recording systems. The report was noted to have provided Limited Assurance.</p> <p>The data systems in EAU/MAU were reported to be in place to ensure that</p> | |

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| <p>discharges and transfers are recorded accurately and are made on a timely basis. The report however highlights issues including a lack of 24 hour cover by ward and data clerks and the lack of engagement by nursing staff in using the systems as part of their care remit.</p> <p>The Chair asked what course of action should be taken to address the concerns. Mr McDonagh remarked that in other organisations, management would be asked to attend the audit Committee to discuss progress with addressing the recommendations made. The Chair agreed to consider the most appropriate means of reviewing the progress with recommendations raised in reports providing Limited Assurance.</p> | |
| <p>ACTION: Mrs Hunjan to consider the most appropriate means of reviewing progress with recommendations raised in reports providing Limited Assurance</p> | |
| <p>ESR/Payroll</p> | <p>Hard copy paper</p> |
| <p>Ms Chaudary presented a summary of an Internal Audit report concerning ESR and Payroll. The report was noted to have provided Limited Assurance.</p> <p>The Workforce department was reported to be engaged with delivering the recommendations arising from the report and the payroll manager is also considering the recommendations proposed. A focus group is being arranged to ensure that appropriate action is taken to address the report's recommendations.</p> <p>Mr White suggested that by the end of 2009/10, Full Assurance was needed in this area. He highlighted that the introduction of WEB data entry had however had a positive impact, resulting in a reduction in WTEs in this area.</p> | |
| <p>5.3 Internal Audit Plan 2009/10</p> | <p>SWBAC (5/09) 035 SWBAC (5/09) 035 (a)</p> |
| <p>Mr Dudfield presented the 2009/10 Internal Audit plan, which was highlighted to include amendments made at the February meeting of the Audit Committee and feed back from the Executive Team.</p> <p>The 2009/10 plan shows a year on year decrease in days from previous plans.</p> <p>Mr Trotman questioned whether the planned 160 audit days for financial issues were appropriate given the improved financial position of the Trust. He was advised that the 160 days represented a significant reduction on previous years, although there was scope to change the allocation if necessary. Mr McDonagh advised that there is a minimum number of audit days required for some areas, therefore it would be sensible to discuss with Internal Audit which high level controls are necessary.</p> <p>Mr White reinforced the need to avoid the year-end loading of audit activity in 2009/10. The Chair suggested that profiling of audit activity should be by quarter and should be delivered in a timely manner.</p> <p>The Chair asked that the NHS Internal Audit standards should be circulated to the Audit Committee.</p> | |
| <p>ACTION: Mr Dudfield to circulate the NHS Internal Audit Standards to the Audit Committee</p> | |

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| 5.4 Counter Fraud annual report 2008/09 | SWBAC (5/09) 029 SWBAC (5/09) 029 (a) |
| <p>Mr Westwood presented the annual Counter Fraud report for 2008/09 and summarised the investigations undertaken throughout the year.</p> <p>A shortfall in planned days for counter fraud activity was reported, however these will be carried forward to support the National Fraud Initiative.</p> <p>The Chair observed that counter fraud cases are referred to the Police on a case by case basis and asked whether there were any instances of such referrals during 2008/09. Mr Westwood advised that no cases were referred to the Police during the year.</p> | |
| 5.5 Counter Fraud annual plan 2009/10 | SWBAC (5/09) 031 SWBAC (5/09) 031 (a) |
| <p>Mr Westwood reported that the days proposed to deliver the Counter fraud annual plan for 2009/10 remains the same as for 2008/09. The plan has now been constructed to reflect CIPFA standards and suggested activity. An update of the report will be presented on a quarterly basis to highlight what deliverables have been achieved on a step by step basis.</p> <p>Mr McDonagh remarked that during a recession, fraud tends to increase and therefore the Counter Fraud area may see an increase in activity.</p> | |
| 5.6 2007/08 CFSMS compound indicators action plan | SWBAC (5/09) 032 SWBAC (5/09) 032 (a) |
| <p>Mr Westwood presented an update on progress against the recommendations within the CFSMS compound indicators action plan. Any actions outstanding are due to be incorporated into the next version of the plan.</p> <p>Action 2 was noted to be of particular importance, whereby the Trust is to ensure that all relevant policies and procedures are reviewed and fraud-proofed by the Local Counter Fraud Specialist.</p> | |
| 5.7 Counter Fraud risk assessment tool | SWBAC (5/09) 030 SWBAC (5/09) 030 (a) |
| <p>Mr Westwood presented a risk assessment tool, devised by the Counter Fraud and Security Management Service, together with the Trust's position against each assigned area risk.</p> <p>Mr Westwood was asked why the action to handle referrals and investigations in a timely manner was assigned a red status. He advised that further work is required to ensure that information is entered onto the case management system in a more timely manner.</p> <p>The Chair noted that plans are in place to address the red and amber scored actions.</p> <p>It was agreed that an annual update on the progress against actions in the fraud assessment tool is required and a summary of progress is to be included in interim Counter Fraud reports.</p> | |

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| 6 | Governance Matters | |
| 6.1 | Review of losses and special payments | SWBAC (5/09) 025 SWBAC (5/09) 025 (a) SWBAC (5/09) 025 (b) |
| <p>Mr Smith presented a summary of losses and special payments made during 2008/09. The value of these transactions was reported to be £453k and relates to 967 cases. It was noted that there has been a significant reduction in losses due to drugs write offs during the year.</p> <p>Mr Trotman asked whether the payments for personal injury affected the Trust's overall financial position. He was advised that, apart from the excess levied, these payments are met by the NHS Litigation Authority.</p> <p>Other inclusions in the summary relate to some outstanding invoices which may become a bad debt if not resolved. Other debts within the summary were reported to relate to private patient and overseas patient bills that have not been paid.</p> | | |
| 6.2 | Update on debtors | SWBAC (5/09) 027 SWBAC (5/09) 027 (a) SWBAC (5/09) 027 (b) |
| <p>Mr Wharram reported that the total value of current outstanding debts stood at £16,391k. There has however been a significant reduction in the level of debtors over the last few months. The level of debts in excess of 180 days has most notably declined, although there has been an increase in the number in excess of 30 days.</p> <p>The most problematic categories of debts tend to relate to those from Foundation Trusts, with the biggest group of debts relating to ophthalmology for individual patients. It is expected however, that the majority of these payments will be made.</p> <p>Mr Trotman asked whether the debt relating to the Great Bridge Partnership was a reducing balance or whether it was the original debt. He was advised that this was the original debt.</p> <p>In summary, Mr Wharram reported that the Trust is in a better position regarding debtors than in many years, particularly in terms of the profile and value of debts.</p> <p>Mr White remarked that the debtors report may not be being monitored on a sufficiently frequent basis and there may be a need to consider presenting at Finance and Performance Management Committee.</p> | | |
| ACTION: Mr White to consider whether the frequency of monitoring the debtors report needs to be increased | | |
| 6.3 | Review of waived tenders | SWBAC (5/09) 034 SWBAC (5/09) 034 (a) SWBAC (5/09) 034 (b) |
| The Audit Committee considered and noted the summary of waived tenders. | | |
| 6.4 | Breaches to the Trust's Standing Orders and Standing Financial Instructions | SWBAC (5/09) 036 SWBAC (5/09) 036 (a) SWBAC (5/09) 036 (b) |

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| <p>Mr White presented a summary of breaches to the Trust's Standing Orders and Standing Financial Instructions during 2008/09.</p> <p>Processes are in place with individuals responsible for the breaches, to ensure that the instances are not repeated.</p> | |
| <p>6.5 Annual Audit Committee report</p> | <p>SWBAC (5/09) 033 SWBAC (5/09) 033 (a)</p> |
| <p>The Chair presented the Audit Committee report, explaining that it was the second report relating to 2008/09, which now ensures that the timing of future reports is more appropriate.</p> <p>The report presented the activities undertaken and the areas of focus for the Committee since the last report. It was noted that the Trust chair is considering future Non Executive Director representation on the Audit Committee.</p> | |
| <p>6.6 Draft Statement on Internal Control</p> | <p>SWBAC (5/09) 023 SWBAC (5/09) 023 (a)</p> |
| <p>Mr Grainger-Payne presented the draft Statement on Internal Control, which the Audit Committee reviewed and noted.</p> <p>The final Statement on Internal Control is due to be presented for approval at the Audit Committee meeting planned for 11 June.</p> | |
| <p>6.7 Review of the Audit Committee Terms of Reference</p> | <p>SWBAC (5/09) 024 SWBAC (5/09) 024 (a)</p> |
| <p>In line with the annual cycle of business, Mr Grainger-Payne presented the Audit Committee's terms of reference for review. No amendments to the Terms of Reference were suggested, which was supported by the Audit Committee.</p> | |
| <p>7 Minutes from Trust Board Committees</p> | |
| <p>7.1 Finance and Performance Management Committee</p> | <p>SWBFC (1/09) 010 SWBFC (2/09) 020 SWBFC (3/09) 029</p> |
| <p>The Audit Committee received and noted the minutes of the Finance and Performance Management Committee meetings held on 22 January, 19 February and 19 March 2009.</p> | |
| <p>7.2 Charitable Funds Committee</p> | <p>SWBCF (1/09) 003</p> |
| <p>The Audit Committee received and noted the minutes of the Charitable Funds Committee meeting held on 22 January 2009.</p> | |
| <p>7.3 Governance and Risk Management Committee</p> | <p>SWBGR (1/09) 009 SWBGR (3/09) 024</p> |
| <p>The Audit Committee received and noted the minutes of the Governance and Risk Management Committee meetings held on 22 January and 19 March 2009.</p> | |
| <p>8 Any other business</p> | <p>Verbal</p> |

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| There was none. | |
| 9 Details of next meeting | Verbal |
| The next meeting is planned for 11 June 2009 at 1230h in the Executive Meeting Room, City Hospital. | |
| There followed a private meeting between the auditors and members of the Audit Committee. | |

Audit Committee – Version 0.2

Venue Executive Meeting Room, City Hospital

Date 11 June 2009 at 1230h

Members Present

Mrs G Hunjan [Chair]

Mr R Trotman

Dr S Sahota

In Attendance

Mr R White

Mr T Wharram

Mr M McDonagh

Mrs S-A Moore

Mr S Grainger-Payne [Secretariat]

| Minutes | Paper Reference |
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| 1 Apologies | Verbal |
| Apologies were received from Miss Isobel Bartram, Professor Derek Alderson and Miss Parveen Akhtar. | |
| 2 2008/09 annual accounts | SWBAC (6/09) 041 SWBAC (6/09) 041 (a) |
| Mr Wharram presented the final audited annual accounts for 2008/09, advising that in line with recommendations by External Audit, minor adjustments had been made since the Audit Committee had reviewed the draft at its meeting held on 7 May 2009. The Audit Committee was asked to recommend the accounts for adoption by the Trust Board. | |
| 3 2008/09 audit memorandum | SWBAC (6/09) 042 |
| Mr McDonagh presented the 2008/09 audit memorandum (ISA 260), which he advised summarised the outcome of the audit process. Mr McDonagh reported that the Trust was a good performing organisation and relationships with the finance team were sound. Three main issues were reported as part of the year end audit process. The accountancy treatment of the NHS Litigation Authority premiums was recorded as an non-adjusted item, whereby the Trust had included a partial provision for the increase in premiums for 2009/10 in the 2008/09 accounts. This treatment did not accord with advice issued by the Audit Commission which promoted a treatment whereby NHS bodies would account for their 2009/10 NHS LA contributions in full as an expense in 2009/10. Mr McDonagh reported that £755k of 'adjustment to balances' had been identified in the Trust's consolidation schedules reducing NHS income/debtors. It was recommended that in the future, the Trust should identify credit notes that are required to be issued to NHS organisations and agree accruals for them as part of | |

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| <p>the adjustment of balances exercise. Furthermore, it was recommended that the detail behind the £755k should be presented to the Audit Committee and reported back in terms of what proportion of this value is credited or recovered in 2009/10. The Chair suggested that this detail should be presented to the Finance and Performance Committee before being presented to the Audit Committee.</p> <p>A provision for redundancy to the value of £764k had been made in the draft accounts, however the full criteria to justify this provision in the accounts did not appear to have been met. The Chair highlighted that the reasons for the provision had been discussed as part of the Trust's Cost Improvement Plan at the Finance and Performance Committee as well as being presented to the Board. Mr White offered to provide additional assurances to External Audit in future, should there be a need to include such provisions.</p> <p>Other matters that were drawn to the Audit Committee's attention included the way in which External Audit had acted independently and objectively in its work and despite the issues reported, the audit work had been delivered for the fee initially agreed. The scores for the outstanding ALE themes were reported as 4 for financial standing and 3 for financial reporting. Mr Trotman queried what measures could be undertaken to improve the Trust's score in financial reporting to four. Mrs Moore advised that the Trust's accounts should not require any non-trivial adjustment, which was not the case in respect of the 2008/09 accounts.</p> <p>Mr McDonagh concluded by advising that the aggregated value of the non-adjusted audit adjustments fell below a materiality threshold. Mr Trotman reported that these matters had been brought to the attention of the Finance & Performance Management Committee with a discussion regarding the intended accounting treatment of same.</p> <p>The demonstrable improvement in the annual report process was noted.</p> <p>Dr Sahota asked whether timely responses had been received from officers in the Trust when required. Mrs Moore confirmed that this was the case.</p> <p>The Chair asked that plans to undertake a debrief, following the conclusion of the work, be actioned promptly.. She asked that the name of the Trust be consistently reported as Sandwell and West Birmingham Hospitals NHS Trust throughout the report. External Audit and the Trust's financial teams were both thanked for all their efforts in obtaining a successful conclusion to the audit work.</p> <p>The Audit Committee was asked to agree the recommendations proposed.</p> | |
| <p>ACTION: Mr White to arrange for the detail behind the £755k 'adjustment to balances' to be presented to the Finance and Performance Management Committee and Audit Committee to determine movements following the balance sheet date.</p> <p>ACTION: External Audit to ensure that the name of the Trust is corrected within the Audit Memorandum where required</p> | |
| <p>4 Statement on Internal Control</p> | <p>SWBAC (6/09) 043</p> |
| <p>Mr White presented the final version of the Statement on Internal Control (SIC), highlighting that minor amendments had been made to the statement, in line with</p> | |

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| <p>feedback received from the Strategic Health Authority.</p> <p>Any breach in core standards is now regarded as a significant control issue. Those declared by the Trust appear in the penultimate paragraph of the SIC. Declaration of any Serious Untoward Incidents (SUIs) was also recommended for inclusion in this narrative although the guidance did not point to the need for disclosure for the period in question. A concluding remarks paragraph was noted to have been added to the SIC, in line with good practice.</p> <p>The Audit Committee was asked to agree to recommend to the Trust Board that the Chief Executive should sign the SIC.</p> | |
| <p>5 Letter of Representation</p> | <p>SWBAC (6/09) 044</p> |
| <p>Mr White presented the Letter of Representation, confirming how the issues raised in the Audit Memorandum will be handled.</p> <p>The Audit Committee was asked to recommend to the Trust Board that the Letter of Representation should be agreed.</p> | |
| <p>AGREEMENT: The Audit Committee agreed to recommend the adoption of the 2008/09 annual accounts to the Trust Board</p> <p>AGREEMENT: The Audit Committee agreed the recommendations raised within the Audit Memorandum</p> <p>AGREEMENT: The Audit Committee agreed to recommend to the Trust Board that the Chief Executive should sign the SIC</p> <p>AGREEMENT: The Audit Committee agreed to recommend to the Trust Board that the Letter of Representation should be approved</p> | |
| <p>6 Any other business</p> | <p>Verbal</p> |
| <p>Mr White thanked all involved in the end of year audit process for their efforts.</p> | |
| <p>7 Details of next meeting</p> | <p>Verbal</p> |
| <p>The next meeting is planned for 3 September 2009 at 1030h in the Executive Meeting Room, City Hospital.</p> | |

MINUTES

Sandwell and West Birmingham Hospitals



NHS Trust

Governance and Risk Management Committee – Version 0.1

Venue Executive Meeting Room, City Hospital **Date** 21 May 2009; 1030h – 1230h

Members Present

Ms I Bartram [Chair]
Mr R Trotman
Mr J Adler
Mr R White
Miss R Overfield
Ms K Dhami
Mr D O'Donoghue

Apologies

Prof D Alderson

In Attendance

Mrs R Gibson [Item 4 only]
Mr S Parker

Secretariat

Mr S Grainger-Payne

| Minutes | Paper Reference |
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| 1 Apologies for absence | Verbal |
| The Committee received apologies from Professor Derek Alderson. | |
| 2 Minutes of the previous meeting | SWBGR (3/09) 024 |
| The Governance and Risk Management Committee approved the minutes of the meeting held on 19 March 2009 as a true and accurate reflection of discussions held. | |
| AGREEMENT: The minutes of the previous meeting were approved | |
| 3 Matters arising from the previous meeting | SWBGR (3/09) 024 (a) |
| The updated actions list was noted by the Committee. There were no overdue actions. | |
| 4 Update on mortality and morbidity review | SWBGR (5/09) 030 SWBGR (5/09) 030 (a) SWBGR (5/09) 030 (b) |
| Mrs Gibson reported that the actions plans to ensure that the NHS Litigation Authority (NHS LA) general and maternity risk management standards are achieved have been updated. A number of 'hot spots' have been identified and focussed action plans continue to be implemented to address these issues. A project group meets monthly to review progress against the standards. Mr Adler was noted to have taken a personal interest in addressing the Mandatory Training hot spot. An interim visit to determine progress against the general standards is planned for September 2009. The new NHS LA maternity standards were issued in April 2009, after | |

SWBGR (5/09) 032

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| <p>the conclusion of a pilot and the number of standards against which trusts will be assessed has increased from 40 to 50.</p> <p>In relation to the maternity NHSLA assessment standards, a maternity action plan has been developed and the Head of Midwifery has allocated a lead against each standard.</p> <p>The current assessments against the standards are based on an internal evaluation, however there is difficulty in assessing the position against some of the areas, such as compliance with the patient risk band policy.</p> <p>Miss Dhami reported that the evidence to support the NHSLA assessments is being collected and stored centrally at present.</p> <p>Mr Trotman asked where red and amber areas are highlighted, whether this was based on personal opinion. Mrs Gibson advised that this is the case and members of staff are actively engaged to ensure that red and amber areas move to green status. In some areas however, the amber status is reflective of the lack of evidence to give the necessary assurances, at present.</p> <p>Mr Trotman remarked that the red status currently assigned to the consent area was concerning. Mrs Gibson reported that this was not reflective of patients not providing consent, but concerns the lack of evidence that the member of staff recording the consent is sufficiently qualified to do so or has been trained to receive consent.</p> <p>Mr Adler reported that in terms of the Mandatory Training hot spot, there had been a significant investment, including into the Learning and Development department in the form of additional trainers.</p> <p>Regarding patient information, a policy is in place that provides guidelines for the format of the information. There is some uncertainty as to how embedded this policy is, however. Likewise, in relation to patient transfers, further evidence of adherence to the policy governing these processes is needed.</p> <p>Mr White asked whether there needed to be clarity as to where a policy was approved. Mrs Gibson advised that this will be an important consideration when evidence is being assessed, however equally crucial will be the evidence available to demonstrate that processes are in place to satisfy the requirements of the policy. Miss Bartram asked whether Internal Audit reports are used as evidence for the assessments. She was advised that these reports were occasionally used.</p> <p>It was reported that in terms of the Being Open policy, further training had been undertaken at the Clinical Governance Afternoon, a session to which all consultants were invited. The discussions with relatives and patients as required by the policy must be according to the guidelines set and must happen as a matter of course. Mr O'Donoghue advised that the tabletop reviews to discuss red incidents, take into account the requirements of the Being Open policy.</p> <p>Miss Bartram asked what level of awareness there was around the requirements of the NHS LA assessment within the Trust at present. Miss Overfield suggested that managers are aware of the requirements of the forthcoming NHS LA assessments. Miss Dhami reported that key messages around the assessment will be issued shortly. Mr Adler remarked that there may need to be further exercises to raise awareness more widely across the Trust and agreed to discuss this at a future meeting of the</p> | |
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| <p>Executive Team.</p> <p>Mr Trotman asked if there was confidence that the Trust will be ready for the December assessment against general standards. He was advised that every effort is being made to prepare for the assessment. Mr Adler asked what progress was being made towards the assessment against maternity standards. Miss Dhami advised that the new Head of Midwifery was leading on the process and had experience of preparing for the assessment from her previous roles.</p> <p>Mr Adler asked what the 'pilot standards' represent. Mrs Gibson advised that there are five new standards being piloted at present, but these will not form part of the general assessment in December.</p> | |
| <p>5 Clinical Audit forward plan – outturn report 2008/09</p> | <p>SWBGR (5/09) 027 SWBGR (5/09) 027 (a)</p> |
| <p>Mr Parker presented the outturn position of the clinical audit forward plan for 2008/09.</p> <p>The Committee was asked to note that 86 audits were included in the plan, of which 22 were highlighted as requiring ongoing evidence collection; 12 were abandoned, data collection is still underway for 6 audits; data collection is complete for 17; findings have been presented for 16 audits; and the action plans have been developed and reported to the Governance Board or the relevant divisional governance group for 13 audits. The large number of 'ongoing' audits reflects the growing trend for routine national data collection. As only 20% of audits were reported as being completed, it was noted that this represents a decline from the previous year.</p> <p>A number of recommendations were proposed, including to incorporate updates on the progress with audits, within the quality management framework; ensuring that the supervising consultants of junior doctors carrying out audits are aware of their responsibilities; to review how the progress within clinical audits included in the 2009/10 plan and the outputs arising from them are reported to the divisional governance groups to ensure consistency of reporting; to ensure that the 2009/10 forward plan is communicated to education leads to ensure that those requiring to undertake clinical audits as a training need are informed of the priority of the audit areas; and to organise for selected audits to be presented to the Governance Board to raise the profile of the forward plan.</p> <p>Miss Bartram asked where the responsibility lay for ensuring that the audit plan was rigorously maintained. She was advised that this was the responsibility of the Medical Director. Mr O'Donoghue added that the current adherence was good, however further investigation into the abandoned audits was needed. In future, it is recommended that any requests for audit to be abandoned should be presented for approval to the Governance Board.</p> <p>Mr Trotman asked how progress with the audits is measured. He was advised that each audit has an end date and milestones set, which facilitate the necessary monitoring. Overall progress is also presented to the Governance Board on a periodic basis. Mr Trotman asked that future versions of the report present current and previous status to determine progress.</p> <p>Mr Adler asked if there was any cause for concern regarding the national audits. Mr Parker advised that the Trust is participating well in all the major national audits.</p> | |

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| <p>Mr O'Donoghue asked how issues with an audit would be reported. Mr Parker advised that any issues would be flagged within the monitoring report.</p> <p>Mr O'Donoghue offered to determine the progress with hip fracture audits.</p> | |
| <p>ACTION: Donal O'Donoghue to determine progress with hip fracture audits</p> <p>ACTION: Simon Parker to show previous and current audit status in future monitoring reports</p> | |
| <p>6 Dr Foster real time alerts update and summary 2008/09</p> | <p>SWBGR (5/09) 029 SWBGR (5/09) 029 (a) SWBGR (5/09) 029 (b)</p> |
| <p>Mr Parker presented an update and summary of Real Time Monitoring alerts received from the Dr Foster system during 2008/09.</p> <p>One new alert has been received concerning length of stay in relation to fractured neck of femur cases. The Trust has reported that out of 151 spells, there have been 60 instances of long stay against an expected 38.7 instances. This alert will be fed into the quality management framework and relevant members of the Orthopaedic teams will be engaged to review the situation.</p> <p>A summary of all alerts received between March 2008 – March 2009 was reviewed, showing that 18 negative alerts were reported and 58 positive alerts were flagged. Of the negative alerts, four concerned mortality, including instances relating to cancer of the breast and secondary malignancies. The latter alerts may relate to a deficiency in palliative care available in the community in the vicinity of the Trust, however. A process is being developed to review all deaths on a systematic basis which should ensure that such circumstances are clarified.</p> <p>Progress with alerts generated from the quarterly uploads that have been reported to the Governance Board during the last financial year was reviewed. The alert concerning the use of high levels of blood for transfusion during birth was noted and it was reported that due to the revised clinical practices being developed in maternity services, there is now a reduced use of blood. In relation to the alerts concerning cancer of the stomach and anus/rectum, deaths have now been reviewed and a mortality template has been developed to analyse systematically cases such as these. Most of the cases were found to relate to patients requiring palliative care, therefore there may need to be further work undertaken to ensure that there is more appropriate clinical coding of these cases.</p> | |
| <p>7 Mortality Steering Group – terms of reference</p> | <p>SWBGR (5/09) 028 SWBGR (5/09) 028 (a)</p> |
| <p>Mr Parker reported that the terms of reference for the Mortality Steering Group had been approved. The group has been developed to implement a systematic framework for reviewing all deaths in the Trust. Objectives for the group will be incorporated into an action plan and progress will be monitored against this on a regular basis.</p> <p>The practice for reviewing deaths still needs to be established for all specialities and where the systems are absent or in place but deviate from the standard and recommended processes, then measures need to be put into place to ensure that the speciality amends its practice.</p> | |

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| <p>It was highlighted that additional resources are required to support the work of the Mortality Steering Group.</p> <p>Mrs Bartram asked how many deaths were reported in the Trust on a monthly basis. She was advised that there are usually 160-200 deaths in the Trust, although some of these are already investigated as part of the work of other bodies, such as the Adverse Events Committee and tabletop reviews.</p> <p>It was suggested that as part of the Mortality Steering Group's objectives, that the requirement for robust reporting of mortality from speciality to Board level needed to be included.</p> <p>An analysis of mortality is to be included within the Quality Management Framework, currently being established.</p> | |
| <p>8 Legal services update</p> | <p>SWBGR (5/09) 031 SWBGR (5/09) 031 (a) SWBGR (5/09) 031 (b)</p> |
| <p>Miss Dhami presented a breakdown of expenditure on legal services for 2008/09. It was noted that the highest spend was in respect of advice for employment issues and health litigation.</p> <p>The Committee was advised that there are plans to review the current legal services contract. The current provider has held the contract for three years under the Healthcare Purchasing Consortium framework agreement, therefore is it regarded as appropriate timing to test the legal services provider market to ensure that the contract is best value for money. A number of options are available, including limiting the review to those providers within the current HPC framework; consider including providers outside of the agreements; or establishing an in-house legal services facility. The latter of the options has been discounted however due to the difficulty with ensuring a comprehensive service is provided by an in-house team. Not changing the arrangements has also been discounted to ensure that the contract represents best value for money.</p> <p>Mr Trotman questioned whether a dual source for the provision of legal services would be considered. Miss Dhami advised that this had not yet been decided, although from a practical perspective a single service provider would be preferred.</p> <p>Mr O'Donoghue asked whether the current level of spend appeared to be comparable with that of other similar trusts. He was advised that this was the case.</p> | |
| <p>9 Freedom of Information update</p> | <p>SWBGR (5/09) 026 SWBGR (5/09) 026 (a)</p> |
| <p>Mr Grainger-Payne presented an overview of Freedom of Information requests received from October 2008 to March 2009. During this period 108 requests had been received, all of which were answered within the statutory 20 working day timeframe required by the Freedom of Information Act 2000.</p> <p>It was highlighted that the majority of the requests had been answered in full, given that there are very few exemptions within the Act, that would justify withholding the information.</p> <p>A Freedom of Information policy is under development, which will set out the Trust's</p> | |

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| responsibilities under the Act and the internal processes for managing requests. | |
| 10 Minutes from the Governance Board | SWBGB (3/09) 055 SWBGB (4/09) 074 |
| The Governance and Risk Management Committee received and noted the minutes from the Governance Board meetings held on 6 March and 3 April 2009. | |
| 11 Any other business | Verbal |
| There was none. | |
| 12 Details of the next meeting | Verbal |
| The date of the next meeting is 23 July 2009 at 1030h in the Executive Meeting Room, City Hospital. | |

Signed

Print

Date

Charitable Funds Committee – Version 0.1

Venue Executive Meeting Room, City Hospital

Date 7 May 2009 at 1430h

Present

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| Dr S Sahota | [Chair] | Miss K Dhami | [Item 6.2 only] |
| Mr R Trotman | | Mr P North | [Item 6.2 only] |
| Mrs G Hunjan | | | |
| Miss P Akhtar | | | |
| Mr R White | | | |
| Mr D O'Donoghue | | | |
| Mr P Smith | | | |
| Mr M Burgess | [Barclays Wealth] | | |
| Mr S Grainger-Payne | [Secretariat] | | |

| Minutes | Paper Reference |
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| 1 Apologies | Verbal |
| Apologies were received from Mrs Sue Davis, Professor Derek Alderson, Miss Isobel Bartram, Mr John Adler, Mr Richard Kirby and Miss Rachel Overfield. | |
| 2 Minutes of the last meeting | SWBCF (1/09) 003 |
| The minutes of the last meeting were accepted as a true and accurate reflection of discussions held on 22 January 09. | |
| AGREEMENT: The minutes of the meeting held on 22 January 09 were approved. | |
| 3 Matters arising from the previous meeting | |
| Mr Smith reported that the work to rationalise the list of funds was still to be completed. A report detailing the revised list is to be presented at the next meeting of the Committee. Mr Trotman asked that every effort is made to expedite this work. Mr White agreed, suggesting that as many dormant funds as possible be consolidated. | |
| 3.1 Guidance available regarding donations | Verbal |
| Mr Grainger-Payne advised that aside from the inclusion on the Trust's internet site, there is currently little information available concerning methods of making donations to the Trust, although patient information is currently being revised to include more detail. | |
| Mr O'Donoghue suggested that consideration should be given to establishing a fundraising department. Mr Trotman proposed that should a department be put into place, it should be self-financing after the first year. Mr White pointed out | |

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| <p>however, that there needed to be significant fundraising activity to make a dedicated department worthwhile and be self-financing. Mrs Hunjan suggested that any administration support for this function may be provided from the Foundation Trust members who had expressed an interest in participating in fundraising. Mr O'Donoghue agreed to scope the proposal to expand the Trust's fundraising capacity and present at a future meeting of the Trustees.</p> | |
| <p>3.2 Web content</p> | <p>Verbal</p> |
| <p>Mr Grainger-Payne advised that a separate section had now been arranged on the Trust's internet site, dedicated to fundraising. The role of the Charitable Funds Committee is discussed on the internet, together with information on how donations may be made.</p> | |
| <p>3.3 Donations from will executors</p> | <p>Verbal</p> |
| <p>Mr White reported that legal advice had been taken regarding broadening the use of legacies given which were donated for a specific cause or department. The advice suggested that any unspent funds must be returned to the executors of the will. Funds may only be used for a purpose wider than initially intended, if the executor grants permission.</p> | |
| <p>4 Investment reports – Barclays Wealth</p> | |
| <p>4.1 Investment review and valuation from Barclays Wealth for the three month period until 31 March 2009</p> | <p>SWBCF (5/09) 007</p> |
| <p>Mr Burgess presented the investment review and valuation of the Trust's Charitable Funds portfolio for the three month period until 31 March 2009. He reported that there had been much volatility in the markets during recent months, as would be expected in the current global economic downturn. The Government has implemented a 'quantitative easing' plan and is now buying back government bonds or corporate bonds, thereby releasing more credit into the financial systems. A steady improvement in the stock market has been seen since March 2009.</p> <p>The Trust's Charitable Funds portfolio was reported to be classified as medium to high risk, as a high proportion of the funds are contained within equities. 19% of bonds are invested in AAA rated investments, with further funds being invested in corporate bonds, which may become more popular as the economic crisis progresses.</p> <p>Mr Burgess reported that the benchmark indices used are entirely gilt-based. The portfolio return was noted to have underperformed against a number of these benchmarked indices. In the equity components of the portfolio it would appear that investment in pharmaceutical, utilities and industrial is higher than the targets suggest. The pharmaceutical and utilities sectors do have good long-term projections however, in terms of cash, which would provide a greater certainty of earnings. The rotation from defensive sectors into more cyclical based stocks such as mining has impacted on performance. Dr Sahota noted that the overinvestment in industrials includes companies such as Balfour Beattie, BA systems, Smith Group, ICI and Capita. Of these, Smith Group is one of the most notably underperforming.</p> <p>Mr Trotman asked for a breakdown of the portfolio in terms of the investments in cash and equities to be presented at the next meeting. A tool is also available which Mr Burgess agreed to apply to determine whether the current asset</p> | |

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| <p>allocation is fit for purpose.</p> <p>A tracker fund was discussed, whereby the performance of the portfolio in this instance, matches the performance of the asset class. This provides a means of passive fund management. Mr Trotman asked whether this meant that the investment was 'locked in' for a set period of time, with no human intervention. Mr Burgess advised that there was no fixed 'lock in' period, yet the investment should be considered medium term.</p> <p>Mr Trotman asked whether there was a need to reduce the proportion of the portfolio held in stocks. Mr Burgess advised that this would be a sensible course of action, however the timing of this adjustment needed to be appropriate and consolidation of assets should also be undertaken when the market starts showing signs of improvement.</p> <p>The future strategy was recommended to concern investment in AAA rated stocks, with an ambition to invest in corporate bonds thereafter. In terms of altering the proportion of cash held, it was suggested that the level of cash should not exceed 10%, as it is forecast that the situation with the markets is due to improve over 3-6 months.</p> <p>Mr Smith noted that there was a discrepancy regarding the value of the portfolio. Mr Burgess suggested that this difference may concern the cut off period of the client dividend ledger.</p> | |
| <p>ACTION: Mr Burgess to provide a breakdown of portfolio in terms of the detailed investments in cash and equities</p> | |
| <p>5 Quarterly finance report</p> | <p>SWBCF (5/09) 008 SWBCF (5/09) 008 (a) SWBCF (5/09) 008 (b) SWBCF (5/09) 008 (c) SWBCF (5/09) 008 (d)</p> |
| <p>Mr Smith presented the quarterly Charitable Funds finance report, which he advised showed all significant transactions and balances in the individual funds. In terms of income, £407,990 has been received. Expenditure to the value of £566,127 was noted, which represented 91% of the total expenditure, the remaining 9% relating to transactions less than £2000.</p> <p>A second signatory was now noted to be assigned to many funds.</p> <p>A summary of the investment position was reviewed, where it was noted that the value of the investments had fallen by just over £1m. The reserve valuation was also reported to be in deficit by £811,499. Total net assets stand at £4,242,429.</p> | |
| <p>6 Application for the use of charitable funds</p> | |
| <p>6.1 Ratification of the decision to use charitable funds to support Cardiology research project</p> | <p>SWBCF (5/09) 006</p> |
| <p>Mr White reported that a request had been received from Cardiology Trust Fund Managers for the use of Charitable Funds to 'top up' the funding for a cardiology research project.</p> | |

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| <p>A Trust research grant for the project had already been agreed, however this was sufficient only to fund the start up of the project. It was proposed therefore that additional funding to the value of £67,2000 be used to sustain the project over 2-3 years, which would be used as payment for a research fellow for twelve months, laboratory support and payment to a retired Cardiology consultant to supervise the project on a part time basis.</p> <p>The Trustees were reminded that the request had been circulated to them in February 2009, which was subsequently agreed. The Trustees ratified the decision taken.</p> | |
| <p>AGREEMENT: The Trustees ratified the decision to use charitable funds to support a Cardiology research project</p> | |
| <p>6.2 Research awards</p> | <p>SWBCF (5/09) 009 SWBCF (5/09) 009 (a) SWBCF (5/09) 009 (b)</p> |
| <p>Miss Dhami reported that the Trust has a number of strong academic and research elements within the Trust. A number of these have historically attracted significant funding for research work, although there are notable exceptions, such as some cancer research work, where there is no means of acquiring national funding. Because of the diversity of the population that the Trust serves, the research work was reported to be very important and a corporate objective has been set by the Medical Director to raise the profile of Research and Development. Mr O'Donoghue added that there is increasing rigidity for funding and national funding is difficult to attract unless there is a proven track record in a particular area of research.</p> <p>The Trustees were asked to support the use of £80,000 from charitable funds to ensure that there is continued development of clinical and educational services within the Trust and the local community. The request was also reported to ensure that the Trust is able to continue to not only play an active role in the developing and sustaining high quality research but also in recruiting the best staff to meet the needs of its patients.</p> <p>Miss Bartram asked whether researchers link in with local education establishments, to which Dr Sahota asked how value may be added to the work of such institutions. Miss Dhami advised that there are plans to link in with other education providers and generally the ideas of these teams will pursued jointly if regarded as good opportunities for research.</p> <p>Mr Trotman asked to what the overhead costs relate. Mr North advised that these are indirect costs and concern pharmacy and diagnostics.</p> <p>The Trustees approved the request for the use of charitable funds.</p> | |
| <p>AGREEMENT: The request for the use of charitable funds for the research awards was approved</p> | |
| <p>6.3 Purchase of Optical Coherence Tomography machine</p> | <p>SWBCF (5/09) 005</p> |
| <p>Mr White reported that a request had been received from the Surgery B division to purchase an Optical Coherence Tomography machine from charitable funds. The purchase of the machine was requested to enable OCT tests to be carried out at</p> | |

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| <p>Sandwell Hospital, in addition to the Birmingham and Midland Eye Centre, thereby offering a greater number of patients treatment closer to home. The tests are part of the patient pathway when being presented for Lucentis treatment.</p> <p>The total funds requested were reported to be £63,500 from Trust Fund 0193, Oakley Legacy.</p> <p>The Trustees approved the request for the use of charitable funds.</p> | |
| <p>AGREEMENT: The request for the use of charitable funds for the purchase of an OCT machine was approved</p> | |
| <p>7 Any other business</p> | <p>Verbal</p> |
| <p>There was none.</p> | |
| <p>8 Details of next meeting</p> | <p>Verbal</p> |
| <p>The next meeting of the Charitable Funds Committee is planned for 3 September 2009 at 1430h in the Executive Meeting Room, City Hospital.</p> | |