

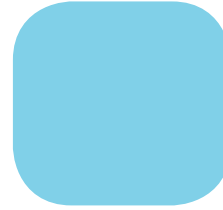
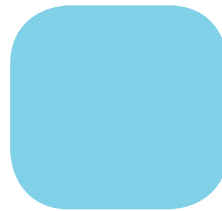
# Annual Plan **2009/10**



Caring      Accessible      Professional      Open      Engaging







# Annual Plan **2009/10**

## Contents

<b>Introduction</b>	Page 1
<b>1 Past year performance</b>	Page 2
1.1 Chief Executive's summary of 2008/09	
<b>2 Future Business Plans</b>	Page 7
2.1 Strategic overview	
2.2 Service development plans	
2.3 Operating resources required to deliver service developments	
2.4 Summary of key assumptions	
<b>3 Risk Analysis</b>	Page 24
3.1 Governance risk	
3.2 Mandatory service risk	
3.3 Financial risk	
3.4 Risk of any other non-compliance with terms of authorisation	
<b>4 Declarations and self-certification</b>	Page 27
4.1 Self certification	
4.2 Board statements	
<b>5 Membership</b>	Page 29
5.1 Membership Report	
5.2 Membership Commentary	
<b>6 Monitoring our performance</b>	Page 33



# Introduction

Sandwell and West Birmingham Hospitals NHS Trust is currently developing plans for NHS Foundation Trust status. The Annual Plan for 2009/10 has therefore been written to comply as far as possible with the guidance on preparation of annual plans issued by Monitor.

Our Annual Plan for 2009/10 sets out:

- performance against our objectives 2008/09;
- our corporate objectives for the year ahead;
- summary activity financial and workforce plans for the next twelve months;
- an analysis of risks;
- a report on development of our membership in preparation for NHS Foundation Trust Status.

Successful delivery of the objectives that have been set through this process will ensure the continued development of the Trust as a provider of high quality health care services to the population of Sandwell, Western and Central Birmingham and surrounding areas.



A handwritten signature in black ink, reading 'Sue Davis'.

Sue Davis CBE  
**Chair**



A handwritten signature in black ink, reading 'John Adler'.

John Adler  
**Chief Executive**

# 1. Past Year Performance

## 1.1 Chief Executive's summary of 2008/09

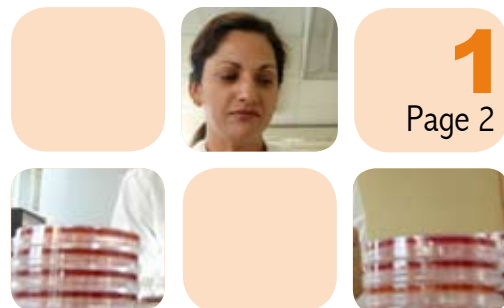
The previous twelve months have seen the Trust continue to make significant progress in developing our services in a number of important areas.

- Through the innovative "Listening into Action" (LiA) programme we have begun to deliver a step change in levels of staff engagement in addressing the issues facing the Trust. LiA involves staff in identifying and delivering changes in key areas to improve the services we provide and to date over 2,000 staff have taken part across the Trust.
- We have made significant progress in delivering our long-term strategy through the Right Care, Right Here Programme (formerly the Towards 2010 Programme) including securing approval from the Trust Board and NHS West Midlands to the Outline Business Case for the new acute hospital and working with PCTs to deliver a wider range of services closer to home.
- We have continued to maintain low waiting times for our services including achieving the national NHS 18 week referral to treatment

target, whilst sustaining financial stability by delivering our planned surplus of £2.5m and treating more patients than in previous years.

- We have maintained our strong approach to infection control with further reductions in cases of MRSA and C Difficile and continued investment in ward cleaning and environmental improvements.
- We improved our ratings in the Healthcare Commission Annual Healthcheck achieving "good" for both quality of services and use of resources.
- We submitted our application for NHS Foundation Trust status to the Department of Health for approval to proceed to assessment by Monitor. The application is currently being updated in the light of new Monitor planned assumptions before receiving DH approval.

This level of progress by the Trust across 2008/9 represents a significant achievement on the part of all of the staff of the organisation and it is appropriate that this should be acknowledged right at the start of our Annual Plan for 2009/10.



Caring      Accessible      Professional      Open      Engaging

## Performance against our Corporate Objectives for 2008/09

The Trust set 25 annual objectives for 2008/9. The table below contains a summary of our corporate objectives for 2008/09 with a “traffic light” (red, amber or green) indication of their achievement.

Strategic Objective	Annual Objective	R / A / G Rating
1. Accessible and Responsive Care	1.1 Continue to achieve national and local access targets.	●
	1.2 Successfully deliver our Patient Experience Action Plan.	●
	1.3 Develop and begin to deliver a Single Equality Scheme	●
2. High Quality Care	2.1 Continue to reduce hospital infection rates	●
	2.2. Develop our patient safety culture and systems	●
	2.3 Develop and deliver Maternity Development Plan	●
	2.4 Deliver improvements in the quality of nursing care	●
	2.5 Deliver interim service reconfigurations	●
	2.6 Take on Sandwell / Walsall breast screening service	●
	2.7 Deliver improvements in cancer and stroke	●
	2.8 Agree plan to ensure European Working Time Directive (EWTd) compliance	●
3. Care Closer to Home	3.1 Deliver new models of care through exemplar projects	●
	3.2 Deliver community-based dermatology service for BEN	●
4. Good Use of Resources	4.1 Deliver financial plan including £2.5m surplus	●
	4.2 Improve productivity through day case (DC) rates and length of stay (LOS)	●
	4.3 Deliver service improvement programme	●

Strategic Objective	Annual Objective	R / A / G Rating
5. 21st Century Facilities	5.1 Produce and secure agreement to new hospital Outline Business Care (OBC)	●
	5.2 Deliver land acquisition strategy	●
6. An Effective NHS Foundation Trust	6.1 Achieve Healthcare Commission Healthcheck standards	●
	6.2 Ensure staff receive appraisals and mandatory training	●
	6.3 Achieve NHS FT status	●
	6.4 Improve clinical administration and communications	●
	6.5 Develop marketing and business development activity	●
	6.6 Improve staff engagement through Listening into Action	●
	6.7 Ensure effective emergency preparedness	●

### Annual Healthcheck 2007/08

The Trust's ratings in the Healthcare Commission's Annual Healthcheck (Oct 2008) are included in the table below. This year's ratings reflect the Trust's ability to maintain its quality of care, whilst continuing to improve the way in which it manages its resources.

Area	2005/06 Rating	2006/07 Rating	2007/08 Rating
Quality of Services	Fair	Good	Good
Use of Resources	Weak	Fair	Good



## Patient Activity Performance in 2008/09

The table below summarises the Trust's high level activity for the period 2006/07 – 2008/09. Overall, admitted patient care activity increased by 4% in 2008/9 compared with the previous year including a 2.9% rise in emergency admissions and a continued shift of planned work from electives to day cases. New outpatient activity rose significantly (+16%) partly due to increases in referrals. Rehabilitation occupied bed days fell as the Trust reduced hospital length of stay in line with Right Care Right Here models of care.

Type	2006/07 Outturn	2007/08 Outturn	2008/09 Plan	2008/09 Projected Outturn	2008/09 Change From 2007/08
<b>Admitted Patient Care: (Spells)</b>					
Day cases	45,850	47,198	48,287	50,668	+7.4%
Electives	13,602	13,296	13,667	13,089	-1.5%
Emergencies	65,076	67,196	67,484	69,177	+2.9%
<b>Total</b>	<b>124,528</b>	<b>127,690</b>	<b>129,438</b>	<b>132,934</b>	<b>+4.1%</b>
<b>Outpatients (attendances):</b>					
New	127,670	131,766	134,843	153,774	+16.7%
Review	374,844	370,285	372,340	374,833	+1.2%
<b>Total</b>	<b>502,514</b>	<b>502,051</b>	<b>507,183</b>	<b>528,607</b>	<b>+5.3%</b>
A&E	231,910	231,938	225,450	228,603	-1.4%
Rehabilitation OBDs	42,181	32,344	25,734	22,830	-29.4%
Neonatal OCDs	9,193	8,552	8,660	8,806	+3.0%
Births	5,788	6,201	n/a	6,100	-1.6%
Referrals	139,403	151,755	n/a	176,318	+16.2%

NB. Births are also included in the emergency spell totals in the first section of the table

## Financial Performance in 2008/09

The Trust delivered its planned surplus of £2.5m for 2008/9 including successful delivery of a CIP of £12m. Total income rose by 4.8% compared with 2007/8 and was 2.6% ahead of plan mainly due to over-performance on activity targets in response to levels of demand. Total expenditure rose by 4.4% since 2007/8 and was also 3% ahead of plan. This was due in part to the increased cost of treating more patients but also increased investment in quality measures to improve service to patients e.g. maternity services, infection control, deep cleans and enhanced cleaning. There were also inflationary pressures especially on energy budgets.

£ million	2006/07 Outturn	2007/08 Outturn	2008/09 Plan	2008/09 Forecast Outturn
<b>Income</b>				
NHS Clinical Income	287.4	308.6	312.3	316.1
Non NHS Clinical Income	1.7	1.2	1.5	1.5
Other Income	38.4	38.7	32.8	37.8
Total Income	327.5	348.5	346.6	355.4
<b>Expenditure</b>				
Pay costs	(220.2)	(219.7)	(239.3)	(236.1)
Non-pay costs	(81.0)	(95.5)	(80.2)	(93.0)
Total Costs	(301.2)	(315.2)	(319.5)	(329.1)
Operating Surplus (EBITDA)	26.3	33.3	27.1	26.3
Depreciation, Amortisation, Interest and Impairments	(14.0)	(18.0)	(15.4)	(14.5)
PDC Dividend	(8.9)	(8.8)	(9.3)	(9.3)
Net surplus/(deficit)	3.4	6.5	2.5	2.5



## 2. Future Business Plans

### 2.1 Strategic Overview

Our planning for 2009/10 has been based on our assessment of the national and local context within which we operate. It takes account of the need to continue to make progress with the implementation of our local health economy shared service strategy, 'Right Care Right Here'.

#### 2.1.1 National Context

*The Operating Framework for the NHS in England 2009/10* (December 2008) set the national priorities, financial assumptions and national planning process for the year ahead.

##### Five National Priorities

*Five main national priorities not changed from 2008/9.*

- 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.

##### Other Service Priorities

*Local priorities agreed by PCTs reflecting national strategies for:*

- Alcohol
- Dementia
- End of life care
- Mental health
- Military personnel, their families and veterans
- Mixed-sex accommodation
- Vulnerable adults
- People with learning disabilities

*Infrastructure for improving quality in three domains:*

- Safety
- Effectiveness
- Patient experience



The financial context for the NHS set out in the Operating Framework reflects the increasingly challenging national economic climate.

### Financial Assumptions

- PCT allocations
  - Allocations published for 2009/10 and 2010/11.
  - 5.5% average PCT increase in 2009/10.
  - Two year increase for England = 11.3%. Sandwell = 11.3%. HoB = 10.6%.
- Adopting IFRS accounting standards bringing PFI on to balance sheets.
- Expectation of “very substantial efficiency savings” from the NHS by 2010/11.
- Significant changes to Payment by Results
  - HRG4 introduced includes new short stay elective tariff and wider range of outpatient with procedure tariffs.
  - Change to Market Forces Factor funding calculation.
  - Tariff uplift of only 1.7% including 3% efficiency assumption.
  - Further 0.5% available through local Commissioning for Quality & Innovation (CQUIN) agreements in return for quality improvements.

Maintaining high performance on national targets whilst continuing to deliver improvements in the key clinical areas of stroke, maternity, cancer and children and continuing to improve our patient experience whilst dealing with changed financial assumptions presents a challenge for the Trust to address in our planning for 2009/10.



Caring



Accessible



Professional

Open Engaging

### 2.1.2 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 services.

The area that we serve continues to have significant issues of poor health that the Right Care Right Here Programme aims to address. This is clearly reflected in the emphasis on health in the Local Area Agreements for Sandwell MBC and Birmingham City Council.

#### Sandwell MBC

*Sandwell MBC LAA 2008-11.*

Eight priorities including: Having a Good Start in life, Improving Health and Supporting Independence LAA indicators include:

- Mortality rates (circulatory diseases)
- Smoking cessation
- End of life measures
- Delayed transfer of care
- Teenage conception rate
- Breast feeding
- People with long-term conditions living independently

#### Birmingham City Council

*“Be Birmingham” 2008-11.* Five key outcomes including “Being Healthy: enjoying long and healthy lives”. The Being Healthy vision is “To reduce health inequalities, shift the emphasis over time from secondary to primary and community care with a greater focus on the customer and those with complex needs”.

*LAA indicators include:*

- Mortality rates
- Smoking cessation
- End of life measures
- Delayed transfer of care
- Teenage conception rate



Caring



Accessible



Professional

Open Engaging

The Trust's main commissioners, Sandwell PCT and Heart of Birmingham tPCT are key partners in the Right Care Right Here Programme and this is reflected in their priorities. In the light of World Class Commissioning both PCTs have reviewed their local objectives leading to a renewed concentration on population and public health issues.

### Sandwell PCT

#### *World Class Commissioning priorities:*

- improving maternity & antenatal care
- young people's health
- tackling harm caused by alcohol
- improving mental health
- community diabetes services
- long-term neurological conditions
- cancer
- cardiovascular disease
- services for older people

#### *CQUIN priorities include:*

- Time to operations for fractured NoF
- Time to CT scan for stroke patients
- Reducing EL Caesarean section rate
- Extension of patient surveys
- Improved outpatient coding
- Referrals to smoking cessation service

### Heart of Birmingham tPCT

#### *New mission statement "Eliminating health injustice for richer, longer lives". World Class Commissioning priorities:*

- infant mortality
- teenage conceptions
- smoking cessation
- CHD cholesterol control
- breast cancer screening uptake
- delayed transfers of care
- end of life care
- patient experience

Focus on "deadly trio" of heart failure, kidney disease and diabetes and action to reduce high cardio-vascular mortality rates.

Our plans for 2009/10 are also informed by our continuing programme of engagement with GPs and Practice-based Commissioners to understand their views about our services and their priorities for development. The key issues arising from discussions with practices in 2008/9 included:

- Reducing new to review outpatient rates.
- Ensuring that consultant to consultant referrals or tertiary referrals are only made when clinically necessary and with the knowledge of the patient's GP.
- Improving the speed and reliability of communication with GPs including further development of GP Homepage.
- Extending the range of diagnostics available on a direct access basis to support primary care.
- Increasing the range of outpatient and diagnostic services that the Trust is able to provide from its community bases (e.g. Aston HC, Rowley or Neptune).
- Supporting the development of new services in primary care (e.g. through clinical supervision of primary care practitioners).
- Ensuring that secondary care specialists are easily available for advice / guidance in addition to receiving referrals.

These issues along with the broader objectives of our main commissioners and national expectations form the context within which we have undertaken our planning for 2009/10.

### 2.1.3 Trust Strategy

The Trust has set an ambitious vision for the future of our organisation.



***We will help improve the health and well-being of people in Sandwell, western Birmingham and surrounding areas, working with our partners to provide the highest quality healthcare in hospital and closer to home.***



Our vision provides the framework for our long-term strategic objectives and the objectives that we have set for the Trust for 2009/10 in order to ensure progress towards our vision.

The Trust's six strategic objectives are set out in the diagram below.





## 2.1.4 Corporate Objectives 2009/10

In order to ensure continued progress towards our six strategic objectives the Trust has set 32 objectives for 2009/10. These objectives, the measures we will use to judge our success and the lead director responsible are set out in the table below.

Strategic Objective	Annual Objective 2009/10	Measure of Success	Lead Director(s)
1. Accessible and Responsive Care	I.1 Ensure continued achievement of national access targets (A&E, cancer, inpatient, outpatient and diagnostics and Genitourinary Medicine (GUM)).	<ul style="list-style-type: none"> <li>A&amp;E 4 hour target achievement</li> <li>Cancer target achievement (2 weeks, 31 days and 62 days)</li> <li>18 week referral to treatment targets</li> <li>Maximum waits for IP, OP and diagnostic treatment (26 wks IP, 13 wks OP, 13 wks Diagnostic)</li> <li>Rapid access chest pain 2 week target achievement</li> <li>GUM 48 hour access targets</li> </ul>	Chief Operating Officer
	I.2 Deliver commitments in Single Equality Scheme for 2009/10.	<ul style="list-style-type: none"> <li>Evidence of Impact Assessment of both policies and services</li> <li>Training reports show good update of training</li> <li>Workforce demographic data published on website and an action plan for managing diversity</li> </ul>	Chief Nurse
	I.3 Improve patient privacy and dignity by increasing compliance with single sex accommodation standards.	<ul style="list-style-type: none"> <li>Improvement with single sex standards demonstrated through audits</li> </ul>	Chief Operating Officer
	I.4 Continue to improve communication with patients about their care.	<ul style="list-style-type: none"> <li>Evidence from two inpatient surveys per year plus national survey</li> <li>Patient experience action plan updated and reported to Trust Board</li> </ul>	Chief Nurse



Strategic Objective	Annual Objective 2009/10	Measure of Success	Lead Director(s)
1. Accessible and Responsive Care	1.5 Work with Sandwell and HoBtPCTs to identify key hospital actions that will contribute to improvements in public health.	<ul style="list-style-type: none"> <li>• Agreement of plan with PCTs.</li> <li>• Achievement of measures included in plan.</li> </ul>	Medical Director
2 High Quality Care	2.1 Ensure continued improvement in infection control and achievement of national and local targets.	<ul style="list-style-type: none"> <li>• MRSA targets achieved.</li> <li>• C difficile target achieved.</li> <li>• Compliance with Hygiene Code.</li> <li>• Meeting national cleanliness standards.</li> <li>• Improvements in hand hygiene audits.</li> <li>• Increased access to hand wash facilities.</li> </ul>	Chief Nurse
	2.2 Complete implementation of surgical reconfiguration.	<ul style="list-style-type: none"> <li>• Reconfiguration completed by June 09.</li> </ul>	Chief Operating Officer
	2.3 Deliver significant improvements in quality of care for patients with stroke / TIA.	<ul style="list-style-type: none"> <li>• Agreement of stroke services plan.</li> <li>• Delivery of actions set out in plan.</li> <li>• Improved % of time on stroke unit.</li> <li>• Improved access to CT scan within 24 hours.</li> </ul>	Medical Director
	2.4 Deliver significant improvements in the Trust's maternity services.	<ul style="list-style-type: none"> <li>• Successful delivery of action in Maternity Integrated Development Plan.</li> <li>• Improved performance on key measures (see monthly Performance Report).</li> </ul>	Chief Executive

Strategic Objective	Annual Objective 2009/10	Measure of Success	Lead Director(s)
2 High Quality Care	2.5 Deliver the Trust's "Optimal Wards" programme.	<ul style="list-style-type: none"> <li>• Ward reviews undertaken.</li> <li>• Results demonstrate progress in key areas.</li> <li>• Improvement in ward accreditation scores over the year.</li> </ul>	Chief Nurse
	2.6 Develop the Trust's approach to measuring and managing clinical quality.	<ul style="list-style-type: none"> <li>• Launch of Quality Management Framework.</li> <li>• Production of Quality Account.</li> <li>• Regular assessments of mortality rates at specialty level and at Trust Board.</li> </ul>	Medical Director
	2.7 Deliver CQUIN targets: <ul style="list-style-type: none"> <li>- time to surgery for fractured neck of femur;</li> <li>- access to CT scan for stroke patients;</li> <li>- reduced caesarean section rate;</li> <li>- improved outpatient data quality (referral source);</li> <li>- introduction of patient surveys;</li> <li>- referral of patients to smoking cessation services;</li> <li>- provide annual report for Neonatal and Cardiology Specialised Services;</li> <li>- improve reporting of Neonatal Intensive Care data.</li> </ul>	<ul style="list-style-type: none"> <li>• Achievement of targets agreed in the detail of the CQUIN agreement.</li> </ul>	Medical Director
	2.8 Achieve NHSLA standards Level 2 (general) by December 2009 and new Level 1 (maternity) by March 2010.	<ul style="list-style-type: none"> <li>• Achievement of NHSLA standards.</li> </ul>	Director of Governance

Strategic Objective	Annual Objective 2009/10	Measure of Success	Lead Director(s)
2 High Quality Care	2.9 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.	<ul style="list-style-type: none"> <li>• Agreement of plan for improvement for both vulnerable adults and children including performance measures.</li> <li>• Establish structures.</li> <li>• Delivery of plan.</li> <li>• Compliance with core standards.</li> </ul>	Chief Nurse
	2.10 Ensure the Trust fully meets the EWTd standards for junior doctors by August 2009.	<ul style="list-style-type: none"> <li>• Achieve EWTd compliance.</li> </ul>	Director of Governance
3. Care Closer to Home	3.1 Ensure full Trust participation in delivery of Right Care Right Here Programme exemplar projects.	<ul style="list-style-type: none"> <li>• Exemplar projects achieve their targets for 2009/10.</li> </ul>	Chief Operating Officer
	3.2 Make full use of outpatient facilities in Aston HC and Rowley Regis Hospital.	<ul style="list-style-type: none"> <li>• Plans agreed to make maximum use of facilities.</li> <li>• Increased volumes of outpatients delivered from these locations.</li> </ul>	Chief Operating Officer
	3.3 Deliver a successful community ophthalmology service for South Birmingham PCT.	<ul style="list-style-type: none"> <li>• Activity delivered in South Birmingham community service.</li> </ul>	Chief Operating Officer
4. Good Use of Resources	4.1 Delivery of planned surplus of £2.3m.	<ul style="list-style-type: none"> <li>• Achievement of financial target.</li> </ul>	Director of Finance

Strategic Objective	Annual Objective 2009/10	Measure of Success	Lead Director(s)
4. Good Use of Resources	4.2 Delivery of CIP of £15m.	<ul style="list-style-type: none"> <li>Achievement of CIP.</li> </ul>	Director of Finance
	4.3 Develop approach to service improvement concentrating on theatres, outpatients and bed management.	<ul style="list-style-type: none"> <li>Service improvement plan agreed.</li> <li>Improved theatre and outpatient utilisation.</li> </ul>	Chief Operating Officer
	4.4 Introduce routine service line reporting to support development of clinical management structure.	<ul style="list-style-type: none"> <li>Service line reporting in place.</li> <li>Impact demonstrated through Finance &amp; Performance Committee reviews of Divisions.</li> </ul>	Director of Finance
5. 21st Century Facilities	5.1 Continue to deliver New Hospital Project as planned.	<ul style="list-style-type: none"> <li>OBC approved.</li> <li>Land acquired where possible through voluntary agreement.</li> <li>CPO launched and statutory process ongoing.</li> <li>Draft OJEU procurement documentation prepared and ready for PFU approval.</li> <li>OBC review documentation prepared.</li> </ul>	Director of Estates/ New Hospital Project
	5.2 Continue to improve current facilities through the delivery of the capital programme including: <ul style="list-style-type: none"> <li>replacement MRI scanner at City.</li> <li>upgrade of accommodation at - City (MAU and D16).</li> </ul>	<ul style="list-style-type: none"> <li>Major capital projects delivered in line with programme.</li> <li>Programme managed to deliver Trust objectives.</li> <li>Capital Budget managed in line with project delivery.</li> </ul>	Director of Estates/ New Hospital Project
	5.3 Fully engage with PCTs in design of major community facilities (Aston, BTC, Rowley Regis and Sandwell).	<ul style="list-style-type: none"> <li>Submission of Business case/LIFT stage 1 approval for each development agreed with PCTs through Right Care Right Here Programme.</li> </ul>	Director of Estates/ New Hospital Project

Strategic Objective	Annual Objective 2009/10	Measure of Success	Lead Director(s)
6. An Effective NHS Foundation Trust	6.1 Achieve NHS FT status.	<ul style="list-style-type: none"> <li>• Authorised as NHS FT.</li> </ul>	Chief Executive
	6.2 Continue to achieve Annual Healthcheck Core Standards.	<ul style="list-style-type: none"> <li>• Core standards achieved.</li> </ul>	Director of Governance
	6.3 Deliver improved uptake of mandatory training and implement the LiA "Time to Learn" project.	<ul style="list-style-type: none"> <li>• Uptake of mandatory training.</li> </ul>	Director of Workforce
	6.4 Continue to spread staff engagement through Listening into Action including delivery of the LiA "Enabling Our People" projects.	<ul style="list-style-type: none"> <li>• Spread of LiA projects.</li> <li>• Progress with "Enabling Our People."</li> <li>• Staff views reported through staff survey.</li> </ul>	Chief Executive
	6.5 Establish the next stages of the Trust's clinical research strategy.	<ul style="list-style-type: none"> <li>• Strategy agreed.</li> <li>• Progress with implementation.</li> <li>• Recruitment of patients into clinical trials.</li> </ul>	Medical Director
	6.6 Improve the Trust's approach to leadership development.	<ul style="list-style-type: none"> <li>• Review of current management and leadership development activity.</li> <li>• Agreed programme of future work.</li> </ul>	Director of Workforce
	6.7 Improve the environmental sustainability of the Trust's operations by responding to the national carbon reduction strategy.	<ul style="list-style-type: none"> <li>• Agreed plan to improve sustainability.</li> <li>• Improved performance in measures identified in the plan.</li> </ul>	Director of Estates/ New Hospital Project

## 2.2 Service development plans

Our plans for 2009/10 are designed to ensure delivery of our Annual Objectives. This section provides an overview of the most significant service developments included within these plans.

### 2.2.1 Activity Levels

The table below sets out 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.

#### Clinical Activity

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 2009/10 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.

### 2.2.2 Developments

Our plan includes developments in the following services.

- **Improving emergency surgical services.** We will complete the changes in surgical configuration agreed in 2007/8 including investment in additional support for emergency theatres at Sandwell.
- **Maternity.** We plan to invest in our 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 the future of our maternity services.
- **Stroke Services.** Working with Sandwell and HoB PCTs we will 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.** We are 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.** We will maintain existing levels of investment in cleaning and infection control and introduce MRSA screening for elective as well as emergency patients. Our plans are designed to ensure that we deliver our agreed infection control targets.

#### Infection Control Targets 2009/10 \*

Target	Q1	Q2	Q3	Q4
MRSA	9	9	9	6
C.Difficile	57	56	54	53

\* The above table represents the maintenance of a 60% reduction from a 2003/04 baseline in the reported incidence of MRSA bacteraemia, and a reduction of greater than 20% in the reported incidence of C difficile cases when compared with a 2007/08 baseline.

### 2.2.3 CQUIN

In addition to these investments and 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:

- reducing the Trust's caesarean 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.

Full achievement of the targets included within the CQUIN Scheme will result in a payment to the Trust equivalent to 0.5% uplift on tariff income (£1.6m).

## 2.3 Operating resources required to deliver service developments

This section of the plan sets out the Trust's finance, workforce and capital plans for 2009/10.

### 2.3.1 Finance

The table below summarises the Trust's financial plan for 2009/10 – 2011/12.

Category	2006/7	2007/8	2008/9 Forecast Outturn	2009/10 Plan	2010/11 Plan	2011/12 Plan
	£m	£m	£m	£m	£m	£m
NHS Clinical Income	287.4	308.6	316.1	324.3	329.8	335.4
Non NHS Clinical Income	1.7	1.2	1.5	1.3	1.3	1.3
Other Income	38.4	38.7	37.8	39.3	40.0	40.6
Total Income	327.5	348.5	355.4	364.9	371.1	377.4
Total Costs	(301.2)	(315.2)	(329.1)	(337.1)	(341.0)	(347.7)
Operating Surplus (EBITDA)	26.3	33.3	26.3	27.8	30.1	29.8
Depreciation, Amortisation, Interest and Impairments	(14.0)	(18.0)	(14.5)	(16.2)	(16.6)	(17.1)
PDC Dividend	(8.9)	(8.8)	(9.3)	(9.3)	(9.1)	(8.2)
Net Surplus / (Deficit)	3.4	6.5	2.5	2.3	4.4	4.4

The key assumptions on which the plan is based include:

- 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 on 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 £1.3m from HoB tPCT under the Right Care Right Here Transitional Financial Framework to support the Urgent Care Centre at City Hospital.



### 2.3.2 Workforce

WTE's have risen by c. 1% since March 2008 year to date and pay expenditure is broadly on track reflecting bank and agency use to fill vacancies. Workforce modelling for the Right Care Right Here Programme forecasts a stable workforce for 2009/10 at c. 5,900 WTE.

WTE by Staff Group	April 2007	April 2008	April 2009	April 2010 projected
Medical	754.78	779.52	788.10	790
Managers	132.41	146.57	166.58	165
Administrative and Estates	1,153.65	1,147.39	1,065.81	1,065
Healthcare Assistants and Support	873.97	762.19	1,208.56	1,210
Nursing and Midwifery	1,969.28	2,000.40	1,673.97	1,685
Scientific Therapeutic and Technical	813.20	802.17	982.56	985
<b>TOTAL</b>	<b>5,697.29</b>	<b>5,638.22</b>	<b>5,885.58</b>	<b>5,900</b>

N.B. April 09 figures differ across categories following extensive data cleansing exercise to correct historical coding errors. Comparisons across categories before and after 2009 are therefore not possible.



Caring



Accessible



Professional

Open Engaging

### 2.3.3 Investment and disposal strategy

The table below summarises the Trust's Capital Programme for 2009/10. The capital programme totals £19.7m including £4.1m of planned loans designed to support the purchase of land for the new acute hospital in line with the Outline Business Cases (OBC) for Land Acquisition and the New Hospital.

Capital Resources	£000
<ul style="list-style-type: none"> <li>Internally Generated Cash (depreciation)</li> <li>NHS Capital Loans</li> <li>New Energy Schemes (PDC funded)</li> </ul>	15,250 4,098 430
<b>Total Resources</b>	<b>19,778</b>
<ul style="list-style-type: none"> <li>Internally Generated Cash (depreciation)</li> <li>NHS Capital Loans</li> <li>New Energy Schemes (PDC funded)</li> </ul>	15,250 4,098 430
Capital Expenditure	
<ul style="list-style-type: none"> <li>Right Care, Right Here - Land Acquisition</li> <li>Statutory Standards/Fire/DDA Compliance/Estates/Security</li> <li>Medical Equipment</li> <li>IT equipment and minor works</li> <li>Replacement of City MRI</li> <li>Right Care, Right Here – medical equipment</li> <li>Specialist local decontamination capacity</li> <li>Clinical space modifications - SGH</li> <li>MAU improvements - City</li> <li>Ward D16 full refurbishment</li> <li>Urgent Care Centre – brought forward from 08/09</li> <li>Maternity refurbishment</li> <li>Privacy &amp; Dignity works (removing mixed sex accommodation)</li> <li>New Energy schemes</li> <li>Prior year commitments net of new year slippage &amp; other</li> </ul>	7,490 3,585 750 710 2,345 600 300 600 675 500 1,000 800 800 430 -807
<b>Total Expenditure</b>	<b>19,778</b>
<b>Under/(Over) Commitment against CRL</b>	<b>0</b>

*The main features of the capital programme include:*

- £7.5m of planned expenditure on land for the new acute hospital. The exact timetable for purchase of the land will be determined by the timetable for CPO. In the event of delay in the timetable, we would reduce the value of the loans required to support land purchase in 2009/10;
- Development of clinical facilities including a major refurbishment of ward D16 and improvements to the Medical Assessment Unit at City Hospital and investment to improve capacity utilisation at Sandwell and privacy and dignity on wards at Sandwell;
- Replacement of the current MRI scanner at City Hospital with an up-to-date model with increased capacity;
- Investments to support the delivery of care closer to home including equipment for the new South Birmingham ophthalmology clinics and x-ray facilities for the outpatient and diagnostic services in Aston being jointly developed with HoB tPCT (held within "Right Care, Right Here – medical equipment");
- Investment in maternity services including – subject to the development of the business case – at least one midwife-led birth centre within the Trust.

## **2.4 Summary of key assumptions**

The Trust's plans for 2009/10 are based on continuing to develop and deliver the shared local strategy: Right Care Right Here. The Trust has set itself a further set of 33 annual objectives to ensure continued progress with our long-term strategic objectives.

To ensure the delivery of these objectives in 2009/10 we have produced detailed finance, activity and workforce plans for the year ahead. The financial and activity targets are fully agreed with our PCT commissioners through the LDP agreement. Successful delivery of these plans will mean that by the end of 2009/10 we have:

- delivered a CIP of £15m and a bottom-line surplus of £2.3m;
- made a number of significant capital investments including replacing the MRI scanner at City Hospital and investing in other key areas of clinical accommodation;
- made improvements in our key clinical priority areas of stroke and maternity services;
- maintained our workforce broadly stable at 2009/10 levels as developments are off-set by improvements in efficiency;
- continued to make progress towards the new acute hospital and 2010 models of care and towards NHS Foundation Trust status.

## 3. Risk Analysis

The Trust has a well-established system for identifying and managing risk to the delivery of our services and the achievement of our objectives. In line with this process a detailed review of the risks to delivery of our objectives for 2009/10 will be undertaken early in the year. The plan contains a high level assessment of the major risks to delivery of our plan and compliance with the terms of our authorisation.

These risks have been scored in line with the Trust's standard approach to risk assessment based on a scale of 1-5 for both impact and likelihood.

### 3.1 Governance Risk

There are some potential governance risks associated with our plans for 2009/10. The initial assessment of these is set out in the table below.

Risk	Potential impact	Likelihood	Mitigating Action	Residual Risk
Failure to comply with core standard C20b – mixed sex accommodation.	3	4	Trust is developing single-sex action plan to ensure progress made as far as possible within limitations of Victorian estate at City.	$3 \times 4 = 12$
Failure to maintain successful engagement with FT membership.	3	3	Trust has membership strategy including clear actions planned for 2009/10.	$3 \times 2 = 6$
Failure to maintain momentum with specialty engagement in improving clinical quality.	4	3	Establishment of clinical directorates and appointment of clinical directors will provide improved structure.	$4 \times 2 = 8$
Failure to achieve NHS FT status.	4	3	IBP agreed by Trust Board to be submitted to DH at end of March. Clear development programme underway.	$4 \times 2 = 8$

### 3.2 Mandatory Service Risk

There are a number of risks to our ability to deliver services in line with commissioner, Monitor and Department of Health Requirements.

Risk	Potential Impact	Likelihood	Mitigating Action	Residual Risk
Continuing to achieve national access targets within available capacity.	4	4	Activity levels agreed with commissioners and detailed capacity plan developed.	$3 \times 4 = 12$
Maintaining improvements in infection control.	4	3	Infection control assurance framework overseen by infection control exec committee. Regular reports to Trust Board.	$4 \times 2 = 8$
PCT delivery of alternatives to hospital outpatients.	3	3	Shared activity model agreed with PCTs. PCT plans developed through joint Right Care, Right Here project groups.	$3 \times 2 = 6$
Failure to improve maternity services.	4	3	Agreed maternity development plan supported by financial investment in 09/10.	$4 \times 2 = 8$



### 3.3 Financial Risk

The Trust's financial plan identifies a number of potential financial risks for 2009/10. The most significant of these are summarised below.

Risk	Potential Impact	Likelihood	Mitigating Action	Residual Risk
Delivering the Trust's £15m CIP (4.5% of operating income).	4	3	The Trust has agreed a CIP based on a series of detailed schemes at Divisional level. The Trust will continue to operate the successful approach to CIP delivery used in previous years.	$4 \times 2 = 8$
Potential loss of market share to competitors.	4	3	The Trust has an established process for tracking market share and an agreed programme of business development activity for 2009/10.	$4 \times 2 = 8$
Impact of HRG4, Market Forces Factor and NHSLA premium changes on financial plan.	4	4	The Trust's financial plan addresses these issues through agreed levels of income with PCTs and additional 1% CIP above level originally in LDP.	$4 \times 2 = 8$

### 3.4 Risk of any other non-compliance with terms of authorisation

Finally, the Trust also faces two potential risks relating to our long-term plans for a new hospital.

Risk	Potential Impact	Likelihood	Mitigating Action	Residual Risk
Failure to secure approval to OBC.	4	4	OBC already approved by Trust board and SHA and submitted to DH. Trust working closely with DH to secure approval.	$4 \times 3 = 12$
Significant delay in land acquisition strategy affecting capital programme and new hospital project.	4	4	Clear project plan and project management in place for land acquisition. Contingency plans have been developed for capital programme if no major expenditure on land in 09/10.	$3 \times 4 = 12$



## 4. Declarations and Self-Certification

### 4.1 Self certification

As part of our preparations for the Monitor assessment stage of our application for NHS FT status, the Trust Board is developing its process for self-certification as required by Monitor. This will be undertaken initially as part of the assessment stage and subsequently as part of the annual planning process. For 2009/10 this section of the plan sets out the self-certification declarations that the Trust will make as part of the NHS FT application process.

### 4.2 Board statements

#### *Clinical quality*

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 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.

#### *Service performance*

The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) and national core standards and with all known targets going forwards;

The Board is satisfied that 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).

#### *Other risk management processes*

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 plans in place to address the issues in a timely manner;

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;

The necessary planning, performance management and risk management processes are in place to deliver the annual plan;

A Statement of Internal Control ("SIC") is in place, and the NHS foundation trust is compliant with the risk management and assurance framework requirements that support the SIC pursuant to the most up to date guidance from HM Treasury.

All key risks to compliance with its Authorisation have been identified and addressed.



### *Compliance with its Authorisation*

The Board will ensure that the NHS foundation trust remains compliant with its Authorisation and relevant legislation at all times;

The Board has considered all likely future risks to compliance with its Authorisation, the level of severity and likelihood of a breach occurring and the plans for mitigation of these risks; and

The Board has considered appropriate evidence to review these risks and has put in place action plans to address them where required to ensure continued compliance with its Authorisation.

### *Board roles, structures and capacity*

The Board maintains its register of interests, and can specifically confirm that there are no material conflicts of interest in the Board;

The Board is satisfied that all directors are appropriately qualified to discharge their functions effectively, including setting strategy, monitoring and managing performance, and ensuring management capacity and capability;

The selection process and training programmes in place ensure that the non-executive directors have appropriate experience and skills;

The management team has the capability and experience necessary to deliver the annual plan; and

The management structure in place is adequate to deliver the annual plan objectives for the next three years.



Caring

Accessible

Professional

Open

Engaging



## 5. Membership

### 5.1 Membership Report

In preparing for NHS FT status the Trust has had considerable success in recruiting an initial public membership from our local population. The Trust has begun to work with this membership in preparation for acquiring NHS FT status and this section provides an initial report on this activity.

The size of our membership and expected movements in 2009/10 are set out in the table below.

Membership size and movement		
Public constituency	Last Year	Next Year (estimated)
At year start (April 1)	377	6,500
New members	6,333	1,324
Members leaving	210	324
At year end (March 31)	6,500	7,500
Staff constituency	Last Year	Next Year (estimated)
At year start (April 1)	6,525	6,485
New members	1,317	1,300
Members leaving	1,101	1,050
At year end (March 31)	6,741	6,735



Caring



Accessible



Professional

Open Engaging

Analysis of current membership (based on 6,244 public members in February report) of total public constituencies (the wider West Midlands) is shown in the table below.

Public constituency Age (years):	Number of members	Eligible membership
0-16	109	428,612
17-21	230	332,660
22+	5,610	3,768,599
Not Declared	295	
Ethnicity:		
White	3,686	4,674,296
Mixed	38	73,225
Asian or Asian British	1,367	385,573
Black or Black British	738	104,032
Other	220	30,182
Not Declared	195	
Socio-economic groupings:		
ABCI	2,385	1,913,858
C2	1,003	685,541
D	1,297	794,461
E	1,559	700,084
Gender		
Male	2,502	2,575,111
Female	3,647	2,692,197
Not Declared	95	

However, our membership rather than being from across the wider West Midlands is highly concentrated in the seven geographical constituencies in Sandwell and Birmingham (82.67% of members from this area).

Analysis of current membership from those constituencies (based on 5,162 public members in February report) is shown in the table below. The demographic make-up of our members more closely matches the population in those areas rather than that of the whole West Midlands.

Public constituency	Number of members	Eligible membership
<b>Age (years):</b>		
0-16	93	57,710
17-21	179	51,905
22+	4,645	450,780
Not Declared	245	
<b>Ethnicity:</b>		
White	2,956	444,820
Mixed	34	19,938
Asian or Asian British	1,166	140,324
Black or Black British	662	52,217
Other	181	7,686
Not Declared	163	
<b>Socio-economic groupings:</b>		
ABCI	1,837	187,833
C2	814	82,657
D	1,097	119,569
E	1,414	109,074
<b>Gender</b>		
Male	2,080	323,159
Female	3,003	341,801
Not Declared	79	

The Trust's first elections have not been held at the time of this plan, but turnout at events for people interested in becoming Governors had been high for public members but relatively low for staff members.

## 5.2 Membership Commentary

Representation of black and minority ethnic communities in the public membership is good with membership as a proportion of the eligible membership over-represented. The white population is under-represented in the membership but still makes up over half of our members. Young people are under-represented and we are working with young people in developing and implementing campaigns to increase their interest in becoming members. Young adults (22-44) and over 80 year olds are also under-represented.

Public members have been very keen to be involved and many public members who have left have done so because their circumstances have changed and they have not been able to get involved as they would have liked. Other members have asked to be taken off the list because their health has deteriorated or relatives have informed the Trust that a member has passed away.

A membership programme has been developed to ensure that members have the opportunity to play an active role in Trust activities. Over 800 members registered an interest in attending the Trust's Annual General Meeting in 2008 which had to be held on two dates and use video-conference technology to accommodate all those who attended. Seminars have been held on Allergy, Basic Life support and Resuscitation and Infection Control and a full programme for 2009 has been circulated. The topics selected are in response to member suggestions.

Members have also been involved in workshops to help plan the new hospital and have been surveyed about how they would like to be involved in other ways, such as volunteering, patient forums, reading groups etc. During 2008/09, members will have been asked for their feedback on our customer care promises and the annual report and have received copies of membership newsletters and the "Right Care Right Here" newsletter.

Staff are automatically members of the Foundation Trust but can opt out. As at 31st March 2009, seven members of staff have opted out.



Caring



Accessible



Professional

Open Engaging

## 6. Monitoring our **Performance**

The Trust has in place a Performance Management Framework that is continually developing. Key elements of the Framework include:

- Corporate Quality and Performance Monitoring Reports - monthly
- Divisional Review Process – quarterly meetings
- Finance and Performance Management Committee – Non-Executive Director led monthly meetings (each meeting attended by a Division in turn on an annual cycle)
- Quality Management Framework – currently in development
- Performance communicated to staff through Team Brief each month
- Monthly Health Economy Performance Monitoring meetings

Progress against the key success factors for each of the Corporate Objectives set out in this Plan (section 2.1.4) will be reported on a quarterly basis to the Trust Board.



Caring

Accessible

Professional

Open Engaging







Sandwell and West Birmingham Hospitals   
NHS Trust

**A Teaching Trust of The University of Birmingham**  
Incorporating City, Sandwell and Rowley Regis Hospitals

© Sandwell and West Birmingham Hospitals NHS Trust  
Designed by the Department of Medical Illustration  
[www.swbh.nhs.uk](http://www.swbh.nhs.uk)