








Annual Plan

2011-2012



Where
EVERYONE
Matters

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Introduction

THIS Annual Plan sets out our priorities for 2011/12. These are designed to:

- continue to improve the services we provide to the people of Sandwell, western and central Birmingham and surrounding areas;
- make progress with our long-term strategy for a new acute hospital as part of the Right Care Right Here Programme;
- realise the benefits offered by the transfer of Sandwell Adult and Children's Community services;
- respond to a challenging financial position by improving both quality and productivity;
- Prepare for becoming a Foundation Trust.

The context in which we expect to be operating is set out in more detail in what follows. We expect 2011/12 however to be a particularly challenging year as we adjust to the changes to the system envisaged in "Equity and excellence: Liberating the NHS", to the financial challenges posed to the system and as we continue to make progress towards our six strategic objectives. These are:

- **Accessible and Responsive Care.**
- **Safe High Quality Care.**
- **Care Closer to Home.**
- **Good Use of Resources.**
- **21st Century Facilities.**
- **An Effective Organisation.**

Successful delivery of the objectives set out in this plan will ensure that we continue to develop the Trust as a provider of high quality healthcare services to the population of Sandwell, western and central Birmingham and surrounding areas.



John Adler
Chief Executive



Sue Davis
Chair

I. Past year performance

I.1 Chief Executives Summary of 2010/11

2010/11 has been another important year in the development of the Trust and the services that we provide. Thanks to the hard work, energy and commitment of our staff, we have continued to make significant progress in improving our services. This section provides an overview of our progress in 2010/11 and therefore we should acknowledge some of our achievements as we begin our plan for 2011/12.

- We reached agreement with Sandwell PCT to become the provider of Adult and Children's Community services for Sandwell and to host temporarily the Bradbury Day Centre. This is a significant addition to the range of services we provide and helps to achieve our shared ambition to provide care closer to people's homes and to help people stay well and healthy.
- We have maintained our achievement of the National waiting time standards.
- We are forecast to meet our Department of Health financial target with a small surplus of £2m.
- We are set to achieve our CQUIN targets for the year. This includes the extremely challenging 90% Venous Thrombo-embolism assessment target for Jan-March 2011.
- We have continued to perform well against all Infection control targets.
- We have reconfigured our Maternity services as planned, concentrating consultant births at City Hospital alongside the midwifery-led birth centre and progressing plans for a new community based midwifery-led birth centre in Sandwell to open in 2011.



- Our plans for the Compulsory Purchase of land for the new hospital were approved and the revised Outline Business Case for the new hospital was submitted to the Department of Health for approval.
- We have continued to see an increasing number of teams using Listening into Action methodology to work together on service changes.
- We have carried out refurbishment work and reconfigured our wards in order to comply with same-sex ward accommodation requirements – a significant task given the age of parts of our hospital estate.
- In February 2011 we achieved NHS Litigation Authority level 2 accreditation, passing 43 out of the 50 standards relating to risk, quality and safety. This was a tremendous achievement given the size and complexity of the organisation.

The progress made during 2010/11 should provide a firm base for the organisation to build upon in facing the challenges that lie ahead in 2011/12.



1.2 Performance against our Corporate Objectives for 2010/11

The Trust set 37 annual objectives for 2010/11. The table below contains a summary of our corporate objectives for 2010/11 with a “traffic light” (Red/Amber/Green) indication of their achievement.

Strategic Objective	Annual Objective	R / A / G Rating
1. Accessible and Responsive Care	1.1 Continue to achieve national waiting time targets 1.2 Continue to improve patient experience 1.3 Make communication with GPs quicker and more consistent 1.4 Improve our outpatient services including appointment system 1.5 Ensure customer care promises are part of day to day behaviour	● ● ● ● ●
2. High Quality Care	2.1 Infection control, cleanliness – continue high standards 2.2 Formalise quality system – maintain/improve quality of care 2.3 Vulnerable children and adults – improve protection and care 2.4 NHS Litigation Authority – achieve accreditation Level 2 2.5 Implement outcome of Maternity Review 2.6 Continue to improve services for Stroke patients 2.7 Improve quality of service and safety in A&E Departments 2.8 Achieve new CQUIN targets 2.9 Improve key patient pathways 2.10 Deliver quality and efficiency projects 2.11 Implement national Nursing High Impact Changes	● ● ● ● ● ● ● ● ● ●
3. Care Closer to Home	3.1 Make full use of outpatient & diagnostic centre at Rowley Regis 3.2 Right Care Right Here Programme – make full contribution to projects	● ●
4. Good Use of Resources	4.1 Deliver planned surplus of £2.0m 4.2 Improve expenditure by delivery of CIP of £20m 4.3 Review corporate expenditure in key areas. 4.4 Ensure right amount of wards, theatres and clinic capacity	● ● ● ●

5. 21st Century Facilities

- 5.1 Continue process to buy land for the new hospital
- 5.2 Start formal procurement for construction of new hospital
- 5.3 Full involvement with PCTs on design of community facilities
- 5.4 Continue to improve current facilities

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6. An Effective Organisation

- 6.1 Care Quality Commission registration
- 6.2 Embed Listening into Action
- 6.3 Implement next stages of new clinical research strategy
- 6.4 Implement sustainability strategy
- 6.5 Progress plans for new organisational status and structure
- 6.6 Embed clinical directorates and service line management
- 6.7 Implement our Leadership Development Framework
- 6.8 Refresh Workforce Strategy and progress implementation
- 6.9 Continue to develop IM&T Strategy and improve systems
- 6.10 Develop our strategy for medical education and training
- 6.11 Improve health and well-being of staff – reduce sickness absence

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Of the 37 objectives 29 are rated Green (completed/achieved), 17 are Amber (where work will continue into 2011/12) and one is Red. The single red rating reflects the delay in receiving approval for the Outline Business Case for the new hospital from the Department of Health.



1.3 Service Quality Performance Rating

In the summer of 2010, following the release of the revised NHS Operating Framework, the Department of Health stated that the periodic review of NHS Organisations would cease. The Care Quality Commission (CQC) subsequently stated that there would not be a formal scored assessment of performance, but it would publish performance data aligned to the various indicators for all organisations during late autumn.

The Trust has compared its performance against these benchmarks and thresholds in order to evaluate its performance in terms of Quality of Services. This evaluation suggested that if a formal assessment had taken place the Trust would have achieved the required performance in all but one of the indicators, 'Delayed Transfers of Care'. As such the Trust would have improved its rating for 2009/10 for Quality of Services to Excellent, the highest rating.

1.4 National Survey Results

The results of the 2010 National Staff Survey have recently been published. They show that in six out of ten categories of the survey, the Trust performs better than most acute hospitals. It performs less well in one category and about the same in three categories.

Compared with last year the Trust has improved scores in four categories and has a worse score in two categories

The number of staff agreeing that care of patients is the Trust's top priority has climbed every year since 2007 from 45 per cent to 64 per cent last year. This figure is 6 per cent higher than the national average for acute trusts.

Other areas in which the Trust is performing well compared to other acute trusts include:

- Staff agreeing that the Trust communicates clearly about what it is trying to achieve is 59 per cent - 10 per cent better than average.
- Staff saying senior management set a clear vision of where the organisation is headed is 56 per cent - 8 per cent better than average.
- Staff saying senior management is focused on meeting the needs of patients is 62 per cent - 7 per cent better than average.

Two areas in which the Trust was not performing as well as other trusts were:

- staff saying hand washing facilities were always available
- agreeing that they could approach their immediate manager to talk about flexible working.

While the results overall are encouraging, the Trust will work to understand in more detail the messages and lessons to learn from the staff survey and use this to inform action that needs to be taken next year.

The results of the [2010 National Inpatient Survey](#) were published at the end of April 2011. They show that the Trust's overall scores were average compared to other Trusts. 79% of patients rated their overall care as very good or excellent, compared to 77% in 2009. However, overall Trust scores on the patients' overview of their stay have reduced from 2009.

Key overall findings included:

- 79% of patients said they were always treated with respect and dignity while they were in hospital; 4% said they were not.
- 80% said the way they thought doctors and nurses were working together was excellent or very good. 2% said working together was poor. The proportion of patients saying they thought the way doctors and nurses worked together was excellent fell by 6% from 2009.
- 79% of patients rated their care as excellent or very good; 3% said care was poor.

The Trust was rated in the top 20% in the country for providing information about hand washing, doctors answering questions in a way patients could understand and providing written information about what to do after leaving hospital. The Trust was also on the threshold of the top 20% for 11 other standards including privacy in A&E, choice of admission dates, length of delay to discharge and various standards around information.

However, the Trust was rated in the least well performing 20% for mixed sex accommodation (sleeping areas, not bathroom areas), nurses talking in front of patients as if they weren't there and letters to GPs written in a way patients could understand. The Trust was also on the threshold of the lowest 20% in three other areas, including cleanliness and the proportion of patients who wanted to complain.

The survey showed that:

- Overall Trust scores in relation to other Trusts on patient admission are generally higher and have improved since last year.
- Overall Trust scores in relation to other Trusts on issues relating to the hospital and ward environment are generally lower, but have improved since last year.
- Overall Trust scores in relation to other Trusts on issues relating to doctors are generally higher, and have improved since last year.
- Overall Trust scores in relation to other Trusts on issues relating to nurses are generally lower, but have improved since last year.
- Overall Trust scores in relation to other Trusts on issues relating to care and treatment are mixed, but have improved since last year.
- Overall Trust scores in relation to other Trusts on issues relating to operations and procedures are generally about the same, and have improved since last year.
- Overall Trust scores in relation to other Trusts on issues relating to leaving hospital are generally higher and have improved since last year.

1.5 Patient Activity in 2010/11

The table below summarises the Trust's high level activity for 2008/09 – 2010/11.

Patient Activity 2008/9 – 2010/11

Type	2008/09 Outturn	2009/10 Outturn	2010/11 Plan	2010/11 Outturn	2010/11 vs 2009/10 %
Admitted Patient Care: (Spells)					
Day cases	50,936	51,995	45,742	50,425	-3.02
Electives	13,120	13,137	12,644	11,720	-10.79
Emergencies	69,494	62,961	62,214	61,163	-2.86
Unbundled		58,495	17,619	21,034	-64.04
Total	133,550	186,588	138,219	144,342	-22.64
Outpatients (attendances):					
New	155,584	158,289	155,477	157,948	-0.22
Review	380,578	410,378	371,419	424,476	3.44
With Procedure		28,163	25,515	20,452	-27.38
Total	536,162	596,830	552,411	602,876	1.01
A&E	226,871	224,811	226,978	218,211	-2.94
Rehabilitation OBDs	23,096	23,501	21,472	22,081	-6.04
Neonatal OCDs	9,549	9,969	10,754	10,229	2.61
Births	6,068	6,175		6,225	0.81
Referrals	178,070	192,945		182,474	-5.43

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

The activity planned for 2010/11 was reduced in line with decommissioning targets. The actual activity for the 2010/11 year is higher than planned, indicating that there are further in-roads needed in achieving decommissioning targets as part of the overall Health Economy strategy. The work undertaken on moving towards the levels of activity envisaged in the Right Care, Right Here overarching healthcare plan continue and a benefit is expected as the Trust moves into the 2011/12 operational year.

There are also counting changes between 2009/10 and 2010/11 including:

- Obstetrics antenatal admissions are now counted as Outpatient attendances (usually a review attendance) rather than admissions – c10,000 per annum change.
- Payment by Results (PbR) changes to “unbundled” activity (e.g. the removal of say, the imaging component of a patient's treatment where this is counted and paid for separately) has seen this “re-bundled” (put back into the tariff paid for services) in 2010-11, hence the large drop in plan and actual from 09-10.
- PbR also redefined (reduced numbers of) Outpatient procedures in 2010-11, again leading to the drop in actual between 2009-10 and 2010-11.

I.6 Financial Performance in 2010/11

The table below summarises the Trust's financial performance in 2010/11.

Financial Performance 2008/9 – 2010/11 (projected)

	2008/09 Outturn £m	2009/10 Outturn £m	2010/11 Plan £m	2010/11 Provisional Outturn £m
Income				
NHS Clinical Income	321.0	341.2	340.3	342.8
Non NHS Clinical Income	1.8	3.9	2.0	2.9
Other Income	36.4	39.7	40.8	41.2
Total Income	359.2	384.8	383.1	386.9
Expenditure				
Pay costs	(238.7)	(252.6)	(259.3)	(259.9)
Non-pay costs	(94.0)	(101.3)	(100.3)	(103.2)
Total Costs	(332.7)	(353.9)	(359.6)	(363.1)
Operating Surplus (EBITDA)	26.5	30.9	23.5	23.8
Depreciation, Amortisation, Interest and Impairments	(16.5)	(52.6)	(20.7)	(25.0)
PDC Dividend	(9.3)	(6.9)	(5.9)	(5.7)
Net surplus/(deficit)	2.5	(28.6)	(3.1)	(6.9)
DH technical adjustments	0	35.9	5.3	9.1
Net surplus/	2.5	7.3	2.2	2.2

The Trust is forecast to achieve its annual Department of Health performance target of a surplus of £2.2m for the year ending 31st March 2011.

1.7 Right Care Right Here - Progress in 2010/11

We have continued to work with partners within the RCRH Programme to develop services that deliver care closer to home, building on the exemplar projects from previous years as well as new service models. These include:

- Setting up a new Community Gynaecology service which will allow us to deliver about 20% of Gynaecology outpatient appointments in eight community locations.
- We have continued to work with partners in developing local urgent care services in Parsonage Street (Sandwell) and Summerfield Health Centre (Birmingham) as alternatives to attending A&E. These new services have seen a growth in activity with 36% of all urgent and emergency care now being provided in the community. Attendances at A&E have started to fall and are now in line with the level forecast as part of the RCRH plans.
- Increasing the use of community alternative outpatients with higher levels of activity in community locations for Cardiology, Diabetes, Musculoskeletal and Respiratory conditions than in the previous year. About 20% of outpatient activity is now being delivered in community locations.



2. Future Business Plans

2.1 Strategic overview

Our planning for 2011/12 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". It also recognises the major changes and challenges facing the health service as the transition to the new system envisaged in the White Paper **Equity and Excellence: Liberating the NHS (July 2010)** and the **Health & Social Care Bill (January 2011)** takes place.

Specifically:

- the emergence of GP Consortia and Clusters of PCTs will mean that new commissioning bodies, possibly with new priorities will be taking shape during 2011/12
- new providers are likely to enter the local and national healthcare arena as the move towards a more competitive landscape takes shape
- the combined effect of reduced growth funding and changes to the contracting and tariff arrangements will mean productivity needs to improve significantly while improving and maintaining quality of services.

2.1.1 National Context

The Operating Framework for the NHS in England 2011/12 (December 2010) sets out the challenges in implementing the first year of this major transition whilst maintaining and improving service quality and financial performance.

Particular features include:

- NHS Commissioning Board in shadow form during 2011/12: fully operational from April 2012.
- PCT Clusters – to ensure statutory functions delivered during transition and handover to GP Consortia.
- Pathfinder GP Consortia in 2011/12. All GP practices to be in consortia by April 2012.
- All NHS Trusts to become Foundation Trusts by 31st March 2014.
- Patient power, local accountability, better information, more choice to drive service improvement. Choice of any willing healthcare provider. Choice of individual consultant.
- Access standards generally to be maintained.
- Quality improvements expected in a number of areas such as cancer and stroke services. Dementia Strategy to be implemented.
- Increase Health Visitor numbers by 4200 by April 2015.
- Quality, Innovation, Productivity and Prevention (QIPP) – efficiency challenge of £20 billion by end of 2014/15.
- Finance – moving from position of growth to more stable settlements. Running costs will need to be reduced at every level. Two year pay freeze for staff earning over £21,000.

- Overall tariff reduction between 2010/11 and 2011/12 of 1.5% (includes efficiency).
- Best practice tariffs to be expanded and a change in the way long stays in hospital are funded.
- Services may be provided below tariff price.
- Hospitals will not be reimbursed for emergency readmissions within 30 days of discharge following an elective admission (further guidance has adjusted /redefined circumstances where this will apply).
- 30% marginal emergency admissions rate continues.
- Achieving quality targets (CQUIN) to continue to be worth 1.5% of contract income.

In addition *The NHS Outcomes Framework 2011/12*, also published by the Department of Health in December 2010, sets out the outcomes and corresponding indicators to be used to focus on delivering the outcomes that matter most to people.

The responsibilities of the NHS are set out as five domains:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

A range of indicators and improvement areas are identified across these domains and those relevant to our Trust will need to be considered during 2011/12.



2.1.2 Local Context

From 1st April 2011 Sandwell Community Health Services will become part of our Trust. About nine hundred staff will join the Trust bringing a budget of c£33m. Services transferring will include: District Nursing, Health Visiting, School Nursing, Intermediate Care, Respiratory, Musculoskeletal, Community Palliative Care, Continence, Diabetes, Foot Health, Nutrition and Dietetics, Family Planning, Tissue Viability, Children's Therapies, Heart Failure and supporting services.

The community provider function for Heart of Birmingham PCT, however, is transferring to the newly formed Birmingham Community Healthcare NHS Trust.

Locally, the shape of GP Consortia is taking form. There will be 5 Consortia which mainly commission services from the Trust, including one that crosses the boundary between the Trust's two main PCTs; Sandwell and Heart of Birmingham.

The PCTs have grouped into Commissioning Clusters. The Trust's main commissioners fall into two clusters. Sandwell PCT forms part of the Black Country Commissioning Cluster and Heart of Birmingham PCT part of the Birmingham and Solihull Commissioning Cluster.

The Birmingham and Solihull Cluster System Plan for 2011/12 includes a series of goals and initiatives upon which they will focus:

Service Development

- Planned Care
- Prescribing
- Productive Care
- Provider efficiency and configuration Pathway Transformation

Pathway Transformation

- End of life
- Maternity and children
- Mental health and dementia
- Urgent care

Healthier Living and Independence

- Ageing well
- Alcohol and tobacco
- Continuing healthcare
- Long term conditions

The Black Country Cluster System Plan highlights the following key service priorities for its population:

- Cardiovascular disease – prevention and treatment
- Reducing deaths from Cancer
- Improving mental health and well-being
- Gaps in service provision for older people
- New community services in diabetes
- Improving the health of young people
- Reducing harm caused by rising alcohol consumption and abuse
- Improving maternity services – reducing risks to health of babies in the first year of life and improving health of mothers.

2.1.3 Trust Strategy

The national and local contexts reinforce the need for the Trust to:

- Relentlessly focus on continuously improving all aspects of patient care
- Work closely with local commissioners as they create new organisations
- Become more efficient
- Make progress towards becoming a Foundation Trust

We will also need to secure approval for our Outline Business Case for a new hospital in Smethwick and achieve the benefits of integration of acute and community services in Sandwell

Having considered the changes to the external context we have not changed our vision for the future and made only a small change to our six strategic objectives that we originally set out in 2008/09.

Our vision describes an ambitious future for 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 six strategic objectives are designed to ensure we make progress towards the successful delivery of our vision.



2.1.4 Annual Objectives 2011/12

In order to ensure continued progress towards our six strategic objectives the Trust has set 33 objectives for 2011/12. These have been prepared following consultation with public and staff. The objectives, the measures we will use to judge our success and the lead director/s responsible are set out in the table below.

Strategic Objective	Annual Objective 2011/12	Measure of Success	Lead Director(s)
1. Accessible and Responsive Care	1.1 Identify and implement specific ways of improving the health of the population we serve.	<ul style="list-style-type: none"> Catalogue of relevant indicators drawn from primary care but mapped to each directorate Discussions with Directors of Public Health to establish priorities Identify data sources and create data flow for each indicator Incorporate indicators into SWBH QMF dashboards for each directorate or specialty Incorporate indicators into a Clinical Quality dashboard for RCRH 	Medical Director
	1.2 Ensure close and effective relationships with local GP consortia, PCT Clusters and Local Authorities.	<ul style="list-style-type: none"> Deliver on medical engagement LIA action plan. Identify leaders and opinion formers in each consortium and continue active engagement. Promote and improve direct contacts between directorates and primary care clinicians. Trust represented by Executive or senior Medical leads at all Cluster meetings for Birmingham and Solihull and the Black Country. Integrate work of Business Development Team with representatives from each Division. Improve flow of information and communication between hospital doctors and GPs. 	Director of Strategy & Organisational Development (with MD)
	1.3 Deliver Access performance measures including those set out in the Operating Framework for 2011/12.	<ul style="list-style-type: none"> 18 weeks referral to treatment standard maintained (95th percentile). Cancer waiting times (2 wks, 31 days & 62 days) standards maintained. GUM 48 hr access standard maintained. Rapid access chest pain standard (2 wk) maintained. 	Chief Operating Officer
	1.4 Continue to improve outpatient booking systems.	<ul style="list-style-type: none"> Hospital short notice cancellations reduced so that less than 20% of total are short notice (35% in Feb). DNA rate reduced to less than 10% (12% in Feb). Hospital initiated cancellations reduced to less than 15% of appointments made in month (16% in Feb). 	Chief Operating Officer
	1.5 Improve patient flow from admission through discharge to home care / after care.	<ul style="list-style-type: none"> Acute delayed discharges reduced to less than 4% of acute beds (5% in Feb). Average hospital length of stay maintained at less than 4.5 days (4.4 in Feb). Numbers of very long stay patients (>28 days) reduced to 150 or less (187 in Feb). Reduced readmissions within 30 days (baseline to be set in line with national guidance). 	Chief Operating Officer

Strategic Objective

2. Safe High Quality Care

Annual Objective 2011/12

2.1 Improve reported levels of patient satisfaction.

- Establish systems to seek patient/carer/user views that ensure all groups are represented.
- Establish reporting and feedback systems of patient views at the Trust, Division, Directorate and Department level.
- To ensure action plans exist and are delivered against areas of dissatisfaction/ requiring improvement.
- To have a list of priority patient experience improvement themes/topics and corporately plan and deliver the action.
- Ensure external views are fed into internal feedback systems.
- To deliver CQUIN target for patient experience improvement.
- To measure behaviours against Trust Promises.
- To develop an approach to 'customer care' training.

Measure of Success

Lead Director(s)

Chief Nurse
(with all Execs)

2.2 Continue to embed Customer Care promises.

- Refresh the customer care promise action plan in line with the feedback from Hot Topics.
- Regular analysis of patient survey results and complaints by customer care promises.
- Revised recruitment, induction and appraisal processes focusing on customer care.

Head of Communications & Engagement

2.3 Improve the care we provide to vulnerable adults.

- Ensure systems and processes for vulnerable adults are embedded in all clinical areas – including Deprivation of Liberty, Safeguarding, and Mental Health.
- Deliver level 1 and 2 training targets.
- Relevant policies are in place.
- Delivery of targets set within dementia action plan.
- Establishment of domestic violence training.
- Achievement of standards/rules of the Mental Health Act.
- CQC and NHSLA standards met.
- Nutrition CQUIN achieved.
- Falls and pressure damage targets achieved.

Chief Nurse

2.4 Make improvements in A & E services.

- Build on the work from 2010/11 in respect of integration.
- Ensure that newly developed systems become embedded and continue to support safer and more responsive care.
- Ensure that the agreed financial investments lead to the successful recruitment of high quality Clinical staff (Medical and Nursing).
- Implement systems to monitor and manage performance in respect of the new ED quality

Medical Director

Strategic Objective

2. Safe High Quality Care

Annual Objective 2011/12

2.5 Make improvements in Trauma and Orthopaedic services.

2.6 Make improvements in Stroke services.

2.7 Embed the Quality and Safety Strategy incorporating the FT Quality Governance Framework.

2.8 Improve and heighten awareness of the need to report and learn from incidents.

2.9 Deliver the CQUIN targets.

Measure of Success

- 18 week waiting time standard achieved for orthopaedics (c. 70% in 18 weeks in Feb).
- Workforce plan agreed and delivered for T&O wards.
- Improved service line position for T&O.
- Improved outpatient performance (reduced cancellations, short notice cancellations and review rates).

- Stroke dashboard fully populated and incorporated into the Quality Management Framework.
- Ensure that performance remains in the top Quartile nationally.
- Continued improvements in KPIs for Stroke and TIA pathways.
- Ensure robust management structure for stroke services including clarity on reporting lines and accountability.
- Develop an option appraisal in partnership with commissioners to ensure optimal configuration of Acute and rehabilitation components of stroke/TIA services and pathways.

- Achieve the plan developed to ensure effective implementation of the Quality and Safety Strategy.
- Positive outcomes to support the Trust's top 3 quality related priorities.

- Annual rate of incident reporting increased at least 10% on previous year.
- Improved position with the NRLS report as benchmarked against similar size Trusts.
- Reduced number of incidents that cause harm, of a similar nature and / or within the same environment / location.

Targets to be finalised but will include:

- VTE prevention
- Improving patient experience
- Alcohol abuse prevention
- Smoking cessation
- Nutrition assessment on admission
- End of life care – choice of place to die
- Mortality reviews
- Enhanced recovery
- Stroke discharge
- Medicines management
- Health Visiting response times
- Falls Assessment
- Access to chemotherapy out of hospital
- Improving access to organs for transplant
- Avoiding preventable blindness in neonates
- Improving neonatal care pathways

Lead Director(s)

Chief Operating Officer

Medical Director

Director of Governance
(with all Execs)

Director of Governance

Chief Nurse
Medical Director
Chief Operating Officer

Strategic Objective	Annual Objective 2011/12	Measure of Success	Lead Director(s)
<p>3. Care Closer to Home</p>	<p>3.1 Ensure a successful integration of adult and children's community services that has benefits for patients.</p>	<ul style="list-style-type: none"> • Transfer successfully completed in April. • Agreed benefits realisation plan in place by end Q1. • Integration / benefits realisation delivered as planned. 	<p>Chief Operating Officer (with CN)</p>
	<p>3.2 Deliver the agreed changes in activity required as part of the Right Care Right Here programme.</p>	<ul style="list-style-type: none"> • Decommissioning plan agreed with commissioners (value = £16m). • Plan successfully delivered by end of the year. 	<p>Chief Operating Officer</p>
	<p>3.3 Play a key role in the local community, actively promoting healthy lifestyles and health education.</p>	<ul style="list-style-type: none"> • Development and approval of health promotion strategy. • Delivery of health promotion / education LiA and resulting action plan, involving all key stakeholders. • Launch of involvement website to promote healthy lifestyles. • Lead the development of a RCRH health promotion and education strategy. • Participate in joint venture tender for lifestyle services. 	<p>Head of Communications & Engagement</p>
	<p>3.4 Develop a local response to national plans for Health Visiting.</p>	<ul style="list-style-type: none"> • Implementation plan supported by PCT/SHA. • Clear recruitment plans. • Increase University commissions. • Review of team skill mix. • Retention plan in place. • New models of care developed, including family partnerships. 	<p>Chief Nurse</p>
	<p>3.5 Make fuller use of the facilities at Rowley Regis Community Hospital to provide care closer to home.</p>	<ul style="list-style-type: none"> • Launch of new intermediate care unit in June. • Agree and deliver plan for services at Rowley in 2011/12. • Increased numbers of outpatient clinics scheduled at Rowley. 	<p>Chief Operating Officer</p>

Strategic Objective	Annual Objective 2011/12	Measure of Success	Lead Director(s)
<p>4. Good Use of Resources</p>	<p>4.1 Deliver a £21.1m CIP and produce detailed plans to deliver a £20m annual CIP for a further three years.</p>	<ul style="list-style-type: none"> • Presentation of the line by line CIP plan for the next financial year as assessed for quality and risk, deliverability and presented to the Finance and Performance Committee as part of the Trust Board's approval of the overall plan. Continuation of the robust monitoring and management of the plan via the Performance Management Board including tracking of replacement schemes, Full year/part year effects and any shifts from recurrent categories to non-recurrent. • Develop and agree the basis of allocating operational targets as part of 3 year CIP, ensuring capacity and expertise is developed so that plans are expressed in QUJPP and QuEP categories making use of all internal and external benchmarking data, e.g. SLR. Completion target to be consistent with commencement of strategic CIP work, end of Q1. • Integration of the plan within overall financial modelling including explicit cross-model audit trails of the impact of CIPs within the external and internal financial models (e.g. LTFM, LTSM, FIMS) 	<p>Director of Finance & Performance Management (with all Execs)</p>
<p>4.2 Achieve a £2m surplus.</p>		<ul style="list-style-type: none"> • Prepare a detailed financial plan with sufficient income based resources to meet anticipated expenditure in accordance with operating framework imperatives, capacity plans and risk reserves. • Ensure that Board reporting is clear between the DH target surplus and IFRS based bottom line results that take account of on-balance sheet treatment of long term contracts • Ensure that variations in the plan are reported at the earliest opportunity together with corrective mitigating plans as developed and implemented through the Performance Management Board. 	<p>Director of Finance & Performance Management</p>
<p>4.3 Reduce premium rate working.</p>		<ul style="list-style-type: none"> • Premium rate working reduced by £1.8m compared with 2010/11 outturn. • Theatre utilisation improved: <20% late starts, <25% early finishes, average of >3.5 cases per list). 	<p>Chief Operating Officer</p>
<p>4.4 Develop plans to improve the service line position of the Trust.</p>		<ul style="list-style-type: none"> • Identify three services. • Evaluate baseline position. • Develop improvement plan for each service. 	<p>Director of Strategy & Organisational Development</p>



Strategic Objective	Annual Objective 2011/12	Measure of Success	Lead Director(s)
<p>5. 21st Century Facilities</p> <p>6. An Effective Organisation</p>	<p>5.1 Begin to Procure a new hospital.</p>	<ul style="list-style-type: none"> • OJEU notice placed. • GVD executed. • Clarity on Deed on Safeguard achieved. 	<p>Director of Estates/ New Hospital Project Director</p>
	<p>5.2 Continue to improve current facilities.</p>	<ul style="list-style-type: none"> • Updated Estates Strategy. • Capital programme on plan. • Satisfactory environmental assessments (CQC, Hygiene Code, PEAT etc). 	<p>Director of Estates/ New Hospital Project Director</p>
	<p>5.3 Develop detailed plans for the development of the community estate.</p>	<ul style="list-style-type: none"> • RCRH Community Facilities Programme Team embedded. • Programme for development agreed. • Initial projects commenced. 	<p>Director of Estates/ New Hospital Project Director</p>
	<p>6.1 Make significant progress towards becoming a Foundation Trust.</p>	<ul style="list-style-type: none"> • Develop a detailed project plan. • Ensure delivery of all milestones in the project plan. • Secure any additional support required for the application including stakeholder support. 	<p>Director of Strategy & Organisational Development</p>
	<p>6.2 Deliver a set of Organisational Development activities including a stronger voice for front line staff.</p>	<ul style="list-style-type: none"> • Develop an OD framework and action plan to support FT application. • Deliver a model of staff engagement and incentive system. 	<p>Director of Strategy & Organisational Development</p>
	<p>6.3 Develop our clinical systems and processes to reduce variability and ensure safe, error free care.</p>	<ul style="list-style-type: none"> • Continue diagnostic project in respect of Clinical Back Office Systems. • Establish Project Board to deliver on Paperlite and Clinical Back Office Projects. • Relevant processes (including SBAR for reliable clinical handover; "kitemarking" clinical offices and departments for information standards & root cause analysis) developed and embedded in all clinical departments. 	<p>Medical Director</p>
	<p>6.4 Improve staff satisfaction, health and wellbeing.</p>	<ul style="list-style-type: none"> • System of gathering staff views throughout the year. • Identify actions arising from staff views. • Publish staff survey results. • Regular communications to staff. • Health and Wellbeing action plan – delivery against timescales. • Reduction in sickness absence. • Measurable improvements in survey results. • Links to OD/OTF plans around staff engagement and ownership. 	<p>Chief Nurse</p>

Strategic Objective	Annual Objective 2011/12	Measure of Success	Lead Director(s)
6. An Effective Organisation	6.5 Agree an IT strategy including an affordable route to procurement of an Electronic Patient Record.	<ul style="list-style-type: none"> • Programme board set up and running. • Option appraisal complete. • Decision-making process agreed and underway 	Medical Director
	6.6 Continue to develop and implement the Trust's approach to sustainability and transport and access.	<ul style="list-style-type: none"> • Carbon Management Plan agreed. • Sustainability action plan on target. • Review and update travel plan. 	Director of Estates New Hospital Project Director
	6.7 Develop a training plan that reflects service needs, is resourced and supports the workforce plan.	<ul style="list-style-type: none"> • Trust Training Plan developed by May. • Funding to support plan agreed (June/July). • LBR and JIF funding identified. • Commissions with higher education institutions agreed. • L&D Committee monitoring of plan. • Plan clearly linked to workforce plan due September. • Learning Hub/Health tech proposal written and presented to relevant parties. 	Chief Nurse



2.2 Service Development Plans

Our plans for 2011/12 are designed to ensure delivery of the 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 2011/12 – 2013/14 based on the agreed LDP for 2011/12 and the assumptions in our Long-Term Financial Model.

Clinical Activity 000's of cases

	Plan 10/11	Outturn 10/11	2011/12 Plan*	2012/13 Forecast	2013/14 Forecast
Elective	58.4	62.1	58.7	56.6	57.0
Non-elective	62.2	61.2	61.4	57.0	57.1
Unbundled	17.6	21.0	14.2	14.2	14.2
Outpatients	552.4	602.9	434.9	495.6	457.9
A&E	227.0	218.2	210.2	217.5	221.0
Rehab OBDs	21.5	22.1	23.2	23.2	23.2
Neonatal OCDs	10.8	10.2	11.3	11.3	11.3

*2011/12 Plan is draft activity prior to PCT disinvestment proposals being confirmed.

As part of the Right Care Right Here programme and our contractual agreement for 2011/12 with our main commissioners, a comprehensive programme of service redesign is being developed. This will also include targeted plans to reduce some aspects of activity in our hospitals and provide more activity closer to people's homes.

2.2.2 Right Care Right Here

Our priorities for 2011/12 include continuing to work closely with primary care colleagues to support further moves to the levels of work agreed through the RCRH Programme. The LDP also commits us to this priority. The following are some of the key changes we will be working on:

- Implementing new care pathways for agreed conditions including Cardiology. These will allow patients to receive more of their ongoing care from the primary care team and so closer to home, with ongoing support to the primary care team from the specialist hospital team. This will also reduce the number of follow-up hospital appointments.
- Implementing a new model of intermediate care in the inpatient beds at Rowley Regis Hospital that focuses on enhanced assessment and re-ablement in order to ensure more people can return to their own homes, with support from a community service if needed, rather than being admitted to a long term care home.
- Further development of the Urgent Care Centres and supporting care pathways especially in relation to mental health, children's respiratory conditions, chest pain, musculoskeletal pain and raising the public's awareness of these services as alternatives to attending A&E.

2.2.3 Quality & Efficiency Programme

2010/11 saw the first year of our three year Quality and Efficiency Programme (QUEP). The programme is designed to ensure continued improvement in quality of service and productivity and support the development of our cost improvement programme.

In 2011/12 the programme will consist of 16 projects addressing:

- Improvements to Outpatients, Theatres and utilisation of our beds in order to improve patient experience, quality of care and make the best use of our clinical staffing.
- Demand management and decommissioning, working closely with primary care, to deliver on commitments to changes in models of care in preparation for the new hospital.
- Realising the benefits from the transfer of the Sandwell Community Services to the Trust including better communication between staff, improved quality of patient referrals, shared access to clinical data, standardisation of assessments and reduced duplication.
- Workforce improvements aimed at ensuring effectiveness of our staff, developing new roles, reviewing and standardising practice and appropriate staff deployment. Cost savings will also be sought through reduced sickness absence, reduced use of bank and agency staffing and reduced premium rate working.
- Improvement to clinical administration systems, accurate coding and counting of patient activity, analysis of service line reporting data and development of service line management.
- Estates rationalisation to make the best use of our buildings and save costs where possible.

2.2.4 CQUIN Targets

As part of the LDP with commissioners the Trust is agreeing a range of Commissioning for Quality and Innovation (CQUIN) targets. In accordance with the NHS Operating Framework for 2011/12 the total value of the CQUIN scheme for 2011/12 is 1.5% of total contract value.

The targets for 2011/12 include –

Nationally mandated targets for adult acute services:

- Venous Thrombo-embolism prevention (90% of eligible patients to be assessed). Reducing avoidable death, disability and chronic ill health from Venous-thromboembolism.
- Patient Experience – Improve responsiveness to personal needs of patients (improving outcomes from national patient survey).

Local agreement - targets:

- Smoking Cessation – staff training to provide advice.
- Smoking Cessation Delivery – intervention and referral to cessation service.
- End of life care – choice of place to die.
- Medicines management – reduction in missed doses.
- Nutritional assessment
- Enhanced recovery – implement model for 8 procedures.
- Stroke discharge – improved discharge planning and patient information.
- Mortality review – 75% of all deaths in hospital to be reviewed.
- Alcohol screening – assessment and advice.

Community Services targets:

- Improving patient experience – improving outcomes from patient surveys.
- End of life care – choice of place to die.
- Health Visiting – child development reviews.
- Falls prevention
- Smoking cessation – staff training to provide advice.
- Smoking Cessation Delivery – intervention and referral to cessation service.

Specialised Services targets have a total value to the Trust of £316,965 including the 2 national targets:

- VTE assessments (national target)
- Patient Experience (national target) - Specialised services
- Access to chemotherapy out of hospital – increasing the number of chemotherapy deliveries made at home or in community setting
- Improving access to Organs for Transplant
- Screening for Retinopathy of Prematurity. Avoiding preventable blindness in neonates.
- Auditing neonatal care pathways

2.3 Operating Resources Required to Deliver our Annual Plan

This section of the plan sets out the Trust's finance, workforce and capital plans for 2011/12.

2.3.1 Finance

The table below summarises the Trust's financial plan for 2011/12 – 2013/14.

Summary Financial Plan 2011/12 – 2013/14

Category	2008/9 £m	2009/10 £m	2010/11 Provisional Outturn £m	2011/12 Plan £m	2012/13 Plan £m	2013/14 Plan £m
NHS Clinical Income	317.2	342.6	342.8	370.4	350.2	345.6
Non NHS Clinical Income	1.8	2.5	2.9	2.2	3.6	3.8
Other Income	40.2	39.7	41.2	40.6	40.6	40.9
Total Income	359.2	384.8	386.9	413.2	394.4	390.3
Total Costs	(332.6)	(353.9)	(363.1)	(389.4)	(369.3)	(364.4)
Operating Surplus (EBITDA)	26.6	30.9	23.8	23.8	25.1	25.9
Depreciation, Amortisation, Interest and Impairments	(14.8)	(52.6)	(25.0)	(15.6)	(15.3)	(15.5)
PDC Dividend	(9.3)	(6.9)	(5.7)	(5.8)	(6.0)	(6.3)
Net Surplus/(deficit)	2.5	(28.6)	(6.9)	2.4	3.8	4.1
IFRS/Impairment Adjustments		35.9	9.1	(0.6)	(0.5)	(0.5)
Net Surplus/(Deficit) for DoH Target		7.3	2.2	1.8	3.3	3.6

The Local Delivery Plan

The LDP (local delivery plan) for 2011/12 encompasses the activity, finance and contract terms that underpin the income anticipated in the new financial year.

The LDP agreement sought to address:

- The full year effect of decommissioning specific activity in 2010/11 carrying forward into 2011/12. This includes procedures of limited clinical value, reductions in new:review outpatient ratios and reductions in consultant to consultant referrals.
- The impact of activity performance in excess of the RCRH trajectories and the pace at which all parties must work to get back on track.
- The basis for formulating activity estimates for 2011/12 (rolling averages versus trend data).

The final contract agreement is planned to be in force as from 1 April 2011. The contract settlement includes a continuation of the transitional financial framework resources to recognise the lagging nature of fixed and semi-fixed cost release as activity reduces.

Income has been modelled at a level slightly below the current year's forecast in cash terms owing to the tariff deflator (£380m versus £384m respectively, excluding the additional community services set to transfer in). CQUIN funding remains at 1.5% in total.

The activity that underpins the 2010/11 income is based on RCRH trajectories and a mix of existing trends. Consequently, the work on de-commissioning specific cohorts of activity continues and will be incorporated in the final price activity matrix.

An estimate has been made regarding other non patient related income sources (educational levies and research) as formal notification is yet to be received.

Expenditure Plans and Cost Improvement Plan

Expenditure Plans are based on start point budgets, activity related changes, the implementation of cost improvement plans, regulatory pressures, wage and other contractual increases and agreed developments with commissioning bodies. An overall picture of Income and Expenditure is presented above. This shows total income as £413,199,000 (inclusive of £33,007,000 TCS transfer) which after costs results in a surplus of £1,807,000. The income position is now based upon agreed values for those PCT contracts overseen by Sandwell PCT (i.e. general and acute services for West Midlands PCTs). Final confirmation of other income budgets is not yet complete, e.g. specialised services and meetings continue in this regard.

This year's plan contains less flexibility when compared with 2010/11. This reflects a challenging CIP target within the tariff (4.0%) coupled with additional local savings plans.

Delivering the cost improvement target savings of £21.3m (inclusive of TCS) is one of the key central programmes for the forthcoming year. The present rigorous system of tracking and scrutinising the content and implementation risks (complete with mitigating actions) shall continue to ensure maximum delivery.

2.3.2 Workforce

The table below sets out a summary of our workforce plans for 2011/12.

Budgeted WTE by Staff Group

Category	April 2010	March 2011 projected	April 2012 projected
Medical	777	788	788
Managers	237	279	270
Administrative and Estates	1,216	1,397	1,349
Nursing and Midwifery/Healthcare Assistants and Support	3,146	3,530	3,437
Scientific Therapeutic and Technical	1,049	1,195	1,165
TOTAL	6,425	7,189	7,009

Note: WTEs for March 2011 and April 2012 include staff transferring from Sandwell Community Health Services, currently employed by Sandwell PCT.



2.3.3 Capital Programme

The table below summarises the Trust's Capital Programme for 2011/12. The capital programme totals £24.1m including additional resource for the land purchase for the new hospital.

Capital Programme 2011/12

	£000
Capital Resources	
• Internally Generated Cash	16,100
• NHS Capital Loans	8,000
Total Resources	24,100
Capital Expenditure	
• Right Care, Right Here - Land Acquisition	13,000
• Statutory Standards/Fire/DDA/ Estates/ Security	3,000
• Medical Equipment	700
• IT Programmes	500
• Capitalised Salaries	475
• Other Slippage and Retentions B/F	300
• Digital Mammography	1,818
• Carbon Management	500
• Ophthalmology & Plaster Room, SGH	500
• E-Rostering	450
• BMEC Accommodation Changes	90
• A&E IT System Changes	225
• Ward Refurbishment D I I	500
• Ward Refurbishments other	500
• Vehicle Replacement	450
• Pharmacy Robotics	430
• Other Schemes	662
Total Expenditure	24,100
Under/(Over) Commitment against CRL	0

The capital programme is dominated by the acquisition of land in Grove Lane as part of the RCRH new hospital project. Statutory standards, medical equipment and IT programmes are continuations of ongoing schemes.



2.4 Risk

The Trust has a well-established system for identifying and managing risk to the delivery of our services and the achievement of our objectives. An analysis of those risks is currently being prepared and will be included in the Trust's Assurance Framework for Board approval.



3. Membership

3.1 Membership Report

During the year, the membership of the Trust has been largely stable, as shown in the figures below. This year the Trust has been focused on engaging with young people, the trust has attended school careers fairs and has hosted careers fair's as a way of recruiting younger people as members.

The size of our membership and expected movements in 2011/12 are set out in the table below. The staff constituency from April 1st has increased with the transfer to the Trust of Sandwell Community Health staff.

Membership size and movement

Public constituency	Last Year 2010/11	Next Year (estimated) 2011/12
At year start (April 1)	7,542	7,504
New members	166	700
Members leaving	209	200
At year end (March 31)	7,504	8,004
Staff constituency	Last Year	Next Year (estimated)
At year start (April 1)	6,485 (eligible members)	7,484
New members	685	650
Members leaving	486	500
At year end (March 31)	6,684	7,334



Analysis of current membership (based on 7,540 public members as at February 2011) of total public constituencies (the wider West Midlands) is shown in the table below.

Public constituency	Number of members	Eligible membership
Age (years):		
0-16	431	428,612
17-21	480	332,660
22+	6575	3,768,599
Not Known	99	
Ethnicity:		
White	4346	4,674,296
Mixed	128	73,225
Asian or Asian British	1729	385,573
Black or Black British	801	104,032
Other	189	30,182
Not Known	293	
Socio-economic groupings:		
ABC1	2808	1,913,858
C2	1215	685,541
D	1580	794,461
E	1921	700,084
Gender:		
Male	2900	2,575,111
Female	4439	2,692,197
Not Known	147	

3.2 Membership Commentary

Engaging with members continues to be a priority for the Trust through a variety of Communications methods. Members will this year receive a quarterly newsletter as the volume of information the Trust wishes to share with our members has grown considerably. In addition the Trust will also be launching a new Members website where members will be able to easily access information about engagement events, talk with other members and once we become a Foundation Trust will also enable Members to communicate effectively with their Governors. Work will progress throughout 2011/12 to further improve methods of communication in line with Governor and Members needs.

Over the last 12 months the Trust has had a series of successful engagement events including the AGM, careers events and Health talks which have attracted large number of members. In November 2010 the Trust invited members to an event which focused on discussing what members would like to get involved in over the next 12 months. Members indicated they would like more Health talks focused on current health issues which are prominent in our area for example Tuberculosis and Heart Disease. The trust will also be setting up further focus groups around prominent health issues.

4. Monitoring our Performance

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

- Monthly review of performance on a wide-range of measures by Executive Team and Trust Management Board;
- Monthly oversight through Finance & Performance Committee chaired by a Non-Executive Director;
- Monthly reports to Trust Board;
- Quarterly review of Divisional performance by Executive Team;
- Quarterly review of Clinical Directorate performance by Divisional management teams;
- Quarterly report to Trust Board on progress with corporate objectives.

We will continue to use this established system to ensure the successful achievement of our objectives for 2011/12.



Annual Plan

2011-2012

Sandwell and West Birmingham Hospitals 

NHS Trust

A Teaching Trust of The University of Birmingham

Incorporating City, Sandwell and Rowley Regis Hospitals

Designed by The Department of Medical Illustration

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