Sandwell and West Birmingham Hospitals NHS
NHS Trust

MINUTES

Trust Board (Public Session) – Version 0.2

Venue Anne Gibson Boardroom, City Hospital **Date** 24 November 2011

Present

Mrs Sue Davis CBE (Chair)
Mr Roger Trotman
Mrs Gianjeet Hunjan
Dr Sarindar Sahota OBE
Mrs Olwen Dutton
Mr Phil Gayle
Mr Robert White
Mr Donal O'Donoghue
Miss Rachel Barlow
Miss Rachel Overfield
Mr Mike Sharon

In Attendance

Miss Kam Dhami
Mrs Jessamy Kinghorn
Mrs Carol Powney [Sandwell LINks]

Guest

Dr Jyoti Atri

Secretariat

Mr Simon Grainger-Payne

Minutes	**Paper Reference**
1 Apologies for absence	**Verbal**
Apologies were received from Professor Derek Alderson, Mr John Adler and Mr Graham Seager.	
2 Declaration of Interests	**Verbal**
There were no declarations of interest raised. Although it was agreed not to be a matter requiring declaration, Mrs Powney advised that she had been co-opted onto the local Health and Wellbeing Board.	
3 Minutes of the previous meeting	**SWBTB (10/11) 224**
The minutes of the previous meeting were presented for approval and were accepted as a true and accurate reflection of discussions held on 27 October	

2011.	
AGREEMENT: **The Trust Board approved the minutes of the last meeting**	
4 Update on actions arising from previous meetings	**SWBTB (10/11) 224 (a)**
The updated actions list was reviewed and it was noted that there were no outstanding actions requiring discussion or escalation.	
5 Questions from members of the public	**Verbal**
There were no members of the public present.	
6 Public Health Matters – Sandwell PCT	**Presentation**
The Chair welcomed Dr Jyoti Atri, Deputy Director of Public Health for Sandwell PCT, who presented a summary of the latest Public Health Annual Report and an outline of the transitional arrangements to transfer responsibility for Public Health from the PCTs to Local Authorities. Mr Trotman noted the obesity levels in Sandwell were reported to be 9.5 – 12% and, noting this figure to be lower than expected, asked whether this was a typical level. Dr Atri advised that there was no systematic way of recording obesity in the adult population and agreed that the figure was likely to be an underestimate. Mr O'Donoghue remarked that he was pleased to see that year on year there had been an improvement against the trajectories concerning life expectancy. Dr Atri agreed that the gap between that of Sandwell's life expectancy and that of other parts of the United Kingdom had been narrowed over the past few years. Mr O'Donoghue expressed a concern over the potential weakening of the connection between Public Health, Primary Care and Specialist Care as a consequence of the plans to transfer Public Health responsibilities to the Local Authorities. Dr Atri advised that this matter had been considered within the recent White Paper and had been agreed to be a risk. The Board was advised that further work to ensure joined up working with Dudley Public Health Department was undertaken was underway. Dr Sahota noted that many health inequalities arise from social issues and that people who can afford to move out of the area do so. He asked how these inequalities were being handled. Dr Atri advised that the new arrangements for Public Health provided a greater opportunity to work alongside colleagues in housing and education to address these issues. Mr Sharon asked what Public Health support would be provided for Clinical Commissioning Groups (CCGs) and was advised that a good infrastructure was	

planned. Mr Sharon asked whether a budget for Public Health would be made available. Dr Atri advised that there was a concern at present over budget allocations for Lifestyle Services being handled by the CCGs. Mr White asked whether there had been any significant improvement in performance against any key indicators in Sandwell. Dr Atri advised that the level of GCSE results had improved during the year. Mrs Hunjan asked whether the trend on long term conditions was increasing. She was advised that this was the case in some instances, although this could be reflective of the improved means of identifying the diseases.	
Items for Approval	
7 Trauma Unit action plan	**SWBTB (11/11) 232** **SWBTB (11/11) 232 (a)**
Mr Sharon reminded the Board that the application to become a Trauma Unit had been previously presented to and approved by the Trust Board. It was reported that subsequent to this, the application had been successful, providing that a number of actions were completed. The Board was also informed that three Major Trauma Centres would be created, subject to consultation. In terms of the Trauma Unit action plan, it was highlighted that compliance against a number of standards could not be declared, although these would be addressed once the unit was established. The Board was asked to note that the actions included the need to establish a Steering Group and to identify a clinical lead for the work. The resource implications of the unit were highlighted to require further consideration. The impact assessment of the Trauma Unit was noted to suggest that annually 229 fewer trauma cases would be handled by the Trust, offset to some degree by an increased amount of rehabilitation work. The costs for the work to establish the Trauma Unit were reported to be c. £70k. Assumptions were reported to be being made that the Trauma Unit would deliver specific benefits and would ensure that high quality medical staff are attracted to work in the Trust. It was suggested that the potential loss of income as a result of the reduced number of trauma cases handled needed to be assessed further. The Chair asked whether Transfer of Undertakings (Protection of Employment) Regulations (TUPE) would apply to the group of staff currently handling trauma cases. She was advised that this was not the case, given that it was not possible to clearly identify those members of staff specifically responsible for handling trauma cases. Mr Gayle remarked that the risks associated with the plans were considerable. Mr Trotman added that the predication of the plan on a healthy Trauma and Orthopaedics position was a concern, given the speciality's current Service Line	

Reporting position. Mr White noted that the reduction in costs needed to match the reduction in income was significant and highlighted that this was a considerable challenge for the Trust. Mr Sharon advised that a standard model had been used to calculate the financial implications of the plans, however he acknowledged that there was further work to do to understand the assumptions made in the model.	
AGREEMENT: The Trust Board: • **APPROVED the Action Plan to deliver the Trust's full compliance with the Trauma Unit standards.** • **NOTED the initial work undertaken around resource implications and that in order to finalise this further, clarity is required around both major trauma activity and detail of the Trauma Unit standards.** • **NOTED the Trust intends to seek consideration of the impact of the assumed loss of income from major trauma with commissioners as part of contracting discussions. In particular the Trust will dispute the assumption that only 20% of costs associated with major trauma are fixed.** • **CONFIRMED that the Trust is able to deliver the Trauma Unit standards within current tariff reimbursement subject to finalising the above work around resource implications.** • **CONFIRMED the Trust is willing to participate in the West Midlands Quality Review Service Trauma Peer Review in 2013.** • **CONFIRMED the Trust is committed to attend and be an active member of the Trauma Network.**	
8 Safety, Quality and Governance	
8.1 Care Quality Commission (CQC) reports and action plans	**SWBTB (11/11) 233** **SWBTB (11/11) 233 (a) - SWBTB (11/11) 233 (c)**
Miss Overfield presented the updated action plans that had been developed to address the recommendations within the CQC reports into privacy, dignity and nutrition. The Board was pleased to learn that there had been an apparent improvement in compliance against the CQC standards, as evidenced by the outcome of the mock CQC inspections. Miss Overfield advised that it was planned to continue the inspections and possibly widen their scope to encompass some of the additional essential standards of care. The Board was informed that a report concerning the Trust's Vulnerable Adults services had been received from the West Midlands Quality Review Service (WMQRS), which reported the outcome of the inspection of seven of the Trust's wards. The report highlighted good performance across all quality standards, particularly in comparison to that of peer organisations. Furthermore, the Board	

was advised that the recent inspections by PCT colleagues had indicated an improvement on wards. Miss Overfield advised that a third visit by the CQC was anticipated. Mr Gayle suggested that good feedback needed to be given to staff and remarked that it was positive to see that progress was good against many of the actions. Miss Overfield advised that there was still a need to ensure consistent standards were maintained by individual members of staff. Mr Gayle asked whether managers inspected areas other than their own places of responsibility. Miss Overfield confirmed that this was the case.	
8.2 Infection Control quarterly report	**SWBTB (11/11) 238** **SWBTB (11/11) 238 (a)**
Miss Overfield presented the routine quarterly update on infection control matters. She highlighted that there continued to be good performance against the infection control trajectories, although it was pointed out that levels of *C difficile* infections had increased. Noting the considerable level of detail in the report, the Chair asked that a briefer highlights report be presented in future.	
8.3 Cleanliness and PEAT report	**SWBTB (11/11) 234** **SWBTB (11/11) 234 (a)** **SWBTB (11/11) 234 (b)**
The Trust Board was asked to receive and note the update on cleanliness matters and PEAT visit outcomes.	
8.4 Update on complaints handling	**Tabled report**
Miss Dhami reported that by the end of December 2012, the backlog of complaints would be addressed. A reduction in the number of complaints in the backlog was noted from 33 in the last reporting period to 23. Twelve of the 23 complaints were highlighted to be cases from the original backlog, with the remainder being cases that had matured into the backlog during the period since the plan to tackle the backlog had commenced. The Board was advised that there were no trends of significance to note on the complaints received. Miss Dhami advised that the target of 95 complaints responses to be issued had not been met during the recent reporting period, with 86 responses having been issued.	
8.5 Integrated risk report – Quarters 1 and 2	**SWBTB (11/11) 237** **SWBTB (11/11) 237 (a)**

Miss Dhami presented the integrated risk report, which she advised had been considered in detail recently by the Trust's Quality and Safety Committee. It was highlighted that the number of incidents reported had reduced from the previous year, which was highlighted to be concerning. The introduction of electronic incident reporting during the period was suggested to be a factor contributing to the reduction. The categories of the six most frequently reported incidents were reported to remain identical to that highlighted previously. Dr Sahota noted that 21 cases of patient safety incidents were reported to be associated with severe harm and remarked that this was concerning. Miss Dhami was asked to provide an analysis of these cases within future versions of the report. The Chair also suggested that a comparison of information such as this be made to that of previous years.	
ACTION: **Miss Dhami to build in the suggested changes to the integrated risk report into future versions**	
8.6 Letter from Black Country Partnership NHS Foundation Trust re position of stakeholder governor	**Verbal**
The Chair advised that a letter had been received from the Chair of the Black Country Partnership NHS Foundation Trust to advise that since Sandwell Mental Health Trust had undergone restructuring, a stakeholder governor representative from the Trust was no longer required. Mr Grainger-Payne was asked to send the Board's gratitude to Mrs Debbie Talbot who had represented the Trust previously.	
ACTION: **Mr Grainger-Payne to send the Trust Board's gratitude to Mrs Debbie Talbot for her period of tenure as a stakeholder representative on Sandwell Mental Health Trust's Board of Governors**	
8.7 Minutes of the Quality and Safety Committee – 22 September 2011 and update from the Quality and safety Committee held on 17 November 2011	**SWBQS (9/11) 043**
The Trust Board was asked to receive and note the minutes of the Quality and Safety Committee that had been held on 22 September 2011. On behalf of Prof Alderson, the Chair provided a summary of the discussions at the Quality and Safety Committee that had been held on 17 November 2011. The Board was advised that the Committee had received an update on the plans to raise the profile of Never Events. A report had also been received from Miss	

Overfield concerning a cluster of complaints reported in connection with ward Lyndon 4, where it had been revealed that a number had been found to not be directly attributable to the ward but to other areas of the Trust. A number of reports on complaints were reported to have been considered, including a summary of cases referred to the Health Service Ombudsman and a progress update on the action plan to achieve compliance with the CQC essential standard concerning complaints. The Chair advised that progress with the CQC action plans concerning privacy, dignity and nutrition had been reviewed in detail by the Quality and Safety Committee. A report on the successful first year of operation of the Serenity Midwifery Led Unity was reported to have also been received. The Quality and Risk Profile used by the CQC to assess the risk of non-compliance with its standards was highlighted to have been considered by the Committee, including the areas where the Trust's position was noted to be worse or much worse than expected. The Board was informed that a specific report had been considered on an investigation that had been undertaken into concerns raised into the practice of a consultant by a number of consultant colleagues. The Board was advised that the review had revealed that the concerns were unfounded. The Committee was reported to have considered a progress update on the Clinical Audit forward plan and the quarterly integrated risk report. A report on progress with addressing the NPSA safety alerts was also reported to have been considered, where particular attention had been paid to the progress with addressing an outstanding radiological imaging alert which was due to be signed off in January 2012. The Chair reported that plans to prepare for the forthcoming Clinical Negligence Scheme for Trusts (CNST) and NHS Litigation Service (NHSLA) assessments had been considered.	
9 Performance Management	
9.1 Monthly finance report	**SWBTB (11/11) 229** **SWBTB (11/11) 229 (a)**
Mr White reported that a surplus greater than planned had been generated, however he highlighted that the income position remained volatile. The shortfall in income was reported to have been offset to some degree by the Injury Cost Recovery (ICR) income. Emergency and obstetrics activity was reported to have been lower than anticipated. Regarding the latter, Mr White advised that work was ongoing to assess the correlation between bookings for births and deliveries. The cash position was noted to remain strong due to the timing of the capital programme and the Department of Health loan.	

9.2 Draft minutes from the meeting of the Finance and Performance Management Committee held on 17 November 2011	**Hard copy paper**

Mr Trotman asked the Trust Board to receive and note the draft minutes from the meeting of the Finance and Performance Management Committee held on 17 November 2011.

The Board was advised that the Committee had been appraised that the Trust faced expenditure of £200k payable in 2012/13 for the cost of carbon credits for 2011/12 under the Carbon Reduction Commitment scheme.

Surgery A was reported to have given an update on its recovery plan, which had been submitted previously at the August meeting when the forecast outturn of £1.8m had been reduced to a deficit of £510k. The Committee was reported to have explored a number of areas, including the amber rated schemes in the division's Cost Improvement Programme (CIP) and was informed that these would be delivered over a shorter period than originally forecast. It was highlighted that Premium Rate Working would be reduced from January 2012. The Board was advised that Miss Barlow had confirmed that theatre utilisation had improved, however additional work was required to further improve the position. The Committee was reported to have concluded that progress had been made and that a watching brief would be maintained on the division through the monthly recovery plan update.

Mr Trotman advised that the financial report for October 2011 had showed a continuing improvement with a favourable variance on the budgeted surplus of £18k, reducing the year to date adverse variance to £23k. The Board was informed that of particular note was the favourable variance of £420k on payroll costs generated primarily by the reduction in the Whole Time Equivalent (WTE) position. The cash position was noted to remain strong.

The Board was advised that enquiries had been made about the position of the Women and Child Health division and the Committee had been informed that Dudley Group of Hospital NHS Foundation Trust would be repatriating some births to the Trust, based on geographical boundaries. In connection with this matter, Mr Sharon advised that the Head of Midwifery was in close discussion with the Black Country Cluster Commissioning Lead to agree the plans for repatriation. It was highlighted that GP practices were also being engaged with the plans. Mrs Powney noted that some patients were not aware that there was a choice of place in which to give birth. Mr Sharon advised that this was being picked up by the Black Country Cluster.

The update on the work being undertaken in conjunction with Atos was reported to have highlighted that the work was underway to align the projects within the Transformation Plan with the costs savings required and that a tender had been issued for the later phase of the work. Weekly meetings were reported to be being held and assurances had been given that all work was on track. The Board was informed that all Programme Manager posts had been filled and an

appointment had been made to the Finance Manager post. The Board's attention was drawn to the exception performance monitoring report, which had been submitted instead of the usual report that ran to several pages. Feedback on the exceptions report was requested.	
9.3 Monthly performance monitoring report	**SWBTB (11/11) 228** **SWBTB (11/11) 228 (a)**
Mr White reported that overall performance was disappointing in October, with performance against the accident and emergency care waiting time target dipping below 95% and performance against the remaining indicators in this area also being poorer than desired. Performance against the high risk TIA target was noted to require further improvement. Dr Sahota asked how likely it was that the target to admit appropriate patients to an Acute Stroke Unit within four hours of arrival would be met. Miss Barlow advised that good work was being undertaken with the Emergency Departments to look at capacity and patient flow which would assist the position. Good progress against the delayed discharge target was reported and the Board was advised the West Midlands Ambulance Service was noted to have complimented the Trust on the reduced turnaround times. Dr Sahota observed that referrals appeared to have declined. Mr Sharon advised that this appeared to be a position replicated across the region. Mrs Powney asked whether there were many patients waiting in excess of 18 weeks to be seen. Mr Trotman advised that the position would be considered by the Finance and Performance Management Committee and would be reported at the next meeting of the Trust Board. Miss Barlow assured the Board that the Trust was not an outlier in this respect. Mrs Kinghorn noted that the revised exceptions report omitted some data that the Trust was statutorily obliged to publish, however she agreed to discuss this with the appropriate colleagues outside of the meeting.	
ACTION: Mrs Kinghorn to discuss the additional material needing to be included within the performance exceptions report with Mr White	
9.4 NHS Performance Framework/FT Compliance monitoring report	**SWBTB (11/11) 227** **SWBTB (11/11) 227 (a)**
Mr White presented the NHS Performance Framework/FT Compliance Framework update for receiving and noting. It was highlighted that the Trust remained classed as a 'performing organisation' against the NHS Performance Framework, however the governance rating was	

noted to have dipped to red/amber against the FT Compliance Framework, due to underperformance against a number of indicators.	
10 Strategy and Development	
10.1 'Right Care, Right Here' programme: progress report including an update on decommissioning	**SWBTB (11/11) 231** **SWBTB (11/11) 231 (a)**
Mr Sharon advised the Board that in terms of decommissioning, £13.8m of the required £16.2m had been identified, although it was highlighted that the total amount of cost saving required would not be achieved by the end of the financial year. It was highlighted that the review of the programme management structure had been delayed until Spring 2012.	
10.2 Foundation Trust application: progress update	
Programme Director's report	**SWBTB (11/11) 235** **SWBTB (11/11) 235 (a)**
Mr Sharon presented the Foundation Trust Programme Director's report for receiving and noting.	
Minutes of the FT Programme Board held on 27 October 2011	**SWBFT (10/11) 068**
The Trust Board received and noted the minutes of the FT Programme Board held on 27 October 2011.	
10.3 Midland Metropolitan Hospital project: progress report	**Verbal**
Mr White reported that discussions had been held with tenants on the land to be occupied by the Midland Metropolitan Hospital that had not yet vacated the premises and short term leases had been agreed where appropriate. Mr Sharon advised that enquiries on the Outline Business Case by the Department of Health continued to be answered.	
11 Draft minutes from the meeting of the Audit Committee held on 8 September 2011	**SWBAC (9/11) 053**
Mrs Hunjan asked the Board to receive and note the draft minutes from the meeting of the Audit Committee held on 8 September 2011. The Board was advised that Committee had received an update on the conclusion of the audit of the annual accounts and Quality Account and had been advised that the audit of Charitable Funds would be completed by January 2012. It was reported that the Committee had been promised an update on the Quality Account action plan at its meeting scheduled for December 2011.	

Mrs Hunjan informed the Board that the Internal Audit plan was progressing as planned and the outcome of an audit on systems for staff expenses had been received, where it had been highlighted that new software would address the issues raised in the report. The Board was informed that the Qualitative Assessment of the Counter fraud service would no longer be undertaken by NHS Protect. The proposed changes to the Trust's Standing Orders, Standing Financial Instructions and Scheme of Delegation that had subsequently been approved by the Trust Board were also reported to have been considered and supported by the Committee.	
12 Draft minutes from the meeting of the Charitable Funds Committee held on 8 September 2011	**SWBCF (10/11) 018**
Dr Sahota asked the Board to receive and note the draft minutes from the meeting of the Charitable Funds Committee held on 8 September 2011.	
12 Any other business	**Verbal**
Mr White, in acknowledgement of Mrs Davis' termination of office as Chair highlighted the challenge that had faced her in terms of the need to make an impact on patient care. He highlighted in particular the scale of challenge in improving maternity services, which Mr White advised had been well delivered under the leadership of Mrs Davis. He wished her well for the future in her new role as Chair of Birmingham and Solihull Mental Health NHS Foundation Trust. Mr Trotman addressed the Chair: ' Sadly it falls to be to pay tribute to you Sue at this, the end of last Board meeting at the Trust. When you joined us over five years ago we all recognised your leadership qualities, professionalism and dedication to the Trust. I have never been aware of any hidden agendas, only your clear drive towards what was in the best interests of the patients and the Trust. I know from the occasional participation in meetings with you and John [Adler] that you have been a great support to him in what as I well know from my own experience, is at times a very lonely role. You have been great at communicating in the widest sense but also in keeping us, the Non Executives abreast of key issues as they have evolved. I am sure that I speak for everyone when I say we have greatly enjoyed working with you, appreciate what you have done for the Trust in your tenure in office, wish you were staying but also wish you every success in your new challenge as a token of our appreciation we would like you to accept these gifts.' The Chair remarked, that in terms of the Board of the organisation, the Trust Board was characterised by very strong performance and a drive for achievement. She highlighted in particular the memories of the reconfiguration plans and paid a special acknowledgement to the Mr Trotman who would be taking up the role of Acting Chair until the role of Chair was filled substantively.	
13 Details of the next meeting	**Verbal**

The next public session of the Trust Board meeting was noted to be scheduled to start at 1530h on 15 December 2011 and would be held in the Boardroom at Sandwell Hospital.	

Signed: …….

Name: …….

Date: ……

Next Meeting: 15 December 2011, Boardroom @ Sandwell Hospital

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

27 October 2011, Anne Gibson Boardroom @ City Hospital

Members present: Mrs S Davis (SD), Mr R Trotman (RT), Dr S Sahota (SS), Mrs G Hunjan (GH), Mrs O Dutton (OD), Mr P Gayle (PG), Mr R White (RW), Mr Donal O'Donoghue (DO'D), Miss R Barlow (RB), Mr M Sharon (MS), Miss R Overfield (RO)

In Attendance: Miss K Dhami (KD), Mrs J Kinghorn (JK), Mrs C Powney (CP) [Sandwell LINks]

Apologies: Prof D Alderson (DA), Mr J Adler (JA), Mr G Seager (GS)

Secretariat: Mr S Grainger-Payne (SGP)

Last Updated: 8 December 2011

Reference	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status
SWBTBACT.195	Update on complaints handling	Hard copy papers	28-Apr-11	Consider the suggestion made to organise a 'walk through' a complainant's experience and the complaints process	KD	~~31/07/2011~~ ~~22/09/2011~~ 15/12/2011	Process flow of complaints process being developed at as part of the revised Complaints Handling strategy which will be shared the Trust Board in ~~December~~ February 2011	A
SWBACT.215	Update on complaints handling	Tabled report	27-Oct-11	Present the proposals to reduce the failsafe targets for complaints once the current backlog is cleared	KD	26/01/12	ACTION NOT YET DUE	G
SWBACT.216	Integrated risk report - Quarters 1 & 2	SWBTB (11/11) 237 SWBTB (11/11) 237 (a)	24-Nov-11	Build in the suggested changes to the integrated risk report into future versions	KD	26/01/12	ACTION NOT YET DUE	G
SWBACT.218	Monthly performance monitoring report	SWBTB (11/11) 228 SWBTB (11/11) 228 (a)	24-Nov-11	Discuss the additional material needing to be included within the performance exceptions report with Mr White	JK	26/01/12	ACTION NOT YET DUE	G
SWBACT.217	Letter from Black Country Partnership NHS FT re position of Stakeholder Governor	Verbal	24-Nov-11	Send the Board's gratitude to Mrs Debbie Talbot for her period of tenure as a stakeholder representative on Sandwell Mental Health Trust's Board of Governors	SG-P	15/12/11	Gratitude sent as requested	B
SWBTBACT.214	Equality and Diversity update	SWBTB (9/11) 196 SWBTB (9/11) 196 (a)	29-Sep-11	Ensure that the Transformation Plan project templates include a requirement to assess the proposals for Equality and Diversity implications	RB	30/11/11	Discussions on templates have included equality and diversity considerations	B

KEY:

R	Outstanding action due for completion more than 6 months ago. Completion has been deferred more than once or there is no firm evidence that it is being progressed towards completion
A	Oustanding action due for completion more than 6 months ago. Completion has been deferred more than once but there is substantive evidence that work is progressing towards completion
Y	Outstanding action raised more than 3 months ago which has been deferred more than once
G	Action that is scheduled for completion in the future and there is evidence that work is progressing as planned towards the date set
B	Action that has been completed since the last meeting

Next Meeting: 15 December 2011, Boardroom @ Sandwell Hospital

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

27 October 2011, Anne Gibson Boardroom @ City Hospital

Members present: Mrs S Davis (SD), Mr R Trotman (RT), Dr S Sahota (SS), Mrs G Hunjan (GH), Mrs O Dutton (OD), Mr P Gayle (PG), Mr R White (RW), Mr Donal O'Donoghue (DO'D), Miss R Barlow (RB), Mr M Sharon (MS), Miss R Overfield (RO)

In Attendance: Miss K Dhami (KD), Mrs J Kinghorn (JK), Mrs C Powney (CP) [Sandwell LINks]

Apologies: Prof D Alderson (DA), Mr J Adler (JA), Mr G Seager (GS)

Secretariat: Mr S Grainger-Payne (SGP)

Last Updated: 8 December 2011

Reference No	Item	Paper Ref	Date	Agreement
SWBTBAGR.249	Minutes of the previous meeting	SWBTB (10/11) 224	24/11/2011	The Trust Board approved the minutes of the previous meetings as a true and accurate records of discussions held
SWBTBAGR.250	Trauma Unit action plan	SWBTB (11/11) 232 SWBTB (11/11) 232 (a)	24/11/2011	The action plan to deliver the Trust's full compliance with the Trauma Unit standards

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Estates Strategy Annual Review 2011/12
SPONSORING DIRECTOR:	Graham Seager, Director of Estates/New Hospital Project Director
AUTHOR:	Rob Banks, Head of Estates
DATE OF MEETING:	15 December 2011

SUMMARY OF KEY POINTS:

This report provides an annual update of the Estates Strategy to identify the current position in relation to the Estates Management Issues listed below. This layout is consistent with the Executive Summary of the Main Estates Strategy document approved by the Trust Board in October 2008.

- Existing Estate
- Estates Performance
- Risk Management and Governance
- Environmental Performance
- Estates Returns and Information Collection (ERIC) and Performance Indicators
- Patient Perceptions and Patient Environment Action Team (PEAT)
- Summary Disposal and Proceeds of Sale
- Development Control Plans
- Strategic Options for Estate change

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

Approval	Receipt and Noting	Discussion
x		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Board is asked to consider and approve this Estates Strategy Annual Review 2011/12.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	An Effective Organisation 21st Century Facilities
Annual priorities	
NHS LA standards	
CQC Essential Standards of Quality & Safety	
Auditors' Local Evaluation	

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

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

PREVIOUS CONSIDERATION:

Annual update to the Trust Board

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Estates Strategy Annual Review 2011/12

December 2011

SWBTB (12/11) 252 (a)

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	CQC Outcomes 1 and 5 – progress on action plans
SPONSORING DIRECTOR:	Rachel Overfield, Chief Nurse
AUTHOR:	Rachel Overfield, Chief Nurse
DATE OF MEETING:	15 December 2011

SUMMARY OF KEY POINTS:

The latest versions of the relevant action plans are attached. There are no significant changes to last month, although generally audit results continue to gradually improve.

Newton 1/Newton 4 are working very well.

54 mock CQC inspections have been completed internally with more being planned for the New Year. Key themes from these are:

Positively – Attitude
Environment
Dignity signs/curtains
Patients covered
Meal choice
Meal service
Access to fluids

Areas for improvement: Knowledge of Mental Health Act, DOLs and Adult Safeguarding
Knowledge of interpreter access
Bedside charting

A process of individual self-assessment has commenced and the Trust has agreed to partner HEFT for a peer review process.

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

Approval	Receipt and Noting	Discussion
	x	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to note the contents of the attached report.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	1.2 Continue to improve patient experience.
Annual priorities	1.2 Continue to improve patient experience.
NHS LA standards	
CQC Essential Standards Quality and Safety	Regulation 9, Outcome 4 – Care and welfare of people who use services. Regulation 10, Outcome 16 – Assessing and monitoring the quality of service provision. Regulation 17, Outcome 1 – Respecting and involving people who use services.
Auditors' Local Evaluation	

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

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

PREVIOUS CONSIDERATION:

Update last given at Trust Board meeting on 24 November 2011.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Sandwell & West Birmingham Hospitals NHS Trust
CQC Essential Standards for Quality and Safety
Outcome Measure 1 – Respecting and Involving People Who Use Services
Improvement Plan v13 (1.12.11)

Compiled post CQC unannounced visits to Sandwell – 28th March 2011 and City – 4th May 2011.
The Action Plan incorporates part or all of the existing Trust Action Plans for Privacy, Dignity and Respect and Nutrition.

Key

Rachel Overfield	**RO**	**Donal O'Donoghue**	**DO'D**
Steve Clarke	**SC**	**Linda Pascall**	**LP**
Anita Cupper	**AC**	**James Pollitt**	**JP**
Kam Dhami	**KD**	**Helen Shoker**	**HS**
Matthew Dodd	**MD**	**Debbie Talbot**	**DT**
Helen Jenkinson	**HJ**	**Ward Managers**	**WMs**
Jessamy Kinghorn	**JKi**		

Executive Lead	RO
Implementation Leads	Outcome 1 – DT
Divisional Leads	HS and HJ

NB – Completed actions are moved to the back of the action plan but numbering is not changed to maintain audit trail.
Status Key:

	Complete.
	On track.
	Slight delay/expect to complete on time.
	Significant delay/unlikely to be completed as planned.
	Not yet commenced.

Board Approved:
Governance Board – 08.07.11
Trust Board –approved 28.07.11, 27.10.11

Ref	Action	By Who	When	Evidence	Comments	Status
1	***1A - People understand the care, treatment and support choices available to them.***					
1.2	Ensure information is available to patients in all settings regarding treatment choices.	JKi	Sept 2011 Completed	Visits Space utilisation Patient surveys	Information is generally available but further work required to ensure information is actually given to patients.	
1.3	Ensure information is accessible to patients, ie language format etc.	JKi	Sept 2011 TBC	Visits Space utilisation Patient surveys	Some information is available in alternative languages/formats but further work required.	
1.4	Ensure appropriate areas exist to enable private conversations with patients.	~~MD/~~GS	Sept 2011 Completed	Visits Space utilisation Patient surveys	Given the age of the estate as much opportunity as possible has been taken to develop quiet spaces.	
1.5	Remove unnecessary staff offices etc from ward /clinical areas to provide quiet rooms	~~MD~~ GS	Dec 2012	Visits	Significant progress made on reallocating non clinical functions away from wards but not yet complete.	
1.6	Ensure Trust is compliant with Equality Act. Action reviewed due to new elements to the Act,	LP	In place. Review Mar 2012	Action Plan. Minutes of E&D Steering Group. Visits	Gap analysis complete. Action plans in place. Board reporting occurring. Included in staff training although not all staff will have received this yet.	
1.13	Wards/departments record in the patients/nursing notes any information given to patients regarding their planned care/treatment.	WMs/ Matrons	September 2011 Revised due to Clinical Documentation Project Jan 2012	Notes audit. Ward reviews.	Staff have been reminded to do this and audits suggest improvement. This is part of the new clinical record due out in January.	
1.14	All wards/departments understand how to access services to promote communication for service users that are: - Deaf - Visually impaired- determine access to audio equipment and insert into communication folder - Cannot speak English as first language	LP	~~August 2011~~ Oct 2011	Ward info leaflet. Pre-admission info. Disabled Go website. Communication Aides Folders Access to Interpreting Policy	Staff have been reminded of how to access various services but mock inspections still suggest further improvement required re staff awareness.	

	- Require Easy Read/translated information					
1.15	All wards to have copies of bedside directory.	JKi/	In place.	Matrons round. Observation of Care Team	Audits have shown that some directories have gone missing, therefore an order placed for more.	
1.16	All wards to have information re complaints process and advocacy services.	KD		See complaints action plan.		
1.17	All wards have patient information to support DSSA and privacy and dignity.	DT/LP	Sept 2011	Evidence in bedside directory.		
1.18	~~All wards to document patient choice re:~~ Patients will be involved in planning their care: - Choice to get dressed - Choice of meals - Choice to self-medicate - Choices re discharge	Matrons/ WMs/JK	Sept 2011 Revised date to allow disseminatio n of folders- Nov 2011	In house unannounced visits. Notes/Care Plans audits signature of patient/carer. Ward Reviews. Nutrition audits. Patient Assessment Documentation Patient Folder	Audits suggest this is generally improving. New patient bedside folder prompts specific care plans and patient involvement. These folders are currently being rolled out to all areas. Folders distributed to11 wards at Sandwell (7remaining) and D16/18 and Sheldon at City. Deadline next week.	
1.21	Continue to develop Trust privacy and dignity website.	DT/ET/EB	~~Sept 2011 Delay – revised date end Oct 2011~~ January 2012	Website. Patient views.		
2	***1B*** ***People who use services have their care, treatment and support needs met.***					
2.1	The process for assessing and planning care is clearly described.	DT/RO	~~Sept 2011 Dec 2011~~ January 2012	Notes audits. Ward reviews	Patient assessment record under review as part of clinical records review. Will include 'intentional rounding' philosophy. Currently being trialled. Intend to roll out January.	
2.2	All patients have plans of care relevant to their assessment needs.	DT	Sept 2011 Revised date due to Clinical	Notes audits. Ward reviews Care Plans	Audits show significant improvements but requires new approach to clinical records keeping to fully resolve.	

			Documentation project Jan 2012		Implementation plan for new clinical documentation includes training programme.	
2.3	All patients have completed documentation.	Matrons/ WMs	Sept 2011 Revised timescale Dec 2011	Notes audits. Ward reviews	Audits show improving picture but mock inspections designed to remind staff of importance.	
2.4	Records are concise, legible and signed/dated.	Matrons/ WMs	Sept 2011 completed	Notes audits. Ward reviews		
2.5	Patient views are sought regarding their care.	Matrons/ WMs Completed	Sept 2011	Notes audits. Ward reviews Satisfaction Surveys	Patient satisfaction surveys are undertaken on an on-going basis with monthly feedback to wards.	
2.7	Tools such as the SAP are used to ensure specific care needs are passed on and understood.	DT	In place. Dec 2011	Patient Assessment Record (PAR/SAP) Safety Briefing -77% compliance on use of safety briefing across wards	See above re documentation project.	
3	***1C – People who use services receive care, treatment and support where clear procedures are followed in practice, monitored and reviewed.***					
3.1	All Clinicians adhere to the Consent Policy.	DO'D	Via consent NHSLA Action Plan.			
3.2	The following Acts/requirements are understood by staff and discussions and plans of care/treatment documented - Deprivation of Liberty - Mental Capacity - Safeguarding - Decisions relating to religious beliefs Action revisited and added to live action plan as target for training implementation not fully met.	DT	In place. Mar 2012	Programme – Safeguarding training NHSLA assessment. Care plans WMQRS peer group- review 13th July	Training is in place for Band 7s and Senior Clinicians and is currently being rolled out to shift co-ordinators and middle grade Doctors as per the Trust's agreed Training Plan which is spread over 3 years. (currently in year 2). Mock CQC visits undertaken on all areas.	
3.6	All wards/departments involve patients in decision making about care/treatment.	DT	Sept 2011 Completed	Audit data – not yet available. Patient Satisfaction Surveys	Last PSS illustrated 79% of respondents felt they were involved in decision making	
3.7	Discharge arrangements ensure involvement of patients in planning and choices.	HJ	October 2011	Discharge records. Readmissions. LINK audit.	Evidence of good practice in some areas need further work to ensure consistent approach across the	

				Patient surveys.	Trust. Working with local links to achieve this.Project now facilitated by ATOS and some work commenced in medicine . Pilot due Dec .Approx 50% of patients state they were involved in decision making re discharge – 10% not and others N/A	
4	***1E*** ***People who use services are supported to make informed choice about their care, treatment and support.***					
4.1	All wards/departments have relevant up to date condition specific information.	JKi	Sept 2011	Patient surveys. Observation of Care Team.		
4.2	All clinical teams ensure patients have the opportunity to discuss care and treatment.	Matrons/ WMs		Patient Satisfaction Surveys		
4.3	All wards/departments have access to quiet areas for private conversations.	MD	See action 1.4	See action 1.4		
5	***1F*** ***People who use services receive care, treatment and support that is provided in a way that ensures independence.***					
5.1	Wards/departments ensure patients are involved in care planning and treatment choices.	Matrons/ WMs	Part of action 2.1			
5.2	Self-care is encouraged wherever possible.	DT/ET	Sept 2011	PAR Quality Audits	Concept displayed in folders and care planning but requires embedding in culture.	
5.3	All nursing staff encourage the following as the norm: - Use of bathrooms/toilets - Use of dayrooms - Occupational activities - Protected mealtimes - Self-administration of drugs	Matrons/ WMs/ET/RO	Sept 2011 Revised date Nov 2011	Dayroom use. Protected meal times audits. Medicines management audits. Patient surveys. Volunteer strategy. Observations of Care Ward Manager Objectives Patient Folder	Evidence that day rooms etc. are being more actively used but remains inconsistent – more work to do.	
5.3b	Consider need for and funding for 'Activity Co-ordinators' to meet 1F, National Dementia Strategy support volunteers on rehabilitation wards.	RO	Mar 2012	Visits Activities Schedule	Discussed with Exec Team – pursuing options through WRVS.	

5.4	Environments are managed to promote 'normality', eg: - Reduced noise at night - Access to TV/radio - Relaxed visiting where possible - Protected mealtimes - Own clothes - Choice of food - Access to food/snacks/drinks 'round the clock'.	Matrons/ WMs/RO/ET	Sept 2011 Revised awaiting outcome re TVs to Nov 2011	Dayroom use. Protected meal times audits. Medicines management audits. Patient surveys. Volunteer strategy.	See above – being actively encouraged but not yet consistent. D/W local college – plan to provide work experience to 'Beauty' students to provide hair and skin care to patients in New Year.	
6	***1G*** ***People who use services receive care, treatment and support that is provided in a way that ensures human rights and diversity are respected.***					
6.1	The interpreting services will be accessible and clearly understood by staff.	LP	In place.	All actions in place via E&D Steering Group and Action Plan. Interpreter policy Mailshots Internal Measures Boards Laminates /stickers	Interpreter services are accessible but further work required with staff to ensure services are actually being accessed. Matrons generally reported access to training and written information re interpreting service	
6.2	Telephone and staff interpreting will be clearly defined and accessible.	LP	In place. Requires audit dec 2011	All actions in place via E&D Steering Group and Action Plan. Interpreting Policy Laminates	As above.	
6.3	Written information where appropriate will be available in other languages/formats.	JKi	In place.	All actions in place via E&D Steering Group and Action Plan.	Some information is available in alternative languages/formats on request. Audits suggest that staff require further information on how to access for patients – work is progressing.	
6.4	Devices to assist deaf/blind patients will be available.	LP	In place for out patients. Audit of in-patients planned to be complete	All actions in place via E&D Steering Group and Action Plan.		

			Dec 2011			
6.5	Explore use, content and cost of 'Communication Boxes'	PR	Jan 2012			
6.6	E&D training will be part of MT.	JP	In place. But needs review Jan 2012 Achieved ??	All actions in place via E&D Steering Group and Action Plan.	Is part of MT but is so integrated into other subject matter staff sometimes fail to recognise that they have received training. Review under way and will deliver in different format .	
7	***1H*** ***People who use services are provided with information.***					
7.1	All wards/departments/services will have information on the service.	JKi	See previous action notes.	See previous action notes.		
7.2	All wards/departments will have a meet and greet pack that describes the service, care, treatment and staff.	HoN/JK	Sept 2011 Revised and extended – delay due to capacity required to print and laminate Nov 2011	Patient surveys. Ward reviews.	In place in many areas but will be fully resolved with the introduction of patient bedside folders.	
7.4	All other departments will 'publish' key quality/performance measures.	RO/MD	Oct 2011	Audits. Measures Boards		
7.5	All wards/departments will have information about how to raise a concern/complaints.	KD	See complaints action plan.			
7.6	All wards/departments will have information about advocacy services.	DT/ET	Dec 11			1
8	***1I*** ***People who use services are given encouragement, support and opportunity to describe their needs and raise concerns.***					
8.1	All wards/departments have clear		See action 2.1			

	assessment/admission processes in place.					
8.2	All wards/departments have information about Complaints/PALS in place.		See above re complaints action plan.			
8.3	Provide suggestion Boxes near all wards and review /report themes.		Complete.			
9	***1J*** ***People who use services can influence how the service is run.***					
9.3	Establish a user group/forums.	DT/JKi	Oct 2011 revised date due to extension of remit of action- Dec 2012	User group minutes.		
9.3b	Develop relationship with Patient Association and other local user representative groups	DT	Dec 2011		Contact made with Chief Executive	
9.4	Develop productive relationships with LINKS and other local networks.	JKi/DT	Sept 2011 completed			
9.5	E&D roadshows to local community groups.	LP	In place.	Reports to E&D Steering Group.		
9.7	All wards to have a 'dignity' champion – clearly identifiable to patients/visitors and responsible for local dignity initiatives.	RO/ET/SH/JK	August 2011 Revised date due to audit – SH- Sept 2011 Completed	Displayed on ward.	Dignity champion has been identified for every ward – mock inspections are testing staff awareness of the role. Suggests largely understood.	
10	***All staff treating patients, carers and families do so with respect.***					
10.1	Staff do not use inappropriate 'terms of endearment'. Staff will ensure tone and volume of voice is respectful.	Matrons/ WMs/JK	~~August 2011~~ Oct 2011	Observations of care quarterly	Being assessed via mock CQC inspections and audits.	
10.2	Wards to document preferred name the person would like to be called.	Matrons/ WMs/ET/JK	~~July 2011~~ Oct 2011 Revised date due to P&D	PAR/SAP- need to audit as part of quality audits or matron checklist Bed boards – matron audit	See Above. Dignity champions empowered to check.	

			Campaign in Nov 2011			
10.4	Wards/departments to have appropriate patient nightwear available including footwear and provision for bariatric patients.	Matrons/ WMs	Oct 2011	Matron rounds. Patient surveys.	See Above. In-house laundry and bespoke pyjamas available from January.	
10.5	Ward staff to provide timely assistance to meet comfort needs, eg toileting, pain relief.	Matrons/ WMs/DT	~~August 2011~~ Dec 2011	Patient surveys. Matron rounds.	Care Rounds to commence in New year 1-2hrly.	
10.6	~~Permission should be sought and documented before every intervention by staff.~~ Staff are observed explaining and seeking permission before interventions.	Matrons/ WMs/JK	August 2011 Completed Action reviewed Oct 2011 – due to inclusion of word 'every'. New date – Jan 2012 (post Q3 audits and P&D campaign)	Patient surveys. Observations of care.	Audits required to assess progress on this standard to be included in next observation of care audit due December.	
10.11	Laundry development to be completed.	SC	Oct 2011 Dec 11		Revised timeframe	
10.12	Purchase of new Trust nightwear.	SC/ward managers/JK/ RO	~~Oct 2011~~ Dec 2011			
10.12 b	Explore purchase of caps to aid hair care	SW	Dec 2011			
10.13	P & D campaign to: increase awareness illustrate role of Champions monitor P&D on wards . departments, during transfer	ET/ Ward managers	Nov 2011 Achieved	P & D Campaign plan Evaluation Spot checks	Campaign planned for late November. Campaign underway – Dignity Champions key links to promote P&D on wards/dept.	

COMPLETED ACTIONS

Ref	Action	By Who	When	Evidence	Progress	Status
1	***1A*** ***People understand the care, treatment and support choices available to them.***					
1.1	Ensure Consent Policy is up to date and robustly in place.	DO'D	In place.	NHSLA evidence.		
1.5	Ensure training/awareness raising re privacy, dignity and respect available and delivered.	DT	August 2011 ?completed	Training programme and lesson plan.	Training Programme in place (MOT) but will take 12 months to train every member of staff.	
1.7	Ensure SES up to date and captures actions required to ensure patients human rights are respected.	LP	In place.	SES. Action Plan.		
1.8	Provide MT training on E&D.	JP	June 2011	MT records.		
1.9	Ensure patients confidentiality is protected.	DO'D/ Matrons/ WMs	Oct 2011	Policy. Audits. Data Protection.	Last observation of care audits showed 94 – 98% compliance. Staff have been reminded re confidentiality of handover.	
1.11	Observe care to ensure privacy, dignity and respect are maintained.	DT	In place.	Observation of care results. Patient surveys. Unannounced visits.		

1.12	Ensure staff aware of and use independent advocacy services Action revised – staff know how to use/ access independent advocacy services or access Safeguarding team to do so.	DT	July 2011	Poster. Referral to MCA.	Staff who have received relevant training know how to do this and there should always be access to advice for staff who have not yet received the training via Matron, Safeguarding team etc.	
1.19	Trust to be fully compliant with SSA guidance.	MD	In place.	Fully compliant.		
1.20	Patient experience Ward → Board reports to continue monthly.	RO	In place.	Trust Board papers.		
2	***1B*** ***People who use services have their care, treatment and support needs met.***					
2.6	Patients have access to a variety of support sources including: - Chaplaincy - Advocacy - Interpreter Services	RO/DT/LP	In place.	PALS posters. WMQRS assessment July 2011	Services are available but staff need to promote them further.	
2.8	~~Staff demonstrate respect and kindness at all times.~~ On observation staff demonstrate respect and kindness	Matrons/ WMs	Ongoing. Action re-worded due to use of phrase 'at all times' .	Patient survey results.	Survey results suggest compliance but mock CQC inspections testing further.	
3	***1C*** ***People who use services receive care, treatment and support where clear procedures are followed in practice, monitored and reviewed.***					
3.3	Access to advocacy services is in place and understood by staff.	DT	In place.	Programme – Safeguarding training NHSLA assessment. Care plans WMQRS peer group- review 13th July	As previous.	
3.4	Access to Chaplaincy and spiritual care is available and understood by staff.	RO/LP	In place.	Patient Surveys.	As previous.	
3.5	The Trust is DDA compliant.	LP	In place.	The Trust is compliant within the limitations of old estate.		
6	***1G***					

	People who use services receive care, treatment and support that is provided in a way that ensures human rights and diversity are respected.					
6.5	Chaplaincy/spiritual care will be sufficiently diverse to meet the needs of patients.	RO	In place.	All actions in place via E&D Steering Group and Action Plan.		
8	***1I*** ***People who use services are given encouragement, support and opportunity to describe their needs and raise concerns.***					
8.1	All wards/departments have clear assessment/admission processes in place.		See action 2.1			
8.2	All wards/departments have information about Complaints/PALS in place.		See above re complaints action plan.			
8.3	All in patients have the opportunity to complete a patient survey.	DT	In place.	Survey statistics.		
9	***1J*** ***People who use services can influence how the service is run.***					
9.1	Regular FT member forums are in place.	JKi	In place.	Evidence of forums/timetables/ minutes.		
9.2	Patient views are sought via patient surveys.	DT	In place.	Surveys		
9.6	Engagement plan in place.	JKi	In place.			
10	***All staff treating patients, carers and families do so with respect.***					
10.3	Call bells should always be in easy reach and are answered responsively. Revised action; every patient has access to a call button excluding critical care services	Matrons/ WMs	Ongoing.	Audit. Patient surveys. Matron rounds. Patient surveys.	Generally this standard is achieved but on-going audits and mock CQC inspections continue to test our compliance.	
10.7	All wards to use Privacy signs.	Matrons/ WMs	In place.	Quality Audits		
10.8	All ward rounds/handovers to be carried out without breaching patient confidentiality.	Matrons/ WMs	In place.		Generally this standard is compliant but staff have been reminded again to be aware of sensitive information during walkaround handover.	

10.9	DSSA toilet signage to be in place.	Estates	In place.			
10.10	Patients confidentiality to be maintained when answering the phone/IT.	DT	In place but requires regular audits.	Quality Audits	Generally this standard is compliant but staff have been reminded to be vigilant regarding sensitive information when talking on the phone.	

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Sandwell & West Birmingham Hospitals NHS Trust
CQC Essential Standards for Quality and Safety
Outcome Measure 5 – Keeping Nourished and Hydrated
Improvement Plan v 13

Compiled post CQC unannounced visits to Sandwell – 28th March 2011 and City – 4th May 2011.
The Action Plan incorporates part or all of the existing Trust Action Plans for Privacy, Dignity and Respect and Nutrition.

Key

Rachel Overfield	**RO**	**Linda Pascall**	**LP**
Luke Banfield	**LB**	**Helen Shoker**	**HS**
Steve Clarke	**SC**	**Fiona Shorney**	**FS**
Helen Jenkinson	**HJ**	**Ward Managers**	**WMs**
Graham Seager	**GS**	**Mike Beveridge**	**MB**
Executive Lead		RO	
Implementation Leads		Outcome 5 – FS	
Divisional Leads		HS and HJ	

NB – Completed actions are moved to the back of the action plan but numbering is not changed to maintain audit trail.

Status Key:

	Complete.
	On track.
	Slight delay/expect to complete on time.
	Significant delay/unlikely to be completed as planned.
	Not yet commenced.

Board Approved:
Governance Board – 08.07.11
Trust Board – 28.07.11 and 27.10.11

Ref	Action	By Who	When	Evidence	Comments	Status
1	5A and 5B Where the service provides food and drink, people who use services have their care, treatment and support needs met.					
1.1	Patients will be assessed on admission for nutritional risk using the MUST tool within 12 hours of admission to base ward.	Matrons/ Ward Managers	~~October 2011~~ ~~Revised Nov~~ Jan 2012	In nursing records. Monthly nutrition audits. Red @ Risk patients included in handover report	Audits improving month on month but not yet fully compliant.	
1.2	At risk inpatients will be reassessed for risk every 7 days as a minimum	Matrons/ Ward Managers	~~October 2011~~ ~~Revised Nov~~ Jan 2012	In nursing records. Monthly nutrition audits.	As above.	
1.3	Bed plans will reflect those patients identified as being at nutritional risk ie. MUST score of 1 or 2	Matrons/Ward Managers	~~October 2011~~ ~~Nov 2011~~ Revised Jan 2012	Adherence to MUST guidance documented in nursing records. Monthly nutrition audits.	Monthly improvement noted but not sustained in all areas. Mock CQC inspections expected to raise importance further.	
1.4	Meal diaries will be kept for those patients identified as being at risk ie MUST score of 1 or 2	Matrons/Ward Managers	~~October 2011~~ ~~Nov 2011~~ Revised Jan 2012	Adherence to MUST guidance in nursing records. Monthly nutrition audits	As above.	
1.5	Inpatients will have Fluid Balance Chart unless identified as an exception via risk assessment and documented accordingly	Matrons/Ward Managers	~~October 2011~~ ~~Nov 2011~~ Revised Jan 2012	In nursing documentation. Monthly nutrition audits	New documentation for implementation in New Year. Mock CQC inspections confirm sustained compliance with documentation still needs work. Matrons and Ward Managers to review regularly to increase compliance.	
1.6	Weight will be monitored and recorded via the MUST process.	Matrons/ Ward Managers	~~October 2011~~ Revised Dec 2011	In nursing records. Monthly audits. Included in handover report	Audits improving but not yet fully compliant.	
1.7	Monthly audits of every ward for compliance.	FS	August 2011	PEPAG minutes. Audit results.		
1.8	All wards will have access to SLT for swallow assessments via referrals.	FS	August 2011	Patient records.		
1.9	Matron/Ward Manager weekly checks	HoN	~~October 2011~~	Record of checks		

	introduced.		~~Nov 2011~~ Jan 2012	undertaken? doc evidence		
1.10	Those patients assessed as being at risk will have an appropriate Nutritional care plan.	Matrons/ Ward Managers	~~October 2011~~ ~~Nov 2011~~ Revised Jan 2012	Patient records. Monthly audits.	Improving ++ and expect further improvements with introduction of new clinical records.	
1.11	Nutritional needs will be discussed with patients/relatives/carers	Matrons/ Ward Managers	~~October 2011~~ Revised Dec 2011	Patient records. Patient surveys.	Patient survey suggests improvement in this area but not yet consistent.	
1.12	Nursing staff in In patient areas will be trained in the use of MUST tool.	FS LB	~~October 2011~~ ~~Nov 2011~~ Dec 2011	Training records. Attendance records at ward based training sessions	Bespoke training cross site at handovers. 90% complete with good interaction from staff.	
1.13	Continue to monitor fluid balance on food diary charts and fluid balance chart on existing until launch of new documentation in the new year	FS	~~October 2011~~ ~~Nov 2011~~ Revised Jan 2012	Monthly audits	Recent Chief Nurse message confirm that all at risk patients should have a food diary, this includes documentation of fluid intake.	
1.14	Wards will have appropriate weighing/measuring equipment.	FS	~~October 2011~~ ~~Nov 2011~~ ~~Revised Dec 2011~~	Audit required. Attendance records at ward based training sessions	5 new hoist scales on site. Total of 7 cross site. 2 for Sandwell, 1 on Sheldon, D11 D18/16. Training organised for wards as requested & facilities staff. Operational instructions within nutrition resource folder.	
1.15	Nutrition Policy to be produced and implemented to clearly identify what is expected.	FS	September 2011	Policy approved at September Governance Board.	Policy is available on the Intranet and included in staff training. Nutrition Resource Folder available on every ward.	
1.16	Cultural and a la carte menus to be combined	SC	October 2011	Audits. Patient surveys.	Completed and in place	
1.17	Review diversity of additional cultural menus, eg Chinese and Thai.	SC	Jan 2012 Nov 2011		Completed and in place	
1.18	Ensure patients can gain access to special diets	SC	August 2011	Audits. Patient surveys.	Information available via nutrition resource folder	

1.19	Ensure all ward staff know how to access hot/cold food out of hours.	SC Matrons/Ward Managers	August 2011	Audits. MOT study day Attendance records at ward based training sessions. Matrons rounds Spot checks to ensure staff knowledge.	Reminders given at handover training sessions.	
1.20	Pre meal time routines established on wards to ensure patients are positioned appropriately, offered hand wash and toileting, The immediate bed area will be cleared if unnecessary clutter	Matrons Ward Managers	~~October 2011~~ Revised Nov 2011	Monthly audit reports to PEPAG Patient surveys Weekly matron rounds Regular spot checks	Audits demonstrate month on month improvements with very few examples of minor problems.	
1.21	Protected meal times will be enforced on all wards. Meal service co-ordinators must be identified at every meal.	Matrons/ Ward Managers	~~October 2011 Nov 2011~~ Revised Jan 2012	PMT monthly audit, results to PEPAG. Patient surveys. Matrons spot checks.	There has been significant improvement in all areas. Where meal co-ordinators not in place compliance slips. On-going audits and mock CQC inspections will further drive this.	
1.22	Appropriate cutlery and food aids will be provided to assist independence.	Matrons/ Ward Managers	October 2011	Observation. Patient views. Liaison with ward OT	New stock of cutlery has been received and distributed to relevant areas.	
1.23	Volunteer Staff will be trained in how to feed patients and flexible workforce will be identified for wards with highly dependent patients.	LP	~~October 2011~~ Revised Nov 2011	Training records. MOT		
1.24	Relatives/carers will be encouraged to come in at mealtimes to assist with feeding where appropriate.	Matrons/ Ward Managers	~~Sept 2011~~ Revised Nov 2011	Patient surveys. Visual evidence/ observations. Measures boards. Visitor policy.	Wards report increased number of relatives/carers coming in to assist.	
1.25	Members of MDT working with patients during Protected Meal Times as part of their therapy will be identified by silver aprons.	FS	August 2011	Observations.	Increase numbers of therapy support workers on wards	
1.26	Red trays, mugs and glasses will be used to identify patients those at risk and those who need assistance.	Matrons/ Ward Managers	July 2011	Monthly audits. Observation of care.	Mostly compliant but will be further tested via audits and mock CQC inspections.	
1.27	At meal time a meal co-ordinator to be identified. Meal times will be supervised by an identified member of staff.	Matrons/ Ward Managers	~~October 2011 Nov 2011~~ Revised Dec 2011	Monthly PMT audits. Observation of care.	Significant improvement on most wards	

1.28	Provision of bottled water to all wards.	SC	November 2011	Supplies orders.		
1.29	Re-launch the Nutrition champions and develop a Nutrition resource folder for each area	LB	~~October 2011~~ November 2011	Staff aware of their ward champion. Monthly PMT audits Nutrition folder on each ward.		
2	***5C*** ***Where the service provides food and drink people who use services can make decisions about their food and drink.***					
2.1	Menu cards are available equitably for all patients	SC	August 2011	Patient Survey		
2.2	Menus include cultural meals, special diets and soft/pureed options	SC	July 2011	Patient Survey. Mealtime audits. Patient groups.		
2.3	Range of snacks (cake, yoghurts, cheese & biscuits etc) will be available to all patients at hot drinks rounds and on request	SC	October 2011	Patient Survey. Mealtime audits. Patient groups. Matrons rounds		
2.4	Information regarding diet/nutrition will be provided to patients.	Matrons/ Ward Managers	~~October 2011~~ November 2011	Patient Survey. Mealtime audits. Patient groups.	Nutrition team to supply wards with relevant information	
3	***5D*** ***People who use services benefit from clear procedures that are followed in practice, monitored and reviewed.***					
3.1	Nutritional Steering Group to review existing Fasting Policy and ensure it reflects Enhanced Recovery recommendations.	HS/MB	~~October 2011~~ ~~Nov 2011~~ Feb 2012	Nutritional Steering Group minutes	Fasting Policy sent to Consultant Anaesthetists for comment. On agenda for next Nutrition Steering Group meeting in Jan 2012	
3.2	Monitor adherence to policy when reviewed by Nutritional Steering Group	HS/MB	~~October 2011~~ Revised Dec 2011	Audit reports once 3.1 completed		
4	***5E*** ***People who use services have access to facilities for infant feeding including facilities to support breastfeeding.***					
4.1	Predominantly for outpatients or visitors in an unplanned situation.	GS	~~October 2011~~ ~~Nov 2011~~ Feb 2012	Identified area @ City and possible location @ Sandwell.	Estates aware of need	

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	2011 Annual Report on the Management of Fire Safety
SPONSORING DIRECTOR:	Graham Seager – Director of Estates/New Hospital Project Director
AUTHOR:	Rob Banks – Head of Estates
DATE OF MEETING:	15 December 2011

SUMMARY OF KEY POINTS:

To provide the Trust Board with an annual update on all aspects of fire safety.

- Fire Safety Management
- Fire Safety Training
- Fire Safety Manuals
- Fire Precaution Works
- Fire Incidents and False Alarms
- Fire Safety Action Plan for 2012/13
- Annual Statement of Fire Safety
- Recommendations

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

Approval	Receipt and Noting	Discussion
x	**x**	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Board is asked to consider and approve the 2011 Annual Report on the Management of Fire Safety. Annual statement of fire safety be duly completed, signed by the Chief Executive and forwarded to the Department of Health as required by the 31st January 2012.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Yes
Annual priorities	
NHS LA standards	Yes
Core Standards	Yes
Auditors' Local Evaluation	

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

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

PREVIOUS CONSIDERATION:

The 2011 Annual Report on the Management of Fire Safety has been considered and approved at the November 2011 meeting of the Trust Fire Safety Management Committee.

2011 Annual Report on the Management of Fire Safety

Rob Banks
Head of Estates
December 2011

Table of Contents

SUBJECT: Management of Fire Safety 2011

1.0 INTRODUCTION

This report provides an overview of action taken in relation to the management of fire safety, fire safety training, fire precaution works, and a summary of fire incidents for the period October 2010 to September 2011. It also identifies key issues facing the Trust and provides details of planned actions for the next twelve months.

We are pleased to report that once again a great deal of progress has been achieved during the reporting year and would like to recognise the continuing support of the Trust Fire Safety Committee and the efforts of the Fire Safety Team in the achievement of this progress.

2.0 FIRE SAFETY MANAGEMENT

2.1 Trust Fire Safety Management Arrangements

The Trust continues to work in line with the Department of Health Fire Code document (Fire Code – Fire Safety in the NHS, Health Technical Memorandum 05-01 "Managing Healthcare Fire Safety) and employs the services of an external Fire Safety Consultancy to fulfil the role of the Fire Safety Advisor.

2.2 Fire Safety Management Committee

Since its inauguration in September 2006, the Trust Fire Safety Committee has continued to meet on a regular basis. As a result of the improved standard of fire safety management throughout the Trust, achieved since September 2006, the decision to reduce the frequency of these meetings to a quarterly basis was taken by the Committee in September 2010. In addition to the quarterly meetings of the Fire Safety Committee, a monthly meeting of the Fire Safety Team takes place and written reports are prepared for submission to the Fire Safety Committee. The report includes fire related incidents, fire safety training performance, and fire precautions works progress. All Fire Safety Committee meetings are minuted and resultant actions addressed.

2.3 Fire Safety Management Policy

The Trust's Fire Safety Management Policy was last reviewed and approved by the Trust Board in April 2009. Small changes have since been made to the training section of the policy to reflect changes in the frequency of some fire safety training for non-patient area staff; these changes have been approved by the lead Executive Director, Graham Seager. The amended Policy is available on the Trust Intranet.

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

The policy is next due for review in April 2012.

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

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

2.4 West Midlands Fire Service (WMFS)

Attendance at false alarms

The WMFS continue to monitor the number of unwanted fire signals on Trust premises to which they receive calls, particularly at City Hospital. They are aware of the effort that the Trust puts in to investigating all fire calls and its efforts to reduce them. The WMFS have endorsed several of the preventative strategies employed by the Trust.

Earlier in the year, the fire and rescue service introduced a different approach to attending suspected false alarms at City Hospital. This policy change has been driven by the high number of false calls they receive from all areas of the community, not just hospitals. Sandwell General Hospital and Rowley Regis Hospital were unaffected by this policy change, however at City Hospital the fire service now only send an operationally effective response (fully crewed fire engines) to confirmed fire calls during normal working hours or during the night-time. Rather than send fully crewed fire engines, they are sending only two fire service representatives in a light, non-fire fighting vehicle (Range Rover). City Hospital staff, particularly the Fire Response Team Leaders, were informed and revised hospital fire response procedures were implemented.

Although introduced initially as a six month trial, the fire and rescue service has continued with this policy. It is expected that the approach will be extended to all areas of the West Midlands in due course.

Although the Fire Safety Committee has concerns that the fire and rescue service's failure to make a full operational attendance to City Hospital could, in certain circumstances lead to difficulties, no difficulties have so far been experienced. It is essential that staff correctly identify the apparent cause of the operation of the fire alarm before passing information to switchboard who subsequently call the fire and rescue service. If the WMFS receive a confirmed fire call they will always dispatch fully crewed fire engines.

Other matters

The Trust has continued to develop its close working relationship with the West Midlands Fire Service and has liaised frequently during the reporting period.

The Trust has had no audit visits from the WMFS during the reporting period. Nevertheless, WMFS remain very satisfied with our proactive approach to fire safety management and the standards of fire safety evident.

3.0 TRAINING

The proactive approach to the management of Fire Safety within the Trust continues to be clearly demonstrated by its emphasis on staff training. Demanding targets were set for this reporting period and progress has been very good.

The Fire Safety Team has maintained the range of training available to our staff, and has developed the fire-fighting training for staff in critical clinical areas where evacuation of patients would severely compromise their safety. The ability of staff to be able to deal with fire incidents swiftly and safely is therefore of paramount importance.

3.1 The Structure of Fire Safety Training

Fire safety training in the Trust is primarily role and location based. All staff that could be in charge of a ward or department at the time of an incident receive role specific Fire Scene Manager training. Fire Response Team Leaders and Fire Safety Wardens also receive role specific training. All other staff must attend the general fire safety awareness training session.

Patient area staff must attend fire safety training annually. After a review of the frequency at which staff should attend fire safety training, it was agreed by the Fire Safety Committee (with the endorsement of Learning and Development) that non-patient area staff need only attend the general fire safety awareness and fire scene manager training once every 2 years. This allows the fire safety training team to concentrate more on the delivery of training to patient area staff.

The Estates fire safety training team deliver the following training modules:-

- Fire Safety Induction (mandatory)
- General Fire Safety Awareness (mandatory)
- Fire Scene Manager (mandatory)
- Fire Scene Manager Consolidation (non-mandatory)
- Fire Response Team Leader (mandatory)
- Fire Safety Warden (mandatory)
- Fire-fighting training for staff in very high dependency patient areas (non-mandatory)

The transfer of staff from Sandwell PCT to SWBH as part of the Transforming Community Services (TCS) has led to an additional training requirement. Former PCT staff are beginning to have their specific fire safety roles identified and training is being delivered at some of the PCT sites, concentrating on the larger more complex sites initially, however training will be rolled out to all staff in due course. Training has been undertaken for the staff at Leasowes Intermediate Care Unit, the only PCT premises used by SWBH to deliver services that has inpatient accommodation.

Mandatory Fire Safety Training

Work continues with the Learning and Development Team to identify the fire safety training requirements for all staff.

The following table indicates the number of staff having attended a mandatory training session during 2010/11and compares attendance with 2009/10 figures.

Training module		**2009/10**	**2010/11**
Induction training		658	1022
General Fire Safety Awareness Training		3268	4490
Fire Scene Manager Training (patient area)		621	815
Fire Response Team Leader Training		91	48
Fire Safety Warden Training		89	185
TOTAL		**4727**	**6561**

The above figures indicate a 39% increase in the number of staff attending fire safety training.
There are now very few Trust staff that have not attended a general fire safety awareness training session. However, some members of staff requiring specialist training to fulfil their role may also have

attended a general fire safety awareness training session. This is reflected in part, in the current mandatory fire safety compliance rate of 66%.

4.0 FIRE SAFETY MANUALS

4.1 Trust and Ward/Departmental Fire Safety Manuals

The Trust Fire Safety Manual and ward/department specific Fire Safety Manuals continue to be developed and updated following their distribution throughout the Trust. Manuals are being prepared for PCT and other buildings not owned by the Trust, but where the Trust is the sole occupier or its occupancy is substantial.

4.2 Fire Evacuation Strategy

An important part of the Fire Safety Manual is the Trust's Fire Evacuation Strategy. HTM05-01, Managing Healthcare Fire Safety, recommends the adoption of progressive horizontal evacuation for all inpatient and other critical areas.

During the reporting period we have continued to undertake further structural work throughout Trust premises in order to provide the physical fire resisting sub-division within all of our buildings to allow horizontal evacuation of patients wherever possible.

The local fire plans include evacuation procedures reflecting the individual needs of the patients.

5.0 FIRE PRECAUTION WORKS

Structural fire precautions

A prioritised schedule of fire precaution works to be undertaken during the reporting period was identified following detailed risk assessments.

Funding for these works was approved by SIRG from the Trust's capital programme statutory standards allocation and as a consequence the following works have been completed or are in progress and due for completion before 31st March 2012:

- New fire door sets installed to replace existing damaged/substandard door sets.
- Electromagnetic fire door hold open devices installed in various door locations.
- New fire compartmentation partition constructed in the roof space of ward D29.
- New fire compartmentation installed in Ward D11 to sub-divide the ward.
- Structural fire stopping works undertaken in the City Hospital basement corridor and Wards D15 and D17 following ward upgrades.
- Replacement of contaminated smoke detectors and additional fire detection installed.
- Replacement of emergency lighting at City Hospital.

Operational measures

- Considerable work has been done on replacing faulty or inappropriate automatic fire detectors at City Hospital and improving the Trust's fire alarm device disablement procedures. There are many reasons why detectors (and other fire alarm devices) have do be disabled. Sometimes it is necessary to carry out construction work in areas covered by detectors, sometimes detectors go into fault towards the end of their operational life. The replacement of partially contaminated detectors and other disabled detectors has improved the reliability of the fire alarm system.

- Maintenance and testing is carried out in accordance with the relevant British Standard and procedures continue to be reviewed and improvements implemented.

6.0 FIRE INCIDENTS AND FALSE ALARMS

During this reporting period there have been 170 fire alarm activations across the Trust compared with 179 for the previous period. For the purpose of this report the guidance used by the Fire Service has been used to classify calls as either Fire Incidents or False Alarms. The Fire Service consider any fire event involving the production of flames, heat, or smoke which results in a financial or other loss, for example the burning out of a light fitting which did not result in the production of flames would be recorded by the fire and rescue service as a fire.

Comparison of Fire Incidents and False Alarms 2009/10-2010/11

	2009/10	**2010/11**
False Alarms	162	153
Fire Incidents	17	17
Total for Trust	**179**	**170**

Summary of false alarms

The figures above show a 6% decrease in the number of false alarms compared with the previous reporting period.

Of the 153 false alarm calls in 2010/2011, the primary causes are as follows:-

2009/10	**2010/2011**	**Variation**
6 – accidental break glass	31 – accidental break glass	+25
37 – smell of burning	31 – smell of burning	-6
17 – contractors working practice	14 – contractors working practice	-3
6 – deliberate actuation	11 – deliberate actuation	+5
10 – cooking	10 – cooking	0
15 – cooking (toast)	8 – cooking (toast)	-7

There has been a significant increase in the number of accidental break glass actuations due to the provision of additional security locks to external doors. Patients and visitors sometimes become confused when trying to exit secure doors, pressing the fire alarm call point, rather than the door release button. The Fire Safety Committee have agreed strategies, including the use of protective covers to fire alarm call points, to reduce the potential for accidental activation. If the false alarms due to accidental activation were excluded there has been a significant reduction during this reporting period.

There has been a reduction in the number of false alarms due to the use of toasters. Over recent years the Trust has introduced punitive measures against the misuse of toasters which appears to have had a positive effect.

What must be stressed however is that Staff are still actively encouraged to raise the alarm if they smell smoke and our extensive Fire Safety Awareness training may result in staff being more proactive in reporting apparently minor events.

Summary of fire incidents

There were the same number of fire incidents, 17, as in the previous reporting period. A summary of the 17 incidents during the reporting period are as follows:-

2009/2010	2010/2011
• 6 – smoking related incidents (6 external, 1 internal)	• 7 – smoking related incidents (6 external, 1 internal)
• 2 – related to a variety electrical equipment	• 8 – related to a variety electrical equipment
• 2 – related to cooking	• 2 – related to cooking
• 1 deliberately started fires	• 0 deliberately started fires

The Trust experiences only a very small number of fires. None of the incidents was significant and none had any effect on patient care. None of the fires were reportable to the Department of Health. All incidents are investigated thoroughly and monthly reports submitted to the Trust Fire Safety Committee.

7.0 FIRE SAFETY ACTION PLAN FOR 2010/11

Performance against the planned targets was generally good with no significant shortfall. A reduction was achieved in the number of false alarms occurring on Trust premises, although the number of fires remained the same. Fire safety training was delivered to a larger number of people than in previous years and good progress was made on fire safety improvements, detailed as follows:-

- Improved awareness of fire safety management and practices throughout the Trust.
- Fire audits carried out in all patient areas.
- A substantial increase in the number of Trust staff compliant with respect to fire safety training relating to their role.
- Completion of the structural and other fire improvements programme.
- Compliance with fire and rescue service expectations.
- Fire incidents continue to be fully investigated by a member of the Fire Safety Team

The Fire Safety Team report progress against targets on a quarterly basis to the Fire Safety Committee.

8.0 FIRE SAFETY ACTION PLAN FOR 2012/13

In addition to the appropriate and regular maintenance of fire precautions, there are a number of key fire safety issues facing the Trust in the coming year as can be seen in the following action plan for 2012/13, summarised as follows :-

- Review all fire training course content and objectives
- Deliver the general fire safety awareness training to all new staff at induction.
- Deliver the general fire safety awareness training at pre-booked twice weekly sessions.
- Deliver initial and refresher training to all Fire Safety Wardens.
- Deliver training to ‘patient’ and ‘non-patient’ area Fire Scene Managers.
- Deliver training to Fire Response Team Leaders as necessary.
- Investigate and report on all fire alarm activations
- Reduce false alarms.
- Reduce the number of fire incidents
- Develop and undertake further practical exercises at each hospital.
- Maintain and update Fire Safety Manuals
- Update fire safety audits.
- Continue with programme of fire precaution works.

Fire Safety Action Plan 2012/13

Task/Action	Key action(s) required	Completion date	Lead	Potential constraints and solutions	Intended outcome / measure of success	Status
Fire Training	**Review of training** Review all fire safety training, making recommendations for improved measurable objectives, course content, and course duration.	March 2012	PB		Revised course objectives, contents, and duration. Contribution to improved course attendance. Improved fire safety procedures.	
	Induction training Deliver the General Fire Safety Awareness training module to all induction courses.	Ongoing	PB	Fire safety trainer staffing levels to be maintained.	All new staff receive General Fire Safety Awareness training. All new staff are aware of SWBH fire procedures.	
	General fire safety awareness training To deliver general fire safety awareness training as required for the weekly Tuesday and Thursday pre-booked sessions and to respond to requests for the training to be delivered in workplaces as required.	Ongoing	PB	Fire safety trainer staffing levels to be maintained. Trust staff to be released for training.	85% of relevant staff to receive General Fire Safety Awareness training.	

Task/Action	Key action(s) required	Completion date	Lead	Potential constraints and solutions	Intended outcome / measure of success	Status
Fire Training	**Fire Safety Warden Training** All fire safety wardens to receive initial or refresher training.	Ongoing	PB	Fire safety trainer staffing levels to be maintained. Trust staff to be released for training.	85% of relevant staff to receive General Fire Safety Warden training.	
	Fire Scene Manager Training All patient area Fire Scene Managers trained as necessary within reporting year.	September 2012	PB	Fire safety trainer staffing levels to be maintained. Trust staff to be released for training.	80% of patient area Fire Scene Managers trained as necessary.	
	All non-patient area Fire Scene Managers trained as necessary within reporting year. (Non-patient Fire Scene Managers receive training only every two years.)	September 2012	PB	Fire safety trainer staffing levels to be maintained. Trust staff to be released for training.	40% of non-patient area Fire Scene Managers trained as necessary.	
	Fire Response Team Leader Training To provide initial or refresher training to all Fire Response Team Leaders as necessary in order to fulfil duties in accordance with Fire Safety Management Policy.	September 2012	PB	Fire safety trainer staffing levels to be maintained. Trust staff to be released for training.	100% of Fire Response Team Leaders trained as necessary.	
	Fire Fighting Training – Selected Staff Staff in High Dependency Wards to receive refresher training in first action fire fighting techniques.	June 2012	PB	Fire safety trainer staffing levels to be maintained. Trust staff to be released for training.	50% of all staff in High Dependency Wards received refresher training in first action fire fighting techniques.	

Task/Action	Key action(s) required	Completion date	Lead	Potential constraints and solutions	Intended outcome / measure of success	Status
False Alarms and Fires	Investigate and report on all fire alarm actuations.	Monthly monitoring and quarterly reporting to Fire Safety Committee	PB	Incident report forms not completed by relevant staff.	Reduced risk to patients, staff, and visitors. Fewer fires and false alarms. Reduced attendances of fire and rescue service. All fire related incidents reported to FSMC members on a monthly basis.	
	Reduce false alarms.	September 2012	PB	Failure to influence behaviours of staff and contractors in avoiding unwanted fire signals through training and procedures.	A reduction by 10% of false alarms on previous reporting period.	
	Reduce the number of fire incidents	September 2012	PB	Failure to influence behaviours of staff and contractors in avoiding fires through training and procedures. Failure to manage equipment and services that can present an ignition source. Failure to implement arson prevention strategy.	Reduced risk to patients, staff, and visitors. Reduce fire incidents by 35% on previous reporting period. Reduced attendances of fire and rescue service.	

Task/Action	Key action(s) required	Completion date	Lead	Potential constraints and solutions	Intended outcome / measure of success	Status
Fire Drill Exercises	Develop and undertake two practical exercises at City to test the Trust's fire response procedures.	September 2012	PB	Resources; availability of ward areas for the exercise to be undertaken.	Fire drills and exercises undertaken and reviewed.	
	Develop and undertake two practical exercises at SGH to test the Trust's fire response procedures.	September 2012	PB	Resources; availability of ward areas for the exercise to be undertaken.	Fire drills and exercises undertaken and reviewed.	
	Develop and undertake one practical exercise at RR to test the Trust's fire response procedures.	September 2012	PB	Resources; availability of ward areas for the exercise to be undertaken.	Fire drills and exercises undertaken and reviewed.	
Ward/Department Fire Safety Manuals	Maintain and update Fire Safety Manuals to all wards/ departments as appropriate.	Ongoing	PB		Fire safety manuals maintained and updated.	
Fire Safety Audits	Update Fire Safety Audits of all Trust premises.	Sept 2012	PB		Fire safety audits updated.	
Fire Precaution Works	Continue with the Fire Precaution Works in accordance with the current Action Plans.	As detailed in the statutory standards programme of works agreed with SIRG	PF	Funding approved from capital programme Access to ward and other patient areas to undertake works. No ward decant facilities.	All planned works completed. Report to FSC and SIRG.	
Fire Safety Management Policy	To update and review the Policy.	April 2012	RB		Policy approved by Fire Safety Management Committee	

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

9.0 ANNUAL STATEMENT OF FIRE SAFETY

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

There is an annual requirement for all NHS organisations to submit a declaration of fire safety for all premises. This was completed, signed by the Chief Executive and submitted to the Department of Health by the 31st January 2011 as required. The annual statement for this year is required to be submitted by the 31st January 2012.

10.0 RECOMMENDATIONS

Board members are asked to:-

- Note and approve this Report
- Confirm that the Annual Statement of fire safety can be duly completed, signed by the Chief Executive and forwarded to the Department of Health as required by the 31st January 2012.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Financial Performance Report – November 2011
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Robert White/Tony Wharram
DATE OF MEETING:	15 December 2011

SUMMARY OF KEY POINTS:

The report provides an update on the financial performance of the Trust for November 2011.

For November, the Trust generated a "bottom line" surplus of £155,000 which is £15,000 higher than the planned position (as measured against the DoH performance target).

For the year to date, the Trust has a surplus of £583,000 which is £8,000 worse than the planned position

Capital expenditure for the year to date is £3,756,000 and the cash balance at 30th November was £39.9m.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

NOTE the contents of the report and endorse any corrective actions required to ensure that the Trust achieves its financial targets.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Performance Management Board and Trust Management Board on 13 December 2011 and Finance & Performance Management Committee on 15 December 2011.

Sandwell and West Birmingham Hospitals NHS

NHS Trust

Financial Performance Report – November 2011

EXECUTIVE SUMMARY

• For the month of November 2011, the Trust delivered a "bottom line" surplus of £155,000 compared to a planned surplus of £140,000 (as measured against the DoH performance target).

• For the year to date, the Trust has a surplus of £583,000 compared with a planned surplus of £591,000 so generating an adverse variance from plan of (£8,000).

•At month end, WTE's (whole time equivalents), excluding the impact of agency staff, were approximately 150 below plan. After taking into account the impact of agency staff, actual wte numbers are 80 below planned levels. This compares with a position last month of 99 below plan. Total pay expenditure for the month, inclusive of agency costs, is £567,000 below the planned level.

• The month-end cash balance was approximately £24.0m above the planned level.

Financial Performance Indicators - Variances

Measure	Current Period	Year to Date	Thresholds		
			Green	Amber	Red
I&E Surplus Actual v Plan £000	15	(8)	>= Plan	> = 99% of plan	< 99% of plan
EBITDA Actual v Plan £000	(22)	(313)	>= Plan	> = 99% of plan	< 99% of plan
Pay Actual v Plan £000	568	746	<=Plan	< 1% above plan	> 1% above plan
Non Pay Actual v Plan £000	(263)	(1,333)	<= Plan	< 1% above plan	> 1% above plan
WTEs Actual v Plan	80	40	<= Plan	< 1% above plan	> 1% above plan
Cash (incl Investments) Actual v Plan £000	23,968	23,968	>= Plan	> = 95% of plan	< 95% of plan

Note: positive variances are favourable, negative variances unfavourable

Performance Against Key Financial Targets

Target	Year to Date Plan £000	Year to Date Actual £000
Income and Expenditure	591	583
Capital Resource Limit	20,628	3,756
External Financing Limit	---	23,968
Return on Assets Employed	3.50%	3.50%

2011/2012 Summary Income & Expenditure Performance at November 2011	Annual Plan £000's	CP Plan £000's	CP Actual £000's	CP Variance £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's	Forecast Outturn £000's
Income from Activities	375,064	31,375	31,010	(365)	250,102	249,717	(385)	373,182
Other Income	40,262	2,909	2,947	38	25,812	26,471	659	40,651
Operating Expenses	(391,759)	(32,330)	(32,025)	305	(260,818)	(261,405)	(587)	(390,725)
EBITDA	23,567	1,954	1,932	(22)	15,096	14,783	(313)	23,108
Interest Receivable	25	2	10	8	17	71	54	104
Depreciation & Amortisation	(13,269)	(1,106)	(1,077)	29	(8,846)	(8,595)	251	(12,889)
PDC Dividend	(5,803)	(484)	(484)	0	(3,869)	(3,869)	0	(5,803)
Interest Payable	(2,156)	(180)	(180)	0	(1,437)	(1,437)	0	(2,156)
Net Surplus/(Deficit)	**2,364**	**186**	**201**	**15**	**961**	**953**	**(8)**	**2,364**
IFRS/Impairment Related Adjustments	(557)	(46)	(46)	0	(370)	(370)	0	(557)
SURPLUS/(DEFICIT) FOR DOH TARGET	**1,807**	**140**	**155**	**15**	**591**	**583**	**(8)**	**1,807**

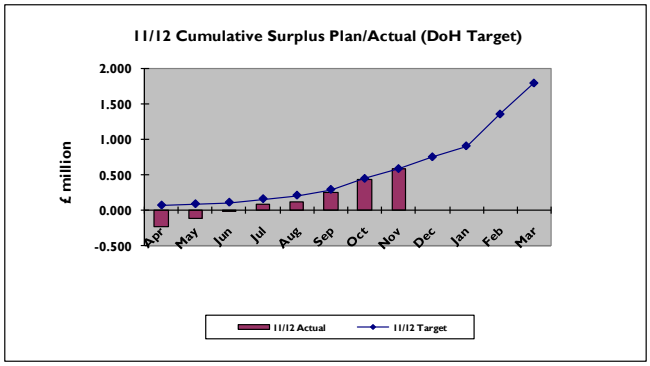
The Trust's financial performance is monitored against the DoH target shown in the bottom line of the above table. IFRS and impairment adjustments are technical, non cash related items which are discounted when assessing performance against this target.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – November 2011

Overall Performance Against Plan

• The overall performance of the Trust against the DoH planned position is shown in the adjacent graph. Overall bottom-line performance delivered an actual surplus of £155,000 in November against a plan of £140,000. The resultant £15,000 positive variance moves the year to date position to £8,000 below targeted levels.



Divisional Performance

• For November, adverse variances exist for several divisions, notably Surgery A, Anaesthetics & Critical Care, Womens & Child Health, Medicine and Facilities.

• There has been a further worsening in performance against SLA income targets in October (the latest month for which fully costed data is available) . For the month, actual performance is £643,000 lower than plan (taking into account all patient related income, contracted and non contracted).

• As was the case last month, major divisional adverse variances are primarily driven by income shortfalls. Performance for key divisions is as follows:

Division	Overall Variance (£000)	Income Variance £000
Surgery A, Anaesthetics & Critical Care	(101)	(153)
Womens & Child Health	(83)	(70)
Medicine	(73)	(287)
Facilities	(44)	(91)

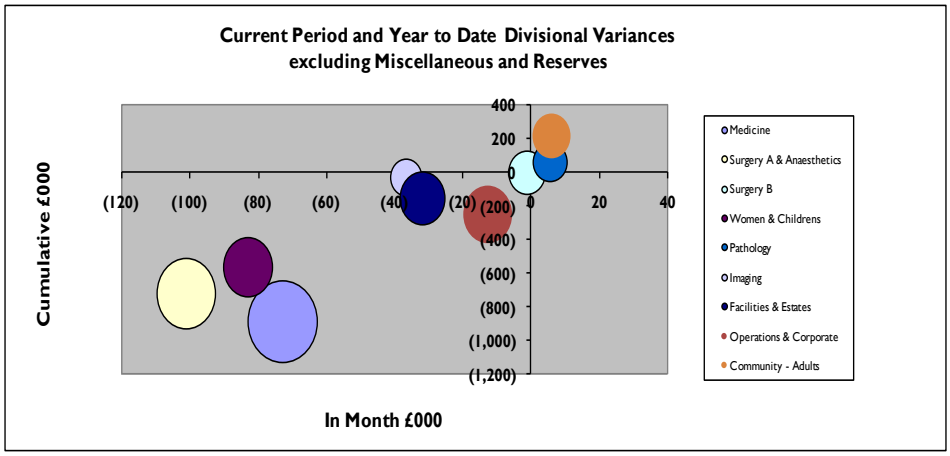
• Performance against pay budgets continues to be healthy in month with net performance £568k better than planned. However, adverse non pay performance continues to be felt in a number of areas (postage and stationery, off site storage, energy and legal fees being key examples) with general inflationary and other pressures pushing costs steadily upwards. However, the positive in-month pay performance brings the net year to date position to £305k better than plan.

• Although overall performance continues to be broadly in line with the planned position, this is only delivered as a result of continuing better than planned performance for ICR income and the release of a number of reserves held at divisional level. However, these are largely one off benefits and it is unlikely that any sizeable contributions will be made from these sources for the remainder of the year.

Sandwell and West Birmingham Hospitals NHS

NHS Trust

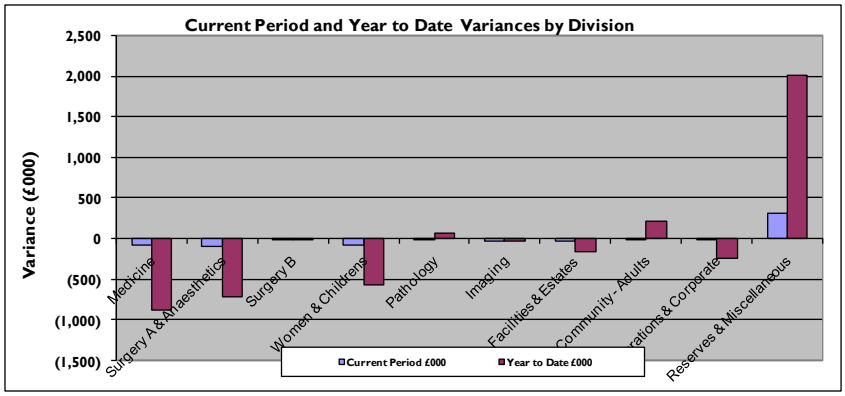
Financial Performance Report – November 2011



The tables adjacent and below show both in month and year to date adverse performance for Surgery A, Womens & Child Health, Medicine, Facilities and Corporate Services.

Divisional Variances from Plan

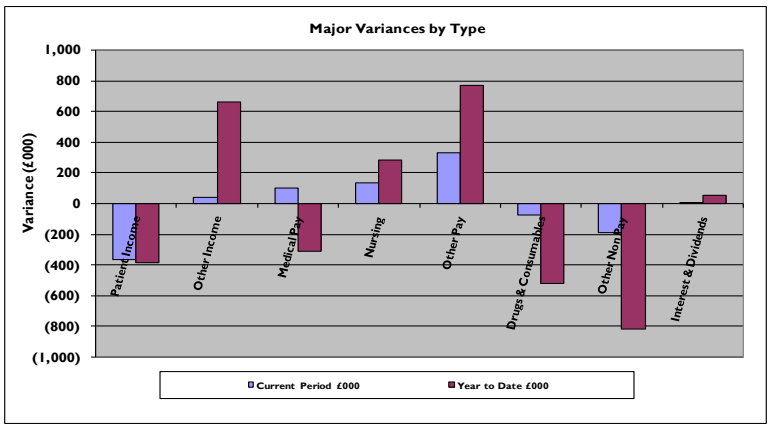
	Current Period £000	Year to Date £000
Medicine	(73)	(887)
Surgery A & Anaesthetics	(101)	(718)
Surgery B	(1)	3
Women & Childrens	(83)	(562)
Pathology	6	60
Imaging	(36)	(31)
Facilities & Estates	(32)	(157)
Community - Adults	6	217
Operations & Corporate	(13)	(249)
Reserves & Miscellaneous	306	2,011



For November, patient income shows a significant adverse variance along with non pay but a positive position against plan for pay.

Variance From Plan by Expenditure Type

	Current Period £000	Year to Date £000
Patient Income	(365)	(385)
Other Income	38	659
Medical Pay	101	(312)
Nursing	134	286
Other Pay	333	772
Drugs & Consumables	(76)	(518)
Other Non Pay	(187)	(815)
Interest & Dividends	8	54



Sandwell and West Birmingham Hospitals NHS
NHS Trust

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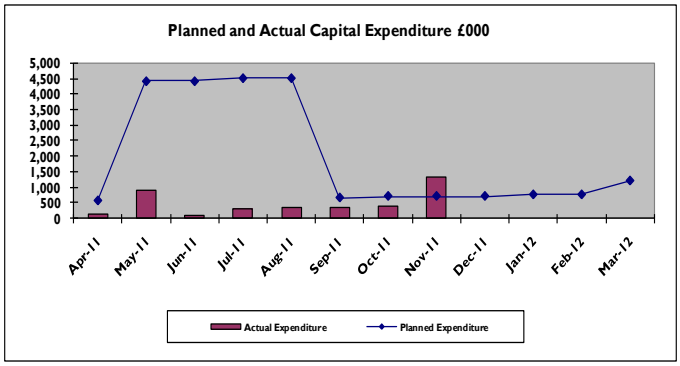
Capital Expenditure

• Planned and actual capital expenditure by month is summarised in the adjacent graph.

• The profile (particularly the high level of planned expenditure between May and November) reflects the original expected pattern of Grove Lane land transactions. No expenditure has yet been incurred for the year and, in part linked with the delay in approval of the OBC, expenditure on land acquisition in the current year is expected to be significantly lower than originally planned (with a corresponding increase next year). As part of managing capital resources, £5m of CRL cover has been offered back to the StHA as an initial adjustment and an internal review of the remainder of the capital programme is being undertaken.

• November expenditure was higher than planned for the month at £1.3m primarily linked with digital mammography.

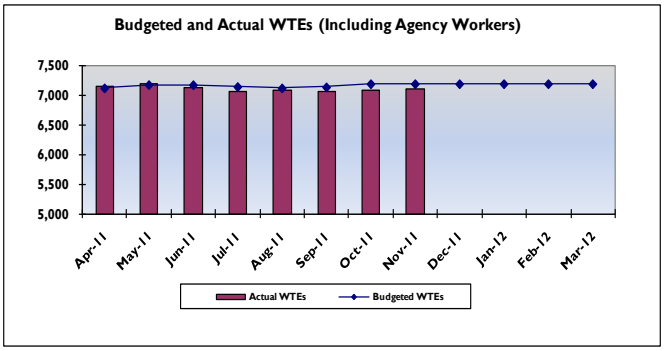


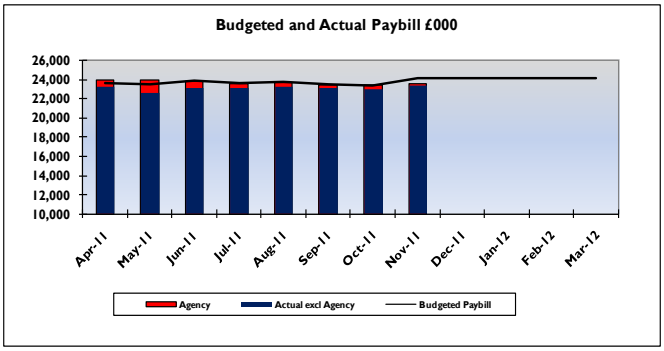
Paybill & Workforce

• Workforce numbers, including the impact of agency workers, are approximately 80 below plan for November compared with 99 below plan in October. Excluding the impact of agency staff, wte numbers are around 150 below plan. Actual wtes have risen by approximately 19 compared with October.

• Total pay costs (including agency workers) are £568,000 lower than budgeted levels for the month , particularly on nursing and scientific & therapeutic staff groups.

• Expenditure for agency staff in November was £315,000 compared with £425,000 in October, an average of £563,000 for the year to date and an November 2010 spend of £597,000. The biggest single group accounting for agency expenditure remains medical staffing.





Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – November 2011

Pay Variance by Pay Group

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

Analysis of Total Pay Costs by Staff Group

	Year to Date to November					
		Actual				
	Budget £000	Substantive £000	Bank £000	Agency £000	Total £000	Variance £000
Medical Staffing	50,624	48,487		2,449	50,936	(312)
Management	10,272	9,962		0	9,962	310
Administration & Estates	21,304	19,945	710	585	21,240	64
Healthcare Assistants & Support Staff	20,256	19,007	1,289	154	20,450	(194)
Nursing and Midwifery	58,382	55,413	1,866	817	58,096	286
Scientific, Therapeutic & Technical	29,474	28,328		496	28,824	650
Other Pay	(44)	14			14	(58)
Total Pay Costs	190,268	181,156	3,865	4,501	189,522	746

NOTE: Minor variations may occur as a result of roundings

Balance Sheet

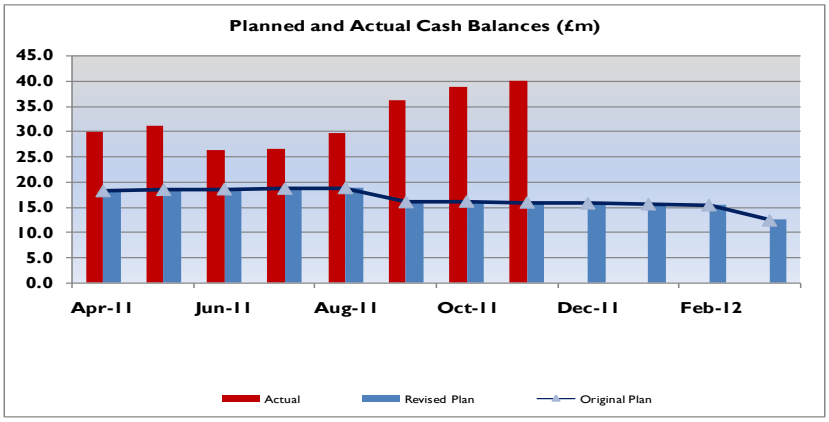
• The opening Statement of Financial Position (balance sheet) for the year at 1st April reflects the statutory accounts for the year ended 31st March 2011.

• Cash balances at 30th November are approximately £39.9m which is around £1.1m higher than at 31st October.

Sandwell & West Birmingham Hospitals NHS Trust
STATEMENT OF FINANCIAL POSITION

		Opening Balance as at 1st April 2011 £000	Balance at 30th November 2011 £000
Non Current Assets	Intangible Assets	1,077	1,002
	Tangible Assets	216,199	211,435
	Investments	0	0
	Receivables	649	675
Current Assets	Inventories	3,531	3,920
	Receivables and Accrued Income	12,652	15,798
	Investments	0	0
	Cash	20,666	39,935
Current Liabilities	Payables and Accrued Expenditure	(33,513)	(44,401)
	Loans	0	(2,000)
	Borrowings	(1,262)	(1,250)
	Provisions	(4,943)	(3,687)
Non Current Liabilities	Payables and Accrued Expenditure	0	0
	Loans	0	(6,000)
	Borrowings	(31,271)	(30,689)
	Provisions	(2,237)	(2,237)
		181,548	182,501
Financed By			
Taxpayers Equity	Public Dividend Capital	160,231	160,231
	Revaluation Reserve	36,573	37,073
	Donated Asset Reserve	2,099	0
	Government Grant Reserve	1,662	0
	Other Reserves	9,058	9,058
	Income and Expenditure Reserve	(28,075)	(23,861)
		181,548	182,501

Financial Performance Report – November 2011



Cash Forecast

• A forecast of the expected cash position for the next 12 months is shown in the table below.

Sandwell & West Birmingham Hospitals NHS Trust

CASH FLOW

12 MONTH ROLLING FORECAST AT November 2011

ACTUAL/FORECAST	Nov-11 £000s	Dec-11 £000s	Jan-12 £000s	Feb-12 £000s	Mar-12 £000s	Apr-12 £000s	May-12 £000s	Jun-12 £000s	Jul-12 £000s	Aug-12 £000s	Sep-12 £000s	Oct-12 £000s	Nov-12 £000s
Receipts													
SLAs: Sandwell PCT	**16,314**	15,399	15,399	15,399	15,399	15,091	15,091	15,091	15,091	15,091	15,091	15,091	15,091
HoB PCT	**7,394**	7,410	7,410	7,410	7,410	7,262	7,262	7,262	7,262	7,262	7,262	7,262	7,262
Associated PCTs	**5,477**	5,691	5,691	5,691	5,691	5,577	5,577	5,577	5,577	5,577	5,577	5,577	5,577
Pan Birmingham LSCG	**1,377**	1,377	1,377	1,377	1,377	1,349	1,349	1,349	1,349	1,349	1,349	1,349	1,349
Other SLAs	**462**	462	462	462	462	453	453	453	453	453	453	453	453
Over Performance Payments	**368**					0	0	0	0	0	0	0	0
Education & Training	**1,567**	1,457	1,457	1,457	1,457	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255
Loans													
Other Receipts	**3,625**	2,976	2,976	2,976	2,976	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500
Total Receipts	**36,584**	34,772	34,772	34,772	34,772	33,488	33,488	33,488	33,488	33,488	33,488	33,488	33,488
Payments													
Payroll	**13,693**	13,911	13,911	14,911	16,411	13,633	13,633	13,633	13,633	13,633	13,633	13,633	13,633
Tax, NI and Pensions	**9,274**	9,463	9,463	9,963	10,963	9,274	9,274	9,274	9,274	9,274	9,274	9,274	9,274
Non Pay - NHS	**2,816**	2,500	2,500	2,500	2,500	2,450	2,450	2,450	2,450	2,450	2,450	2,450	2,450
Non Pay - Trade	**8,482**	4,997	8,328	7,496	7,363	7,215	6,215	6,215	6,465	6,465	6,465	6,465	6,465
Non Pay - Capital	**661**	4,331	4,331	2,166	5,414	500	500	500	500	500	500	500	500
PDC Dividend					2,928						2,900		
Repayment of Loans					1,000						1,000		
Interest					34						30	30	30
BTC Unitary Charge	**396**	396	396	396	396	415	415	415	415	415	415	415	415
Other Payments	**174**	250	250	250	250	200	200	200	200	200	200	200	200
Total Payments	**35,496**	35,848	39,179	37,681	47,259	33,687	32,687	32,687	32,937	32,937	36,867	32,967	32,967
Cash Brought Forward	**38,847**	39,935	38,859	34,452	31,544	19,057	18,858	19,659	20,460	21,011	21,562	18,183	18,704
Net Receipts/(Payments)	**1,088**	(1,076)	(4,407)	(2,909)	(12,486)	(199)	801	801	551	551	(3,379)	521	521
Cash Carried Forward	**39,935**	38,859	34,452	31,544	19,057	18,858	19,659	20,460	21,011	21,562	18,183	18,704	19,225

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

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – November 2011

Risk Ratings			
Measure	**Description**	**Value**	**Score**
EBITDA Margin	Excess of income over operational costs	5.7%	3
EBITDA % Achieved	Extent to which budgeted EBITDA is achieved/exceeded	97.9%	4
Return on Assets	Surplus before dividends over average assets employed	1.5%	2
I&E Surplus Margin	I&E Surplus as % of total income	0.3%	2
Liquid Ratio	Number of days expenditure covered by current assets less current liabilities	33.9	4
Overall Rating			**2.8**

Risk Ratings

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

• An adjustment has now been made to the liquidity ratio to reflect an uncommitted overdraft facility (which would be in place as an FT) as this more accurately reflects performance against the Monitor risk rating regime. The changes the Liquid Ratio score from 2 to 4.

• Return on Assets and I&E Surplus Margin are lower than would normally be expected due to relatively low levels of surplus being delivered.

External Focus

• The NHS Operating Framework for 2012/13 was published on 24th November and largely confirmed the previous expectations of a difficult year for the whole NHS both financially and operationally. Key features included are:

- 4% national efficiency requirement
- tariff deflator of at least 1.5%
- PBR adjusted to incentivise moves away from acute care and same day emergencies
- emergency marginal rate retained
- one year contracts with single contracts to cover acute and community services
- increasing the pace on delivery of the QIPP challenge

• The difficulties ahead were emphasised even further in Sir David Nicholson's introduction to the monthly NHS newsletter where he emphasises the need to maintain performance on finance and service quality while addressing the difficult changes to service provision required to meet the quality and productivity challenge.

•Birmingham and Solihull Cluster continues to report a difficult financial position and an overall year to date deficit although with an improving underlying position. Pressure on some acute contracts is specifically identified as a cause of concern in the cluster.

• The Black Country Cluster remains in a strong financial position, particularly for Wolverhampton PCT, although , at the same time, over performance on acute contracts at Dudley Group, Royal Wolverhampton and Walsall Hospitals is reported.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – November 2011

Conclusions

• Measured against the DoH target, the Trust generated an actual surplus of £155,000 during November bringing its financial performance for the first six months of the year to an overall surplus of £583,000.

•The Trust's year to date performance against both its Department of Health control total (i.e. the bottom line budget position it must meet) and the statutory accounts target shows a deficit of (£8,000) against the planned position.

• The £155,000 surplus in November is £15,000 better than planned for the month.

• Significant non recurrent benefits have been realised in month from additional ICR income and release of divisional reserves and other one off benefits.

• Year to date capital expenditure was £3,756,000 which remains significantly lower than plan although the bulk of the shortfall relates to the actual phasing of acquisition compared to the original plan for the Grove Lane site. It is now expected that land acquisition will amount to significantly less than was planned for the year (although not in total) and, as part of the process of managing the Trust's capital position £5m of CRL has been offered back to the StHA.

•At 30th November, cash balances are approximately £24.0m higher than the cash plan which is around £1.3m greater than the position at 31st October. This includes receipt of an £8m DoH capital expenditure loan planned to be used to fund land acquisition in Grove Lane.

• The monthly performance across several key divisions is generally worse than plan. This is primarily driven by adverse performance against patient related income targets.

• Monitoring and review of the measures implemented in Medicine & Emergency Care, Surgery A, Anaesthetics & Critical Care and Women and Child Health Divisions continues on an ongoing basis. The current situation in these and all other divisions is being actively monitored and managed as any failure to deliver key financial targets will present a significant risk to the Trust's overall financial position including its agreed yearend surplus target.

Recommendations

The Trust Board is asked to:

i. NOTE the contents of the report; and

ii. ENDORSE any actions taken to ensure that the Trust remains on target to achieve its planned financial position.

Robert White

Director of Finance & Performance Management

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Monthly Performance Monitoring Report
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Mike Harding, Head of planning & Performance Management
DATE OF MEETING:	15 December 2011

SUMMARY OF KEY POINTS:

The report is designed to inform the Trust Board of the summary performance of the Trust for the period April – November 2011.

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

Approval	Receipt and Noting	Discussion
	x	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Performance Management Board and Trust Management Board on 13 December 2011 and Finance and Performance Management Committee on 15 December 2011.

SANDWELL AND WEST BIRMINGHAM HOSPITALS CORPORATE QUALITY AND PERFORMANCE MONITORING REPORT - NOVEMBER 2011 - EXCEPTION REPORT

AREA	PERFORMANCE				COMMENTS
	National Indicator(s)		Local Indicator(s)		
	Current	Year to date	Current	Year to date	
Cancer	🔴	🟢			The Trust was marginally short of the 62 Day (urgent GP referral to treatment) cancer target operational threshold of 85.0%, with performance of 84.8% during October, performance for the year to date is 86.4%. All other cancer (2-week, 31-day and 62-day) targets were met.
Cancelled Operations	🟢	🟢	🟢	🟢	For the year to date there have been no breaches of the national 28-day cancelled operations target. The overall percentage of Cancelled Operations reported during November increased slightly to 0.6%, heavily influenced by Oral Surgery cancellations due to consultant sickness.
Delayed Transfers of Care	🟡	🔴			During the month (November) Delayed Transfers of Care increased at Sandwell to 5.2% and reduced at City to 4.5% resulting in an overall increase across the Trust to 4.9%. On the census date almost 80% of delays were Local Authority related. Year to date Delayed Transfers of Care (5.7%) remain in excess of the 3.5% performance threshold.
Stroke Care	🟡	🟡	🟡	🟡	Provisional data for the month of November indicates that the percentage of patients who spent at least 90% of their hospital stay on a Stroke Unit has been maintained above the national target of 80%. TIA outpatient performance data for November was not available for inclusion within the report. Locally, 95% of stroke patients received a CT Scan within 24 hours of arrival /admission. Other local targets include admission to an Acute Stroke Unit within 4 hours of arrival (target 60%, actual 53.3% during the month) and CT Scan within 1 hour of arrival (target 60%, actual 60% during the month).
Accident & Emergency	🟢	🟢			A/E 4-hour waits - performance for the month of November is 96.6% and for the year to date 95.4%.
	🟢	🔴			Accident & Emergency Clinical Quality Indicators - for the purpose of performance monitoring the indicators are grouped into two groups, timeliness and patient impact. Organisations will be regarded as achieving the required minimum level of performance where robust data shows they have achieved the thresholds for at least one indicator in each of the two groups. During November 3 of the 5 indicators was met, with performance against the other 2 indicators also improved. During the period August, September and October, the period the Department of Health are to use as a proxy for Q3 performance the Trust met only 1 of the 5 Clinical Quality Indicators.
Infection Control	🔴	🟢			There were 13 cases of C Diff reported across the Trust during the month of November, 6 at Sandwell and 7 at City. The number of C Diff cases reported during the month was outside of the trajectory (9) for the month, but overall numbers (67) remain within the trajectory (73) for the year to date.There remain no cases of MRSA Bacteraemia reported for the year to date.
Referral to Treatment	🟢	🟢	🔴	🔴	All 5 National and 3 Local high level RTT Performance Indicators were met in month (October) and year to date. The only exception by specialty was Trauma & Orthopaedics, where 80.1% of admitted patients commened treatment within 18 weeks of referral (target 90%), which represents an improvement from the previous month.
Cervical Cytology			🟢	🟢	The Turnaround Time of Cervical Cytology requests has been less than 9 days for each month for the year to date.
Same Sex Accommodation	🟢	🔴			There were 0 Breaches of Same Sex Accommodation reported during the month of October. No breaches have been reported since August.
Mortality			🟢	🟢	The Trust's HSMR for the month of August is 90.5 (Peer SHA 98.2) and for the period April -August inclusive is 93.7 (Peer SHA 100.6). Both values for the Trust are within statistical confidence limits.
Sickness Absence			🔴	🔴	Sickness Absence for the month of October increased to 4.19% (target for Q3 =<3.65%). This is less than the absence rate of 4.51% for the corresponding month last year.
Learning & Development			🟡	🟡	Approximately 4200 staff have received a PDR for the period to date (April - November), the rate of 78% remains stable. Overall Mandatory Training compliance at the end of October decreased slightly to 79.4%.
CQUIN	🟡	🟡			Acute Schemes - all schemes for which data is available contunue to be met in month and year to date with the exception of Medicines Management (July data) and Mortality Review (October data). With regards to the latter the percentage of mortality reviews carried out in month was 37.2% (target 45%).
	🟢	🟢			Community Schemes - performance trajectories for all schemes were met during October and for the year to date.
	🟡	🟡			Specialised Commissioners Schemes - all schemes are met in month and year to date with the exception of Access to Chemotherapy Out of Hospital which is aimed at increasing the volume of chemotherapy / anti-cancer drug deliveries made either at the patient's home or in a community setting closer to the patient's home. To date 121 home deliveries have been made, compared with a trajectory for the period of 206.
Referrals			🔴	🔴	For the period April - October inclusive overall referrals are approximately 8700 (7.8%) fewer and GP Referrals are approximately 5400 (7.1%) fewer than the corresponding period last year. Overall Referrals from Sandwell, HOB and Other (non-Sandwell / HOB) PCTs are approximately 4200(7.5%), 900 (3.1%) and 3500 (14.0%) less respectively for the 6 months year to date than for the same period last year.
Activity			🟢	🟢	Overall Elective activity for the month increased to 11.2% greater than plan, and remains in excess of the plan for the year to date by 8.5%.
			🔴	🔴	Non Elective activity is 7.8% less than plan for the month and 10.1% less than plan for the first 8 months of the year.
			🟡	🟡	Outpatient New and Review activity continues to exceed the plan for the year to date by 7.5% and 8.8% respectively, with both exceeding the plan for the month. The Follow Up to New Outpatient Ratio for the year to date remains 2.64, compared with a ratio derived from plan of 2.61.
			🟢	🟡	A/E Type I activity during the month of November was 0.5% above plan, and is 2.0% less than plan for the year to date. Type II activity is 7.2% above plan for the month, and remains in excess of plan for the year to date by 5.5%.
Ambulance Turnaround			🔴	🔴	During the month (November) the proportion of ambulances waiting greater than 30 minutes reduced (improved) during the month to 41.1% (West Midlands average 35.5%). There were 100 instances recorded of ambulances with a turnaround time in excess of 60 mins.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	The NHS Performance Framework Monitoring Report and summary performance assessed against the NHS FT Governance Risk Rating (FT Compliance Report)
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Mike Harding, Head of Planning & Performance Management and Tony Wharram, Deputy Director of Finance
DATE OF MEETING:	15 December 2011

SUMMARY OF KEY POINTS:

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

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

Service Performance (November):

There are 2 areas of underperformance during the month of November. These are C. Diff and Delayed Transfers of Care. Actual performance is as indicated in the attached report. The overall score for the month is 2.71. A score in excess of 2.40 attracts a PERFORMING classification.

Financial Performance (November):

The weighted overall score remains 2.90 and is classified as PERFORMING. Underperformance is indicated in November in 3 areas; Better Payment Practice Code (Value), Better Payment Practice Code (Volume) and Creditor Days.

Foundation Trust Compliance Summary report:
There was 1 area of underperformance reported within the framework during the month of November. The number of C Diff infections for the month (13) exceeded the trajectory (9) for the month, although numbers for the year to date remain within the trajectory for the period. As such the overall score for the month is 1.0, which attracts an AMBER / GREEN Governance Rating.

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

Approval	Receipt and Noting	Discussion
	x	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Performance Management Board and Trust Management Board on 13 December 2011 and Finance and Performance Management Committee on 15 December 2011.

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST - NHS PERFORMANCE FRAMEWORK MONITORING REPORT - 2011/12

Operational Standards and Targets

Indicator		Weight	Thresholds		Quarter 2 2011	Score	Weight x Score	October 2011	Score	Weight x Score	November 2011	Score	Weight x Score
			Performing	Underperforming									
A/E Waits less than 4-hours		1.00	95.00%	94.00%	95.02%	3	3.00	94.10%	2	2.00	96.60%	3	3.00
A/E Unplanned re-attendance rate	{Patient Impact Group}	2.00	=<5.00%	>5.00%	8.62%	3	6.00	8.36%	2	4.00	7.60%	3	6.00
A/E Left Department without being seen rate	{Patient Impact Group}		=<5.00%	>5.00%	4.70%			5.52%			4.35%		
A/E Time to Initial Assessment - 95th centile	{Timeliness Group}		=<15mins	>15mins	23.00			23.00			18.00		
A/E Time to treatment in department (median)	{Timeliness Group}		=<60mins	>60mins	56.00			55.00			52.00		
Cancelled Operations - 28 day breaches		1.00	5.0%	15.0%	0%	3	3.00	0%	3	3.00	0%	3	3.00
MRSA Bacteraemia		1.00	0	>1.0SD	0	3	3.00	0	3	3.00	0	3	3.00
Clostridium Difficile		1.00	0	>1.0SD	19	3	3.00	12	0	0.00	13	0	0.00
18-weeks RTT Admitted 95 Percentile(weeks)		0.50	<=23.0	>27.7	<=23.0	3	1.50	19	3	1.50	<=23.0*	3	1.50
18-weeks RTT Non Admitted 95 Percentile(weeks)		0.50	<=18.3	>18.3	<=18.3	3	1.50	15	3	1.50	<=18.3*	3	1.50
18-weeks RTT Incomplete Pathway 95 percentile (weeks)		0.50	<=28.0	>36.0	<=28.0	3	1.50	16	3	1.50	<=28.0*	3	1.50
18-weeks RTT 90% Admitted		0.75	=>90.0%	85.0%	=>90.0%	3	2.25	95.3	3	2.25	=>90.0%*	3	2.25
18-weeks RTT 95% Non -Admitted		0.75	=>95.0%	90.0%	=>95.0%	3	2.25	98.1	3	2.25	=>95.0%*	3	2.25
Cancer - 2 week GP Referral to 1st OP Appointment		0.50	93.0%	88.0%	94.2%	3	1.50	94.1%	3	1.50	>93.0%*	3	1.50
Cancer - 2 week GP Referral to 1st OP Appointment - breast symptoms		0.50	93.0%	88.0%	95.8%	3	1.50	94.7%	3	1.50	>93.0%*	3	1.50
Cancer - 31 day diagnosis to treatment for all cancers		0.25	96.0%	91.0%	99.2%	3	0.75	100.0%	3	0.75	>96.0%*	3	0.75
Cancer - 31 day second or subsequent treatment (surgery)		0.25	94.0%	89.0%	98.6%	3	0.75	100.0%	3	0.75	>94.0%*	3	0.75
Cancer - 31 day second or subsequent treatment (drug)		0.25	98.0%	93.0%	100.0%	3	0.75	100.0%	3	0.75	>98.0%*	3	0.75
Cancer - 31 Day second/subsequent treat (radiotherapy)		0.25	94.0%	89.0%	100.0%	3	0.75	100.0%	3	0.75	>94.0%*	3	0.75
Cancer - 62 day urgent referral to treatment for all cancers		0.50	85.0%	80.0%	86.8%	3	1.50	85.5%	3	1.50	>85.0%*	3	1.50
Cancer - 62 day referral to treatment from screening		0.50	90.0%	85.0%	100.0%	3	1.50	100.0%	3	1.50	>90.0%*	3	1.50
Stroke (Stay on Stroke Unit)		1.00	80.0%	60.0%	86.30%	3	3.00	94.90%	3	3.00	84.20%	3	3.00
Delayed Transfers of Care		1.00	3.5%	5.0%	7.20%	0	0.00	4.30%	2	2.00	4.90%	2	2.00
Sum		**14.00**											
Average Score					* projected		**2.79**	* projected		**2.46**	* projected		**2.71**

Scoring:	
Underperforming	**0**
Performance Under Review	**2**
Performing	**3**

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

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST - NHS PERFORMANCE FRAMEWORK MONITORING REPORT - 2011/12

Financial Indicators				SCORING			2011 / 2012			2011 / 2012			2011 / 2012		
Criteria	**Metric**	**Weight (%)**		**3**	**2**	**1**	**September**	**Score**	**Weight x Score**	**October**	**Score**	**Weight x Score**	**November**	**Score**	**Weight x Score**
Initial Planning	Planned Outturn as a proportion of turnover	5	5	Planned operating breakeven or surplus that is either equal to or at variance to SHA expectations by no more than 3% of income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to SHA expectations by more than 3% of planned income.	Operating deficit more than or equal to 2% of planned income	**0.00%**	**3**	**0.15**	**0.00%**	**3**	**0.15**	**0.00%**	**3**	**0.15**
Year to Date	YTD Operating Performance	25	20	YTD operating breakeven or surplus that is either equal to or at variance to plan by no more than 3% of forecast income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to plan by more than 3% of forecast income.	Operating deficit more than or equal to 2% of forecast income	**0.06%**	**3**	**0.6**	**0.10%**	**3**	**0.6**	**0.14%**	**3**	**0.6**
	YTD EBITDA		5	Year to date EBITDA equal to or greater than 5% of actual year to date income	Year to date EBITDA equal to or greater than 1% but less than 5% of year to date income	Year to date EBITDA less than 1% of actual year to date income.	**5.34%**	**3**	**0.15**	**5.31%**	**3**	**0.15**	**5.35%**	**3**	**0.15**
Forecast Outturn	Forecast Operating Performance	40	20	Forecast operating breakeven or surplus that is either equal to or at variance to plan by no more than 3% of forecast income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to plan by more than 3% of income.	Operating deficit more than or equal to 2% of income	**0.00**	**3**	**0.6**	**0.00**	**3**	**0.6**	**0.00**	**3**	**0.6**
	Forecast EBITDA		5	Forecast EBITDA equal to or greater than 5% of forecast income.	Forecast EBITDA equal to or greater than 1% but less than 5% of forecast income.	Forecast EBITDA less than 1% of forecast income.	**5.65%**	**3**	**0.15**	**5.59%**	**3**	**0.15**	**5.58%**	**3**	**0.15**
	Rate of Change in Forecast Surplus or Deficit		15	Still forecasting an operating surplus with a movement equal to or less than 3% of forecast income	Forecasting an operating deficit with a movement less than 2% of forecast income OR an operating surplus movement more than 3% of income.	Forecasting an operating deficit with a movement of greater than 2% of forecast income.	**0.00%**	**3**	**0.45**	**0.00%**	**3**	**0.45**	**0.00%**	**3**	**0.45**
Underlying Financial Position	Underlying Position (%)	10	5	Underlying breakeven or Surplus	An underlying deficit that is less than 2% of underlying income.	An underlying deficit that is greater than 2% of underlying income	**0.43%**	**3**	**0.15**	**0.44%**	**3**	**0.15**	**0.44%**	**3**	**0.15**
	EBITDA Margin (%)		5	Underlying EBITDA equal to or greater than 5% of underlying income	Underlying EBITDA equal to or greater than 5% but less than 1% of underlying income	Underlying EBITDA less than 1% of underlying income	**5.65%**	**3**	**0.15**	**5.59%**	**3**	**0.15**	**5.58%**	**3**	**0.15**
Finance Processes & Balance Sheet Efficiency	Better Payment Practice Code Value (%)	20	2.5	95% or more of the value of NHS and Non NHS bills are paid within 30days	Less than 95% but more than or equal to 60% of the value of NHS and Non NHS bills are paid within 30days	Less than 60% of the value of NHS and Non NHS bills are paid within 30 days	**77.00%**	**2**	**0.05**	**89.00%**	**2**	**0.05**	**87.00%**	**2**	**0.05**
	Better Payment Practice Code Volume (%)		2.5	95% or more of the volume of NHS and Non NHS bills are paid within 30days	Less than 95% but more than or equal to 60% of the volume of NHS and Non NHS bills are paid within 30days	Less than 60% of the volume of NHS and Non NHS bills are paid within 30 days	**83.00%**	**2**	**0.05**	**85.00%**	**2**	**0.05**	**88.00%**	**2**	**0.05**
	Current Ratio		5	Current Ratio is equal to or greater than 1.	Current ratio is anything less than 1 and greater than or equal to 0.5	A current ratio of less than 0.5	**1.22**	**3**	**0.15**	**1.18**	**3**	**0.15**	**1.16**	**3**	**0.15**
	Debtor Days		5	Debtor days less than or equal to 30 days	Debtor days greater than 30 and less than or equal to 60 days	Debtor days greater than 60	**12.97**	**3**	**0.15**	**11.79**	**3**	**0.15**	**14.53**	**3**	**0.15**
	Creditor Days		5	Creditor days less than or equal to 30	Creditor days greater than 30 and less than or equal to 60 days	Creditor days greater than 60	**34.25**	**2**	**0.1**	**37.29**	**2**	**0.1**	**41.48**	**2**	**0.1**
						Weighted Overall Score			**2.90**			**2.90**			**2.90**

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

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

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	The Operating Framework for the NHS in England: A Summary
SPONSORING DIRECTOR:	Mike Sharon, Director of Strategy & Organisational Development
AUTHOR:	Mike Sharon, Director of Strategy & Organisational Development
DATE OF MEETING:	15 December 2011

SUMMARY OF KEY POINTS:

The attached provides a summary of the key elements of the Operating Framework for the NHS in England that was recently issued.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to **receive** and **note** the summary.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	None specifically, although it governs the indicators and targets against which the Trust will be measured by the Department of Health
Annual priorities	As above
NHS LA standards	
CQC Essential Standards Quality and Safety	
Auditors' Local Evaluation	

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

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

PREVIOUS CONSIDERATION:

None

THE OPERATING FRAMEWORK FOR THE NHS IN ENGLAND 2012/13

A SUMMARY

The Operating Framework for 2012/13 was published on 25th November 2011.

The Framework sets out **four inter-related challenges**:

- The need to maintain continued strong performance on finance and service quality.
- The need to address difficult changes to service provision to meet the QIPP challenge.
- The need to complete the transition to the new delivery system set out in *Liberating the NHS*.
- The urgent need to ensure that elderly and vulnerable patients receive dignified and compassionate care in every part of the NHS.

There will therefore be a focus **on four key themes during 2012/13**:

1. Putting patients at the centre of decision making – their experience to drive improvements in dignity and service to patients and meeting essential standards of care.
2. Completion of the last year of transition to the new system – building capacity of emerging Clinical Commissioning Groups (CCGs) and supporting establishment of Health and Wellbeing Boards – to become drivers of improvement.
3. Increasing the pace on delivery of the quality, innovation, productivity and prevention (QIPP) challenge.
4. Maintaining a strong grip on service and financial performance including ensuring the NHS Constitution right to treatment within 18 weeks is met.

<u>QUALITY – focus on more integrated care</u>

Areas that require particular attention:

- Dementia and care for older people - No tolerance of failure to deliver basic care.
- Carers – PCT clusters to agree policies, plans and budgets with local authorities and voluntary groups to support carers.
- Military and veterans' health
- Health Visitors and Family Nurse Partnerships - Increase the number of health visitors by 4,200 by April 2015. Need to improve outcomes for the most vulnerable teenage mothers and their children.

Outcomes Approach - The NHS Outcomes Framework will set out improvements required – NHS Commissioning Board will be held to account from 2013/14 so need to prepare in 2012/13. Five domains will be supported by a suite of NICE quality standards to define what high quality care looks like.

Domain 1: Preventing people from dying prematurely

Continue clinical strategies to reduce early mortality – heart disease, stroke, kidney disease and diabetes. Use of Summary Hospital Mortality Indicator (SHMI) to improve performance. Continue to meet or exceed cancer standards.

Domain 2: *Enhancing quality of life for people with long term conditions*

Support people to manage their conditions. Avoid unplanned hospitalisation. Telehealth and telecare to deliver care differently. Mental health outcomes strategy.

Domain 3: *Helping people to recover from episodes of ill health or following injury*

Reduce emergency admissions and re-admissions. Invest savings to drive improved outcomes - Re-ablement and post-discharge support.

Domain 4: *Ensuring that people have a positive experience of care*

Integrated and co-ordinated services. Good complaints handling – listen and learn. "Duty of Candour".

Access – RRT 18 week standard or alternative provider offered. 90% for admitted and 95% for non-admitted completed waits. Less than 1% of patients to wait longer than 6 weeks for diagnostic test.

A&E – 95% seen within 4 hours.

Domain 5: *Treating and caring for people in a safe environment and protecting them from avoidable harm*

Zero tolerance to all avoidable HCAIs. Plans to reduce MRSA and C Difficile required. VTE assessment to be nationally monitored.

To support the QIPP challenge, organisations should learn from good practice elsewhere e.g. NHS Evidence website.

REFORM – a year of perparation

New commissioning landscape:

- NHS Commissioning Board – to prepare to take over responsibilities from April 2013.
- Health and Wellbeing Boards in shadow form from April 2012 – local system leadership to drive quality improvements.
- Clinical Commissioning Groups – to be developed and authorised. Coterminous with single Health and Wellbeing Board as far as possible.
- Public Health England – shadow operation in 2012/13.
- NHS Foundation Trust pipeline – status achieved by April 2014.
- Any Qualified Provider – to be offered in at least 3 services which are local priorities.
- Empowering Patients – Choice and Personal Health Budgets – continued implementation in 2012/13 and presumption of choice for most services from 2013/14. Forthcoming Information Strategy for Health and Social Care.

FINANCE AND BUSINESS RULES

- PCTs to not end 2012/13 in a deficit position – CCGs will not be responsible for resolving PCT legacy debt arising prior to 2011/12.
- Trusts to plan for surplus consistent with their NHS Foundation Trust pipeline plan and their TFA.
- PCT allocations to be announced in December 2011 – total amount will grow by at least 2.5%.

- Capital expenditure plans will be agreed by SHA Cluster. Any unspent capital in 2011/12 will not be carried forward.
- Trusts to ensure clean safe environment – emphasis on backlog maintenance, elimination of mixed-sex accommodation, privacy and dignity, isolation facilities for infection control and consideration of additional single en-suite rooms.

- Tariff – development of system to increase link with quality of care, drive integration of services and incentivise delivery of QIPP challenge. PbR to expand to incentivise best clinical practice and better patient outcomes. Guidance out in December 2011.
- Expansion of Best Practice Tariffs to incentivise – procedures in less acute setting; same day emergency treatments where appropriate; best practice care for hip fracture and stroke; promote use of interventional radiology procedures.
- Introducing national pathway tariffs for e.g. maternity, cystic fibrosis and paediatric diabetes.
- Introducing tariffs for post-discharge care for some procedures where acute and community services integrated in one trust.
- 30% marginal rate will continue to apply for increase in the value of emergency admissions
- Policy of non-payment for emergency re-admissions within 30 days of discharge following elective admission, subject to some exemptions, will still apply.

- National efficiency requirement for 2012/13 is 4 %.
- Tariff price adjuster will be a reduction of at least 1.5% - will also be applied to non-tariff services.

- CQUIN – amount that providers can earn will be increased to 2.5%.
- National goals on VTE risk assessment and responsiveness to personal needs of patients will continue and 3 new goals/requirements brought in-
    - Improving diagnosis of dementia in hospitals
    - To incentivise use of the NHS Safety Thermometer (tool to measure harm in four key areas – pressure ulcers; urine infections in patients with catheters,; falls and VTE).
    - CQUIN funding previously used to achieve higher standards can be made recurrent only where commissioners satisfied it's necessary to maintain improvement.

- Generate savings through better procurement. Procurement Strategy to be launched by April 2012.

- Second year of staff pay freeze – those earning under £21,000 to receive flat rate increase of £250 in April 2012.

- 2012/13 Standard NHS Contract – commissioners to enforce standard terms and financial penalties for under performance.
- Single contract for providers of secondary and community services.
- Essential for clinicians to be involved in contract negotiations for 2012/13.
- Contracts limited to 12 months for 2012/13.

Implications for SWBH

- Significant tariff deflation, but in line with assumptions made within the LTFM
- More income at risk if quality targets are not met
- Specialties will be differentially affected but this will not become clear until the tariff is issued. The full tariff isn't expected until January and until the prices are known together with the finer contracting rules, a firm position on income will be less certain.
- Increasing need to demonstrate quality of services across a range of dimensions

- Likely to be more pressure for large scale cluster or region wide service reconfiguration
- The OF will be referenced in accordance with the Trust's LDP strategy making use of allowable flexibilities in ensuring arrangements are consistent with Right Care, Right Here future plans

The Board will receive updates as the Trust moves through the final four months of the financial year and progresses with LDP (local delivery plan) negotiations. The nature of these discussions will incorporate the key features set out in the Operating Framework and clarify some of the more material payment mechanism issues such as CQUIN and management of emergency activity.

The Board is asked to **note** the summary of the Operating Framework

M Sharon & R White

Appendix to Operating Framework Paper

Any Qualified Provider

Background Information and Rationale

Since 2010, the Government has been committed to increase choice and personalisation in NHS-funded services by extending patient choice of Any Qualified provider for appropriate services.

Choice of Any Qualified Provider (AQP) means that when patients are referred (usually by their GP) for a particular service, they should be able to choose from a list of qualified providers who meet NHS service quality requirements, prices and normal contractual obligations an approach already in place for routine elective procedures through existing Patient Choice and PbR. Under AQP , the provider can be a public sector organisation, a third sector organisation, charities, social enterprises, not for profit organisations and private sector organisations.

The recent publication of "Extending Patient Choice for Provider" requests that all PCT clusters must engage with providers, CCGs, healthcare professionals, patients and patient representatives on local priorities for extending choice of provider.

The Key Elements that govern the Any Qualified Provider approach to contracting for services include:

- Providers must be qualified and registered to provide services via an assurance process
- Commissioners set local pathways and referral protocols
- Referring clinicians offer patients a choice of qualified providers for the service being referred to
- Competition is based on quality and not price, as providers are paid a fixed rate determined by a national or local tariff

Services selected

A national list of potential services for priority implementation in 2012/13 – which is treated as a transitional year – has been formulated:

- Adult hearing services in community
- Diagnostic tests closer to home
- Venous leg ulcer and wound healing
- Primary Care Psychological Therapies (adults)
- Musculo-skeletal services for back and neck pain
- Continence services (for adults and children)
- Wheelchair services (children)

- Podiatry services

Further Services (from 2013/14) are likely to include the following:

- Maternity – antenatal education and breastfeeding support
- Speech and Language therapy
- Long Term Conditions self management support
- Community chemotherapy, including home chemotherapy
- Primary Care Psychological Therapies (CAMHS)
- Wheelchair services (adults)

Implementation timescale

In progress:

- SHAs have identified lead PCT clusters to develop an implementation pack – service specification, information models and tariffs
- PCT clusters engaged patients, patient representatives, healthcare professionals and providers on local priorities for extending choice of provider
- Identified three or more community or mental health services for prioritisation and SHA have been notified.

Next steps:

- Accreditation process to start from September 2012

Local priorities

- *Musculo-skeletal services for back and neck pain* ***
- Continence services (for adults and children)
- *Wheelchair services (children)* ***
- Podiatry
- Adult hearing aid services in community

*** National Service specifications are available for those two services only; still waiting for publication from the DH for the rest.*

Qualification / Accreditation Process

The governing principle of qualification is that a provider should be qualified if they:

- Are registered with the CQC and licensed by Monitor (from 2013) where required, or meet equivalent assurance requirements (not yet identified)
- Will meet the Terms and Conditions of the NHS contract
- Accept NHS prices
- Can provide assurances that they are capable of delivering the agreed service requirements and comply with the referral protocols
- Reach agreement with local commissioners on supporting schedules to the standard community contract

Providers will be listed on a directory so that patients and GPs know who is providing what service where.

Currently there is no clear guidance of how the potential providers will be qualified and details are expected to be published shortly.

There is however the expectation that the accreditation process will provide assurance of competence, quality and safety standards; just as it would under a formal tender process.

PCT clusters must register qualified providers for payment purposes and will hold providers to account for monitoring quality. PCT clusters will have the option to make reasonable amendments to the national service specifications on service quality and / or local referral protocols.

<u>What does it mean for SWBH</u>

We are still waiting for further clarification on the accreditation process to be published by the DH. The following themes are however emerging:

- A variation will be needed for the 2012/13 contract for the services affected by AQP
- Payment will be made by referral
- It is still not clear if we will have to go through the accreditation process, as we are already accredited by CQC
- We can choose which areas we want to be accredited for, but as it currently stands, the provider needs to be able to demonstrate a physical presence in the area that aims to gain accreditation
- If **whole** services were to be tendered then for the first tranche the financial risk would be;

Wheelchairs	c.£0.9m
Podiatry	c.£2.0m
Hearing services	c.£2.6m

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Right Care Right Here Progress Report
SPONSORING DIRECTOR:	Mike Sharon, Director of Organisational Development and Strategy
AUTHOR:	Jayne Dunn, Redesign Director – RCRH
DATE OF MEETING:	15 December 2011

SUMMARY OF KEY POINTS:

The paper provides a progress report on the work of the *Right Care Right Here* Programme as at the end of November 2011.

It covers:

- Progress of the RCRH Programme including activity monitoring for the period April-September 2011.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is recommended to:

1. NOTE the progress made with the Right Care Right Here Programme.
2. NOTE progress with identifying and delivering recommissioning schemes.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Care Closer to Home: • Deliver the agreed changes in activity required as part of the Right Care Right Here programme. • Make fuller use of the facilities at Rowley Regis Community Hospital to provide care closer to home.
Annual priorities	
NHS LA standards	
CQC Essential Standards of Quality and Safety	
Auditors' Local Evaluation	

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

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

PREVIOUS CONSIDERATION:

Monthly progress report to Trust Board

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

RIGHT CARE RIGHT HERE PROGRAMME: PROGRESS REPORT DECEMBER 2011

INTRODUCTION

The Right Care Right Here Programme is the partnership of SWBH, HoB tPCT, Sandwell PCT and Birmingham and Sandwell local authorities leading the development of health services within Sandwell and Western Birmingham. This brief paper provides a progress report for the Trust Board on the work of the Programme as at the end of October 2011. It summarises the Right Care Right Here Programme Director's report and the RCRH Service Redesign Report that were presented to the Right Care Right Here Partnership Board in December.

The work of the Right Care Right Here Programme and involvement of the Trust in this is also discussed on a monthly basis at the Trust's Right Care Right Here Implementation Board meetings.

PROJECT PERFORMANCE

The RCRH Programme activity performance reports related to service redesign are included in Appendix 1 for information. They attempt to summarise overall progress with the Programme in key areas by providing data for the first five months of 2011/12 and comparing it with actual performance in 2010/11, the trajectory in the RCRH Activity and Capacity (A&C) for 2011/12 and the targets in the A&C model for 2016/17.

In summary activity trends for April-September 2011 show:

- Inpatient Activity: Our Acute Occupied Bed Days (OBDs; in Summary A, figure 1) continue to show a downward trend and are 7.2% below 2010/11 levels but 16% above the 2011/12 trajectory. This includes our emergency inpatient OBDs being 7.7% lower than last year but 19% above the 2011/12 trajectory and our elective inpatient OBDs being 7.8% below last year and 5.1% below the 2011/12 trajectory (Summary A, figures 4 and 5).

- Community OBDs (in Summary B, figure 3) are 10% below 2010/11 levels and 17% below the 2011/12 trajectory.

- It is envisaged that the intermediate care/re-ablement beds opened at Rowley Regis Hospital in October will increase the Community OBDs and assist in reducing our Acute OBDs.

- Emergency Department Attendances: Our Emergency Department (ED) attendances (in Summary A, figure 2) are 0.6% above the 2010/11 end of year level, and 8.5% above the 2011/12 trajectory.

- The Urgent Care Centre attendances (in Summary B, figure 2) continue to show a downward trend but are still 9% above 2010/11 end of year level and 82% above the 2011/12 trajectory.

- Outpatient Attendances: Our acute Outpatient Activity (in Summary A, figure 3) is 4.4% below the 2010/11 end of year level and now just below (0.3%) the 2011/12 trajectory.

- Community Outpatient Activity (including our community and new Community Provider activity, in Summary B, figure 1) remains below the 2010/11 end of year level by 4% but is still 223% above the 2011/12 trajectory although still some way (49%) from the 2016/17 trajectory.

- Referrals to acute services have shown a further reduction and are now 11% below the 2010/11 level (in Summary B, figure 4).

At this stage it therefore appears that across all three categories, our acute activity is showing a downward trend but with further work required to ensure maintenance of this trend (acute outpatient attendances) or achievement of 2011/12 trajectories (ED attendances and acute OBDs) and ongoing

progress towards the 2016/17 position. It is anticipated that the re-commissioning work (see below) will help to achieve this.

In terms of previous projects established through specific exemplars and individual re-design initiatives performance in terms of activity is now captured within the above summaries.

CARE PATHWAY AND SPECIALITY REVIEWS

Further redesigned care pathways have been published on the three local views of Map of Medicine (Sandwell, Heart of Birmingham and Intelligent Commissioning Forum - ICoF) in November. These pathways are: -

- Endometriosis
- Elective Hip Surgery
- Elective Knee Surgery
- Shoulder Pain
- Smoking Cessation

A further 3 redesigned care pathways will be published to the local views in Map of Medicine in December.

The RCRH Programme is having ongoing discussions with commissioners about arrangements to commission and activate the service redesign requirements within these care pathways. Many of the published care pathways will have the impact of reducing activity to our acute services but are likely to increase activity in our diagnostic and community services. The financial impact on our acute services, for this year, of the revised care pathways with associated loss of activity and income is captured within the re-commissioning work.

TRANSFER OF ACTIVITY (RE-COMMISSIONING)

There have been ongoing discussions across the local health economy regarding implementation of the LDP agreement to transfer a range of services, activity and related income from secondary care to community and primary care during 2011/12 in line with the RCRH Programme. The Trust and GP commissioners have identified a number of specific schemes which have now been agreed and for which implementation plans are now being developed. These schemes are collectively known as the Re-commissioning Programme.

The LDP agreement set a target of re-commissioning activity worth £16.2million and to date the Trust and PCTs have identified schemes that will result in the transfer of activity worth £13.8million over a full year. Work is continues within the Trust and PCTs to identify additional schemes.

RECOMMENDATIONS

The Trust Board is recommended to:

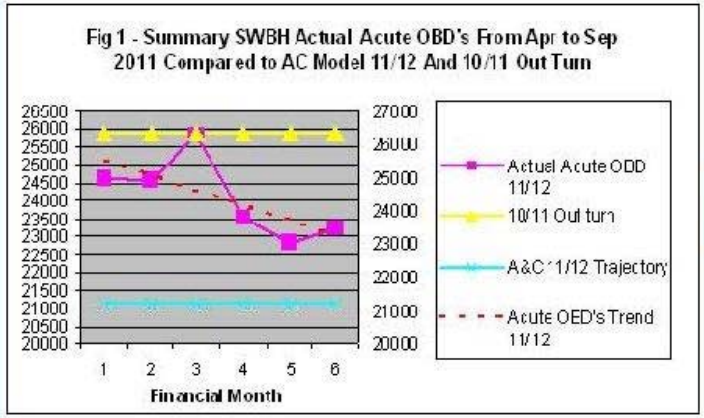
1. NOTE the progress made with the Right Care Right Here Programme.

Jayne Dunn
Redesign Director – Right Care Right Here
6th December 2011

APPENDIX 1 - RCRH Activity Summaries

Personal :: Summary PBR reports

Summary A - RCRH Programme Board Reports For the Acute Sector From Apr-Sep 2011/12



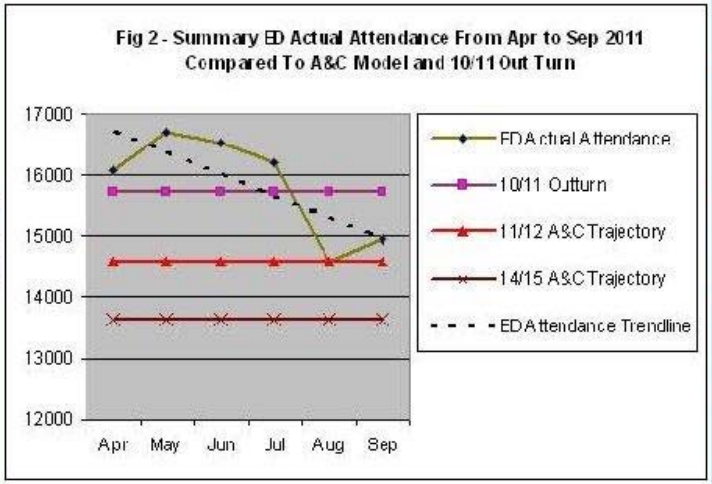


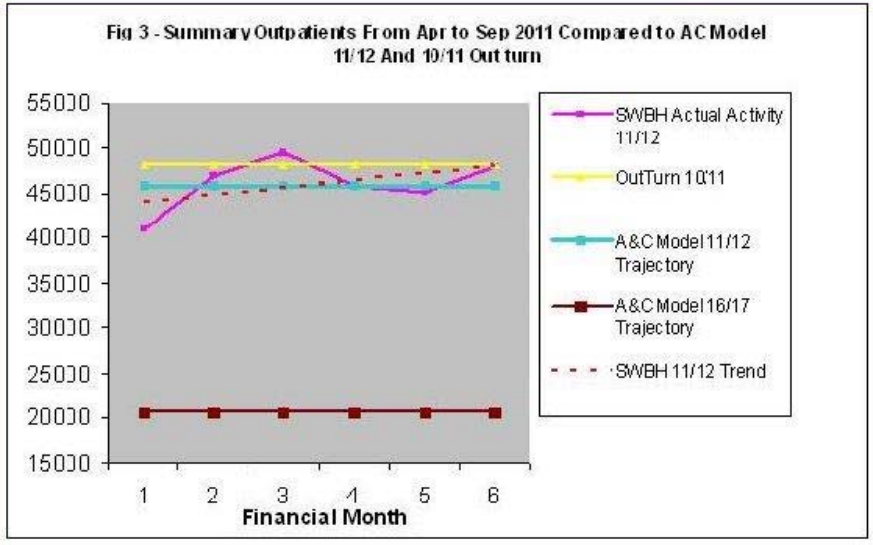
Fig 1 – At Month 6 all inpatients OBD's are 7.2% below 10/11 out turn and 16% above modelled A&C 11/12 trajectory. We are 49% above modelled 16/17 trajectory. Note activity appears to be trending down.

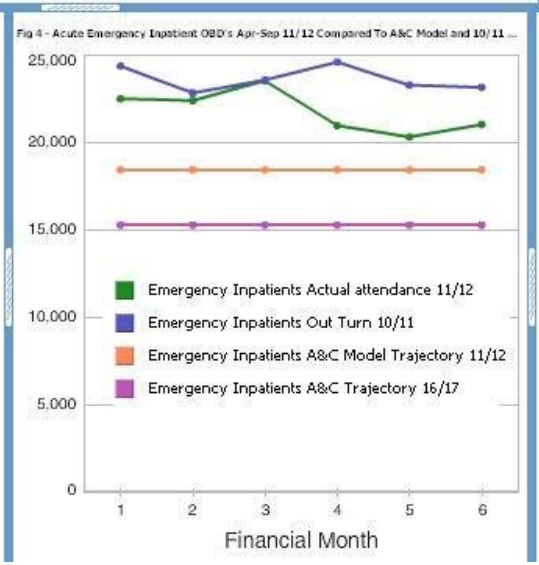
Fig 2 – ED Attendances are 0.63%(600) above 10/11 outturn and 8.5% (7500) above modelled 11/12 trajectory. The trend for actual ED attendance 11/12 appears to be declining. ED attendance is 16% (13200) above the modelled trajectory for 14/15.

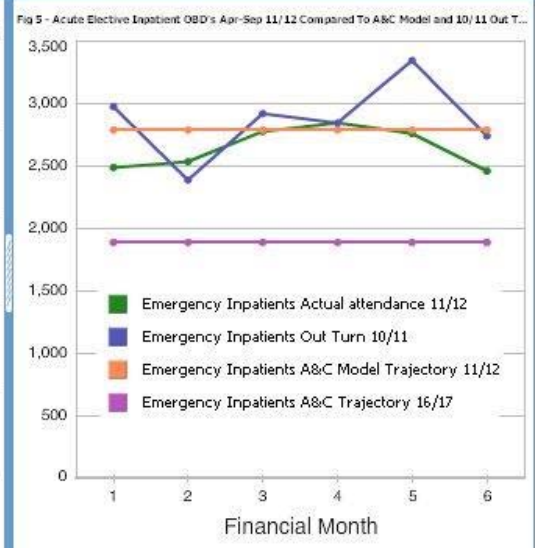
Fig 3 – At Month 6 outpatient activity is 4.4% less than 10/11 outturn and 0.3% below modelled 11/12 Trajectory. We are 123% above modelled 16/17 A&C trajectory.

Fig 4 – At Month 6 Non Elective (emergency) OBD's are 7.7% lower than 10/11 Outturn and 19% above modelled 11/12 A&C trajectory. We are 43% above 16/17 trajectory to date.

Fig 5 – Elective Inpatient OBD's are 7.8% below 10/11 outturn and 5.1% below 11/12 A&C trajectory. We are 40% above modelled 16/17 trajectory. Elective inpatient actvity appears to be trending upwards dispite activity being below modelled trajectories and outturn.







Summary B - RCRH Programme Board Reports For Community Sector From Apr-Sep 2011

Fig 1 Summary Community Outpatients From Apr-Sep 2011 Compared to A&C Model and 10/11 Out Turn

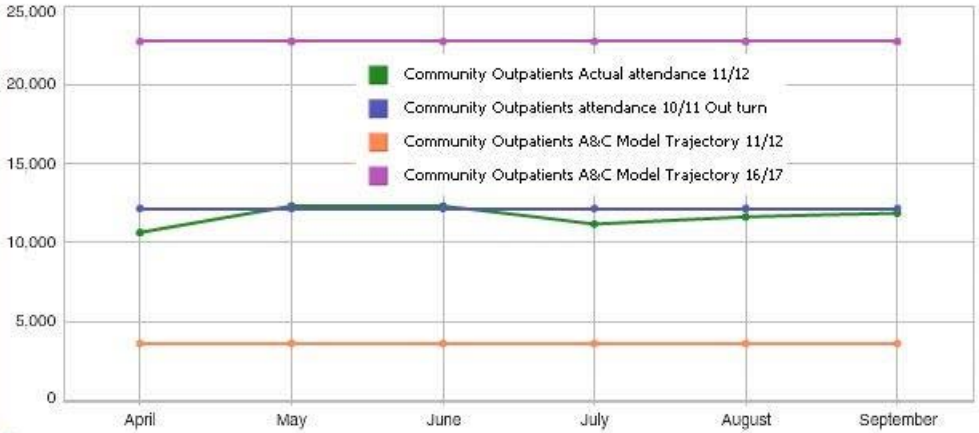


Fig 1 – At Month 6 community outpatient attendance is 4% less than 10/11 outturn. In comparison to the A&C model it is 223% above 2011/12 Trajectory and 49% less than 2016/17 trajectory.

Fig 2 – Urgent Care Centre attendance is 9% above 10/11 outturn. Urgent care activity appears to have a declining trend, however attendance is still above previous years out turn and modelled trajectories. We are 27% above 16/17 Trajectory and 82% above 11/12.

Fig 3 – Community OBD's are 10% below 10/11 outturn and 17% below modelled trajectory for 11/12. Please note that McCarthy ward at Rowley Regis closed in May 2011 and a new enablement ward (Henderson ward) will be opened in October 2011. Next months reporting will include Henderson Activity.

To meet 11/12 trajectory we need to introduce 16,154 new OBD's . The trajectory for 11/12 will be phased in from the point at which new beds are introduced into the system i.e October 2011. Community OBDS includes:

Leasowes IC Centre,Barthalomew Lodge Nursing Home,Waterside Nursing Home
Greenhaven Care Home,Moseley Hall,Riverside Lodge,RCRH Exemplar projects

Fig 4 – Show referral activity which includes GP as well as other types. At month 6 referrals are 11% below last years out turn.

Fig 2 Summary UCC Attendance From Apr-Sep 2011 Compared to A&C Model and 10/11 Out Turn

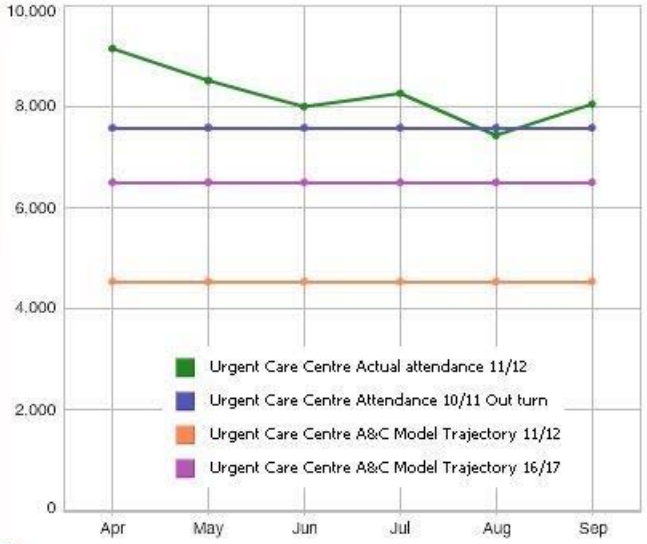


Fig 3 Summary Community OBD's From Apr-Sep 2011 Compared to A&C Model and 10/11 Out Turn

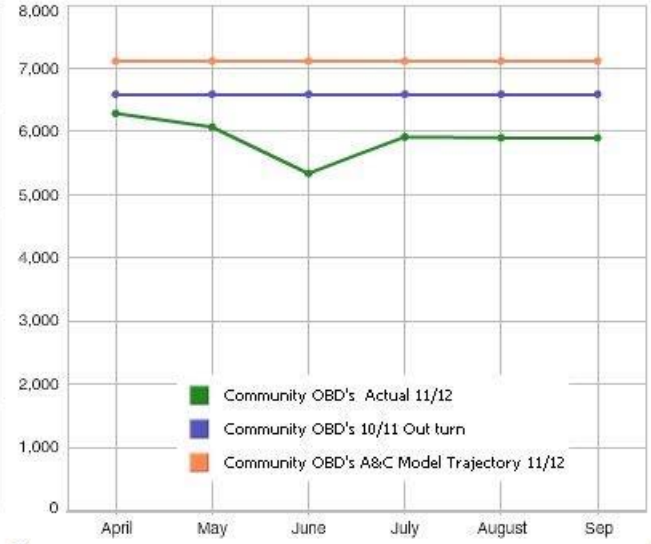
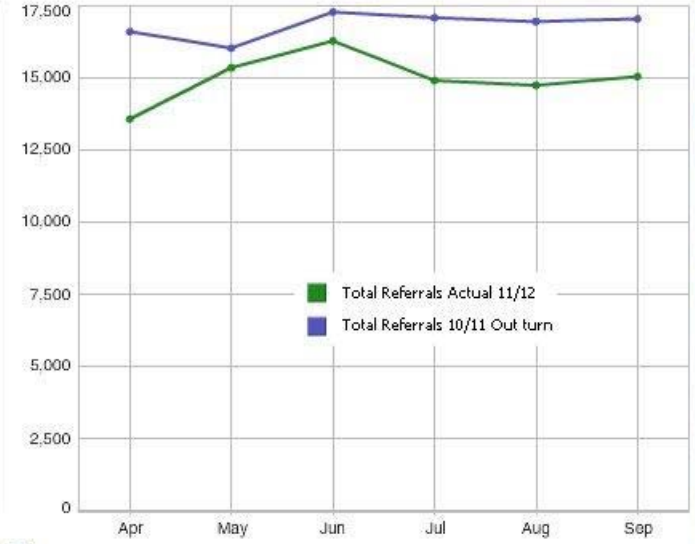


Fig 4 Summary Referrals From Apr-Sep 2011 Compared to 10/11 Out Turn



Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Clinical Services Reconfiguration Programme - Progress Report
SPONSORING DIRECTOR:	Mike Sharon, Director of Organisational Development and Strategy
AUTHOR:	Jayne Dunn, Redesign Director – RCRH
DATE OF MEETING:	15 December 2011

SUMMARY OF KEY POINTS:

The paper provides a progress report on the work of the Clinical Services Reconfiguration Programme as at the beginning of December 2011.

It covers:

- An update of progress with each area of clinical service reconfiguration that the Trust is involved in, including a range of wider SHA/health economy plans for clinical service consolidation.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is recommended to:

1. NOTE that the Halcyon Birth Centre became operational on the 7th November.
2. NOTE the implementation phases for the reconfiguration of Colorectal Inpatients and Emergency Gynaecology have now taken place.
3. NOTE progress with the Stroke Services review and the plan to present the short listed options and the case for consultation to its meeting in January 2012.
4. NOTE progress with the proposals for service reconfiguration in Vascular Surgery and Breast Surgery.
5. NOTE we are meeting the Joint Health Scrutiny Committee in the middle of December to present the clinical cases for change in relation to Vascular Surgery and Breast Surgery and to seek clarification as to whether formal public consultation is required for these proposed changes.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Corporate Objective 2: High Quality Care
Annual priorities	Delivery of Maternity Reconfiguration Review of Stroke Services
NHS LA standards	
CQC Essential Standards of Quality and Safety	
Auditors' Local Evaluation	

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

Financial	**X**	Each area of clinical service reconfiguration will require a Business Case as part of the approval process.
Business and market share	**x**	The Business Case for each area of clinical service reconfiguration will require an assessment of the impact on market share.
Clinical	**X**	The prime driver for clinical service reconfiguration should be clinical and so each business case will include a clinical case for change and the benefits realisation will include benefits to clinical care.
Workforce	**X**	The Business Case for each area of clinical service reconfiguration will require an assessment of the impact on workforce and a related workforce plan.
Environmental		
Legal & Policy		
Equality and Diversity	**X**	The Business Case for each area of clinical service reconfiguration will require an equality impact assessment.
Patient Experience		
Communications & Media	**X**	Within each reconfiguration project there is a Communications and Engagement workstream.
Risks		

PREVIOUS CONSIDERATION:

Previous progress report relating to Clinical Service Reconfiguration in September 2011 and the Report on the Trauma Unit Action Plan presented to the Trust Board meeting in November 2011.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Foundation Trust Programme: Project Director's Report
SPONSORING DIRECTOR:	Mike Sharon, Director of Strategy & Organisational Development
AUTHOR:	Mike Sharon, Director of Strategy & Organisational Development
DATE OF MEETING:	15 December 2011

SUMMARY OF KEY POINTS:

The Project Director's report gives an update on:

- Activities this period
- Activities next period
- Issues for resolution and risks in next period

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	An Effective Organisation
Annual priorities	Make Significant progress towards becoming a Foundation Trust
NHS LA standards	
CQC Essential Standards Quality and Safety	
Auditors' Local Evaluation	

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

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

PREVIOUS CONSIDERATION:

FT Programme Board on 15 December 2011

FT Programme Director Report October 2011 – Overall status - Red

Activities this period

- Soft Mock Board to Board held
- HDD1 commenced
- IBP redrafted
- Deloitte one to one interviews completed with one exception
- Commissioned legal view of constitution
- Commissioned Deloitte to support Quality Governance assessment
- Engagement process provided to OSCs
- Engagement delayed
- Estates stragey update produced for December Board

Activities next period

- Complete HDD1
- Deloitte to complete Board one to ones and update feedback report
- Hold further board time out to review Board development actions (January 6 2012)
- Consider revised SHA Provider Management Regime
- Agree time for SHA B2B

Issues for resolution and risks in next period

- Resolution of OBC approval
- Reconsider timeline for engagement and implications for overall timeline

MINUTES

Sandwell and West Birmingham Hospitals NHS
NHS Trust

FT Programme Board – Version 0.2

Venue Anne Gibson Boardroom, City Hospital **Date** 24 November 2011

Present:	Mrs Sue Davis	[Chair]	Mr Mike Sharon
	Mr Roger Trotman		Miss Rachel Barlow
	Dr Sarindar Sahota		Miss Rachel Overfield
	Mrs Gianjeet Hunjan		Mr Donal O'Donoghue
	Mr Phil Gayle		Miss Kam Dhami
	Mrs Olwen Dutton		Mrs Jessamy Kinghorn
	Mr Robert White		

Secretariat: Mr Simon Grainger-Payne

Minutes	**Paper Reference**
1 Apologies for absence	**Verbal**
Apologies were received from Professor Derek Alderson, Mr John Adler, Mr Graham Seager and Miss Neetu Sharma.	
2 Minutes of the previous meeting	**SWBFT (10/11) 068**
The minutes of the previous meeting were accepted as a true and accurate record of the discussions held on 27 October 2011.	
AGREEMENT: The minutes of the previous meeting were approved.	
3 Update on actions arising from previous meetings	**Verbal**
It was noted that there were no overdue actions or actions that required escalating for attention.	
4 FT Programme Critical Path and possible revised timetable	**SWBFT (11/11) 070** **SWBFT (11/11) 070 (a)** **SWBFT (11/11) 070 (b)**
The FT Programme Board received and noted the updated FT Programme Critical Path. Mr Sharon advised that any continued delay to the approval of the Outline Business Case (OBC) for the Midland Metropolitan Hospital would influence the	

timing of the public engagement stage of the project. Mrs Dutton asked whether the decision making process governing the start of the public engagement had been agreed. The Chair advised that this decision could be taken using Chair's discretionary authority if necessary.	
5 FT workstream high level milestone plan	**SWBFT (11/11) 077** **SWBFT (11/11) 077 (a)**
The FT Programme Board received and noted the updated FT workstream high level milestone plan. Mr Sharon highlighted that the milestone concerning the Board Committee observations was at red status. Mr Grainger-Payne advised that this reflected the outstanding meeting required with the Chair of the Quality and Safety Committee. Mr Sharon reported that an updated version of the Integrated Business Plan (IBP) would be presented at the December 2011 meeting of the FT Programme Board.	
6 Programme Director's report	**SWBFT (11/11) 072** **SWBFT (11/11) 072 (a)**
The FT Programme Board received and noted the FT Programme Director's report. Mr Sharon advised that overall the project was rated at red status due to the uncertainty over the approval of the OBC. Progress with the remainder of the actions was reported to be good. It was reported that the Historical Due Diligence work had commenced.	
7 Programme risk register	**SWBFT (11/11) 071** **SWBFT (11/11) 071 (a)**
The FT Programme Board received and noted the FT Programme Risk Register. It was noted that the residual rating against three of the risks was red, however there had not been any significant changes made to the risk register since the last meeting.	
8 Membership strategy	**SWBFT (11/11) 081** **SWBFT (11/11) 081 (a)**
Mrs Kinghorn presented the high level strategy for the management of Foundation Trust membership. The Board was advised that the strategy would need to be submitted as part of the Trust's application for Foundation Trust status and would be accompanied by a detailed action plan. The Board was asked to note that the strategy included nine objectives, including building up a membership in line with the nationally mandated guidelines. Mrs Kinghorn highlighted that a decision on the target number of members was required. The target membership was reported to be currently set at 7500,	

however it had been suggested that this should be increased to 8000 in view of the transfer of community services into the responsibility of the Trust. The Chair suggested that this figure should be set as a minimum membership and should not prevent wider engagement. Mr O'Donoghue sought clarity on the cost implications of this increase in the number of members and was advised that existing budgets could fund the necessary activity associated with an increase of 500 members. The Chair asked that within the rationale for joining the membership of the Trust, the suggestion that it provided an opportunity to apply for a role as a Non Executive Director be removed, given that a specific set of skills and experience was required for individuals applying for these positions. It was noted that the strategy did not reference the plans for the new hospital and it was agreed that this should be made explicit within the document. Mrs Kinghorn advised that work had been undertaken to educate the local population on matters over which the Trust had influence in the community, such as on public health. Plans were reported to have also been developed to target areas of under representation within the various constituencies. Mrs Kinghorn advised that the role of the Governors and the way in which they would be used within the operation and governance framework of the Trust needed to be considered. The Chair emphasised that this was a matter that should fall within the remit of the Director of Governance and the Trust Secretary to consider. The FT Programme Board approved the strategy subject to the amendments suggested.	
AGREEMENT: The FT Programme Board approved the Membership Strategy, subject to the amendments suggested	
9 Response to Deloitte Board Development report	**SWBFT (11/11) 078** **SWBFT (11/11) 078 (a)**
The Board discussed the Trust's response to the Board Development report that had been prepared by Deloitte. It was noted that there were a number of issues that would require further Board discussion and it was agreed to arrange this discussion for a future meeting	
10 Board key questions	**SWBFT (11/11) 073** **SWBFT (11/11) 073 (a)**
Mr Sharon asked the Board to note that the answers to the set key questions potentially to be asked as part of future Board to Board meetings had been updated.	
11 Seminar session of key risks	**Verbal**
Miss Dhami presented an extract of the Executive Risk Register which detailed the	

key risks to the Trust that were included in the Integrated Business Plan (IBP). The Board was asked to note that the financial implications of the risks had been evaluated by the relevant Executive Leads as part of a detailed assessment that had been undertaken for each risk. Mr Sharon reported that the risks had been incorporated within the downside scenario outlined in the IBP.

The risks were reviewed individually and key points of discussion were:

1107EXE01 – in terms of the risk regarding non-delivery of the Cost Improvement Programme (CIP), Mr Trotman advised that there was a degree of concern, given that at present delivery of the 2011/12 CIP was 10% behind plan. It was suggested that the post-mitigation assessment may be overly generous in this respect. Mrs Hunjan advised that she concurred with Mr Trotman's concerns. The Chair noted that it had been predicted that the CIP for the current year would remain delivered as planned. Mr White added that the Trust operated a robust mechanism of submitting exception reports to address any shortfalls, however he emphasised the need for the current fluctuations in income to stabilise. In terms of the shortfall in delivery by the Medicine & Emergency Care and Surgery, Anaesthetics & Critical Care divisions, an end of year position had been agreed, which was a departure from the original plan. Mr White highlighted that the resource implications should be £2.5m; not £2m as recorded.

1107EXE04 – it was noted that there was an ongoing risk of loss of accreditation by the Care Quality Commission (CQC), which if it materialised would be due to external influences.

1107EXE05 – Mrs Dutton advised that this risk should encompass the problems that would be presented, should there be a loss of key individuals from the Trust Board. It was noted however that succession planning was strong.

1107EXE07 – Mr White reported that input to the conversations with commissioners was necessary to address the risk of poor Service Line Reporting positions.

1107EXE08 – It was noted that the impact of fragmented clinical systems and processes was difficult to quantify. It was agreed that mortality reviews needed to be included within the set of mitigating actions.

1107EXE09 – Mrs Dutton suggested that the mitigation to the risk concerning future activity deviating from the 'Right Care, Right Here' trajectory needed to include the importance of fostering good relationships with local government.

1107EXE10 – It was suggested that the mitigation against the risk of loss of services and failure to grow services should be pursued at a directorate level.

1107EXE11 – It was highlighted that the reasons for the identical pre and post-mitigation scores needed to be assessed.

1111EXE01 – Mrs Dutton highlighted that the impact of the Government's plans to introduce changes to the Procurement process needed to be considered as this might have an impact on the plans for the Midland Metropolitan Hospital. Dr Sahota suggested that the risk of loss of income due to reconfiguration needed to be considered. Mrs Hunjan noted that some of the planning assumptions had changed due to reconfiguration. It was noted that some of the reconfiguration that had been undertaken had produced a positive impact. Mrs Kinghorn suggested that the risk around disengagement of staff was inconsistent with the level of other risks in the register. Mr Sharon agreed that there may need to be further work undertaken on the priorities of the risks in future.	
12 Organising for Excellence update	**SWBFT (11/11) 079** **SWBFT (11/11) 079 (a)**
The Board was asked to receive and note the progress with the Organising for Excellence action plan.	
13 Matters for information	
13.1 Monitor Board minutes – July 2011	**SWBFT (11/11) 074** **SWBFT (11/11) 075**
The FT Programme Board received and noted the minutes of Monitor's Board meeting held on 28 September 2011 and those of the special meeting on 10 October 2011.	
13.2 Monitor FT bulletin	**SWBFT (11/11) 076**
The FT Programme Board received and noted the latest Monitor FT bulletin.	
13.3 FT Programme Team minutes – October 2011	**SWBFT (11/11) 080**
The FT Programme Board received and noted the minutes of the FT Programme Team held on 13 October 2011.	
14 Any other business	**Verbal**
The Chair asked the Board to note the paper presented at the recent Birmingham and Solihull Cluster Chair's event, concerning relationships across the Cluster where a collaborative approach had been requested. The Board was asked to note the letter received from Ian Dalton CBE, the Senior Responsible Officer for the FT Pipeline at the Department of Health, which concerned the next steps to deliver an all Foundation Trust provider landscape. The Chair reported that the providers would now be invited to alternate meetings	

of the Sandwell Health and Wellbeing Board.	
15 Details of next meeting	**Verbal**
The next FT Programme Board meeting will be held on 15 December 2011 at 1300h in the Boardroom at Sandwell Hospital.	

Signed ……..

Print ……..

Date ……..

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Communications and Engagement Strategy update
SPONSORING DIRECTOR:	Jessamy Kinghorn, Head of Communications and Engagement
AUTHOR:	Jessamy Kinghorn, Head of Communications and Engagement
DATE OF MEETING:	15 December 2011

SUMMARY OF KEY POINTS:

This is the bi-annual communications and engagement update, outlining progress against the strategy and communications and engagement activity over the last six months. It includes data on media coverage, social networking, website use and membership.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to note the report.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	All
Annual priorities	Supports delivery of Trust objectives
NHS LA standards	Patient information
CQC Essential Standards Quality and Safety	
Auditors' Local Evaluation	

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

Financial		
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy	**X**	The Trust has statutory duties around the information published on its website, and must meet certain requirements around accessibility of the website and involvement of patients and the public
Equality and Diversity	**X**	
Patient Experience	**X**	
Communications & Media	**X**	
Risks		

PREVIOUS CONSIDERATION:

Bi yearly update to the Trust Board.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Listening into Action update
SPONSORING DIRECTOR:	John Adler, Chief Executive
AUTHOR:	Sally Fox. Listening into Action Facilitator
DATE OF MEETING:	15 December 2011

SUMMARY OF KEY POINTS:

This paper provides an update on the use of 'Listening into Action' within the Trust, together with the future plans for the approach.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Board is asked to RECEIVE and NOTE the update.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Continue to spread staff engagement through Listening into Action, including the delivery of the LiA 'Enabling our People' projects
Annual priorities	
NHS LA standards	
Core Standards	
Auditors' Local Evaluation	

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

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

PREVIOUS CONSIDERATION:

Trust Management Board on 13 December 2011.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Briefing on Staff Engagement for the Trust Board: Listening into Action

Trust Board – 15 December 2011

Introduction

The Trust has been using the 'Listening into Action' approach since April 2008 as the principal means of engaging with staff about improving services for patients and also their own daily experience of working within the Trust.

The approach now appears to be well embedded across the organisation. There are now 8 LiA champions in place with dedicated areas, and they have started to become involved in helping teams to work with the LiA approach. They are still receiving support from the LiA Facilitator, who continues to support teams, particularly where the issues involved are complex.

There has been increasing interest in working with patients using an LiA approach, and the most recent examples included an event for patients with coeliac disease and one for patients who have used our chemotherapy service. This approach is not just used for clinical services. The Spiritual Care event held in November included interviews recorded with patients' relatives about the support they received from the chaplaincy service.

Current position

The Executive Sponsor Group has been overseeing the LiA action plan, and a new action plan is now in place. The plan focuses on:

- Continuing to monitor LiA activity via the Executive Sponsor Group on a divisional basis
- Identifying new areas/opportunities for using the LiA approach
- Ensuring that our newly integrated community services are reporting their LiA activity via the Sponsor Group
- Reviewing the e- network of LiA leads and ensuring that this forum is used for sharing good practice
- Providing continuing support for the development of the LiA champions
- Continuing the Chief Executive's programme of regular "LiA walkabouts"
- Ensuring that there are robust mechanisms to ensure that feedback is provided to participants after LiA events
- Reviewing the communication strategy to ensure that LiA continues to be promoted within the Trust

Where next?

The Executive Sponsor Group continues to meet on a monthly basis to review the LiA work streams, and there are no plans to discontinue this reporting system at present. All divisions report on their LiA activity a rolling 3 month cycle.

There is a focus on encouraging 'patient conversations' or other methods of obtaining direct feedback from patients, prior to running any staff conversations, as this appears to be a very powerful way on engaging staff.

Recommendation

The Trust Board is asked to RECEIVE and NOTE the update.

Sally Fox
November 2011

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

REPORT TITLE:	Meeting Dates 2012
SPONSOR:	Kam Dhami, Director of Governance
AUTHOR:	Simon Grainger-Payne, Trust Secretary
DATE OF MEETING:	15 December 2011

KEY POINTS:

Meeting dates for the public Trust Board sessions are included in the corporate meeting schedule for the following dates:

- 26 January 2012 in the Anne Gibson Boardroom @ City Hospital
- 23 February 2012 in the Boardrooms, MEC @ Sandwell Hospital
- 29 March 2012 in the Anne Gibson Boardroom @ City Hospital
- 26 April 2012 in the Boardrooms, MEC @ Sandwell Hospital
- 31 May 2012 in the Anne Gibson Boardroom @ City Hospital
- 7 June 2012 in the Boardrooms, MEC @ Sandwell Hospital
- 28 June 2012 in the Anne Gibson Boardroom @ City Hospital
- 26 July 2012 in the Anne Gibson Boardroom @ City Hospital
- 30 August 2012 in the Boardrooms, MEC @ Sandwell Hospital
- 27 September 2012 in the Anne Gibson Boardroom @ City Hospital
- 25 October 2012 in the Boardrooms, MEC @ Sandwell Hospital
- 29 November 2012 in the Anne Gibson Boardroom @ City Hospital
- 20 December 2012 in the Boardrooms, MEC @ Sandwell Hospital

The meetings remain monthly, alternating between City and Sandwell sites and all (apart from the December meeting) will be held at 1530h on the final Thursday of the month.

PURPOSE OF THE REPORT:

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○ **Approval** ◉ **Noting** ○ **Discussion**

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is requested to note the schedule of dates for 2012.