Sandwell and West Birmingham Hospitals NHS
NHS Trust

AGENDA

Trust Board – Public Session

Venue Churchvale/Hollyoak Rooms, Sandwell Hospital **Date** 24 February 2011; 1430h - 1630h

Members

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

In Attendance

Mr G Seager	(GS)	
Miss K Dhami	(KD)	
Mrs J Kinghorn	(JK)	
Mrs C Rickards	(CR)	
Mr J Cash	(JC)	[Sandwell LINks]

Guests

Mrs D Talbot	(DT)	[Item 7]
Mr A Coulson	(AC)	[Item 7]

Secretariat

Mr S Grainger-Payne	(SGP)	[Secretariat]

Item	Title		Lead
1	**Apologies**	**Verbal**	**SGP**
2	**Declaration of interests** *To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting*	**Verbal**	**All**
3	**Chair's opening comments**	**Verbal**	**Chair**
4	**Minutes of the previous meeting** *To approve the minutes of the meeting held on 27 January 2011 as true and accurate records of discussions*	**SWBTB (1/11) 024**	**Chair**
5	**Update on actions arising from previous meetings**	**SWBTB (1/11) 024 (a)**	**Chair**
6	**Questions from members of the public**	**Verbal**	**Public**
	PRESENTATION		
7	**Patient experience update – Learning disability**	**SWBTB (2/11) 034** **SWBTB (2/11) 034 (a)**	**DT/ AC**
	MATTERS FOR APPROVAL		
8	**Register of Interests**	**SWBTB (2/11) 044** **SWBTB (2/11) 044 (a)**	**SGP**
9	**Emergency Department workforce business case**	**SWBTB (2/11) 043** **SWBTB (2/11) 043 (a)**	**JA**

MATTERS FOR INFORMATION/NOTING			
10	**Quality and Governance**		
10.1	Infection Control quarterly update	SWBTB (2/11) 031 SWBTB (2/11) 031 (a)	BAO
10.2	Cleanliness quarterly update	SWBTB (2/11) 032 SWBTB (2/11) 032 (a)	RO
10.3	Equality and diversity update	SWBTB (2/11) 035 SWBTB (2/11) 035 (a) SWBTB (2/11) 035 (b)	RO
10.4	Assurance Framework – Quarter 3 update	SWBTB (2/11) 026 SWBTB (2/11) 026 (a)	SGP
11	**Strategy and Development**		
11.1	'Right Care, Right Here' programme: progress report	SWBTB (2/11) 042 SWBTB (2/11) 042 (a)	MS
11.2	New acute hospital project: progress report	SWBTB (2/11) 029 SWBTB (2/11) 029 (a)	GS
12	**Performance Management**		
12.1	Monthly finance report	SWBTB (2/11) 030 SWBTB (2/11) 030 (a)	RW
12.2	Monthly performance monitoring report	SWBTB (2/11) 041 SWBTB (2/11) 041 (a)	RW
12.3	NHS Performance Framework monitoring report	SWBTB (2/11) 037 SWBTB (2/11) 037 (a)	RW
13	**Update from the Board Committees**		
13.1	Finance and Performance Management Committee		
▶	Draft minutes from meeting held 17 February 2011	To follow	RT
14	**Any other business**	**Verbal**	**All**
15	**Details of next meeting** *The next public Trust Board will be held on 31 March 2011 at 1430h in the Anne Gibson Boardroom , City Hospital*	**Verbal**	**Chair**
16	**Exclusion of the press and public** *To resolve that representatives of the Press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).*	**Verbal**	**Chair**

Sandwell and West Birmingham Hospitals NHS
NHS Trust

MINUTES

Trust Board (Public Session) – Version 0.2

Venue Anne Gibson Boardroom, City Hospital **Date** 27 January 2011

Present:

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

In Attendance:

Miss Kam Dhami		Mr Graham Seager		Mrs Jessamy Kinghorn	
Mrs Debbie Talbot	[Part]	Mrs Emma Tyson	[Part]	Dr Bill Thomson	[Part]

Secretariat:

Mr Simon Grainger-Payne

Minutes	**Paper Reference**
1 Apologies for absence	**Verbal**
Apologies were received from Mr Gary Clarke, Mrs Chris Rickards and Mr John Cash (Sandwell LINks).	
2 Declaration of Interests	**Verbal**
Mrs Dutton advised that she had recently been appointed as a Partner of Bevan Brittan LLP. The Board was informed that the Register of Interests would be updated to reflect this interest.	
3 Chair's Opening Comments	**Verbal**
The Chair congratulated Mr Kirby on his recent appointment as Chief Executive of Walsall Hospitals NHS Trust. The Chair read a letter from Mr John Cash from Sandwell LINks, who wished the Board seasons greetings and advised that he would be reattending future meetings of the Trust Board. Mrs Dutton joined Mr Cash's praise for the Board and hospitals, advising that during her recent inpatient stay she had experienced good nursing care.	

4 Minutes of the previous meeting	**SWBTB (12/10) 261**
The minutes of the previous meeting were presented for approval and were accepted as a true and accurate reflection of discussions held on 16 December 2010.	
AGREEMENT: The Trust Board approved the minutes of the last meeting	
5 Update on actions arising from previous meetings	**SWBTB (12/10) 261 (a)**
The updated actions list was reviewed and it was noted that there were no outstanding actions requiring discussion or escalation.	
6 Questions from members of the public	**Verbal**
There were no members of the public in attendance at this meeting.	
7 Patient Experience update – falls	**Presentation** **SWBTB (1/11) 018** **SWBTB (1/11) 018 (a)**
Miss Overfield introduced Mrs Debbie Talbot, Assistant Director of Nursing and Mrs Emma Tyson, Practice Development Nurse. Mrs Tyson presented a summary of the current position and measures being taken to reduce the incidence of falls in the Trust. A key part of the action plan was highlighted to raise the awareness of falls across the Trust. Mr White asked whether there were any moving and handling issues for staff in relation to the new low profile beds. He was advised that this was not the case, as the beds may be raised vertically to prevent any unnecessary strain. Mr Adler asked what factors influenced the rate of falls on a ward. Mrs Tyson advised that staffing numbers and the level of activity were key factors in determining the rate of falls in an area. It was highlighted that there is a higher incidence of falls at Sandwell Hospital, possibly due to the configuration of the wards where patients are less visible than on the Nightingale-style wards at City Hospital. Miss Overfield agreed that the ability to observe a patient is critical to reducing falls. Mrs Dutton suggested that different coloured wash basins and toilets might allow people with dementia to recognise more easily the sanitary ware and therefore to falls are less likely. Signage and automatic lights were also noted to be being considered as further means of reducing falls in toilets and bathrooms. The Board was advised that cushioned flooring is to be being installed into appropriate rooms in the new hospital in order to reduce the number of fractures from falls. Mrs Tyson advised that a key measure to be introduced concerns improving the ward staff's understanding of the patient, such as whether	

he or she suffers from impaired vision. A questionnaire is therefore being introduced to be completed when the patient arrives to capture this information. Referring to the presentation given and the patient that had not had a good experience in the Trust, Professor Alderson asked whether a consultant had met with the individual. He was advised that this was not the case. Professor Alderson asked whether this should be made mandatory when complaints of this nature are raised. It was agreed that the intervention of a consultant early in the proceedings would have been beneficial in this instance. Mrs Tyson added that some consultants do encourage patients or relatives to attend Multi Disciplinary Team (MDT) meetings. Miss Overfield advised that the triumvirate approach at ward level would lend itself well to this type of engagement activity. Mr O'Donoghue remarked that there had been a good improvement recently with the way consultants deal with complaints made, however some additional training was required in this area. Miss Dhami advised that this training was planned. Mrs Talbot and Mrs Tyson were thanked for their informative presentation.	
8 Future provision of procurement (contracting) services	**SWBTB (1/11) 019** **SWBTB (1/11) 019 (a)**
Mr White advised that the proposal for the future provision of procurement services had been discussed in detail and supported by the Finance and Performance Management Committee. The Board was advised that the successor body to the current provider, the Heathcare Purchasing Consortium (HPC) has been identified as Health-Trust LLP. University Hospitals Coventry and Warwickshire NHS Trust (UHCW) was reported to be the lead organisation which has signed a framework agreement to take on the staff and work programme previously undertaken by HPC. UHCW was reported to be encouraging customers, including the Trust, to sign up to the framework. Mr White reported that the Finance and Performance Management Committee took the view that the Trust should join the framework, but retain flexibility with the use of the West Midlands Procurement Alliance. The Trust Board unanimously supported the proposal as recommended by the Finance and Performance Management Committee.	
AGREEMENT: The Trust Board accepted the Finance and Performance Management Committee's recommendation to join Health-Trust LLP	
9 Variation to the current registration with the Care Quality Commission	**SWBTB (1/11) 020** **SWBTB (1/11) 020 (a)**
Miss Dhami advised that as a consequence of the Transforming Community	

Service (TCS) plans, there had been a need to amend the existing registration with the Care Quality Commission (CQC). The request to vary the registration had therefore been submitted to the deadline of 1 January 2011. It was noted that Sandwell PCT was already registered with the CQC without conditions. The Board was advised that steps had been taken to confirm Sandwell PCT's ongoing compliance with its registration and as such, Quarter 2 and Quarter 3 returns to the CQC had been reviewed, together with an internal audit review of the self-assessment process. The key amendment to the registration was highlighted to concern the additional locations from which services are to be delivered. The Trust Board unanimously retrospectively approved the variation to the Trust's registration with the CQC.	
AGREEMENT: The Trust Board unanimously retrospectively approved the variation to the Trust's registration with the CQC	
10 Quality and Governance	
10.1 Integrated risk, complaints and claims update – Quarter 2	**SWBTB (1/11) 016** **SWBTB (1/11) 016 (a)**
Miss Dhami presented the quarterly update on risk, complaints and claims, advising that the report had been discussed in detail by the Governance and Risk Management Committee. The Board was advised that the overall number of incidents had increased, although there had been a reduction in the number of Health and Safety incidents. The significant increase in red incidents was highlighted to be reflective of the drive to report falls and inclusion of Grade 3 and 4 pressure sores. Miss Dhami advised that there remained further work to do to improve the reporting of yellow and green incidents, although the Board was advised that the electronic reporting system due to introduced shortly may assist. Miss Dhami advised that the number of complaints received had declined. There was reported to be a significant backlog of complaints needing to be responded to, which the Board was advised was mainly attributable to the more comprehensive responses that are now provided which require more detailed investigation and analysis. It was reported that extra staff have been recruited to assist with handling the backlog. The Board was asked to note that PALS information was included in the report. Dr Sahota asked why there had been a rise in record keeping incidents. Mr O'Donoghue advised that much work had been undertaken to raise the profile of these incidents therefore more are being reported. The main issue was reported to concern legibility of notes, rather than availability.	

The Chair asked whether referrals to the Ombudsman should be reviewed by the Trust Board. Miss Dhami advised that these matters are considered by the Adverse Events Committee and the Governance and Risk Management Committee. She also reported that the Health Service Ombudsman is suggesting that a payment should be made in future for some complaints where stress has been caused to the individual. Mr Adler suggested that the Trust Board should see letters from the Ombudsman in future through a report to the Governance and Risk Management Committee, with the Trust Board being informed of cases by exception.	
ACTION: Miss Dhami to prepare a report for the March meeting of the the Governance and Risk Management Committee, presenting cases that have been referred to the Health Service Ombudsman	
10.2 Annual radiation protection update	**SWBTB (1/11) 017** **SWBTB (1/11) 017 (a)**
Dr Bill Thomson joined the meeting to present the annual radiation protection report. Mr O'Donoghue asked whether the figures for the radiation dosage delivered to the local population per annum were available. He was advised that the NPSA calculates this on a national basis, although the information is not available on a Trust-specific basis. Professor Alderson remarked that the new high resolution CT scanners may deliver a high dosage of radiation to particular organs. Dr Thomson agreed that this was possible and there had been concern expressed particularly for breast scans. He advised however, that the use of high resolution scanners in the UK was below that in the United States, from where the concerns had first been raised. Mr White advised that scanning was a particularly high cost modality to deliver given the frequent and often unpredictable need to replace tubes in the machines. Dr Thomson advised that procedures are in place now to ensure that the lifetime of the tubes is maximised by warming them up before operation. Mr Trotman asked whether there was any evidence that patients are being referred for scans unnecessarily. Dr Thomson advised that in the UK, radiologists vet the requests for scans under the requirements of the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER), which reduces the number of unnecessary scans. Mr Kirby advised that although the use of most modalities in Imaging is steady, the use of CT scanners was noted to have increased significantly over the last two years. The Board was advised that the Imaging team is reviewing and strengthening the procedure to assess the need where more than one modality is requested per person.	

Dr Thomson was thanked for this useful report to the Trust Board.	
11 Strategy and Development	
11.1 'Right Care, Right Here' programme: progress report	**SWBTB (1/11) 008** **SWBTB (1/11) 008 (a)**
Mr Sharon presented the latest 'Right Care, Right Here' programme progress report, which the Board received and noted. With reference to the gynaecology community work, Mr Kirby highlighted that there had been lower than expected take up of the outpatients facilities by women to date, although it is anticipated that this position will improve in the coming months.	
11.2 New acute hospital project: progress report	**SWBTB (1/11) 002** **SWBTB (1/11) 002 (a)**
Mr Seager reported that the power to use the Compulsory Purchase Order had been granted to the Trust by the Secretary of State. The Board was advised that queries in relation to the Outline Business Case from the Department of Health are being addressed and approval is awaited. Commercial documentation was reported to be being prepared and the IM and T strategy has been slightly amended to ensure that the vision of the digital infrastructure for the new hospital is presented. Mr Seager was asked to circulate a copy of the recent Gateway Review of the project.	
ACTION: Mr Seager to circulate the Gateway Review report of the New Hospital project	
12 Performance Management	
12.1 Monthly finance report	**SWBTB (1/11) 006** **SWBTB (1/11) 006 (a)**
Mr White presented the finance report for the period April – December 2010, which was noted to have been discussed in detail by the Finance and Performance Management Committee. The Board was advised that for the period 1 April 2010 to 31 December 2010, the Trust had achieved a 'bottom line' surplus of £1,205,000 which is £158,000 better than the planned position and was on course to deliver the planned end of year surplus. The non-pay overspend that had been highlighted at the previous meeting was discussed and was noted to relate principally to the Medicine and Emergency Care, Pathology, and Corporate Services areas. Pathology overspend was reported to relate to high expenditure on drugs and blood products due to higher than planned activity and direct consumables. All divisions and corporate services were reported to have an adverse variance in relation to postage, printing and stationery.	

The cash position was reported to be healthy, although as noted by the Finance and Performance Management Committee, there is a need to ensure that debtors are well managed. It was highlighted that at the meeting of the Finance and Performance Management Committee that Mrs Dutton had pointed out that the plans for the recovery of debts from future GP consortia needed to be finalised.	
12.2 Monthly performance monitoring report	**SWBTB (1/11) 022** **SWBTB (1/11) 022 (a)**
Mr White presented the performance monitoring report and advised the Trust Board that it had been reviewed in detail by the Finance and Performance Management Committee. It was highlighted that the ongoing winter pressures were making it difficult to achieve the targets relating to delayed transfers of care, Accident and Emergency waiting times, and ambulance turnaround times. The Board was advised that the plans for improving performance against the stroke care target had been presented at a recent meeting of the Trust Management Board. No MRSA bacteraemia cases were reported during the month and the incidence of *C difficile* infections was highlighted to have remained low. Sickness was reported to have remained relatively high in December 2010. Performance against the VTE assessment target was reported to have reached 86%, which the Chair noted was a significant improvement on previous performance. Mr Trotman reported that theatre utilisation had been discussed at the latest meeting of the Finance and Performance Management Committee, at which it had been agreed that a further update would be received in March which would look at the total minutes lost due to sessions starting late.	
12.3 NHS Performance Framework update	**SWBTB (1/11) 011** **SWBTB (1/11) 011 (a)**
Mr White presented the NHS Performance Framework update for information. It was highlighted that the framework had been amended in line with the requirements of the Operating Framework. The Trust Board received the report and was pleased to note that the Trust remains classified as a 'performing' organisation.	
12.4 Progress against corporate objectives	**SWBTB (1/11) 005** **SWBTB (1/11) 005 (a)**
Mr Sharon presented the quarterly update on progress towards achieving the Trust's corporate objectives for receiving and noting. The Board was advised that there had been little change since the	

previous version of the report.	
13 Operational Management	
13.1 Same sex accommodation	**SWBTB (1/11) 003** **SWBTB (1/11) 003 (a)**
Mr Kirby reported that the delivery of the workplan agreed by the Trust Board at its meeting in November was underway and seven out of twenty wards had been reconfigured to satisfy the same sex accommodation requirements. Thanks were expressed to the ward managers and matrons who had ensured that the changes to date had been delivered smoothly. Mrs Dutton asked for a reminder of the issues that had been anticipated as part of the reconfiguration. Miss Overfield advised that treatment of mixed speciality and the handling of gender-specific issues were of concern initially, although there appeared to have been few difficulties at present. It was agreed that Mr Adler should write to those involved with the changes to express his thanks for their efforts. It was highlighted that the delivery of same sex requirements in assessment units is difficult, given the current bay arrangements. The number of breaches was reviewed, where it was noted the majority had been incurred in assessment units, with few breaches on main wards. The Chair asked whether the Trust's position in a national context was poor. She was advised that the Trust is not an outlier in respect of the number of breaches incurred. The Board was advised that in agreement with the Strategic Health Authority, 'passing through' breaches on the City Hospital Nightingale-style wards would not be reported until 1 April 2011 in line with the Trust's action plan.	
ACTION: Mr Adler to send a letter of thanks to the ward managers and matrons involved with the same sex accommodation work	
14 Update from the Board Committees	
14.1 Finance and Performance Management Committee	**SWBFC (12/10) 148** **Hard copy paper**
The Trust Board received and noted the minutes of the Finance and Performance Management Committee from the meeting held on 16 December 2010 and the draft minutes from the meeting held on 20 January 2011.	
14.2 Audit Committee	**SWBAC (12/10) 063**
The Trust Board received and noted the minutes of the Audit Committee from the meeting held on 2 December 2010.	
14.3 Governance and Risk Management Committee	**SWBGR (11/10) 065**

The Trust Board received and noted the minutes of the Governance and Risk Management Committee from the meeting held on 18 November 2010.	
14.4 Charitable Funds Committee	**SWBCF (12/10) 026**
The Trust Board received and noted the minutes of the Charitable Funds Committee from the meeting held on 2 December 2010.	
15 Any other business	
There was none.	
16 Details of the next meeting	**Verbal**
The next public meeting of the Trust Board will be held on 24 February 2011 at 1430h in the Churchvale/Hollyoak Rooms at Sandwell Hospital.	
17 Exclusion of the press and public	**Verbal**
The Board resolved that representatives of the Press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1 (2) Public Bodies (Admission to Meeting Act 1960).	

Signed: .....

Name: .....

Date: .....

Next Meeting: 24 February 2011, Churchvale/Hollyoak Rooms @ Sandwell Hospital

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

27 January 2011 - City Hospital

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

In Attendance: Mr G Seager (GS), Miss K Dhami (KD), Mrs J Kinghorn (JK)

Apologies: Mr G Clarke (GC), Mrs O Dutton (OD), Mrs C Rickards (CR)

Secretariat: Mr S Grainger-Payne (SGP)

Last Updated: 17 February 2011

Reference	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status
SWBTBACT.135	Equal pay audit	SWBTB (11/10) 231 SWBTB (11/10) 231 (a)	25-Nov-10	Arrange for the apparent pay inequality issues in medical staff to be discussed by the Finance and Performance Management Committee	RO	16-Dec-10	Will be included on the agenda of the March 2011 meeting of the Finance and Performance Management Committee to coincide with the next presentation of the HR dashboard	G
SWBTBACT.137	Integrated risk, complaints and claims update - Quarter 2	SWBTB (1/11) 016 SWBTB (1/11) 016 (a)	27-Jan-11	Prepare a report for the March meeting of the Governance and Risk Management Committee, presenting cases that have been referred to the Health Service Ombudsman	KD	24-Mar-11		G
SWBTBACT.139	Same sex accommodation update	SWBTB (1/11) 003 SWBTB (1/11) 003 (a)	27-Jan-11	Send a letter of thanks to the ward managers and matrons involved with the same sex accommodation work	JA	24-Mar-11		G
SWBTBACT. 123	Equality and Diversity update	SWBTB (4/10) 075 SWBTB (4/10) 075 (a) SWBTB (4/10) 075 (b)	29-Apr-10	Determine the source of the request to determine whether patients are asylum seekers or immigrants	RO	27-May-10	The need to capture socio-economic information is a requirement of the new Equality Bill as referred to within the E & D update to be considered as part of the February meeting of the Trust Board	B
SWBTBACT. 124	Equality and Diversity update	SWBTB (4/10) 075 SWBTB (4/10) 075 (a) SWBTB (4/10) 075 (b)	29-Apr-10	Present the Trust's position regarding the requirements of the new Equality Bill at the next Trust Board seminar	RO	27-May-10	Included within E & D update to be considered as part of the February meeting of the Trust Board	B
SWBTBACT.136	Monthly finance report	SWBTB (12/10) 255 SWBTB (12/10) 255 (a)	16-Dec-10	Arrange for a breakdown of non-pay overspend to be produced	RW	27-Jan-11	Discussed as part of the Financial Performance section of the Trust Board meeting in January	B
SWBTBACT.138	New acute hospital project: progress report	SWBTB (1/11) 002 SWBTB (1/11) 002 9a)	27-Jan-11	Circulate the Gateway Review of the new hospital project	GS	24-Feb-11	Report circulated by SGP as requested	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

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Patient Experience – Learning Disability
SPONSORING DIRECTOR:	Rachel Overfield, Chief Nurse
AUTHOR:	Diane Rhoden, Adult Safeguarding Nurse and Debbie Talbot, Assistant Director of Nursing
DATE OF MEETING:	24 February 2011

SUMMARY OF KEY POINTS:

The purpose of the report is to present to the Trust Board a real patient experience concerning Learning Disability and to update the Board on the current position regarding patients being admitted with a diagnosed learning disability, together with the action plan to handle this category of patients.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	1.2 Continue to improve patient experience. 2.3 Vulnerable children and adults – improve protection and care.
Annual priorities	1.2 Continue to improve patient experience. 2.3 Vulnerable children and adults – improve protection and care.
NHS LA standards	2.3.3 Safeguarding Adults
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 11, Outcome 7 – Safeguarding people who use services from abuse. 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:

Not previously considered by the Trust Board.

Report Title	Patient Experience – Learning Disability
Meeting	Trust Board
Author	Diane Rhoden Adult Safeguarding Nurse and Debbie Talbot, Assistant Director of Nursing
Date	24th February 2011

1.0 Introduction

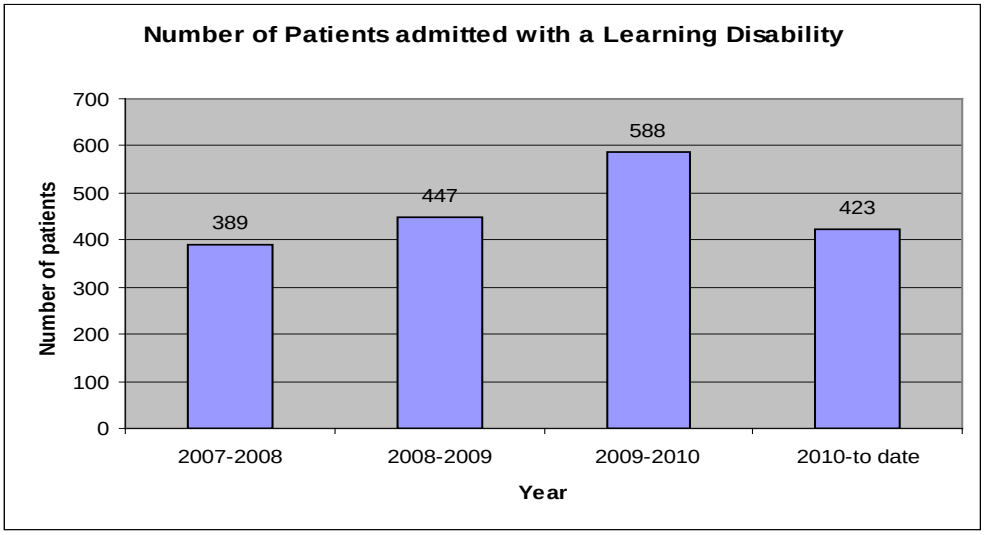
- The World Health Organisation defines learning disabilities as 'a state of arrested or incomplete development of mind'. Somebody with a learning disability is said also to have 'significant impairment of intellectual functioning' and 'significant impairment of adaptive/social functioning' However it should be noted that People with LDs are people first and foremost, they are brothers, sisters, uncles, aunts, neighbours, friends.
- There is no official statistic that tells us how many people there are with learning disabilities in the UK.
- Department of Health suggest the numbers are around 160,000 adults with severe and profound learning disabilities in England
- It is thought that 2.5% of the population have a learning disability.

There have been a number of national documents published since the Mencap report Death by Indifference (March 2007) whereby Mencap clearly stated they believed that there is institutional discrimination within the NHS. The Disability Rights Commission (DRC) published the results of a formal investigation into physical health inequalities experienced by people with learning disabilities and mental health problems. The investigation showed that people with a learning disability (LD) receive fewer screening tests and fewer health investigations.

2. Current Position SWBH

2.1

The graph below identifies the number of patients who were admitted to SWBH with a diagnosed LD, the data for 2010-2011 is till the end of the third quarter. The graph shows that there has been an increase year on year of patients admitted with an LD, we expect this to continue for the years to come due to increasing Healthcare Checks by GP's and subsequent referrals into the Acute Trust.



2.2

The highest proportion of patients admitted into the Trust are admitted to Paediatrics. The next highest is within general medicine. There are a surprisingly low number of patients admitted to cardiology with only 4 in the current year as coronary conditions are known to be a common co-morbidity of people with certain LDs such as Down's Syndrome.

Due to a safeguarding incident that has recently occurred within maternity services a specialised clinic with longer clinic time slots has commenced and so it is expected that the Trust will see and increase number of patients in maternity services.

2.3

It is recognised that as a Trust the number of patients admitted to the Trust with an LD is currently under recognised. This is because patients are not admitted into the Trust because of their Learning Disability but because of an acute medical condition so the data relies on the clinical coding of patients as a secondary category.

2.4

Changing our Lives, an organisation who advocates for service users and carers and who is involved nationally with setting standards for people with a learning disability, was invited by the Trust in 2009 to audit our services and follow a patients pathway through the organisation.

- The audit report formed an action plan which included the need for Learning Disability Facilitators to be accessed from the community.
- Currently we have facilitators from Birmingham walking wards at City Hospital to identify patients and then assisting with any issues. It is hoped that Sandwell Hospital will have its own Learning Disability Facilitator funded by the Local Authority in post by the end of March.
- A good practice checklist was devised with the aid of Birmingham Health Facilitators and is easily accessible on the Trust intranet.
- Every ward and department received a Communication Folder with pictures of every day items and needs to help with communicating with patients.
- Work is continuing around the area of training for staff and it is envisaged that the Sandwell based health facilitator role will take on much of this responsibility.

2.5

To improve patients and staff access to the specialised services, as identified above, it is anticipated that the Trust will work with the Health Facilitator service to access databases that some GP's already hold of patients that are registered with each GP practice and have a learning disability. It is anticipated that this data will be inputted onto trust IT systems then when a patient with LD is admitted to the hospital an e-mail can be sent to the Health Facilitators so that they can be included within the care of the patient.

2.6

Clinical incidents and Safeguarding alerts currently are not recorded and categorised as to whether the person has a learning disability. However from red table top investigations and safeguarding investigations the current themes are known, these include

- Patients deemed as non-compliant with medication and treatment however a formal assessment of capacity function is not recorded. A patient cannot be deemed non-compliant if they do not understand the consequences of their actions.
- Quality of life decisions being made without discussion with patients and or family and carers. This then affects the course of treatment that the patient receives.
- Assumptions that altered clinical observations are 'normal'
- In the case of patients who are deemed to lack capacity and who have no-one but paid carers to help them make life sustaining treatment decisions then Independent Mental Capacity Advocates should be instructed. There are incidences where this has not occurred.
- A Clinical incident investigation identified concerns that patients admitted into A&E are not necessarily following the same pathway as a person admitted without a Learning Disability.
- It has been identified that staff do not understand that carers whether informal or paid have a large amount of quality information about the patient that would help us with our decision making.
- Patients who present with a challenging behaviour are being referred to Mental Health services.

2.7

Safeguarding training is to include a scenario of a patient being admitted to the Trust with a LD. There is also to be a specific training package to focus on communication issues and most common co-morbidities of patients with a LD

3 Conclusions

There are national reports which have identified the inequalities within healthcare even stating that the NHS is institutionally discriminating against people with a Learning Disability.

There is progress being made within the Trust with regards to the needs of patients admitted with a learning disability and there is access to specialised support and advice for patients, carers and staff, however there is much still to do to ensure that patients are all treated equally and in a timely fashion.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Register of Interests
SPONSORING DIRECTOR:	Kam Dhami, Director of Governance
AUTHOR:	Simon Grainger-Payne, Trust Secretary
DATE OF MEETING:	24 February 2011

SUMMARY OF KEY POINTS:

The routine update of the Register of Interests for the members of the Trust Board is presented for approval.

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

Approval	Receipt and Noting	Discussion
X		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to approve the revised Register of Interests.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	None specifically, although reflects good governance within the Trust
Annual priorities	
NHS LA standards	
CQC Essential Standards of Quality and Safety	
Auditors' Local Evaluation	Supports the internal control dimension

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

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

PREVIOUS CONSIDERATION:

The Register of Interests was last reviewed by the Trust Board in September 2010.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

`

REGISTER OF INTERESTS AS AT FEBRUARY 2011

Name	Interests Declared
Trust Chair	
Sue Davis CBE#	▪ Chair – Cruse Bereavement Care, Sandwell ▪ Director – West Midlands Constitutional Convention ▪ Non paid Board member – West Midlands Social Inclusion Forum
Non-officer Members	
Roger Trotman	▪ Non-Executive Director – Stephens Gaskets Ltd ▪ Non-Executive Director – Tufnol Industries Trustees Ltd ▪ Non-Executive Director – Stephens Plastic Mouldings Ltd. ▪ Member – Business Voice West Midlands Ltd. ▪ Member – Advantage West Midlands – Regional Finance Forum
Gianjeet Hunjan	▪ Governor – Great Barr and Hamstead Children's Centre ▪ Governor – Ferndale Primary School ▪ Local Authority Governor – Oldbury College of Sport ▪ Member – GMB Trade Union ▪ Member – Managers in Partnership/UNISON ▪ Treasurer – Ferndale Primary School Parents Association
Sarindar Singh Sahota OBE	▪ Non Executive Director – Business Voice West Midlands Ltd ▪ Trustee – Acorns Hospice ▪ Director – Sahota Enterprises Ltd ▪ Director – Sahota Properties Ltd ▪ Member – Ladywood Skills Academy ▪ Member – Birmingham & Solihull Chamber of Commerce Council
Derek Alderson	Member – Council of Royal College of Surgeons of England
Gary Clarke	Lead Officer – Dorcas Housing & Committee Support Association Ltd
Olwen Dutton	▪ Director – West Midlands European Centre ▪ Partner – Bevan Brittan LLP

At the Trust Board meeting held on 26 March 2009, Mrs Davis declared that her husband had been appointed as Chair of South Birmingham PCT Provider Board

Name	Interests Declared
Officer Members	
John Adler	Adviser – Guidepoint Global
Donal O'Donoghue	Director – Amo Amas Limited
Richard Kirby	Trustee – Birmingham South West Circuit Methodist Church
Rachel Overfield	None
Mike Sharon	None
Robert White	▪ Director – Midtech clg ▪ National Committee Member – HFMA Financial Management & Research Committee
Associate Members	
Graham Seager	None
Kam Dhami	None
Jessamy Kinghorn	None
Trust Secretary	
Simon Grainger-Payne	None

February 2011

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Business Case for Investment in the ED Strategic Workforce Plan
SPONSORING DIRECTOR:	Chief Executive/Medical Director/Chief Nurse
AUTHOR:	Karen Mitchell/Andrew Brown
DATE OF MEETING:	24 February 2010

SUMMARY OF KEY POINTS:

The attached paper sets out the business case for significant investment in the workforce of the Emergency Departments across both acute sites, in preparation for the move to a single department in the new acute hospital.

The case is predicated on detailed work to establish the required level of staffing across different disciplines, in order to ensure compliance with established standards and improve quality, safety and productivity. The model includes a movement towards a Rapid Assessment Model which is designed to improve flow and timely clinical decision making.

Given the size of the proposed overall investment, a priority order has been agreed and it is recognised that final decisions will be dependent on the outcome of financial planning.

The business case was presented to and supported by the Finance and Performance Management Committee at its meeting held on 17 February 2011.

Approval	Receipt and Noting	Discussion
X		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

It is recommended that the Trust Board:

- Approves the investment strategy set out in this paper
- Endorses the order of priority as described (noting the pre-commitments already made)
- Asks the Director of Finance to incorporate the investments required into financial planning for 2011/12, noting the order of priority
- Notes that the extent of the available investment will depend on the outcome of contractual negotiations for 2011/12 and other aspects of financial planning (including development of the Cost Improvement Programme)
- Takes final decisions on investment as part of the sign-off of the 2011/12 Financial Plan in March 2011.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	High Quality Care
Annual priorities	Improve A&E Services (2011/12 draft objective)
NHS LA standards	
CQC Essential Standards Quality and Safety	Key standards relating to quality and safety
Auditors' Local Evaluation	

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

Financial	X	As set out in the business case
Business and market share	X	Impacted by RCRH urgent care model
Clinical	X	Significant changes in clinical models of care
Workforce	X	Includes new roles e.g physicians assistants and remodelling of junior doctor roles
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience	X	Will impact beneficially on patient experience through rapid assessment model
Communications & Media		
Risks		Principal risk relates to inability to recruit high quality additional staff

PREVIOUS CONSIDERATION:

ED Action Team, Strategic Investment Review Group and Finance and Performance Management Committee on 17 February 2011.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report to the Trust Board – February 2011

Business Case for Investment in the Emergency Department Strategic Workforce Plan

1. Introduction

In October 2010 the Division presented an urgent business case to SIRG to address the short fall in the Emergency Department (ED) consultant workforce. Based on this, approval was given to:

- Appoint 3 Locum consultants as existing Consultants depart.
- Recruit to 6 substantive consultant posts (3 replacement and 3 new).

A further paper was presented to two extraordinary meetings of SIRG in December and January, which provided a more comprehensive assessment of the need for further investment in the Trust's Emergency Departments which encompasses junior medical, nursing and non-medical practitioner staffing levels. SIRG undertook its deliberations jointly with the ED Action Team and Division of Medicine and Emergency Care. These recommendations can therefore be taken to have the endorsement of the Directorate, Division, ED Action Team and SIRG itself. This includes the relevant senior clinical staff.

2. Expenditure, Activity and Income Profile.

A summary is provided below, whilst more detail is attached in Appendices 1 & 2.

The Trust's EDs have an annual budget of £11,390,709 (2010/11) and are expected to generate income of £17,159,980 thereby making a contribution to indirect costs and overheads of £5,769,271 (34%).

The EDs employ 220.13 WTE and have a pay bill of £10,454,512.

Contracted activity levels for 2010/11 are:

City Hospital : 108,344
SGH : 83,501
Total : 191,845

3. Strategic Context

The single most important factor required to deliver a high quality, timely and clinically effective service for patients is proper staffing of the whole Emergency system. National standards for staffing in Emergency Departments were issued in December 2008 in 'The Way Ahead' document from The College of Emergency Medicine (CEM). These standards focused on clinical decision makers, i.e. the staff groups responsible for discharge and admission decisions. In March 2009 The Healthcare Commission investigation into Mid Staffordshire NHS Foundation Trust endorsed these recommendations as a level of staffing that Trusts should be aiming to achieve. This method of calculating staffing levels has also

been adopted by the West Midlands Quality Review Service (WMQRS) for its peer review of the 17 Emergency Departments in the West Midlands.

In October 2010 the WMQRS undertook a review of both of the Trust's EDs. Formal feedback after the event highlighted workforce issues, with the view expressed that both departments required additional medical staff to effectively manage the current workload. Similar issues were raised regarding nurse staffing levels, and it was recommended that this was kept under review. The official written report has now been received, reinforcing the verbal feedback received.

The CEM standard for staffing is based upon the number of patients that should be seen by each grade of clinician in a 12 month period – the standard details a range of patient numbers, and clinical presentations. Taking the average number of patients seen by each group of clinicians, analysis of present staffing levels, using the CEM standard, revealed that Sandwell ED is staffed for 40,300 patients annually (attendances are 83,000 patients per annum) and City ED is staffed for 75,400 patients (attendances are 109,000 patients per annum).

Current Establishment – Sandwell

Grade	Numbers currently in post	Average number of pts seen per year	Total pt numbers seen per annum
Consultant	x 4	1400	5,600
Middle Grade	x 8	2000	16,000
Junior Doctor	x 8	1700	13,600
ENP/PP	x 3.4 *****	1500	5,100
	TOTAL		40,300

***** These posts are not substantively funded, non-recurring funding from Sandwell PCT ends in March 2011. There are 0.8 wte Physio Practitioners (PPs) who are employed by Sandwell PCT; however the 2.6 wte Emergency Nurse Practitioners (ENPs) are employed on substantive contracts by SWBH. If funding is not continued after 31st March 2011, this will create as cost pressure of £126,000.

Current Establishment – City

Grade	Numbers currently in post	Average number of pts seen per year	Total pt numbers seen per annum
Consultant	x 5	1400	7,000
Middle Grade	x 8	2000	16,000
Junior Doctor/PA	x17	1700	28,900
ENP	x 7	1500	10,500
GP service	*****	13,000	13,000
	TOTAL		75,400

***** The GP service in place at City ED provides cover for 12 hours per day and is staffed by GPs working on a sessional basis. There is a budget of £380,000 to cover this service.

The number of patients seen by consultants appears to be low because of the time that they spend supervising the clinical work of other staff, their non-clinical programmed activity and their clinical commitments which do not involve direct face to face contact with patients.

Both departments also currently have F1 doctors allocated to them; however these have not been included in the numbers above as they should be regarded as supernumerary. There are 4 F1 doctors in total, and they average seeing 0.5 patients per hour. In addition to this,

their patients have to be discussed and reviewed by the senior medical staff, reducing the clinical activity that this group of staff can provide. Discussions are taking place with the Deanery to stop the allocation of F1 doctors to the ED from August 2011.

The calculation for ED attendances in the new acute hospital is 150,000 per annum. Based upon the CEM standard for staffing as described previously, the following table shows the current establishment, what is required now, what the requirements are for 2016 and the variance between what is required now and what is required in 2016.

Grade	Current Establishment	Current Requirements	Requirements for 2016	Variance
Consultant	9	16	16	+ 7
Middle Grade/ANPs	16	24	24	+ 8
Junior Doctor	24	20	20	- 4
ENP/ANP/PP/PAs/	10	28	22	18

The CEM standards do not provide comprehensive recommendations for nurse staffing levels, and established standards have not been made available by professional nursing bodies such as the Royal College of Nursing or the Emergency Nurse Forum. However, there are issues regarding the levels of nursing staff available within the departments, but particularly in relation to City Hospital. This is demonstrated by the disruption to flows within the departments when there are multiple or prolonged cases in the resuscitation area (resus), delays in the patient journey from registration to triage, delays in the delivery of care and the risk of serious incidents occurring when staff fail to identify, and manage appropriately, ill and unstable patients. Increased admissions via ED and the reduction in downstream capacity means that patients are spending longer in the ED, and the nursing team have to deliver the care for this group of patients who should be on a ward. These delays can be evidenced by the City performance against the 4 hour target.

The Trust has also been aware for some time of a number of clinical risks in the ED at Sandwell that have been highlighted as a result of a series of clinical incidents. In response to this the ED Action Team was established which has focussed on ensuring that there are systems and procedures in place to maintain patient safety in both departments. The work of the ED Action Team has also emphasised the need for a strong and well organised workforce and highlighted the need for a workforce review if the progress that has been made on improving systems and processes is to be sustained.

EDs are the only consistent, reliable and always available source of urgent and emergency care and this service is provided 24 hours a day, every day of the year. Emergency Medicine is the specialty which provides immediate care for emergency conditions of all types and for patients of all ages. The ED
serves as an essential safety net for all, and is especially important for disadvantaged groups. Staff in EDs see more children than paediatric departments, more patients with chest pain than cardiology departments, and
more patients with injuries than orthopaedic departments.

Issues regarding current workload, difficulties in recruiting to Consultant posts and the risks to the organisation of not increasing staffing levels were highlighted in the previous SIRG paper. The Trust has to compete locally and nationally with other EDs that already have better levels of consultant staffing compared with SWBHT, and the Trust's EDs also have a well-known reputation for being busy and challenging departments in which to work.

This paper is focused on the urgent need to address the short fall in the medical workforce together with the nurse staffing issues identified, and takes as its starting point the need to maintain two fully operational EDs.

Whilst there are significant workforce issues that need to be addressed, the Directorate recognises the difficulties faced by the Trust in the current financial climate. This paper will highlight the priorities that need to be addressed within the EDs immediately. It also sets out the need for investment in the future to ensure that the Trust has an ED workforce that embraces new roles and ways of working, is attractive to potential employees, encourages retention by providing development opportunities and ensures that the Trust is ready for the transfer to the new hospital.

4. **Workforce Vision**

In addition to the standard issues such as workload and workload predictions, new ways of working, workforce availability and development of new roles that must be taken into consideration, the ED workforce plan must incorporate the requirements for the new acute hospital and the development of a single Emergency Department. This workforce plan is currently being developed and will include issues such as dedicated staffing for the Resuscitation Area (resus), nursing support for streams within the ED, the development of the rapid assessment model and new roles for non-medical practitioners.

4.1 Dedicated staffing for the Resuscitation Area

Historically Resus within both EDs has never been funded for nursing staff. In 2010 recurring funding of £80,000 was allocated to City ED for Resus staffing; whilst appreciated, this funding is not sufficient for an area that is designed for the management of patients with life threatening illnesses and injuries that require active resuscitation. Dependencies of patients attending the EDs and then requiring admission have increased over recent years, and as healthcare becomes more technical more complex management plans are required. This leads to increased activity within resus and staff are “pulled” from other areas within the EDs that are already under pressure.

The new hospital plans include a 10 bedded Resus, and a high priority development for the future will be the dedicated staffing of this area with highly trained, competent staff, able to respond to varied and unpredictable demands.

4.2 Support for Streams within the ED.

Fast Track and the GP service are new ways of working that have been introduced at City, and are part of the ED model in the new hospital. Currently both services are reliant upon the clinicians managing their own flows entirely, and this includes calling through their patients and undertaking observations and/or treatments themselves – or trying to find nursing staffing allocated to other clinical areas to undertake these tasks for them. Purely from a time and motion perspective if these streams were able to have nursing staff allocated to them they would improve the flows and carry out the necessary treatments/observations, enabling the clinicians to see more patients.

4.3 Rapid Assessment Model.

The ED vision for 2016 includes the development of a Rapid Assessment Model (RAM), for patients presenting to Majors, Minors and the Paediatric Room. This model will ensure the assessment of patients upon arrival to the ED, and this assessment will identify the patients’ needs, stream them to the appropriate clinical area in ED and commence the management plan that will see these needs met at the start of the patients’ journey, and not at the end of it. The focus of this model will be upon rapid assessment by a senior team, who are able to recognise patients need, devise a management plan for the patient and make rapid decisions

regarding the need for admission, discharge or further investigation. This will ensure that patients are managed in a timely manner, whilst providing high quality and safe care. This model requires the establishment of a multidisciplinary team to deliver this level of care, along with the development of a competency based training programme for the nursing staff.

4.4 Non-medical Practitioners.

A vital part of the workforce plan must be the development of new roles and new ways of working, recognising that traditional medical models will be less available to us in the future. We will be developing the role of the non-medical practitioner, and this will include different practitioners to manage different presentations within the department. Emergency Nurse Practitioners (ENPs) and Physiotherapy Practitioners (PPs) to both replace and complement the traditional junior doctors' role in the management of patients presenting with minor injuries / illnesses. Likewise the role of the Advanced Nurse Practitioner (ANP) and Physicians' Assistant (PA) will be developed over the next 5 years to both replace and complement the traditional middle grade role in the management pf patients presenting with complex care needs. The ANP is a highly experienced and educated member of the team who is able to diagnose and treat health care needs autonomously, referring to an appropriate specialist when required. The benefit of these developments will be a wider pool from which to establish this substantive workforce, a dedicated multi-disciplinary team trained specifically for roles within ED who will provide a higher quality service for our patients, and which does not "move on" after 4 months. In this paper we will be seeking support to increase the numbers of senior decision makers within the departments, and this group will include ANPs and PAs.

The costs to develop this service are significant, and include training costs as well as funding to back fill posts. In order to maintain the service and ensure succession planning it is essential that in addition to recruiting staff that are already trained and can evidence competence to undertake these roles, we would devise a programme that enables us to "grow our own". This will require commissioning of robust, accredited training programmes to enable staff to further develop their skills and knowledge whilst providing a new career pathway in the nursing structure. This will not only motivate our own staff, it will help with nursing recruitment.

Some of the workforce issues being faced by the EDs are highlighted above. Rather than seek to increase staffing levels and continue to work in the way that we are currently doing, we want to introduce new ways of working that are effective, efficient and safe whilst providing high quality care for our patients.

The following details our vision for this, how this plan will be implemented, and what the timescales are.

5. **Implementation Plan**

This section sets out the Directorate's approach to implementation of its workforce vision. This involves identifying priorities for investment and adopting a phased approach which can be adjusted according to the availability of the additional funding that is required. This approach has been endorsed by SIRG.

A well trained and motivated medical and nursing workforce is essential for the delivery of quality care within the departments. Consistent leadership and organisation of these teams is pivotal to the success of the EDs in effectively and safely managing clinical workload. As such the first priority for the Directorate is to secure appropriate levels of senior clinical decision makers and senior nursing staff.

5.1 Substantive Consultant Appointments. (priority 1)

The aim of the workforce plan for consultants in the EDs is to have 16 wte consultants in post by the time the new acute hospital is commissioned. The approach is to increase consultant staffing to 12 wte with immediate effect. This investment has been approved by SIRG and recruitment for 3 replacement posts and 3 new posts is underway. Over and above this SIRG has approved the recruitment of 4 further consultants once the 12 wte are in post. The commitment to recruit these additional consultants improves the chance of attracting applicants who perceive the Trust as having a credible vision for the staffing of its EDs and who want to have the opportunity to work as part of a developing team with the prospect of a new ED in 5 or 6 years time

5.2 Substantive Consultant Costs.

Whilst the exact cost might vary depending on confirmation regarding the allowance for on call, for the purpose of this paper it has been assumed that the annual cost of a full-time consultant is £120,000.

Phase 1 : 3 additional consultants (increase from 9 wte to 12 wte) assumed to be in post from 1/7/11.

Additional cost in 2011/12 = £270,000

Full year effect = £360,000

Phase 2 : 4 additional consultants (increase from 12 wte to 16 wte) assumed to be in post from 1/2/12.

Additional cost in 2011/12 = £80,000

Full year effect = £480,000

The move to the new acute hospital will not impact upon the requirement to have 16 consultants, but as we move from two sites to one the consultant cover will be extending to provide 24 hours cover, 7 days a week.

5.3 Senior Nurse Staffing. (priority 1)

In accordance with WMQRS standards, there should be an experienced senior nurse to undertake the role of shift leader/coordinator on every shift, providing 24/7 cover. They have an overview of all patients and their stage of care, and oversee the flow of patients through the department, escalating delays in the delivery of care and flows. The band 7 nurse is a clinical expert and given the variety and unpredictability of workload in large EDs it is essential to provide this 24/7 cover. This standard is achieved at City, but at Sandwell this role is not funded for any night shift. To provide this cover for the night shift at Sandwell requires 1.77 wte band 7s.

The role of the band 7 is also to provide effective leadership to a defined team within ED and to manage issues that occur during their shift e.g. complaints, untoward incidents, performance issues, environmental standards etc. The Team Leads are responsible for the ongoing support and development of their team members; identifying and managing performance or conduct concerns and developing action plans where necessary. They undertake team members PADRs and manage the sickness absence of their team members.

The team leaders need to be able to meet with their teams and to look at quality issues including patient care, patient journeys and audit. Currently there is no non-clinical time funded for any of the band 7s on either site. This means that they are unable to fully fulfil their role and the managerial elements of the role get dealt with by the Matron, taking them away from their own role. It also means that there is no cover when the Matrons are on leave and as such there is no succession planning. To provide the band 7 team on each site with 2 days non-clinical time per week would require an additional 0.4 wte band 7 per site.

Likewise at Sandwell there is no band 7 to lead the development of paediatric services and to undertake the role of Team Lead for the Paediatric Team. Paediatric attendances make up almost 25% of the workload in each ED, and a significant number of serious incidents have been reported relating to the care and management of children in the EDs. The paediatric team comprises Registered Children's Nurses who work solely in the Children's Room, and one dual registered nurse who does undertake some clinical work in the main department. To ensure that this team has appropriate leadership and is kept updated and integrated with the rest of the department there is need for a dedicated Paediatric Team Lead. To introduce this role would require an additional 1.0 wte band 7.

Whilst there is a need to fill the role of the shift coordinator at night, it is not proposed to recruit staff just to undertake that role. The 1.77 wte will be added to the existing complement of band 7s and then this group of staff will undertake rotation to night duty to ensure provision of 24/7 cover. In addition to undertaking the role of shift coordinator, these band 7s will also take on the role of Team Lead, as detailed above.

In summary the recommendation is that the senior nursing issues are addressed by increasing the establishment of band 7s at Sandwell by 3.17 wte and at City by 0.4 wte.

5.4 Substantive Senior Nurse Costs.

The exact costs for these posts are different because the enhancements for the band 1.77 wte to cover night shifts are far greater than the enhancements for the other band 7 posts.

1.0 wte band 7 Paediatric Lead	£61,200	(full year)
1.77 wte band 7 shift coordinator for night shifts	£119,000	(full year)
0.8 wte band 7 admin time	£49,000	(full year)

Gross cost £61,200 + £119,000 + £49,000 = £229,200 (full year)

It is recommended that the 3.57wte are recruited to start in April 2011, hence there are no costs for 2010/2011

These additional band 7 posts are required whilst we remain on 2 sites; however in 2016 the overall number of band 7s can be reduced by approximately 8.0 wte band 7s, assuming that the additional 3.57 posts are funded. Based upon current costings this would create savings of in 2016 of £488,000. The reduction in band 7s will be managed by astute attention to staff turnover in the 12 - 18 months leading up to transfer to the new hospital and new ways of working that will create alternative pathways for senior nurses.

5.5 Development of the Physicians Assistant Role. (priority 1)

In order to develop a workforce for the future we need to be looking at alternatives to the traditional medical model, and the role of the Physicians Assistant (PA) is a long established role within the USA. A PA is defined as:
a new healthcare professional who, while not a doctor, works to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision.

The Physician Assistant role provides a new way of working that will complement roles already developed and strengthen the multi-professional team. To begin with this group of staff will require a significant amount of support, training and supervision. After 6 months they should be able to fill the role of the junior doctor, and in the following years can gain the confidence and competence required to fulfil the more senior role of the ED Middle Grade.

The role is fairly new to the UK but a few EDs nationally, including City, have previously recruited established PAs from the US. This new role is gaining recognition, and the PA training programme is now being delivered by our local universities of Birmingham and Wolverhampton. The first group to have undertaken this training will be qualifying in spring 2011 and in order to grasp this opportunity, before other organisations, we are seeking funding to recruit 3 PAs as soon as possible. If it is not possible to recruit PAs of appropriate calibre then further consideration will be given to substituting these posts for ANPs.

5.6 Physicians Assistant Costs.

Because of the need to recruit from a small pool of potential candidates coming out of training, SIRG has pre-committed this investment against the 2011/12 financial plan. There are no costs in 2010/11.

3.0 wte x PAs @ £52,600 each = £157,800 (full year)

5.7 Administrative and Clerical Support. (priority 2)

Although A&E activity will not increase as a result of the additional consultant appointments it is inevitable that additional consultants will generate extra secretarial workload. New recruits will expect secretarial support and it will be a false economy to not fund such support. Current admin and clerical support to the departments is inadequate and there are already significant delays in generating clinic letters, responding to complaints and incidents. In addition to this the ED Clinical Director does not have dedicated secretarial or administrative support, and the nursing and management teams have only minimal administrative or clerical support. In order to maintain an effective and efficient service throughout the Directorate, this support is required to free up both clinical and managerial time for the team. As well as co-ordinating medical educational programmes, Directorate Business, Governance and amber incident tabletop meetings they must take, produce and circulate accurate, complex minutes as appropriate. It is vital that appropriate databases are established, maintained and updated to include complaints and incident reporting, as well as robust databases and statistics from the monthly audits and spot checks undertaken in the EDs.

5.8 Administrative and Clerical Support costs.

To provide support to the established ED teams, and on going support as the Consultant numbers increase, the following is required (0.5wte per consultant):

1.0 wte band 4 secretary	=	£24,400	(full year)
2.5 wte band 3 secretary	=	£73,150	(full year)
Gross cost **£24,400 + £73,150**	**=**	**£97,550**	**(full year)**

It is recommended that 1.0 wte band 4 is recruited to start in April 2011, 0.5 wte band 3 recruited to start in July 2011 and 2.0 wte Band 3s to start in February 2012 (on the assumption that recruitment to the consultant posts is successful). Part of this funding has been pre-committed for 2011/12 as a consequence of pre-committing the initial tranche of consultant appointments. (see Section 5.1).

2010/11 costs : £0

2011/12 costs: £39,200

There is no identified reduction in administrative and clerical support as the team transfer to a single site, because the number of consultants will not be reducing, and whilst the nursing and management teams will be combining these teams will still exist and still require administrative and clerical support.

5.9 Middle Grades (Priority 3)

The middle grade role is vital to the departments. In addition to managing a caseload of patients and supporting the junior doctors in their decision making, out of hours they are responsible for managing each department as a whole. This includes providing leadership and clinical expertise to the ED Team on a shift to shift basis, running resus cases, managing flows and liaising with senior clinicians beyond the ED. The benefits of increasing the middle grade workforce are a reduction in potentially unsafe discharges, a reduction in unnecessary investigations currently requested by staff with an inappropriate level of experience and a decrease in inappropriate specialty referrals and admissions to hospital beds.

The vision for the future is to allocate middle grade staff to defined clinical areas so that they can oversee the management of individual patients and the flows through those areas. At present the levels are not sufficient for this to happen; and the middle grades try to support juniors and review patients in different parts of the department whilst trying to cover resus and manage higher dependency patients. In addition to this the Directorate wants to implement the Rapid Assessment Model (RAM) (see below) and the middle grade role is key to the success of this model.

In the short-term middle grade doctors offer the most immediate solution to the need for improved supervision of junior staff, the management of patient flow and the direct care of more seriously ill / injured patients. However, between now and 2016 the role of the ANP and PA will be developed to enable this group of staff to fulfil the middle grade role and it is proposed to reduce the funding committed to middle grade posts after 3 years.

5.10 Middle Grade Costs

It is recommended that we increase the number of middle grades across both sites by 6.0 wte, 3.0 wte for each site. This increase will allow the middle grades to be allocated to defined clinical areas in hours and support the RAM.
The costings for this are:

6.0 wte x middle grades = £219,000 (2011/12)

= £438,000 (full year)

It is recommended that 6.0 wte middle grades are recruited to start in October 2011. This will provide an important support the Trust's winter contingency plans for 2011/12.

6. New Ways of Working

The ethos of the EDs is to develop models of care and roles that will enhance the patient journey whilst providing safe, effective and efficient care. We are seeking to support to develop and implement a new process for patients that require management in the Majors areas of the EDs.

6.1 Rapid Assessment Model (priority 3)

Delays in the management of patients, flows through the ED and achievement of the 4 hour target are mainly attributable to two things:

- ED overcrowding - as a result of limited down stream capacity
- Delays in ED assessment, diagnosis and referral - as a result of increased workload, overcrowding and slow decision making from junior doctors.

The Rapid Assessment Model (RAM) is based on a multi-disciplinary team approach and is dedicated to the patients who need management and care in the Majors area of ED; this area accommodates the vast majority of patients requiring admission from ED. This model will ensure that patients arriving on Majors will receive a rapid and thorough assessment from a senior nurse (band 6) trained and competent in this role. The assessment will identify the immediate needs of the patient and identify the plan to respond to those needs, e.g. adequate pain relief, reassurance, ECG recording, x-ray, cannula and/or blood tests, urine analysis etc. These needs will be met by the senior nurse working with a band 3 Senior Healthcare Assistant (SHCA), and once the patient has completed this process they will be seen, examined and assessed by a middle grade or consultant. A management plan will be developed and rapid decision making regarding the need for admission/discharge or further investigation and/or immediate treatment will be made. Medical intervention required after this senior assessment will be delegated to the junior doctor/equivalent.

The RAM process ensures the provision of effective, efficient treatment and the delivery of quality care, in a timely manner from a senior and experienced team. This is turn will maximise capacity and flows through the EDs, reducing the pressure and supporting the achievement of the 4 hour target.

The new quality indicators that are being drawn up to replace the 95% target are focusing on patient outcomes, quality, safety and timeliness. The safety element is broken down into senior review, time to initial assessment and time to see a decision maker. The model detailed here reflects these indicators.

6.2 Rapid Assessment Model Costs.

The Middle Grade component of this model has already been addressed earlier in this paper. The costings below reflect the nursing requirements to implement this model of care.

A considerable amount of work has been undertaken to assess the additional nurse staffing requirements to support the RAM model. Following debate it has been agreed that the qualified nursing establishment (assuming it is augmented as described in Section 5.3) will be sufficient. However, additional unqualified staffing is required. The development of this model will work effectively to increase flow in the department. The appointment of 4 HCA's would allow the incremental implementation of the RAM model. This initial investment would support the creation of a seamless method of assessment and enhance initial observation time (the need for this was outlined in the recent external review of the ED department at Sandwell Hospital)

It is recommended that this approach be approved but that the implementation date is delayed until 1/10/11. This will serve to support the Trust's winter contingency plans, will provide time to recruit the right calibre of staff, will allow the Directorate to prepare the service for this new way of working and will reduce the level of additional investment required in 2011/12 to £54,250.

The development of this model will improve patient experience, will improve patient safety, and overtime will become 'a way of working' that is adopted across both sites. It will free up some nursing time for the hours that it is operational. Once the model is embedded and the impact upon the remaining workload in Majors has been established, then the Directorate will evaluate the service and determine exactly what resources have been freed up. At this point the process will be reviewed and options will be re-examined to further improve the service.

The costs for this would be:

4.16 wte x band 3 senior healthcare assistants = £108,500 (full year)

7. **Cost Summary.**

	2011/12 £	2012/13 £
Consultant staffing:		
Substantive Consultant costs	350,000	840,000
Total =	**350,000**	**840,000**
Senior Nurse Staffing:		
Substantive Paediatric band 7 costs	61,200	61,200
Substantive Shift Coordinator band 7 costs, with night enhancements	119,000	119,000
Substantive non-clinical time	49,000	49,000
Total =	**229,200**	**229,200**
Middle Grades		
Substantive Middle Grade costs	219,000	438,000
Total =	**219,000**	**438,000***
Physicians Assistants		
Substantive PA costs	157,800	157,800
Total =	**157,800**	**157,800**
Rapid Assessment Model:		
Band 3 substantive costs	54,250	108,500
Total =	**54,250**	**108,500**
Admin and Clerical Costs:		
Band 4 medical secretary	24,400	24,400
Band 3 secretary	14,800	73,150
Total =	**39,200**	**97,550**
Total Costs	**1,049,450**	**1,871,050**

* Tapers after 3 years as ANP/PA roles are substituted

N.B The above costs exclude the costs of the Locum Consultant appointments that are necessary to cover for the departure of existing consultants pending the appointment of substantive consultants. From 1/4/11 to 30/6/11 the net additional cost of Locums is estimated at **£153,500.**

Posts	2011/ 2012	2012/ 2013	2013/ 2014	2014/ 2015	2016 changes	2016 costs
	£000s	£000s	£000s	£000s	£000s	£000s
Consultant	350.0	840.0	840.0	840.0		840.0
Middle Grade/ANPs	219.0	438.0	438.0	219.0		219.0
Physicians Assistants	157.8	157.8	157.8	157.8		157.8
Junior Doctors – F2s	0	0	0	0	- 4.0 wte	**(141.0*)**
Band 7	229.2	229.2	229.2	229.2	- 8.0 wte 488.0	**(258.5)**

Band 3	54.3	108.5	108.5	108.5		108.5
Admin and Clerical	39.2	97.55	97.55	97.55		97.55
Removal of GP service			**(380.0)**	**(380.0)**		**(380.0)**
Total costs	1,049.5	1,871.05	1,491.05	1,272.05		643.35

***** The total savings from the reduction in junior doctors is £209,000; however the Deanery currently contributes £68,000 to the funding for these 4 junior doctors posts. Once these posts are cut the Deanery funding will be lost, reducing the total savings to £141,000

.

The investment that we are seeking approval for covers the period from 2011 – 2016, and the highest outlay is £1,871,050. In 2016 when we move to the single site these costs can be reduced to £643,350.

There is future potential for further savings from the ED budget as the two departments become one. At this time it is not possible to state exactly what these savings will be as they will be dependant upon the processes, systems and models of care in place, as well as the workload in the new hospital.

There may be some scope to influence some elements of the above sections:
e.g. – modify exact start dates, begin development of the ANP role to complement the middle grade role, etc.

It is also possible that we may not be successful in recruiting to all the posts described in this paper at the 1st attempt and it has been agreed that funding will not be released to the Directorate until staff are in post.

8. Income.

The appointment of the additional medical and nursing staff will not impact on the number of patients attending the Trust's EDs therefore income is not affected. However expenditure may be reduced, following the investment detailed in this paper, as the Trust heads towards the move to the new acute hospital. ED activity in the new hospital is estimated at 150,000, and this will be an overall reduction of 25% compared to current activity. Whilst this reduction is an assumption, it could be used as a guide to detail what savings might be recouped when we move to the new hospital. Obviously any reduction in ED activity will in itself create a reduction in income.

9. Risk Management.

If the Trust Board supports the recommendations contained in this paper, the risks are:

- lack of available candidates for the Consultant and Middle Grade posts.
- inflated medical starting salaries will invalidate costing assumptions.

The ED departments are already competing locally and nationally for good staff in a scarce market and at the moment we have the lowest Consultant staffing levels in the region. Issues around leadership, supervision, lack of progression against standards and

compromised ability to provide effective and efficient care have the potential to make the departments less attractive to potential candidates. In the longer term, this could threaten the viability of the departments prior to the opening of the new hospital. The investments recommended in this paper are designed to prevent such a situation from occurring. Rather, these measures have the potential to create a first class ED service on two sites for the period up to 2016, and thus create a firm platform for the transfer of the service to the new hospital.

11. **Recommendations.**

It is recommended that the Trust Board:

- Approves the investment strategy set out in this paper
- Endorses the order of priority as described (noting the pre-commitments already made)
- Asks the Director of Finance to incorporate the investments required into financial planning for 2011/12, noting the order of priority
- Notes that the extent of the available investment will depend on the outcome of contractual negotiations for 2011/12 and other aspects of financial planning (including development of the Cost Improvement Programme)
- Takes final decisions on investment as part of the sign-off of the 2011/12 Financial Plan in March 2011.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Quarterly Report from Director of Infection Prevention and Control – October – December 2010
SPONSORING DIRECTOR:	Rachel Overfield, Chief Nurse
AUTHOR:	Dr Beryl Oppenheim, Director of Infection Prevention and Control
DATE OF MEETING:	24 February 2011

SUMMARY OF KEY POINTS:

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

Numbers of cases of MRSA and CDI have remained within national and local stretch targets.

We now have experience in undertaking surveillance on a range of other healthcare associated infections, some of which will become mandatory during 2011.

Efforts regarding antibiotic stewardship continue and antibiotic utilisation data shows consistency of use and adherence to protocols.

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

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

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to receive and note the Quarterly Report for the period October – December 2010.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Routine quarterly update.

QUARTERLY INFECTION PREVENTION AND CONTROL REPORT
OCT-DEC 2010

Executive Summary

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

Numbers of cases of MRSA and CDI have remained within national and local stretch targets

We now have experience in undertaking surveillance on a range of other healthcare associated infections, some of which will become mandatory during 2011.

Efforts regarding antibiotic stewardship continue and antibiotic utilisation data shows consistency of use and adherence to protocols

Management and Organisation

The Infection Control Operational Committee continues to work on reviewing and revising key policies, monitoring progress with the action plan and receiving reports on infection control initiatives across the Trust. Partnership working with colleagues in the community is progressing well, with a major recent initiative being a working group convened by Sandwell PCT considering approaches to minimising the impact of norovirus infection on the healthcare economy during the winter period.

MRSA

Mandatory reporting of MRSA bloodstream infections

There was 1 post 48 hour MRSA bacteraemia during the quarter October to December 2010 (Figure 1), bringing the total number of Trust attributable cases to 4 for the first nine months of the financial year.

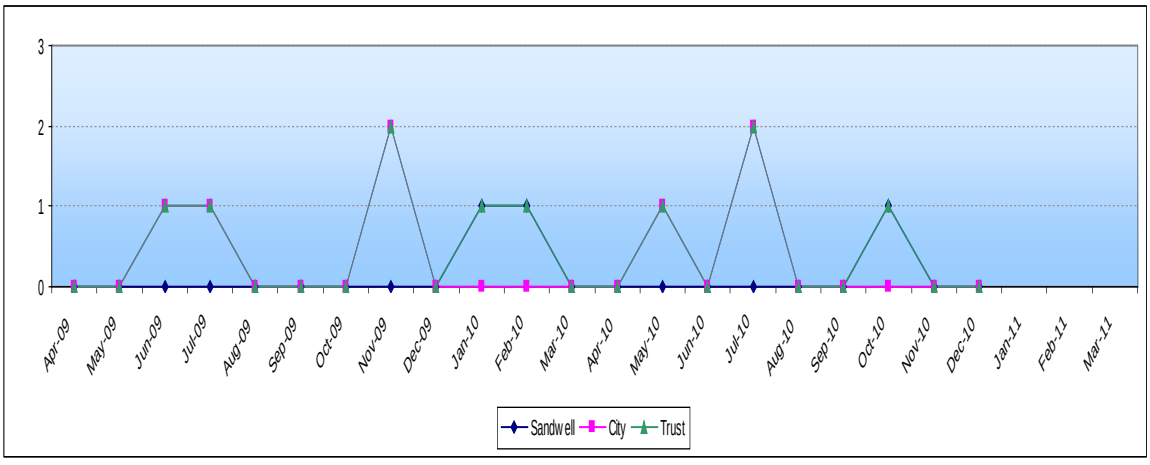


Figure 1. Number of MRSA bacteraemia cases

We continue to target all the major risk factors for MRSA bacteraemia. Avoiding contaminated blood cultures remains an important aim and we continue to monitor these, which have remained fairly low although there is still room for improvement (Figure 2). We are particularly gratified to see that contamination rates have remained low despite a major change over of junior doctors in August.

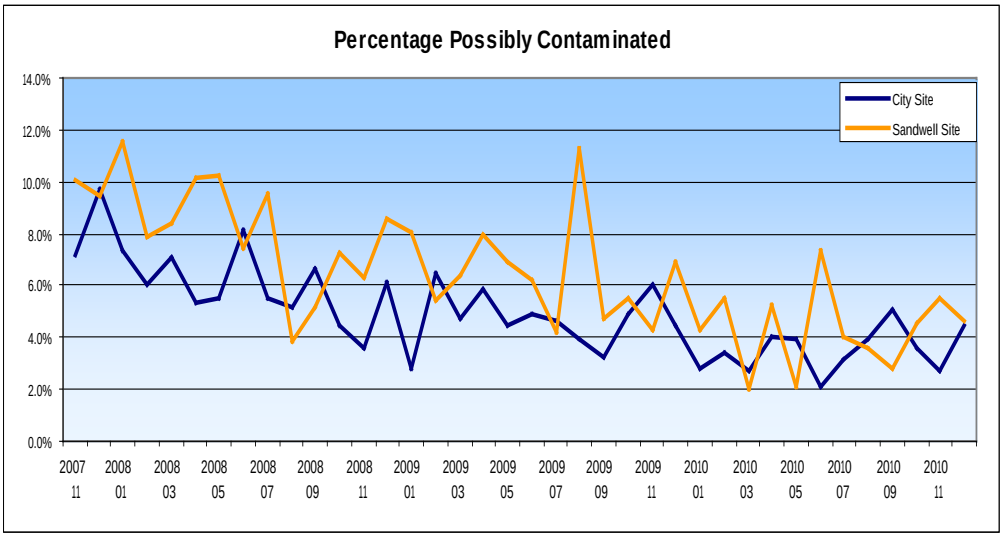
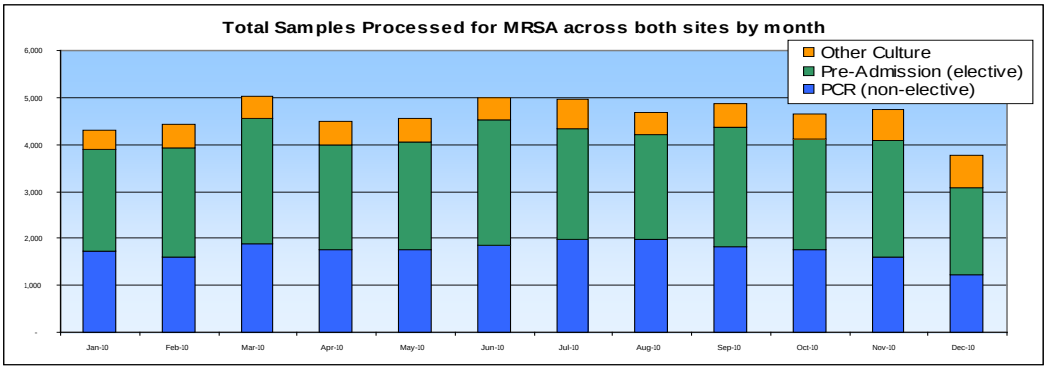


Figure 2. Percentage of possibly contaminated blood cultures

MRSA Screening and Decolonisation Therapy

MRSA screening remains another important tool to try to prevent MRSA infections. The number of patients screened remains similar each month although there was a fall in December (Figure 3). Overall positivity rate for all screens is at 2.7%.



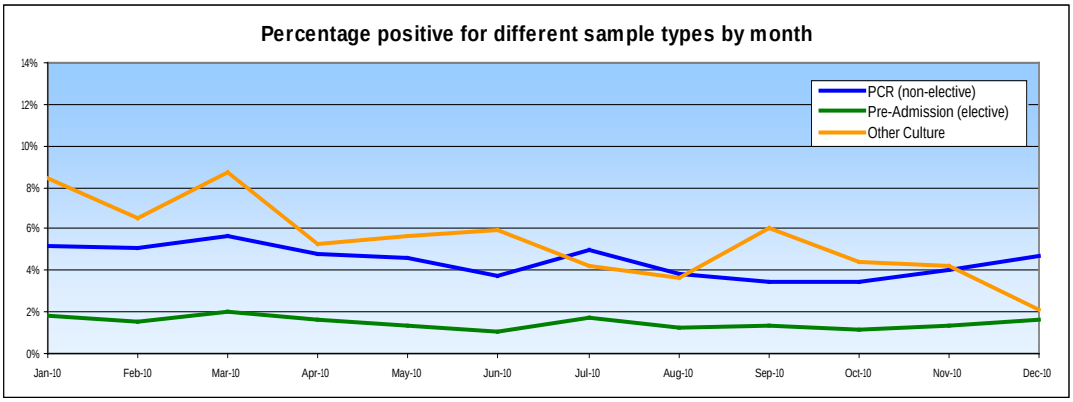


Figure 3. MRSA screening numbers and positivity rates

Clostridium difficile infections (CDI)

There were 22 cases of CDI occurring more than 48 hours after admission during the period October to December 2010 (Figure 4). This gives a total for the first nine months of the financial year of 109 cases, within both the national and local stretch targets for that period. Figure 5 shows the impact of the more sensitive testing method on numbers. During 2010/2011 toxin negative PCR positive cases made up 54% of all cases, which would have been missed had toxin testing only been employed. Other indicators of the success of the testing strategy is the fact the there has been only one directly attributable death due to CDI in the past twelve months and no ward based clusters since July 2010.

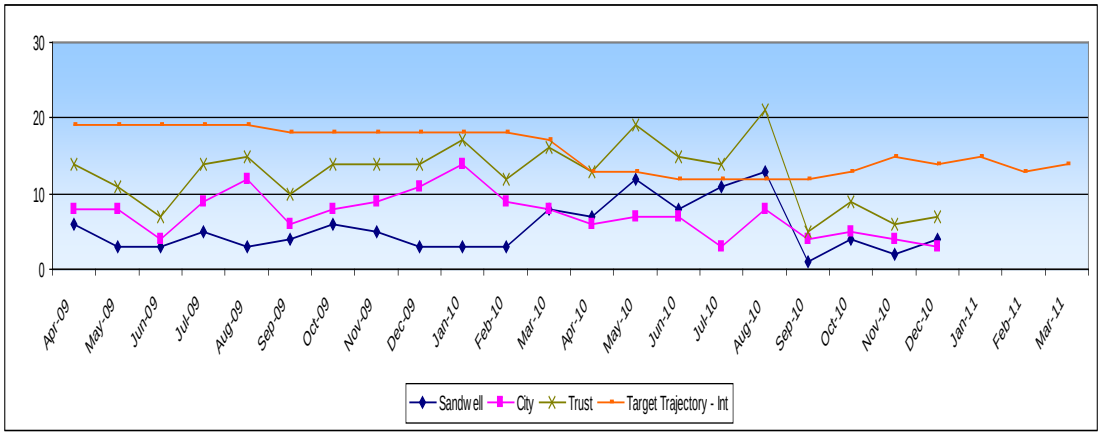


Figure 4. Numbers of post-48 hour cases of CDI

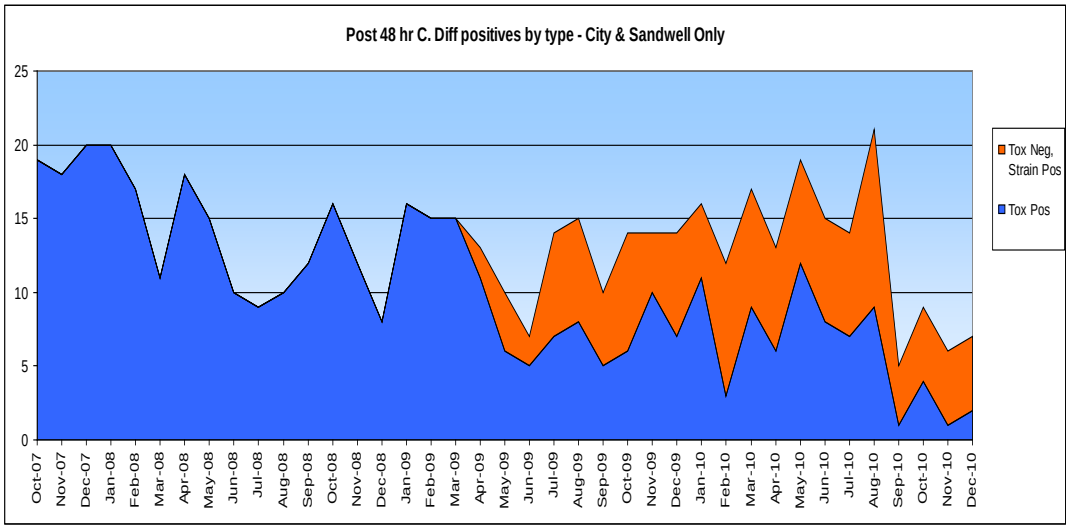


Figure 5. Impact of more sensitive testing method

Surveillance of other Healthcare Associated Infections

MSSA and E coli bacteraemias

We continue to monitor hospital acquired cases of methicillin sensitive *Staph. aureus* (*MSSA*) and *E. coli* bloodstream infections (Figures 6 and 7). MSSA reporting became mandatory from January 2011 and it is anticipated that E coli bacteraemia reporting will become mandatory later in the year when a data collection system becomes available. In this quarter, there were 5 post-48 hour MSSA bloodstream infections and 19 post-48 hour *E coli* bloodstream infections.

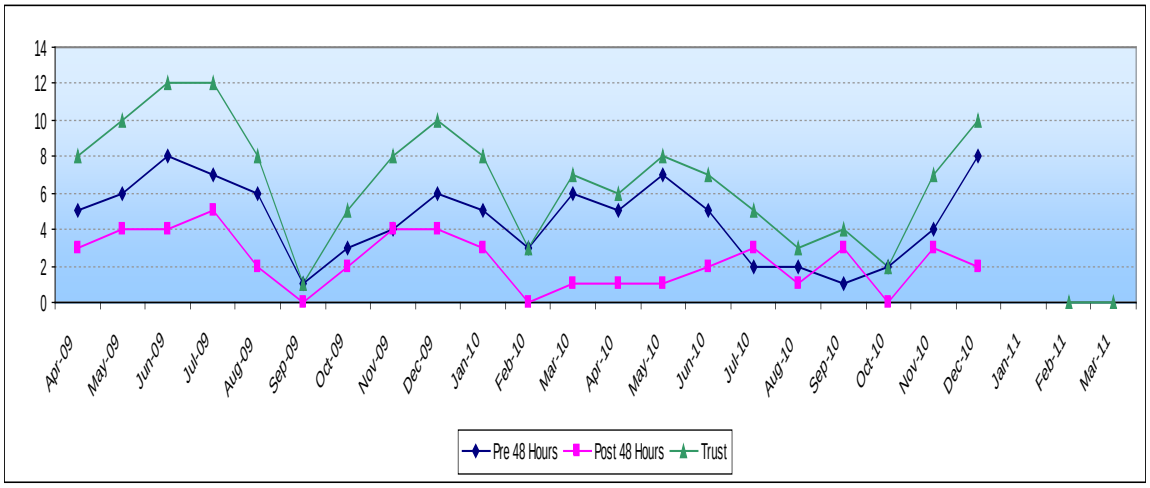


Figure 6. Numbers of MSSA bloodstream infections

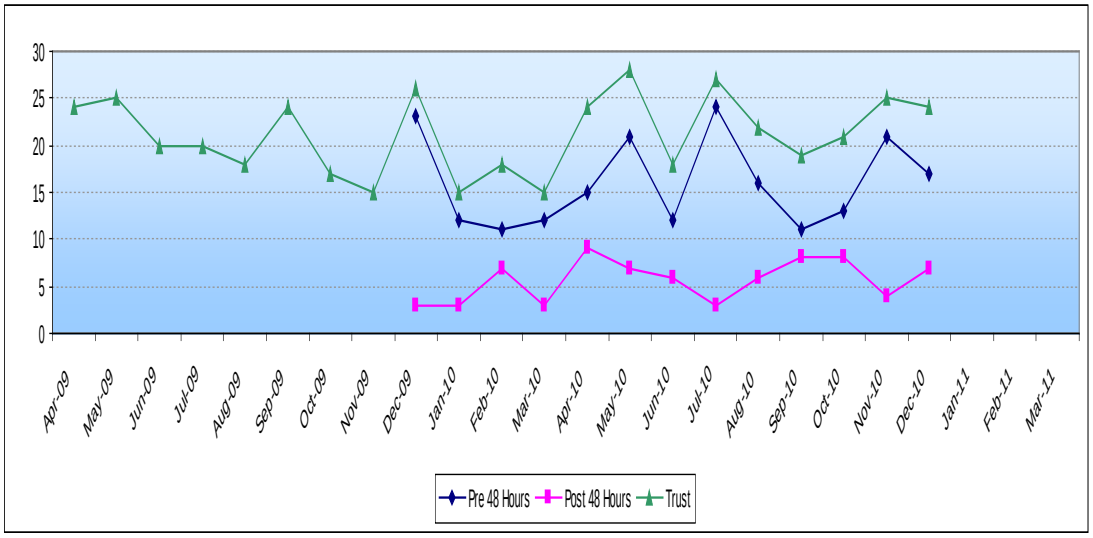


Figure 7. Numbers of E. coli bloodstream infections

Outbreaks and incidents

During the latter part of the quarter, the Infection Control Team supported the Trust during a period when there were a large number of admissions with suspected influenza-like infection which posed significant pressures in ensuring that all clinical staff were aware of testing and treatment pathways and that patients were nursed in a manner that minimised the potential for hospital spread of influenza. The influenza season proved challenging because two strains of influenza, H1N1 and influenza B, circulated simultaneously and because many of the cases occurred over a relatively short period of time over the Xmas period.

Although testing protocols and other factors are not strictly comparable, Figure 8 shows the timelines of the 2009 'pandemic' period and the winter 2010/11 seasonal influenza as they affected SWBH. Interestingly, the period of increased cases was roughly six weeks on both occasions and this information may be helpful to feed into future planning assumptions. The availability partway through the season of a rapid test which could detect both important strains of flu was particularly helpful in ensuring the best use of isolation facilities and smooth management of cases.

Another interesting feature of this period of seasonal influenza was that it was accompanied by a surprisingly high number of serious community acquired bacterial infections. Shortly after we drew this finding to the attention of our clinicians a national alert was put out to the same effect. Meetings are planned to look in detail at lessons learnt from this season's influenza, however the importance of timely vaccination of staff and any long stay patients will certainly be of great importance in the future.

Although national and regional intelligence suggested that we were likely to start to see cases of norovirus infections during this quarter as well, we did not encounter any ward clusters of cases. Preparedness for the possibility of norovirus outbreaks later this winter or in the early spring remains high.

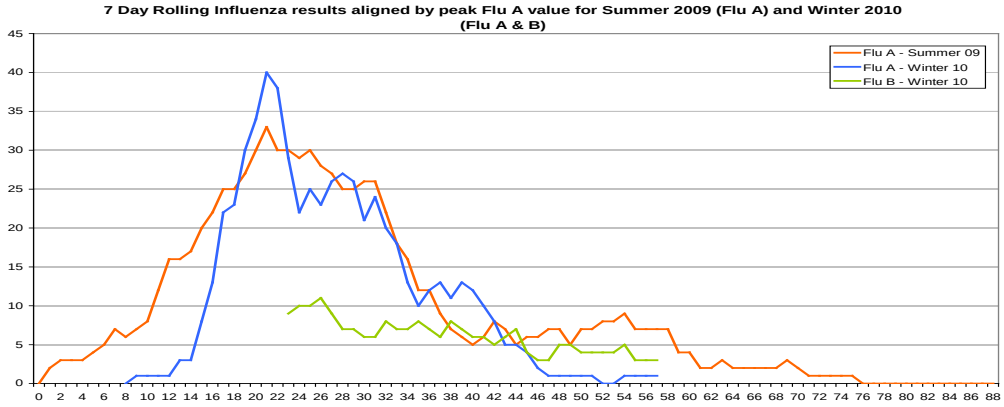
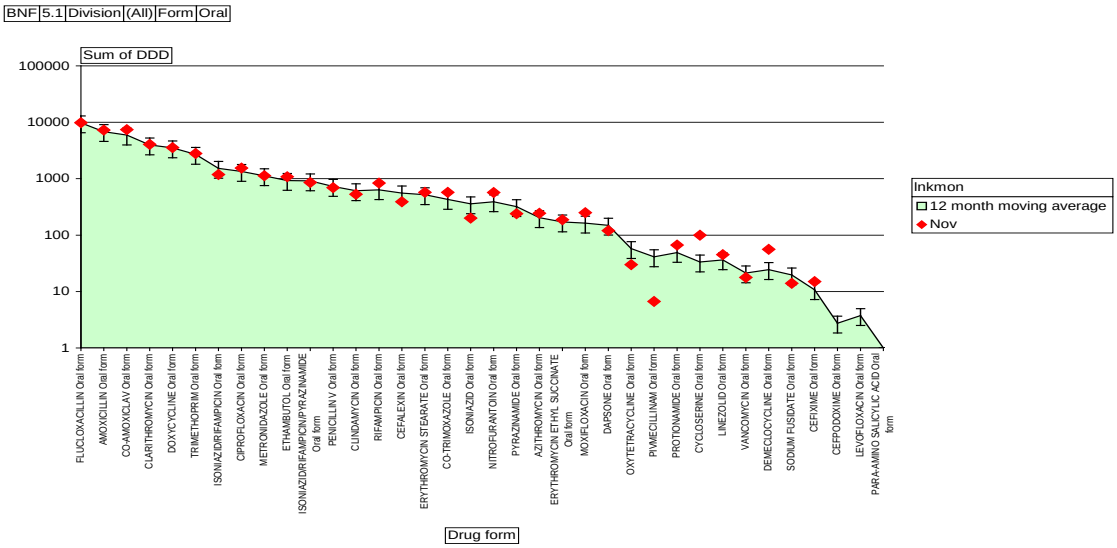


Figure 8.

Antibiotic stewardship

We have continued to progress all aspects of our work on antibiotic stewardship. We continue to monitor antibiotic utilisation data and this provides a powerful tool to ensure that our policies are being followed and that any changes in policy are having the desired impact. For most of the commonly used antibiotics, our usage remains similar to the previous year (Figure 9).



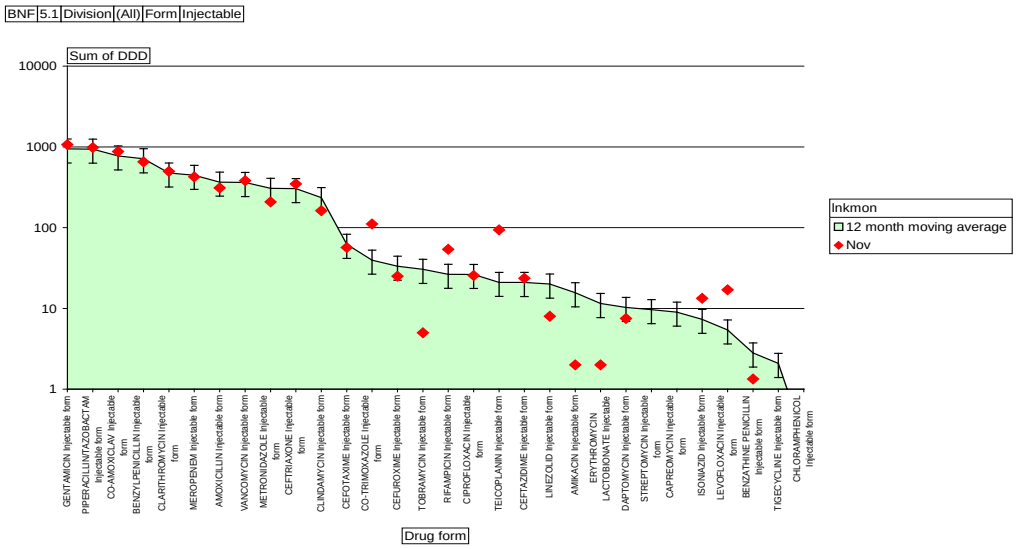

BNF 5.1 Division (All) Form Injectable
Sum of DDD
10000
1000
100
10
1
Inkmon
12 month moving average
Nov
GENTAMICIN Injectable form
PIPERACILLIN/TAZOBACTAM Injectable form
CO-AMOXICLAV Injectable form
BENZYLPENICILLIN Injectable form
CLARITHROMYCIN Injectable form
MEROPENEM Injectable form
AMOXICILLIN Injectable form
VANCOMYCIN Injectable form
METRONIDAZOLE Injectable form
CEFTRIAXONE Injectable form
CLINDAMYCIN Injectable form
CEFOTAXIME Injectable form
CO-TRIMOXAZOLE Injectable form
CEFUROXIME Injectable form
TOBRAMYCIN Injectable form
RIFAMPICIN Injectable form
CIPROFLOXACIN Injectable form
TEICOPLANIN Injectable form
CEFTAZIDIME Injectable form
LINEZOLID Injectable form
AMIKACIN Injectable form
ERYTHROMYCIN LACTOBIONATE Injectable
DAPTOMYCIN Injectable form
STREPTOMYCIN Injectable form
CAPREOMYCIN Injectable form
ISONIAZID Injectable form
LEVOFLOXACIN Injectable form
BENZATHINE PENICILLIN Injectable form
TIGECYCLINE Injectable form
CHLORAMPHENICOL Injectable form
Drug form

Figure 9.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Cleanliness/PEAT Report
SPONSORING DIRECTOR:	Rachel Overfield, Chief Nurse
AUTHOR:	Steve Clarke, Deputy Director - Facilities
DATE OF MEETING:	24 February 2011

SUMMARY OF KEY POINTS:

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

The report provides and overview of the:

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

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 report.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Continue to reduce hospital infection rates achieving national and local targets for MRSA and clostridium difficile including introducing MRSA screening in line with national guidance.
Annual priorities	
NHS LA standards	
CQC Essential Standards of Quality and Safety	To meet the National Standards of Cleanliness Guidelines.
Auditors' Local Evaluation	

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

Financial		
Business and market share		
Clinical	x	
Workforce		
Environmental	x	To help and assist in maintaining the patient environment.
Legal & Policy		
Equality and Diversity		
Patient Experience	x	To help and assist in maintaining the patient experience.
Communications & Media		
Risks		

PREVIOUS CONSIDERATION:

Routine quarterly update.

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

TRUST BOARD REPORT

CLEANLINESS & PEAT

24TH FEBRUARY 2011

The report provides an update to the Board regarding the results from the National Standards of Cleanliness, PEAT audits and inspections for July 2010 to January 2011.

NATIONAL STANDARDS OF CLEANLINESS AUDITS

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

	Jul-10 V High %		Aug-10 V High %		Sep-10 V High %		Oct-10 V High %		Nov-10 V High %		Dec-10 V High %		Jan-11 V High %	
City	96	93	97	94	96	94	95	95	95	96	95	95	96	95
Sandwell	95	97	94	95	95	95	96	95	94	96	96	95	96	97
Rowley	N/A	99	N/A	99	N/A	99	N/A	99	N/A	98	N/A	98	N/A	98
BTC	97	97	98	97	96	96	97	94	96	97	97	96	97	97
Target	**98**	**95**	**98**	**95**	**98**	**95**	**98**	**95**	**98**	**95**	**98**	**95**	**98**	**95**
Overall Average	**96**	**97**	**96**	**96**	**96**	**96**	**96**	**96**	**95**	**97**	**96**	**96**	**96**	**97**

- **Discharge Cleaning Teams – Performance**
  The discharge team is still providing a valuable service in terms of ensuring the bed space is cleaned on discharge and in terms of releasing valuable nursing time for patient care, the average number of cleans against discharges at City is 72%.

The service has been well received by patients and the 'signature tape' depicting that the bed space has been clinically cleaned is to be rolled out to be included in the preparation of all the patient bed spaces, subject to agreement at the Senior Nurses Forum.

PEAT

- **Main PEAT Audits (External)**
  New guidelines on the external PEAT audits have been received. Extra organisational policy information is required this year with regards to cleanliness, displaying of schedules and contact details etc. Sustainable development, including carbon reduction, taking BREEAM healthcare and/or the good corporate citizen's model as its baseline and more requirements regarding menus with provision for special needs, older people, children etc. Dates for this year's inspections are:

  - City Hospital – Monday 31st January
  - Eye Hospital - Monday 31st January
  - Sandwell Hospital – Wednesday 2nd February
  - Rowley Hospital – Friday 4th February

  The external audits scores have been submitted for verification, all areas inclusive of cleaning, environment, infection control and privacy and dignity scored 'good' and the overall food service scored 'excellent'.

- **PEAT Audits (Internal)**

  Kitchens (70k)
  - Refurbishment of kitchen of Ward D7 at City Hospital has been completed.
  - First phase of 8 kitchens at Sandwell went out to tender week commencing 22nd November 2010. Return date 7th December 2010, work commenced Monday 10th January 2011.
  - Second phase to be sent out to tender following receipt of Phase 1.

  Linen Rooms (40k)
  - Surveys of all linen rooms at Sandwell completed.
  - A new linen room within Surgical Day Unit has been created incorporating new plastic shelving as part of the current upgrade project.
  - Surveys of linen rooms at City to commence shortly.

  Other Examples of Recent Spend
  - Patient Mugs (30k)
  - Replacement beverage trolleys (Sandwell) (70k)
  - Pillows (plastic covered) (15k)
  - Redecoration Programme (100k)

- **PEAT Expenditure 2010/11 (To Date)**

	PEAT £000's	BED REPLACEMENT £000's	WARD EQUIPMENT £000's	TOTAL EXPENDITURE £000's
Budget	939	200	145	**1284**
Expenditure	825	199	177	**1201**

CLEANLINESS GENERAL/INITIATIVES

- **Cleaning Procedures**
  The cleaning procedure manual has been revised to incorporate steam cleaning, decontamination, one cloth cleaning methods etc. The manual has been approved by Infection Control and is to be printed and circulated mid February.

- **A&E Cleaning**
  A proposal is currently being discussed with staff side regarding changing the cleaning of both Sandwell and City A&E Departments from nights to days. There has been problems regarding the standard of cleans currently undertaken, this is due to areas not being available and issues re supervision/management control. The change in hours will also contribute to the Facilities CIP for the coming financial year and 2012/13.

- **Domestic Service Training**
  The Domestic Service Training manual is currently being revised, the new manual is due to be released April 2011.

- **Non-Clinical Areas**
  There have been ongoing complaints since the reduction in cleaning to non-clinical area from 5 days to 3 days per week. The difficulties are associated with trying to balance the rosters due to annual leave and sickness etc.

  It is therefore proposed to implement and undertake the service with 'cleaning teams', hopefully a collective approach will address the issue of relief, although there may be some reduction to the actual schedule, at least all the designated critical areas should be achieved i.e. toilets cleaned and bins emptied.

- **Laundry**
  The implementation of an On Premises Laundry (OPL) at Rowley was not possible due to structural costs and some infection control problems with the separation of clean and soiled linen.

  A new scheme has been designed to incorporate the old mortuary at Sandwell. The design has been approved and work will hopefully commence the beginning of April. The project will also take into account creating a new female locker area and relocating the bed store and wash down area.

STEVE CLARKE
DEPUTY DIRECTOR - FACILITIES

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Equality and Diversity Update
SPONSORING DIRECTOR:	Rachel Overfield, Chief Nurse
AUTHOR:	Rachel Overfield, Chief Nurse
DATE OF MEETING:	24 February 2011

SUMMARY OF KEY POINTS:

This report is intended to update the Trust Board on progress against the Trust's Single Equality Scheme. The report also advises on work needed to achieve the requirements of the new Equality Act 2010 following a gap analysis.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	None specifically
Annual priorities	
NHS LA standards	
CQC Essential Standards Quality and Safety	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		
Workforce	**x**	
Environmental		
Legal & Policy	**x**	Impacts on the Trust's Single Equality Scheme
Equality and Diversity	**x**	
Patient Experience		
Communications & Media		
Risks		

PREVIOUS CONSIDERATION:

Usual biyearly update.

Report Title	*Equality & Diversity Update*
Meeting	*Trust Board*
Author	*Rachel Overfield, Chief Nurse*
Date	*24th February 2011*

1) Introduction

The Equality and Diversity Steering Group continue to meet to ensure the Trust is meeting its statutory duties regarding the various equality strands and the new requirements of the Equality Act 2010.

This report is intended to:

- Remind the Trust Board of its responsibilities
- Report progress against the Trust's Single Equality Scheme
- Report on the gap analysis completed following the launch of the Equality Act
- Describe current plans and priority areas

2) Responsibilities

2.1

All public sector services have a legal duty to combat inequality. Equality is about treating individuals fairly. Diversity is about the recognition and valuing differences for the benefit of the individual and organisation. Equality and diversity are interdependent.

2.2

The Equality Act 2010 combines the following previous schemes into one:

- Race Equality Scheme 2005 – 8
- Disability Equality Scheme 2006 – 9
- Gender Equality Scheme 2006 – 9

Specific duties of these schemes were previously described in the following Acts:

- Equality Act 2006
- Disability Discrimination Act 2005
- Race Relations Act 2000

The Equality Act also includes various pieces of equal opportunities legislation including sexual orientation, religion and belief, age, race, disability, gender, gender reassignment, marriage and civil partnership and maternity and pregnancy.

2.3

To ensure compliance with our legal duties and intent to eradicate discrimination of any kind the Trust has a Single Equality Scheme that was last reviewed in December 2010. Actions have been identified and this action plan is owned and monitored by the Trust Equality and Diversity Steering Group.

2.4

The Action Plan is divided into 3 workstreams, each led by either a Director or Deputy Director of the Trust:

- Workforce Monitoring (Assistant Director HR)
- Independent Living (Assistant Director of Nursing)
- Service and Policy (Director of Governance)

2.5

The Head of Communications takes responsibility for involving our diverse public.

2.6

The Trust Chief Nurse chairs the Equality and Diversity Steering Group.

3) Progress Report

3.1 Workforce

3.1.1

The Trust Board sees workforce data within the HR dashboard.

See Appendix 1 for workforce data related to Equality & Diversity.

3.1.2 Promotions

Data suggests that Asian staff are less likely to be promoted than staff of white, black or mixed heritage background.

A further review has not shown any particular issues but we have now included additional monitoring within recruitment processes to gain further insight. We also intend to establish workshops for staff seeking promotions and will then actively encourage Asian staff to attend.

3.1.3 PDRs

Data also suggests that Asian staff are slightly less likely to have had a PDR than white or black staff.

This is currently being raised with managers as part of management training sessions. The PDR policy has been revised to raise awareness of E&D issues.

3.1.4 Formal cases

There appears to be more formal cases undertaken involving Asian and black staff compared to white staff. Further work looking back at cases over the past year does not suggest any underlying reason for this.

3.1.5 Staff in post

The trend is downwards for all staff groups and does not suggest any adverse affects on BME groups of staff.

3.1.6

Workforce data is published on the Trust website as per the Trust's statutory duty.

3.1.7

The launch of the Volunteer Harassment Advisor scheme has been delayed due to difficulty securing volunteers at Sandwell. We hope to launch as soon as possible.

3.1.8

Recruitment processes have been reviewed and interview criteria forms have been expanded to include more information about recruitment decisions.

3.1.9

Further work is planned to scope areas of the Trust where certain BME group are under represented to gain further understanding and address if appropriate.

3.1.10

Monitoring information is being revised to include medical staffing activity. Training data by staff ethnicity is now available.

3.1.11

A staff diversity audit is in progress although it should be noted that many staff have been reluctant to disclose information.

3.1.12

The Trust's staff networks are being revised as they have had only limited success so far. This will be progressed in 2011/12.

4) Independent Living

4.1

Community Equality and Diversity Roadshows have commenced to establish 'what a good patient experience means' for different community groups. The results will allow us to consider more flexible approaches to the key patient experience areas, eg mealtimes, privacy and dignity and communications.

4.2

An internal audit review has been undertaken for the Trust's Interpreter Service. The resulting action plan is currently being discussed but is likely to result in a significant change in approach to interpreter access.

4.3

Disabled-to-go are working with the Trust Estates department to develop a wayfinding internet site for the Trust premises – this will especially highlight disabled access etc. This is expected to go live by April 2011.

4.4

There has been a considerable amount of DDA compliance works completed in the past year, including:

- Automation of external and internal doors
- Replacement of 8 reception desks with compliant designs
- Upgrade of public toilets with DDA compliant sanitary ware
- Upgrade of several ward showers/bathrooms to make DDA compliant.
- Additional signage to indicate wheelchair access
- Change nosings on stairways to contrasting colours
- Installation of hearing loops

4.5

A number of tools have been developed to assist staff communicating with patients who do not speak English or who have a Learning Disability. These include:

- A resource pack has been produced and provided to all wards and departments to raise awareness of equality and diversity issues and provide simple tools for staff to use.
- The patient survey has been produced in an 'Easy Read' format for wards to use
- A pictoral menu is in production.

5) Service and Policy

5.1

Good progress has been made with undertaking equality impact assessments for both existing and new policies, services and functions.

5.2

A central register has been developed for all equality impact assessments and action plans as a result are monitored by the Equality and Diversity team, working closely with the Directorates involved.

5.3

All equality impact assessments are published on the Trust website as per our statutory duty.

6) The Equality Act 2010

6.1

A gap analysis has been undertaken and an action plan developed as a result. Key areas identified were:

6.1.2 Religion

- Undertake a Spiritual Care Audit
- Develop a Policy for Spiritual Care
- Equality impact the Trust Chaplaincy service
- Establish Sikh Chaplaincy support
- Staff awareness training
- Review findings from staff and patient surveys

6.1.3 Age

- Most is covered within the Trust's Safeguarding Action Plans
- Need to develop an 'Adolescent' Action Plan
- Prompts to consider age group needs are in the EIA tools

6.1.4 Gender

- Deliver actions as a result of equal pay audit.
- Implement policy for breast feeding mothers (staff).

6.1.5 Disability

- Recruitment process revised especially around sickness data pre-employment offer/references
- Develop a Carers Strategy – including young carers

6.1.6 Ethnicity

- Improve engagement with local communities and schools to promote organisation as 'employer of choice'.
- Develop Widening Participation Strategy
- RCRH Regeneration Strategy

6.1.7 Sexual Orientation

- Explore ways to improve staff and patient disclosure of information
- Review EPR and ESR data capture
- Include prompts in EIA toolkit

6.1.8 Gender Reassignment

- Develop guidance for staff especially in relation to single sex accommodation and privacy and dignity policies
- Develop staff training

6.1.9 Procurement

The Trust Procurement Strategy requires review and amendment to ensure it supports the requirements of the Equality Act.

6.1.10

Reduce socio-economic inequalities (new public sector duty to be enforced from April 2011). Considerable work is required in this area as the Trust does not currently capture data from patients re their socio-economic status, ie homeless, employed, benefit status, job type etc.

7) Training

7.1

Equality and Diversity awareness training is included within corporate induction and reinforced within Conflict Resolution training.

7.2

An e-learning package is available and was accessed by 15 members of staff in Q3.

7.3

Harassment, Bullying and Diversity training is mandatory for all Band 7 and above staff and there is relatively good compliance with this.

7.4

Equality and Diversity awareness Roadshows have been delivered in the workplace to 665 members of staff in Q3.

8) Productive Diversity – Trust Board Away Day Workshop

This methodology was used as a means of improving Trust governance and performance through a focus on diversity and inclusion at the top level of the organisation.

The methodology sees diversity as an opportunity rather than an obligation. It recognises that diverse organisations are safer as different strands of thinking can be utilised, the customer base is better understood and staff needs are more fulfilled.

The workshop consisted of an honest evaluation of current culture, processes and achievements in relation to diversity.

The output of the workshop and action as a result needs discussion at a Trust Board seminar to ensure further development and growth of the organisation as part of the Board Development Programme.

9) Equality and Diversity system

The above tool has been developed with the aim of driving up equality performance and embedding equality into mainstream NHS business. The SHA is offering Trusts the opportunity to be an early implementer of the system and we have put ourselves forward for this.

Conclusion

The Trust's work on Equality and Diversity continues at a steady pace and involving all levels of the organisation, patients and the public.

The Trust Board can be assured that its statutory obligations are being met and that work is underway to ensure we meet the needs of the new Equality Act.

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:	24 February 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**.

Service Performance:

- ***Please note: The Department of Health has revised the range of indicators which comprise the Operational Standards and Targets. The revisions relate to amended Key Performance Indicators (KPIs) for the assessment of 18-week RTT performance and inclusion of Primary Angioplasty (150 minutes) as the Reperfusion Target. Historical performance (since October 2010) has been assessed against the revised KPIs.***
- There is 1 area of underperformance during the month of January; Delayed Transfers of Care.
- The overall weighted score for the month of January is calculated as 2.93 with the Trust classified as Performing.

Financial Performance:

- The weighted overall score remains 2.85 and is classified as Performing. Underperformance is indicated January in 3 areas; Better Payment Practice Code (Value), Better Payment Practice Code (Volume) and Creditor Days.

Foundation Trust Compliance Report:

- There were no areas of underperformance reported within the framework during the month of January. Performance in areas where no data are currently available for the month are expected to meet operational standards.
- The projected overall score for the month of January is 0.0. The Overall Governance Rating is GREEN.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

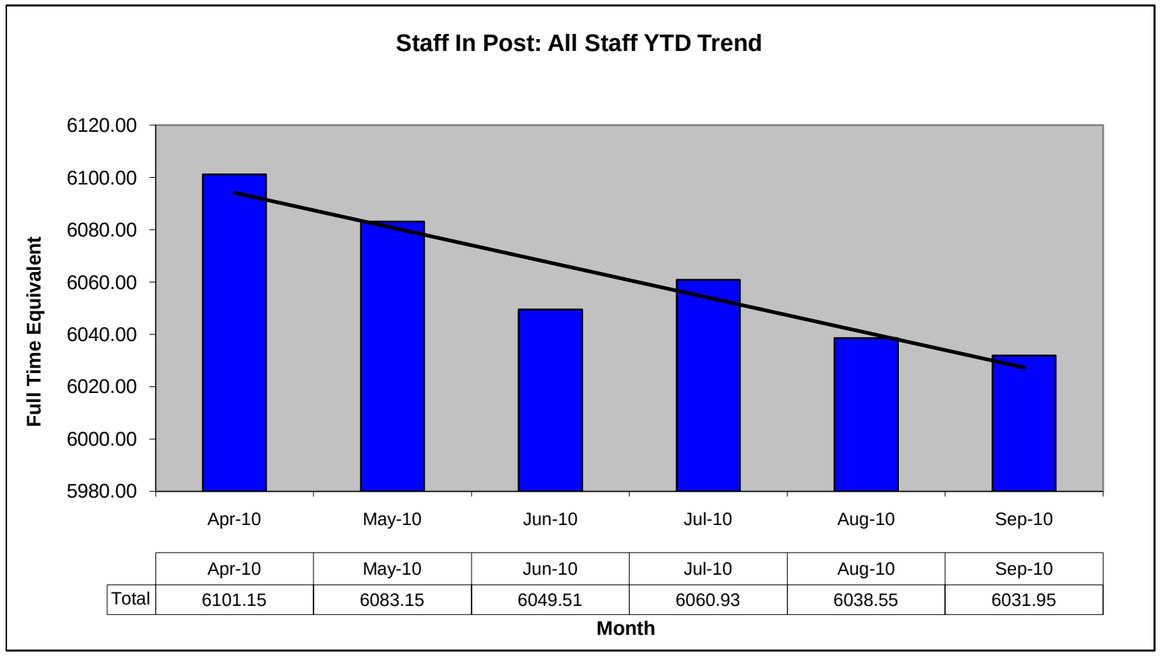
IMPACT ASSESSMENT *(Indicate with 'x' all those that apply in the second column)*:

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

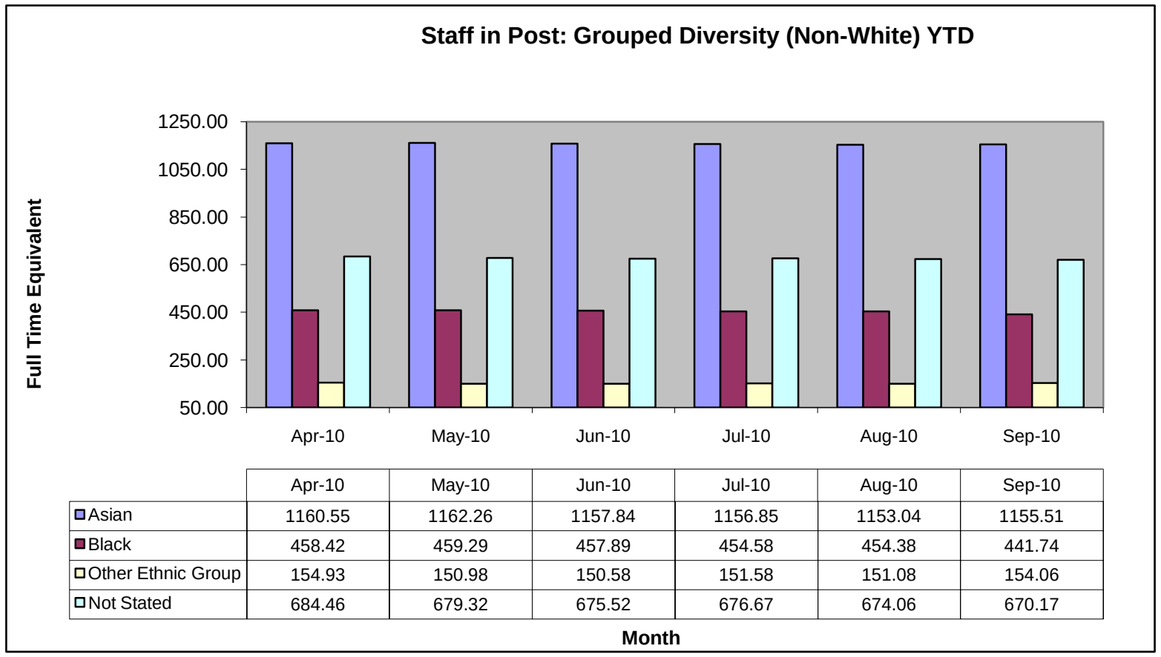
PREVIOUS CONSIDERATION:

Financial Management Board on 15 February 2011 and Finance and Performance Management Committee on 17 February 2011.

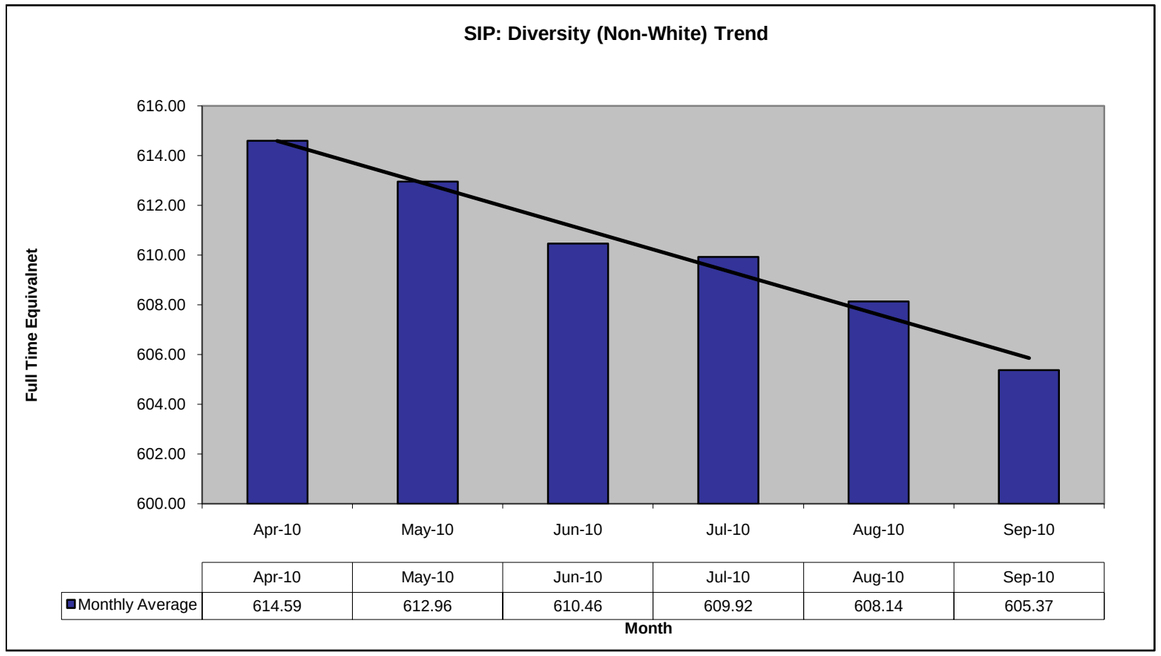
2. SIP Graphs



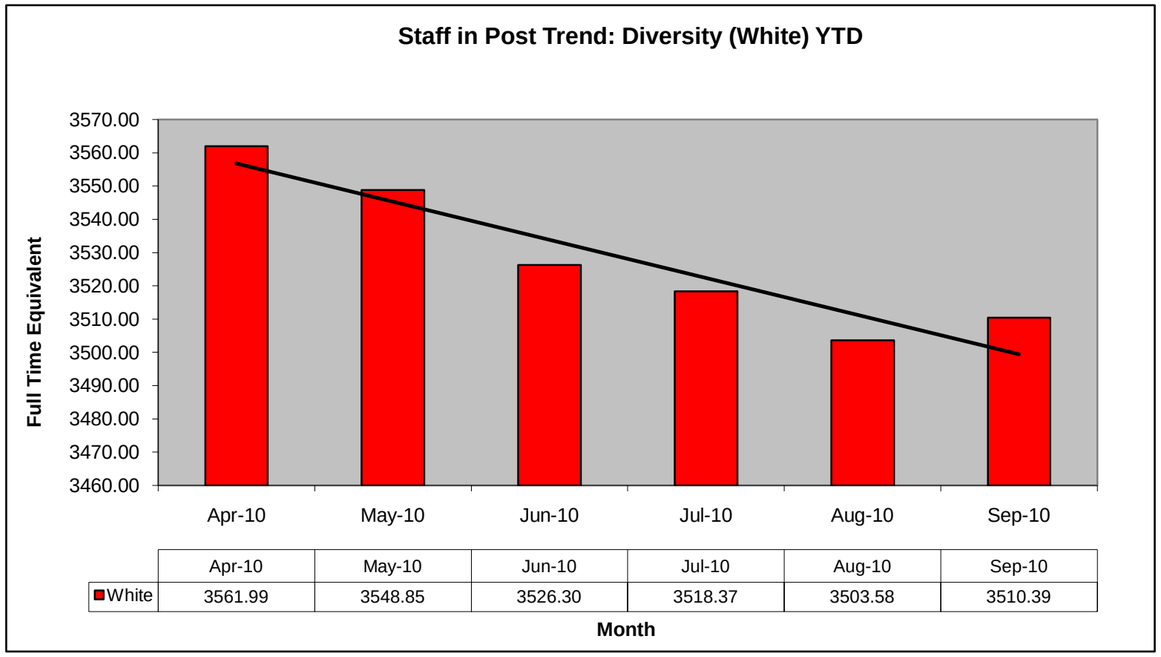
	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10
Total	6101.15	6083.15	6049.51	6060.93	6038.55	6031.95



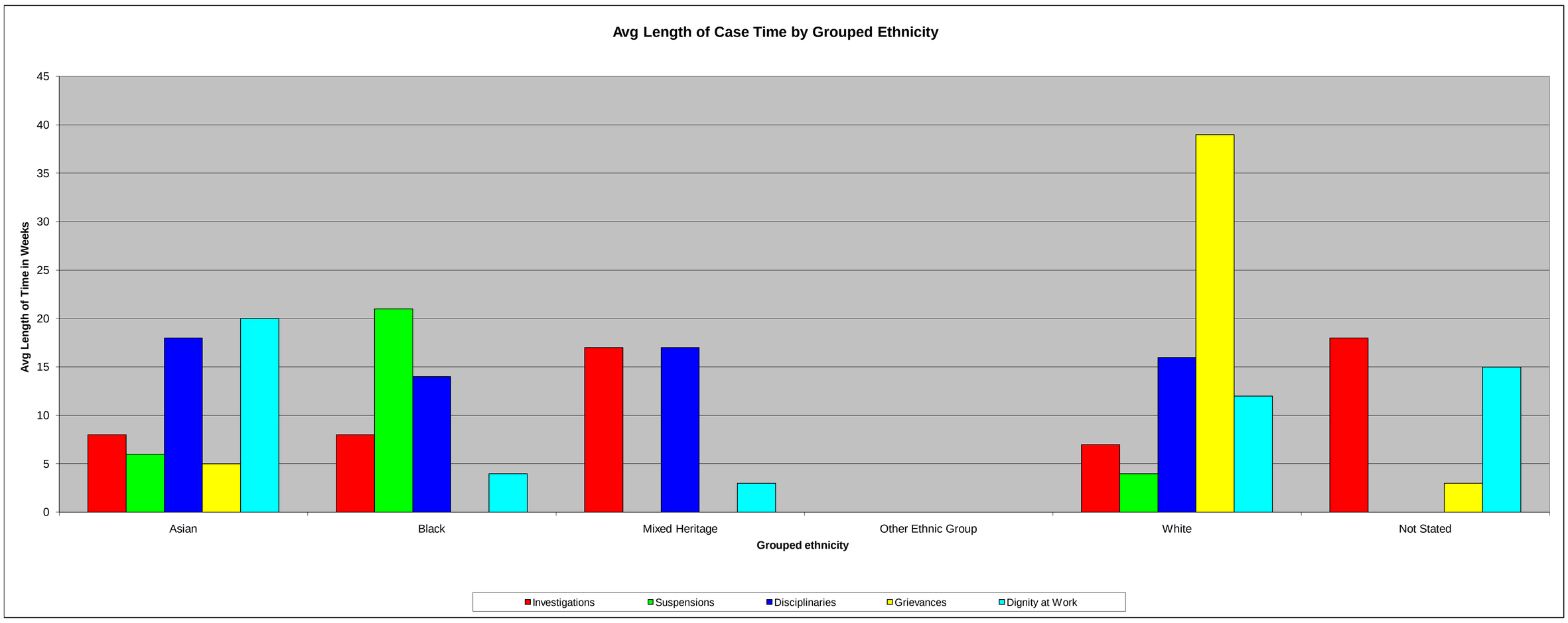
	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10
Asian	1160.55	1162.26	1157.84	1156.85	1153.04	1155.51
Black	458.42	459.29	457.89	454.58	454.38	441.74
Other Ethnic Group	154.93	150.98	150.58	151.58	151.08	154.06
Not Stated	684.46	679.32	675.52	676.67	674.06	670.17

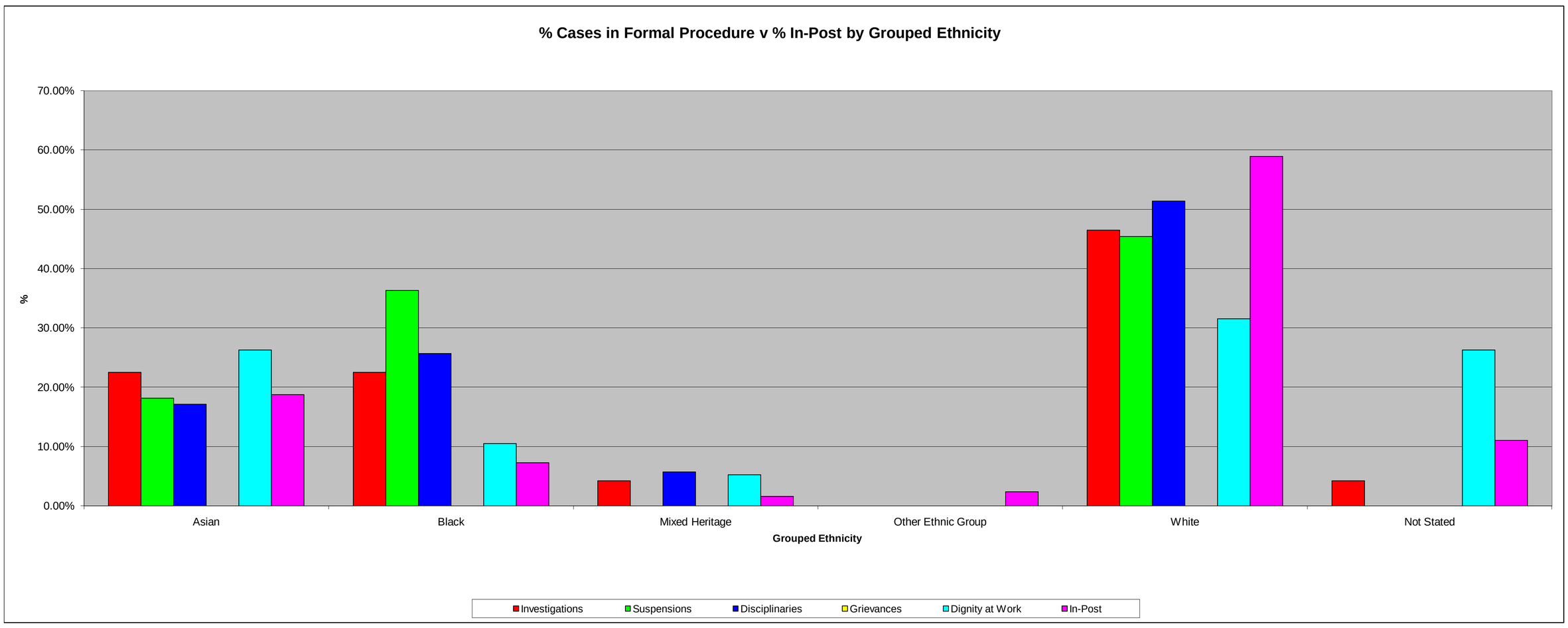


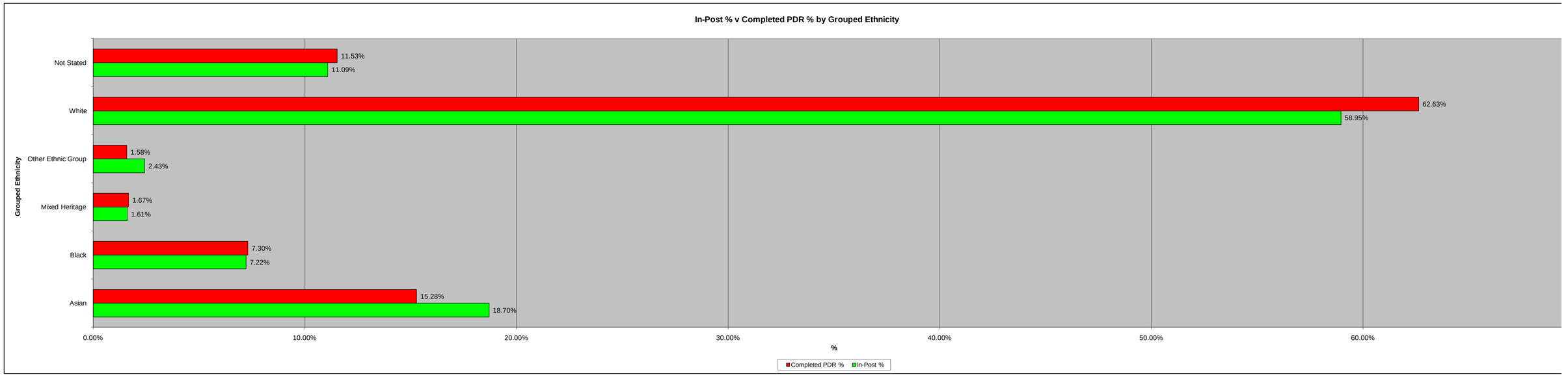
	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10
Monthly Average	614.59	612.96	610.46	609.92	608.14	605.37



	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10
White	3561.99	3548.85	3526.30	3518.37	3503.58	3510.39

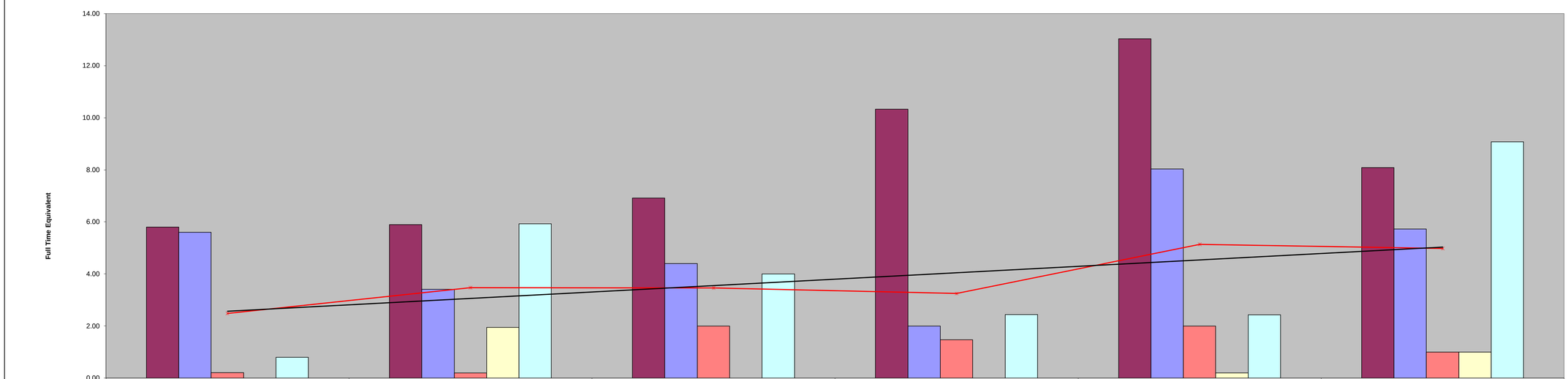

Avg Length of Case Time by Grouped Ethnicity
Avg Length of Time in Weeks
45
40
35
30
25
20
15
10
5
0
Asian
Black
Mixed Heritage
Other Ethnic Group
White
Not Stated
Grouped ethnicity
Investigations
Suspensions
Disciplinaries
Grievances
Dignity at Work


% Cases in Formal Procedure v % In-Post by Grouped Ethnicity
%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Asian
Black
Mixed Heritage
Other Ethnic Group
White
Not Stated
Grouped Ethnicity
Investigations
Suspensions
Disciplinaries
Grievances
Dignity at Work
In-Post


In-Post % v Completed PDR % by Grouped Ethnicity
Grouped Ethnicity
Not Stated
White
Other Ethnic Group
Mixed Heritage
Black
Asian
11.53%
11.09%
62.63%
58.95%
1.58%
2.43%
1.67%
1.61%
7.30%
7.22%
15.28%
18.70%
0.00%
10.00%
20.00%
30.00%
40.00%
50.00%
60.00%
%
Completed PDR %
In-Post %


9. PDR's
70.00%

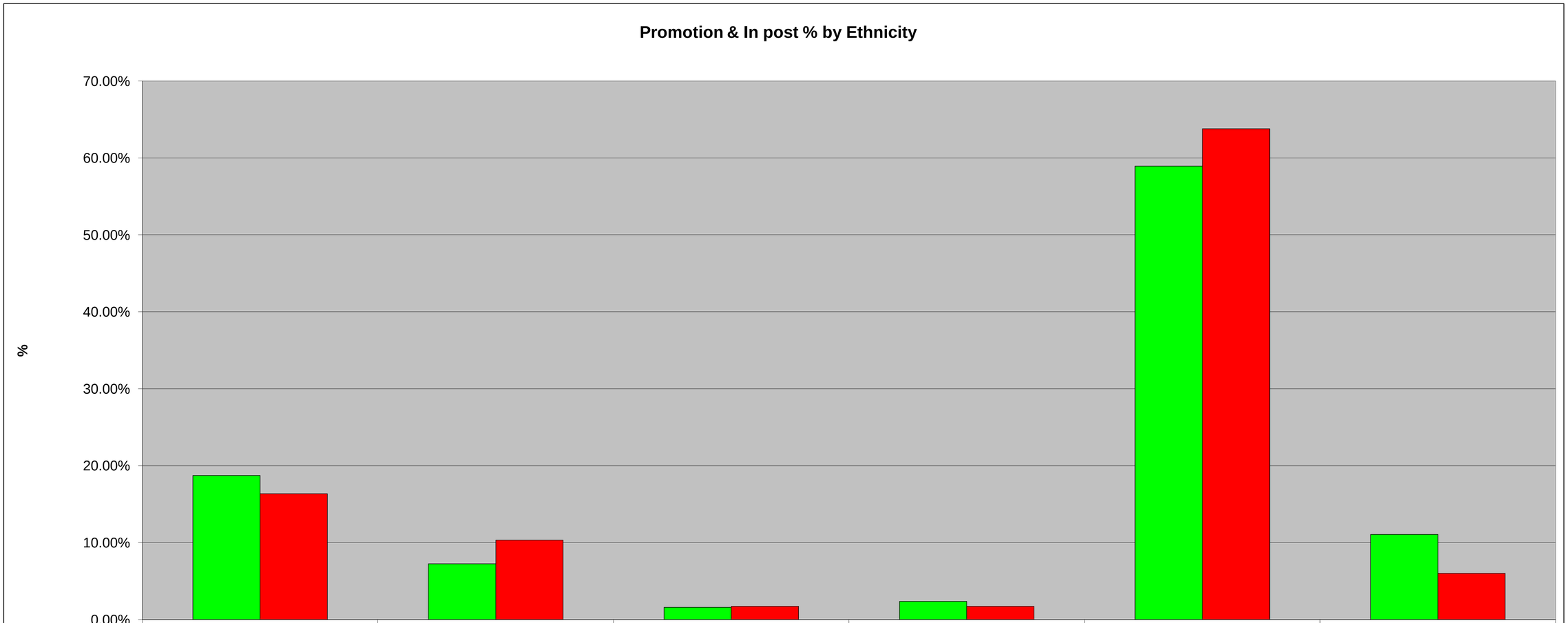
Leavers Trend: Grouped Ethnicity (Non-White) with Average YTD



	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10
Asian	5.80	5.89	6.92	10.33	13.03	8.08
Black	5.60	3.41	4.40	2.00	8.03	5.73
Mixed Heritage	0.21	0.20	2.00	1.47	2.00	1.00
Other Ethnic Group	0.00	1.95	0.00	0.00	0.20	1.00
Not Stated	0.80	5.93	4.00	2.44	2.43	9.07
Monthly Average	2.48	3.48	3.46	3.25	5.14	4.98

Month

Promotion & In post % by Ethnicity



	Asian	Black	Mixed Heritage	Other Ethnic Group	White	Not Stated
In post %	18.74%	7.26%	1.60%	2.37%	58.95%	11.07%
Promotion %	16.38%	10.34%	1.72%	1.72%	63.79%	6.03%

Ethnicity

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Assurance Framework 2010/11 – Quarter 3 Update
SPONSORING DIRECTOR:	Kam Dhami, Director of Governance
AUTHOR:	Simon Grainger-Payne, Trust Secretary
DATE OF MEETING:	24 February 2011

SUMMARY OF KEY POINTS:

This report is provided to update the Trust Board on progress with actions undertaken to address the gaps in control and assurance against corporate objectives, which were identified in the Assurance Framework.

A summary of pre and post mitigation scores is below:

Pre mitigation		Post mitigation	
Risk Status	**Corporate Objectives**	**Risk Status**	**Corporate Objective**
RED	1.2, 2.1, 2.4, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 3.2, 4.4, 6.1, 6.5, 6.6	**RED**	None
AMBER	1.1, 1.4, 1.5, 2.2, 2.3, 3.1, 4.1, 4.2, 5.2, 6.3, 6.4, 6.8, 6.10	**AMBER**	1.1, 1.4, 2.1, 2.3, 2.4, 2.6, 2.7, 2.9, 2.11, 3.1, 3.2, 4.1, 4.2, 4.4, 5.2, 6.1, 6.3, 6.5, 6.8,
YELLOW	1.3, 2.5, 4.3, 5.1, 5.3, 5.4, 6.2, 6.9, 6.11	**YELLOW**	1.2, 1.3, 1.5, 2.2, 2.5, 2.8, 2.10, 4.3, 5.1, 5.3, 5.4, 6.2, 6.4, 6.6, 6.9, 6.10, 6.11
GREEN	None	**GREEN**	None

Following the application of the proposed mitigating treatment, no risks remain at red status.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is recommended to note the risks associated with the delivery of the Trust's corporate objectives and progress with actions to address the gaps in assurance and control.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Relevant to all strategic objectives
Annual priorities	Relevant to all annual priorities
NHS LA standards	
CQC Essential Standards Quality and Safety	
Auditors' Local Evaluation	Supports the evidence required for the internal Control dimension

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:

Governance Board on 4 February 2011.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

ASSURANCE FRAMEWORK 2010-11 – QUARTER 3

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

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

February 2011

Abbreviations:

CE	Chief Executive
CN	Chief Nurse
COO	Chief Operating Officer
DE / NHPD	Director of Estates/New Hospital Project Director
DFPM	Director of Finance and Performance Management
DG	Director of Governance
MD	Medical Director
DSOD	Director of Strategy and Organisational Development
HoC	Head of Communications

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

ASSURANCE FRAMEWORK 2010/11

Principal risks				Controls			Assurances		Action plan to address gaps		Progress with the actions planned to address gaps			
	Pre-mitigation			Key controls	Assurances on controls	Gaps in controls	Positive assurances	Gaps in assurance				Post-mitigation		
What could or is preventing this objective from being achieved?	Probability	Severity	Risk score	*What controls / systems we have in place to assist in securing delivery of our objective*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*Where are we failing to put controls/systems in place? Where are we failing to in making them effective?*	*We have evidence that we are reasonably managing our risks and objectives are being delivered*	*Where are we failing to gain evidence that our controls / systems, on which, we place reliance, are effective?*	*What needs to be done to address the identified gaps in control and assurance*	*Executive Lead and due date*	*Outline of progress to date on actions taken to minimise risk and/or progress with addressing the gaps in control and assurance*	Probability	Severity	Risk score
1. Accessible and Responsive care														
1.1 Continue to achieve national waiting time targets (including A&E, cancer targets and 18 weeks)														
High levels of demand for elective and/or emergency treatment mean that the Trust does not have capacity to hit targets. Planned reductions to bed capacity take place without associated service changes resulting in insufficient capacity to hit targets.	4	3	**12**	Well established system for managing capacity including 2xdaily bed meetings, 3xweekly COO review and further escalation as required Project team established chaired by Deputy COO.	Daily, weekly and monthly performance reports. Comparative performance with rest of SHA. Progress with capacity reductions reviewed at FMB and F&PC through CIP reports.	No significant gaps in control Currently have range of actions plans rather than single comprehensive plan.	The Trust systems have a track record of delivery. Regular reports to FMB and F&PC show progress. Comparative national data on 4 hour wait position now published weekly.	No significant gaps in assurance. No significant gaps in assurance.	No significant gaps. Project team to pull together single action plan for all changes to capacity during 2010/11.	COO	Revised action plan agreed in August for capacity changes and patient flow issues focussing on directorate by directorate activity. Second round of directorate reviews now taking place. Winter capacity plan arrangements now in operation to enable trust to deal with significant increased in demand over end December / early January.	4	3	**12**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
1. 2 Continue to improve the experiences of our patients by focusing on basic nursing care and standards of privacy and dignity														
a) Inadequate staffing levels	4	4	**16**	-Minimum staff policy -Establishment reviews -E-rostering -Bank and agency provision -Recruitment strategies	-Ward reviews -Quality audits -Incident reporting trends -Staff in post figures -Bank use		Board reports x 2 year. Incident and complaint reports. Bank reports.		Continue ward reviews. Implement e-rostering and activity measurement tools. Regular establishment reviews.	CN	No further progress to report as at January 2011.	4	2	**8**
b) Staff not focussed on delivery of high quality care.				-Training and competency assessment -Policies on basic care provision -Stated standards expected -Patient surveys -Carer surveys -Facilitators -Patient Experience Committee -Optimal Wards	-Ward Reviews -Quality audits -Survey results -Incident data -Patient feedback/ stories -Patient Experience Committee minutes.		Board reports. Complaint and incident reports. CQUIN targets. Patient survey reports.		Data collection. Increase frequency audits and observations of care. Reporting regularly. Appropriate equipment.					
1.3 Make communication with GPs about their patients quicker and more consistent														
Insufficient management capacity to make changes to communication as well as other changes.	4	2	**8**	Project team established and key measures identified.	Limited current assurances.	No system at present for measuring / reporting progress on this objective.		No system at present for reporting progress on this objective.	Establish clear project plan for improvement. Identify measures and introduce system for reporting progress.	COO (Sept)	Action plan agreed including work to ensure that current standards for letters are being met, LiA for medical secretaries for March and work on the business case for digital dictation.	4	2	**8**
Limitations in the Trust's IT restrict the scale of change that can be delivered.				As above	As above.	As above.		As above,	As above.		Progress also made with A&E communications pharmacy and imaging results.			

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
1.4 Improve our outpatient services, including the appointments system (QuEP)														
Insufficient management capacity to make changes to outpatient system on scale required.	3	4	**12**	Outpatient project board and project team established. Both chaired by COO. Project plan agreed.	Operational progress reviewed at project board and COO team meeting. Progress overseen by FMB and F&PC.	No system for reporting key measures by directorate.	FMB and F&PC oversight of progress with project.	No system for wider reporting of actions and progress to consultants / external stakeholders.	New trust dashboard to include key measures of success on this objective at directorate level. Monthly "public" report on progress and performance to be produced for wide dissemination.	COO (Jul) COO (Jul)	Good progress now being made with key actions to ensure improvement in outpatient systems. Monthly outpatient scorecard now reviewed by COO and operational team to measure progress.	2	4	**8**
Changes to the system for booking follow-up appointments and reducing cancellations to be piloted in autumn do not have expected effect.				Project plan agreed for BMEC pilot in autumn. Overseen by OP project board.	As above.	As above.	As above.	As above.	As above.		Good progress being made on many indicators some areas (e.g. multiple cancellations) still require further action. Directorate-level plans to be agreed in February.			
Continued high levels of elective demand mean we remain reliant on high levels of premium rate activity.				System introduced for tracking PRW sessions. Plans being developed with directorates to address key concerns.	As above.	As above.	As above.	As above.	Monthly PRW reports to be shared from June onwards. Directorate-level plans to be agreed to reduce where necessary.	COO (Jul) COO (Sept)	Premium rate tracking systems now fully in place and plans agreed with directorates making heavy use. Overall levels of PRW are stable but higher than last year. Further reductions in PRW will be part of planning for next year.			
1.5 Make improvements to staff attitude by ensuring our customer care promises become part of our day to day behaviour and are incorporated into the recruitment process														
Failure to effectively embed promises in day to day working of Trust	3	3	**9**	Implementation action plan developed, including recruitment aspects	Implementation plan monitored by LiA sponsor group	None identified	None available yet. Outcomes can be monitored via patient survey and complaint trends.	Sponsor Group has not yet reviewed progress with action plan.	Ensure that Sponsor Group reviews implementation of plan at regular intervals	~~CEO~~ HoC	Updated action plan reviewed by LiA Sponsor Group in December 2010	2	3	**6**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
2. High Quality Care														
2.1 Continue to keep up high standards of infection control and cleanliness														
Infection control practices not adhered to by all staff all of the time.	4	4	**16**	- Training Standards set - Policies - Screening processes - IC team - DIPC - Action plans and assurance framework - Hygiene Code - Cleaning standards - PEAT processes	- Board reports - IC data and trends - Audit programme - Screening numbers - RAG rating action plan - IC Committee minutes.	None identified	Board reports. Data reports.	None identified	Not applicable	CN	Progress is reported via action plans and update reports to the Trust Board. No further progress to report as at January 2011.	3	4	**12**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
2.2 Formalise our quality system to bring together all that we can do to maintain and improve our quality of care														
Complexity of the task of bringing together exiting data systems / process and organisational structures	3	3	**9**	Regular RAG rated reports covering: Performance, Quality, Nursing, Clinical Effectiveness, Patient Experience and Safety,	Monthly reporting on performance and quality indicators to the Trust Board, its sub-committees and Executive Committees.	None identified	External oversight by the SHA, PCTs and regulatory bodies.	None identified	Not applicable	DG	First draft of the Quality and Safety strategy presented at the November 2010 Trust Board seminar. The draft is being amended to incorporate the comments received before wider circulation.	3	2	**6**
2.3 Improve the protection and care we provide to vulnerable children and adults														
Vulnerable adults and children are not identified and protected effectively.	3	4	**12**	- Committee structure - Dedicated experts - Policies - Training levels 1-3 - Action plans.	- Committee minutes - Board reports - Incident data - Ward reviews	None identified	Board reports. Incident and data reports.	None identified	Not applicable	CN	Action plans are progressing well. No further progress to report as at January 2011.	3	4	**12**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
2.4 Demonstrate we have improved our management of risk by achieving NHS litigation Authority accreditation at Level 2 for both general and maternity standards														
The Trust may fail to achieve level 2 NHSLA risk management standards in February 2010 as a result of: ▪ Lack of awareness of and/or failure of staff to follow policy requirements, ▪ Inability to collect adequate evidence due to unavailability of evidence ▪ Interpretation of policies/ evidence by assessors at assessment The Trust may fail to achieve level 1 CNST maternity standards in Q4 2011/12 as a result of: ▪ Failure to evidence proper effective implementation of approved guidelines and processes.	4	4	**16**	Monthly project groups chaired by Director of Governance (NHSLA standards) and Clinical Director for Obstetrics (CNST maternity) Regularly reviewed action plans Executive and Operational Leads for specific standards/ criteria Work streams for identified "hot spot" standards Regular liaison with assessors. Dedicated NHSLA posts now funded	Regular updates to: Governance Board and Governance and Risk Management Committee	Band 7 newly created NHSLA post currently vacant	Successful Level 1 assessment in March 2010 at which 50 out of 50 policies were approved by the NHSLA assessor.	Lack of centralised evidence for some standards, resulting in difficulties in assessing status Compliance levels with some aspects of induction / mandatory training requirements Systems / processes to evidence implementation of policies need to be identified / developed for some policies.	▪ Fill vacant post ▪ Continue collection and assessment of evidence from leads / ward / service areas ▪ Continue targeted "hot spot" work streams (mandatory training, medical devices training, consent, blood ▪ Raise awareness across the organisations of the assessment process.	DG	Time is now being devoted to the collection of evidence from across the Trust to demonstrate that what is said in our policies actually takes place in practice. Particular attention has been focussed on a number of 'hot spot' areas, namely consent; mandatory training; patient information; transfer; discharge and medical devices. Specific actions have been escalated to the relevant Executive Directors.	4	3	**12**

Principal risks				Controls			Assurances		Action plan to address gaps		Progress with the actions planned to address gaps			
				Key controls	Assurances on controls	Gaps in controls	Positive assurances	Gaps in assurance						
2.5	**Successfully implement the outcome of the Maternity Review**													
Failure to open City Birthing Centre on schedule Failure to successfully implement obstetric reconfiguration Failure to adequately progress stand alone midwifery led unit in Sandwell (due to open Oct 2011)	2	4	**8**	Maternity Action Team acting as Project Board for scheme, chaired by CEO. Also overseen by Maternity Taskforce and Scrutiny Committee	Progress reports to MAT, MTF and Scrutiny	None Identified	Progress reports show all schemes progressing to timetable. City Birthing Centre open and operating well	None identified	No additional actions required	CEO	Not applicable	2	4	**8**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
2.6 Continue to improve our services for Stroke patients														
The Stroke Service is complex, cross-site and cross-divisional which makes it difficult to implement and embed operational change. Large number of new targets and standards set for 2010-11 – team may not have the capacity to deliver all. Data collection resources may not be adequate. Challenging targets may require fundamental review of emergency admission processes to resolve. Resistance from clinicians who may be adverse to change or perceived additional work	4	4	**16**	Stroke action team headed by Deputy Medical Director and Deputy Ops Director draws all the elements together. Objectives for 2010/11 prioritised in Integrated Stroke Action Plan Data collection clerk in post. Stroke implementation officers out to appointment Corporate oversight of information Stroke Action team Stroke Action Team - multidisciplinary - secures commitment from all stakeholders	Integrated stroke action plan Minutes of Stroke action team Monthly performance reports(not yet live)	Trust does not currently provide information on pathway basis across all elements of the service	Some elements of data corporately monitored – time to scan for all admitted patients and % of time on stroke unit. Evidence of re-engineering of pathways including protected beds Delivery of stroke action plan.	Operational Divisional teams currently not receiving stroke performance data Action plans not completed for all Workstreams PCTS not assured we are meeting contractual specifications. Data currently not accurate and incomplete	Deputy GM Medicine (Stroke) initiating overall comprehensive information package which will be reviewed by Elderly Care Directorate in short term. Trust to review reporting lines for cross cutting services including Stroke. Action Plans to be completed. Improve data.	MD 30/9/10 31/3/11 31/3/11 31/3/11		3	3	**9**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
2.7 Improve the quality of service and safety within our A&E departments														
Improvement requires a change in culture which takes time to embed. Difficulty recruiting quality staff – medical and nursing. Attempting service improvement in period of increasing activity. Clinician resistance to change in practice (eg cross-site working) or perceived increase in workload. IT infrastructure currently different on the two sites. Major adverse publicity due to unexpected event could overtake ED Action plan.	4	5	**20**	ED Action team meets fortnightly ED Risk Register Ongoing reporting of SUIs Ongoing monitoring of TTR action plans at AEC and EDAT External reviews- WMQRS , HEFT	ED action plan reported monthly to Trust Board Reports of external reviewers	Operational dashboard to be developed	Improvement in number of SUIs reported Improvement in staff survey results	No patient feedback	Complete actions on ED action plan Develop operational dashboard Plan program of patient surveys for 2011/12	MD 31/3/11 30/9/10 2011/12	Immediate actions on mitigation plan broadly complete and strategic development plan for the EDs in preparatory stages. Development efforts compromised somewhat by recruitment and retention problems at consultant level. Operational dashboard in prototype form as a monthly spot-check audit reported to the Board commenced in August 2010. WMQRS review complete. No unexpected findings. EDAT continuing to monitor action plan. Risks remain with regard to information technology.	2	5	**10**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
2.8 Achieve the new Quality and Innovation targets agreed with our commissioners (CQUIN) for 2010/11														
IMT resource needed to design electronic data capture solutions for VTE, smoking, stroke and Think Glucose Do not yet have shared agreement and understanding of targets or priorities See Stroke (section 2.6 above) Targets are not achieved in relation to: Tissue Damage Falls Patient Survey	4	4	**16**	Smoking system already implemented Stroke systems under development as described in section 2.6 - Data collection - Training standards known - Internal surveys - Equipment in place - Relevant policies - Incident reporting - Optimal Wards	Regular reporting in performance report. Monthly reports Real time survey results Ward reviews Incident data	VTE and Think Glucose – similar risks to Stroke (see section 2.6). Systems under development.	Delivery of CQUIN targets Performance reports	n/a	Deliver stroke action plan Develop systems for think glucose and VTE	MD/ COO /CN 31/3/ 11 30/9/ 10	Satisfactory progress with systems development. 'Think Glucose' incorporated into bed management project as is VTE. Separate reports weekly for VTE performance. VTE performance did exceed 90% on 23 December. Further controls being implemented at ward and theatre level.	2	3	**6**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
2.9 Improve our key patient pathways so that they improve patient experience and use of resources (QuEP)														
Operational pressures due to increased demand restrict our ability to deliver sustainable service improvement. Insufficient management capacity (either general mgmt or service improvement capacity) limits our ability to make changes.	4	4	**16**	Project teams and plan established for 4 key pathways. Specific measures of progress being identified.	Progress reported to COO Team and reviewed at F&PC monthly. Quarterly benchmarking information from BCBV provides external check.	Do not yet have specific set of measures of progress for each pathway.	Monthly reports to FMB, F&PC and TMB. Quarterly benchmarking information from BCBV.	No significant gaps in assurance.	Agree and begin to report specific measures for each of the 4 pathways.	COO (Aug)	Project now focussing on improving outpatient systems (see above), improving inpatient flow / discharge and theatre pathways. Set of measures now available in improvement reports for outpatients and patient flow. Theatre utilisation data has been available for some time.	2	4	**8**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
2.10 Deliver quality and efficient projects led by clinical directorates (QuEP)														
Not all directorates have proposed QUEP plans Need to co-ordinate and monitor proposed plans	5	3	**15**	Overall Directorate QUEP plan (under development) Monthly progress reporting from directorates Review through QMF process Monthly reports to FMB	Directorate QUEP plan Progress Reports Monthly reports to FMB	Lack of robust infrastructure for monitoring plans	Monthly monitoring and reporting to QUEP Workstreams at FMB.	n/a	Clinical fellow in medical leadership to be appointed and take overall project monitoring role.	MD 30/9/10	Plans now monitored quarterly through directorate review process. Monthly reporting needs to be improved. No further progress to report as at January 2011.	3	2	**6**
2.11 Implement the National Nursing High Impact Changes (QuEP)														
Staff do not adhere to plans for delivering high impact actions and patient care and experience does not improve.	4	4	**16**	- Action plans - Education and plans - ADN leads - Data collection - Nursing structure and appropriate staffing - Optimal Wards.	- Ward Review results. - Data reports.		Board reports. Incident reports. Patient survey results.		Reinstate and revitalise patient experience/ nursing quality group. Recruit Heads of Nursing posts. Electronic data capture. Regular reporting.	CN	Group is well established. Regular reports now available. Progress against key actions within target.	3	4	**12**

Principal risks	Controls			Assurances		Action plan to address gaps	Progress with the actions planned to address gaps
	Key controls	Assurances on controls	Gaps in controls	Positive assurances	Gaps in assurance		
3. Care Closer to Home							
3.1 Make full use of the outpatient and diagnostic centre at Rowley Regis Hospital							

Principal risks				Controls			Assurances		Action plan to address gaps		Progress with the actions planned to address gaps			
				Key controls	Assurances on controls	Gaps in controls	Positive assurances	Gaps in assurance						
There is insufficient space at Rowley to increase outpatient activity. There is insufficient demand for services provided from Rowley.	4	3	**12**	Outline plan for future of Rowley produced. Needs to be developed into more detailed plans for 2010/11	Progress monitored through COO Team and RCRH Strategy Group.	Detailed plan for Rowley for 2010/11 still to be produced.	Plan will be presented to appropriate committee plus RCRH Strategy Group when prepared.	Arrangements for oversight to be agreed once plan produced.	Agree detailed plan for Rowley for 2010/11. Establish appropriate arrangements for sign-off of the plan and monitoring progress with delivery.	COO (Sep) COO (Sep)	Outline service development plan for Rowley agreed at RCRH Bd in September. Ophthalmology service now launched at Rowley. Progressing with developing detail of service development plan including LiA for Rowley staff later in the year. Planning continuing for development of new inpatient centre at Rowley.	3	3	**9**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
3.2	**Make a full contribution to the Right Care Right Here programme, including three main projects – outpatient demand management, urgent care and intermediate care**													
That the Trust has insufficient capacity (management and/or clinical) to contribute to these projects. That the projects are not able to deliver changes on the scale needed to support progress towards the RCRH model of care.	4	4	**16**	Trust has identified lead managers to support the projects. Progress is reported to RCRH Implementation Board monthly (chaired by CEO).	RCRH Programme Director also produces monthly report on progress that is shared with Partnership Board and Trust Board.	Trust will need to keep level of resources committed to this work under review as it progresses.	RCRH Programme Director's report to Trust Board.	No significant gaps.	Keep level of project management support and input from Trust under review as projects develop.	COO (ongoing)	Trust playing full role in the delivery of the project to date. Specific reports to RCRH Implementation Board introduced to make sure trust continues to play full role going forward.	3	3	**9**
4.	Good Use of Resources													
4.1	**Deliver a planned surplus of £2.0m**													
The risks that could materialise include an under-delivery of efficiency savings, unplanned costs arising especially where these are not offset by additional income for activity above targeted levels.	3	4	**12**	Performance Framework, F&PMC and TB. Qtrly reviews and Divisional scrutiny at F&PMC provides robust system of checks & corrective action.	Independent verification of strength of systems via IA plan, non-Exec chairing of committees and external audit opinion on Use of Resources.	The closing details of the modified contract for managing elective activity with SPCT and HoBtPCT must be finalised.	Risks identified and costed as part of the startpoint plan together with monitoring of that plan routinely at F&PMC and TB. Final drafts prepared for C&V elective element of overall contract.	None identified.	Scheme of close monitoring and management of the CIP is in place, including replacement scheme approval mechanism where slippage arises (e.g. c. £300k at Month 8). Referral mechanism now operating on a quarterly basis.	DFPM	Contract monitoring processes with commissioners now take account of referral behaviour for the purposes of measuring income variations	3	3	**9**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
4.2 Improve our expenditure by delivering a Cost Improvement Programme for £20m														
Potential risks include a delay in delivering savings targets leading to a financial shortfall that is not bridged via other new schemes. A further potential risks involves the replacement of recurrent schemes with non-recurrent savings leading to an underlying pressure in 11/12.	3	3	**9**	FMB monitoring and scrutiny of exception report together with discretion to agree replacement schemes.	Minutes of meeting, upward reporting to F&PMC.	None identified.	Line by line reporting at FMB, incorporated into Divisional Reviews, F&PMC review of Div position, minutes of meetings.	None identified.	Monitoring systems in place and working to measure and manage risks.	DFPM	As some slippage exists, together with challenging schemes coming into place the post mitigation score reflects the startpoint and will be updated throughout the year.	3	3	**9**
4.3 Review corporate expenditure in key areas (QuEP)														
Non availability of comparative data or baseline analysis	2	3	**6**	Routine monitoring to FMB, F&PMC, availability of benchmarking data	Progress reports with achievement of deadlines together with ad hoc decision points on future strategy for certain corporate expenditure areas.	None identified.	Evidence gain from updates on project plan.	None identified	None required.	DFPM	Significant paper prepared on the future of procurement. Analysis presented of the central DH feedback from the back office benchmarking exercise.	2	2	**4**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
4.4 Ensure that we have the right amount of ward, operating theatre and clinic capacity for our needs (QuEP)														
That we are not able to deliver our bed reconfiguration plans for 2010/11 either due to increases in demand or difficulties in delivering service redesign. That we are not able to improve theatre and outpatient efficiency in line with our plans.	4	4	**16**	Project team for medical bed changes established and being chaired by Dep COO. Progress reported to FMB and F&PC. Project plans in place for outpatient and theatre work. Progress reported to FMB and F&PC.	Reports to F&PC and FMB on progress with delivery of bed changes. Progress reports to F&PC.	No significant gaps No significant gaps in control.	Current delays to delivery due to increases in demand identified and plans being developed to respond to them. Progress being made and reported to F&PC.	No significant gaps in assurance. No significant gaps in assurance.	Further development of bed reconfiguration project plan to respond to current levels of demand.	COO (Aug)	Bed reconfiguration plan has been updated in the light of performance to date, plans for winter and same-sex changes at City. Current plan on track. Theatre and outpatient activity and capacity planning also now underway.	3	4	**12**
5. 21st Century Facilities														
5.1 Continue the process to buy the land for the new hospital														
CPO to be confirmed	2	4	**8**	Trust had professional advice and representation at Public Inquiry - now completed. Awaiting report form inspector followed by approval by SoS	Witness statements, Inquiry statements prepared to CPO barrister requirements	None identified	Professional opinion of advisors, LAG meeting notes. Compliance with project timescales	None identified	None identified	DE/ NHPD	No further work to be undertaken prior to Secretary of State notification.	2	4	**8**

Principal risks				Controls			Assurances		Action plan to address gaps		Progress with the actions planned to address gaps			
				Key controls	Assurances on controls	Gaps in controls	Positive assurances	Gaps in assurance						
5.2 Start the formal procurement process for the construction of the new hospital														
Failure to achieve project plan, this could be due to:- Lack of resources, Change in requirements Technical difficulties, Failure of approval steps in timescales allowed, Failure of CPO	4	3	**12**	Agreed project plan and resource schedule in place	Acute hospital project board receive routine report and scrutinise process/ plans	None known	Board minutes and reports	Gateway Review undertaken. Some recommendations highlighted. Project rated 'Amber/Green'.	Action plan to respond to Gateway Review being prepared for Project Team/Board.	DE/ NHPD	Plan being prepared.	3	3	**9**
5.3 Ensure we are fully involved with our Primary Care Trusts in the design of major community facilities (i.e. City, Rowley and Sandwell)														
Insufficient resources to engage fully	2	3	**6**	Project teams for City and SGH established	Project team minutes and reporting Monthly report to Implementation Board	Gateway Review of acute project highlighted the interdependency of this objective and the reliance of some SWBH staff	Projects progressing as planned	None identified	Project execution plan being developed, resource schedule for Acute Hospital Project and retained estate being developed.	DE/ NHPD	Resource schedule will indicate if further resources are required.	2	3	**6**
5.4 Continue to improve current facilities, including a new CT scanner at Sandwell and a major redevelopment of the Medical Assessment Unit at City														
Insufficient resources to deliver programme	2	3	**6**	Project teams established	Project reported to SIRG (monthly)	None identified	SIRG project reports available	None identified	Not applicable	DE/ NHPD	None required at present.	2	3	**6**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
6. An Effective NHS Foundation Trust														
6.1 Ensure that the Trust is registered with the Care Quality Commission and maintains its registration throughout 2010/11														
Failure to evidence compliance with essential quality and safety requirement for CQC registration which could lead to restrictions on service provision and/or financial penalty. Indicators 'flagged' on the Trust's Quality and Risk Profile of held by the CQC e.g. Staff and Patient survey results, response to NPSA safety alerts, NHSLA accreditation status etc.	4	4	**16**	Exec leads assigned to self-assess against CQC require-ments Assurance frameworks / action plans / perform-ance monitoring reports.	Regular updates to the GB and G&RMC Regular liaison with CQC Compliance Manager Internal Audit review (planned for Q4)	n/a	Application for Registration granted by the CQC wef 1st April 2010 with no conditions.	Outcome indicators need to be compiled and reviewed on a timely basis	System to provide monitoring of on-going compliance with CQC requirements to be developed. Electronic evidence repository to be developed.	DG	A format has been developed for summarising the voluminous data held on the Quality and Risk Profile, produced by the CQC. This will be presented to the Trust board.	4	3	**12**
6. 2 Embed Listening into Action as part of the way we do things in the Trust ensuring all areas of the Trust are involved and that the approach can be maintained														
Failure to maintain momentum and continuing spread of LiA Removal of resources supporting LiA	2	3	**6**	Monthly LiA Sponsor Group, chaired by CEO – reviews all projects on rolling basis Action Plan developed to ensure embeddin g	Notes of sponsor group meetings and progress reports on action and communicati ons plans. Cyclical reports to Trust Board. Results of staff survey	None identified	Evidence of continuing large scale organic spread of LiA. Improved scores in latest staff survey.	None identified	Not applicable	CEO	Not applicable	2	3	**6**
6. 3 Implement the next stages of our new clinical research strategy														
Maintenance of reliable income streams Failure of research governance Lack of clarity about the plan	3	4	**12**	Regular reporting of progress on R&D strategy to trust board/ governanc e board Reengineer ing of R&D finance at directorate	Reports Budget reports Reports to R&D committee	None identified	Delivery of R&D strategy	None identified	Not applicable	MD	Not applicable	3	4	**12**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
				level New governanc e reporting arrangeme nts in trust										
6. 4 Reduce our impact on the environment by continuing to implement our sustainability strategy														
Lack of resources to manage sustainability action plan	3	3	**9**	Routine group meeting and quarterly reporting to Trust Board	Reports to Trust Board	Sustainability managers' post has been vacant for the last 12 months.	Progress against plan	None identified.	Not applicable	DE/ NHPD	Sustainability Managers' post now filled.	2	3	**6**
6. 5 Progress plans for a new organisational status and structure which will give staff and public a clear voice in the organisation in the future														
Uncertainty over options available (national policy) Inadequate resources to carry forward plans effectively Lack of ownership by staff, patients and public. Engagement processes and incentives do not have desired effect. Failure to deliver Right Care Right Here derails organisational strategy	3	5	**15**	Monitoring of progress at Board Seminars. FT trajectory agreement with SHA	Project plan developed.	None	Updates indicate good progress with ideas development	Lack of progress reports against plan (as plan does not exist as such) National policy not yet clear	Development of formal action plan, linked to FT application process Identification of Exec lead for project with adequate capacity Engagement process with internal and external stakeholders (using LiA)	~~CEO~~ ~~DSO~~ ~~D~~	Strategy and OD Director commenced in August 2010. Objectives include preparation of project plan. 'Owning the Future' launched at Leadership Conference, JCNC and LNCC. Also trailed in September Heartbeat. and subject of October 'Hot Topics'. Project plan developed. Further visit to John Lewis undertaken in December. White Paper published July 2010. Includes potential for this model. Discussion in progress with Department of Health. FT trajectory	2	5	**10**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
											agreed with SHA. Actions related to RCRH (see secs 3 & 5)			
6. 6 Embed clinical directorates and service line management into the Trust														
Insufficient CD time available Insufficient management resources available (finance , hr , general management) IMT resources not made available to enable information reporting by directorate Coding issues often make identification of data by directorate difficult Directorate teams do not have skills to fulfil roles Divisional reluctance to take ownership of common set of standards and processes in respect of performance management of directorates	4	4	**16**	QMF QMF directorate review process Divisional Reviews Performance Management Dashboards	QMF documents produced quarterly for each directorate Minutes of divisional reviews	Some information not yet available to QMF Information in QMF does not add to division to trust yet Dashboard still under construction	Service Line Implementation Steering Group monitors overall project plan for implementation of objective	No formal divisional review of directorates	Complete design and implementation of comprehensive quality and performance dashboards Engage with divisions to align formal directorate review by divisions with QMF	MD/ COO /DFPM 31/8/ 10 31/3/ 11	Satisfactory progress with QMF dashboard development. LiA event for CDs occurred in December 2010. Action plan now needs to be developed and implemented.	2	3	**6**
6. 7 Implement our Leadership Development Framework														
To be picked up by Director of Strategy and Organisational Development														
6. 8 Refresh the Workforce Strategy and make progress with its implementation														
That Trust priorities and /or insufficient HR capacity may result in delay in/failure to deliver the work programme	4	3	**12**	HR work programme for 2010/11 Alignment of strategic HRM with Trust OD	Regular review of progress against plan at Workforce DMT Regular reports to	HR work programme not yet finalised HR service priorities and method of delivery not	Recent strategy review and update to TB Quarterly HR Dashboards Evidence of integrated	No significant gaps in assurance	Finalise HR work programme Restructure HR service and set clear priorities and plans for deliverables HR Service	CN	Progress reports considered by TMB	3	3	**9**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
				plans Reprioritiy of HR service outputs and method of delivery	TMB Twice yearly reports to TB	finalised	approach to national staff survey, Boorman review, LiA, Leadership Framework etc.		Improvement LiA and Health and Well Being LiA events completed and action plans developed					
6. 9 Continue to develop our strategy for Information Management and Technology and improve the systems we use														
That we do not have the resources to develop our IM&T system as quickly as we would like. That we are not able to secure sufficiently wide clinical engagement for our work on IM&T.	4	2	**8**	List of IM&T projects for 2010/11 agreed at TMB. Progress reported in detail to SIRG, TMB and F&PC.	In addition to our internal reporting to F&PC, there is external assurance from the reports of the LHE IM&T Board.	Need to review the Trust's structure for engaging clinicians in IM&T.	Reports to F&PC and oversight of LHE Board provide assurance.	No significant gaps.	Review current structure for IM&T engagement and make changes as necessary.	COO (Sep)	Work in progress to review structure. Proposal for new structure agree at Exec Team in November. New programme board to be launched before the end of the year.	3	2	**6**
6. 10 Develop our strategy for medical education and training														
No one individual with overall operational responsibility for medical education and training Multiple external organisations have a view on our outputs eg UoB, deanery, SHA	4	3	**12**	Regular feedback on standards of training from deanery and medical school Internal self assessment by specialties Periodic external	Minutes of Gov Board Internal asst reports to Gov Board Reports from external bodies	Education and Training committee not live	None identified	None identified	Set up regular meetings of education and training committee Identify overall medical training lead Develop strategy	MD /DG 31/10 /10 31/10 /10 31/3/ 11	Head of Academy in place and co-ordinating with other medical educational leads. Training dashboard reported to the Board. Education and training strategy not yet developed. No further progress to report as at January 2011.	2	2	**4**

Principal risks				Controls: Key controls	Controls: Assurances on controls	Controls: Gaps in controls	Assurances: Positive assurances	Assurances: Gaps in assurance	Action plan to address gaps		Progress with the actions planned to address gaps			
				specialty reviews										
6. 11 Make improvement to the Health and Well-being of staff, including reducing sickness absence														
Failure to reduce sickness absence as planned/in line with national target (3.39%) Failure to develop leaders and managers to improve organisational behaviours to create a healthy workplace	4	2	**8**	Staff Health and Well Being Strategy approved Action plans developed (H&WB + Sickness Absence) H&WB Board level Champion identified Focus on sickness absence + H&WB through Divisional reviews Identify potential resource(s) available to support implement ation of H&WB strategy	Staff Health & Well-Being Committee chaired by Exec Lead for Workforce Regular progress reporting through LiA sponsor group, H&WB Committee, H&S Committee. Specific reports to TMB and TB twice yearly	Resource and funding stream to support implementat ion not yet identified	Staff H&WB strategy and action plan approved. Limited non-recurrent funding secured to kick start project areas during this financial year. Trust absence level currently at during 2010-11 to date has been consistently lower than achieved in 2009/10. Dedicated HR resource driving reduction in sickness absence	Currently implementing changes to HR structure. Full benefit will not be delivered until later in the New Year.	Non-recurrent funding has been found to support the delivery of the Health and Wellbeing action plan. HR structure supporting delivery of sickness absence management has been reviewed and changes to improve directorate support to be implemented w.e.f January 2011. An action plan has been developed following the HR Service Improvement LiA, implementation of which is ongoing.	CN	Discussions with Sandwell PCT and other avenues explored Considered as part of review of HR service delivery	3	2	**6**

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:	24 February 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 January 2011.

It covers:

- Progress of the Programme.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Routine monthly progress report to Trust Board

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

RIGHT CARE RIGHT HERE PROGRAMME: PROGRESS REPORT FEBRUARY 2011

INTRODUCTION

The Right Care Right Here Programme is the partnership of S&WBH, HoB tPCT, Sandwell PCT and Birmingham and Sandwell local authorities leading the development of health services within Sandwell and Western Birmingham. This brief paper provides a progress report for the Trust Board on the work of the Programme as at the end of January 2011.

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

PROJECT PERFORMANCE

Monitoring continues of the level of activity continuing to be provided in community settings for those services redesigned through former pilot projects. For the period April to the end of November 2010, overall the levels of community activity continue to be in excess of levels reported for the same period last year, with the exception of, ENT, Gynaecology, Dermatology and Ophthalmology. For these specialities community activity is below last year's level at the same rate and for the same reasons as reported least month.

Monitoring of performance has also commenced for the new service redesign workstreams within the RCRH Programme.

- Emergency and Urgent Care - Emergency Department (ED) and Urgent Care activity for the first 8 months of the year compared to the same period last year shows that the level of demand for urgent and emergency care combined continues to be greater compared to the same period last year, by 31%. This includes SWBH ED attendances being 10% lower than the same period last year and only 1% higher than the plan in the Activity and Capacity Model. The level of urgent care centre attendances are 75% higher than for the same period last year.

- Outpatient Work – Comparison between 09/10 outpatient activity and this year shows that for the first 8 months of this year the level of activity in the community has increased but the level of outpatients being delivered by SWBH in the hospital continues to be 7% above the trajectory as a result of increases in outpatient referrals and follow ups.

CARE PATHWAY REVIEWS

Care Pathway reviews continue with the following progress:

- Osteoarthritis – reviewed and approved by RCRH Clinical Group. Divisional teams within SWBH are now assessing the impact and implications of the new pathway on services provided by the Trust.
- Smoking Cessation – reviewed and approved by RCRH Clinical Group. Divisional teams within SWBH are now assessing the impact and implications of the new pathway on services provided by the Trust.
- Cardiology – approved by RCRH Clinical Group. SWBH resource impact statement produced. PCTs now producing their resource impact statement.

FUTURE HOSTING ARRANGEMETNS FOR THE PROGRAMME TEAM

The Programme Director has produced a paper setting out the options for the future hosting of the Programme Team in the light of the abolition of PCTs and the creation of GP consortia. The preferred option is for the Black Country Cluster to host the Team until the configuration, powers and duties of Consortia become more clear.

The co-ordination of the Workforce work stream within the Programme is now being delivered through a service level agreement between the Trust (SWBH) and the Programme with this work being led by Gayna Deakin, Deputy Director of HR, SWBH.

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
17th February 2011

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	RCRH Acute Hospital Development: Project Director's Report
SPONSORING DIRECTOR:	Graham Seager, Director of Estates and New Hospital Project
AUTHOR:	Graham Seager, Director of Estates and New Hospital Project
DATE OF MEETING:	24 February 2011

SUMMARY OF KEY POINTS:

The Project Director's report gives an update on:

- The Compulsory Purchase Order (CPO)
- The Outline Business Case (OBC)
- Commercial Documents

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 requested to receive and note the report.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Usual monthly update.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

right care right here

Report to:	**Trust Board**
Report of:	**Graham Seager**
Subject:	**Project Director's Report**
Date:	**February 2011**

1. Compulsory Purchase Order (CPO)

Formal notification has been issued to those with an interest in the Compulsory Purchase Order (CPO) for the new hospital site that authority has been given by the Secretary of State for Health to execute the CPO. This confirmation was formally issued on the 3rd February 2011. The confirmation also included notification that the Trust intends to execute the CPO by General Vesting Declaration (GVD). Preparatory work for the GVD has been initiated so that as soon as the OBC is approved the GVD can be executed.

2. Outline Business Case (OBC)

The team are currently the developing the response to the requirement for all new major NHS capital investments to carry out a valuation of the project benefits to strengthen the economic case. This work is required to be completed before the OBC refresh can be approved.

This is a challenging piece of work. It requires the benefit of the project to be financially quantified through economic appraisal. The team have engaged clinicians within the Trust and appointed economic advisors from Deloittes to support this work. However, as with any new piece of work there is a lack of model to follow.

A meeting has been arranged for 18th February with the Department of Health economists to review the work so far and seek clarity on the approach being taken. A verbal update will be given at the Board.

3. Commercial Documents

Work continues on the preparation of the commercial documentation with good engagement and feedback from the DH Private Finance Unit.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Financial Performance Report – January 2011
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Robert White/Tony Wharram
DATE OF MEETING:	24 February 2011

SUMMARY OF KEY POINTS:

The report provides an update on the financial performance of the Trust for the period April 2010 – January 2011.

For the period 1st April 2010 to 31st January 2011, the Trust achieved a "bottom line" surplus of £1,538,000 which is £162,000 better than the planned position (as measured against the DoH performance target).

Capital expenditure for the year to date is £11,334,000 and the cash balance at 31st January was £5.7m above the revised plan.

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

Approval	Receipt and Noting	Discussion
	X	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Financial Management Board and Trust Management Board on 15 February 2011; Finance and Performance Management Committee on 17 February 2011

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – January 2011

EXECUTIVE SUMMARY

• For the period 1st April 2010 to 31st January 2011, the Trust achieved a "bottom line" surplus of £1,538,000 which is £162,000 better than the planned position (as measured against the DoH performance target).

• A prudent view continues to be taken of LDP over performance (based on priced activity up to 31st December) and this is reflected in the reported financial position.

• At month end, WTE's (whole time equivalents) were approximately 87 below plan which represents a significant decrease on the position reported for December (53 above plan). This is primarily accounted for by a fall in the level of bank staff. Total pay expenditure for the month, inclusive of agency costs, was £44,000 below plan which brings the year to date position to £245,000 above plan.

• The month-end cash balance is approximately £5.7m above the revised plan which is higher than the December position due to the unplanned receipt of some one off items of income.

• Capital expenditure is below plan for January but remains above plan for the year to date, the result of the purchase of Grove Lane land which is a phasing issue rather than a real pressure on resources.

Financial Performance Indicators - Variances

Measure	Current Period	Year to Date	Thresholds		
			Green	Amber	Red
I&E Surplus Actual v Plan £000	3	162	>= Plan	> = 99% of plan	< 99% of plan
EBITDA Actual v Plan £000	31	487	>= Plan	> = 99% of plan	< 99% of plan
Pay Actual v Plan £000	44	(245)	<=Plan	< 1% above plan	> 1% above plan
Non Pay Actual v Plan £000	(300)	(1,679)	<= Plan	< 1% above plan	> 1% above plan
WTEs Actual v Plan	87	(3)	<= Plan	< 1% above plan	> 1% above plan
Cash (incl Investments) Actual v Plan £000	5,686	5,686	>= 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	1,376	1,538
Capital Resource Limit	10,115	11,334
External Financing Limit	---	5,686
Return on Assets Employed	3.50%	3.54%

2010/2011 Summary Income & Expenditure Performance at January 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	341,922	28,549	28,769	220	285,159	286,383	1,224	343,188
Other Income	39,676	2,729	2,796	67	31,987	33,174	1,187	40,871
Operating Expenses	(357,864)	(29,141)	(29,397)	(256)	(297,772)	(299,696)	(1,924)	(359,835)
EBITDA	23,734	2,137	2,168	31	19,374	19,861	487	24,224
Interest Receivable	25	2	6	4	21	70	49	85
Depreciation & Amortisation	(18,724)	(1,090)	(1,122)	(32)	(13,320)	(13,694)	(374)	(19,274)
PDC Dividend	(5,855)	(488)	(488)	0	(4,879)	(4,879)	0	(5,855)
Interest Payable	(2,417)	(201)	(201)	0	(2,014)	(2,014)	0	(2,417)
Net Surplus/(Deficit)	**(3,237)**	**360**	**363**	**3**	**(818)**	**(656)**	**162**	**(3,237)**
IFRS/Impairment Related Adjustments	5,275	(31)	(31)	0	2,194	2,194	0	5,275
SURPLUS/(DEFICIT) FOR DOH TARGET	**2,038**	329	332	3	**1,376**	**1,538**	**162**	**2,038**

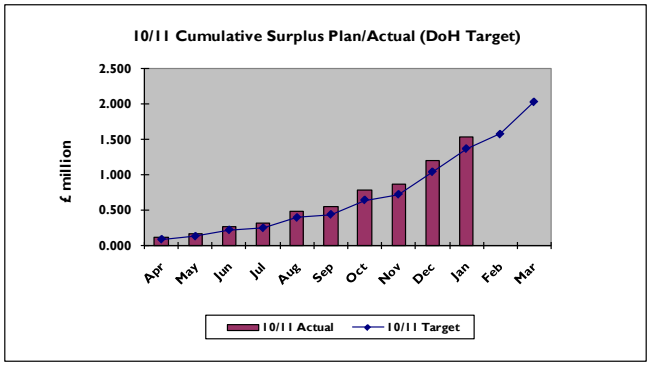
The Trust's financial performance is monitored against the DoH target shown in the bottom line of the above table. IFRS and impairment adjustments are technical, non cash related items which are discounted when assessing performance against this target.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – January 2011

Overall Performance Against Plan

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



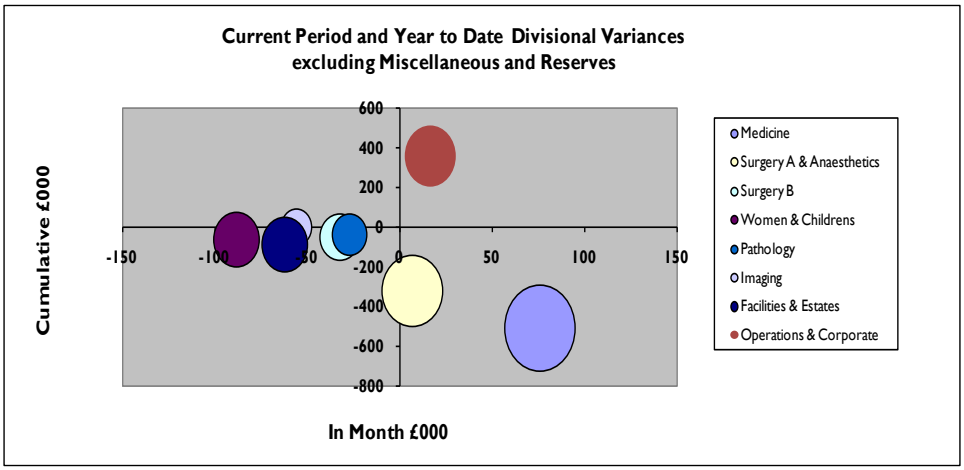
Divisional Performance

• In January, relatively small net adverse variances were generated by a number of divisions, namely Imaging, Pathology, Surgery B, Women & Childrens, Facilities and Estates.

• This in month performance has left the majority of divisions with year to date deficits although, with the exception of Medicine & Emergency Care and Surgery A, Anaesthetics & Critical Care, deficits are relatively small and it is expected that by the year end all divisions, with the exception of Medicine and Surgery A, will return overall performance broadly in line with plan.

• Much of the adverse in month performance is the result of non recurrent items or the effect of normal fluctuations in monthly expenditure although it remains essential that effective control continues to be exercised in all areas and a close watch will need to be maintained to ensure that expenditure does not increase in an uncontrolled manner towards the year end.

•If the Trust is to ensure that financial balance is maintained for the remainder of this financial year and into 2011/12 and beyond, it is essential that current cost levels are contained and managed downwards to a sustainable level going forward.

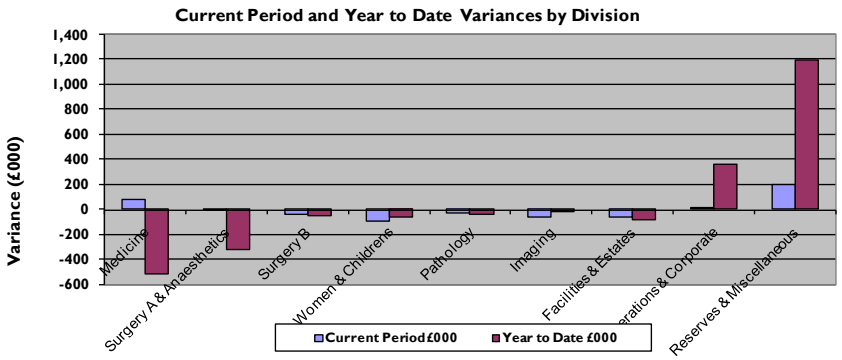


The tables adjacent and overleaf shows performance in month to be more variable than has previously been experienced with small adverse variances occurring in a number of divisions.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

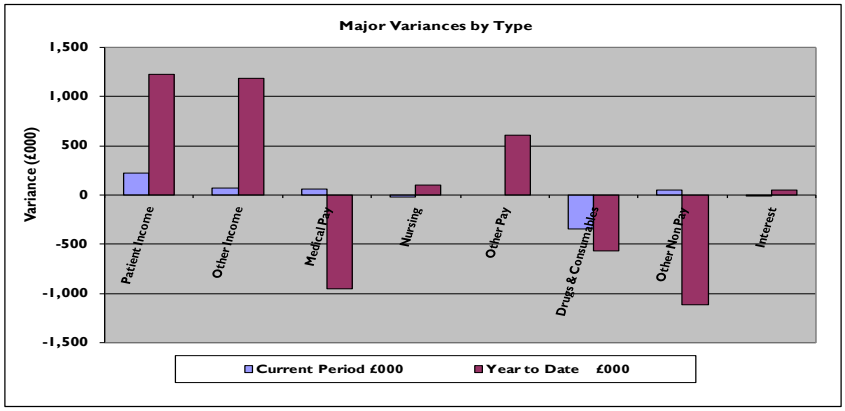
Financial Performance Report – January 2011

Divisional Variances from Plan	Current Period £000	Year to Date £000
Medicine	76	-508
Surgery A & Anaesthetics	7	-319
Surgery B	-32	-51
Women & Childrens	-88	-59
Pathology	-27	-36
Imaging	-56	-1
Facilities & Estates	-62	-84
Operations & Corporate	16	360
Reserves & Miscellaneous	199	1,191



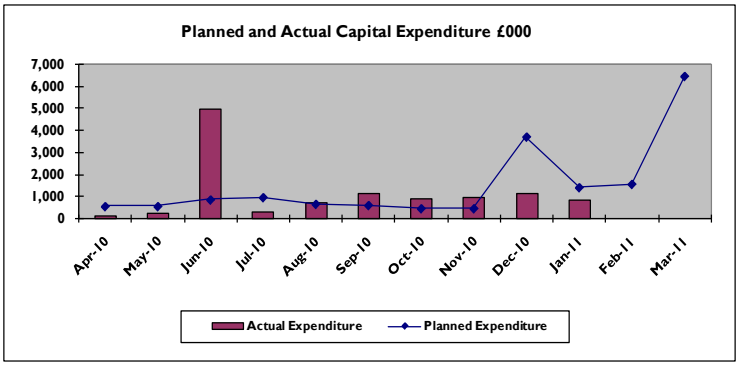
For the year to date, the table and graph below illustrate that overall, income continues to perform better than planned but this is offset by higher levels of expenditure required to maintain additional capacity and deliver higher activity levels.

Variance From Plan by Expenditure Type	Current Period £000	Year to Date £000
Patient Income	220	1,224
Other Income	67	1,187
Medical Pay	60	-955
Nursing	-16	104
Other Pay	0	606
Drugs & Consumables	-346	-567
Other Non Pay	46	-1,112
Interest	4	49



Capital Expenditure

• Planned and actual capital expenditure by month is summarised in the adjacent graph. Lower than planned expenditure was again incurred in month, primarily in respect of MAU redevelopment, digital mammography and statutory standards.



Sandwell and West Birmingham Hospitals NHS
NHS Trust

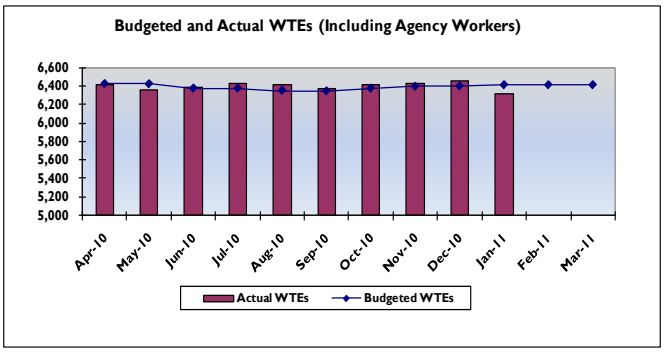
Financial Performance Report – January 2011

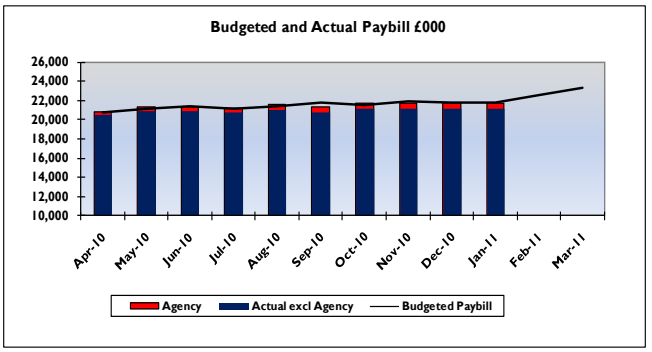
Paybill & Workforce

• Workforce numbers, including the impact of agency workers, are approximately 87 below plan for January which represents a significant reduction compared with the December position which was 53 above plan. Although there have been some small net increases in budgeted wtes, the majority of the decrease is the result of a reduction in actual wtes of 128 compared with December, 111 of these being bank staff.

• Total pay costs (including agency workers) are £44,000 below budgeted levels for the month and £245,000 above for the year to date. The main areas where expenditure remains in excess of plan continue to be medical staffing and healthcare assistants offset to some degree by lower than planned expenditure among other pay groups.

• Expenditure for agency staff in January was £583,000 compared with £567,000 for December. The biggest single group accounting for agency expenditure remains medical staffing.





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 January					
		Actual				
	Budget £000	Substantive £000	Bank £000	Agency £000	Total £000	Variance £000
Medical Staffing	62,839	61,378		2,416	63,794	(955)
Management	11,454	10,754		0	10,754	700
Administration & Estates	24,385	23,366	163	850	24,379	6
Healthcare Assistants & Support Staff	22,829	21,355	1,300	871	23,525	(696)
Nursing and Midwifery	63,045	59,824	2,357	761	62,941	104
Scientific, Therapeutic & Technical	29,901	28,952		449	29,401	500
Other Pay	96	0			0	96
Total Pay Costs	214,549	205,627	3,819	5,347	214,794	(245)

NOTE: Minor variations may occur as a result of roundings

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – January 2011

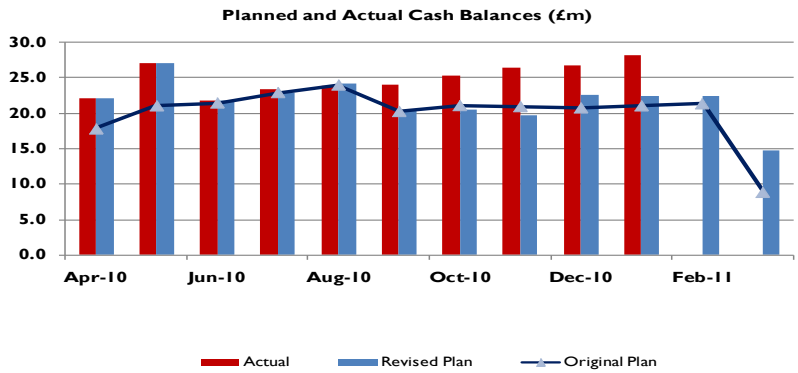
Balance Sheet

• The opening Statement of Financial Position (balance sheet) for the year at 1st April reflects the statutory accounts for the year ended 31st March 2010.

• Cash balances at 31st January are approximately £5.7m higher than the revised plan, an improvement of approximately £1.5m compared with December, primarily the result of the receipt of a number of unplanned one off items in month.

Sandwell & West Birmingham Hospitals NHS Trust
STATEMENT OF FINANCIAL POSITION

		Opening Balance as at March 2010 £000	Balance as at January 2011 £000	Forecast at March 2011 £000
Non Current Assets	Intangible Assets	426	350	375
	Tangible Assets	220,296	218,061	219,258
	Investments	0	0	0
	Receivables	1,158	1,250	1,350
Current Assets	Inventories	3,439	3,546	3,450
	Receivables and Accrued Income	19,289	19,774	19,500
	Investments	0	0	0
	Cash	15,867	28,216	18,779
Current Liabilities	Payables and Accrued Expenditure	(31,962)	(46,492)	(40,302)
	Loans	0	0	0
	Borrowings	(1,698)	(1,660)	(1,690)
	Provisions	(5,338)	(2,311)	(5,000)
Non Current Liabilities	Payables and Accrued Expenditure	0	0	0
	Loans	0	0	0
	Borrowings	(32,476)	(31,344)	(30,786)
	Provisions	(2,175)	(2,890)	(2,150)
		186,826	186,500	182,784
Financed By				
Taxpayers Equity	Public Dividend Capital	160,231	160,231	160,231
	Revaluation Reserve	36,545	37,110	36,250
	Donated Asset Reserve	2,148	1,940	1,698
	Government Grant Reserve	1,103	1,076	1,043
	Other Reserves	9,058	9,058	9,058
	Income and Expenditure Reserve	(22,259)	(22,915)	(25,496)
		186,826	186,500	182,784



Sandwell and West Birmingham Hospitals NHS Trust

Financial Performance Report – January 2011

Cash Flow

• The table below shows cash receipts and payments for January 2011 and a forecast of expected flows for the following 12 months.

Sandwell & West Birmingham Hospitals NHS Trust
CASH FLOW

12 MONTH ROLLING FORECAST AT January 2011

ACTUAL/FORECAST	Jan-11 £000s	Feb-11 £000s	Mar-11 £000s	Apr-11 £000s	May-11 £000s	Jun-11 £000s	Jul-11 £000s	Aug-11 £000s	Sep-11 £000s	Oct-11 £000s	Nov-11 £000s	Dec-11 £000s	Jan-12 £000s
Receipts													
SLAs: Sandwell PCT	**13,460**	13,586	13,586	13,236	13,236	13,236	13,236	13,236	13,236	13,236	13,236	13,236	13,236
HoB PCT	**7,114**	7,163	7,163	7,022	7,022	7,022	7,022	7,022	7,022	7,022	7,022	7,022	7,022
Associated PCTs	**5,010**	4,786	4,786	4,765	4,765	4,765	4,765	4,765	4,765	4,765	4,765	4,765	4,765
Pan Birmingham LSCG	**1,379**	1,399	1,399	1,371	1,371	1,371	1,371	1,371	1,371	1,371	1,371	1,371	1,371
Other SLAs	**532**	819	819	820	820	820	820	820	820	820	820	820	820
Over Performance Payments	**0**	0	0	0	750	750	750	750	750	750	750	750	750
Education & Training	**1,238**	1,506	1,506	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500
Loans	**0**	0	0				0	0	0	0	0	0	0
Interest	**7**	6	6	6	6	6	6	6	6	6	6	6	6
Other Receipts	**4,867**	2,004	2,004	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Total Receipts	**33,607**	31,270	31,270	30,719	31,469	31,469	31,469	31,469	31,469	31,469	31,469	31,469	31,469
Payments													
Payroll	**12,357**	12,495	12,546	12,450	12,450	12,450	12,450	12,450	12,450	12,450	12,450	12,450	12,450
Tax, NI and Pensions	**8,448**	8,895	8,931	8,900	8,900	8,900	8,900	8,900	8,900	8,900	8,900	8,900	8,900
Non Pay - NHS	**2,173**	2,076	2,366	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Non Pay - Trade	**8,045**	6,227	8,418	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,200	6,200
Non Pay - Capital	**679**	940	4,808	750	750	750	750	750	750	750	750	750	750
PDC Dividend			2,746						2,750				
Repayment of PDC													
Repayment of Loans													
Interest													
BTC Unitary Charge	**370**	365	365	374	374	374	374	374	374	374	374	374	374
Other Payments	**173**	400	400	250	250	250	250	250	250	250	250	250	250
Total Payments	**32,245**	31,398	40,579	31,224	31,224	31,224	31,224	31,224	33,974	31,224	31,224	30,924	30,924
Cash Brought Forward	**26,854**	28,216	28,088	18,779	18,274	18,519	18,764	19,010	19,255	16,750	16,995	17,241	17,786
Net Receipts/(Payments)	**1,362**	(128)	(9,309)	(505)	245	245	245	245	(2,505)	245	245	545	545
Cash Carried Forward	**28,216**	28,088	18,779	18,274	18,519	18,764	19,010	19,255	16,750	16,995	17,241	17,786	18,331

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

Risk Ratings

Measure	Description	Value	Score
EBITDA Margin	Excess of income over operational costs	6.6%	3
EBITDA % Achieved	Extent to which budgeted EBITDA is achieved/exceeded	102.5%	5
Return on Assets	Surplus before dividends over average assets employed	1.6%	2
I&E Surplus Margin	I&E Surplus as % of total income	-0.2%	2
Liquid Ratio	Number of days expenditure covered by current assets less current liabilities	1.5	1
Overall Rating			**2.3**

Risk Ratings

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

•In addition to the normal low score in respect of liquidity, other measures have also deteriorated as a result of the inclusion of impairment charges which are scored against Monitor targets but which are offset when measuring performance against DoH objectives and in a normalised Monitor assessment.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – January 2011

External Focus

Local PCTs continue to report financial performance in 2010/11 which is manageable on an overall basis within their financial targets. Pressures have been noted as a result of cold weather in December and January and expectations of higher levels of emergency activity have been included within forecast outturns. As in previous years, it is likely that SWBH will seek to agree a year end position based on performance to date which gives a degree of certainty both to the trust and the PCTs in managing the year end outturn.

Negotiations with Sandwell PCT as lead commissioner for the 2011/12 LDP round continue. Not surprisingly in the light of the national financial position, reaching an agreement which will be acceptable to the Trust is proving difficult and significantly more work and negotiation will be required in the coming weeks to ensure that an satisfactory LDP can be agreed within national and local deadlines.

At the same time as negotiations continue on the acute LDP, work has also been underway on the TCS project, both in terms of agreeing the basis for the transfer of the service (including a due diligence review) and in negotiating a contract for the provision of community services for 2011/12. It is likely that the Trust will see an increase in turnover of around 8% - 9% as a result of the TCS changes.

Much of the national guidance in terms of the financial and planning background for 2011/12 was published within the Operating Framework in December. At the same time, work on the creation of the new system of PCT clusters an GP consortia continues, the result of which is that the Trust will operate (as will other NHS organisations) within a rapidly changing environment for the foreseeable future. At the same, expectations from the DoH of maintaining financial control remain very high on the agenda and the belief that change and financial stability can and must work had in hand is evident in the guidance and regulations which are being issued. A recent letter from Sir David Nicholson to chief executives reinforced this by saying that "maintaining our grip on quality and finance in the short term, whilst enabling the creation of the new system envisaged in *Excellence and Equity: Liberating the NHS* is an unprecedented challenge". This will be a significant challenge to SWBH and the whole NHS in the coming years.

Conclusions

• The Trust's performance against its Department of Health control total (i.e. the bottom line budget position it must meet) shows a surplus of £1,538,000 for the first ten months to 31st January. Performance against the statutory accounts position (which includes one-off charges for changes in asset values) shows a deficit of £656,000 as this includes non cash adjustments for revised asset values (Grove Lane land).

• The corresponding results for the month of January show a DH control total surplus of £332,000 and a statutory accounts surplus of £362,000.

• Capital expenditure in January was £818,000, primarily related to MAU redevelopment, digital mammography and statutory standards.

•At 31st January, cash balances are approximately £5.7m higher than the revised cash plan.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – January 2011

Conclusions (cont)

•For January, a number of divisions have generated relatively small deficits, the result of which is that some also have a year to date deficit. However, only deficits within Medicine & Emergency Care and Surgery, Anaesthetics & Critical Care are material and it is expected that other divisions will return to a broadly break even position by the year end.

• Although performance within the Medicine and Emergency Care Division has improved in month, activity related cost pressures remain a major issue for the Trust. For the Trust to achieve its financial targets, it is imperative that these pressures are successfully managed especially as it can be reasonably expected that pressures will continue for the remainder of the year.

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:	24 February 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 2010 – January 2011.

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

Approval	Receipt and Noting	Discussion
	x	

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

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

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

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

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

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

PREVIOUS CONSIDERATION:

Financial Management Board, Trust Management Board on 15 February 2011 and Finance and Performance Management Committee on 17 February 2011.

SANDWELL AND WEST BIRMINGHAM HOSPITALS PERFORMANCE MONITORING REPORT - JANUARY 2011

EXECUTIVE SUMMARY

Note	Comments
	An additional column has been added to the report which is intended to indicate the magnitude of improvement required to deliver the various National & Local Priority and CQUIN targets. The assessment is based upon recent performance, performance to date and end target.
	SHA Winter Targets - 3 performance indicators effective for the period October 2010 - March 2011 inclusive have been identified by the SHA. Each indicator, A/E 4-hour waits, Delayed Transfers of Care and Ambulance Turnaround Time have specific targets, the achievement of which generates additional income for the Trust. Performance to date is summarised in the table below.

			January				Year to Date (since October)	
Area			**Target**	**Actual**	**Available £s**	**Achieved £s**	**Available £s**	**Achieved £s**
A/E 4-hour waits		**%**	=>96.00	97.10	50485	50485	201940	151455
Delayed Transfers of Care		**%**	<4.00	4.70	50485	0	201940	0
Ambulance Turnaround (<30 mins)		**%**	=>81.00	72.80	67314	0	269256	0
Total					168284	50485	673136	151455

a	The overall percentage of **Cancelled Operations** across the Trust during January remained fairly stable, although there was a higher number attributed to Sandwell than usual. Almost half (22) of the cancellations were in Urology, 16 of which were due to equipment failure on 1 day.
b	**Delayed Transfers of Care** at Sandwell reduced to 2.7%, whilst at City they increased to 6.8%, this influenced an overall increase to 4.7%.
c	**Cardiology** Rapid Access Chest Pain performance has been maintained at 100% throughout the year to date. Primary Angioplasty Call to Balloon time (150 minutes) is also in excess of 90% for the year to date. One patient received thrombolysis in December within 30 minutes door to needle time, although this was outside of the 60 minute call to needle time shared target with the ambulance service.
d	**Stroke Care** - provisional data for the month of January indicates that the percentage of patients who spent at least 90% of their hospital stay on a Stroke Unit reduced to 66.7%. **TIA** outpatient data (the percentage of High Risk patients who were treated within 24 hours of registration on the Trust's Patient Administration System) increased during the month to 42.8%.
e	**Accident & Emergency 4-hour waits** - performance during the month of January improved to 97.10%, with year to date performance 97.13%.
f	The overall number of cases of **C Diff** reported across the Trust during the month of January remained low (3). There was 1 case of **MRSA Bacteraemia** reported during the month. The total number of C Diff cases for the year to date remains within both the External (DoH) and Internal trajectories for the period. The total number of cases of MRSA Bacteraemia reported year to date is 5 against a trajectory for the period which is also 5.
g	**Referral to Treatment Time** - data for January was not available for inclusion within this report.
h	**Sickness Absence** - the overall rate of sickness absence for January reduced from 5.39% in December to 4.73%. The rate for the year to date is 4.18% compared with 4.40% for the corresponding period last year.
i	Overall compliance with **Mandatory Training** at the end of January improved further to 84.9%. Almost 4000 staff within the Trust have now received a **PDR** since April 2010.
j	**CQUIN:**
	Overall scheme financial values are included within the main body of the report.
	VTE (Venous Thromboembolism) Risk Assessment - Performance for January improved to 86.8%, but remained marginally short of the target of 90%. Performance during February and March will need to average 92% if the overall target for the quarter of 90% is to be met.
	Breast Feeding - Breastfeeding status at time of Guthrie Test (usually day 6 or 7) (*or discharge from midwifery care*). Q1 Baseline data 62.3%, was used to set the target of 72.3% (baseline plus 10%). Final assessment is an audit of Q4 performance. Performance during November fell to 63.0%.
	Tissue Viability (Pressure Ulcers) - Comprises 3 components; Assessment on admission, Decrease in number of acute hospital acquired grade 2, 3 and 4 ulcerations and Table Top Reviews on all ulcerations of grade 3 or 4. • The Q2 audit indicated 83% of patients were assessed on admission (target 75%). Audit of performance is biannual. • The number of Hospital Acquired Pressure Sores (Grades 2, 3 and 4) for the first 9 months is 39.6% less than the baseline (target 10% less). • Table Top Reviews for Grade 3 and 4 Pressure Sores are all up to date.

<table>
<tr><th>Note</th><th>Comments</th></tr>
<tr><td rowspan="7">j
(cont'd)</td><td>Inpatient Falls - the target comprises 3 components. An assessment of risk for in-patients, with a target of 75%, a 10% reduction in the number of inpatient falls and Table Top Reviews on all falls with fracture.
• The Q1 audit indicated 83.6% of patients were assessed (target 75%).
• The number of inpatient falls reported for the first 7 months of the year is 9.88% less than the baseline (target 10% less).
• Table Top Reviews on falls with fracture are all up to date.</td></tr>
<tr><td>Brain Imaging for Emergency Stroke Admissions (within 24 hours admission) - provisional data for January indicates performance of 95.6%.</td></tr>
<tr><td>Hip Fracture Operations within 24-hours of admission - provisional data for the percentage of patients receiving an operation with 24 hours of admission during January reduced to 57.1%.</td></tr>
<tr><td>Smoking (Brief Intervention in Outpatients) - a total of 146 referrals are recorded for January. This increases the total for the period to date to 1712 compared with a trajectory for the period of 1667.</td></tr>
<tr><td>Safer Prescribing of Warfarin - Number of patients prescribed warfarin with INR (International Normalised Ratio) within the target range. The baseline audit at 2 months identified 65.13% compliance, compared with a final target of 65% by March 2011. Performance at 9 months indicated a level of 69.4% compliance.</td></tr>
<tr><td>Patient Experience - Composite of response to 5 inpatient survey questions. Goal to improve responsiveness to personal needs of patients. Survey to be conducted between October and January, for patients who had an inpatient episode between July and August. Target is an improvement (increase) of 2 percentage points on 2009 / 10 baseline.</td></tr>
<tr><td>Think Glucose - target relates to Inpatients with a secondary diagnosis of Diabetes. Final indicator value is evidence of participation in NHS Institute Think Glucose Programme.</td></tr>
<tr><td>Parent's Consultation with Senior Clinician - parents able to discuss care of their baby with senior clinician within 24 hours of admission onto neonatal unit. A target of 81% has been set by the Specialised Commissioners. Q4 CQUIN payments for the Neonatal schemes will be based upon Q3 and Q4 performance combined, which for the period October to January inclusive is 77.0%.</td></tr>
<tr><td>Neonates Offered Breast Milk - to maximise the number of babies admitted to the neonatal unit who will be offered some breast milk (from mother) during the inpatient episode. A target of 79% has been set by the Specialised Commissioners. Q4 CQUIN payments for the Neonatal schemes will be based upon Q3 and Q4 performance combined, which for the period October - January inclusive is 91.9%.</td></tr>
<tr><td>Herceptin Home Delivery - the original target, set by the Specialised Commissioners, has been revised from 90%, with Trust's now required to aim for 50%. This has been met since September, with most recent performance for December of 55%.</td></tr>
<tr><td>k</td><td>Detailed analysis of Financial Performance is contained within a separate paper to this meeting.</td></tr>
<tr><td>l</td><td>The overall number of Referrals received by the Trust in December 2010 was 2736 (18.9%) less than December 2009. GP referrals and non-GP referrals fell by a similar proportion. The decline in referrals was seen in a number of specialties. A more detailed report has been submitted to the meeting of the Trust Management Board.</td></tr>
<tr><td rowspan="3">m</td><td>Activity (trust-wide) to date is compared with the contracted activity plan for 2010 / 2011 - Month and Year to Date.
<table>
<tr><th></th><th colspan="4">Month</th><th colspan="4">Year to Date</th></tr>
<tr><th></th><th>Actual</th><th>Plan</th><th>Variance</th><th>%</th><th>Actual</th><th>Plan</th><th>Variance</th><th>%</th></tr>
<tr><td>IP Elective</td><td>913</td><td>986</td><td>-73</td><td>-7.4</td><td>9717</td><td>10593</td><td>-876</td><td>-8.3</td></tr>
<tr><td>Day case</td><td>4554</td><td>3568</td><td>986</td><td>27.6</td><td>44651</td><td>38336</td><td>6315</td><td>16.5</td></tr>
<tr><td>IPE plus DC</td><td>5467</td><td>4554</td><td>913</td><td>20.0</td><td>54368</td><td>48929</td><td>5439</td><td>11.1</td></tr>
<tr><td>IP Non-Elective</td><td>4906</td><td>5039</td><td>-133</td><td>-2.6</td><td>49569</td><td>52260</td><td>-2691</td><td>-5.1</td></tr>
<tr><td>OP New</td><td>13414</td><td>12152</td><td>1262</td><td>10.4</td><td>136144</td><td>130554</td><td>5590</td><td>4.3</td></tr>
<tr><td>OP Review</td><td>35272</td><td>30983</td><td>4289</td><td>13.8</td><td>366064</td><td>332864</td><td>33200</td><td>10.0</td></tr>
<tr><td>OP Review:New</td><td>2.63</td><td>2.55</td><td>0.08</td><td>3.1</td><td>2.69</td><td>2.55</td><td>0.14</td><td>5.5</td></tr>
<tr><td>AE Type I</td><td>14532</td><td>14580</td><td>-48</td><td>-0.3</td><td>152625</td><td>163260</td><td>-10635</td><td>-6.5</td></tr>
<tr><td>AE Type II</td><td>2889</td><td>2670</td><td>219</td><td>8.2</td><td>30673</td><td>29898</td><td>775</td><td>2.6</td></tr>
</table>
Activity to date is compared with 2009 / 10 for the corresponding period
<table>
<tr><th></th><th>2009 / 10</th><th>2010 / 11</th><th>Variance</th><th>%</th></tr>
<tr><td>IP Elective</td><td>11431</td><td>9717</td><td>-1714</td><td>-15.0</td></tr>
<tr><td>Day case</td><td>43437</td><td>44651</td><td>1214</td><td>2.8</td></tr>
<tr><td>IPE plus DC</td><td>54868</td><td>54368</td><td>-500</td><td>-0.9</td></tr>
<tr><td>IP Non-Elective</td><td>53767</td><td>49569</td><td>-4198</td><td>-7.8</td></tr>
<tr><td>OP New</td><td>137000</td><td>136144</td><td>-856</td><td>-0.6</td></tr>
<tr><td>OP Review</td><td>347412</td><td>366064</td><td>18652</td><td>5.4</td></tr>
<tr><td>OP Review:New</td><td>2.54</td><td>2.69</td><td>0.15</td><td>5.9</td></tr>
<tr><td>AE Type I</td><td>160845</td><td>152625</td><td>-8220</td><td>-5.1</td></tr>
<tr><td>AE Type II</td><td>29014</td><td>30673</td><td>1659</td><td>5.7</td></tr>
</table>
Overall Elective activity for the month and period to date continues to exceed the plan for the respective periods. Year to date Non-Elective activity is 5.1% less than plan, although variable by specialty. The Follow Up to New Outpatient activity ratio for the year to date is 2.69, compared with a contract derived ratio for the period of 2.55.
Please Note: The impact of the in-year revision to the recording of HRG N12 activity within maternity is reflected below. Essentially the annual activity plan for Non-Elective activity is reduced by 4000, with a corresponding increase in the Outpatient Review plan for the year. Actual activity remains unaltered.
<table>
<tr><th></th><th colspan="4">Month</th><th colspan="4">Year to Date</th></tr>
<tr><th></th><th>Actual</th><th>Plan</th><th>Variance</th><th>%</th><th>Actual</th><th>Plan</th><th>Variance</th><th>%</th></tr>
<tr><td>IP Non-Elective</td><td>4906</td><td>4654</td><td>252</td><td>5.4</td><td>49569</td><td>48900</td><td>669</td><td>1.4</td></tr>
<tr><td>OP Review</td><td>35272</td><td>31368</td><td>3904</td><td>12.4</td><td>366064</td><td>336224</td><td>29840</td><td>8.9</td></tr>
</table></td></tr>
<tr><td>n</td><td>West Midlands Ambulance Service data indicates that the proportion of ambulances with a turnaround time in excess of 30 minutes reduced to 27.2% during January (Birmingham and Black Country average of 32.1%). During the same period there were 78 instances reported where ambulances were delayed in excess of 60 minutes.</td></tr>
</table>

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

Exec Lead	NATIONAL AND LOCAL PRIORITY INDICATORS			September	October	November	December			January			To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS			10 / 11 Forward Projection	08/09 Outturn	09/10 Outturn
				Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	10/11							
RW	Net Income & Expenditure (Surplus / Deficit (-))		£000s	61 ▲	223 ▼	91 ▼	→		341 ▲	→		332 ▼	1538	1376	2038		0%	0 - 1%	>1%	●	2535	2279
RK	Cancer	2 weeks	%	94.3 ■	94.9 ▲	93.8 ▼	→		95.0 ▲	→			94.3	=>93	=>93		No variation		Any variation	●	98.6	93.9
		2 weeks (Breast Symptomatic)	%	95.6 ▲	95.7 ▲	97.7 ▲	→		95.7 ▼	→			94.6	=>93	=>93		No variation		Any variation	●	n/a	93.6 (Q4 only)
		31 Days	%	99.4 ▼	98.8 ▼	99.4 ▲	→		99.4 ■	→			99.7	=>96	=>96		No variation		Any variation	●	100	99.7
		62 Days	%	87.8 ▲	83.2 ■	92.4 ■	→		93.3 ▲	→			88.2	=>85	=>85		No variation		Any variation	●	98.6	89.1
RK	Cancelled Operations	Elective Admissions Cancelled at last minute for non-clinical reasons	%	0.9 ■	0.7 ■	0.7 ■	1.1 ■	0.9 ▼	1.0 ■	1.8 ▼	0.6 ■	1.1 ■	0.9	<0.8	<0.8	a	<0.8	0.8 - 1.0	>1.0	● ●	1.0	0.8
		28 day breaches	No.	0 ■	0 ■	0 ■	→		0 ■	→		0 ■	1	0	0		3 or less	4 - 6	>6	●	0	0
	Delayed Transfers of Care	Total	%	5.0 ■	4.1 ▲	5.0 ▼	4.5 ▲	4.5 ▲	4.5 ▲	2.7 ■	6.8 ▼	4.7 ▼	4.5	<3.0	<3.0	b	<3.0	3.0 - 4.0	>4.0	● ● ●	3.1	3.0
	Cardiology	Primary Angioplasty (<150 mins)		100 ▲	100 ■	91 ▼	82 ▼	75 ■	80 ▼				90.4	=>80	=>80	c	=>80	75-79	<75	●	83.6	86.2
		Rapid Access Chest Pain	%	100 ■	100 ■	100 ■	100 ■	100 ■	100 ■				100	=>98	=>98		>99	98 - 99	<98	●	100.0	99.7
		Thrombolysis (60 minutes)	%	no pts	no pts	no pts	→		0 ■	→			0	80	80		>80	75-80	<75		0	no pts
DO'D	Stroke Care	>90% stay - EXTERNAL (DH) TARGET	%	73.5 ▲	68.3 ▼	73.1 ▲	→		78.6 ▲	→		66.7 ▼	66.7	60	60	d	=>60	31-59	=<30	●	36.5	62.0
		>90% stay - INTERNAL TARGET	%	73.5 ■	68.3 ■	73.1 ▲	→		78.6 ■	→		66.7 ■	66.7*	78	80		No Variation	0 - 2% Variation	>2% Variation	● ●	36.5	62.0
		TIA High Risk Pts. Treatment <24 hours	%	→	0.0 ■	23.1 ▲	→		22.2 ▼	→		42.8 ▲	42.8*	58	60					● ● ●		
RK	A/E 4 Hour Waits		%	97.4 ▼	96.3 ▼	97.2 ▲	95.9 ■	91.6 ■	93.3 ■	97.4 ■	97.0 ■	97.1 ■	97.13	98	98	e	=>96	95 - 96	<95	●	98.16	98.55
	GUM 48 Hours	Patients seen within 48 hours	%	87.5 ▼	88.6 ▲	86.0 ▼	→		84.4 ▼	→		86.1 ▲	85.9	=>90	=>90		=>90	80-89	<80	●	81.0	86.8
		Patients offered app't within 48 hrs	%	100 ■	100 ■	100 ■	→		100 ■	→		100 ■	100	=>98	=>98		=>98	95-98	<95	●	98.3	99.8
R0	Infection Control	C. Diff - EXTERNAL (DH) TARGET	No.	5 ■	9 ▼	6 ▲	4 ▼	3 ▲	7 ▼	1 ▲	2 ▲	3 ▲	112	203	243	f	No variation		Any variation	●	163	158
		C. Diff - INTERNAL TARGET	No.	5 ■	9 ▼	6 ▲	4 ▼	3 ▲	7 ▼	1 ▲	2 ▲	3 ▲	112	131	158		No variation		Any variation	●	163	158
		MRSA - EXTERNAL (DH) TARGET	No.	0 ■	1 ■	0 ■	0 ■	0 ■	0 ■	0 ▼	0 ■	1 ▼	5	5	6		No variation		Any variation	●	15	14
RK	Data Quality	Valid Coding for Ethnic Category (FCEs)	%	95 ▲	95 ■	95 ■	→		94 ▼	→			94*	90	90		>/=90	89.0-89.9	<89	●	87.0	95.5
		Maternity HES	%	5.3 ■	5.3 ■	5.5 ▼	→		5.5 ■	→			5.7*	<15	<15		=<15	16-30	>30	●	n/a	5.8
RO	Infant Health & Inequalities	Maternal Smoking Status Data Complete	%	99.5 ▲	→	→	→		99.8 ▲	→		→	99.58	=>98.0	=>98.0		=>98	95-98	<95	●	99.9	99.3
		Breast Feeding Status Data Complete	%	100 ▲	→	→	→		100.0 ■	→		→	99.98	=>98.0	=>98.0		=>98	95-98	<95	●	97.8	99.3
		Maternal Smoking Rates	%	12.3 ▲	→	→	→		12.6 ■	→		→	12.44	<11.5	<11.5		<11.5	11.5 - 12.5	>12.5	●	12.6	11.6
		Breast Feeding Initiation Rates	%	64.6 ▲	→	→	→		64.6 ■	→		→	63.34	>63.0	>63.0		>63.0	61-63	<61.0	●	54.2	63.1
RK	RTT Milestones	Admitted Care (RTT <18 weeks)	%	92.5 ▼	92.0 ▼	92.6 ▲	→		92.4 ▼	→			92.4*	=>90.0	=>90.0	g	=>90.0	85-90	<85.0	●	98.6	93.4
		Admitted Care RTT -Specialties <90%	No.	2 ▼	3 ▼	4 ▼	→		2 ▲	→			4*	0	0		0		>0	● ●		
		Admitted Care RTT -Backlog	No.	689	611	691	→		736	→			736*	No. Only	No. Only							
		Non-Admitted Care (RTT <18 weeks)	%	97.6 ▲	97.2 ▼	97.8 ▲	→		97.9 ▲	→			97.9*	=>95.0	=>95.0		=>95.0	90 - 95	=<90.0	●	98.8	97.6
		Non-Admitted Care RTT -Specialties <90%	No.	1 ■	0 ■	0 ■	→		0 ■	→			0*	0	0		0		>0	●		
		Non-Admitted Care RTT -Backlog	No.	158	142	146	→		176	→			176*	No. Only	No. Only							
		Audiology Direct Access Waits (<18 wks)	%	100 ■	100 ■	100 ■	→		100 ■	→			100*	=>95	=>95		=>95.0	90 - 95	=<90.0	●	99.0	100.0
DO'D	Mortality in Hospital	Hospital Standardised Mortality Rate	HSMR	95.5 Jun'10	88.2 Jul'10	82.1 Aug'10	→		95.3 Sep '10	→		100.8 Oct '10	95.3	< Lower Confidence Limit			< Lower Confidence Limit		>Upper Confidence Limit		105.1	93.0
		Peer (SHA) HSMR	HSMR	92.2	92.6	96.5	→		91.9	→		94.7	96.3								103.9	93.5
RK	Readmission Rates within 28 days of discharge	Readmission to any specialty	%	9.3	8.5	8.7	9.2	9.4	9.3				9.1	No. Only	No. Only						11.6	11.4
		Readmission to same specialty	%	4.6	3.6	4.0	4.8	3.5	4.1				4.1	No. Only	No. Only						4.6	5.7
	Readmission Rates within 14 days of discharge	Readmission to any specialty	%	7.1	6.3	6.6	6.6	7.2	6.9				6.9	No. Only	No. Only						7.3	8.8
		Readmission to same specialty	%	3.7	2.7	3.2	3.5	2.8	3.2				3.2	No. Only	No. Only						3.4	4.6
RO	Sickness Absence	Long Term	%	3.27 ■	3.32 ■	3.27 ▲	→		3.95 ▼	→		3.57 ▲	3.57 (M10)	<2.80	<2.80	h	<2.80	2.80-3.10	>3.10	● ●	3.16	3.10
		Short Term	%	1.04 ▼	1.19 ▼	1.18 ▲	→		1.44 ■	→		1.16 ■	1.16 (M10)	<1.20	<1.20		<1.20	1.20-1.35	>1.35	●	1.22	1.31
		Total	%	4.31 ■	4.51 ▼	4.45 ▲	→		5.39 ■	→		4.73 ▲	4.73 (M10)	<4.00	<4.00		<4.00	4.00-4.45	>4.45	● ●	4.38	4.41
	Learning & Development	PDRs (includes Junior Med staff)	No.	516 ▼	377 ■	353 ▼	→		228 ■	→		257 ▲	3945	4450	5341	i	0-15% variation	15 - 25% variation	>25% variation	●	4518	4748
		Mandatory Training Compliance	%	77.3 ▲	81.9 ■	84.3 ▲	→		84.4 ▲	→		84.9 ▲	84.9	100	100		=>80	50 - 79	<50	●	4044 (No.)	71.1

Exec Lead	NATIONAL AND LOCAL PRIORITY INDICATORS (Cont'd)		Value £000s		September Trust	October Trust	November Trust	December S'well	December City	December Trust	January S'well	January City	January Trust	To Date (*=most recent month)	TARGET YTD	TARGET 10/11	Exec Summary Note	THRESHOLDS			10 / 11 Forward Projection	08/09 Outturn	09/10 Outturn
DO'D	CQUIN	VTE Risk Assessment (Adult IP)	454	%	27.2 ▲	54.9 ▲	71.7 ▲	→		82.0 ▲	→		86.8 ▲	86.8*	90	90	j	=>90		<90	● ● ●	n/a	n/a
RO		Breast Feeding (At D'charge from M'wife)	420	%	62.0 ■	74.0 ■	63.0 ■	→			→			63.0*	72.3	72.3		No variation		Any variation	● ● ●	n/a	n/a
RO		Tissue Viability - assessment <12hrs	210	%	83.0 ▼			→			→			83.0 (Q2)	75	75		=>75		<75	●	n/a	n/a
RO		Tissue Viability - Hosp Acq'd Grade 2/3/4	84	%	-47.6 ▲	-57.0 ▲	-66.0 ▲	→		-61.0 ▼	→			-39.6	Base - 10%	Base - 10%		=>-10.0%		<-10.0%	●	n/a	n/a
RO		Tissue Viability - TTR of Grade 3/4	126	%	100 ■	100 ■	100 ■	→			→			100	100	100		100		<100	●	n/a	n/a
RO		Inpatient Falls Assessment	420	%				→			→			83.6 (Q1)	75	75		=>75		<75	●	n/a	n/a
RO		Inpatient Falls reduction		%	-12.1 ▲	-15.9 ▲		→			→			-9.88	Base - 10%	Base - 10%		=>-10.0%		<-10.0%	●	n/a	n/a
RO		Inpatient Falls - TTR of all Fractures		%	100.0 ■	100.0 ■		→			→			100	100	100		100		<100	●	n/a	n/a
DO'D		Brain Imaging for Em. Stroke Admissions	420	%	89.3 ▼	85.7 ■	88.2 ■	→		86.5 ■	→		95.6 ■	95.6*	90.0	90.0		No Variation	0 - 2% Variation	>2% Variation	●	72.0	81.8
RK		Hip Fracture Op's <24 hours of admission	420	%	47.8 ▼	69.6 ■	69.2 ▼			71.4 ▲			57.1 ■	57.1*	70.0	70.0		No Variation	0 - 2% Variation	>2% Variation	● ●	n/a	55.0
DO'D		Smoking - Brief Intervention in OP	420	No.	127 ▼	215 ■	172 ▼	→		164 ■	→		146 ▼	1712	1667	2000		=>167	per month	<167	● ●	7	1164
RK		Safer Prescribing of Warfarin	420	%	70.3 ▲	→	→	→		69.4 ▼	→		→	69.4(M9)	65.0	65.0		=>65		<65	●	n/a	n/a
RO		Patient Experience	454	%	→	→	→	Composite of 5 Qs - Survey October			Composite of 5 Qs - Survey October						09/10 +2%					n/a	n/a
DO'D		Think Glucose	420		→	→	→	Participation in Think Glucose Programme			Participation in Think Glucose Programme											n/a	n/a
RK	CQUIN (Specialised Commissioners)	Parent's consultation with senior clinician	51	%	72 ▼	69 ■	73 ▲	→		85 ■	→		81 ▼	77.0 (since Oct)	81	81		No variation		Any variation	●	n/a	n/a
		Neonates Offered Breast Milk	51	%	90 ▲	71 ■	100 ■	→		90 ▼	→		90 ■	91.9 (since Oct)	79	79		No variation		Any variation	●	n/a	n/a
		Herceptin Home Delivery	85	%	50 ■	58 ▲	52 ▼	→		55 ▲	→			55*	50.0	50.0		=>50		<50	●	n/a	n/a
CLINICAL QUALITY																							
R0	Infection Control	Savings Lives Compliance		%	100 ■	100 ■	100 ■	→		100 ■	→		99 ▼	99*	>95	>95		< YTD target		> YTD target		99.0	99.0
		MRSA Screening (Elective)		No.	3060 ▼	2878 ▼	3121 ▲	→		2529 ▼	→		3116 ▲	27269	25140	30000		0-15%	16-30%	>30%		6495	24710
		MRSA Screening (Non-Elective)		No.	1815 ■	1758 ■	1611 ▼	→		1228 ▼	→		1635 ▼	20168	25200	30000		0-15%	16-30%	>30%		n/a	18571
DO'D	Obstetrics	Post Partum Haemorrhage (>2000 ml)		No.	3 ▼	0 ▲	1 ▼	0 ■	0 ▲	0 ▲	0 ■	1 ▼	1 ▼	7	40	48		=<2	3 - 4	>4			10
		Admissions to Neonatal ICU		%				→			→			4.6	=<10	=<10		=<10	10.0-12.0	>12.0			5.5
		Adjusted Perinatal Mortality Rate		/1000	7.2 ▲	7.7 ▼								7.7*	<8.0	<8.0		<8	8.1 - 10.0	>10			10.9
		Caesarean Section Rate		%	24.9 ▼	22.8 ▲	24.0 ▼	26.6 ■	24.8 ■	25.4 ■	20.0 ■	21.5 ▲	21.1 ■	23.7	<25.0	<25.0		=<25.0	25-28	>28.0		27.0	23.3
FINANCE & FINANCIAL EFFICIENCY																							
RW	Gross Margin			£000s	1873 ▼	2317 ▲	1917 ▼	→		2168 ▲	→		2168 ▼	19861	19374	26711	k	0%	0 - 1%	>1%		26436	30436
	CIP			£000s	1704 ■	1725 ▼	1700 ▼	→		2148 ▲	→		1771 ▲	17267	17310	20840		0 - 2.5%	2.5 - 7.5%	>7.5%		11084	15075
	In Year Monthly Run Rate			%	38.64 ▲	8.78 ▼	13.75 ▲	→		6.90 ▼	→		0.91 ▼	11.77	0	0		NO or a + variation	0 - 5% variation	>5% variation		1.4	0.44
RK	Income / WTE			£s	5135 ▼	5061 ■	5018 ▼	→		5017 ▼	→		5109 ▲	5091	5127	5127		No variation	0 - 5% variation	>5% variation		5014	5058
	Income / Open Bed			£s	35539 ▼	33952 ▼	33975 ▲	→		33270 ▼	→		34087 ▲	34506	32697	32697		No variation	0 - 5% variation	>5% variation		30498	32697
	Income per Spell	Total Income		£s	3009 ▼	3011 ▲	2990 ▼	→		3280 ▲	→		3043 ▼	3074	2908	2908		No Variation	0 - 4% Variation	>4% Variation		2701	2908
		Clinical Income		£s	2697 ▼	2661 ▼	2692 ▲	→		2932 ▲	→		2774 ▼	2755	2580	2580		No Variation	0 - 4% Variation	>4% Variation		2400	2580
		Non-Clinical Income		£s	312 ■	350 ■	298 ■	→		348 ■	→		269 ■	319	328	328		No Variation	0 - 4% Variation	>4% Variation		301	328
	Cost per Spell (* Excludes the cost of drugs which are recharged directly to PCTs)	Total Cost		£s	3000 ■	3218 ■	2978 ■	→		3242 ■	→		3008 ▲	3081	2891	2891		No Variation	0 - 4% Variation	>4% Variation		2682	2891
		Total Pay Cost		£s	2015 ▲	2064 ▼	2060 ▲	→		2217 ▼	→		2096 ▲	2067	1909	1909		No Variation	0 - 4% Variation	>4% Variation		1785	1909
		Medical Pay Cost		£s	577 ■	600 ■	583 ▲	→		631 ▼	→		587 ▲	591	555	555		No Variation	0 - 4% Variation	>4% Variation		532	555
		Nursing Pay Cost (including Bank)		£s	596 ▲	614 ▼	627 ▼	→		666 ■	→		620 ■	617	660	660		No Variation	0 - 4% Variation	>4% Variation		625	660
		Non-Pay Cost		£s	985 ■	1153 ■	918 ■	→		1025 ■	→		912 ■	1014	982	982		No Variation	0 - 4% Variation	>4% Variation		897	982
		Mean Drug Cost* / IP Spell		£s	132 ▲	126 ■	147 ■	→		156 ▼	→		142 ▲	137	124	124		No Variation	0 - 4% Variation	>4% Variation		120	124
		Mean Drug Cost* / Occupied Bed Day		£s	55 ▼	50 ■	57 ■	→		55 ▲	→		52 ■	53	49	49		No Variation	0 - 4% Variation	>4% Variation		47	49

Exec Lead	PATIENT EXPERIENCE			September	October	November	December			January			To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS			08/09 Outturn	09/10 Outturn
				Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	10/11						
RK	Same Sex Accommodation Breaches	Number of Breaches	No.	999 ▼	1270 ▼	812 ▲	→		1198 ▼	→		715 ■	9460	5000	6000		<500 pcm	501 -800 pcm	>800 pcm	n/a	3711 (Nov - Mar)
		Percentage of overall admissions	%	9.54 ▼	10.10 ▼	7.22 ▲	→		11.4 ▼	→		6.4 ▲	8.53	<3%	<3%		<3%	3 - 6%	>6%	n/a	6.47 (Nov - Mar)
KD	Complaints	Number Received	No.	197	→	→	→			→			398	No. Only	No. Only					789	875
		Response within initial negotiated date	%		→	→	→			→			n/a	85	85		80%+	70 - 79%	<70%	81.1	70.6
	Thank You Letters		No.		→	→	→			→			n/a	No. Only	No. Only					2912	2286
RK	Elective Access Contact Centre	Number of Calls Received	No.	11523	11346	11328	→		11039	→		11052	117191	No. Only	No. Only					190434	incomplete data
		Average Length of Queue	mins	0.44 ▲	1.43 ■	0.41 ■	→		1.09 ■	→		0.37 ■	0.37*	<1.0	<1.0		<1.0	1.0-2.0	>2.0	0.44	
		Maximum Length of Queue	mins	12.5 ■	18.4 ▼	13.5 ▲	→		26.4 ▼	→		15.1 ▲	15.1*	<6.0	<6.0		<6.0	6.0-12.0	>12.0	17.4	
	Telephone Exchange	Number of Calls Received	No.	77043	76708	76256	→		79661	→		77520	761543	No. Only	No. Only					1559688	1100521
		Calls Answered	%	90.6	90.8	91.7	→		88.6	→		89.6	90.3	No. Only	No. Only					82.3	83.6
		Answered within 15 seconds	%	51.7	53.1	54.4	→		48.2	→		49.9	51.5	No. Only	No. Only					39.1	43.8
		Answered within 30 seconds	%	67.8	68.8	71.0	→		63.9	→		65.6	67.5	No. Only	No. Only					55.5	58.8
		Average Ring Time	Secs	24.1	24.2	21.8	→		26.8	→		25.6	25.6*	No. Only	No. Only					28.8	36.0
		Longest Ring Time	Secs	825	412	594	→		653	→		591	591*	No. Only	No. Only					695	646
STRATEGY																					
RK	Referrals	Total	No.	16032 ▲	14898 ▼	15444 ▼	→		11714 ▼	→			138022	144704	192945	I	No Variation	0 - 2% Variation	>2% Variation	178070	192945
		Total GP Referrals	No.	11297 ■	10068 ■	10596 ▲	→		7747 ▼	→			93818	95247	127001		No Variation	0 - 2% Variation	>2% Variation	120138	127001
		Total Other Referrals	No.	4735 ▲	4830 ▲	4848 ▼	→		3967 ▼	→			44204	49457	65944		No Variation	0 - 2% Variation	>2% Variation	57932	65944
		By PCT - Heart of B'ham	No.	4285 ▲	3953 ▼	4194 ▲	→		3052 ▼	→			37461	39453	52604		No Variation	0 - 2% Variation	>2% Variation	49859	52604
		By PCT - Sandwell	No.	8335 ■	7439 ■	7882 ▲	→		6101 ▼	→			69621	72523	96699		No Variation	0 - 2% Variation	>2% Variation	87779	96699
		By PCT - Other	No.	3412 ▼	3506 ▲	3368 ▼	→		2561 ▼	→			30940	32732	43642		No Variation	0 - 2% Variation	>2% Variation	40453	43642
		Conversion (all referrals) to New OP Att'd	%	88.9	92.1	94.2	→		96.3	→			88.9	No. Only	No. Only					85.9	85.3
		OP Source of Referral Information	%	0.81 ▲	1.27 ▼	1.38 ▼	→		1.58 ▼	→		1.47 ▲	1.20	=<5.0	=<5.0		No variation		Any variation	10.0	1.4
ACTIVITY																					
RK	Spells	Elective IP	No.	971 ▼	1022 ▲	973 ▼	→		884 ▲	→		913 ▲	9717	10593	12641	m	No Variation	0 - 2% Variation	>2% Variation	13106	13722
		Elective DC	No.	4624 ▼	4486 ▼	4711 ▲	→		3828 ▼	→		4554 ▲	44651	38336	45747		No Variation	0 - 2% Variation	>2% Variation	50873	52729
		Total Elective	No.	5595 ▼	5508 ▼	5684 ▲	→		4712 ▼	→		5467 ▲	54368	48929	58338		No Variation	0 - 2% Variation	>2% Variation	63979	66451
		Non-Elective - Short Stay	No.	1238 ■	1243 ▼	1207 ▲	→		1125 ▼	→		1190 ▲	13872	13198	15712		No Variation	0 - 2% Variation	>2% Variation	12770	18769
		Non-Elective - Other	No.	3784 ■	3779 ▼	3665 ▲	→		3951 ■	→		3716 ▼	35697	39062	46502		No Variation	0 - 2% Variation	>2% Variation	56226	47072
		Total Non-Elective	No.	5022 ■	5022 ▼	4872 ▲	→		5076 ▲	→		4906 ▲	49569	52260	62214		No Variation	0 - 2% Variation	>2% Variation	68996	65841
	Outpatients	New	No.	14259 ▼	13723 ■	14549 ■	→		11284 ■	→		13414 ■	136144	130554	155792		No Variation	0 - 2% Variation	>2% Variation	152923	164358
		Review	No.	38327 ▼	35815 ■	38301 ■	→		30768 ■	→		35272 ■	366064	332864	397213		No Variation	0 - 2% Variation	>2% Variation	374867	425850
	A/E Attendances	Type I (Sandwell & City Main Units)	No.	14637 ■	14997 ▼	14444 ▲	6690 ▲	8031 ▲	14721 ▲	6504 ■	8028 ▲	14532 ■	152625	163260	191845		No Variation	0 - 2% Variation	>2% Variation	191141	190254
	A/E Attendances	Type II (BMEC)	No.	3217 ▼	3238 ▼	3132 ▲	→	2426 ■	2426 ■	→	2889 ■	2889 ■	30673	29898	35133		No Variation	0 - 2% Variation	>2% Variation	30800	34836

Exec Lead	PATIENT ACCESS & EFFICIENCY			September	October	November	December			January			To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS			08/09 Outturn	09/10 Outturn
				Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	10/11						
RK	Waiting Times	Diagnostic Waits greater than 6 weeks	No.	9 ▼	4 ▲	22 ▼	→		45 ▼	→			45*	0	0		0		>0	26	3
	Length of Stay	Average Length of Stay	Days	4.2 ▲	3.9 ▲	4.6 ▼	4.7 ■	4.3 ▲	4.5 ▲				4.3	5.0	5.0		No Variation	0 - 5% Variation	>5% Variation	5.0	4.4
		All Patients with LOS > 14 days	No.	294	320	320	187	155	342	180	147	327	327	No. Only	No. Only					312	356
		All Patients with LOS > 28 days	No.	168	180	178	100	82	182	97	90	187	187	No. Only	No. Only					152	195
		Min. Stay Rate (Electives (IP/DC) <2 days)	%	93.2 ▲	92.2 ▼	93.4 ▲	95.1 ▼	91.3 ▼	92.9 ▼	96.0 ▲	92.3 ■	93.8 ▲	93.2	92.0	92.0		No Variation	0 - 5% Variation	>5% Variation	91.6	92.3
	Admissions	Day of Surgery (IP Elective Surgery)	%	88.5 ▼	90.1 ▲	91.0 ▲	91.4 ▼	89.6 ▼	90.2 ▼	90.8 ▼	90.5 ▲	90.6 ▲	88.4	82.0	82.0		No Variation	0 - 5% Variation	>5% Variation	79.4	85.5
		Day of Surgery (IP Non-Elective Surgery)	%	73.8	72.2	75.0	74.3	80.1	77.5	68.6	74.5	72.4	73.2	No. Only	No. Only					70.2	69.7
		With no Procedure (Elective Surgery)	%	10.4	8.8	9.1	10.1	7.7	8.5				8.3	No. Only	No. Only					10.6	9.7
		Per Bed (Elective)	No.	6.30 ■	5.61 ■	5.52 ■	4.49 ▼	6.35 ▼	5.43 ▼	4.54 ▲	6.34 ▼	5.43 ■	5.70	5.90	5.90		No Variation	0 - 5% Variation	>5% Variation	5.33	5.49
	Discharges	Pt's Social Care Delay	No.	28 ▼	27 ▲	32 ▼	11 ▲	9 ■	20 ■	9 ■	19 ■	28 ■	28*	<18	<18	b	No Variation	0 - 10% Variation	>10% Variation		
		Pt.'s NHS & NHS plus S.C. Delay	No.	11 ■	15 ■	13 ▲	4 ▼	4 ■	8 ■	3 ▲	12 ■	15 ■	15*	<10	<10		No Variation	0 - 10% Variation	>10% Variation		
	Beds	Occupied Bed Days	No.	25442 ▲	26616 ▲	26747 ▼	14019 ■	13583 ▲	27602 ▼	14268 ▼	14328 ▲	28596 ▼	267840	278290	331946		No Variation	0 - 5% Variation	>5% Variation	342793	331946
		Occupancy Rate	%	86.4 ■	86.6 ■	87.2 ■	87.3 ■	82.5 ■	84.9 ■	88.3 ■	85.6 ■	87.0 ■	86.4	86.5-89.5	86.5-89.5		86.5 - 89.5	85.5-86.4 or	<85.5 or	90.3	86.0
		Open at month end (exc Obstetrics)	No.	899 ▼	934 ■	929 ■	485	480	965 ■	452	474	926 ▲	926*	980	920		No Variation	0 - 2% Variation	>2% Variation	975	989
	Day Case Rates	All Procedures	%	81.2 ▲	80.1 ▼	81.9 ▲	84.1 ▼	78.1 ▼	80.6 ▼	85.2 ▲	79.8 ▲	82.0 ▲	81.4	80.0	80.0		No Variation	0 - 5% Variation	>5% Variation	79.0	79.4
		BMEC Procedures	%	83.3 ▲	84.3 ▲	82.3 ▼	→	83.4 ▲	83.4 ▲	→	86.4 ▲	86.4 ▲	82.5	80.0	80.0		No Variation	0 - 5% Variation	>5% Variation	79.7	79.7
	Non-Admitted Care	New : Review Rate	Ratio	2.69 ▲	2.61 ▲	2.63 ▼	2.93 ▼	2.60 ▼	2.71 ▼	2.70 ▲	2.60 ■	2.63 ▲	2.69	2.30	2.30		No Variation	0 - 5% Variation	>5% Variation	2.45	2.59
		DNA Rate - New Referrals	%	13.4 ▲	13.8 ▼	13.1 ▲	15.0 ■	15.0 ▼	15.0 ▼	12.9 ▲	14.1 ▲	13.7 ▲	13.4	<8.0	<8.0		<8%	8 - 12%	>12%	12.0	13.5
		DNA Rate - Reviews	%	12.7 ▲	12.3 ▲	11.6 ■	13.5 ■	13.0 ▼	13.2 ■	13.6 ▼	13.1 ▼	13.3 ▼	12.2	<8.0	<8.0		<8%	8 - 12%	>12%	13.5	12.3
		OP Cancs / Rescheduled - Trust Initiated	No.	10258	8808	9464	→		11650	→		15247	111205	No. Only	No. Only						
		OP Cancs / Rescheduled - Patient Initiated	No.	7588	7450	8438	→		9148	→		8520	77568	No. Only	No. Only						
		OP Cancs (<14 days) - Trust & Patient	No.	9048	8997	9935	→		10732	→		10988	92650	No. Only	No. Only						
		OP Cancs (>2 since last app't) - Trust & Pt	No.	2685	2214	2300	→		2382	→		3417	22198	No. Only	No. Only						
		OP App'ts Booked (>14 days notice)	%	61.5	58.9	60.6	→		60.6	→		63.3	60.3	No. Only	No. Only						
	Diagnostic Report Turnaround	Cervical Cytology Turnaround	Days			<9 days ■	→		<9 days ■	→		5 days ■	5 days*	<9 days	<9 days		<9 days	9-12 days	>12 days		
	Ambulance Turnaround	In Excess of 30 minutes	%	22.8 ▲	26.5 ▼	25.1 ▲	33.0 ▼	28.3 ▼	30.5 ▼	30.2 ▲	24.7 ▲	27.2 ▲	27.2*	<10.0	<10.0	n	<10	10 - 12.5	>12.5	19.0	23.9
		(West Midlands average)	%	31.8	33.7	32.7	→		36.9	→		32.1	32.1*	No. Only	No. Only					21.0	25.5
		In Excess of 60 minutes	No.	30 ▼	33 ▼	32 ▲	77 ▼	57 ▼	134 ▼	51 ▲	27 ▲	78 ▲	78*	0	0		0	1 - 5	>5		46
	THEATRE UTILISATION																				
RK	Sitrep Declared Late **Cancellations** by Specialty	General Surgery	No.	2 ▲	6 ■	1 ■	4	1	5 ▼	4	1	5 ■	57	50	60	a	0-5% variation	5 - 15% variation	>15% variation	104	81
		Urology	No.	7 ■	5 ▲	2 ■	5	5	10 ■	22	0	22 ▼	83	40	48		0-5% variation	5 - 15% variation	>15% variation	102	48
		Vascular Surgery	No.	0 ■	0 ■	0 ■	0	0	0 ■	0	0	0 ■	7	3	3		0-5% variation	5 - 15% variation	>15% variation	7	8
		Trauma & Orthopaedics	No.	10 ■	3 ■	6 ▼	3	2	5 ▲	2	0	2 ▲	49	60	72		0-5% variation	5 - 15% variation	>15% variation	75	66
		ENT	No.	2 ■	0 ■	2 ■	0	2	2 ■	0	1	1 ■	15	10	12		0-5% variation	5 - 15% variation	>15% variation	23	23
		Ophthalmology	No.	15 ■	8 ■	20 ■	3	7	10 ■	5	9	14 ■	119	90	108		0-5% variation	5 - 15% variation	>15% variation	153	139
		Oral Surgery	No.	0 ▲	0 ■	2 ■	0	3	3 ▼	0	1	1 ■	9	7	8		0-5% variation	5 - 15% variation	>15% variation	19	24
		Cardiology	No.	3 ■	1 ■	2 ▼	0	0	0 ▲	1	0	1 ▼	14	18	21		0-5% variation	5 - 15% variation	>15% variation	31	7
		Gynaecology / Gynae-Oncology	No.	9 ■	6 ▲	2 ■	9	2	11 ■	3	1	4 ■	52	45	54		0-5% variation	5 - 15% variation	>15% variation	71	63
		Plastic Surgery	No.	1 ■	0 ▲	2 ■	0	1	1 ■	0	0	0 ▲	8	10	12		0-5% variation	5 - 15% variation	>15% variation	21	11
		Dermatology	No.	1 ■	6 ■	0 ■	0	0	0 ■	0	0	0 ■	13	20	24		0-5% variation	5 - 15% variation	>15% variation	24	27
		TOTAL	No.	50 ■	35 ■	39 ■	24	23	47 ■	37	13	50 ▼	426	353	422		0-5% variation	5 - 15% variation	>15% variation	630	497

Exec Lead	WORKFORCE			September	October	November	December			January			To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS			08/09 Outturn	09/10 Outturn
				Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	10/11						
RK	WTE in Post	Total	No.	6222 ▲	6266 ▼	6289 ▼	→		6306 ▼	→		6178 ▲	6178*	6412	6107		No Variation	0 - 1% Variation	>1% Variation	6042	6539
		Medical and Dental	No.	756 ▲	750 ▲	752 ▼	→		752 ▲	→		746 ▲	746*	781	790		No Variation	0 - 1% Variation	>1% Variation	755	825
		M'ment, Admin. & HCAs	No.	2554 ▲	2489 ▲	2518 ▼	→		2533 ▼	→		2512 ▲	2512*	2737	2492		No Variation	0 - 1% Variation	>1% Variation	1852	2046
		Nursing & Midwifery (excluding Bank)	No.	1742 ■	1774 ▼	1770 ▲	→		1764 ▲	→		1744 ▲	1744*	1842	1822		No Variation	0 - 1% Variation	>1% Variation	2259	2385
		Scientific and Technical	No.	967 ▼	988 ▼	980 ▲	→		985 ▼	→		984 ▲	984*	1053	1003		No Variation	0 - 1% Variation	>1% Variation	913	1002
		Bank Staff	No.	203	264	269	→		303	→		192	192*	No. Only	No. Only					260	281
		Gross Salary Bill	£000s	21391 ■	21736 ■	21749 ■	→		21697 ▼	→		21737 ▼	214794	214549	250319		No Variation	0 - 1% Variation	>1% Variation	238674	252557
RK	Bank & Agency	Nurse Bank Fill Rate	%	88.4	85.2	87.2	→		77.2	→		82.0	86.1	No. Only	No. Only					81.8	85.1
		Nurse Bank Shifts covered	No.	4564 ▲	4791 ▼	4750 ▲	→		4325 ▲	→		4509 ▼	44978	51351	61621		0 - 2.5% Variation	2.5 - 5.0%	>5.0% Variation	69675	61621
		Nurse Agency Shifts covered	No.	334 ▼	451 ■	449 ▲	→		538 ▼	→		556 ▼	3801	3971	4765		0 - 5% Variation	5 - 10% Variation	>10% Variation	4765	5388
		Nurse Bank AND Agency Shifts covered	No.	4898 ▲	5242 ▼	5049 ▲	→		4863 ▲	→		5065 ▼	48779	55322	66386		0 - 2.5% Variation	2.5 - 5.0%	>5.0% Variation	74440	67009
		Nurse Bank Costs	£000s	413 ▲	508 ▼	474 ▲	→		534 ▼	→		331 ▲	4524	5337	6404		0 - 2.5% Variation	2.5 - 5.0%	>5.0% Variation	6844	6263
		Nurse Agency Costs	£000s	68 ▼	93 ■	127 ▼	→		96 ▲	→		110 ▼	757	827	992		0 - 5% Variation	5 - 10% Variation	>10% Variation	832	1268
KD		Medical Agency Costs	£000s	254 ▲	282 ▼	228 ▲	→		253 ▼	→		269 ▼	2415	990	1192		0 - 5% Variation	5 - 10% Variation	>10% Variation	2026	2384
		Medical Locum Costs	£000s	268 ▼	179 ■	161 ▲	→		223 ■	→		231 ▼	2415	1875	2250		0 - 2.5% Variation	2.5 - 5.0%	>5.0% Variation	2747	2896
		Med Ag./Loc Costs as % Total Med Costs	%	8.2	7.0	6.1	→		7.4	→		7.9	7.6	No. Only	No. Only					6.6	7.0
		Med Staff Exp variance from Budget	%	4.1 ▲	4.5 ▼	3.7 ▲	→		4.1 ▼	→		4.4 ▼	3.90	0	0		No Variation	0 - 1% Variation	>1% Variation	2.86	3.24
RK		Other Agency Costs	£000s	272 ▲	230 ▲	242 ▼	→		214 ▲	→		204 ▲	2174	1175	1410		0 - 5% Variation	5 - 10% Variation	>10% Variation	3759	2600
RK/KD		Agency Spend cf. Total Pay Spend	%	2.19 ■	2.78 ▼	2.74 ▲	→		2.59 ▲	→		2.49 ▲	2.68	<2.00	<2.00		<2	2 - 2.5	>2.5	2.77	2.47
RO	Recruitment & Retention	Permission to Recruit	wte	69	75	30	→		57	→		62	634	No. Only	No. Only					1124	813
		New Starters	wte	122	83	79	→		61	→		47	822	No. Only	No. Only					1066	1017
		Leavers	wte	79	75	47	→		52	→		48	880	No. Only	No. Only					999	928
		Corporate Inductions	No.	82	80	88	→		43	→			716	No. Only	No. Only					896	805

KEY TO PERFORMANCE ASSESSMENT SYMBOLS	
▲	Fully Met - Performance continues to improve
■	Fully Met - Performance Maintained
▼	Met, but performance has deteriorated
▲	Not quite met - performance has improved
■	Not quite met
▼	Not quite met - performance has deteriorated
▲	Not met - performance has improved
■	Not met - performance showing no sign of improvement
▼	Not met - performance shows further deterioration

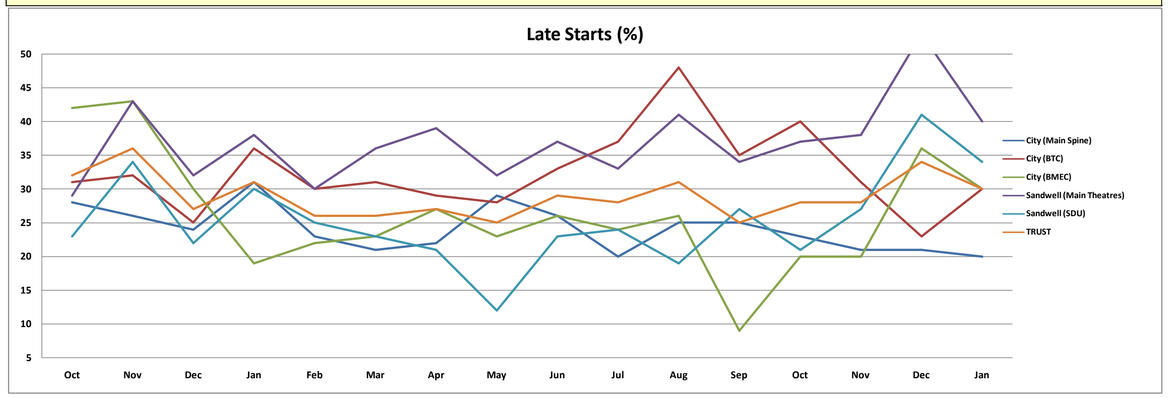
Please note: Although actual performance within the period may have improved, this may not always be reflected by a symbol which reflects this, if the distance from trajectory has worsened

KEY TO FORWARD PROJECTION ASSESSMENT	
●	Maintain (at least), existing performance to meet target
●	**Improvement** in performance required to meet target
● ●	**Moderate Improvement** in performance required to meet target
● ● ●	**Significant Improvement** in performance required to meet target

SUPPLEMENTARY DATA THEATRE UTILISATION

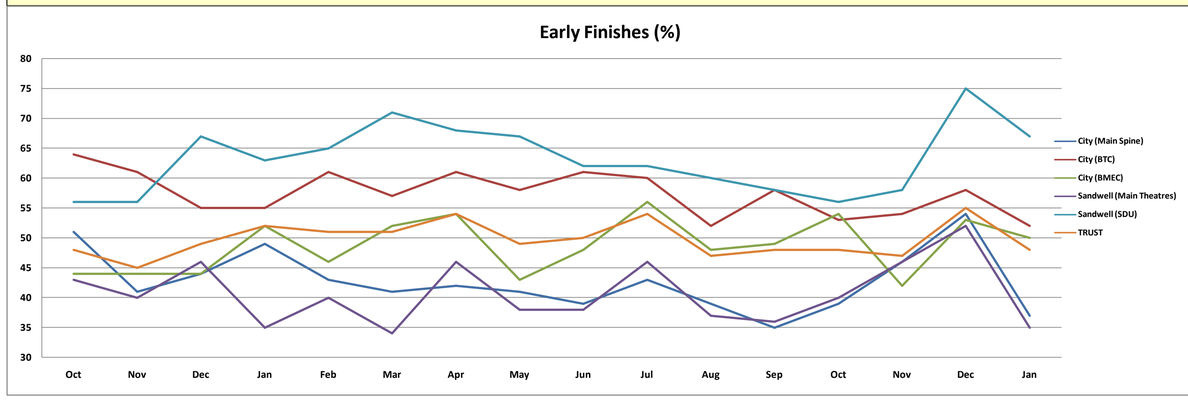
LATE STARTS (%)	2009 / 2010						2010 / 2011										
Theatre Location	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
City (Main Spine)	28	26	24	31	23	21	22	29	26	20	25	25	23	21	21	20	
City (BTC)	31	32	25	36	30	31	29	28	33	37	48	35	40	31	23	30	
City (BMEC)	42	43	30	19	22	23	27	23	26	24	26	9	20	20	36	30	
Sandwell (Main Theatres)	29	43	32	38	30	36	39	32	37	33	41	34	37	38	53	40	
Sandwell (SDU)	23	34	22	30	25	23	21	12	23	24	19	27	21	27	41	34	
TRUST	32	36	27	31	26	26	27	25	29	28	31	25	28	28	34	30	

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



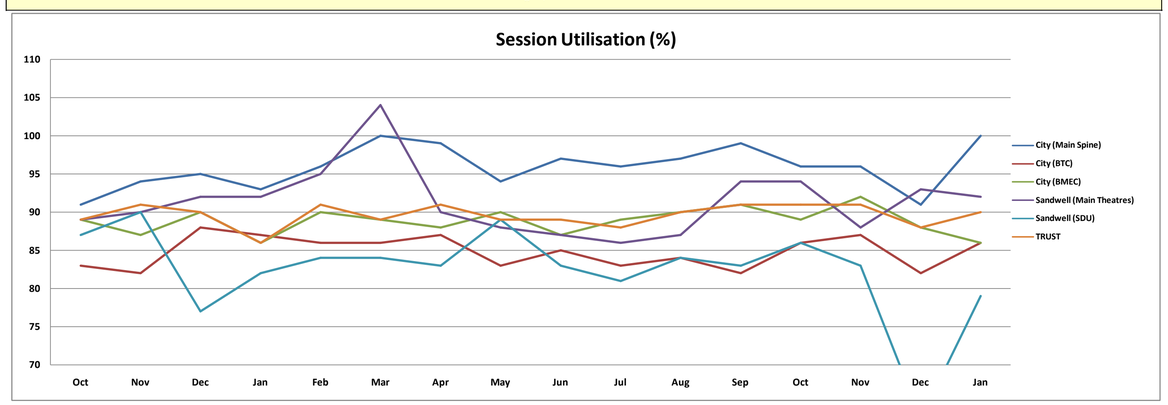
EARLY FINISHES (%)	2009 / 2010						2010 / 2011										
Theatre Location	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
City (Main Spine)	51	41	44	49	43	41	42	41	39	43	39	35	39	46	54	37	
City (BTC)	64	61	55	55	61	57	61	58	61	60	52	58	53	54	58	52	
City (BMEC)	44	44	44	52	46	52	54	43	48	56	48	49	54	42	53	50	
Sandwell (Main Theatres)	43	40	46	35	40	34	46	38	38	46	37	36	40	46	52	35	
Sandwell (SDU)	56	56	67	63	65	71	68	67	62	62	60	58	56	58	75	67	
TRUST	48	45	49	52	51	51	54	49	50	54	47	48	48	47	55	48	

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



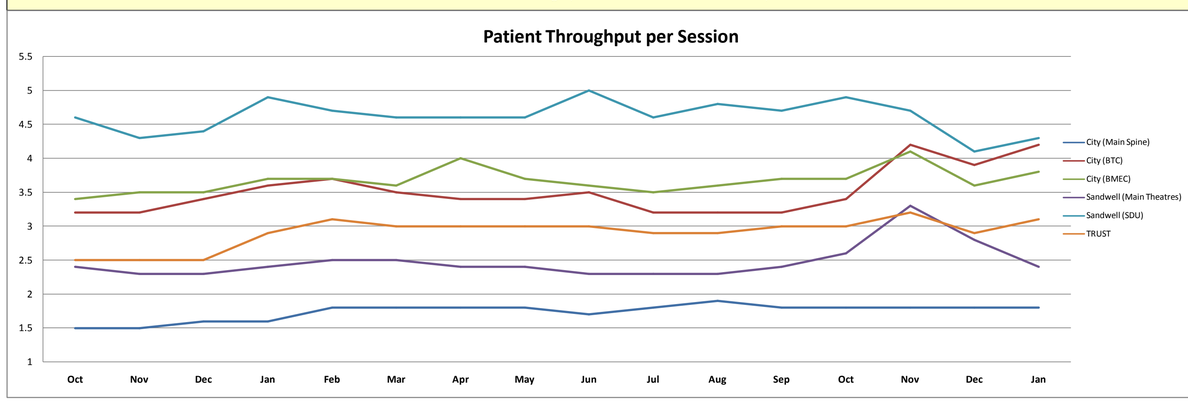
SESSION UTILISATION (%)	2009 / 2010						2010 / 2011										
Theatre Location	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
City (Main Spine)	91	94	95	93	96	100	99	94	97	96	97	99	96	96	91	100	
City (BTC)	83	82	88	87	86	86	87	83	85	83	84	82	86	87	82	86	
City (BMEC)	89	87	90	86	90	89	88	90	87	89	90	91	89	92	88	86	
Sandwell (Main Theatres)	89	90	92	92	95	104	90	88	87	86	87	94	94	88	93	92	
Sandwell (SDU)	87	90	77	82	84	84	83	89	83	81	84	83	86	83	63	79	
TRUST	89	91	90	86	91	89	91	89	89	88	90	91	91	91	88	90	

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



THROUGHPUT / SESSION	2009 / 2010						2010 / 2011										
Theatre Location	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
City (Main Spine)	1.5	1.5	1.6	1.6	1.8	1.8	1.8	1.8	1.7	1.8	1.9	1.8	1.8	1.8	1.8	1.8	
City (BTC)	3.2	3.2	3.4	3.6	3.7	3.5	3.4	3.4	3.5	3.2	3.2	3.2	3.4	4.2	3.9	4.2	
City (BMEC)	3.4	3.5	3.5	3.7	3.7	3.6	4.0	3.7	3.6	3.5	3.6	3.7	3.7	4.1	3.6	3.8	
Sandwell (Main Theatres)	2.4	2.3	2.3	2.4	2.5	2.5	2.4	2.4	2.3	2.3	2.3	2.4	2.6	3.3	2.8	2.4	
Sandwell (SDU)	4.6	4.3	4.4	4.9	4.7	4.6	4.6	4.6	5.0	4.6	4.8	4.7	4.9	4.7	4.1	4.3	
TRUST	2.5	2.5	2.5	2.9	3.1	3.0	3.0	3.0	3.0	2.9	2.9	3.0	3.0	3.2	2.9	3.1	

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



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

Operational Standards and Targets

Indicator	Weight	Thresholds		October 2010	Score	Weight x Score	November 2010	Score	Weight x Score	December 2010	Score	Weight x Score	Q3 2010-11	Score	Weight x Score	January 2011	Score	Weight x Score
		Performing	Underperforming															
A/E Waits less than 4-hours	1.00	95.00	94.00	96.30%	3	3.00	97.20%	3	3.00	93.30%	0	0.00	95.62%	3	3.00	97.10%	3	3.00
Cancelled Operations - 28 day breaches	1.00	5.0%	15.0%	0%	3	3.00	0%	3	3.00	0%	3	3.00	0%	3	3.00	0%	3	3.00
MRSA Bacteraemia	1.00	0	>1.0SD	1	3	3.00	0	3	3.00	0	3	3.00	1	3	3.00	1	3	3.00
Clostridium Difficile	1.00	0%	>1.0SD	9	3	3.00	6	3	3.00	7	3	3.00	22	3	3.00	3	3	3.00
18-weeks RTT Admitted Median Wait (weeks)	0.50	11.1	>11.1	5	3	1.50	5	3	1.50	5	3	1.50	5	3	1.50	<11.1*	3	1.50
18-weeks RTT Admitted 95 Percentile(weeks)	0.50	27.7	>27.7	20	3	1.50	19	3	1.50	20	3	1.50	20	3	1.50	<27.7*	3	1.50
18-weeks RTT Non Admitted Median Wait (weeks)	0.50	6.6	>6.6	4	3	1.50	4	3	1.50	4	3	1.50	4	3	1.50	<6.6*	3	1.50
18-weeks RTT Non Admitted 95 Percentile(weeks)	0.50	18.3	>18.3	15	3	1.50	15	3	1.50	15	3	1.50	15	3	1.50	<18.3*	3	1.50
18-weeks RTT Incomplete Pathway Median (weeks)	0.50	7.2	>7.2	4	3	1.50	4	3	1.50	5	3	1.50	5	3	1.50	<7.2*	3	1.50
18-weeks RTT Incomplete Pathway 95 percentile (weeks)	0.50	36.1	>36.1	16	3	1.50	16	3	1.50	17	3	1.50	17	3	1.50	<36.1*	3	1.50
Cancer - 2 week GP Referral to 1st OP Appointment	0.50	93.0%	88.0%	94.9%	3	1.50	93.8%	3	1.50	95.0%	3	1.50	94.5%	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%	95.7%	3	1.50	97.7%	3	1.50	95.7%	3	1.50	94.6%	3	1.50	>93.0%*	3	1.50
Cancer - 31 day second or subsequent treatment (surgery)	0.33	94.0%	89.0%	97.8%	3	0.99	98.9%	3	0.99	98.9%	3	0.99	98.5%	3	0.99	>94.0%*	3	0.99
Cancer - 31 day second or subsequent treatment (drug)	0.33	98.0%	93.0%	100.0%	3	0.99	100.0%	3	0.99	100.0%	3	0.99	100.0%	3	0.99	>98.0%*	3	0.99
Cancer - 31 day diagnosis to treatment for all cancers	0.33	96.0%	91.0%	100.0%	3	0.99	100.0%	3	0.99	99.4%	3	0.99	99.2%	3	0.99	>96.0%*	3	0.99
Cancer - 62 day referral to treatment from screening	0.33	90.0%	85.0%	100.0%	3	0.99	100.0%	3	0.99	100.0%	3	0.99	100.0%	3	0.99	>90.0%*	3	0.99
Cancer - 62 day referral to treatment from hospital specialist	0.33	85.0%	80.0%	100.0%	3	0.99	84.6%	2	0.66	85.7%	3	0.99	91.1%	3	0.99	>85.0%*	3	0.99
Cancer - 62 day urgent referral to treatment for all cancers	0.33	85.0%	80.0%	83.2%	2	0.66	92.4%	3	0.99	93.3%	3	0.99	89.9%	3	0.99	>85.0%*	3	0.99
Reperfusion - Primary Angioplasty (within 150 minutes of call)	1.00	75.00%	60.00%	100.00%	3	3.00	90.90%	3	1.50	80.00%	3	1.50	90.50%	3	1.50	>75.0%*	3	3.00
2-week Rapid Access Chest Pain	1.00	98.0%	95.0%	100.00%	3	3.00	100.00%	3	3.00	100.00%	3	3.00	100.00%	3	3.00	>98.00%*	3	3.00
48-hours GU Medicine Access	1.00	98.0%	95.0%	100.00%	3	3.00	100.00%	3	3.00	100.00%	3	3.00	100.00%	3	3.00	100.00%	3	3.00
Delayed Transfers of Care	1.00	3.5%	5.0%	4.10%	2	2.00	5.00%	0	0.00	4.50%	2	2.00	3.50 - 5.00%	2	2.00	4.70%	2	2.00
Stroke (Stay on Stroke Unit)	1.00	60.0%	30.0%	68.30%	3	3.00	71.20%	3	3.00	78.60%	3	3.00	73.80%	3	3.00	66.70%	3	3.00
Sum	**15.00**					**43.61**			**40.11**			**39.44**			**42.44**	*projected		**43.94**
Average Score						**2.91**			**2.67**			**2.63**			**2.83**			**2.93**

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

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

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

Financial Indicators				SCORING			2010 / 2011										
Criteria	Metric	Weight (%)		3	2	1	October	Score	Weight x Score	November	Score	Weight x Score	December	Score	Weight x Score	January	Score	Weight x Score
Initial Planning	Planned Outturn as a proportion of turnover	5	5	Planned operating breakeven or surplus that is either equal to or at variance to SHA expectations by no more than 3% of income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to SHA expectations by more than 3% of planned income.	Operating deficit more than or equal to 2% of planned income	**0.00%**	**3**	**0.15**	**0.00%**	**3**	**0.15**	0.00%	**3**	0.15	0.00%	**3**	0.15
Year to Date	YTD Operating Performance	25	20	YTD operating breakeven or surplus that is either equal to or at variance to plan by no more than 3% of forecast income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to plan by more than 3% of forecast income.	Operating deficit more than or equal to 2% of forecast income	**0.03%**	**3**	**0.6**	**0.04%**	**3**	**0.6**	0.04%	**3**	0.6	0.04%	**3**	0.6
	YTD EBITDA		5	Year to date EBITDA equal to or greater than 5% of actual year to date income	Year to date EBITDA equal to or greater than 1% but less than 5% of year to date income	Year to date EBITDA less than 1% of actual year to date income.	**6.09%**	**3**	**0.15**	**6.09%**	**3**	**0.15**	6.15%	**3**	0.15	6.22%	**3**	0.15
Forecast Outturn	Forecast Operating Performance	40	20	Forecast operating breakeven or surplus that is either equal to or at variance to plan by no more than 3% of forecast income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to plan by more than 3% of income.	Operating deficit more than or equal to 2% of income	**0.00**	**3**	**0.6**	**0.00**	**3**	**0.6**	0.00	**3**	0.6	0.00	**3**	0.6
	Forecast EBITDA		5	Forecast EBITDA equal to or greater than 5% of forecast income.	Forecast EBITDA equal to or greater than 1% but less than 5% of forecast income.	Forecast EBITDA less than 1% of forecast income.	**6.29%**	**3**	**0.15**	**6.28%**	**3**	**0.15**	6.30%	**3**	0.15	6.31%	**3**	0.15
	Rate of Change in Forecast Surplus or Deficit		15	Still forecasting an operating surplus with a movement equal to or less than 3% of forecast income	Forecasting an operating deficit with a movement less than 2% of forecast income OR an operating surplus movement more than 3% of income.	Forecasting an operating deficit with a movement of greater than 2% of forecast income.	**0.00%**	**3**	**0.45**	**0.00%**	**3**	**0.45**	0.00%	**3**	0.45	0.00%	**3**	0.45
Underlying Financial Position	Underlying Position (%)	10	5	Underlying breakeven or Surplus	An underlying deficit that is less than 2% of underlying income.	An underlying deficit that is greater than 2% of underlying income	**0.53%**	**3**	**0.15**	**0.53%**	**3**	**0.15**	0.53%	**3**	0.15	0.53%	**3**	0.15
	EBITDA Margin (%)		5	Underlying EBITDA equal to or greater than 5% of underlying income	Underlying EBITDA equal to or greater than 5% but less than 1% of underlying income	Underlying EBITDA less than 1% of underlying income	**6.29%**	**3**	**0.15**	**6.29%**	**3**	**0.15**	6.30%	**3**	0.15	6.31%	**3**	0.15
Finance Processes & Balance Sheet Efficiency	Better Payment Practice Code Value (%)	20	2.5	95% or more of the value of NHS and Non NHS bills are paid within 30days	Less than 95% but more than or equal to 60% of the value of NHS and Non NHS bills are paid within 30days	Less than 60% of the value of NHS and Non NHS bills are paid within 30 days	**82.00%**	**2**	**0.05**	**83.00%**	**2**	**0.05**	83.00%	**2**	0.05	57.00%	**1**	0.025
	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	**87.00%**	**2**	**0.05**	**85.00%**	**2**	**0.05**	82.00%	**2**	0.05	59.00%	**1**	0.025
	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	**0.98**	**2**	**0.1**	**0.97**	**2**	**0.1**	0.95	**2**	0.1	1.02	**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	**19.82**	**3**	**0.15**	**19.90**	**3**	**0.15**	19.33	**3**	0.15	19.98	**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	**45.97**	**2**	**0.1**	**48.21**	**2**	**0.1**	48.57	**2**	0.1	47.16	**2**	0.1
						Weighted Overall Score			**2.85**			**2.85**			**2.85**			**2.85**

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

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