



# Annual Plan

2010-2011



Where  
**EVERYONE**  
Matters





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## Introduction

This Annual Plan sets out our priorities for 2010/11. These are designed to:

- continue to improve the services we provide to the people of Sandwell, western and central Birmingham and surrounding areas;
- make progress with our long-term strategy for a new acute hospital as part of the Right Care Right Here Programme;
- respond to a challenging financial position by improving both quality and productivity.

The context in which we expect to be operating is set out in more detail in what follows. We expect 2010/11 however to be another important year for the future of our services as we continue to make progress towards our six strategic objectives.

- **Accessible and Responsive Care.** In 2009/10 we launched our nine Customer Care Promises setting out the standards patients can expect. In 2010/11 we aim to embed these standards in the way we deliver care.
- **High Quality Care.** We plan to continue our work to improve stroke and A&E services. 2010/11 will also see delivery of changes to our maternity services following the major public consultation exercise recently undertaken.
- **Care Closer to Home.** We plan to continue to work with Sandwell and Heart of Birmingham PCTs to deliver our long-term strategy of care closer to home. In 2010/11 this will include developing the outpatient and diagnostic services we provide from Rowley Regis Hospital and working with our PCTs on an agreed programme of change arising from the Local Delivery Plan agreement.
- **Good Use of Resources.** To respond to the increasingly challenging national financial climate we have launched our Quality and Efficiency Programme – the programme supports our plans for cost improvement in 2010/11 including planned improvement in length of stay for our inpatients.
- **21st Century Facilities.** 2010/11 will be a crucial year for our plans to build a new acute hospital following approval of the Outline Business Case and the Compulsory Purchase Order launch last year.
- **An Effective Organisation.** We will continue to develop our approach to staff engagement – “Listening into Action” – to ensure our organisation is well-placed to respond to the challenges we will face in the future.

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




**Sue Davis CBE**  
Chair




**John Adler**  
Chief Executive

# I. Past year performance

## I.1 Chief Executive's summary of 2009/10

2009/10 has been another significant year in the development of the Trust and the services that we provide. Thanks to the hard work, energy and commitment of our staff, we have continued to make important progress in improving our services. This section provides an overview of our progress in 2009/10 and it is right to acknowledge some of our significant achievements at the start of our plan for 2010/11.

- We have worked hard to improve our services for patients with stroke launching 24 hour 7 day a week thrombolysis services at both our acute sites, speeding up access to brain imaging for stroke patients and increasing the proportion of patients spending most of their hospital stay on a designated stroke unit.
- We continued to develop maternity services working with Sandwell PCT to consult on changes for the future. In addition to opening a midwife-led unit at City Hospital, in February we agreed to centralise consultant-led births at City Hospital and develop a midwife-led maternity unit in the borough of Sandwell.
- We achieved our six quality targets agreed with local PCTs through the CQUIN programme including brain imaging for stroke, time to operation for patients with fractured neck of femur, reduced caesarean section rate, smoking cessation referrals and patient surveys.
- We continued to develop our facilities by commissioning a new MRI scanner at City Hospital, completing the upgrade of facilities in City A&E department and undertaking a major upgrade of ward D16 at City Hospital. The wards at Sandwell also saw improvements to support high standards of privacy and dignity.
- We achieved two major milestones in our longer-term plans with approval of the Outline Business Case for the new acute hospital and the launch of the Compulsory Purchase Order for the land.
- We were pleased to maintain our ratings of "Good" for Quality of Services and "Good" for Use of Resources in the Healthcare Commission Annual Healthcheck sustaining previous improvement.
- Alongside these developments we continued to achieve national targets for infection control, standards of cleanliness and patient waiting times as well as maintaining financial stability and delivering a small planned surplus of £2.3m.
- We submitted our application for NHS Foundation Trust status at the end of 2008/9. The major change in the external financial climate that took place during 2009/10 meant that we decided not to pursue the application until we have updated our financial plans. This will also enable us to ensure that the most up to date version of our plans for the new acute hospital can be incorporated into this work. We will continue to work on plans for our future organisational structure during 2010/11.

This level of continued progress represents a significant achievement by the staff of the Trust during 2009/10 and provides us with a strong platform from which to address the challenges that we face during 2010/11.

## 1.2 Performance against our Corporate Objectives for 2009/10

The Trust set 32 annual objectives for 2009/10. The table below contains a summary of our corporate objectives for 2009/10 with a “traffic light” indication of their achievement

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

## I.2 Performance against our Corporate Objectives for 2009/10 cont....

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



### 1.3 Annual Healthcheck

The Trust's ratings in the Healthcare Commission's Annual Healthcheck (Oct 2009) are included in the table below. We were pleased that we were able to maintain our 2007/8 ratings of "Good" for quality of services and "Good" for use of resources showing that we have sustained the improvement delivered since 2005/6. At the time of writing it is not yet clear what form the Care Quality Commission's rating for 2009/10 may take.

#### Annual Healthcare Ratings - 2005/6 - 2008/9

Area	2005/06 Rating	2006/07 Rating	2007/08 Rating	2008/09 Rating
Quality of Services	Fair	Good	Good	Good
Use of Resources	Weak	Fair	Good	Good

### 1.4 National Survey Results

The Trust participates in the national patient and staff surveys for the NHS. These surveys ask a wide range of questions and only a summary is presented here.

The most recent published national surveys results include:

- **Inpatients (2009):** the Trust scored 77/100 in response to the question about overall care and 82/100 for treating patients with dignity and respect. These scores were in line with most other acute trusts.
- **Outpatients (2009):** the Trust scored 82/100 in response to the question about overall outpatient care and 92/100 for treating patients with dignity and respect. These scores were in line with most other acute trusts.
- **Staff (2009):** the Trust scored 3.62/5 for overall staff engagement (with their work, their team and their trust). This is average when compared to trusts of a similar type. Areas of improvement over the 2008 staff survey included a decrease in the percentage of staff experiencing physical violence from patients and relatives from 16% to 10% and an increase in the percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver from 71% up to 78%.



## 1.5 Patient Activity in 2009/10

The table below summarises the Trust's high level activity for 2007/08 – 2009/10.

### Patient Activity 2007/8 – 2009/10 (projected)

Type	2007/08 Outturn	2008/09 Outturn	2009/10 Plan	2009/10 Projected Outturn	2009/10 vs 2008/09
<b>Admitted Patient Care: (Spells)</b>					
Day cases	47,198	50,936	49,593	52,543	+3.2%
Electives	13,296	13,120	13,062	13,151	+0.2%
Emergencies	67,196	69,494	58,190	62,662	-9.8%
Unbundled			14,745	16,354	* +1.1%
<b>Total</b>	<b>127,690</b>	<b>133,550</b>	<b>120,845</b>	<b>144,710</b>	<b>+8.4%</b>
<b>Outpatients (attendances):</b>					
New	131,766	155,584	159,645	158,360	+1.8%
Review	370,285	380,578	377,819	403,505	+6.0%
With Procedure			7,662	25,295	* +230.0%
<b>Total</b>	<b>502,051</b>	<b>536,162</b>	<b>545,126</b>	<b>587,160</b>	<b>+9.5%</b>
<b>A&amp;E</b>	<b>231,938</b>	<b>226,871</b>	<b>227,562</b>	<b>225,591</b>	<b>-0.6%</b>
<b>Rehabilitation OBDs</b>	<b>32,344</b>	<b>23,096</b>	<b>21,380</b>	<b>24,077</b>	<b>+4.2%</b>
<b>Neonatal OCDs</b>	<b>8,552</b>	<b>9,549</b>	<b>9,804</b>	<b>10,190</b>	<b>+6.7%</b>
<b>Births</b>	<b>6,201</b>	<b>6,711</b>	<b>6,755</b>	<b>6,131</b>	<b>-8.6%</b>
<b>Referrals</b>	<b>151,755</b>	<b>266,227</b>	<b>265,501</b>	<b>265,989</b>	<b>-0.1%</b>

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

\* Percentage changes from 2009/10 plan.

Overall admitted patient care activity rose by 8% between 2008/9 and 2009/10 forecast outturn. The significant drop in emergency activity relates to a change in classification for obstetric admission not resulting in a birth (N12s). Outpatient activity also rose with a faster rise (6%) in review activity than in new (2%). A&E attendances, however, fell slightly compared with 2008/9.



## 1.6 Financial Performance in 2009/10

The table below summarises the Trust's financial performance in 2009/10.

### Financial Performance 2007/8 – 2009/10 (projected)

	2007/08 Outturn £m	2008/09 Outturn £m	2009/10 Plan £m	2009/10 Forecast Outturn £m
<b>Income</b>				
NHS Clinical Income	302.5	321.0	324.3	338.1
Non NHS Clinical Income	1.6	1.8	1.3	2.1
Other Income	35.1	36.4	39.3	38.5
Total Income	339.2	359.2	364.9	378.7
<b>Expenditure</b>				
Pay costs	(219.7)	(238.7)	(240.4)	(252.7)
Non-pay costs	(95.5)	(94.0)	(96.8)	(97.5)
Total Costs	(315.2)	(332.7)	(337.2)	(350.2)
<b>Operating Surplus (EBITDA)</b>	33.3	26.5	27.7	28.5
<b>Depreciation, Amortisation, Interest and Impairments</b>	(18.7)	(16.5)	(16.2)	(18.5)
<b>PDC Dividend</b>	(8.8)	(9.3)	(9.2)	(7.7)
<b>Net surplus/(deficit)</b>	6.5	2.5	2.3	2.3

The Trust is forecast to successfully achieve its target of a small surplus of £2.3m. Expenditure in 2009/10 is forecast to be 5.1% above plan covered by an increase in income under payment by results as the Trust delivered more activity than planned. Our operating surplus was slightly larger than planned at £28.5m.

## 2. Future Business Plans

### 2.1 Strategic overview

Our planning for 2010/11 has been based on our assessment of the national and local context within which we operate. It takes account of the need to continue to make progress with the implementation of our local health economy shared service strategy "Right Care Right Here". It also recognises the significant challenge facing public services in the future in needing to continue to improve the quality of services whilst delivering improvements in productivity.

#### 2.1.1 National Context

"The Operating Framework for the NHS in England 2010/11" sets national priorities, the financial regime and the national planning process for 2010/11. The framework operationalises the first year of the 5 year vision set out in "NHS 2010-2015: from good to great".

The five main national priorities for the NHS remain:

- Improving cleanliness and reducing infection.
- Improving access.
- Improving health and reducing health inequalities. Comprising a focus on four areas: stroke, cancer; children and young people and maternity and neo-natal services.
- Experience, satisfaction and engagement.
- Emergency Preparedness.

The Framework also identifies "areas to support local prioritisation". These include:

- Continuing to ensure early detection of cancer.
- Continuing to extend diabetic retinopathy screening.
- Continuing to deliver same-sex accommodation.
- Improving access to services for veterans.
- Improving assessment and management of venous thromboembolism.

The Operating Framework also makes clear the significant financial challenge facing the NHS in the years to come. For PCTs average growth in allocations for 2010/11 remains at 5.5%. Locally Heart of Birmingham tPCT will have received 10.6% 2 year growth across 2009/10 and 2010/11 and Sandwell PCT 11.3% 2 year growth. PCTs are however required to plan for no increase above inflation in allocations for 2011/12 and 2012/13 and PCTs are required to commit at least 2% of their allocation for 2010/11 non-recurrently.

NHS Trusts are required to plan for the surplus necessary "to strengthen financial positions as a precursor to NHS FT authorisation". The Framework also sets out a series of changes to the tariff for acute hospitals for 2010/11:

- Introducing four best practice tariffs for 2010/11: cataracts, cholecystectomy, fragility hip fracture and stroke.
- Achieving quality targets (CQUIN) to be worth 1.5% of contract income.
- No payment for seven NPSA "never events".
- No uplift to acute tariff – impact of inflation offset by 3.5% efficiency requirement. Expected to apply to non-tariff services as well.
- 30% marginal rate to be paid for emergency admissions over 2008/9 baseline costed at 2010/11 tariff. "Saving" to be retained by SHAs to support risk management / transformation.

Taken together the national service priorities and financial planning assumptions represent a major challenge in continuing to improve quality whilst delivering significant improvements in productivity.

## 2.1.2 Local Context

The local context for our planning for 2010/11 remains the Right Care Right Here Programme with its aim of delivering a major redevelopment of local health and social care services including a new acute hospital, the shift of care closer to home and significant investment in primary and community services.

For 2010/11 the Trust's main commissioners remain Sandwell PCT and Heart of Birmingham tPCT who are key partners in the Right Care Right Here Programme and are expected to continue concentrating on their key population and public health priorities.

### Sandwell PCT

World Class Commissioning priorities:

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

CQUIN priorities include:

- Venous-thromboembolism (VTE) assessment
- Patient Experience
- Stroke
- Smoking Cessation
- Breast Feeding

### Heart of Birmingham tPCT

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

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

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



A recent review of the Right Care Right Here programme has resulted in an updated agreed activity and capacity model for the health economy. Both Sandwell and Heart of Birmingham PCTs have made it clear that continued progress towards the pattern of care envisaged under the Right Care Right Here Programme in 2010/11 is central to the continued stability of the health economy in Sandwell and central and western Birmingham.

In addition there are two structural changes in the local health economy that may affect our plans for 2010/11.

1. Following the change in national policy that PCTs should divest themselves of their provider arm function of running community services and concentrate on commissioning; it is proposed that in Birmingham there should be a Community Foundation Trust. Discussions are continuing about the model for the services currently provided by Sandwell PCT. It will be important for the Trust to build strong relationships with any new community provider organisation.
2. At the same time, as commissioners, the three Birmingham PCTs have agreed to work more closely together with the potential to create a single Birmingham PCT in April 2011. NHS West Midlands have, however, confirmed that the Right Care Right Here Programme is fully supported and will form part of the mandate of any new combined PCT.

These possible local structural changes, the priorities of our main commissioners for improving local health and need to make continued progress towards Right Care Right Here programme models of care, provide the local context for our planning for 2010/11.

### 2.1.3 Trust Strategy

The Trust's vision for the future and six strategic objectives were set originally in 2008/9 and have not changed for 2010/11. They were set in the context of the Right Care Right Here Programme shared long-term strategy for the local health economy including Heart of Birmingham and Sandwell PCTs.

**Our vision describes an ambitious future for our organisation.**



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



Our six strategic objectives are designed to ensure we make progress towards the successful delivery of our vision.



## 2.1.4 Annual Objectives 2010/11

In order to ensure continued progress towards our six strategic objectives the Trust has set 37 objectives for 2010/11. These have been prepared following consultation with public and staff. The objectives, the measures we will use to judge our success and the lead director responsible are set out in the table below.

Strategic Objective	Annual Objective 2010/11	Measure of Success	Lead Director(s)
1. Accessible and Responsive Care	I.1 Continue to achieve national waiting time targets (including A&E, cancer targets and 18 weeks)	<ul style="list-style-type: none"> <li>A&amp;E 4 hour standard</li> <li>18 week elective standard</li> <li>Cancer standards</li> </ul>	Chief Operating Officer
	I.2 Continue to improve the experiences of our patients by focusing on basic nursing care and standards of privacy and dignity.	<ul style="list-style-type: none"> <li>EOC audit results twice a year.</li> <li>Observations of care audits twice a year</li> <li>MUST nutritional audits twice a year</li> <li>P+D audits twice a year</li> <li>Patient surveys in real time plus annual national survey</li> <li>Twice yearly ward reviews – improved standards will be a mark of success.</li> </ul>	Chief Nurse
	I.3 Make communication with GPs about their patients quicker and more consistent	<ul style="list-style-type: none"> <li>Set standards for key communications with GPs (e.g. clinic letters, discharge letters)</li> <li>Improve performance against standards</li> </ul>	Chief Operating Officer
	I.4 Improve our outpatient services, including the appointments system [QuEP]	<ul style="list-style-type: none"> <li>Maintained low waiting times</li> <li>Reducing cancellations /rescheduling</li> <li>Reducing Did Not Attend rate</li> <li>Improving response from Call Centre</li> </ul>	Chief Operating Officer
	I.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	<ul style="list-style-type: none"> <li>Reduction in formal complaints relating to staff attitude/system failures</li> <li>Improvement in national patient survey scores relating to patient experience</li> </ul>	Chief Executive

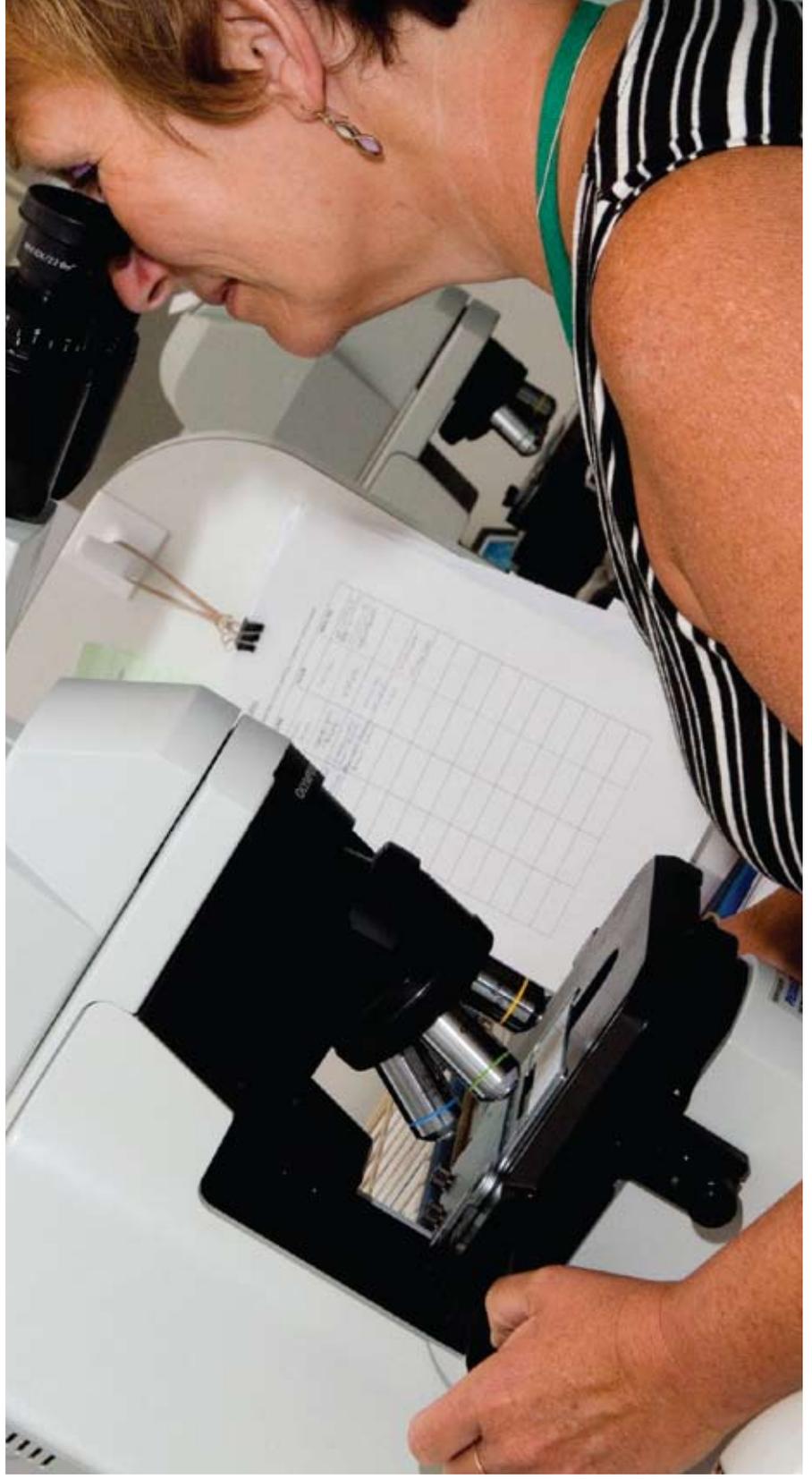
Strategic Objective	Annual Objective 2010/11	Measure of Success	Lead Director(s)
High Quality Care	2.1 Continue to keep up high standards of infection control and cleanliness	<ul style="list-style-type: none"> <li>• Achieve national, local and internal targets</li> <li>• Achieve national standards of cleanliness ratings</li> <li>• Achieve at least "good" rating in PEAT assessments</li> <li>• Achieve 95% hand hygiene compliance</li> <li>• Achieve less than 1% phlebitis rate</li> <li>• Achieve 95% Saving Lives audits</li> </ul>	Chief Nurse
	2.2 Formalise our quality system to bring together all that we can do to maintain and improve our quality of care	<ul style="list-style-type: none"> <li>• Development of Quality and Governance framework</li> <li>• Establishment of governance systems and structures at the directorate level</li> <li>• Directorate QMF reviews undertaken at least quarterly by all clinical divisions</li> <li>• Implementation of systems to produce and review Quality Accounts</li> </ul>	Director of Governance with Medical Director / Chief Nurse
	2.3 Improve the protection and care we provide to vulnerable children and adults	<ul style="list-style-type: none"> <li>• Achieve Mandatory Training target in levels 1, 2 and 3 training</li> <li>• Show improvement in Hospitals services Children's review (CQC)</li> <li>• Achieve compliance CQC standards</li> <li>• Meet deadlines for SCR IMR requests and have no returned reports as unacceptable by OFSTED</li> <li>• Have no red rating in action plans</li> <li>• Increase number of staff who have received training on domestic violence</li> <li>• Start to collect data on children attending A&amp;E under influence of alcohol</li> <li>• Increase number of staff trained in dementia care</li> </ul>	Chief Nurse
	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	<ul style="list-style-type: none"> <li>• Level 2 accreditation for NHSLA risk management standards</li> <li>• Level 2 accreditation for CNST maternity standards</li> </ul>	Director of Governance

Strategic Objective	Annual Objective 2010/11	Measure of Success	Lead Director(s)	
<b>High Quality Care</b>	2.5 Successfully implement the outcome of the Maternity Review	<ul style="list-style-type: none"> <li>Open the co-located MLU at City in May 2010</li> <li>Reconfigure obstetric services in Q4 2010/11</li> </ul>	Chief Executive	
	2.6 Continue to improve our services for Stroke patients	<ul style="list-style-type: none"> <li>Achievement of CQUIN targets for 2010/11</li> <li>Significant improvement in Sentinel Stroke Audit measures</li> </ul>	Medical Director	
	2.7 Improve the quality of service and safety within our A&E departments	<ul style="list-style-type: none"> <li>Successful integration of both EDs</li> <li>Reduction in SUJs graded red</li> <li>Maintenance of 4hr target (see 1.1)</li> </ul>	Medical Director	
	2.8 Achieve the new Quality and Innovation targets agreed with our commissioners (CQUIN) for 2010/11	<ul style="list-style-type: none"> <li>Achievement of 2010/11 CQUIN targets (see section 2.2.3 below for more details)</li> </ul>	Medical Director/ Chief Operating Officer / Chief Nurse	
	2.9 Improve our key patient pathways so that they improve patient experience and use of resources (QuEP)	<ul style="list-style-type: none"> <li>4 major pathway reviews completed (outpatients, discharges, emergency assessments, elective surgery)</li> <li>Improvements on agreed measures for each pathway</li> </ul>	Chief Operating Officer	
	2.10 Deliver quality and efficiency projects led by clinical directorates (QuEP)	<ul style="list-style-type: none"> <li>QUEP projects identified for all clinical directorates (except ED)</li> <li>At least 50% of projects on track at year end</li> </ul>	Medical Director	
	2.11 Implement the national Nursing High Impact Changes (QuEP)	<ul style="list-style-type: none"> <li>75% rate of assessment of patients at risk of falls and pressure damage</li> <li>Achieve reduction in falls and pressure damage rates of 10% in grade 3 - 4 sores and injurious falls</li> <li>Roll out of end of life pathway standards</li> <li>Improvement in nutritional audits</li> </ul>	Chief Nurse	
	<b>3. Care Closer to Home</b>	3.1 Make full use of the outpatient and diagnostic centre at Rowley Regis Hospital	<ul style="list-style-type: none"> <li>Clear agreed plan for future of Rowley Regis Hospital</li> <li>Levels of outpatient and diagnostic activity at Rowley</li> </ul>	Chief Operating Officer
		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	<ul style="list-style-type: none"> <li>SWBH staff play full role in RCRH projects</li> <li>Agreed plans leading to development of new models of care</li> </ul>	Chief Operating Officer

Strategic Objective	Annual Objective 2010/11	Measure of Success	Lead Director(s)
4. Good Use of Resources	4.1 Deliver a planned surplus of £2.0m	<ul style="list-style-type: none"> <li>Surplus delivered as planned</li> </ul>	Director of Finance
	4.2 Improve our expenditure by delivering a Cost Improvement Programme of £20m	<ul style="list-style-type: none"> <li>CIP delivered as planned</li> </ul>	Director of Finance
	4.3 Review corporate expenditure in key areas (QuEP)	<ul style="list-style-type: none"> <li>QuEP projects relating to corporate expenditure delivered as planned</li> </ul>	Director of Finance
	4.4 Ensure that we have the right amount of ward, operating theatre and clinic capacity for our needs	<ul style="list-style-type: none"> <li>Agreed capacity plans for beds, theatres and outpatient clinics.</li> <li>Successful delivery of medical bed reconfiguration project.</li> </ul>	Chief Operating Officer
5. 21st Century Facilities	5.1 Continue the process to buy the land for the new hospital	<ul style="list-style-type: none"> <li>Achievement of a clear route to title of all land required for the acute hospital</li> </ul>	Director of Estates/New Hospital Project
	5.2 Begin the formal procurement process for the new hospital	<ul style="list-style-type: none"> <li>OJEU advertisement following DH/HMT sign-off of refreshed OBC</li> </ul>	Director of Estates/New Hospital Project
	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)	<ul style="list-style-type: none"> <li>Active participation in project team led by Sandwell PCT</li> <li>Agreed Development Control Plan for City Site</li> </ul>	Director of Estates/New Hospital Project
	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	<ul style="list-style-type: none"> <li>Successful completion of estates elements of capital programme</li> </ul>	Director of Estates/New Hospital Project
6. An Effective Organisation	6.1 Ensure that the Trust is registered with the Care Quality Commission and maintains its registration throughout 2010/11	<ul style="list-style-type: none"> <li>Registration without conditions, to take effect from 1st April 2010</li> <li>Successful and positive inspection outcomes in-year</li> <li>No requirement to alert the CQC of in-year breaches of regulations</li> </ul>	Director of Governance

Strategic Objective	Annual Objective 2010/11	Measure of Success	Lead Director(s)
<b>An Effective Organisation</b>	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	<ul style="list-style-type: none"> <li>Improvement in Staff Survey score questions relating to engagement</li> <li>Improvement in Staff Survey scores relating to LiA specifically</li> <li>Increase in number of wards/ departments / teams using LiA approach</li> </ul>	Chief Executive
	6.3 Implement the next stages of our new clinical research strategy	<ul style="list-style-type: none"> <li>Annual report to Board shows continued progress with strategy</li> </ul>	Medical Director
	6.4 Reduce our impact on the environment by continuing to implement our sustainability strategy	<ul style="list-style-type: none"> <li>Achievement of the actions identified in the sustainability strategy action plan for 10/11</li> </ul>	Director of Estates/New Hospital Project
	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	<ul style="list-style-type: none"> <li>Develop detailed plan by end July 2010</li> <li>Progress in line with plan</li> </ul>	Chief Executive
	6.6 Embed clinical directorates and service line management into the Trust	<ul style="list-style-type: none"> <li>Routine Divisional reviews of directorates established</li> <li>SLM (QMF) reports developed and informing Divisional reviews</li> <li>Board reports &amp; Executive Dashboards informed by SLM (QMF) reports</li> </ul>	Medical Director/ Chief Operating Officer/ Director of Finance
	6.7 Implement our Leadership Development Framework	<ul style="list-style-type: none"> <li>Leadership Development Framework agreed</li> <li>Framework implemented in line with plan</li> </ul>	Chief Nurse
	6.8 Refresh the Workforce Strategy and make progress with its implementation	<ul style="list-style-type: none"> <li>Updated strategy agreed by Board</li> <li>Key priorities and indicators identified and progressed</li> </ul>	Chief Nurse
	6.9 Continue to develop our strategy for Information Management and Technology and improve the systems we use	<ul style="list-style-type: none"> <li>IM&amp;T strategy updated and agreed by Board</li> <li>Progress with specific IM&amp;T priorities for 2010/11</li> </ul>	Chief Operating Officer

Strategic Objective	Annual Objective 2010/11	Measure of Success	Lead Director(s)
An Effective Organisation	6.10 Develop our strategy for medical education and training	<ul style="list-style-type: none"> <li>• Appointment of Head of Academy</li> <li>• Agreement on structure and development of strategy</li> <li>• Implementation of the programme for review of speciality training through college tutor roles and clinical tutors</li> </ul>	Medical Director/ Director of Governance
	6.11 Make improvements to the health and well-being of staff, including reducing sickness absence.	<ul style="list-style-type: none"> <li>• Agreed trust plan for improving the health and well-being of staff</li> <li>• Reduced sickness absence rates</li> </ul>	Chief Nurse



## 2.2 Service Development Plans

Our plans for 2010/11 are designed to ensure delivery of the Annual Objectives. This section provides an overview of the most significant service developments included within the plans.

### 2.2.1 Activity Levels

The table below sets out planned activity levels for 2010/11 – 2012/13 based on the agreed LDP for 2010/11 and the assumptions in our Long-Term Financial Model.

#### *Clinical Activity 000's of cases*

	Plan 09/10	Forecast Outturn 09/10	2010/11 Plan	2011/12 Forecast	2012/13 Forecast
Elective	62.7	65.7	58.4	59.5	54.3
Non-elective	58.2	62.6	62.3	55.4	54.3
Unbundled	22.5	* 16.3	17.6	21.5	21.7
Outpatients	537.7	** 587.1	553.1	547.7	500.9
A&E	230.0	225.6	227.0	229.3	232.5
Rehab OBDS	25.7	24.1	21.5	*** 15.7	*** 18.4
Neonatal OCDs	9.8	10.2	10.8	9.0	9.2

\* Excludes 41,856 unbundled imaging

\*\* Includes 25,295 outpatient with procedure

\*\*\* 2010/11 Plan is draft activity prior to PCT disinvestment proposals being formalised.

Our activity plan for 2010/11 as agreed with our commissioners, therefore, includes reductions in activity from the 2009/10 forecast outturn (although in some categories such as outpatients this is still above the 2009/10 plan). This reflects the long-term strategy of our health economy, Right Care Right Here, to reduce levels of acute hospital activity by developing community services. We will need to work closely with our PCT partners to ensure that the health economy remains on track to deliver these activity levels in 2010/11.



### 2.2.2 Service Plans

Our main service plans for 2010/11 are included within our annual objectives as set out in section 2.1.4 above. This section of the plan provides further information on the main elements of the plan for the year.

**Accessible and Responsive Care.** We are proud of and will continue to maintain our track record of delivery on national access standards ensuring quick access to our services. In 2009/10 we launched our nine Customer Care Promises designed to ensure that all our services respond to the needs of our patients. 2010/11 will see a major programme of work to ensure that these promises are embedded in the way in we operate as an organisation.

**High Quality Care.** Our plans for 2010/11 include a set of priorities designed to ensure we provide high quality care including:

- Maintaining our focus on high-standards of infection control including MRSA and clostridium difficile.
- Delivering the outcome of our maternity review including opening a midwife-led maternity unit at City Hospital, concentrating consultant-led obstetric care at City and continuing to develop plans for a midwife-led unit in the borough of Sandwell.
- Continuing to improve stroke and A&E services.
- Demonstrating improvement in our risk management by achieving NHSLA Level 2 standards.

**Care Closer to Home.** Our priorities for 2010/11 include developing the outpatient and diagnostic centre at Rowley Regis Hospital as part of an agreed plan for the future of that important local facility. The LDP also commits us to work closely with our PCT to support moves to the levels of work agreed through the Right Care Right Here programme including changes in key areas including:

- Reduction in follow-up hospital outpatients.
- Increasing use of community alternatives outpatients (e.g. orthopaedics, gynaecology, diabetes).
- Working with our PCTs to agree our approach to a set of planned procedures.

**Good Use of Resources.** Our financial plan for 2010/11 is set out in more detail in section 2.3.1 below. Central to our plans for the year, however, is our Quality and Efficiency Programme. This is the first year of a three year programme designed to ensure continued improvement in quality and improvement in productivity. The programme has a number of workstreams:

- Benchmarking
- Patient Pathway Redesign
- Establishment Review
- Capacity Review
- Directorate Quality Projects
- Specific Corporate Projects / Reviews

The Quality and Efficiency Programme has supported the development of our cost improvement programme for 2010/11. This includes some important projects including:

- A major review of medical bed capacity aiming to improve initial assessment, reduce length of stay and speed up discharges to support the closure of c. 100 beds across the Trust reducing our total numbers of beds from c. 1,000 to c. 900. This includes investment in new consultant acute physicians. As part of this programme it is proposed to close the remaining acute hospital run beds at Rowley Regis transferring the majority to Sandwell Hospital. We are working closely with Sandwell PCT on options for more community-focussed intermediate care services at Rowley in their place.
- Reductions in the amount of outpatient and elective surgical activity that needs to take place in “premium rate” sessions to ensure we make the best use of our facilities.

**21st Century Facilities.** 2010/11 will be a crucial year for the new acute hospital project in establishing a clear route to ownership of the land for the new facility and aiming to launch the procurement process for the new building. We will also continue to improve our existing facilities. More detail is provided on our capital programme in section 2.3.3 below but key projects for 2010/11 include:

- redevelopment of City Hospital Medical Assessment Unit;
- improvement of Neurophysiology Outpatients at City Hospital;
- purchase of new dual-source CT scanner for Sandwell Hospital;
- major improvement in maternity facilities at City Hospital;
- investment in digital equipment for the Breast Screening service.

**An Effective Organisation.** In addition to our service plans, our objectives for 2010/11 include a set of plans to improve the underlying effectiveness of our organisation including:

- expanding our successful staff engagement programme “Listening into Action”;
- progressing plans for a new organisational status and structure which will give staff and public a clear voice in the organisation in the future;
- developing our approach to leadership development;
- ensuring we fully embed work begun in 2009/10 to introduce a system of service-line management based on clinical directorates.

### 2.2.3 CQUIN Targets

As part of the LDP agreed with commissioners the Trust has agreed to a range of Commissioning for Quality and Innovation (CQUIN) targets. The scope of the CQUIN targets has increased significantly since 2009/10 and c. £4.5m of the Trust planned income for 2010/11 rests on the successful delivery of the targets.

The targets for 2010/11 cover the following areas:

- Venous-thromboembolism (VTE) assessment
- Breast feeding
- Tissue viability care (preventing pressure sores)
- Inpatient falls causing fracture
- Stroke (time to brain imaging)
- Fractured neck of femur (time to operation)
- Smoking cessation (intervention in outpatients)
- Safer prescribing of Warfarin
- Patient Experience
- Compliance with Think Glucose Guidance
- Specialised services measures – 6 measures relating to services commissioned by the West Midlands Specialised Services Commissioning Group.



## 2.3 Operating Resources Required to Deliver our Annual Plan

This section of the plan sets out the Trust's finance, workforce and capital plans for 2010/11.

### 2.3.1 Finance

The table below summarises the Trust's financial plan for 2010/11 – 2012/13.

#### Summary Financial Plan 2010/11 – 2012/13

Category	2007/8 £m	2008/9 £m	2009/10 Forecast Outturn £m	2010/11 Plan £m	2011/12 Plan £m	2012/13 Plan £m
NHS Clinical Income	302.5	316.1	337.2	<b>337.4</b>	324.0	313.3
Non NHS Clinical Income	1.6	1.5	2.1	<b>2.1</b>	2.1	2.1
Other Income	35.1	37.8	38.2	<b>37.1</b>	36.7	36.8
Total Income	339.2	355.4	377.6	<b>376.7</b>	362.8	352.2
Total Costs	(305.2)	(329.1)	(349.1)	<b>(348.5)</b>	(335.9)	(325.5)
Operating Surplus (EBITDA)	34.0	26.3	28.5	<b>28.2</b>	26.9	26.7
Depreciation, Amortisation, Interest and Impairments	(18.7)	(14.5)	(18.5)	<b>(18.5)</b>	(18.0)	(17.8)
PDC Dividend	(8.8)	(9.3)	(7.7)	<b>(7.6)</b>	(7.0)	(7.0)
Net Surplus/(deficit)	6.5	2.5	2.3	<b>2.0</b>	1.9	1.9



The key elements of this plan include:

- a small drop in our income from £377.6m in 2009/10 to £376.7m in 2010/11. This reflects levels of activity required by our commissioners plus the impact of changes in the national tariff;
- aiming to maintain our recent track record of delivering a small surplus of £2.0m;
- a reduction in our operating costs from £349.1m in 2009/10 to £348.5m in 2010/11. This includes a Cost Improvement Programme of £20m;
- provision of resources to address unavoidable increases in the costs of running the organisation (e.g. due to regulatory requirements);
- £4.5m of our planned income will be linked to the achievement of the CQUIN targets set out above;
- our income assumptions include our application to the Strategic Change Reserve held by NHS West Midlands for £9m to support the cost of transition from current levels of acute hospital activity to the lower levels planned under Right Care Right Here;
- to try to share risk more appropriately between our PCT commissioners and providers we have agreed to develop a sophisticated cost and volume approach to elective activity in which the PCTs bear the risk of growth in activity due to growth in referrals but the Trust takes the risk of growth due to increases in intervention rates. Standard national PBR rules will apply for emergency and A&E activity.

### 2.3.2 Workforce

The table below sets out a summary of our workforce plans for 2010/11.

#### Budgeted WTE by Staff Group 2009 - 2011

Category	April 2009	March 2010 projected	April 2011 projected
Medical	755	794	789
Managers	258	251	242
Administrative and Estates	1,148	1,212	1,140
Nursing and Midwifery/Healthcare Assistants and Support	3,178	3,159	2,930
Scientific Therapeutic and Technical	996	1,028	1,003
<b>TOTAL</b>	<b>6,355</b>	<b>6,444</b>	<b>6,104</b>

Our workforce has increased by 90 during 2009/10 largely as a result of treating increased numbers of patients during the year.

We are planning a reduction of 340 during 2010/11 as a result of the Cost Improvement Programme described above. The vast majority of the reduction in our budgeted WTE numbers will be through the removal of posts that are already vacant or that we expect to become vacant during the year.

*Note: at this stage the workforce plan does not include the WTE impact of agreed cost pressures. These will be included in later versions and are likely to increase slightly the overall totals.*

### 2.3.3 Capital Programme

The table below summarises the Trust's Capital Programme for 2009/10. The capital programme totals £17.9m including £1.9m of planned loans designed to support the purchase of land for the new acute hospital in line with the Outline Business Cases (OBC) for Land Acquisition and the New Hospital.

#### Capital Programme 2010/11

	£000
<b>Capital Resources</b>	
• Internally Generated Cash (depreciation)	16,000
• NHS Capital Loans	1,900
<b>Total Resources</b>	<b>17,900</b>
<b>Capital Expenditure</b>	
<b>Land</b>	
• Right Care, Right Here - Land Acquisition	6,000
<b>Brought Forward Commitments</b>	
• MAU Redevelopment	1,645
• Sandwell Replacement CT Scanner	900
• Sandwell Replacement CT Scanner - contingency	200
• Neurophysiology Out-Patients	200
• Capitalised Salaries	300
• Other Slippage and Retentions B/F	300
<b>Ongoing Schemes</b>	
• Statutory Standards and Estates Risk Related Expenditure	3,000
• IT Programmes	700
• Medical Equipment	400
<b>Other Schemes</b>	
• Ultrasound replacements x4	280
• Digital Mammography BTC	1,000
• Maternity moves	1,500
• Same Sex Accommodation Ward D5	500
• Sandwell Surgical Day Unit Refurbishment	450
• Sandwell Side Rooms	300
• Sandwell Chest Clinic Out-Patient Works	70
• Community Gynaecology Service	80
• Back Office Systems Improvements	75
<b>Total Expenditure</b>	<b>17,900</b>
<b>Under/(Over) Commitment against CRL</b>	<b>0</b>

Main features of the capital programme include:

- Replacement CT Scanner at Sandwell Hospital
- Redevelopment of MAU at City Hospital
- Improvements to Neurophysiology Outpatient department at City Hospital
- Investment in Digital Mammography equipment to meet national requirements
- Investment in Maternity facilities to support the service change resulting from the recent Maternity Review.

# 3. Risk Analysis

## 2.1 Strategic overview

The Trust has a well-established system for identifying and managing risk to the delivery of our services and the achievement of our objectives. In line with this process a detailed review of the risks to delivery of our objectives for 2010/11 will be undertaken in April and May and included in an updated version of this plan. At this stage the plan contains a high level assessment of the major risks to delivery of our plan.

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

Risk	Score (Impact x Likelihood)	R / A / G	Lead Director	Mitigating Action	Score (Impact x Likelihood)	R / A / G
1. That demand for acute hospital services exceeds plan (especially during winter) and presents a risk to achievement of waiting times targets.	(4x3) 12		COO	<ul style="list-style-type: none"> <li>Clear baseline capacity in place.</li> <li>Winter plan to be developed based on experience in 2009/10.</li> <li>Pathway improvement activity.</li> <li>Continued close management of capacity.</li> </ul>	(3x3) 9	
2. That changes to bed configuration and/or staffing in the CIP present a risk to continued delivery of high standards of care on wards.	(4x5) 20		CN / COO	<ul style="list-style-type: none"> <li>Clear set of measures in place to track standards of care.</li> <li>CIP reviewed to assess areas of high risk.</li> <li>Project team for medical bed changes to oversee changes.</li> </ul>	(4x4) 16	
3. That we do not achieve NHSLA level 2 accreditation.	(3x4) 12		DoG	<ul style="list-style-type: none"> <li>Project plan well established and progress reviewed regularly.</li> <li>Close contact with NHSLA reviewers to understand and address areas of concern.</li> </ul>	(3x3) 9	

Risk	Score (Impact x Likelihood)	R / A / G	Lead Director	Mitigating Action	Score (Impact x Likelihood)	R / A / G
4. That we are not able to deliver the planned maternity changes including a Sandwell-based midwife led maternity unit.	(4x3) 12		CEO	<ul style="list-style-type: none"> <li>Local agreement following consultation in 2009/10.</li> <li>Project management structure and plans to be established.</li> </ul>	(3x2) 6	
5. That achieving the expanded CQUIN targets requires more resource than we have included in our plans.	(3x3) 9		COO / MD / CN	<ul style="list-style-type: none"> <li>Targets and lead directors / managers identified.</li> <li>Plans to be agreed.</li> </ul>	(3x2) 6	
6. That we are not able to deliver all of our £20m CIP.	(4x5) 20		ALL	<ul style="list-style-type: none"> <li>Set of CIP schemes totalling £20m identified.</li> <li>Project plans being produced for major schemes.</li> <li>Well-established system for managing delivery will remain.</li> </ul>	(4x4) 16	
7. That the LDP assumptions about shift of activity away from the acute hospital do not happen in practice.	(4x4) 16		COO / MD	<ul style="list-style-type: none"> <li>Scale of changes in line with RCRH trajectory.</li> <li>Will require agreed programme of work with the PCTs to deliver successfully.</li> </ul>	(3x4) 12	

Risk	Score (Impact x Likelihood)	R / A / G	Lead Director	Mitigating Action	Score (Impact x Likelihood)	R / A / G
8. That increases in expenditure that may be required to cope with additional activity are not covered by increases in income.	(4x4) 16		FD / COO	<ul style="list-style-type: none"> <li>Maintain controls on expenditure already introduced</li> <li>Continue to work on bank and agency expenditure</li> <li>Work closely with PCT's to keep activity to planned levels</li> </ul>	(3x4) 12	
9. That the Trust does not maintain its CQC registration.	(4x3) 12		DoG	<ul style="list-style-type: none"> <li>Structured approach to review of standards for registration.</li> <li>Position will be kept under regular review.</li> </ul>	(4x2) 8	
10. That the updated OBC for the new acute hospital is not approved and/or the CPO is not successful.	(5x4) 20		DoE/ NHP	<ul style="list-style-type: none"> <li>Revised project management arrangements led by CEO now in place</li> <li>Clear timetable/project plan for delivery</li> </ul>	5x3 15	
11. That we are unable to produce clear plans that secure agreement from stakeholders for future organisational structure.	(4x3) 12		CEO	<ul style="list-style-type: none"> <li>Significant work already undertaken on organisation forms.</li> <li>Stakeholders already engaged in our plans.</li> <li>Timetable clear for next stages of the work.</li> </ul>	(4x2) 8	
12. That we are unable to reduce sickness absence as planned.	(3x3) 9		CN	<ul style="list-style-type: none"> <li>Focus on sickness absence through Divisional reviews.</li> <li>Project plan to be developed early in 2010/11.</li> </ul>	(3x2) 6	

## 4. Membership

### 4.1 Membership Report

The Trust has had considerable success in recruiting public membership from our local population. The Trust has begun to work with this membership in preparation for acquiring a new organisational status and this section provides a report on this activity.

The size of our membership and expected movements in 2010/11 are set out in the table below.

#### *Membership size and movement*

Public constituency	Last Year 2009/10	Next Year (estimated) 2010/11
At year start (April 1)	6,500	7,542
New members	1,557	650
Members leaving	515	500
At year end (March 31)	7,542	7,692
Staff constituency	Last Year	Next Year (estimated)
At year start (April 1)	6,485 (eligible members)	6,684
New members	685	548
Members leaving	486	876
At year end (March 31)	6,684	6,356

Analysis of current membership (based on 7,540 public members as at February 2010) of total public constituencies (the wider West Midlands) is shown in the table below.

Public constituency	Number of members	Eligible membership
<b>Age (years):</b>		
0-16	305	428,612
17-21	462	332,660
22+	6,411	3,768,599
Not Known	362	
<b>Ethnicity:</b>		
White	4,455	4,674,296
Mixed	41	73,225
Asian or Asian British	1,652	385,573
Black or Black British	815	104,032
Other	274	30,182
Not Known	303	

Public constituency	Number of members	Eligible membership
<b>Socio-economic groupings:</b>		
ABC1	2,841	1,913,858
C2	1,229	685,541
D	1,566	794,461
E	1,904	700,084
<b>Gender:</b>		
Male	2,951	2,575,111
Female	4,435	2,692,197
Not Known	154	

The data provided below is an analysis of our current membership from the seven geographical constituencies in Sandwell and West Birmingham, excluding the Wider West Midlands. This reflects the demographics of our members who live in our immediate catchment area.

Public constituency	Number of members	Eligible membership
<b>Age (years):</b>		
0-16	183	57,710
17-21	267	51,905
22+	5,093	450,780
Not Known	289	
<b>Ethnicity:</b>		
White	3,294	444,820
Mixed	36	19,938
Asian or Asian British	1,350	140,324
Black or Black British	716	52,217
Other	209	7,686
Not Known	227	
<b>Socio-economic groupings:</b>		
ABC1	2,010	187,833
C2	928	82,657
D	1,265	119,569
E	1,629	109,074
<b>Gender:</b>		
Male	2,308	323,159
Female	3,411	341,801
Not Known	113	

## 4.2 Membership Commentary

Our membership growth remains stable; however, the number of members that have left the Trust is greater than estimated. The most common reasons include notification of deaths and members choosing to leave due to change in their medical health or people that they care for.

In the past year we have managed to exceed the estimated target of new members joining, with a significant increase in the number of young people. Since last year we have run two recruitment campaigns, one for young people and one for under-represented geographical areas.

Our young membership of under 22 year olds has risen by 428 members over the past year as a result of the Trust's Young Peoples Campaign. The membership office worked closely with local schools, colleges and universities to ensure young people were aware of the benefits of becoming a member of the Trust. We actively listened to their views and ran activities that they were interested in such as NHS careers and health promotion workshops.

We have not actively recruited BME groups over the past year as we are currently over represented in these areas within our membership.

During 2009 a series of seminars and events took place for both public and staff members covering topics including Allergies, Stroke, Infection Control, Healthy Lifestyles and Hospital Facilities.

Members also fed their views into the Trust through a series of strategic events that took place, which enabled the Trust to shape its plans for e.g. the New Hospital, Single Sex Wards, the Re-organisation of Maternity Services and the Trust's Corporate Objectives for the year ahead. Additional involvement was encouraged through Member Surveys e.g. on the type of involvement they would like with the Trust and the Customer Care Promises.

Staff remain engaged with our membership programme and attendance at events is continuing to grow. There has been a minimal opt out of 31 staff members.

## 5. Monitoring our Performance

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

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

We will continue to use this established system to ensure the successful achievement of our objectives for 2010/11.







Sandwell and West Birmingham Hospitals **NHS**

NHS Trust

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