

Trust Board Meeting

A **public** meeting of the Trust Board will be held on **Thursday, 3rd April 2008** at 2.30 pm in the Churchvale/Hollyoak Room, Medical Education Centre at Sandwell Hospital

A G E N D A

1.	APOLOGIES FOR ABSENCE	
2.	DECLARATION OF INTERESTS <i>To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting</i>	
3.	CHAIR'S REMARKS/COMMUNICATIONS	
4.	MINUTES OF PREVIOUS MEETING <i>To approve the minutes of the meeting held 6th March 2008 as a correct record</i>	Enclosure 1
5.	MATTERS ARISING FROM MINUTES OF THE PREVIOUS MEETING	
6.	QUESTIONS FROM MEMBERS OF THE PUBLIC	
7.	PRESENTATIONS (7.1) Sandwell Public Health Report – Dr John Middleton (7.2) Nursing Workforce Strategy – Rachel Stevens	
8.	NEW ACUTE HOSPITAL PROJECT • Outline Planning Application – Presentation by Graham Seager	Enclosure 2
	PERFORMANCE MANAGEMENT	
9.	Monthly Performance Monitoring Report	Enclosure 3a
10.	Monthly Finance Report	Enclosure 3b
	GOVERNANCE MANAGEMENT	
11.	Draft Single Equality Scheme	Enclosure 4a

	GOVERNANCE MANAGEMENT [cont'd]	
12.	2007/08 Core Standards Declaration	Enclosure 4b
13.	2007 National Staff Survey	Enclosure 4c
14.	Register of Directors' Interests	Enclosure 4d
15.	Register of Sealed Documents	Enclosure 4e
16.	Review of Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions	Enclosure 4f
17.	Single Tender Actions	Enclosure 4g
18.	Application for use of Trust Seal	Enclosure 4h
	DEVELOPMENT	
19.	Annual Planning 2008/09 (19.1) Draft Annual Plan (19.2) Draft Financial Plan	Enclosure 5a Enclosure 5b
20.	Application for Foundation Trust Status: Progress Report	Enclosure 5c
21.	Towards 2010 Programme: Progress Report	Enclosure 5d
22.	Interim Configuration Project: Progress Report	Enclosure 5e
23.	BOARD SUB-COMMITTEES: MINUTES FOR NOTING (23.1) Finance and Performance Management: 28 th February	Enclosure 6a
24.	ANY OTHER BUSINESS	
25.	DATE AND TIME OF NEXT MEETING The next public meeting of the Trust Board will be held on Thursday, 1st May 2008 at 2.30pm , in the Anne Gibson Board Room at City Hospital.	
26.	EXCLUSION OF THE PRESS AND PUBLIC <i>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).</i>	

ENCLOSURE 1

Minutes of the Public Trust Board meeting held on Thursday 7th March 2008 at 2.30pm in the Anne Gibson Board Room, City Hospital.

Present:	Mrs. Sue Davis (Chair)	Cllr Bill Thomas
	Mr. John Adler	Ms. Isobel Bartram
	Mr. Donal O'Donoghue	Mr. Richard Kirby
	Mr. Roger Trotman	Dr. Sarindar Sahota
	Mrs. Gianjeet Hunjan	Mr. Robert White
		Mrs. Rachel Stevens
In Attendance:	Miss. Kam Dhami	Mr. Graham Seager
	Ms. Judith Whalley	Mrs. Jessamy Kinghorn
	Mr. Tim Atack	Mr. Colin Holden
	Mrs. Amanda Winwood	Dr. Santhana Kannan for item 7
Apologies:	Prof. Jonathan Michie	

		ACTION
(08)51	<p><u>DECLARATION OF INTERESTS</u></p> <p>Mr Trotman advised he has recently been appointed as non executive director of Artistic ministries which is a registered charity</p>	
(08)52	<p><u>CHAIR'S REMARKS/COMMUNICATIONS</u></p> <p>This would have been the last meeting for Prof Michie but unfortunately he could not attend . The Board thanked him for his contribution and wished him well in his new post in Oxford.</p> <p>Donal O'Donoghue, Medical Director was welcomed to the Trust.</p>	
(08)53	<p><u>MINUTES OF PREVIOUS MEETING</u></p> <p>The minutes of the meeting held on the 7th February were approved by the Board.</p>	
(08)54	<p><u>MATTERS ARISING FROM MINUTES OF THE PREVIOUS MEETING</u></p> <p>Race Equality Scheme – Ms Whalley pointed out that she had asked about the new steering group at the last meeting and did not appear to have received the terms of reference of the new group. Mrs Stevens agreed to circulate the terms of reference to Ms Whalley.</p>	RS

		ACTION
(08)55	<p><u>QUESTIONS FROM THE MEMBERS OF THE PUBLIC</u></p> <p>No public were present at the meeting.</p>	
(08)56	<p><u>CLINICAL SERVICE PRESENTATION: Critical Care</u></p> <p>Dr Santhana Kannan, Consultant Intensivist and Divisional Director attended the meeting to give an overview of the Critical Care Services within the Trust.</p> <p>He began by thanking the Board for allowing him to attend and give an update. He stated at any one time 80% of the CC beds will be occupied. Across the Trust, we have two units with 16 beds on each, ICU is one nurse per bed and HDU is two.</p> <p>We have a Consultant Pharmacist and we are one of the first Trusts to have this facility. Critical Care Points (workload) has reduced since the introduction of outreach and we can send patients to the wards sooner. Dr Kannan presented data on mortality rates which showed a favourable position, particularly at City.</p> <p>Our costs in comparison to another local trust are £1million less, and drug costs have been reduced by nearly £500k. Since introducing outreach, this has improved the quality of patient care and has introduced a number of new initiatives. The team of doctors are involved in local and national initiatives. Feedback from trainees has been excellent and has lead to large numbers requesting training in this unit. The introduction of a 1-hour MRSA test commenced last week on the unit. Challenges the unit have are to maintain service with low reserve beds, there are also changes from the deanery and to reduce MRSA levels.</p> <p>The new hospital design includes a 30 bedded Level 1/2 unit plus a 16-bedded level 1unit.</p> <p>Mrs Davis thanked Dr Kannan for attending; she asked about the breakdown of how patients get to the unit, he responded that 60% come from our wards and 40% by ambulance. Ms Bartram asked about the national targets and she asked if all units are the same or are some more intensive than others. Dr Kannan replied this varies by speciality. Mr Trotman asked about running at 100.3 occupancy; Dr Kannan responded that apparent over 100% occupancy occurs when you have more than 1 patient in a bed in a day. He also confirmed that a combined level ½ unit gave the best and most flexible capacity.</p> <p>Mrs Davis went on to say the bereavement team support work across the units is recognised as good work and the department won the first Chair's award last year.</p> <p><u>PERFORMANCE MANAGEMENT</u></p>	
(08)57	<p><u>MONTHLY PERFORMANCE MONITORING REPORT</u></p> <p>Mr White presented the report. Delayed transfers of care show an improvement across sites. Further sustained improvement on A&E</p>	

		ACTION
(08)58	<p>has been seen during February such that performance is 99.4%, with a year to date 98.12%. RTT 18 week trajectories remain on target but there is some pressure on the milestones. On activity, we are below on both sites for elective care, but we are above target on emergency. Ambulance turnaround times have shown an improvement. Average length of stay showed a slight rise; this was due to an outbreak of D&V at Sandwell affecting two wards.</p> <p>Mr Atack added that at FPC it had been reported that there had been long queues at the Sandwell reception desks. This was due to the new IT system taking longer to process patients. In response, the main reception desk will be split into two desks which will help and there will be an additional 4 staff recruited to accommodate the changes. In addition there have been concerns about the performance of the contact centre which were also being addressed</p> <p>The Trust Board noted the contents of the report</p> <p><u>MONTHLY FINANCE REPORT</u></p> <p>Mr White presented the report as at the end of January, this shows another solid month for finance. The trust delivered an actual surplus in month of £448,000 compared with a plan of £174,000; this continues to show sustained improvement. An enquiry from the SHA was received regarding our capital programme of £14million as we have only spent half. They have been assured that this will be spent before the end of the financial year.</p> <p>Mr White went on to say that the Trust signed off heads of agreement with our main PCTs on Friday 29th February for 2008/09.</p> <p>Mr Adler noted that there was a divergence in month between paybill and WTE trends. It was felt that this was caused by an increase in agency use (borne out by the agency spend data). This was in turn due to staffing winter capacity and cleaning initiatives.</p> <p>The Trust Board noted the contents of the report</p>	
(08)59	<p><u>GOVERNANCE MANAGEMENT</u></p> <p>Quarterly Complaints report</p> <p>Ms Dhami presented the report. In the quarter 81% of complaints were responded to in the 25-day period. Page 4 and 5 shows Healthcare Commission (HCC) referrals have fallen and there were 7 reported in this quarter in comparison to 24 last year. A number of thank you letters have not been recorded from all divisions. Mrs Davis suggested that reporting on HCC cases should in future be confined to the current position.</p> <p>Ms Bartram suggested that the issues/themes section be clarified for future reports giving guidance on what the action was and how we got to that conclusion. Mr Trotman noted that more micro-management was required of divisions that were not meeting the response time targets. Ms Dhami stated that this was in hand. In response to a further comment from Mr Trotman, Ms Dhami added</p>	KD

		ACTION
	<p>that the Adverse Events Committee scrutinises all serious complaints and trends. Mrs Stevens added that we are trying to set up a patient experience committee, which will bring services together, and try to target specific areas of concern; this should be up and running soon; we have now set nursing core objectives and wards will be performance managed against these. This will indicate particular problems; we need to review how to bring the information to the Board. Mrs Hunjan stated she has been looking at consistency of data; she said the reports show gaps in some of them and she has raised this directly with the relevant people. Mrs Davis asked to note the graphs in the appendices on ethnicity: given the level of patients for whom ethnicity is not recorded, it appears this data is skewed, could this be clarified and feedback given to the Board.</p> <p>The Board received and noted the contents of the report.</p>	KD
(08)60	<p>Quarterly PALS report Mrs Stevens presented the report and noted that it was self-explanatory.</p> <p>The Board received and noted the contents of the report.</p>	
(08)61	<p>Understanding the Patient Experience Mrs Kinghorn presented the report and explained the report is self-explanatory. Several different approaches have been tried over the last few months and are currently being evaluated. The PALS survey is not due to come to the Board but she felt some of the figures would be of interest to the Board now. Mrs Davis asked about best use of staff time for the surveys, and asked if any college students could be involved. Mrs Kinghorn stated discussions have been held about this and the position will be reviewed in June. Mrs Davis stated the most alarming was on figure 6 i.e.parking and this needs to be taken into account with the new hospital build.</p> <p>The Board Noted the contents of the report.</p>	
(08)62	<p>Quarterly Risk report Ms Dhami presented the report. She explained this is a new report format and any comments would be welcome. We will be looking at having an integrated report for complaints and risks in the future. 3.2.2 - There has been an increase of reported red incidents at 56 in comparison to 18 last year, this is mainly due to new approaches to Maternity/MRSA reporting.</p> <p>Ms Bartram highlighted the need for an executive summary rather than an introduction.</p> <p>The Board received and noted the content of the report.</p>	KD
(08)63	<p>Trust Risk Register Update Ms Dhami presented the report and noted that updates were in blue italics. Mrs Davis asked how long risks would be recorded if they are no longer risks. Mr Trotman stated he remembers it being mentioned that if a risk were no longer an issue it would show on the next report and then be removed. Mr Adler stated this is to be</p>	

		ACTION
	addressed at the Governance and Risk Sub Committee. The Board approved the updated register. <u>DEVELOPMENT</u> <u>TRUST COMMUNICATIONS STRATEGY</u>	KD
(08)64	Mrs Kinghorn presented the report; she outlined priorities for delivery and highlighted progress against them. She added a new web officer has joined the team and we should see an improvement in the internet site soon. She asked for agreement to review and consult on the strategy and produce a new one over the summer.. Mrs Davis raised that there should be something on the media and how we relate to them. The Board agreed that the draft strategy should be consulted on and a revised version be brought to the Board for approval in September.	JK
(08)65	<u>APPLICATION FOR FOUNDATION TRUST STATUS: PROGRESS REPORT</u> Mr Kirby presented the report and noted that the detail had been covered at the FT Seminar. He noted that the financial modelling was the key area which was behind schedule. Mrs Davis asked Ms Whalley if staff were enthused by the FT idea; MS Whalley suggested that the level of staff interest was limited. The Board received and noted the content of the report.	
(08)66	<u>CONNECTING FOR HEALTH PROGRAMME REPORT</u> Mr Atack stressed this was a verbal update due to meeting timings. We have now signed off the main projects and there are a number of other projects we are working on. He asked the Board if we can move to a quarterly report rather than a monthly update. This was agreed.	KD
(08)67	<u>TOWARDS 2010 PROGRAMME</u> Progress Report Mr Kirby presented the report. Appendix A is the 2010 Programme Director's report for the health economy, there is now the new Workforce Lead who is setting up key pieces of work. The IM&T workstream has now commenced. The rest of the progress report is self-explanatory. Mr Seager noted the key aspects relating to the acute project, including design development and land acquisition. Tribal Consulting had been appointed as technical advisors Mr Kirby suggested that from now on the reports should be split into the wider programme and the acute project. This was agreed. It	

		ACTION
	<p>was also suggested that Les Williams, the programme director, should attend a future meeting.</p> <p>The Board noted the contents of the report and agreed to the reports being split from next month.</p> <p>SHA External Review Mr Kirby presented the report, which is self-explanatory. Mrs Davis added one of the key issues was the third recommendation. She felt the report was very useful and the Board agreed.</p> <p>The Board noted the contents of the report.</p>	KD
(08)68	<p><u>INTERIM RECONFIGURATION PROJECT: PROGRESS REPORT</u></p> <p>Mr Kirby presented the report, which is self-explanatory. Since writin this paper, paediatric data for November and December has been reviewed and there has been no drop in children attending A&E. The number of admissions to the PAU is similar to what we had before hand and the transferring of patients is less than anticipated. A meeting has been held with the Birmingham Children’s and they have reported no significant change. We are working on the next stage of the equalities assessment and that will go to the next project board meeting. Ms Bartram asked about the paediatric length of stay and said it is very similar to Kidderminster. It was also noted that the surgical planning infrastructure was also being put in place and a detailed report would come to the Trust Board.</p> <p>Mr Adler stated we have appointed the new Divisional Director for Surgery A and that is Mr Raghuram Deverajan who is a cross site Urologist.</p> <p>The Board received and noted the content of the report.</p>	RK
(08)69	<p><u>BOARD SUB-COMMITTEES: MINUTES FOR NOTING</u></p> <ul style="list-style-type: none"> • Audit: 21st February 2008 • Finance and Performance Management: 31st January 2008 <p>The minutes were approved and noted by the Board</p>	
(08)70	<p><u>ANY OTHER BUSINESS</u></p> <p>Employment data monitoring 06/07 - update Mr Holden presented the paper. He apologised for the lateness of the report. The 2000 act requires us to monitor the ethnicity of our staff, a report was submitted in September 2007 and the Board asked for an update on this work. An update on each of the actions is identified. Mr Holden gave a detailed update on the actions listed. Ms Whalley added with regard to the staff census and having to</p>	

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

REPORT TO THE PUBLIC TRUST BOARD

April 2008

Subject:	2010 Acute Hospital Services- Acute Hospital Outline Planning Application
Report by:	Graham Seager - New Hospital Project Director
Author:	GVA Grimleys

PURPOSE OF THE REPORT:

To request the approval to submit Outline Planning Application for acute hospital development on the Grove Lane Site to SMBC

IMPLICATIONS:

Financial:	
Personnel:	
Healthcare/National Policy:	
Other:	

RECOMMENDATION(S):

Note the process and timetable outlined and approve the submission of Outline Planning Application

Sandwell and West Birmingham Hospitals NHS Trust

2010 Acute Hospital Services Development

Trust Board
Thursday 3rd April 2008

Outline Planning Application – Process and Timetable

Introduction

This report identifies the process for submitting an outline planning application to Sandwell Metropolitan Borough Council; the key deliverables of the planning application package and the associated timescales for submitting the planning application to the Local Authority.

An outline planning application is proposed to be submitted to Sandwell Metropolitan Borough Council (SMBC) in April 2008 to seek consent for the redevelopment of land off Grove Lane to provide a new acute hospital, new education, administration and research centre, gym, creche, associated car parking, and means of access. The application will be submitted in outline form.

The Grove Lane site is currently in predominantly industrial use and adopted planning policy does not directly allocate the site for health use. In accordance with the Sandwell MBC timetable for the development plan review, the Smethwick Area Action Plan which proposes to allocate the site for health use will not be adopted until Spring 2009. Therefore, in order to meet the Trust programme and support the Outline Business Case, it is necessary to submit an outline planning application to ensure the principle of developing a new hospital on the Grove Lane site is agreed in the form of outline planning permission by Summer 2008.

Process and Deliverables

The Interserve Health (IH) technical team have been preparing the composite parts of the outline planning application package for the new acute hospital at Grove Lane for a number of months.

This has involved extensive engagement with the Trust, the technical team, Sandwell Metropolitan Borough Council and through the Public Consultation events the wider public, Trust employees, land owners to be affected by the proposals and local MPs/Councillors.

The application is submitted in outline form with all matters except access reserved for subsequent determination. However, in accordance with changes in relation to the minimum level of information required for outline planning applications, introduced on 10th August 2006, the following details have been submitted:

- **Use** - details of the uses proposed;
- **Amount** – the amount of development proposed;
- **Layout** - an indicative layout showing approximate building location, routes and open spaces;
- **Scale** – an indication of the upper limits for height, width and length of buildings; and
- **Access** – identification of the new access points into the proposed development.

The planning application has been led by GVA Grimley with input from Aedas and Halcrow. The outline planning application (OPA) package will incorporate the following core documentation:

- Cover letter, application forms and certificate;
- Application Plans (Site Location Plan / Existing Site Plan and Masterplan – Development Control Plan)
- Supplementary Plans (Illustrative) (Existing Site Context / Development Control Plan – Zoning and Access Diagrams / Development Control Plan – Site Sections / Development Control Plan – Site Plan, Setting and Landscape Precedents / Artist Impression / Departmental Adjacency Plans);
- Planning Statement;
- Statement of Community Involvement;
- Design and Access Statement;
- Transport Assessment;
- Travel Plan;
- Environmental Statement and Non-Technical Summary; and
- Flood Risk Assessment.

Timescales

The following key timescales have been met in recent weeks to ensure that the OPA package is submitted to Sandwell Metropolitan Borough Council to programme at the start of April 2008:

- **Friday 14th March** – three copies of the draft OPA package were provided to the Trust for review;
- **Monday 17th March** – a meeting was held with the Trust where the IH team presented the draft OPA package and identified any outstanding issues;
- **Tuesday 18th March** – the outcome of what was agreed in the meeting on 17/03/08 was ratified by the Estates and Facilities Group;
- **Thursday 20th March** – the draft OPA package was submitted to the Trust; and
- **Thursday 27th March** – presentation and sign off of the OPA package by the Trust Project Board.

Route to Approval

The route to approval of the OPA package by the Trust is as follows:

- **Thursday 3rd April** – presentation and sign off of OPA package by Trust Board; and
- **Friday 4th April** – submission of the OPA package to the Council by GVA Grimley.

The team is currently on programme to submit the planning application to Sandwell Metropolitan Borough Council (SMBC) to the programme identified above, as long as extensive revisions are not required as a consequence of any of the review meetings.

Determination Period

The Council have a statutory 16 week maximum determination period for the planning application given that it will be accompanied by an Environmental Statement. Assuming that the application is

submitted and registered by the Council in early April, we should have a decision by the end of July/ start of August 2008. The determination period commences from the date that the planning application is registered.

Additional Work

Enhanced Supporting Information

The team are currently preparing a document titled 'enhanced supporting information'. This will describe how the scheme will, firstly relate to the surrounding area in its existing industrial state and secondly the position if the adjoining land were to be regenerated in line with SMBC's Smethwick Area Action Plan submission document. This information will be submitted 1 week after the main OPA submission date. On current programme this will be submitted to SMBC w/c 14th April 2008.

Section 106 Agreement

The Heads of Terms for the S106 Agreement will be submitted shortly after the planning application is deposited. The details of this agreement will be drawn up by the technical team in conjunction with the Trust's legal advisers following negotiations with SMBC.

Recommendation

That Trust Board endorse the proposal of the Trust Project Board to submit an outline planning application for the Grove Lane site to Sandwell Metropolitan Borough Council as soon as possible in April 2008.

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

REPORT TO THE TRUST BOARD

3rd April 2008

SUBJECT:	MONTHLY PERFORMANCE MONITORING REPORT (April 2007 - February 2008)
REPORT BY:	Director of Finance and Performance Management
AUTHOR:	Mike Harding, Head of Planning and Performance Management

PURPOSE OF THE REPORT:

To inform the Trust Board of the Summary Performance of the Trust for the period April 2007 - February 2008

IMPLICATIONS:

Financial:	
Personnel:	
Healthcare /	Compliance with NHS Plan and other locally agreed targets
National Policy:	
Other:	

RECOMMENDATION(S):

The Trust Board is asked to note the report and the associated commentary

EXECUTIVE SUMMARY

Note	Comments	Further Comments and Actions Arising from Finance & Performance, OMB and Executive Team Meetings
a	<p>Cancelled Operations at City Hospital increased during February to 1.2%, bringing the year to date level across the Trust to 0.9%. A breakdown of cancellations by Specialty and Site features on the last page of the performance report.</p>	
b	<p>The proportion of Delayed Transfers of Care increased on both sites during the month, although actual numbers at City remain higher than those at Sandwell. The increase at City is influenced by delays attributable to both Social Care and the NHS.</p>	
c	<p>Further improvement throughout February is evident on both sites in respect of 4-hour A/E waits. All units achieved in excess of 99% for the month of February, improving the year to date performance to 98.11%.</p>	
d	<p>In excess of 99% of patients contacting the GU Medicine service in February were offered appointments within 48 hours of contacting the service.</p>	
e	<p>C. Diff rates during February in the aged 65 and over category remain below the upper target of 1.54 / 1000 bed days for the sixth consecutive month, further improving the year to date rate to 1.58 / 1000 bed days. There was 1 reported case of MRSA Bacteraemia within the period, at Sandwell.</p>	
f	<p>During February the percentage of admitted and non-admitted patients commencing treatment within 18 weeks of referral was 86.6% and 92.4% respectively. The number of patients waiting in excess of 11 weeks and 5 weeks for IP admission or a first Outpatient appointment respectively, both reduced considerably during the month. The number of Diagnostic Waits in excess of 6 weeks increased to 361, although 285 (January numbers) of these are attributable to Imaging, for which no February data is available.</p>	

Note	Comments	Further Comments and Actions Arising from Finance & Performance, OMB and Executive Team Meetings																																																								
g	For further information on Financial Performance please refer to the detailed financial report.																																																									
h	<p>Activity to date is compared with the contracted activity plan for 2007 / 2008.</p> <table border="1" data-bbox="161 363 1160 624"> <thead> <tr> <th></th> <th>Sandwell</th> <th>City</th> <th>Trust</th> </tr> </thead> <tbody> <tr> <td>IP Elective</td> <td>7.0%</td> <td>-0.6%</td> <td>2.4%</td> </tr> <tr> <td>Day case</td> <td>-4.0%</td> <td>-3.5%</td> <td>-3.8%</td> </tr> <tr> <td>IPE plus DC</td> <td>-2.0%</td> <td>-2.8%</td> <td>-2.4%</td> </tr> <tr> <td>IP Non-Elective</td> <td>10.6%</td> <td>9.0%</td> <td>9.7%</td> </tr> <tr> <td>OP New</td> <td>-1.5%</td> <td>7.2%</td> <td>3.8%</td> </tr> <tr> <td>OP Review</td> <td>-0.7%</td> <td>2.4%</td> <td>1.1%</td> </tr> </tbody> </table> <p>When activity to date is compared with 2006/07 actual for the corresponding period</p> <table border="1" data-bbox="161 687 1160 948"> <thead> <tr> <th></th> <th>Sandwell</th> <th>City</th> <th>Trust</th> </tr> </thead> <tbody> <tr> <td>IP Elective</td> <td>4.9%</td> <td>-7.7%</td> <td>-2.8%</td> </tr> <tr> <td>Day case</td> <td>0.8%</td> <td>3.3%</td> <td>1.7%</td> </tr> <tr> <td>IPE plus DC</td> <td>1.6%</td> <td>0.3%</td> <td>0.9%</td> </tr> <tr> <td>IP Non-Elective</td> <td>0.4%</td> <td>6.3%</td> <td>3.6%</td> </tr> <tr> <td>OP New</td> <td>-2.0%</td> <td>8.3%</td> <td>4.1%</td> </tr> <tr> <td>OP Review</td> <td>-2.3%</td> <td>-0.2%</td> <td>-1.3%</td> </tr> </tbody> </table>		Sandwell	City	Trust	IP Elective	7.0%	-0.6%	2.4%	Day case	-4.0%	-3.5%	-3.8%	IPE plus DC	-2.0%	-2.8%	-2.4%	IP Non-Elective	10.6%	9.0%	9.7%	OP New	-1.5%	7.2%	3.8%	OP Review	-0.7%	2.4%	1.1%		Sandwell	City	Trust	IP Elective	4.9%	-7.7%	-2.8%	Day case	0.8%	3.3%	1.7%	IPE plus DC	1.6%	0.3%	0.9%	IP Non-Elective	0.4%	6.3%	3.6%	OP New	-2.0%	8.3%	4.1%	OP Review	-2.3%	-0.2%	-1.3%	<p>Overall Elective performance against contract for the period to date is similar to that reported last month. Non-Elective over performance further increased overall to 9.7%, attributable to an in-month increase at Sandwell from +10.0% to +10.6%.</p> <p>There is a demonstrable increase in the volume of Elective and Outpatient activity delivered during the month, compared with the corresponding month last year. There is an increase of 7.9% in Elective activity and an increase of 19.4% in New Outpatient activity, neither entirely attributable to the 'additional working day'.</p>
	Sandwell	City	Trust																																																							
IP Elective	7.0%	-0.6%	2.4%																																																							
Day case	-4.0%	-3.5%	-3.8%																																																							
IPE plus DC	-2.0%	-2.8%	-2.4%																																																							
IP Non-Elective	10.6%	9.0%	9.7%																																																							
OP New	-1.5%	7.2%	3.8%																																																							
OP Review	-0.7%	2.4%	1.1%																																																							
	Sandwell	City	Trust																																																							
IP Elective	4.9%	-7.7%	-2.8%																																																							
Day case	0.8%	3.3%	1.7%																																																							
IPE plus DC	1.6%	0.3%	0.9%																																																							
IP Non-Elective	0.4%	6.3%	3.6%																																																							
OP New	-2.0%	8.3%	4.1%																																																							
OP Review	-2.3%	-0.2%	-1.3%																																																							
i	There remains a favourable differential of 2.1% for the year to date in relation to overall cost per spell compared with overall income per spell , although during the month this differential reduced to 1.0%.																																																									
j	Overall staff in post in the identified staff groups remain within target for the period. A significant reduction in Nurse Bank Costs and all categories of Agency Costs is seen in month. Medical Locum costs did increase from £218K to £247K in month, but year to date costs remain within the funded establishment.																																																									
k	A marginal improvement in the Sickness Absence percentage is reported for January, attributable to a reduction in absence of a long-term nature.																																																									

	Comments	Further Comments and Actions Arising from Finance & Performance, OMB and Executive Team Meetings
I	Further improvement occurred during February in respect of Ambulance Turnaround times across both sites.	
m	The Average Length of Stay for the first 10 months of the year is 5.0 days, a reduction of 0.7 days when compared with 2006 / 07 outturn. The average length of stay at Sandwell increased to 5.5 days during January, undoubtedly influenced by the number of patients recorded with a length of stay in excess of 14 and 28 days, overall numbers for which have reduced during February.	

SANDWELL AND WEST BIRMINGHAM HOSPITALS PERFORMANCE MONITORING REPORT - FEBRUARY 2008

Exec Lead	NATIONAL TARGETS			Dec-07			Jan-08			Feb-08			To Date	TARGET		Exec Summary Note	THRESHOLDS			06/07 Outturn	
				S'well	City	Trust	S'well	City	Trust	S'well	City	Trust		YTD	07/08						
JA	Net Income & Expenditure (Surplus / Deficit (-))		£000s	→		613 ▲	→		448 ▼	→		275 ▼	6338	4349	4500		0%	0 - 1%	>1%	3399	
RK	Cancer	2 weeks	%	→		100 ■	→		100 ■	→			99.9	>99	>99		No variation		Any variation	100	
		31 Days	%	→		100 ■	→		100 ■	→			99.9	>98	>98		No variation		Any variation	99.9	
		62 Days	%	→		100 ■	→		100 ■	→			99.7	>98	>98		No variation		Any variation	99.3	
TA	Cancelled Operations	Elective Admissions Cancelled at last minute for non-clinical reasons	%	0.5 ▼	1.0 ■	0.8 ■	0.9 ■	0.8 ▲	0.9 ■	0.6 ■	1.2 ■	1.0 ▼	0.9	<0.8	<0.8	a	<0.8	0.8 - 1.0	>1.0	0.9	
		28 day breaches	No.	0 ■	0 ■	0 ■	0 ■	0 ■	0 ■	0 ■	0 ■	0 ■	0	0	0		3 or less	4 - 6	>6	4	
	Delayed Transfers of Care	Total	%	1.1 ▲	2.7 ▼	2.0 ▲	0.6 ▲	3.5 ■	2.1 ▼	1.5 ▼	4.7 ■	2.4 ▼	2.2	<3.0	<3.0	b	<3.0	3.0 - 4.0	>4.0	4.0	
	Elective Access	Inpatients >26 weeks	No.	0 ■	0 ■	0 ■	0 ■	0 ■	0 ■	0 ■	0 ■	0 ■	0	0	0		0		>0	1	
		Outpatients >13 weeks	No.	0 ■	0 ■	0 ■	0 ■	0 ■	0 ■	0 ■	0 ■	0 ■	0	0	0		0		>0	4	
		Revascularisation >13 weeks	No.	0 ■	0 ■	0 ■	0 ■	0 ■	0 ■	0 ■	0 ■	0 ■	0	0	0		0		>0	0	
	Coronary Heart Disease	Thrombolysis (60 minutes)	%	no pts	no pts	no pts								50	80	80		>80	75-80	<75	56.8
		Rapid Access Chest Pain	%	100 ■	100 ■	100 ■	100 ■							99.5	100	100		>99	98 - 99	<98	99.7
	A/E 4 Hour Waits	%	97.5 ▼	97.0 ▼	97.2 ▼	97.8 ▲	98.3 ■	98.1 ■	99.7 ■	99.3 ▲	99.4 ▲	98.11	=>98	=>98	c	=>98		<98	98.2		
TA	GUM 48 Hours		%	→		89.0 ▲	→		93.0 ▲	→		99.4 ▲	99.4	95	100	d	No variation	0 - 10% variation	>10% variation	35.8	
RO	Infection Control	Clostridium Difficile- all cases	per 1000 bed days	0.94 ■	1.09 ■	1.02 ■	0.73 ▲	1.10 ▼	0.92 ■	0.97 ▼	1.06 ▲	1.02 ■	1.19	1.0 or less	1.0 or less	e	1.0 or less	1.0 - 1.15	>1.15	1.27	
		Clostridium Difficile- cases 65 and over	per 1000 bed days	0.91 ■	1.52 ▼	1.21 ▼	0.84 ▲	1.50 ▲	1.16 ▲	1.08 ▼	1.45 ▲	1.26 ▼	1.58	1.54 or less	1.54 or less		1.54 or less	1.55 - 1.80	>1.80	1.85	
		MRSA Bacteraemias	No.	6 ▼	1 ■	7 ▼	2 ▲	3 ■	5 ▲	1 ■	0 ■	1 ■	42	31	33		No variation		Any variation	61	
TA	Data Quality	Valid Coding for Ethnic Category (FCEs)	%	→		87 ▲	→		86 ▼	→			89	90	90		>=90	89.0-89.9	<89	90.0	
TA	Emergency Bed Days		No.	12296 ▲	14147 ▼	26443 ■	13061 ■	13941 ▲	27002 ▼	11668 ■	13206 ▼	24874 ▲	271735	295840	323216		0 or less	0 - +1%	>+1%	-8.8%	
RO	Infant Health & Inequalities	Maternal Smoking Status Data Complete	%	95.9 ■	100 ▲	98.4 ■	→					99.3	100	100		>99	98 - 99	<98	99.9		
		Breast Feeding Status Data Complete	%	100 ▲	99.5 ▼	99.7 ▼	→					99.8	100	100		>99	98 - 99	<98	98.3		
		Maternal Smoking Rates	%	15.1	7.5	10.5	→					12.9	No. Only	No. Only					13.2		
		Breast Feeding Initiation Rates	%	40.7	64.9	55.3	→					55.5	No. Only	No. Only					52.5		
TA	RTT Milestones	Admitted Care (RTT <18 weeks)	%	→		88.3 ▼	→		89.5 ▲	→		86.6 ▼	86.6	80	85	f	< YTD target		> YTD target	52.0	
		Inpatients waiting >11 weeks	No.	→		161 ■	→		126 ▲	→		79 ▲	79	25	0		0%	0 - 7.5%	>7.5%	464	
		Non-Admitted Care (RTT <18 weeks)	%	→		91.9 ▲	→		89.9 ▼	→		92.4 ▲	92.4	98	100		< YTD target		> YTD target		
		Outpatients waiting >5 weeks	No.	→		2149 ▼	→		1724 ▲	→		885 ▲	885	125	0		0%	0 - 7.5%	>7.5%	2614	
		Diagnostics	Weeks	→		12 ■	→		12 ■	→		10 ▲	10	5 weeks max	4 weeks max		< YTD target		> YTD target	12 weeks max	
	Diagnostic Waits	Number greater than 6 weeks	No.	→		278 ▲	→		310 ▼	→		361 ■	361	162	0	0-10% variation	10 - 20% variation	>20% variation	996		

Exec Lead	FINANCE			S'well	City	Trust	S'well	City	Trust	S'well	City	Trust	To Date	YTD	07/08	Summary Note				06/07 Outturn
RW	Gross Margin		£000s	→		2543 ▲	→		2396 ▼	→		2199 ▼	28008	26373	28356	g	0%	0 - 1%	>1%	26429
RW	Debtors		£000s	→		15739 ■	→		15343 ▲	→		14681 ▲	14681	16323	20413		0%	0 - 5%	>5%	20779
JA	CIP		£000s	→		1046 ▲	→		1017 ▲	→		993 ▼	12789	12682	13906		0 - 2.5%	2.5 - 7.5%	>7.5%	19679
JA	In Year Monthly Run Rate		%	→		267 ▲	→		157 ▼	→		56 ▼	45.73	0	0		NO or a + variation	0 - 5% variation	>5% variation	329
RW	Capital Programme		£000s	→		6610	→		7546	→		7635	7635	13392	14563		+ / - 10% variation	+10 - 15% variation	>+15% variation	12811
TA	Income / WTE		£s	→		4964 ▲	→		5159 ▲	→		4843 ▼	4813	5600	5600		No variation	0 - 5% variation	>5% variation	5460
TA	Income / Open Bed		£s	→		30002 ▲	→		29860 ▼	→		28400 ▼	28441	25400	25400		No variation	0 - 5% variation	>5% variation	24774

ACTIVITY																				
TA	Spells	Elective IP	No.	395 ▼	621 ■	1016 ▼	479 ▲	696 ■	1175 ▲	528 ▲	676 ▲	1204 ▲	12316	11983	13134	h	No Variation	0 - 2% Variation	>2% Variation	13887
		Elective DC	No.	1332 ▼	1646 ▼	2978 ▼	1773 ▲	2183 ▲	3956 ▲	1836 ▲	2009 ▼	3845 ▲	42551	44130	48445		No Variation	0 - 2% Variation	>2% Variation	45831
		Total Elective	No.	1727 ▼	2267 ▼	3994 ▼	2252 ▲	2879 ▲	5131 ▲	2364 ■	2685 ▼	5049 ▲	54867	56113	61579		No Variation	0 - 2% Variation	>2% Variation	59718
		Non-Elective - Short Stay	No.	376 ▲	191 ▼	567 ▼	357 ▼	409 ▲	766 ▲	383 ▲	317 ▼	700 ▼	10454	9488	10366		No Variation	0 - 2% Variation	>2% Variation	12414
		Non-Elective - Other	No.	2034 ▼	2997 ▼	5031 ▼	2033 ■	2912 ▼	4945 ▼	1988 ▲	2687 ▼	4675 ▲	50712	46087	50352		No Variation	0 - 2% Variation	>2% Variation	52662
		Total Non-Elective	No.	2410 ▼	3188 ▼	5598 ▼	2390 ▼	3321 ▲	5711 ▲	2371 ▲	3004 ▼	5375 ▲	61166	55575	60718		No Variation	0 - 2% Variation	>2% Variation	65076
	Outpatients	New	No.	3370 ▼	5716 ▼	9086 ■	4052 ▲	7753 ▲	11805 ■	4263 ▲	7009 ▼	11272 ▲	121204	116962	128113		No Variation	0 - 2% Variation	>2% Variation	127449
		Review	No.	9773 ▼	15177 ■	24906 ■	12510 ■	19256 ■	31766 ■	11899 ▼	17680 ▼	29579 ▼	334100	331247	363290		No Variation	0 - 2% Variation	>2% Variation	370970
	A/E Attendances	Type I (Sandwell & City Main Units)	No.	7296 ▼	8603 ▼	15899 ▼	7156 ▼	8457 ▼	15613 ▼	6910 ▼	8232 ▼	15142 ▼	178304	185090	202215		No Variation	0 - 2% Variation	>2% Variation	200561
	A/E Attendances	Type II (BMEC)	No.		2122 ▼	2122 ▼		2315 ▲	2315 ▲		2309 ▲	2309 ▲	27303	28961	31638		No Variation	0 - 2% Variation	>2% Variation	31373

EFFICIENCY																				
TA	Income per Spell	Total Income	£s	→		2943 ■	→		2778 ▼	→		2711 ▼	2675	2700	2700	i	No Variation	0 - 4% Variation	>4% Variation	2635
		Clinical Income	£s	→		2654 ■	→		2526 ▼	→		2439 ▼	2414	2375	2375		No Variation	0 - 4% Variation	>4% Variation	2317
		Non-Clinical Income	£s	→		289 ▲	→		252 ▼	→		272 ▲	261	325	325		No Variation	0 - 4% Variation	>4% Variation	318
	Cost per Spell	Total Cost	£s	→		2879 ■	→		2738 ▲	→		2684 ■	2621	2608	2608		No Variation	0 - 4% Variation	>4% Variation	2608
		Total Pay Cost	£s	→		1896 ■	→		1722 ■	→		1778 ■	1715	1772	1772		No Variation	0 - 4% Variation	>4% Variation	1772
		Medical Pay Cost	£s	→		569 ■	→		503 ■	→		535 ▼	512	543	543		No Variation	0 - 4% Variation	>4% Variation	543
		Nursing Pay Cost (including Bank)	£s	→		664 ▲	→		614 ■	→		625 ▼	607	609	609		No Variation	0 - 4% Variation	>4% Variation	609
		Non-Pay Cost	£s	→		983 ■	→		1016 ▼	→		906 ▲	906	837	837		No Variation	0 - 4% Variation	>4% Variation	837
		Mean Drug Cost / IP Spell	£s	→		164 ▼	→		153 ▲	→		149 ▲	140	110	110		No Variation	0 - 4% Variation	>4% Variation	110
		Mean Drug Cost / Occupied Bed Day	£s	→		53 ▼	→		54 ▼	→		55 ▼	52	36	36		No Variation	0 - 4% Variation	>4% Variation	36
	Out Patients	New : Review Rate	Ratio	2.90 ■	2.65 ■	2.74 ■	3.09 ▼	2.48 ▲	2.69 ■	2.79 ▲	2.52 ▼	2.62 ■	2.76	2.64	2.62		No Variation	0 - 5% Variation	>5% Variation	2.91
		DNA Rate - New Referrals	%	8.90 ▼	12.5 ▼	11.2 ■	10.18 ■	11.9 ▲	11.3 ▼	7.90 ■	11.1 ▲	9.9 ■	10.9	9.8	9.7		No Variation	0 - 5% Variation	>5% Variation	10.8
		DNA Rate - Reviews	%	12.8 ■	16.5 ■	15.1 ■	13.8 ▼	18.1 ▼	16.5 ▼	10.3 ■	16.4 ▲	14.0 ▲	13.4	11.6	11.5		No Variation	0 - 5% Variation	>5% Variation	12.8

Exec Lead	HUMAN RESOURCES			S'well	City	Trust	S'well	City	Trust	S'well	City	Trust	To Date	YTD	07/08	Summary Note				06/07 Outturn	
TA	WTE in Post	Total	No.	→		5687 ▲	→		5840 ▼	→		5835 ▲	5835	5976	5806	j	No Variation	0 - 1% Variation	>1% Variation	6000	
		Medical and Dental	No.	→		736 ■	→		729 ▲	→		743 ▼	743	748	772		No Variation	0 - 1% Variation	>1% Variation	822	
		M'ment, Admin. & HCAs	No.	→		1774 ▲	→		1757 ▲	→		1764 ▼	1764	1821	1870		No Variation	0 - 1% Variation	>1% Variation	1806	
		Nursing & Midwifery (excluding Bank)	No.	→		2219 ▼	→		2211 ▲	→		2234 ▼	2234	2504	2277		No Variation	0 - 1% Variation	>1% Variation	2481	
		Scientific and Technical	No.	→		853 ▲	→		856 ▼	→		864 ▼	864	901	886		No Variation	0 - 1% Variation	>1% Variation	891	
		Bank Staff	No.	→		105	→		287	→		230	230	0	0						
		Gross Salary Bill	£000s	→		18189 ▲	→		18669 ▼	→		18538 ▼	198951	200672	220076				No Variation	0 - 1% Variation	>1% Variation
TA	Bank & Agency	Nurse Bank Fill Rate	%	→		83.2	→		84.7	→		84.8	87.9	No. Only	No. Only	k	0 - 2.5% Variation	2.5 - 5.0% Variation	>5.0% Variation	6883	
		Nurse Bank Costs	£000s	→		532 ■	→		662 ■	→		471 ■	6117	6309	6883		0 - 5% Variation	5 - 10% Variation	>10% Variation	474	
KD	Medical Agency Costs	£000s	→		138 ▼	→		177 ▼	→		106 ▲	1100	635	693	0 - 5% Variation		5 - 10% Variation	>10% Variation	693		
TA	Other Agency Costs	£000s	→		111 ▼	→		197 ■	→		186 ▲	1532	1523	1661	0 - 5% Variation		5 - 10% Variation	>10% Variation	1661		
KD	Medical Locum Costs	£000s	→		180 ▲	→		218 ▼	→		247 ■	2241	2352	2566	0 - 2.5% Variation		2.5 - 5.0% Variation	>5.0% Variation	2566		
TA	Variation of Nurse B & A Costs compared with funded establishment	£000s	→		-114 ■	→		51 ■	→		-72 ■	726	0	0	No Variation			Any Variation	-176		
KD	Variation of Medical A & L Costs compared with funded establishment	£000s	→		-38 ▼	→		-55 ▲	→		75 ■	-312	0	0	No Variation			Any Variation	-179		
TA	Variation of Other Agency Costs compared with funded establishment	£000s	→		-159 ▼	→		-216 ▲	→		-119 ▼	-1797	0	0	No Variation			Any Variation	-1499		
TA/KD	Agency Spend cf. Total Pay Spend	%	→		1.79 ▲	→		2.54 ■	→		1.79 ■	1.77	<2	<2	<2		2 - 2.5	>2.5	1.50		
CH	Sickness Absence	Long Term	%	→		3.87 ▼	→		3.63 ▲	→		3.63	1.06	1.06	<1.06%		1.06 - 1.50%	>1.50%	2.50		
		Short Term	%	→		1.56 ▼	→		1.72 ▼	→		1.26	3.19	3.19	<3.19%	3.19 - 3.75%	>3.75%	2.17			
		Total	%	→		5.43 ▼	→		5.35 ▲	→		4.89	4.25	4.25	<4.25%	4.25 - 4.75%	>4.75%	4.67			
CH	Recruitment & Retention	Permission to Recruit	wte	→		57	→		104	→		107	1109	No. Only	No. Only	k	0-5% variation	5 - 15% variation	>15% variation	4313	
		New Starters	wte	→		58	→		77	→		78	802	No. Only	No. Only		0-5% variation	5 - 15% variation	>15% variation		
		Leavers	wte	→		87	→		48	→		64	949	No. Only	No. Only		0-5% variation	5 - 15% variation	>15% variation		
Learning & Development	Personal Development Reviews	No.	→		54 ▼	→		58 ▲	→		52 ▼	993	4950	5400	0-5% variation		5 - 15% variation	>15% variation	1441		
	Mandatory Training	No.	→		n/a	→		293 ■	→		351 ▲	2520	4500	5400							
	Conflict Resolution Training	No.	→		26 ▼	→		189 ▲	→		178 ▼	1470	3316	3617							

CLINICAL QUALITY																			
TA	Readmission Rates	%	10.8	9.8	10.2								10.6	No. Only	No. Only				10.1
RO	Infection	MRSA Bacteraemias	per 1000 bed days	0.47 ▼	0.07 ■	0.25 ▼	0.15 ▲	0.21 ■	0.18 ▲	0.08 ■	0.00 ■	0.04 ■	0.14	0.09	0.09	No variation		Any variation	0.16
		MRSA New Isolates	No.	17	17	34	22	27	49	16	22	38	433	No. Only	No. Only				615
		MRSA New Isolates	per 1000 bed days	1.33	1.16	1.24	1.60	1.85	1.73	1.30	1.56	1.44	1.45	No. Only	No. Only				1.63
		Clostridium Difficile- all cases	No.	12 ■	16 ■	28 ▼	10 ▲	16 ■	26 ▲	12 ▼	15 ■	27 ▼	355	330	<360	No variation	0 - 10% variation	>10% variation	468
		Clostridium Difficile- cases 65 and over	No.	8 ■	13 ▼	21 ▼	8 ■	13 ■	21 ■	9 ▼	12 ▲	21 ■	292	308	<336	No variation	0 - 10% variation	>10% variation	400
		Surgical Site Infections	No.	0	0	0	1	0	1	0	0	0	46	No. Only	No. Only				87
KD	Incident Reporting	Surgical Site Infections	per 1000 bed days	0.00	0.00	0.00	0.07	0.00	0.04	0.00	0.00	0.00	0.15	No. Only	No. Only				0.23
		Internally Reported Clinical Red Incidents	No.	→		11	→		12	→		15	123	No. Only	No. Only				37
RO	Hip Fracture	Internally Reported Non-Clinical Red Incidents	No.	→		2	→		1	→		9	33	No. Only	No. Only				53
		Operations within 48 hours of admission	%	73.0 ■	63.6 ▼	70.3 ■	81.8 ■	87.5 ▲	82.9 ■	65.2 ■	100.0 ▲	74.2 ■	70.1	77	77	No variation	0 - 10% variation	>10% variation	63.6

Exec Lead	PATIENT ACCESS			S'well	City	Trust	S'well	City	Trust	S'well	City	Trust	To Date	YTD	07/08	Summary Note				06/07 Outturn	
TA	Admitted Care	Inpatient Max Wait (exc. Ophth. & Plastics)	Weeks	→			19	→			19	→			17	11	11	f	< YTD target	> YTD target	18 weeks max
		Inpatient Max Wait (Ophth. & Plastics)	Weeks	→			13	→			15	→			13	13	11		< YTD target	> YTD target	19 weeks max
		Inpatient Waits >20 weeks	No.	0	0	0	0	0	0	0	0	0	0	0	0	0	0		< YTD target	> YTD target	0
		Thrombolysis (30 minutes)	%	no pts	no pts	no pts									0	100	100		No variation	Any variation	79.2
	Non-Admitted Care	Outpatient Maximum Wait	Weeks	→			10	→			10	→			10	5	5	< YTD target	> YTD target	9 weeks max	
		Outpatient Waits >11 weeks	No.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	< YTD target	> YTD target	0	
	Diagnostics	Imaging Waits >6 weeks	No.	→			158	→			285	→			285	50	0	0 - 10%	10 - 15%	>15%	185
		Pathology >6 weeks	No.	→			7	→			5	→			0	10	0	0 - 10%	10 - 15%	>15%	
		Audiology Waits 6 - 13 weeks (exc. HAF)	No.	→			48	→			33	→			16	10	0	0 - 10%	10 - 15%	>15%	60
		Cardiology Waits >6 weeks	No.	→			11	→			58	→			15	25	0	0 - 10%	10 - 15%	>15%	137
		Neurophysiology Waits >6 weeks	No.	→			0	→			0	→			0	30	0	0 - 10%	10 - 15%	>15%	218
		Respiratory Physiology Waits >6 weeks	No.	→			3	→			0	→			18	2	0	0 - 10%	10 - 15%	>15%	12
		Endoscopy Waits >6 weeks	No.	→			28	→			51	→			27	15	0	0 - 10%	10 - 15%	>15%	106
		Orthotics Waits 6 - 13 weeks	No.	→			259	→			n/a	→			n/a	250	0	0 - 10%	10 - 15%	>15%	107
		Ophthalmic Science Waits >6 weeks	No.	→			23	→			5	→			0	20	0	0 - 10%	10 - 15%	>15%	278
		Urodynamics Waits >6 weeks	No.	→			0	→			0	→			0	0	0	0 - 10%	10 - 15%	>15%	0
		Orthotics Waits >13 weeks	No.	→			943	→			n/a	→			n/a	950	0	0 - 10%	10 - 15%	>15%	1854
	Pathology Turnaround	Cervical Cytology	Weeks	1.5	1.6		1.7	1.7						1.7	<4.0	<4.0		<4.0	4.0-6.0	>6.0	1.7 - 4.0
	Booked Admissions	OP	%	100	100	100	100	100	100	100	100	100	100	100	100	100	100	No Variation		Any Variation	100
		DC	%	100	100	100	100	100	100	100	100	100	100	100	100	100	100	No Variation		Any Variation	100
		IP	%	100	100	100	100	100	100	100	100	100	100	100	100	100	100	No Variation		Any Variation	100
	Ambulance Turnaround	Within 15 minute WMAS target	%	13	9	10	15	12	13	19	15	17	17	No. Only	No. Only		I				
		(West Midlands average)	%	→			13	→			16	→			18	18		No. Only	No. Only		
In Excess of 30 minutes		%	27	40	34	21	28	25	11	17	15	15	No. Only	No. Only							
(West Midlands average)		%	→			36	→			27	→			19	19	No. Only		No. Only			
In Excess of 60 minutes		%	3.0	1.2	1.9	2.4	0.9	1.6	0.3	0.2	0.3	0.3	No. Only	No. Only							
(West Midlands average)	%	→			4.0	→			2.3	→			1.1	1.1	No. Only	No. Only					

PATIENT EXPERIENCE			S'well	City	Trust	S'well	City	Trust	S'well	City	Trust	To Date	YTD	07/08
KD	Complaints	Number Received	No.	→			166	→			500	No. Only	No. Only	
		Response within 25 days	%	→			80.7	→			80.2	85	85	
	Thank You Letters		No.	→			515	→			2414	No. Only	No. Only	
TA	Elective Access Contact Centre	Number of Calls Received	No.	8005	7614	15619	11237	13479	24716	10349	11658	22007	No. Only	No. Only
		Average Length of Queue	mins	3.45	2.31		4.33	5.03		3.25	5.00		No. Only	No. Only
		Maximum Length of Queue	mins	24.3	25.4		43.5	46.4		34.2	40.5		No. Only	No. Only

80%+	70 - 79%	<70%
------	----------	------

Exec Lead	STRATEGY			S'well	City	Trust	S'well	City	Trust	S'well	City	Trust	To Date	YTD	07/08	Summary Note				06/07 Outturn	
RK	Referral Rates (Target for 07/08 derived from 06/07 actuals profiled by month, according to 'working' days within period)	Total By Site	No.	→		10340	■	→		13950	■	→		124278	116261	139403	No Variation	0 - 2% Variation	>2% Variation	138580	
		Total GP Referrals	No.	→		6320	▼	→		8526	■	→		79690	82563	98997	No Variation	0 - 2% Variation	>2% Variation	98476	
		Total Other Referrals	No.	→		4020	▼	→		5424	■	→		44588	33700	40406	No Variation	0 - 2% Variation	>2% Variation	40104	
		By PCT - Heart of B'ham	No.	→		3184	▼	→		4474	▲	→		35603	33690	40394	No Variation	0 - 2% Variation	>2% Variation	40394	
		By PCT - Sandwell	No.	→		4699	■	→		6471	■	→		62850	60532	72580	No Variation	0 - 2% Variation	>2% Variation	72580	
		By PCT - Other	No.	→		2457	▼	→		3005	▲	→		25824	22041	26429	No Variation	0 - 2% Variation	>2% Variation	25606	
		Conversion (all referrals) to New OP Att'd	%	→		88.2		→		84.6		→		88.5	No. Only	No. Only					91.5

BED UTILISATION																												
TA	Length of Stay	Average Length of Stay	Days	5.1	■	5.0	▼	5.1	▼	5.5	■	4.6	▲	5.0	▲					5.0	5.2	5.1	No Variation	0 - 5% Variation	>5% Variation	5.7		
		All Patients with LOS > 14 days	No.	191		159		350		203		161		364		176		163		339	339	No. Only	No. Only					190
		All Patients with LOS > 28 days	No.	83		86		169		111		80		191		77		90		167	167	No. Only	No. Only					88.32
		Minimal Stay Rate (Electives (IP/DC) <2 days)	%	89.9		88.7		89.2		90.9		92.4		91.7		90.9		91.1		91.0	90.5	No. Only	No. Only					
	Admissions	Day of Surgery (IP Elective Surgery)	%	79.6	▲	75.9	▼	77.6	▼	82.8	▲	81.4	▲	81.7	▲	78.8	▼	83.3	▲	81.2	▼	76.5	74.5	75	No Variation	0 - 5% Variation	>5% Variation	63.2
		Day of Surgery (IP Non-Elective Surgery)	%	60.1		68.0		64.6		68.8		64.7		66.5		65.8		66.8		66.4	68.1	No. Only	No. Only					
		With no Procedure (Elective Surgery)	%	12.3		21.9		18.1		13.3		19.7		17.2							11.6	No. Only	No. Only					10.6
		Per Bed (Elective)	No.	4.40	■	5.43	■	4.93	▲	3.87	▼	4.66	■	4.28	■	4.55	▲	5.13	■	4.85	■	4.80	5.05	5.1	No Variation	0 - 5% Variation	>5% Variation	4.66
	Discharges	Pt.'s Social Care Delay	No.	3	▲	2	▲	5	▲	5	▼	9	▼	14	▼	5	■	11	■	16	▼	16	<18	<18	No Variation	0 - 5% Variation	>5% Variation	15
		Pt.'s NHS & NHS plus S.C. Delay	No.	1	▲	6	▼	7	▼	2	▼	7	■	9	▼	1	▲	8	■	9	■	9	<10	<10	No Variation	0 - 5% Variation	>5% Variation	5
	Beds	Occupied Bed Days	No.	13648		15958		29606		14644		15859		30503		13188		15223		28411	310280	No. Only	No. Only					378060
		Occupancy Rate	%	93.2	▼	93.4	■	93.3	▼	90.4	■	90.0	■	90.2	■	90.2	■	91.4	■	90.8	■	90.9	86.5 - 89.5	86.5 - 89.5	86.5 - 89.5	85.5-86.4 or 89.6-90.5	<85.5 or >90.5	88.6
		Open at month end (total)		480		519		999	■	518		549		1067	■	497		556		1053	▲	1053	1028	1028	No Variation	0 - 2% Variation	>2% Variation	1097
		Open at month end (exc Obs / Neonatal)	No.	459		482		941	■	497		512		1009	■	476		519		995	▲	995	970	970	No Variation	0 - 2% Variation	>2% Variation	1039
	Day Case Rates	All Procedures	%	76.9	▲	72.2	▼	74.2	▼	78.5	▲	75.2	■	76.6	■	77.2	▼	73.9	▼	75.4	■	76.9	80.0	80.0	No Variation	0 - 5% Variation	>5% Variation	76.0
BMEC Procedures		%			74.2	■	74.2	■			78.8	■	78.8	■			76.1	▼	76.1	▼	76.9	80.0	80.0	No Variation	0 - 5% Variation	>5% Variation	71.5	
Basket of 25 procedures		%	73.3	■	77.4	▼	75.5	▲	75.3	■	78.9	▲	77.3	▲	70.6	■	75.7	▼	73.6	■	77.9	>75	>75	No Variation	0 - 5% Variation	>5% Variation	75.2	

THEATRE UTILISATION				S'well	City	Trust	S'well	City	Trust	S'well	City	Trust	YTD	07/08	Summary Note	06/07 Outturn
TA	Sitrep Declared Late Cancellations by Specialty	General Surgery	No.							6	3	9	No. Only	No. Only	a	
		Urology	No.							2	1	3	No. Only	No. Only		
		Vascular Surgery	No.							0	1	1	No. Only	No. Only		
		Trauma & Orthopaedics	No.							2	8	10	No. Only	No. Only		
		ENT	No.							0	1	1	No. Only	No. Only		
		Ophthalmology	No.							1	9	10	No. Only	No. Only		
		Oral Surgery	No.							0	2	2	No. Only	No. Only		
		Cardiology	No.							0	1	1	No. Only	No. Only		
		Gynaecology	No.							1	1	2	No. Only	No. Only		
		TOTAL	No.							12	27	39	No. Only	No. Only		

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	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

REPORT TO THE PUBLIC TRUST BOARD

3rd April 2008

SUBJECT: Financial Position

REPORT BY: Director of Finance & Performance Management

AUTHOR: Robert White

PURPOSE OF THE REPORT:

To update the Board on the financial position at 29th February 2008.

IMPLICATIONS:

Financial:	Need to meet financial targets.
Personnel:	
Healthcare/	
National	
Policy:	
Other:	

RECOMMENDATION(S):

The Trust Board is recommended to note the contents of the report and endorse any actions taken to manage the financial position.

**REPORT OF THE DIRECTOR OF FINANCE AND PERFORMANCE MANAGEMENT TO THE
FINANCE AND PERFORMANCE MANAGEMENT COMMITTEE**

Thursday 27th March 2008

FINANCE AND PERFORMANCE REPORT FOR PERIOD ENDING 29TH FEBRUARY 2008

1. Introduction

This report provides details of financial performance for month 11 (February 2008) and cumulative information covering the period 1st April 2007 to 29th February 2008. An Executive Summary is appended to this report.

Overall performance at 29th February shows the Trust continuing to be ahead of plan with a surplus in month of £275,000 compared with a plan of £176,000. The year to date surplus of £6,338,000 is £1,989,000 ahead of target (measured against original £4,500,000 surplus target) and leaves the Trust on course to deliver the revised forecast surplus of £6,500,000.

In terms of patient activity and income, there is fully coded data available up to 31st January 2008. The financial impact of over and under performance using this data has been incorporated into both the Trust and individual divisions' performance.

The report provides more detailed information within five appendices, namely:

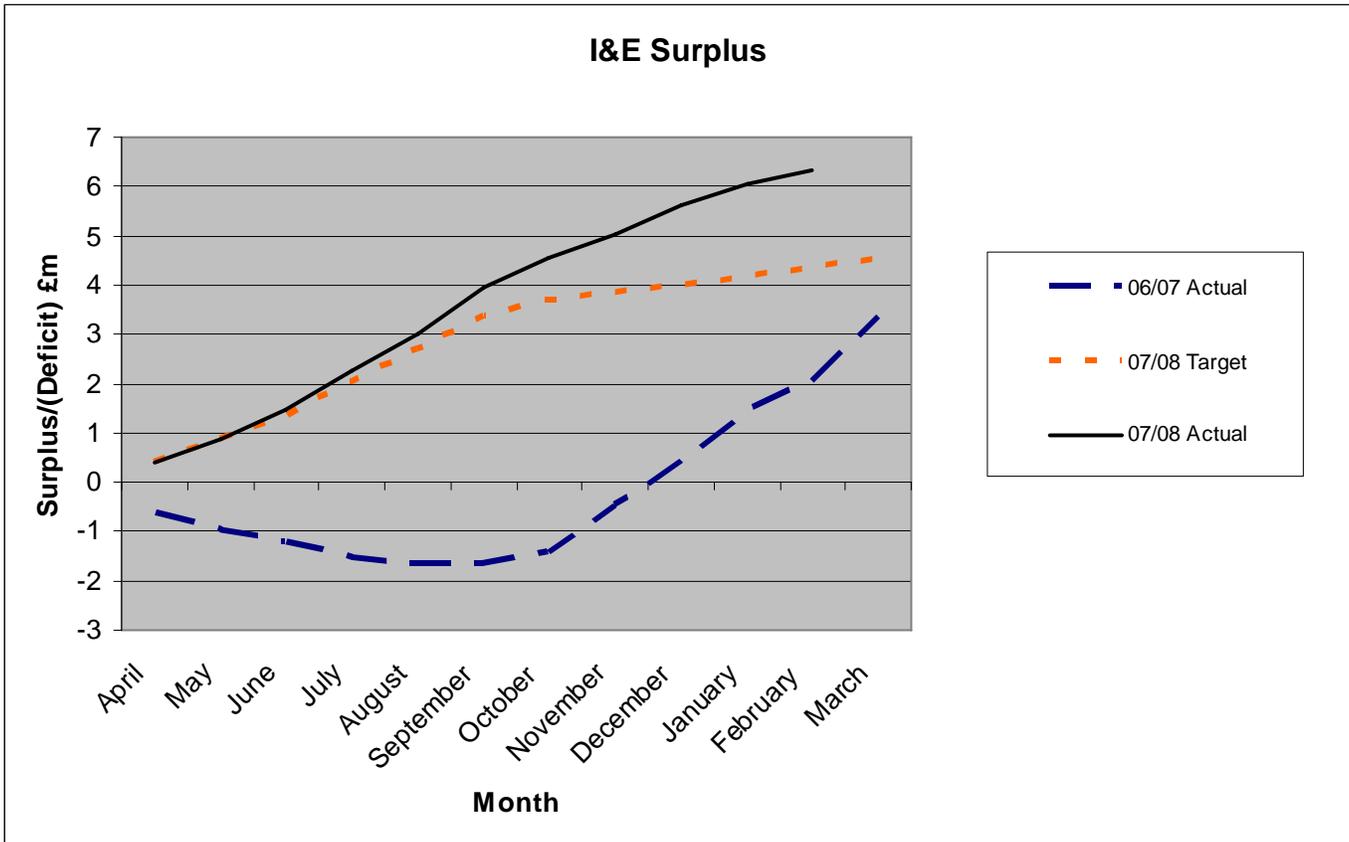
- | | | |
|------|------------------------------------|--------------|
| i. | the income and expenditure account | (Appendix A) |
| ii. | divisional budget positions | (Appendix B) |
| iii. | the balance sheet | (Appendix C) |
| iv. | capital expenditure | (Appendix D) |
| v. | the cash flow statement | (Appendix E) |

The Trust is repaying one half of its loan liability due in 2008/09 during 2007/08. To effect this early repayment it must generate additional I&E surpluses. The movement from the original surplus target of £4.5m to a revised forecast of £6.5m has enabled an additional £2m repayment in the current financial year. This directly informs a revised planned surplus (subject to Board approval) of £2.5m in 2008/09. The improved position in 2007/08 must be regarded as a revised control total rather than additional headroom or budgetary flexibility. Confirmation has now been received from the DoH that loan repayments and interest totalling £4,436,000 will be taken from the Trust's PGO account on 17th March. This is taken into account for both income and expenditure and cash forecasts.

2. Income & Expenditure

The financial trend line in Table 1a records the cumulative financial performance at the end of each month. The trend line from 2006/07 is also presented.

Table 1a: Cumulative Income and Expenditure Surplus 2006/07 and 2007/08



The Trust's Income and Expenditure performance for the year to date is shown in numeric format in Table 1b below.

Table 1b: Planned and Actual Surpluses 2007/2008

**plan and actual figures represent cumulative surpluses/(deficits)*

£000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	393	862	1346	2002	2685	3346	3678	3832	3999	4173	4349	4500
Act	408	886	1476	2239	3027	3937	4554	5004	5616	6065	6338	
Var	15	24	130	237	342	591	876	1172	1617	1892	1989	

**plan and actual figures represent In-Month surpluses/(deficits)*

£000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	393	469	484	656	684	660	332	154	167	174	176	151
Act	408	478	590	763	787	909	616	447	613	448	275	
Var	15	9	106	107	105	249	284	293	446	274	99	

2.1 Divisional Income and Expenditure Performance

Table 1c below shows the in month and year to date overall performance of divisions. Further details are shown in Appendix B to this report.

Table 1c: Summary Divisional Performance

Division	In Month Variance £000	Year to Date Variance £000
Anaesthetics & Critical Care	26	(65)
Imaging	5	303
Medicine A	(76)	27
Medicine B	37	130
Pathology	(4)	10
Surgery S	161	272
Surgery C	47	(83)
Surgery B	45	(65)
Womens & Childrens	(2)	223
Nursing - Facilities	(40)	5
Estates	(10)	3
Operations	29	284
Net Operational Position	218	1,044
Corporate and Reserves	(176)	591
Total	42	1,635

Note: Deficits are shown in brackets.

The overall position of the Trust up to 29th February shows a surplus of £193,000 against income budgets, a surplus of £1,721,000 on pay budgets and an over spend of £279,000 for non pay. This, together with better than planned earnings from interest generates an overall positive variance of £1,989,000 (YTD plan versus YTD actual).

Within the current income performance, there is a shortfall of approximately £270,000, including the effect of CIP income targets, on patient related income. This again represents a small in month deterioration in performance.

Non patient related income streams continue to be above budgeted levels with the major variances being in relation to education and training which is £375,000 above plan, transport services £194,000 above plan and catering which is £306,000 below plan.

The performance of Medicine A has worsened in month. Although income levels are higher than planned, high levels of bank and agency spend have been recorded in month. Whilst this can in part be linked with additional capacity remaining open, it is clearly something which will need to be tightly controlled in the new financial year. Although income levels have worsened for Medicine B, this is offset by savings in pay costs, particularly in respect of medical staffing. Overall non pay costs for both divisions are fairly close to planned levels.

Overall, all three surgical divisions have generated an acceptable bottom line position with Surgery C and Surgery B continuing to make progress towards their break even targets while the performance of Surgery S has improved significantly in month. Both Surgery C and Surgery B have significantly exceeded their in month income targets and this has offset some pressures on expenditure budgets. The performance of Surgery S is largely driven by small underspends on various pay budgets and lower than planned spending on consumables.

The performance of the Women and Childrens Division has remained broadly stable in month. Although there is a shortfall against SLA income targets, this has been offset by increased income in respect of services provided to other NHS Trusts. Overall in month expenditure is in line with plan.

The performance of Anaesthetics and Critical Care has improved again in month with further progress being made towards its break even target particularly driven by net under spending on nursing budgets. Although significant use of bank and agency staff continues, in month this is again lower than the savings generated from vacancies. The net performance of both Imaging and Pathology Divisions are in line with plan.

Corporate services continue to generate underspends against budget, primarily the result of vacancies being held in Finance, IM&T and Governance Divisions.

Miscellaneous and reserves contain items of expenditure which cannot accurately be attributed to specific divisions or which cover areas crossing the whole Trust. In particular, provisions for uncertain costs are held outside operational divisions.

Appendix A contains a forecast outturn position which is consistent with the expected £6.5m surplus now being reported to the Strategic Health Authority.

3. Cash and EFL

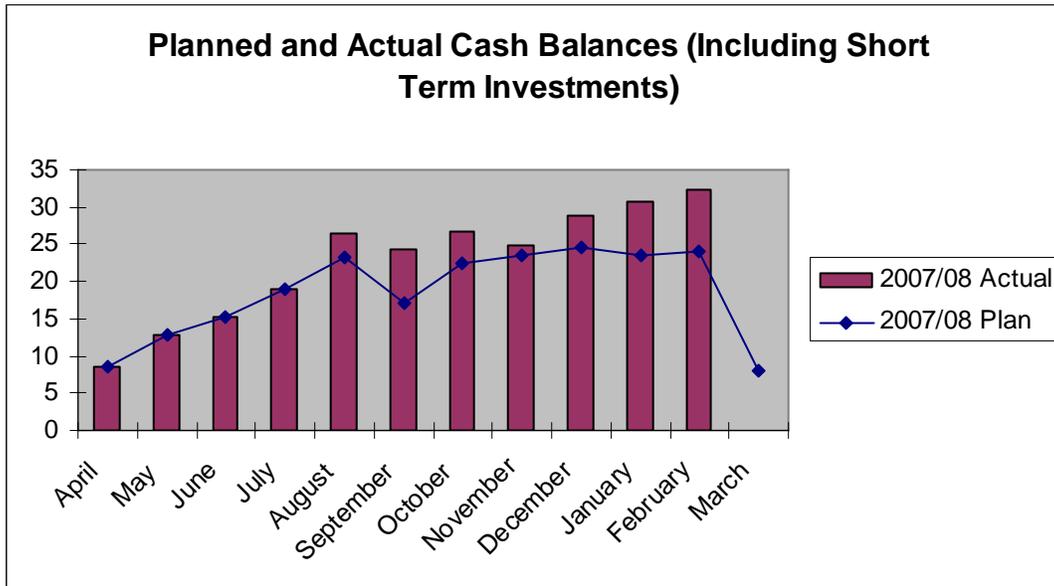
Details of the Trust's planned and actual cash position for the year is attached at Appendix E. Graphical representation of this performance is shown below at Table 2. At 31st March 2007, the Trust had a cash balance of £987,000 which was the required position to meet the EFL. Broadly, the Trust expects to build up cash balances during the year which will be used to repay loans and PDC (public dividend capital) as well as PDC dividends and loan interest in September and March.

At 29th February, the Trust's cash balance, including short term investments, was £32,407,000 which is over £8m higher than the planned position, a combination of additional cash received in respect of environmental improvements and other initiatives, slower than planned capital spend and improved debt collection.

Recent guidance produced by the DoH has removed the previous cap on year end cash balances which allowed trusts to only hold a cash balance not exceeding 0.3% of turnover (around £1m in the case of Sandwell & West Birmingham Hospitals). It also recognises the changed circumstances of many Trusts which, along with amendments to the capital regime, mean that they will not be able to achieve their existing EFL targets. Currently, the DoH is proposing amendments to EFL's to reflect trusts' own forecast year end cash positions. Although final confirmation of Sandwell & West Birmingham's proposed cash position has yet to be received, the changes in the rules around the EFL should allow a significantly higher cash balance to be carried forward at the year end. Given that significant contributors to this position are slow capital spend in the current year and cash received in advance of spend on initiatives such as patient environment improvements, the Trust will need additional cash in April and May and can therefore justify the need to hold higher balances at the year end.

The graph below shows the planned cash balances for the year, adjusted to take account of the changes in rules on year end cash balances, and the actual balances up to February.

Table 2: Planned and Actual Cash Balances



4. Performance Against CBI Prompt Payment Target

All NHS organisations are required to pay commercial invoices within 30 days of receipt of a valid invoice or delivery of the goods. Integration of pharmacy and financial systems planned to be implemented over the next few weeks should improve performance for this area. Further improvements will largely be linked to extending the use of electronic procurement.

Table 3a below shows performance against this target on a monthly basis.

Table 3a: Performance Against Prompt Payment Target

	05/06	06/07	Latest 3 Months			Year to Date
			December	January	February	
No of Invoices Paid in Period	95040	86667	5041	10475	7847	81107
No Paid Within Target	51457	59731	3348	7333	5010	54919
% Paid Within Target	54%	69%	66%	70%	64%	68%
Value of Invoices Paid (£000)	71,057	71,353	4,559	9,080	6,344	71,889
Value Paid Within Target (£000)	40,062	51,449	3,031	5,085	4,460	45,622
% Paid With Target	56%	72%	66%	56%	70%	63%

5. Capital Programme

The Trust currently has a capital programme of £14,647,000 which is matched by capital resources generated through depreciation charges. This is confirmed through the Trust's Capital Resource Limit.

Capital expenditure for the year to date is £7,635,000 which represents an increase in month of £510,000. The majority of year to date expenditure is accounted for by Sandwell neonatal and paediatric reconfiguration, IT equipment, statutory standards and medical equipment.

The Trust has traditionally experienced significant capital expenditure in the last month of the year, in part driven by more active pursuit of invoices and certificates although also reflecting the high level of capital work which takes place in the last quarter of the year. It is expected that significant levels of expenditure will be recorded for March although there remains a high risk that the Trust will underspend its Capital Resource Limit.

6. Debtors, Creditors and Other Working Balances

Overall, there has been a further improvement in the debtors and accrued income position during February with a decrease of around £0.7m although the overdue debtor position has worsened slightly in month. Most overdue balances now rest with Foundation and NHS Trusts rather than PCTs and cash flow from PCTs, particularly Sandwell and HoB, has improved substantially in year contributing to the Trust's improved cash position.

Cash at bank and in short term investments has risen in month to £32,407,000 which is again above planned levels.

Interest receivable continues to be ahead of plan and is consistent with the higher than planned cash balances.

7. Workforce and Paybill

Table 4a below shows planned and actual whole time equivalents at 29th February 2008. Changes in both workforce numbers and paybill are shown graphically in Tables 4c and 4d below.

When compared with budgets, the Trust had vacancies in January of approximately 140 wte's (whole time equivalents).

For the year to date, the Trust has spent £3,523,000 on agency staff. Employing agency staff is generally, although not always, more expensive than equivalent employed staff simply as a result of the added agency commission. Working on an average annual cost of £35,000, this equates to 110 wte's, at an annual cost of £45,000 this equates to around 85 wte's.

Table 4a: Planned and Actual WTE's by Staff Group at 29th February

Pay Group WTEs	Current Period			Year to Date Average		
	Budget	Actual	Variance	Budget	Actual	Variance
Medical	748.22	743.46	4.76	746.67	734.21	12.46
Management	258.20	222.59	35.61	259.95	232.21	27.75
Administration & Estates	1,059.59	1,020.19	39.40	1,053.90	997.61	56.28
Healthcare Assistants & Other Support	503.19	521.30	-18.11	525.08	532.25	-7.17
Nursing & Midwifery	2,504.08	2,234.41	269.67	2,497.77	2,257.86	239.91
Scientific, Therapeutic & Technical	900.80	863.78	37.02	905.87	868.96	36.91
Bank Staff	1.00	229.99	-228.99	3.85	248.80	-244.95
Agency Staff	0.00	0.00	0.00	0.00	0.00	0.00
Other Pay	1.00	0.00	1.00	1.36	0.00	1.36
Total	5,976.08	5,835.72	140.36	5,994.45	5,871.90	122.55

Table 4b: Planned and Actual Paybill by Staff Group at 29th February

Paybill by Pay Group	Current Period			Year to Date Average		
	Budget	Actual	Variance	Budget	Actual	Variance
Medical	5,580	5,575	5	5,512	5,398	114
Management	1,010	893	117	1,051	967	84
Administration & Estates	1,904	1,921	-18	1,931	1,848	83
Healthcare Assistants & Other Support	863	841	23	858	825	33
Nursing & Midwifery	6,602	6,046	556	6,373	5,837	536
Scientific, Therapeutic & Technical	2,568	2,457	111	2,439	2,326	113
Bank Staff	19	475	-456	28	562	-534
Agency Staff	108	331	-222	52	320	-268
Other Pay	1	0	2	-2	3	-5
Total	18,654	18,538	116	18,243	18,086	156

Table 4c: Planned and Actual WTE's by Period

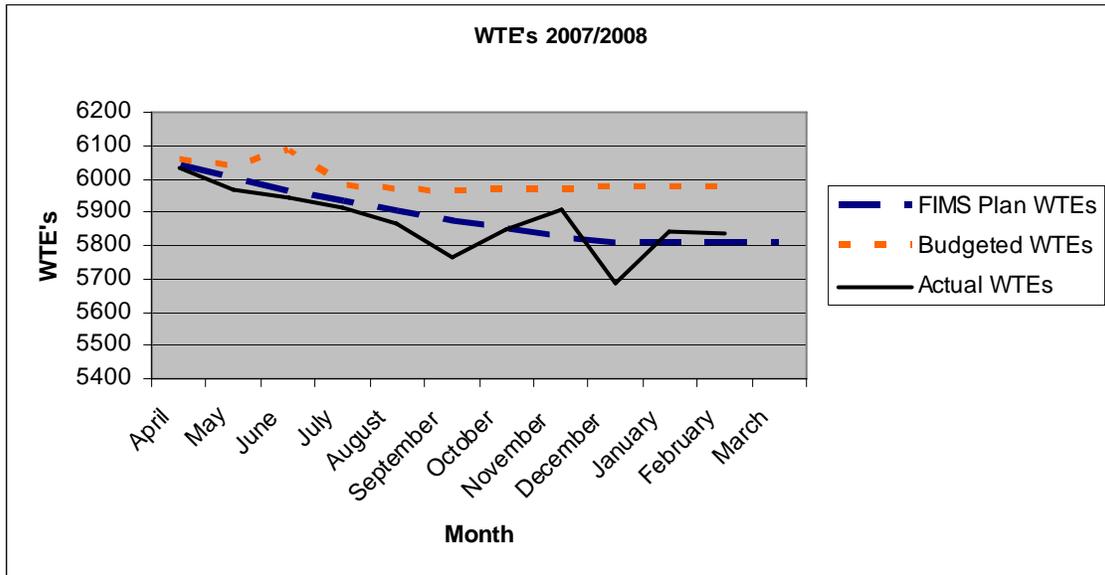
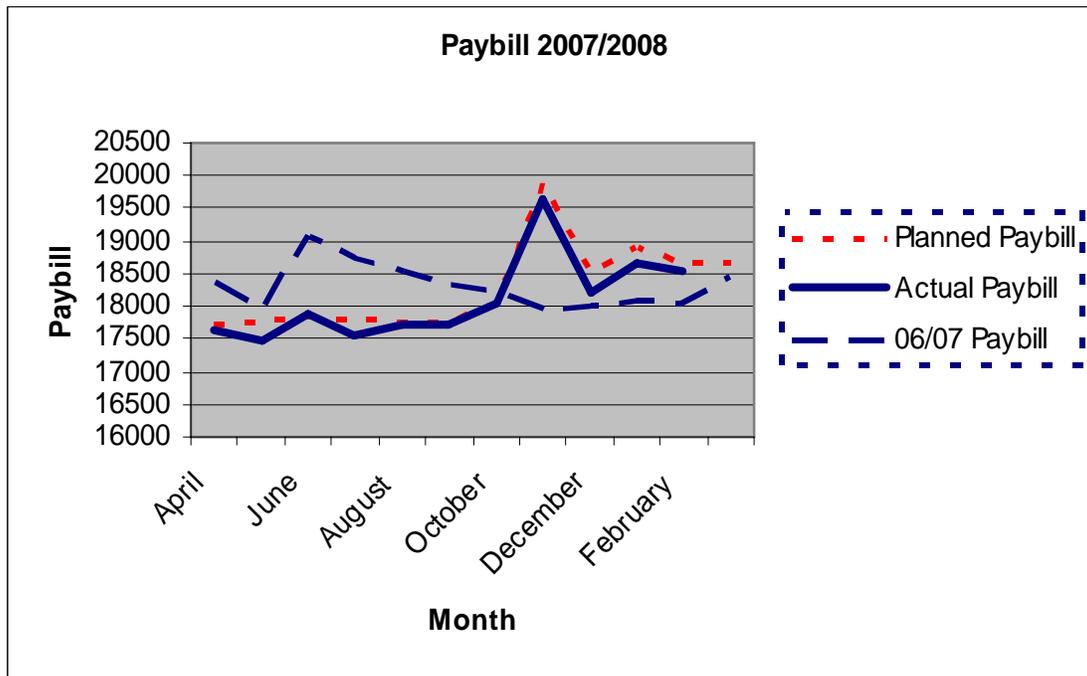


Table 4d: Planned and Actual Paybill by Period



8. Cost Improvement Programme

Overall, at 29th February 2008, actual year to date performance has exceeded plan by £106,882 or 0.8%. The year to date target is £12,681,831 (out of a full year target of £13,915,001) and actual performance is £12,788,713.

9. Conclusion

At 29th February, the Trust has achieved a year to date income and expenditure surplus of £6,338,000 which is £1,989,000 ahead of the planned position with a revised yearend forecast surplus of approximately £6,500,000.

Overall income remains slightly above target although with a further slight in month worsening in patient related income. Overall expenditure has remained steady in month with an improvement in pay and a worsening in non pay.

Net financial performance continues to be satisfactory and ahead of plan. Although the performance of some divisions has worsened in month, they remain in overall year to date surplus and can realistically expect to end the year in at least a break even position. The performance of those divisions reporting deficits in January, Anaesthetics & Critical Care, Surgery B and Surgery C, has improved with significant progress being made towards year end break even.

Cash balances are ahead of plan. Changes to the financial regime on cash and EFL should allow the Trust to hold cash balances at the year end which are significantly higher than planned while still meeting its EFL. Capital expenditure remains low and, although rapid progress is expected in March, there is a sizeable risk that the Trust will undershoot its CRL although this does not represent a breach of financial duties.

10. Recommendations

The Finance and Performance Management Committee is asked to:

- 9.1 NOTE the contents of the report; and
- 9.2 Endorse any actions taken to manage financial performance.

Robert White
Director of Finance and Performance Management

Sandwell & West Birmingham Hospitals NHS Trust
SUMMARY INCOME & EXPENDITURE

MONTH: February 2008	2007/08							Forecast Outturn Actual £000's
	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	
INCOME								
Patient Related SLAs	302,349	25,314	25,133	(181)	277,079	276,591	(488)	302,500
Other Patient Related Income	3,434	245	284	39	3,241	3,459	218	3,650
Total Patient Related Income	305,783	25,559	25,417	(142)	280,320	280,050	(270)	306,150
Education & Training	15,527	1,288	1,448	160	14,238	14,613	375	15,850
Other Income	17,176	1,370	1,393	23	15,655	15,743	88	17,150
TOTAL INCOME	338,486	28,217	28,258	41	310,213	310,406	193	339,150
EXPENDITURE								
PAY								
Medical Staffing	(66,348)	(5,580)	(5,575)	5	(60,632)	(59,381)	1,251	(64,700)
Management	(12,617)	(1,010)	(893)	117	(11,564)	(10,635)	929	(11,750)
Administration & Estates	(24,777)	(1,904)	(1,922)	(18)	(21,241)	(20,326)	915	(23,432)
Healthcare Assistants & Support Staff	(10,280)	(863)	(841)	22	(9,435)	(9,071)	364	(9,850)
Nursing and Midwifery	(76,706)	(6,602)	(6,044)	558	(70,105)	(64,208)	5,897	(71,200)
Scientific, Therapeutic & Technical	(29,322)	(2,568)	(2,457)	111	(26,833)	(25,590)	1,243	(28,200)
Bank Staff	(325)	(19)	(475)	(456)	(306)	(6,182)	(5,876)	(6,700)
Agency Staff	(633)	(108)	(331)	(223)	(574)	(3,523)	(2,949)	(3,900)
Other Pay	(115)	0	0	0	18	(35)	(53)	(100)
TOTAL PAY COSTS	(221,123)	(18,654)	(18,538)	116	(200,672)	(198,951)	1,721	(219,832)
NON PAY								
Drugs and Blood Products	(19,859)	(1,730)	(1,734)	(4)	(18,302)	(18,540)	(238)	(20,150)
Medical Equipment & Consumables	(25,701)	(4,181)	(4,053)	128	(23,533)	(23,478)	55	(24,838)
Energy & Utilities	(8,351)	(557)	(564)	(7)	(7,793)	(7,793)	0	(8,550)
Hotel Service Costs	(3,815)	(483)	(556)	(73)	(3,491)	(3,644)	(153)	(4,300)
IT Equipment & Maintenance	(1,747)	(153)	(105)	48	(1,604)	(1,418)	186	(1,550)
Postage, Printing & Stationery	(2,438)	(201)	(252)	(51)	(2,236)	(2,253)	(17)	(2,300)
Other Costs	(26,892)	(101)	(257)	(156)	(26,209)	(26,321)	(112)	(27,444)
TOTAL NON PAY COSTS	(88,803)	(7,406)	(7,521)	(115)	(83,168)	(83,447)	(279)	(89,132)
TOTAL EXPENDITURE	(309,926)	(26,060)	(26,059)	1	(283,840)	(282,398)	1,442	(308,964)
EBITDA	28,560	2,157	2,199	42	26,373	28,008	1,635	30,186
P&L on Disposal of Fixed Assets	0	0	0	0	0	0	0	0
Depreciation	(15,965)	(1,330)	(1,330)	0	(14,635)	(14,635)	0	(15,965)
PDC Dividend	(8,831)	(736)	(736)	0	(8,095)	(8,095)	0	(8,831)
Interest Receivable	1,164	116	173	57	1,103	1,457	354	1,550
Interest Payable	(428)	(31)	(31)	0	(397)	(397)	0	(440)
Other Finance Costs	0	0	0	0	0	0	0	0
SURPLUS/(DEFICIT) *	4,500	176	275	99	4,349	6,338	1,989	6,500

Sandwell & West Birmingham Hospitals NHS Trust
DIVISIONAL VARIANCES TO 29TH FEBRUARY 2008

MONTH: February 2008	Anaesthetics and Critical Care £000	Imaging £000	Medicine A £000	Medicine B £000	Pathology £000	Surgery S £000	Surgery C £000	Surgery B £000	Women & Childrens £000	Nursing - Facilities £000	Estates £000	Operations £000	Corporate Services £000	Miscellaneous & Reserves £000
Income														
Patient Related SLAs	61	119	590	171	(240)	(56)	(491)	426	(418)	(50)	0	(74)	(812)	504
Other Income	1	(157)	45	59	119	(19)	26	(79)	224	(160)	(37)	178	395	(132)
Overall Position	62	(38)	635	230	(121)	(75)	(465)	347	(194)	(210)	(37)	104	(417)	372
Expenditure														
Pay	(141)	540	(738)	44	202	173	351	(283)	582	259	32	97	833	(229)
Non Pay	14	(198)	131	(144)	(72)	174	30	(129)	(166)	(44)	9	83	(239)	271
Overall Position	(127)	342	(607)	(100)	130	347	381	(412)	416	215	41	180	594	42
Net Surplus/(Deficit)	(65)	304	28	130	9	272	(84)	(65)	222	5	4	284	177	414

Note: There may be minor variances in totals due to roundings

Sandwell & West Birmingham Hospitals NHS Trust
BALANCE SHEET

		<u>Opening</u> <u>Balance as at</u> <u>1st April</u> <u>2007</u> <u>£000</u>	<u>Balance as at</u> <u>29th</u> <u>February</u> <u>2008</u> <u>£000</u>
Fixed Assets	Intangible Assets	509	380
	Tangible Assets	261,064	281,207
Current Assets	Stocks and Work in Progress	3,601	2,493
	Debtors & Accrued Income	20,779	14,681
	Investments	0	29,000
	Cash	987	3,407
Current Liabilities	Creditors and Accrued Expenditure Falling Due In Less Than 1 Year	(26,388)	(42,121)
Long Term Liabilities	Creditors Falling Due in More Than 1 Year	(4,500)	(4,500)
Provisions for Liabilities and Charges		(4,386)	(5,229)
		251,666	279,318
Financed By			
Taxpayers Equity	Public Dividend Capital	168,412	162,712
	Revaluation Reserve	70,841	97,855
	Donated Asset Reserve	2,923	2,923
	Government Grant Reserve	2,075	2,075
	Other Reserves	9,058	9,058
	Income and Expenditure Reserve	(1,643)	4,695
		251,666	279,318

Sandwell & West Birmingham Hospitals NHS Trust				
CAPITAL PROGRAMME 2007/2008				
		Approved Programme 2007/08 £000	Actual Expenditure to 29th February	Forecast Outturn Position
Capital Resources				
	Depreciation	15,063	13,808	15,063
	Decontamination - Central Resources	84	84	84
	Return of CRL from Previous Years re Short Stay Training Pilot	(500)	(500)	(500)
	PACS/RIS Allocation	650	650	650
	FIMS M7/Spring Supply Adjustment	(650)	(650)	(650)
Total Resources		14,647	13,392	14,647
Capital Expenditure				
Commitments Brought Forward	Retentions	400	425	425
	RIS	1,038		1,038
	Decontamination	284	167	282
Scheme Development Fees		300	23	300
IT Programmes		800	757	800
Equipment Programmes	Replacement Equipment (including Imaging)	700	430	700
	Imaging Equipment	975	137	600
	Digital Hearing Aids	600	819	840
	Camera System - General Surgery	67	76	76
	Tape Readers x 3	108		108
	EMG & Evoked Potential Machines	45	45	45
	EEG Equipment Upgrade	32	26	32
	Lung Function Testing Equipment	45	55	55
	Sonosite Scanner	29	33	33
	HPLC Analyser	30	26	30
	TPMT DNA Tests	30		30
	Slit Lamps (18 week target)	25	28	28
	Diathermy Machine (BTC)	7		7
	Haematology Analyser	76		76
	Echo Cardiograph	100		100
	Telecoms Equipment	125		125
Statutory Standards	Disability Discrimination Act Audit Action Plans	300	282	300
	Fire/Fire Alarms	400	381	400
	Legionella	300	215	300
	Medical Gasses	200	85	200
	Building Structures and Fabrics	175	125	175
	Falls From Heights	125	35	125
	Health & Safety Improvement Notices	140	70	140
	Electrical Services	150	75	150
	Building Management System	100	75	100
	Safe Hot Water Temperatures	100	40	100
	Improvements to Roads, Footpaths and Car Parks	95	109	109
	Other	35	19	35
Facilities Programmes	Lifts	300	253	300
	Plant Replacement	80		80
	Sandwell Imaging Electrical Supplies	125		125
	D6/MAU Mixed Sex	105	29	40
	Ward Access Security	150	39	150
	Increase in Security - Ward Access and Other	50	2	50
	Theatre A, BTC	126		126
	Cardiology Accommodation	20		20
	BTC Minor Ops Unit (Hysteroscopes/Cystoscopes)	75		75
	Isolation Strategy P3	30	38	38
	Sandwell Cardiovascular Unit P4	110	50	110
	Relocation of Orthotics Service	60		60
Reconfiguration	Sandwell Neonatal	1,200	1,203	1,203
	Sandwell Paediatrics	615	398	615
	City Paediatric Assessment Unit	220	110	220
	City Neonatal	850	282	832
	Pathology	1,200	207	1,115
Capitalisation of BTC Unitary Charge		500	333	500
Other	Hearing Services Centre Upgrade	100		75
	Neurophysiology	0		0
Contingent Items	Switchboard Modernisation	350		350
	Lift Refurbishment	200		200
	Minor Medical Equipment b/f 08/09	300		300
	Infection Control/Patient Environment Improvement	250	133	250
Slippage		(305)		(948)
Total Expenditure		14,647	7,635	13,750
Under/(Over) Commitment Against CRL		0	5,757	897

Sandwell & West Birmingham Hospitals NHS Trust

CASH FLOW

REVISED PLAN AND ACTUAL/FORECAST OUTTURN AT JANUARY 2008

PLAN	April £000s	May £000s	June £000s	July £000s	August £000s	September £000s	October £000s	November £000s	December £000s	January £000s	February £000s	March £000s
Receipts												
SLAs	22,554	24,496	25,690	23,620	26,099	22,699	22,699	22,699	22,699	22,699	22,699	22,699
DoH Market Forces Factor	1,463	1,463	1,463	1,463	1,463	1,463	1,463	1,463	1,463	1,463	1,463	1,463
Over Performance Payments							487			487		
Education & Training	1,314	1,252	1,302	1,366	1,293	1,293	1,293	1,293	1,293	1,293	1,293	1,293
BTC PFI Tapering									400			
Loans												
Interest	94	58	91	100	130	147	126	122	145	153	153	150
Other Receipts	3,175	3,302	1,916	2,383	1,735	1,735	5,735	1,735	1,735	1,735	1,735	1,735
Total Receipts	28,600	30,571	30,462	28,932	30,720	27,337	31,803	27,312	27,736	27,830	27,343	27,340
Payments												
Payroll	10,167	10,409	10,332	10,378	10,298	10,298	10,298	10,298	10,298	10,298	10,298	10,298
Tax, NI and Pensions	2,447	7,036	7,162	7,099	7,642	7,642	7,642	7,642	7,642	7,642	7,642	15,284
Non Pay - NHS	36	2,977	3,117	1,744	1,900	1,900	1,900	1,900	1,900	1,900	2,400	2,400
Non Pay - Trade	6,476	4,567	6,456	5,447	5,261	5,049	4,935	4,628	5,013	6,563	4,054	4,014
Non Pay - Capital	1,385	747	370		874	874	1,165	1,165	1,165	1,602	1,893	2,778
PDC Dividend						4,415						4,414
PDC Repayment												6,116
Repayment of Loans						2,250						4,250
Interest						241						187
BTC Unitary Charge	317	351	351	416	300	300	300	300	300	300	300	300
Other Payments	307	229	43	148	350	350	350	350	350	350	350	350
Total Payments	21,135	26,316	27,831	25,232	26,625	33,319	26,590	26,283	26,668	28,655	26,938	50,392
Cash Brought Forward	987	8,452	12,707	15,338	19,038	23,133	17,151	22,364	23,393	24,460	23,634	24,039
Net Receipts/(Payments)	7,465	4,255	2,631	3,700	4,095	(5,982)	5,213	1,029	1,067	(826)	405	(23,052)
Cash Carried Forward	8,452	12,707	15,338	19,038	23,133	17,151	22,364	23,393	24,460	23,634	24,039	987

ACTUAL/FORECAST OUTTURN	April £000s	May £000s	June £000s	July £000s	August £000s	September £000s	October £000s	November £000s	December £000s	January £000s	February £000s	March £000s
Receipts												
SLAs	22,554	24,496	25,690	23,620	28,316	25,196	23,460	22,969	29,142	23,228	24,523	23,750
DoH Market Forces Factor	1,463	1,463	1,463	1,463	1,463	1,463	1,463	1,463	1,463	1,463	1,704	1,463
Over Performance Payments												
Education & Training	1,314	1,252	1,302	1,366	1,363	1,147	1,151	1,489	1,217	1,398	1,446	1,350
BTC PFI Tapering												
Loans												
Interest	94	58	91	100	127	144	156	244	94	246	125	150
Other Receipts	3,175	3,302	1,916	2,383	3,275	1,752	1,904	2,214	12,058	4,564	3,018	30,900
Total Receipts	28,600	30,571	30,462	28,932	34,544	29,702	28,134	28,379	43,974	30,899	30,816	57,613
Payments												
Payroll	10,167	10,409	10,332	10,378	10,428	10,282	10,687	11,530	10,607	10,947	10,889	10,900
Tax, NI and Pensions	2,447	7,036	7,162	7,099	7,150	7,107	6,993	7,359	8,058	7,251	7,388	14,800
Non Pay - NHS	36	2,977	3,117	1,744	2,539	1,333	1,820	3,824	876	2,798	1,153	5,500
Non Pay - Trade	6,476	4,567	6,456	4,846	5,642	4,921	4,333	6,341	3,718	6,370	8,236	8,300
Non Pay - Capital	1,385	747	370	601	950	766	1,329	801	798	1,050	675	4,000
PDC Dividend						4,416						4,415
PDC Repayment									5,700		416	
Repayment of Loans						2,250						4,250
Interest						242						186
BTC Unitary Charge	317	351	351	416	352	353	406	354	356	353	354	355
Other Payments	307	229	43	148	132	89	20,165	5,037	2	11,090	3,063	300
Total Payments	21,135	26,316	27,831	25,232	27,193	31,759	45,733	35,246	30,115	39,859	32,174	53,006
Cash Brought Forward	987	8,452	12,707	15,338	19,038	26,389	24,332	6,733	(134)	13,725	4,765	3,407
Net Receipts/(Payments)	7,465	4,255	2,631	3,700	7,351	(2,057)	(17,599)	(6,867)	13,859	(8,960)	(1,358)	4,607
Cash Carried Forward	8,452	12,707	15,338	19,038	26,389	24,332	6,733	(134)	13,725	4,765	3,407	8,015
Cash + Investments Carried Forward	8,452	12,707	15,338	19,038	26,389	24,332	26,733	24,866	28,725	30,765	32,407	8,015
Plan v Actual Carry Forward (including Investments)	0	0	0	0	3,256	7,181	4,370	1,474	4,266	7,131	8,368	7,027

The Actual/Forecast Outturn Table shows actuals to February in bold type and forecasts for March in light type.

EXECUTIVE SUMMARY

- Actual YTD surplus at February is £6,338k against a target of £4,349k or £1,989k ahead of plan with a forecast outturn surplus remaining at £6,500k.
- In month surplus is £275k against a target of £176k, £99k ahead of plan
- Overall I&E performance is primarily the result of ongoing under spending against pay budgets with relatively small over achievement of income and over spending on non pay.
- CIP performance continues to improve with a YTD actual of £12,789k against a plan of £12,682k, £107k ahead of plan

Key Financial Performance Indicators

Measure	Current Period	Year to Date	Thresholds		
			Green	Amber	Red
I&E Surplus Actual v Plan £000	99	1,989	> Plan	> = 99% of plan	< 99% of plan
EBITDA Actual v Plan £000	42	1,635	> Plan	> = 99% of plan	< 99% of plan
Pay Actual v Plan £000	116	1,721	< Plan	< 1% above plan	> 1% above plan
Non Pay Actual v Plan £000	-115	-279	< Plan	< 1% above plan	> 1% above plan
WTEs Actual v Plan	140	123	< Plan	< 1% above plan	> 1% above plan
Cash (incl Investments) Actual v Plan £000	8,368	8,368	> = Plan	> = 95% of plan	< 95% of plan
CIP Actual v Plan £000	5	107	> 97½% of Plan	> = 92½% of plan	< 92½% of plan

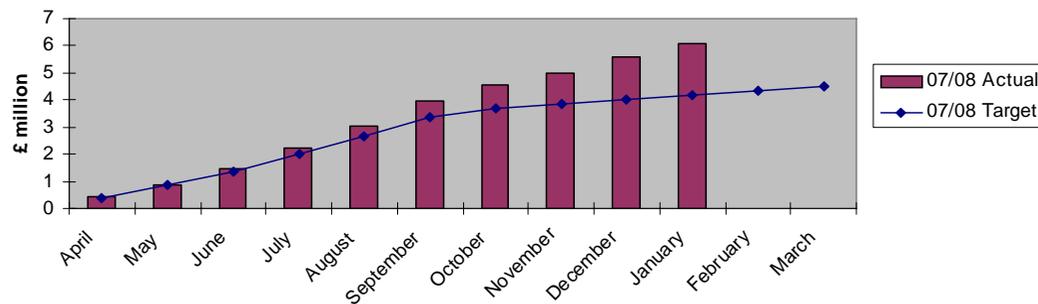
Note: positive variances are favourable, negative variances unfavourable

Key Financial Issues and Risks

- There has been a small overall improvement in income performance although with variable impacts on individual divisions
- Pay expenditure £116k under budget in month and £1,721k year to date
- Non pay performance has worsened by £115k in month with higher expenditure on hotel services, printing & stationery and minor building works.
- Overall cash holdings have increased to approx £32.4m with £29m invested over 7 days with the NLF.
- The main areas with ytd deficits continue to be Surgery C, Surgery B and Anaesthetics & Critical Care although all have improved in month and are on line to deliver year end balance.
- YTD capital expenditure is £7,635k against an annual plan of £14,647k
- Further reduction in overall debtors and accrued income

2007/2008 Summary Income & Expenditure Performance at 31st January 2008	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	305,783	25,559	25,417	(142)	280,320	280,050	(270)	306,150
Other Income	32,703	2,658	2,841	183	29,893	30,356	463	33,000
Operating Expenses	(309,926)	(26,060)	(26,059)	1	(283,840)	(282,398)	1,442	(308,964)
EBITDA	28,560	2,157	2,199	42	26,373	28,008	1,635	30,186
Interest Receivable	1,164	116	173	57	1,103	1,457	354	1,550
Depreciation	(15,965)	(1,330)	(1,330)	0	(14,635)	(14,635)	0	(15,965)
FDC Dividend	(8,831)	(736)	(736)	0	(8,095)	(8,095)	0	(8,831)
Interest Payable	(428)	(31)	(31)	0	(397)	(397)	0	(440)
Net Surplus/(Deficit)	4,500	176	275	99	4,349	6,338	1,989	6,500

07/08 Cumulative Surplus Plan/Actual



Key Divisional Variances

Medicine A performance has worsened in month with high levels of bank and agency spend although this is offset to some degree by higher income. Medicine B has lower than planned income but overall improvement caused by pay under spending.

Improvement in bottom line performance for Surgery C, Surgery B and Anaesthetics & Critical Care, in the case of Surgery driven by higher income levels and Anaesthetics savings on nursing pay. Surgery S has also improved mainly due to lower patient consumable costs.

Women & Childrens has remained broadly stable in month.

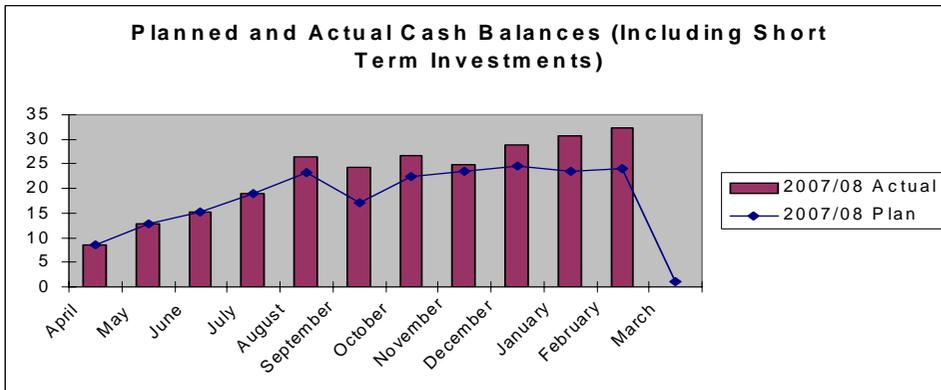
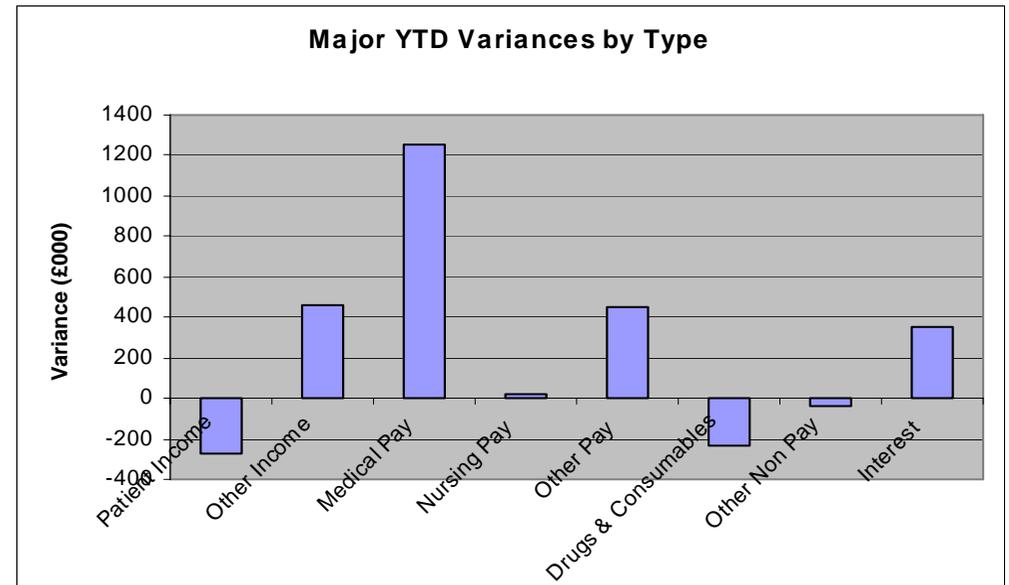
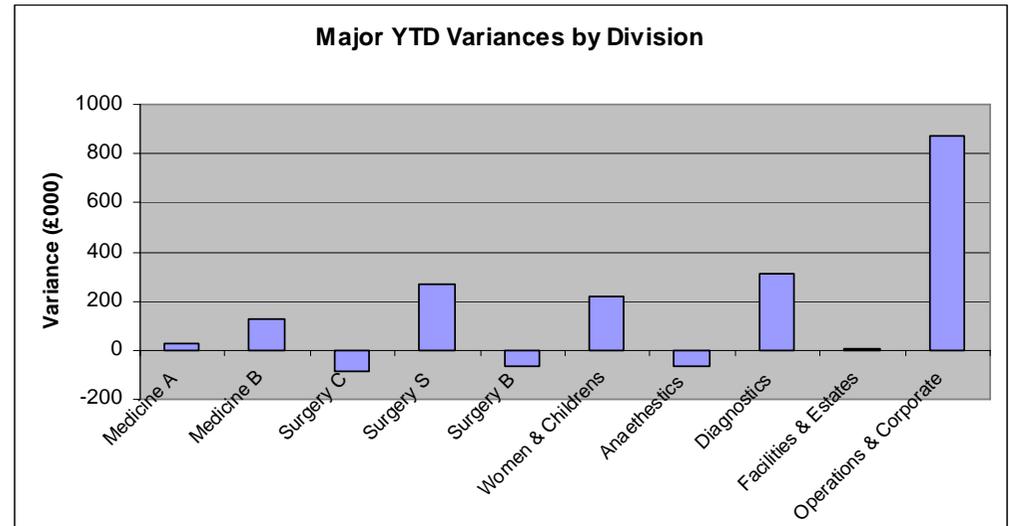
Corporate services continue to generate sizeable surpluses, primarily through holding of vacancies.

Balance Sheet, Capital and Cash

Debtors and accrued income has fallen slightly in month. High level of creditors and accrued expenditure reflects committed expenditure not yet paid.

52% of annual capital programme has been spent with continued progress on larger schemes

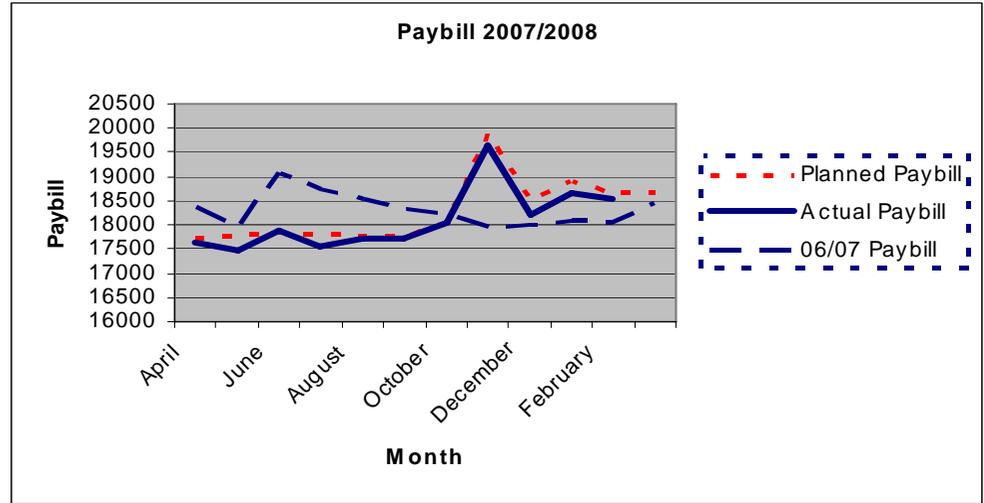
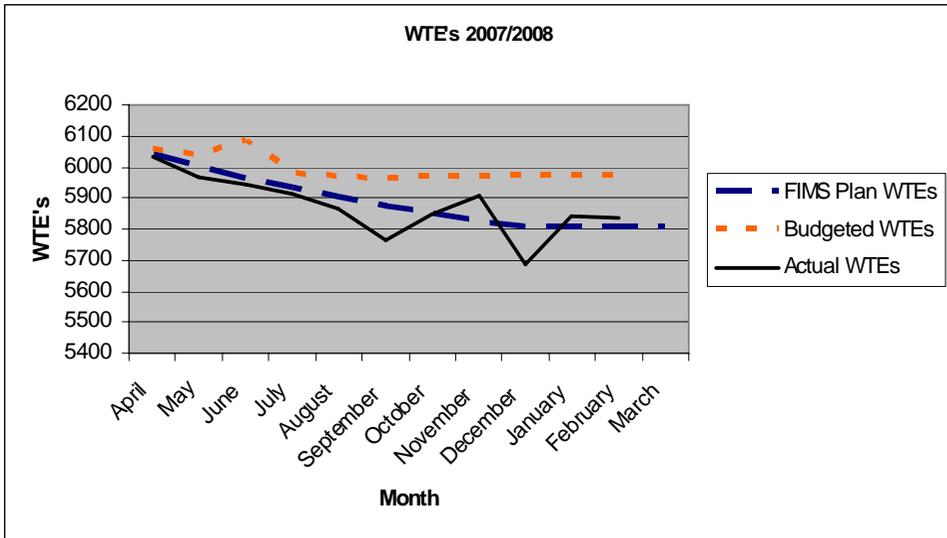
Cash and investments continue to be higher than planned at £32.407m.



Workforce and Paybill

WTE numbers continue to be below planned levels with February being 140 wte's less than budget. This is slightly greater than the year to date average.

Paybill also continues to be below budget largely reflecting ongoing vacancies.



Risk Ratings

Key risk ratings as measured by the Long Term Financial Model are shown in the table below. Each “risk” is weighted and the total translated into an overall risk rating for the Trust which is also used to determine maximum borrowing limits.

The Trust’s current strong financial performance and its high cash balances combine to produce a relatively good rating.

Risk Ratings			
Measure	Description	Value	Score
EBITDA Margin	Excess of income over operational costs	9.9%	4
EBITDA % Achieved	Extent to which budgeted EBITDA is achieved/exceeded	106.2%	5
Return on Assets	Surplus before dividends over average assets employed	5.9%	4
I&E Surplus Margin	I&E Surplus as % of total income	2.0%	4
Liquid Ratio	Number of days expenditure covered by current assets less current liabilities	6.4	1
Overall Rating			3.3

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

REPORT TO THE PUBLIC TRUST BOARD

3rd April 2008

Subject:	Single Equality Scheme (SES) Draft
Report by:	Rachel Stevens, Chief Nurse
Author:	Rachel Stevens, Chief Nurse Sheila Peacock, Assistant Director of Nursing – Patient Experience

PURPOSE OF THE REPORT:

To inform SWBH Trust Board of ongoing work with the SES document and to advise that a public consultation has now commenced which will run for 28 days.

IMPLICATIONS:

Financial:	Yes, in order to deliver the implementation plan and ongoing work required around equality and diversity, there will be the need to recruit a project lead and data collector as a minimum.
Personnel:	Yes
Healthcare/National Policy:	HCC Standard and complies with statutory duties regards various equality schemes.
Other:	Yes

RECOMMENDATION(S):

To receive the report and note the consultation period. The final document will come to Trust board in May or June.

DRAFT
UNDER CONSULTATION

Appendix 1



Embracing Our Diverse Communities

Single Equality Scheme

Embracing Our Diverse Communities Single Equality Scheme

PROFILE	
REFERENCE NUMBER:	
VERSION:	Draft 1
STATUS:	Consultation
ACCOUNTABLE DIRECTOR:	Chief Nurse
AUTHOR:	Assistant Director of Nursing – Patient Experience
DATE OF LAST REVIEW/ ORIGIN DATE:	
DATE OF THIS REVIEW:	March 2008
APPROVED BY:	
DATE OF APPROVAL:	
IMPLEMENTATION DATE:	
DATE NEXT REVIEW DUE:	March 2011
REVIEW BODY:	
CATEGORISATION:	
DATE OF EQUALITY IMPACT ASSESSMENT:	
APPLICATION:	
PRINCIPAL TARGET AUDIENCE:	Staff & Public
ASSOCIATED TRUST DOCUMENTS:	Current Equality & Diversity Policies

Embracing Our Diverse Communities Single Equality Scheme

CONTENTS

	Page No.
Foreword By Trust Chief Executive	2
Widespread Consultation.....	2
Trust Vision/Values	3
1.0 Introduction	4
2.0 Single Equality Scheme	4
3.0 Aims of the Single Equality Scheme	5
4.0 Single Equality Scheme Principles	5
5.0 How the Trust will implement the Single Equality Scheme	5
6.0 The Framework for Delivery	5
7.0 Involvement & Consultation of Stakeholders	7
8.0 Public Access to Information	7
9.0 Meeting our specific duties as an employer	8
10.0 Equality Impact Assessments	8
11.0 Procurement	8
12.0 Information	8
13.0 Training staff in equality and diversity	8
14.0 Reviewing and revising the Single Equality Scheme	9
15.0 Conclusion	9
Appendix 1 Legal Framework.....	10
Appendix 2 Employment Duties	13
Appendix 3 Action Plans.....	16

FOREWORD BY TRUST CHIEF EXECUTIVE

I welcome the introduction of our new Single Equality Scheme into Sandwell and West Birmingham Hospitals NHS Trust. We serve a diverse population over a large area and have extensive experience of promoting equality and dealing with discrimination. The Trust is committed to providing equal employment and advancement for all individuals.

The process of developing this new scheme has provided the Trust with an opportunity to re-examine all our equality policies and practices and capture under one umbrella the equality pathway that addresses the needs of all our diverse communities.

The Single Equality Scheme sets out how as an organisation we will meet our obligations under the equality legislation over the next three years, but more importantly, how we will make a real and positive difference to the lives of all who are affected by what we do. It sets out our commitment to achieving equality and our determination to ensure that our policies and practices meet the needs of all service users as well as those of our staff.

The success of the scheme requires commitment and leadership at all levels and that we hold ourselves accountable for our delivery; only then can we make the differences we want all to see.

WIDESPREAD CONSULTATION

This Consultation Document issued by Sandwell & West Birmingham Hospitals NHS Trust will replace our current schemes and combines our existing Equality and Diversity Schemes into a Single Equality Scheme. It contains the Trust's response to the statutory general and specific duties enshrined in the Equality Act (2006), the Disability Discrimination Act (2005) and the Race Relations (Amendment) Act (2000). It also embraces other equal opportunities legislation including sexual orientation, religion and belief, age, race, disability and gender. This document supersedes our Equality and Diversity Strategy.

One of the Trust's core values is to be open and accountable about what we do. We hope that publication of this consultation will stimulate consideration and discussion of the issues and our plans to address them.

We would welcome comments on all aspects of this document, in particular your opinions on the action plans. Should you want to join any of our sub groups or contribute to elements of our work then please contact our Communications Department.

equality@swbh.nhs.uk

This document is available in other formats and languages upon request.

The published version will have the above sentence translated into 30 different languages

We look forward to hearing your views.

TRUST VISION

“The Trust will help improve the health and well being of people in Sandwell, West Birmingham and surrounding areas, working with our partners to provide the highest quality healthcare in hospital and closer to home.”

OUR VALUES

The Trust is committed to delivering health care now and in the future that is accessible and responsive, through staff that are professional, compassionate and caring. We will through knowledge demonstrate high levels of competency and be open and accountable to patients and our local community about our services and what we do.

Adopting these core values embeds the principles and legal requirements of the Equality and Diversity Schemes.

1.0 Introduction

- 1.1 Sandwell & West Birmingham Hospitals NHS Trust (SWBH) is currently operating across three hospital sites, City Hospital, Sandwell Hospital and Rowley Regis Hospital. The Trust has a workforce of 6,000 staff, with an income in excess of £325 million. The Trust has been recognised through the Investors in People and Improving Working Lives campaigns to be an excellent employer and service provider.
- 1.2 One of the Trust's key objectives is to deliver high quality services that are accessible, responsive and appropriate to meet the needs of different groups and individuals. SWBH is working hard to ensure that all communities have equal access to Trust services and career/job opportunities. We strive to actively consult with the public and are currently in the middle of several public consultations.

2.0 Single Equality Scheme

- 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 of differences for the benefit of the individual and organisation. Equality and diversity are not interchangeable, but are interdependent.
- 2.2 The Trust must comply with various pieces of legislation covering equality and diversity issues (Appendix 1). The Trust has decided to develop a Single Equality Scheme (SES) which will encompass the current duties of the race, disability and gender schemes whilst also addressing duties in relation to age, religion or beliefs and sexual orientation.
- 2.3 There is a danger that a Single Equality Scheme will demote certain areas of discrimination. There is a corresponding argument that by tackling equality strands in isolation risks demoting others and omits groups who are not yet covered by legislation.
- 2.4 Differences in the way the general duties have been drawn up reflect the different nature of discrimination experienced by a particular group. The differences in the specific duties lie partly in the wording. It is therefore, possible to take a generic approach across the strands by, for example setting out intended actions towards implementation of all the duties within themes such as public involvement, monitoring, leadership, workforce, services and health.
- 2.5 Whilst formulating these themes we then include the need to address issues related to all the key strands of equality - sexual orientation, age, religion or belief, race, disability and gender. This has been drawn together in this document and associated action plans. (Appendix 3)
- 2.6 The Single Equality Scheme is very much a living document and feedback, review and discussion will constantly influence its direction and development.

3.0 Aims of the Single Equality Scheme

- 3.1 To meet the legislative and policy drivers incumbent upon the Trust and ensure that equality and fairness are embedded in all areas of service delivery, planning and employment.
- 3.2 To provide a caring environment in which patient's individuality, preferences and dignity are respected. Where we fail to meet individual needs, their views are heard and where possible we try to immediately rectify the problem.
- 3.3 That patients and their families have equality of access and can voice their opinions on how we can develop our services.
- 3.4 To provide a framework for staff to ensure that current and potential employees are treated fairly, with respect and dignity.

4.0 Single Equality Scheme Principles

- 4.1 Reduce health inequalities and improve health outcomes for patients.
- 4.2 Ensure equal access to services, and through effective review provide an improved more appropriate service for our diverse patients.
- 4.3 Ensure that consideration of diversity and equality issues are mainstream and embedded in day to day practices across the Trust.
- 4.4 Address Trust policies and practices which may be discriminatory.
- 4.5 Provide a framework for a coordinated approach to meeting legal duties for all key stands of equality.
- 4.6 Raise staff awareness and understanding of these issues.

5.0 How the Trust will implement the Single Equality Scheme?

- 5.1 To ensure compliance of our legal duties and organizational intent to eradicate discrimination, the Trust will monitor achievements of actions outlined in this document through the Divisional performance management and governance processes. This will ensure that the requirements of the Single Equality Scheme are integrated into service delivery and policy implementation.

6.0 The Framework for Delivery

- 6.1 **Equality and Diversity Steering Group.**
Leadership is crucial to the success of the Single Equality Scheme, therefore an Equality and Diversity Steering Group chaired by an Executive Lead has been established, to ensure that overall standards, targets and objectives are met.

Senior managers and clinicians will join with PPI forum representatives, trade union delegates and voluntary sector nominees, to work in partnership, advising on aspects of environmental and service delivery design. They will monitor the overall effectiveness of the scheme.

6.2 Our action plans have been developed to take account of the Trust's legal responsibilities and due to the various challenges, four sub groups have been established:-

- Workforce Monitoring Group
- Independent Living Group
- Service and Policy Assessment Group
- Patient Experience Group

6.3 **Workforce Group:** will manage the data collection and analysis, associated action plans relating to all elements of workforce employment and training, ensuring their findings are published and easily accessible to the public.

This group is responsible for monitoring the training and development of all Trust employees and new inductees in both equality and diversity awareness and undertaking relevant impact assessments.

They will be host agents to evidence folders to demonstrate good practices.

6.4 **Service and Policy Assessment Group:** will monitor the completion of impact assessment of policies and services in accordance with the legal duties. They will review the priority order of assessment and review associated action plans.

They will ensure the publication of findings and compile an evidence folder of good practice; keeping a register of all managers responsible for undertaking assessments who have completed mandatory impact assessment training.

To address the legal requirements of public involvement in line with Disability Discrimination Act 2005 and Section 11 of the Health and Social Care Act two partnership groups have been established:

6.5 **The Independent Living Group:** will monitor the environmental elements of hospitalization, access to services and quality of care delivery for disabled and disadvantaged groups. They will be linking with the PEAT inspection teams and Patient Experience Group to ensure a coordinated approach to service improvement.

6.6 **Patient Experience Group:** will receive the results of user feedback from surveys, focus groups, complaints and PALS concerns. They will review quality information provide through the Essence of Care audits and PEAT action plans. The patient experience work program for service improvement will link to the Saving Lives campaign.

By integrating work streams this forum will be able to identify key themes to address sub standard care issues. Equality of care is embedded in the philosophy of improving all patients' experience. Many patient focus groups exist and this forum will monitor their progress through reports from Head of Communications who leads on capturing patient views and opinions.

7.0 Involvement & Consultation of Stakeholders

- 7.1 The Trust recognizes the importance of consultation in all aspects of the development and implementation of its responsibilities for equality. Involvement and consultation will give minority groups a meaningful voice in the provision of their care, ensure higher satisfaction with service levels and help make best use of resources. The Head of Communications is the Trust lead for coordinating public consultation and seeking public opinion.
- 7.2 The reporting framework of the Trust Equality and Diversity Steering Group and sub groups, include members of the public who will provide valuable insight into our progress and approaches.
- 7.3 The Trust and its recognized trade unions are committed to building an environment and workforce characterized by dignity and mutual respect, in which diversity is valued and whose diversity reflects the community we serve and we have delegates on our groups.
- 7.4 The past effects of institutional discrimination are recognized and all staff, regardless of role, seek to guarantee equality of opportunity for all. Everyone who works in the NHS, or applies to work in the NHS, should be treated fairly and valued equally.
- 7.5 The Trust is also committed to developing a culture in which all forms of discrimination are considered unacceptable, ensuring that:
 - medical need and patients' wishes are the priorities in determining equality of access to care
 - there is equality of opportunity for staff to develop to the best of their ability

8.0 Public Access to Information

- 8.1 Under current equality legislation Trusts are required to publish information which reflects how the organisation has embedded the principles of a Single Equality Scheme into and across the Trust. This is ongoing and a new Equality and Diversity webpage has been created to improve access.
- 8.2 The page displays staff monitoring data, our current equality schemes and our progress in completing impact assessments on our policies. We are in the process of reviewing service impact assessments and monitoring existing policies. We will produce an annual equality and diversity report and newsletters to ensure individuals who cannot access online information are catered for.

8.3 We are currently updating an Equality and Diversity ward resource pack and exploring multi-lingual media for patient information.

9.0 Meeting our specific duties as an employer

9.1 Employment duties contained in equalities legislation require the Trust to monitor a range of workforce matters. Details of how the Trust will meet this specific duty are outlined in Appendix 2.

10.0 Equality Impact Assessments

10.1 The Trust provides an extensive number of services to the people of West Birmingham and Sandwell. It is a legal requirement to conduct equality impact assessments of those services and associated operational policies; in order to determine that they are not infringing the general duties to ensure equality.

10.2 The Trust has developed an assessment tool to assist managers in being consistent in their assessments. The results of impact assessments are be made available on the Trust's website and in the annual Equality and Diversity Monitoring report.

10.3 Where it is found that policies or functions may not be appropriately ensuring equality, an action plan will be drawn up and any remedial action prioritized to address any adverse impact.

11.0 Procurement

11.1 The Trust has various contracts with other private, voluntary and statutory organizations for goods works, services and staff. It is important to ensure where they provide services on our behalf we must include a requirement that they comply with equality legislation as well as SWBH policies and procedures. Through the Trust Procurement Group and Divisional Finance Teams we will seek to identify where positive action can be taken to promote equality.

12.0 Information

12.1 The Trust is committed to ensuring that information provided is user friendly, and is available at the right time and accessible. We are exploring many forms of media to deliver information and are developing our multilingual services. We continuously monitor and improve communication through user groups and reading panels ; working with communities to gain knowledge and exchange ideas.

13.0 Training staff in equality and diversity

13.1 The Trust is currently reviewing its statutory and mandatory training programmes. Our objective for 2008 is to improve uptake and provide more on line training opportunities for all staff to help them better understand and manage diversity and equality.

13.2 Since the publication of the equality impact assessment training toolkit in 2007, the Trust intends to make this training mandatory for all managers of services and introduce monitoring through the Divisional performance review system to ensure its implementation.

13.3 Details of these and other training initiatives designed to promote equality and diversity can be found on the learning and development WebPages. The Workforce Directorate will monitor staff applications and attendance on training in accordance with the equality legislation categories.

14.0 Reviewing and revising the Single Equality Scheme

14.1 A new Equality and Diversity Steering Group has been formed with specific subgroups related to addressing the action plans of the scheme. These groups are a combination of members of the public and employees. These groups will produce and receive quarterly reports. An annual review report will be submitted to the Trust Board which draws together all the subgroup activities and service developments. The scheme will be reviewed every three years but continually monitored and updated when appropriate.

15.0 Conclusion

15.1 Working with others in partnership is a pervasive theme of this document. The Trust recognises the importance and contribution it can make to eradicate inequality. Bringing this work together under the Single Equality Scheme makes it clear the sheer size of the challenges ahead. This document has been issued for consultation and views and comments on both the general themes and specific actions would be very welcome.

APPENDIX 1

Legal Framework

This is the Trust's first Single Equality Scheme and will replace all existing schemes. It will form the basis of our Equality and Diversity Strategy. The scheme will be reviewed every three years unless new legislation or information warrants earlier review. The scheme will be continually monitored and an annual equality and diversity report produced which will be presented to the Trust Board and available to the public on line or in other appropriate formats.

The Government response following the Stephen Lawrence Inquiry report in 1999 has been a commitment to work towards the eradication of "institutional racism" within public bodies. Since then a variety of new legislation and national guidance has been published to bring about equality which is listed below.

Equal Opportunity Legislation

- Equal Pay Act 1970
- Sex Discrimination Act 1975
- The Race Relations Act 1976 and Amendment Act 2000
- Disability Discrimination Act 1995 and 2005
- Human Rights Act 1998
- Civil Partnership 2005
- Equality Act 2006
- Gender Duty 2007

European Directives

- Employment Equality (Religion or Belief) Regulations 2003
- Employment Equality (Sexual Orientation) Regulations 2003
- Employment Equality (Age) Regulations 2006

NHS Guidance

Several guidelines and national directives developed for the NHS will also influence the context of the Trust approach to tackling the equality and diversity issues. These include:

- The NHS Plan
- Standards for Better Health
- Equality Performance Framework
- National Service Frameworks
- Improving Working Lives
- NHS Knowledge and Skills Framework
- The Vital Connection-An Equalities framework for NHS
- Investing For Health Strategy

TRUST DUTIES

The Race Relations Act 1976 and Amendment Act 2000

Section 20 of the Race Relations Act makes it unlawful for a service provider to discriminate on racial grounds against a person who seeks to obtain goods, facilities or services by them:-

Refusing to provide any of the above; or

Not providing goods, facilities or services of the same quality, in the same manner and on the same terms as is normal to other members of the public.

General duty

- ❑ eliminate unlawful racial discrimination
- ❑ promote equality of opportunity
- ❑ promote good relations between people of different race
- ❑ ensure all service users, their carers and relatives are treated with sensitivity, respect and dignity, regardless of their age, disability, gender, sexuality or religious belief.

Specific duty

Prepare and publish a Race Equality Scheme which sets out both functions and policies that are relevant to meeting the general duties, including the action required to meet the duty in areas of both policy and service delivery. Monitor employment procedures and practices.

Specific Employment Duty

Under the RRA (2000) the Trust is required to monitor the following by racial groups:

- Staff in post
- Applications for employment training and promotion
- Staff who receive training
- Staff who benefit or suffer detriment as a result of the performance assessment procedures
- Staff involved in grievance procedures
- Staff subject to disciplinary procedures
- Staff who cease employment in the Trust

Disability Discrimination Act 1995 and 2005

The Disability Discrimination Act makes it unlawful to discriminate against people with disabilities (or have had a disability) in several areas including access to facilities, goods and services and employment. The duties apply to the Trust both as an employer and a service provider. This has implications for the following areas:

- recruitment and retention policies and procedures
- learning and development
- planning and development of services
- services outsourced to private contractors

General duty (section 49a)

- ❑ promote equality of opportunity between disabled people and other people
eliminate unlawful discrimination
- ❑ eliminate harassment of people with disabilities that is related to their disability
- ❑ promote positive attitudes towards people with disability
- ❑ encourage participation of disabled people in public life
- ❑ take steps to take account of people with disabilities, even where that involves treating people with disabilities more favourably than others

Specific duty

To develop a disability equality scheme which outlines how the Trust will meet the requirements of the general duties.

Equality Act 2006 and Gender Equality Scheme

The Gender Equality duty which came into force on the 6th April 2007 is the most dramatic change to the sex equality legislation for 30years. This will deliver real change and practical improvements in the lives of women, men and transsexual people by ensuring public authorities tackle gender in equality and meet their different needs. In order to meet general and specific duties the Trust needs to systematically collect and analyse information on the use of services and see if there are any unintentional barriers that need removing.

General duty

- ❑ eliminate discrimination or harassment that is unlawful under the Sex Discrimination Act (1976) and the Equal Pay Act (1970)
- ❑ promote equality of opportunity between men and women

Specific Duty

Prepare and produce a Gender Equality Scheme demonstrating how they will meet the general duties.

Include objectives on how to address the causes of gender pay gap. Impact assess current and proposed policies and practices on gender equality.

APPENDIX 2

Employment duties

Under the Race Relations (Amendment) Act 2000, the Disability Discriminations Act 2005 and the Equality Act 2006, employers must set up arrangement for how they will meet specific employment duties.

In relation to employment, the Trust collects a range of employment data which:

Monitors the disability, ethnicity and gender of staff in post and applicants for jobs, promotion and training.

Monitors the age, disability, ethnicity and gender of:

- training, grievances, disciplinary procedures, performance appraisal, dismissals and other reasons for leaving, including redundancy and retirement.

This information needs be published annually.

The Trust needs to undertake an equal pay audit.

Appendix 3

Sandwell and West Birmingham Hospitals

NHS Trust

Single Equality Scheme Action Plan April 2008 - March 2011

The framework for this action is in line the CRE's (now EHRC) performance framework to ensure equality within the NHS, and will assist the Trust to be compliant by being systematic in the way it promotes the six equality categories, in particular, race, disability and gender across the organisation. It sets a development agenda with realistic objectives which incorporates race, disability and gender equality into performance management arrangements and allows assessment of progress against the NHS Strategic Health Authority performance framework, whilst meeting our legislative duties.

The Trust Equality & Diversity Steering Group will monitor the progress of the action plan on a quarterly basis and an annual report will be published.

Key objective and expected outcomes	Actions required	Lead Responsibility	Implementation Lead	Target Timescale
<p><u>LEADERSHIP AND CORPORATE COMMITMENT</u></p> <p>The Trust is demonstrably committed to equality and eliminating discrimination, ensuring equality is part of the main business of the organisation at all levels and across all activities.</p> <p>The Board, individually and collectively, challenges discrimination when it is identified.</p>	<ul style="list-style-type: none"> The Board to formally approve the Single Equality Scheme 2008 - 2011 (SES) and make a public commitment to eliminating discrimination and promoting equality. 	Chief Nurse	Assistant Director of Nursing	May-08
	<ul style="list-style-type: none"> Executive Directors and senior management colleagues act as Equality and Diversity Champions to deliver against the action plan for their organisational areas. 	Chief Nurse	Executive Directors, Senior Management	Ongoing
	<ul style="list-style-type: none"> Executive lead to ensure Equality & Diversity is a standing item on Trust Board, Executive Board, Operational Management Board, Governance Board and Divisional meetings, with reports on equality, including results of Equality Impact Assessments (EIAs) on progress from all areas. 	Chief Nurse	Assistant Director of Nursing	Ongoing
	<ul style="list-style-type: none"> The Trust Board to agree that the Single Equality Scheme will be integrated into the Trust Performance and Governance 	Chief Nurse	Trust Board	Ongoing

Key objective and expected outcomes	Actions required	Lead Responsibility	Implementation Lead	Target Timescale
	<p>processes.</p> <ul style="list-style-type: none"> • Re-establish the Equality & Diversity Steering to include all equality strands to ensure compliance with SES. • Establish the new sub working groups of Workforce, Independent Living, Service & Policy assessment and Patient Experience groups. All groups will include members of the public, unions and PPI forum members. • Trust to continue to robustly promote equality with local organisations and within local strategic partnerships • Trust Board Members and Senior Management teams will be trained on their duties under all equality legislation. • Equality and Diversity seminar to be held as part of awareness training for all working in the organisation. • Equality and Diversity training to be mandatory for all staff to attend. • Current Trust Equality & Diversity Website to be further developed and accessible to staff and public by the intranet and internet. • Equality and Diversity remains on Trust Internet to continue mainstreaming of equality awareness and promoting good relations across the Trust. 	<p>Chief Nurse</p> <p>Assistant Director of Nursing</p> <p>Head of Communication/PPI</p> <p>Deputy Director of HR</p> <p>Assistant Director of Nursing</p> <p>Director of HR</p> <p>Assistant Director of Nursing/Head of communications</p> <p>Assistant Director of Nursing/Head of communications</p> <p>Assistant Director of Nursing</p>	<p>Assistant Director of Nursing</p> <p>Senior Nurse - Patient Experience</p> <p>Communications Team</p> <p>Head of L&D</p> <p>Patient Experience Team</p> <p>Trust board & L&D</p> <p>Patient Experience Facilitator/Website Manager</p> <p>Patient Experience Facilitator/Website Manager</p> <p>E&D Subgroup Leads</p> <p>Deputy Director of HR</p>	<p>Apr-08</p> <p>Jun-09</p> <p>Ongoing</p> <p>Jul-08</p> <p>Sept-08</p> <p>Apr-08</p> <p>On-going</p> <p>On-going</p> <p>Annually</p>

Key objective and expected outcomes	Actions required	Lead Responsibility	Implementation Lead	Target Timescale
	<ul style="list-style-type: none"> • SES Policy and action plan is published on Trust Website and disseminated via intranet to all staff. • SES is built into the annual appraisal procedure based on KSF. All staff to receive annual appraisal. 	<p align="center">Director of HR</p>		<p align="center">Sept-08</p>
<p><u>STRATEGY & SERVICES</u></p> <p>The Trust will ensure equitable access to services for all equality groups, with services that are fair, meet needs, respect cultural identity and provide choice.</p> <p>Appropriate health promotion and illness prevention activities are in place to response to the health needs of local population.</p> <p>Service users find the complaint system transparent and user-friendly.</p>	<ul style="list-style-type: none"> • Existing relevant policies to be identified, prioritised, reviewed and monitored. • Functions and Services to be identified, prioritised and Equality Impacted Assessed (EIA). • New Policies will be Equality Impact assessed for potential adverse effects before being ratified or consideration by the Board. • EIA's to be undertaken for individual service areas and regularly reviewed. • Continue audit of all Trust premises to ensure compliance with DDA standards and ensure corporate action plans are in place to address any deficits. • Recruit volunteers to promote wayfinding assistance to any service users. • Trust to continue to explore visual signage improvements for all visitors and service users. 	<p align="center">Director of Governance</p> <p align="center">Director of Governance</p> <p align="center">Director of Governance</p> <p align="center">Director of Governance</p> <p align="center">Director of Estates</p> <p align="center">Assistant Director of Nursing</p> <p align="center">Director of Estates/head of communications & PPI</p> <p align="center">Director of IM&T</p>	<p align="center">Trust Policy Lead DGMs</p> <p align="center">DGMs/Service Heads</p> <p align="center">Policy Developer/Trust Policy Lead</p> <p align="center">DGMs/Service Managers</p> <p align="center">PEAT Inspection Teams</p> <p align="center">Patient Experience Project facilitator</p> <p align="center">DDA action Team & E&D Independent Living group</p> <p align="center">Trust EPR Lead</p> <p align="center">Communication Team & DDA action Group</p>	<p align="center">Dec-08</p> <p align="center">Dec-08</p> <p align="center">On-going</p> <p align="center">Dec-08</p> <p align="center">On-going</p> <p align="center">Sept-08</p> <p align="center">Jul-08</p> <p align="center">Oct-08</p>

Key objective and expected outcomes	Actions required	Lead Responsibility	Implementation Lead	Target Timescale
	<ul style="list-style-type: none"> Establish a flagging system (paper & computerised) to alert staff to patients/user disability. The Trust has a supply/stock of communication aids and equipment to facilitate communication with service users. Information on services is promoted by various methods and in relevant languages appropriate to local community. Ensure the Review of patient literature continue as an essential part of service provision. Introduce the Trust 'Meeting the Physical, Spiritual and Religious needs of patients – a guide for staff' resource pack. Ensure equitable access to interpreting service for all patients for whom English is not their first language. Review BSL interpreting provision within the Trust. Complaints of discrimination from staff or patients to be dealt with promptly and effectively. Results of statutory monitoring/assessment on equality to be reported to the board via Personnel & workforce subgroup. Ensure that the Trust provides multi-faith 	<p>Director of Estates & Head of Communication/PPI Lead</p> <p>Head of communications/PPI</p> <p>Assistant Director of Nursing</p> <p>Assistant Director of Nursing</p> <p>Assistant Director of Nursing</p> <p>Director of HR/Director of Governance</p> <p>Director of HR</p> <p>Chief Nurse</p>	<p>Communication Team</p> <p>Head of Chaplaincy Service/Patient Experience Team</p> <p>Head of Nurse Band & Agency</p> <p>Head of Nurse Band & Agency</p> <p>Head of Complaints/E&D workforce group</p> <p>Deputy Director of HR</p> <p>Hospital Director/ head of Chaplaincy services</p>	<p>On-going</p> <p>On-going</p> <p>Sept-08</p> <p>Jul-08</p> <p>Jul-08</p> <p>On-going</p> <p>Quarterly</p> <p>On-going</p>

Key objective and expected outcomes	Actions required	Lead Responsibility	Implementation Lead	Target Timescale
	centre on all sites within the organisation which meets the religious and spiritual needs of staff and patients.			
<p><u>HEALTH</u></p> <p>The Organisation will be knowledgeable, sensitive and responsive in relation to health needs of all groups and use evidence based strategies and action plan to reduce any inequalities in health experienced.</p>	<ul style="list-style-type: none"> • Arrangements to be in place to enable assessment of changes in local population and health experience using quantitative and qualitative data • Published up to date information about the Trust resident population and their differing health needs in appropriate formats. • The Trust must continue to explore alternative media forms in order to meet needs of the diverse and multi-lingual community serve. • Regular feedback from patients and patients' groups of Trust services are obtained to influence changes, especially as part of service redesign or new service development. • Trust to ensure promotion of equality and good relations in its public health and regeneration programmes. • The trust need to develop systems to ensure that health inequalities are reduced and targeted actions taken. 	<p>Director of IM&T/Head of communications/Director of HR</p> <p>Director of IM&T/Head of communications</p> <p>Head of Communications/PPI</p> <p>Director of Strategy</p> <p>Chief Nurse</p> <p>Chief Nurse/Hospital Directors</p> <p>Chief Executive/Chief</p>	<p>Trust EPR Lead/Patient Experience group/Workforce group</p> <p>Head of communications/Website Manager</p> <p>Communication Team</p> <p>Service Improvement Lead</p> <p>Public Health Lead</p> <p>DGMs/Independent Living Group/Service & Policy Assessment Group/Public Health Lead.</p> <p>IM&T Lead/Assistant</p>	<p>Annually</p> <p>On-going</p> <p>Nov-08</p> <p>On-going</p> <p>On-going</p> <p>Jan-09</p> <p>On-going</p>

Key objective and expected outcomes	Actions required	Lead Responsibility	Implementation Lead	Target Timescale
	<ul style="list-style-type: none"> Continue to work with the local PCTs and SHA in meeting the needs of the local migrant communities. 	Nurse	Director of Nursing/Head of communication	
<p><u>WORKFORCE AND TRAINING & DEVELOPMENT</u></p> <p>The Trust will recruit and develop a workforce at all levels and in all areas of activities that reflects the diversity of the local community. Ensuring that staff of all backgrounds experiences the organisation as a fair and rewarding place to be. All staff will promote equality and good relations in their work and are confident to challenge discrimination.</p>	<ul style="list-style-type: none"> Arrangements are in place to meet the employment duties contained in the equality legislation. Review of Equal Opportunities Monitoring Report and necessary action taken to ensure for example, workforce profile targets are set against that of community to reflect representation, action for recruitment, training and progression, reducing bullying, racial harassment and violence. Accurate equalities monitoring data is available to measure staff in post, applicants for employment, training and promotion, sickness, retirement, formal grievance and disciplinary procedures and leave policy within the Trust. Review current training programmes to ensure E&D integration meets the Single Equality Scheme. Update current Equality and Diversity Resource pack. Continue to provide robust equality training, induction and awareness for all staff. Annual equalities monitoring report is published on the Trust Website and 	<p>Director of Human Resources</p> <p>Director of HR/Director of IM&T</p> <p>Director of HR</p> <p>Director of HR</p> <p>Chief Nurse</p> <p>Director of HR</p> <p>Head of Communications</p>	<p>E&D Workforce group</p> <p>Deputy Director of HR/Head of L&D</p> <p>Workforce Lead/E&D Workforce subgroup</p> <p>Head of L&D</p> <p>Assistant Director of Nursing</p> <p>Head of L&D</p> <p>Deputy Director of HR</p>	<p>Jan-09</p> <p>Dec-08</p> <p>On-going</p> <p>Sept-08</p> <p>Jan-08</p> <p>Jan-08</p> <p>Annually</p>

Key objective and expected outcomes	Actions required	Lead Responsibility	Implementation Lead	Target Timescale
	<p>intranet.</p> <ul style="list-style-type: none"> Review monitoring data for staff benefiting or experiencing detriment as a result of performance assessment procedures. Develop and roll out 'equality and diversity' courses for staff. Ensuring that all relevant managers/supervisors receive appropriate training on the Equality Impact Assessment Tool. Review the attendance and effectiveness of the staff disability support group. Update and promote all related Human Resource policy. To undertake action within the IWL action plan including addressing the any equality issues raised in the Staff Survey. Analysis of roles to identify any occupational segregation by race and gender. Following 'Agenda for Change' Trust to undertake an equal pay audit. 	<p>Director of HR</p>	<p>Workforce Lead</p> <p>Head of L&D</p> <p>Deputy Director of HR</p> <p>Deputy Director of HR</p> <p>Deputy Director of HR/IWL lead</p> <p>Deputy Director of HR/E&D workforce subgroup</p> <p>Workforce Lead</p>	<p>On-going</p> <p>Sept-08</p> <p>Jun-08</p> <p>Jan-09</p> <p>Mar-09</p> <p>Feb-09</p> <p>Oct-08</p>
<p><u>MONITORING AND ICT INFORMATION</u></p> <p>The organisation will make comparisons of its workforce profile with that of the local population to ensure appropriate representation. It will maximise opportunities for staff to</p>	<ul style="list-style-type: none"> The SES will be reviewed independently in anticipation of national guideline, unless legislation dictates otherwise. Quarterly and annual reports will review the progress of the SES. Review current EPR systems for both staff and patients to ensure capture and 	<p>Chief Nurse</p> <p>Chief Nurse</p> <p>Director of IM&T/Head of communications & PPI</p>	<p>External contractor/Internal Auditors</p> <p>E&D Steering Group & subgroups</p> <p>Trust EPR Lead/ E&D workforce subgroup</p>	<p>Mar-10</p> <p>On-going</p> <p>Jan-09</p>

Key objective and expected outcomes	Actions required	Lead Responsibility	Implementation Lead	Target Timescale
<p>access information to support their work e.g. internet, library, information centres, national policy etc.</p>	<p>monitoring of race, age, sexual orientation, disability, religion/beliefs and gender. Where there are gaps develop action plan to address these.</p> <ul style="list-style-type: none"> • Network with statutory and non-statutory organisation to explore the maximum use of data intelligence. • Explore communication routes for E&D internally and externally in order to ensure capture of the right groups with the right media forms. • Ensure staff have the skills to collect and analyse such data • Ensure high quality monitoring data is available in accessible formats to health professionals and appropriate personnel. • Ensure all Trust functions and policies are compliant with Equality Act 2006. A prioritised list is produced to reflect progress. • Undertake EIA of functions and policies on a division by division basis and develop action plan to ensure compliance with Equality Act 2006. • Formulate translation action plan to address language barriers and media groups. 	<p>Assistant Director of Nursing</p> <p>Head of Communication</p> <p>Director of IM&T/Hospital Directors</p> <p>Director of IM&T/Hospital Directors</p> <p>Director of Governance/Director of IM&T</p> <p>Director of Governance/Director of IM&T</p> <p>Head of communications</p>	<p>Head communications/E&D Subgroups</p> <p>Communication team/E&D Subgroups</p> <p>Trust EPR lead/DGMs/</p> <p>DGMs/Healthcare Record lead</p> <p>Policy Lead/DGMs/Service Leads/E&D subgroups</p> <p>DGMs/Service Leads/E&D subgroups</p> <p>Communications team</p>	<p>On-going</p> <p>On-going</p> <p>On-going</p> <p>On-going</p> <p>Dec-08</p> <p>Oct-08</p> <p>Aug-08</p>
<p><u>PATIENT AND PUBLIC INVOLVEMENT & CONSULTATION</u></p>	<p>Public consultation on the new Single Equality scheme</p> <ul style="list-style-type: none"> • Involve and consult with local community, 	<p>Executive Directors/Senior Managers</p>	<p>Head of Communications/PPI lead</p>	<p>On-going</p>

Key objective and expected outcomes	Actions required	Lead Responsibility	Implementation Lead	Target Timescale
promotion of equality, good relations and eliminating discrimination.	<ul style="list-style-type: none"> The Trust promotes equality within its local stakeholder partnerships ensuring greater benchmarking against local PCTs and their Equality Schemes. The Trust ensures that contracts with other bodies include the requirement to comply with equalities legislation and monitoring arrangements are in place. Set up network of time limited stakeholder groups to address specific equality strand issues. 	<p>Chief Nurse</p> <p>Director of Finance</p> <p>Chief Nurse</p>	<p>Assistant Director of Nursing</p> <p>DGMs/Service Heads</p> <p>Assistant Director Nursing</p>	<p>On-going</p> <p>On-going</p> <p>Dec-08</p>
<p><u>RESOURCES TO SUPPORT STRATEGY</u></p> <p>The Trust has in place the necessary resources (financial, manpower and technical) to ensure the ability to promote equality and reduce inequalities effectively.</p>	<ul style="list-style-type: none"> Trust ensures that resource plans (LDPs) take into account the investment needed to implement the requirements of the equalities legislation. In line with the DDA (2005), this includes investment for management time. Basic training, appropriate ICT and language services. The Trust ensures that procurement contracts with other bodies include the requirement to comply with equalities & diversity legislation and Trust SES and monitoring arrangements are in place. Robust monitoring arrangements are in place. Explore research bids to augment Equality and diversity data Clinical reference group for commissioning takes account of inequality issues. 	<p>Director of Finance</p> <p>Director of Finance</p> <p>Director of Finance</p> <p>Chief Nurse</p> <p>Chief Nurse</p>	<p>DGMs/Divisional Finance Managers</p> <p>DGMs/Service Heads/Procurement group</p> <p>Finance Managers</p> <p>Assistant Director of Nursing</p> <p>Patient Experience Team</p>	<p>Ongoing</p> <p>On-going</p> <p>Annually</p> <p>Annually</p> <p>On-going</p>

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

REPORT TO THE PUBLIC TRUST BOARD

April 2008

Subject:	2007/08 Annual Health Check – Core Standards Assessment
Report by:	Kam Dhami, Director of Governance
Author:	Kam Dhami, Director of Governance

PURPOSE OF THE REPORT:

The purpose of this paper is to present to the Committee the outcome of the work undertaken to assess the Trust's compliance with the core standards component of the Annual Health Check for 2007/08.

IMPLICATIONS:

Financial:	
Personnel:	
Healthcare/National Policy:	Compliance with <i>Standards for Better Health</i>
Other:	

RECOMMENDATION(S):

The Board is asked to ACCEPT the proposed compliance levels with the core standards and APPROVE the general statement of compliance and the position relating to the Hygiene Code for declaration to the Healthcare Commission

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

2007/08 Annual Health Check – Core Standards Assessment

April 2008

1. Introduction

The Annual Health Check is the approach used by the Health Care Commission to assess and report on the performance of the NHS and independent healthcare organisations. To do this, the Annual Health Check has several components that are used to assess different aspects of performance. A key part of this is the annual rating of every NHS organisation that provides healthcare. The rating is separated into two parts: 'quality of services' and 'use of resources'.

The purpose of this report is to present to the Trust Board the outcome of the work undertaken to assess the Trust's compliance with the core standards component of the Annual Health Check for 2007/08, which contributes to the 'quality of services' rating.

2. The core standards declaration

The process for approving and submitting the 2007/08 core standards declaration to the Healthcare Commission was presented to, and approved by, the Governance and Risk Management Committee in January 2008. At its meeting on 20th March the G&RMC received a report on the work undertaken to assess the Trust's compliance with the core standards and the proposed declaration status for the same

The declaration is intended to confirm that the Trust Board has received reasonable assurance that the Trust has complied with the core standards without any significant lapses. In considering significant lapses the Healthcare Commission expects the Trust Board to consider the extent of risk presented to patients, staff and the public and the duration and impact of any lapse. The assessment is not intended as a medium for reporting isolated, trivial or purely technical lapses.

Where there are exceptions there is a requirement to report these as (a) standards that are not met or (b) standards that lack assurance. For both an action plan is required to rectify the lapses.

The declaration must be approved by the Trust Board to acknowledge their accountability for the standards of care provided.

3. The self-assessment process

Executive Directors have undertaken a self-assessment on the extent to which the Trust has met the core standards for the period 1st April 2007 to 31st March 2008. Given the 2006/07 declaration this work has focussed on whether compliance has been maintained. With reference to the information submitted to the Trust Board that informed the previous declaration, Executive Directors have revisited the relevant standards to:

- a) identify **recent developments** that further strengthen the already compliant position; e.g. the introduction of new technology, improvements in working practices.
- b) establish if there is **information that was not included** in the previous position statement to the Trust Board but should have been as it reinforces the declaration of compliance.

- c) ascertain all relevant **national publications and guidance** issued since the last declaration and ensure that these have been considered and, where necessary, implemented. Changes in legislation also needed to be taken into account.
- d) scrutinise the **information sources** that the Commission will refer to when cross-checking declarations.
- e) produce a portfolio of evidence – including documents referred to in the position statement. This information may be requested by the Commission’s assessors if the Trust is selected for inspection.

The Commission will again be inspecting a selection of trusts against their core standards declaration this year. When carrying out these inspections, the assessment managers use inspection guides. Whilst these are a resource for use by the Commission’s staff, the “lines of enquiry” provide useful indicators for what should be included in the self-assessment process. This year, the self-assessment process has been primarily focused around the inspection guides.

4. Proposed declaration

The self-assessment is complete and the findings can be found in the documents that are appended. The first summarises the proposed compliance status (the options available on the Healthcare Commission’s on-line declaration form are ‘compliant’, ‘not met’ or ‘limited assurance’). The second is designed to provide Board members with sufficient information to make an informed declaration.

The Trust has been assessed as having fully met all the core standards for the entire year, with the following exceptions:

Standard C4b - *‘Health care organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised’.*

In 2006/07 this standard was declared as ‘not met’. An element of this standard relates to ensuring that adequate arrangements are in place to identify the medical devices/equipment for which specialised training is required, the potential users and their training needs. It was in this area that further work was required to enable full compliance to be declared. It was planned to achieve this by the 30th June 2007. Although this has been accomplished a period of in-year non-compliance must be reported.

Having revisited the evidence available, two further standards – C7e and C8b – have been identified as being not met in 2007/08. Details of these and the actions planned to address this position are provided in Appendix 3.

5. Third Party Commentary

The Trust is required to seek commentaries from the following:

- Overview and Scrutiny Committees
- Public and Patient Involvement Forum
- The Strategic Health Authority

The comments received from each of these will form part of the final declaration submitted in April.

6. Hygiene Code Declaration

Within the declaration there is a requirement to provide a statement on the measures taken to observe the provisions of the Code of Practice on Healthcare Associated Infections (the Hygiene

Code). This statement does not contribute to the Annual Health Check process but will be used to provide assurance to patients and the public that trusts have taken due account of their duties under the Code.

The Healthcare Commission has been carrying out inspections at 120 trusts to check compliance with the Hygiene Code. The visits are unannounced to allow inspectors to see the hospital as a patient or visitor would see it.

On the 30th August 2007 the Commission's assessment managers visited Sandwell Hospital and evaluated compliance with the duties of the Code. The conclusion reached was:

“On the day of the visit, our assessment managers considered that Sandwell & West Birmingham Hospitals NHS Trust had the necessary systems in place to help protect patients, the public, and staff from HCAI. The trust needs to ensure that those systems continue to work effectively”.

Previous Board reports have updated Directors on the steps and measures the Trust has in place to combat infections. The Trust has produced an action plan relating to areas that still require development.

It is proposed to declare that the Board has reviewed its arrangements and is assured that it has suitable systems and processes in place to ensure that the Hygiene Code is being observed at the Trust.

6. General Statement of Compliance

It is proposed that the following statement is included in the relevant section of the declaration form:

“Other than the exceptions noted on the domain forms, the Trust Board has reasonable assurance that there have been not significant lapses in meeting the core standards during the period 1st April 2007 to 31st March 2008. The Trust Board is confident that sufficient action has been taken to correct the recorded exception”.

7. Recommendation

The Board is asked to ACCEPT the proposed compliance levels with the core standards and APPROVE the general statement of compliance and the position relating to the Hygiene Code for declaration to the Healthcare Commission

Kam Dhami
Director of Governance

SANDWELL AND WEST BRIMINGHAM HOSPITALS NHS TRUST

STANDARDS FOR BETTER HEALTH

2007/08 Core Standards - Draft Declaration

	Standard	Status	Lead
C1	Health care organisations protect patients through systems that:		
a)	identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents; and	Compliant	KD
b)	ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required time-scales.	Compliant	KD
C2	Health care organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations.	Compliant	RO
C3	Health care organisations protect patients by following NICE Interventional Procedures guidance.	Compliant	KD
C4	Health care organisations keep patients, staff and visitors safe by having systems to ensure that:		
a)	the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA;	Compliant	RO
b)	all risks associated with the acquisition and use of medical devices are minimised;	Not met	KD
c)	all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed;	Compliant	GS
d)	medicines are handled safely and securely; and	Compliant	TA
e)	the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and safety of the environment.	Compliant	RO
C5	Health care organisations ensure that:		
a)	they conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care;	Compliant	KD
b)	clinical care and treatment are carried out under supervision and leadership;	Compliant	RO & HB
c)	clinicians continuously update skills and techniques relevant to their clinical work; and	Compliant	RO & HB
d)	clinicians participate in regular clinical audit and reviews of clinical services.	Compliant	KD
C6	Health care organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	Compliant	TA
C7	Health care organisations:		
a)	apply the principles of sound clinical and corporate governance;	Compliant	KD
b)	actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources;	Compliant	CH
c)	undertake systematic risk assessment and risk management;	Compliant	KD
d)	ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources;	Assessed separately	RW
e)	challenge discrimination, promote equality and respect human rights; and	Not met	RO & CH

	Standard	Status	Lead
f)	meet the existing performance requirements	Assessed separately	RW
C8	Health care organisations support their staff through:		
a)	having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services; and	Compliant	CH
b)	organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.	Not met	CH
C9	Health care organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.	Compliant	TA
C10	Health care organisations:		
a)	undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies; and	Compliant	CH
b)	require that all employed professionals abide by relevant published codes of professional practice.	Compliant	CH
C11	Health care organisations ensure that staff concerned with all aspects of the provision of health care:		
a)	are appropriately recruited, trained and qualified for the work they undertake;	Compliant	CH
b)	participate in mandatory training programmes; and	Compliant	CH
c)	participate in further professional and occupational development commensurate with their work throughout their working lives.	Compliant	CH
C12	Health care organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.	Compliant	HB
C13	Health care organisations have systems in place to ensure that:		
a)	staff treat patients, their relatives and carers with dignity and respect;	Compliant	RO
b)	appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information; and	Compliant	HB
c)	staff treat patient information confidentially, except where authorised by legislation to the contrary.	Compliant	TA
C14	Health care organisations have systems in place to ensure that patients, their relatives and carers:		
a)	have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services;	Compliant	KD
b)	are not discriminated against when complaints are made; and	Compliant	KD
c)	are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.	Compliant	KD
C15	Where food is provided, health care organisations have systems in place to ensure that:		
a)	patients are provided with a choice and that it is prepared safely and provides a balanced diet; and	Compliant	RO
b)	patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.	Compliant	RO

	Standard	Status	Lead
C16	Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care.	Compliant	JK
C17	The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services.	Compliant	JK
C18	Health care organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.	Compliant	RK
C19	Health care organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services.	Assessed separately	TA
C20	Health care services are provided in environments which promote effective care and optimise health outcomes by being:		
a)	a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation; and	Compliant	GS
b)	supportive of patient privacy and confidentiality.	Compliant	GS
C21	Health care services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.	Compliant	RO & GS
C22	Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:		
a)	co-operating with each other and with local authorities and other organisations:	Compliant	RK
b)	ensuring that the local Director of Public Health's Annual Report informs their policies and practices; and	Compliant	RK
c)	making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships.	Compliant	RK
C23	Health care organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.	Compliant	RK
C24	Health care organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations which could affect the provision of normal services.	Compliant	TA

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

STANDARDS FOR BETTER HEALTH

Core Standards – 2007/08 Self-Assessment

FIRST DOMAIN: SAFETY

Elements	Position Statement	Key Evidence
C1a Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents		
<p>The healthcare organisation has a defined reporting process and incidents are reported, both within the local reporting process and to the National Patient Safety Agency (NPSA) via the National Reporting and Learning System, taking into account <i>Building a safer NHS for patients: implementing an organisation with a memory</i> (Department of Health 2001).</p>	<ul style="list-style-type: none"> ▪ The Trust has an Incident & Hazard Reporting Policy. This was approved by the Trust Board in September 2006 and is currently being reviewed. This was assessed by the NHSLA in January 2008 at level 1. The Trust is working towards a level 2 assessment Q3 in 2008. ▪ The Trust is continuing to build a safety culture which is open and fair by stating in the policy what staff should do following an incident, how it should be investigated and what support should be given to patients, families and staff. ▪ To simplify the system the Trust has one form for reporting all risks including clinical and non clinical. ▪ The Ulysses (Safeguard) database was purchased by the Trust in 2005 to be compliant with NPSA National Reporting and Learning System (NRLS) reporting requirements. ▪ Work is underway to allow staff to report incidents electronically into the Ulysses database. A pilot is planned for early 2008. ▪ Completed forms are entered onto the database; this captures trends and frequency of risks occurring ▪ In the interest of patient safety and openness, constructive criticism of clinical care is actively encouraged through a blame free culture. ▪ Patient safety incidents are reported externally on a regular basis to the NPSA (National Patient Safety Agency) via the NRLS ▪ The organisation has a close working relationship with the local Patient Safety Manager, who has attended red incident reviews. ▪ The organisation supplies further information regarding incidents to help develop understanding of incidents within the NPSA 	<ul style="list-style-type: none"> • Incident & Hazard Reporting policy updated September 2006 • A revised incident reporting form which includes clinical and non clinical risks • Incidents reported externally to the NRLS following the NPSA mapping to the database
<p>Reported incidents are analysed to seek to identify root causes</p>	<ul style="list-style-type: none"> ▪ Quarterly reports with trends and analysis are presented to divisions/directorates, the Risk 	<ul style="list-style-type: none"> • Quarterly risk management reports

Elements	Position Statement	Key Evidence
<p>and likelihood of repetition, taking into account <i>Building a safer NHS for patients: implementing an organisation with a memory</i> (Department of Health 2001).</p>	<p>Management Group, Health & Safety Committee, Governance Board and to the Trust Board.</p> <ul style="list-style-type: none"> ▪ A monthly report is provided to the Governance Board and Trust Board for all clinical incidents reported to the Strategic Health Authority via STEIS. ▪ The organisation is in the process of approving a policy to formalise the analysis of incidents, complaints and claims, in line with the NHSLA Risk Management Standards. • The Incident and Hazard reporting policy sets out a mechanism for investigating incidents. This includes a template report format. A modified template has been developed for RCA of MRSA bacteraemia cases. • It is expected that a root cause analysis will be carried out for all red incidents. Root causes should also be identified for amber incidents. • Training in incident reporting and investigation of red/amber incidents is offered. This is provided to all staff on Induction to the Trust. The Corporate Risk and Health & Safety Teams also provide more specific training for staff. This includes root cause analysis techniques. 	<p>to the Governance Board and Trust Board</p> <ul style="list-style-type: none"> • Monthly reports to Governance Board and Trust Board • Incident and Hazard Reporting Policy – report template • MRSA bacteraemia RCA template • Presentation for Incident training session
<p>Improvements in practice are made as a result of analysis of local incidents taking into account <i>Building a safer NHS for patients: implementing an organisation with a memory</i> (Department of Health 2001), and also as a result of information arising from the NPSA's national analysis of incidents via the National Reporting and Learning System.</p>	<ul style="list-style-type: none"> ▪ The Corporate Risk Team along with the divisional/directorate risk co-ordinators are involved in investigating all Red incidents. Tabletop reviews are held to discuss the serious incidents and an action plan is formalised for the division/directorate to monitor. ▪ Action plans from Red incidents are monitored through the bi-monthly Adverse Events Committee (AEC) chaired by the Chief Executive. Action plans ensure lessons are learnt from serious incidents, embedding lessons through changes to practice, processes or systems. ▪ Minutes of the AEC are forwarded to the Trust's Governance Board ▪ Amber Incidents are investigated by the divisions/directorates and discussed at a divisional/directorate risk meeting and at their own Governance Group meetings. Lessons learnt are shared through the minutes of the risk meeting. ▪ Green and Yellow incidents (low risk incidents) are investigated locally and feedback is provided to staff by matrons, managers, etc ensuring local lessons are learnt. ▪ The Governance Board monitors progress and implementation of all National Confidential enquiries. This process was seen as good practice by CNST in March 2005 Assessment report. 	<ul style="list-style-type: none"> • All red (serious) incidents investigated via a tabletop review with a subsequent action plan, file maintained for each red incident • All red incidents monitored via the Adverse Events Committee chaired by the CEO with actions minuted • Amber risk groups at divisional level to review local processes with minutes from meetings • Minutes of Risk Management Group and Governance Board

Elements	Position Statement	Key Evidence
	<ul style="list-style-type: none"> • Reports from the NRLS observatory are considered at key internal committees, including the Risk Management Group and Governance Board <p>Observatory reports are circulated within the organisation to inform operational decisions.</p> <ul style="list-style-type: none"> • Details of red incident action plans are circulated to staff involved in the incident and to other relevant staff • Amber action plans are circulated to relevant staff within the division • Learning from green and yellow incidents is fed back to staff locally by the area risk leads • Each division has a clinical risk lead and a risk co-ordinator who ensures incidents are escalated, followed up and fed back appropriately • The Risk Department is working to develop an internal newsletter to feed back further information to staff 	<ul style="list-style-type: none"> • List of risk leads • Evidence of feed-back of actions
<p>C1b Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required time-scales.</p>		
<p>Patient safety notices, alerts and other communications issued by the Safety Alert Broadcast System (SABS) and Medicines and Healthcare products Regulatory Agency (MHRA) are implemented within the required timescale, in accordance with <i>chief executive's bulletin article</i> (Gateway 2326) and the drug alerts system administered by the Defective Medicines Support Centre (part of the MHRA).</p>	<ul style="list-style-type: none"> ▪ Patient safety notices, alerts are received by the Trust's Health & Safety Department, The organisation has approved a systematic process to ensure that the recommendations contained in patient safety notices, safety alerts and other communications are implemented within the required timescale, in accordance with national guidance and Standard 1 (1.5.7) of the NHSLA Risk Management Standards for Acute Trusts. E-mail returns from specific mail-box is accepted in place of signature. ▪ NPSA warnings are received by the risk leads and distributed through various routes of communications and meetings i.e. the Risk Management Group, Health & Safety Committee, Governance and Risk Management Sub Committee, Governance Board and Trust Board. ▪ The Trust Policy on the Distribution and Management of Safety Alert Notices has been developed and implemented to allow both corporate and divisional/directorate management of safety alert notices sent via the Safety Alert Broadcast System (SABS). It also allows the management of Safety Alerts produced within the Trust. Key features of the system are; early assessment of relevance of alert to the Trust by corporate leads for each type of alert (form SABS 3); method of implementation (corporately or divisionally lead); cascading the information through the divisions/directorates, employing nominated key staff and receiving information on action carried out back up the cascade on standard forms (SABS 1, SABS 2). ▪ The SABS system is updated with a reason it the alert is not relevant to the Trust ▪ The system is managed by the Health and Safety Department, here the SABS webs site is updated ▪ A quarterly report on action taken by the Trust on these alerts is presented to the Divisional 	<ul style="list-style-type: none"> • Policy On The Distribution And Management Of Safety Alert Notice • SABS record folder – SABS memo 1,2 & 3 and e-mail correspondence • Qtr Reports to G&RMC, H&SC, DGG's. • York University Report – Work commissioned by the HPA • SABS system • SABS system • Qtr Reports to G&RMC, H&SC,

Elements	Position Statement	Key Evidence
	<p>Governance Groups and the Trust Governance and Risk Management Sub- Committee</p> <ul style="list-style-type: none"> ▪ Not all alerts are implemented within the require timescales, this is particularly true for the NPSA alerts which sometimes have unrealistic timescales when applied to a large organisation. However, in most cases the key actions are taken immediately and the corporate lead for the alert ensures sustained progress. ▪ The SABS system is updated on completion. 	<p>DGG's.</p> <ul style="list-style-type: none"> • Qtr Reports to G&RMC, H&SC, DGG's. • SABS system • SABS system
<p>C2 Health care organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations.</p>		
<p>The healthcare organisation has defined and implemented effective processes for identifying, reporting and taking action on child protection issues, in accordance with the Protection Of Children Act 1999, the Children Act 2004, <i>Working together to safeguard children</i> (HM Government, 2006) and <i>Safeguarding children in whom illness is induced or fabricated by carers with parenting responsibilities</i> (Department of Health July 2001).</p>	<p>Ann Sharples - Trust Named Nurse For Child Protection WTE in post. Kathy Senessie Trust Named Midwife (Specialist Midwife for disadvantaged women & children) WTE in post. Dr. Michael Plunkett Named Doctor (Consultant Paediatrician) for City Hospital Post is currently not funded. There is a plan for a Trust Named Doctor post from Paediatric reconfiguration on 5th November 2007</p> <p>Dr. David Low Sandwell Designated Doctor for Safeguarding and Doctor for Looked After Children (Consultant Paediatrician) currently assumes Named Doctor role for Sandwell Hospital and is Trust Safeguarding Champion</p> <p>All Sandwell Designated and Trust Named Personal and other professionals and their activities are co-ordinated by Sandwell & West Birmingham Hospitals Trust Safeguarding Committee The Trust has a Safeguarding Children Training Strategy which reflects the competency levels outlined in the RCPCH Intercollegiate Document 2006. An appropriate level of Safeguarding training is mandatory for all staff. Level One training is delivered to all staff during Trust Corporate Induction; this includes distribution of a Safeguarding Leaflet with guidance & contact details. Level Two training provides a two hour session directed at all staff who have contact with women & children</p> <p>Level Three training provides a day course directed to those staff who work predominantly with women & children All training is supported by the provision of a training pack reflecting the Trust Safeguarding Policy and Procedures. Level Two & Three Training is delivered with the support of the Sandwell Safeguarding Team. Level Two & Three training is in conjunction with Sandwell PCT and Mental Health Trust. Safeguarding training to be included in Trust Induction of new medical staff. Multi-agency training is offered by both B'ham & Sandwell Local Safeguarding Children Boards Domestic Abuse Policy formulated, Training Programme is currently being piloted in Maternity Division and then to be rolled out across the Trust with launch of policy. There are resource issues in the provision and delivery of safeguarding training. This is being addressed by the Chief Executive and an action plan has been formulated.</p> <p>New staff are trained to Level 1 during corporate induction – relevant further training at Levels 2 & 3 is identified through local inductions/ annual training needs analysis and staff booked on further training as</p>	<p>Job Descriptions of Named Professionals</p> <ul style="list-style-type: none"> • Nov 2007 Arrangements in B'ham for Designated & Named Professionals & Health Professional Advisory Group • Sandwell Health Services LSCB Sub Committee Terms of Reference Sandwell & West Birmingham Hospitals Trust Safeguarding Committee Terms of reference • Handout re DMH guidelines • Staff handbook • Induction & Mandatory Policy <p> S:\HR\Policies - SWBH\Induction-Man</p> <ul style="list-style-type: none"> • Safeguarding Training Strategy • Procedural Guidelines for the Medical and Nursing Management of Suspected Child Abuse implementing the Recommendations of the Victoria Climbié Inquiry. (SWBH\CLIN\055) Feb 2006 • Guidelines for Staff to Follow When

Elements	Position Statement	Key Evidence
	<p>required. Information is provided in the staff handbook issued to all new staff. (CH)</p>	<p>They Have Concerns Regarding Safeguarding Children. (SWBH\CLIN\053)</p> <ul style="list-style-type: none"> • Flowchart When Staff Have Concerns Regarding Safeguarding Children • Safeguarding Contacts Sheet • Policy for Domestic Abuse Mat/024 October 2007 • Draft Policy for Management of women who abuse substances. • Training files • Safeguarding Webpage on Trust Intranet • Minipupillage at Wolverhampton Court
<p>The healthcare organisation works with all relevant partners and communities to protect children in accordance with <i>Working together to safeguard children</i> (HM Government, 2006).</p>	<p>Both A&E Departments have a complement of RSCN's / RN Child nurses who lead and provide guidance on safeguarding issues and are appropriately trained. Local Safeguarding Board Policy & Procedures and Trust Guidance are available in the departments with 24 hour contact numbers for Children's Social Care Services in both Local Authorities. Process Flowchart reflects this. Procedures available via Trust Intranet</p> <p>There is a new Process for Management of Serious Case (June 2007) Reviews are now within Clinical Governance framework. Reviews are raised as Red clinical incidents and are reported to the Risk & Adverse Incidents Committee chaired by the Chief Executive reporting to the Trust Board. The Trust also complies with the Local Safeguarding Children Boards who monitor our compliance with Action plans</p> <ul style="list-style-type: none"> • The Trust Named Nurse, Midwife and Doctor are members of the Heart Of Birmingham Local Forum which is a subgroup of the Birmingham LSCB. This group is multi-agency representing the local community. It reports directly to the Safeguarding Board. The Named Dr attendance is currently restricted (see Safeguarding Action Plan 24.09.2007) • The Designated Doctor and Named Nurse are members of the Sandwell Health Services LSCB Sub Committee which reports directly to Sandwell LSCB • The Trust recognises the importance of multi- agency working. The policy and procedures of both Birmingham and Sandwell are available to staff via the Child Protection webpage (Sandwell 's recently revised electronic procedures are not yet available due to a technical problem.) • Health training to staff is multi-agency with delivery and participation from Acute Trust staff, PCT & Mental Health staff. 	<p>As above</p> <p>Serious Case Review Flow Chart & Guidance Serious Case Review Action Plans</p> <ul style="list-style-type: none"> • Heart of Birmingham Local Forum Attendance Monitoring 2006 -2007 • Minutes of HoB Local Forum Meeting • Sandwell Health Services LSCB Sub Committee Terms of Reference • Minutes Sandwell Health Services LSCB Sub Committee • Training Strategy 2007

Elements	Position Statement	Key Evidence
	<ul style="list-style-type: none"> The Trust Safeguarding professionals participate, deliver and facilitate multi- agency safeguarding training on behalf of the LSCB 's. This training is made available to appropriate Trust staff. While there is now an opportunity for staff to access this from both LSCB's uptake of places has been very poor due to difficulties in releasing staff from their workplace. Both LSCB'S recognise this and are investing in E- learning packages to be made available shortly. <p>The obligation to provide single agency safeguarding training to a wider group of staff has restricted the release of staff to attend multi-agency training.</p>	<ul style="list-style-type: none"> Training Event Calendar for Birmingham HoB Forum Implementation Plan 2006-8 Sandwell Health Services LSCB Sub Committee Terms of Reference
<p>Criminal Records Bureau (CRB) checks are conducted for all staff and students with access to patients and relatives in the normal course of their duties. In carrying out CRB checks the healthcare organisation should be meeting the requirements of <i>CRB disclosures in the NHS</i> (NHS Employers 2004).</p>	<p>The Trust has a CRB policy and all new staff are checked via Human Resource Department. The Volunteer Services manager ensures all Volunteers receive a CRB check prior to commencement within the organisation. The manager of Nurse Bank ensures agency staff have CRB clearance. Students are checked by the University and Clinical Practice managers and Undergraduate Leads monitor compliance</p> <ul style="list-style-type: none"> The Trust has a CRB policy and all new staff are checked via Human Resource Department. The Volunteer Services manager ensures all Volunteers receive a CRB check prior to commencement within the organisation. The manager of Nurse Bank ensures agency staff have CRB clearance. Students are checked by the University and Clinical Practice managers and Undergraduate Leads monitor compliance. <p>The Trust is currently reviewing the Sandwell & B'ham LSCB procedures for Managing Allegations Against People Working with Children & Young People</p> <ul style="list-style-type: none"> Enhanced CRB checks are carried out and these include POCA check as detailed in the policy. These posts are identified within the policy and advice and guidance is available to appointing Managers from Senior HR managers. 	<ul style="list-style-type: none"> Criminal Records Disclosure Policy (SWBH/ HR/017) September 2005 Criminal Records Disclosure Policy (SWBH/ HR/017) September 2005
<p>C3 Health care organisations protect patients by following NICE Interventional Procedures guidance</p>		
<p>The healthcare organisation follows NICE interventional procedures guidance in accordance with <i>The interventional procedures programme</i> (Health Service Circular 2003/011).</p>	<ul style="list-style-type: none"> There is a Trust policy (Policy and process for the introduction of new clinical techniques and procedures (SWBH\ORG\ 056) that sets out the approach to be taken over the introduction of new clinical techniques and procedures within the Trust. It aims to protect the safety of patients and to support clinicians and the Trust in managing clinical innovation responsibly. The policy covers the situations where the proposed new technique is the subject of NICE guidance and also where and also where it has not yet been considered. Section 8.3 of the policy covers the situation of use of a new technique in a clinical emergency. There is also a Trust policy for the dissemination and implementation of NICE Guidance. In summary, this requires lead clinicians to provide assessments of the implications for the Trust of the guidance, which is recorded and then reported within the governance framework. This includes the introduction of Interventional Procedure Guidance. 	<ul style="list-style-type: none"> Policy and process for the introduction of new clinical techniques and procedures (SWBH\ORG\ 056) Applications under the policy Governance Board minutes illustrating discussions of applications NICE reports to the Governance Board.

Elements	Position Statement	Key Evidence
	<ul style="list-style-type: none"> ▪ All Trust policies are accessible from the intranet <p>When baseline assessments for Interventional guidance indicate that a specialty is considering introducing the procedure the relevant staff are informed of the requirements of the new clinical techniques policy</p>	<ul style="list-style-type: none"> • Policy and procedure for ensuring competence in medical devices (SWBH\ORG\066) • Policy for developing a local clinical guideline • NICE Guidance on the Intranet • Policy and process for the introduction of new clinical techniques and procedures (SWBH\ORG\ 056) • Applications under the new clinical techniques policy
C4a) Health care organisations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA;		
<p>The healthcare organisation has taken steps to minimise the risk of healthcare acquired infection to patients, taking account of <i>Winning ways</i> (Department of Health 2003), <i>A matron's charter: an action plan for cleaner hospitals</i> (Department of Health 2004), <i>Revised guidance on contracting for cleaning</i> (Department of Health 2004), and <i>Audit Tools for Monitoring Infection Control Standards</i> (Infection Control Nurses Association 2004)</p>	<ul style="list-style-type: none"> ▪ The Trust has continued to give a very high level of attention to reducing hospital acquired infection and has made good progress during 2007/08. ▪ Following a self-assessment against the DH "Saving Lives Toolkit" (late 2005) and an action plan being developed which was validated by the DH MRSA Improvement Team in February 2006 and reviewed by the DH team in December 2006 when progress was commended the Trust has continued to work toward initiatives to prevent and reduce HCAI. The action plans are under continual review by the Infection Control Executive Team. In October 2007 a revised plan was developed to incorporate all issues around HCAI's (to include:- MRSA; <i>C.difficile</i>; decontamination of the environment and equipment; antibiotic policy; Integration of infection control into performance management systems; Enhanced ownership at Board, Division and clinical team levels; New cleaning audit and inspection system and changes to cleaning regimes to combat C.diff) following an assurance framework to ensure a more cohesive approach for monitoring compliance. ▪ The infection control assurance framework is monitored via the Infection Control Executive Committee, OMB, Governance Board and Trust Board ▪ To obtain better accountability at ward/departmental level the Trust developed the role of 'Infection Control Champions (ICCh). The ICCh are responsible for delivering key infection control initiatives in their workplace. The ICCH are accountable to their Divisional representative on the Divisional Infection Control Group and are supported by infection control. As part of the support infection control undertaken bimonthly meeting to discuss initiative undertaken and share good practice ideas, identify areas for improvement and Trust wide initiatives. Each work shop is supported by a teaching session on a key infection control topic. ▪ The Trust is committed to the National 'Clean your hands' campaign and have installed alcohol gel at the entrance to all ward and departments and bed spaces (where applicable). 	<ul style="list-style-type: none"> • Infection Control assurance Framework. • Infection Control Policy • Infection Control Programme • Copy of individual audit reports to wards/ departments with recommendations. Additional reports are available and held on infection control data base. • Infection Control Divisional data base (on-line) • Annual Infection Control Report • Executive Annual Infection Control Summary Report • Quarterly Infection Control Report. • Executive Quarterly Infection Control Summary Report • Copies of Trust Broad Papers • Induction booklet • Ecolab – Hand hygiene CD Rom. • Mandatory training revision booklet • Mandatory training CD (held by Learning and Development • Induction and Mandatory training records (held with Learning and

Elements	Position Statement	Key Evidence
	<p><u>Education and Training</u></p> <ul style="list-style-type: none"> ■ Education and Training is an integral part of all clinical practice. Infection control undertaken formal, informal and ad-hoc teaching on a wide range of infection control issues to include: - care and management of patients with communicable infections; hand hygiene; care and management of sharps/waste; care and management of invasive devices (to include, urinary catheters, peripheral and central lines). ■ All staff are required to undertake Infection control Induction and Mandatory training. Induction training involves the use of a workbook outlining key infection control issues and a local induction checklist which is completed in the workplace. As part of the induction all staff are shown a visual demonstration of hand decontamination and hand washing via a CD rom. Mandatory training involves staff undertaking a multi-choice CD rom which is supported by revision notes. ■ Infection control team are actively involved in teaching the following groups of staff on a regular basis:- <ul style="list-style-type: none"> ○ Doctor (FY1 & FY2) induction programme – both Trust and Mini inductions. ○ 3rd, 4th, 5th Year medical students. ○ Student nurse induction ○ Cadet nursing. ■ Infection control have adopted the ICNA/DH audit tool- Audit is used not only as a means of identifying areas of good practice and areas for improvement but targeting teaching in key areas based on audit findings and need. ■ Infection Control together with the IV team undertake teaching to clinical staff on the care and management of IV devices to facilitate the reduction of MRSA bacteraemia. Initiatives put in place to prevent HCAI – namely; standardisation of skin preparations; dressings; peripheral cannulae; introduction of 2% chlorhexidine in 70% alcohol for all central line insertion and care and introduction of proforma for all peripheral line insertion. Any new products/procedures introduced are supported by education and training by both the companies concerned and infection control. ■ The introduction of the IV Team (designated team of clinical staff focusing on line and insertion techniques) has led to significant improvements in the care and management of intravenous devices and a reduction in the Trust phlebitis rates. The team offers a programme of teaching and monitoring of all practices relating to line care. Teaching is given to all staff involved in line care both in a formal classroom setting as part of the Trust IV course and in the workplace as part of the day to day monitoring offered by the Team. <p><u>Saving Lives</u></p> <ul style="list-style-type: none"> ● The Trust is fully committed to the introduction of the Saving Lives programme to include the High Impact Interventions. As part of the implementation programme a Divisional Infection Control Group was developed to ensure key initiatives of the Saving Lives programme were implemented. To ensure implementation of the High Impact Interventions – individual sub groups were set up for each of the High Impact Interventions. Leads of each group are responsible for reporting back to the Divisional 	<p>Development)</p> <ul style="list-style-type: none"> ● Training records for Doctors and medical students are held with the Undergraduate and Post Graduate centres. ● Training records for nursing and cadet students are held with Learning and Development. ● Copies of the High Impact Intervention Working groups). ● Copies of Cleaning Audits (These are undertaken by Hotel Services. Copies or report held with Steve Clarke (Deputy Director of Facilities). ● Copy of Care and Management of C.diff positive patients (laminated sheet sent to all wards/departments) ● Copy of C.diff proforma (awaiting printing)

Elements	Position Statement	Key Evidence
	<p>Infection Control Group on progress.</p> <ul style="list-style-type: none"> As part of the Saving Live audit tool the Trust has developed an on-line data base to enable staff to complete the audit tools on lines. This enables wards to get immediate feed back on scores and issues to facilitate the development of an action plan (which is monitored by the Divisions) and enables designated staff to obtain Divisional and Trust wide data relating to compliance. <p><u>Audit</u></p> <ul style="list-style-type: none"> As part of Infection Controls ongoing audit and surveillance programme the ICT have adopted and undertake the ICNA/DH audit tool programme. All audits are unannounced any issues identified are fed back to the ward at the time of the audit; this followed a written report identifying level of compliance, areas for improvement and recommendations. In addition to this a report of audit findings is sent to relevant Divisional Managers, Matrons, and Exec Directors as appropriate. The ICT undertaken other audits with relevant professionals (i.e. Hospital Infection Research Laboratory) as appropriate to include decontamination of scopes. <p><u>Target Organism Surveillance and feedback to Divisions.</u></p> <p>Infection Control monitor key target organism to include:-</p> <ul style="list-style-type: none"> C.difficile MRSA Multi resistant Gram Negatives (to include ESBL's) TB Enteric Pathogens Blood borne pathogens <ul style="list-style-type: none"> Action for the prevention and control is taken based on National and Local policy guidelines for infection control To facilitate ownership and monitoring at ward level key target organisms (to include; - MRSA new isolates; MRSA bacteraemia's; <i>C.difficile</i> and Surgical Site infections) are reported on a central data base and <u>reported</u> to the Divisions on a rolling monthly programme. Data is presented by ward, division, Trust with comparisons of previous rates and trajectory. <p><u>Specific Initiatives for the reduction of C.difficile</u></p> <ul style="list-style-type: none"> Review of cleaning practices Trust wide to include the introduction of disposable detergent wipes and removal of clothes to prevent cross contamination. Introduction of additional weekly chlorine clean on all medical and surgical ward All barriers cleaned daily with detergent followed by a chlorine releasing agent 1,000 ppm. Review of antibiotic policy by microbiologists. Isolation of all patients with diarrhoea. Standardisation of sampling methods in line with National recommendations. 	

Elements	Position Statement	Key Evidence
	<ul style="list-style-type: none"> • Introduction of laminated sheets to clarify action required by clinical staff upon identification of c.diff patients. • Introduce a profoma to be completed for all patients identified with C.diff. <p>New staff are trained in hand washing during induction. All staff undertake on-line infection control assessments in line with the requirement for their roles.</p> <ul style="list-style-type: none"> • All staff access an open learning pack tailored to their role in the organisation. (CH) 	<ul style="list-style-type: none"> • Open learning pack, • Registers of attendance, • Checklists for new starters, Safeguard attendance reports
<p>The healthcare organisation has systems in place to ensure it contributes to year on year reductions in MRSA in inpatient wards</p>	<p>a. There are clear lines of accountability for infection control throughout the organisation.</p> <ul style="list-style-type: none"> • To improve accountability in addition to the Trust Infection Control Committee there is in place an Infection Control Executive Committee and Infection Control Divisional Group. <ul style="list-style-type: none"> ○ The Infection Control Executive Group is responsible for monitoring infection control action plans, securing finances for the infection control initiatives; ensuring an appropriate framework is in place, monitoring compliance against the infection control programme and infection control assurance framework. ○ The Infection Control Divisional Infection Control group is responsible for ensure any operational issues are implemented and monitored (see notes above re 'Saving Lives' and High Impact interventions) at ward and departmental level and providing feedback to the group on infection control initiatives • Annual and Quarterly infection control reports are presented to the Trust Infection control Committee, Governance Board and Risk Management Committee. <p>The Trust has in place a designated officer appointed as the DIPC.</p> <p>a. All patients with known or suspected communicable infections identified to infection control are recorded on the Patient Administration System (ICM) by (MRSA, Blood Precautions, Enteric Precautions, Contact Precautions and Airborne Precautions). This enables clinical staff to identify at risk patients and take the appropriate precautions. MRSA patients are identified by the level of current carriage (i.e. negative x 1, 2, 3, or positive) this facilitates proactive management and warding of patients appropriately.</p> <p>b. Infection control monitor all patients with known or suspected communicable infections throughout the day assessing their infectious status, monitoring and acting upon results and ensuring notification or contact tracing is instituted as appropriate.</p> <p>c. Where patients cannot be isolate due to clinical need, capacity or as a result of an outbreak infection control work closely with ward staff to ensure appropriate precautions are implemented.</p> <p>d. Infection control liaise with bed management throughout the day identifying patients with known or suspected communicable infection that require isolation or can be move out of isolation. In addition to this all patient with known or suspected communicable infections are identified to bed management by use of a daily bed proforma for use out of hours. The proforma identifies precautions required and need for isolation enabling bed management staff the ability to ward patients appropriately. In addition to the</p>	<ul style="list-style-type: none"> • Infection Control Policy. • Terms of reference for Divisional Infection Control Group • Terms of reference for Infection Control Executive Group • Role of Infection Control Champions • Infection Control Committee Policy • Infection Control Organisational Structure <ul style="list-style-type: none"> • Bed Management List City Site (Patient names removed for anonymity). • Bed Management List Sandwell & Rowley Site (Patient names removed for anonymity). • ICM – Need to look on PAS system.

Elements	Position Statement	Key Evidence																				
	<p>proforma bed management have access to ICM for the identification of patient admitted with alerts previously allocated</p> <p>MRSA has remained a key target for the Trust. Initiative put into place for the reduction of MRSA bacteraemia are incorporated as part of the overall agenda and initiatives for the reduction of HCAI's. Key initiatives for the reduction of MRSA bacteraemia's include:</p> <ul style="list-style-type: none"> • Yearly audits of all invasive devices by the ICT in line with ICNA/DH audit tool • All MRSA bacteraemia's are treated as a Serious Untoward Incident (Red incidents) and a 'root cause analysis' undertaken. • MRSA bacteraemia's form part of the Divisional review with the CEX. • All pre 48hrs bacteraemia's are reported to the relevant commissioning PCT and a joint table top review undertaken. • Education and training has formed an integral part of the process for ensure better understanding, implementation of practices and accountability. • Standardisation of skin preparation for all peripheral line insertions • Standardisation of 2% chlorhexidene & 70% alcohol for the insertion and care of all central lines. • Introduction (Dec 07) of 2% chlorhexidene & 70% alcohol for skin preparation for all blood cultures. • Introduction of standardised documentation for all cannula insertion to include VIP monitoring tool. • Introduction of IV Team (as outlined above) • Weekly monitoring of phlebitis rates and compliance to VIP score monitoring which is fed back to ward managers, matrons, divisions, Medical director and relevant Exec. Directors. <table border="1" data-bbox="504 863 1236 1062"> <thead> <tr> <th data-bbox="504 863 840 911">Number of MRSA Bacteraemias financial yr</th> <th data-bbox="840 863 958 911"></th> <th data-bbox="958 863 1070 911"></th> <th data-bbox="1070 863 1236 911"></th> </tr> <tr> <th data-bbox="504 911 840 951"></th> <th data-bbox="840 911 958 951">2005-06</th> <th data-bbox="958 911 1070 951">2006-07</th> <th data-bbox="1070 911 1236 951">2007-Feb</th> </tr> </thead> <tbody> <tr> <td data-bbox="504 951 840 991">Trust</td> <td data-bbox="840 951 958 991">109</td> <td data-bbox="958 951 1070 991">61</td> <td data-bbox="1070 951 1236 991">42</td> </tr> <tr> <td data-bbox="504 991 840 1031">City</td> <td data-bbox="840 991 958 1031">47</td> <td data-bbox="958 991 1070 1031">24</td> <td data-bbox="1070 991 1236 1031">17</td> </tr> <tr> <td data-bbox="504 1031 840 1062">Sandwell</td> <td data-bbox="840 1031 958 1062">62</td> <td data-bbox="958 1031 1070 1062">37</td> <td data-bbox="1070 1031 1236 1062">25</td> </tr> </tbody> </table>	Number of MRSA Bacteraemias financial yr					2005-06	2006-07	2007-Feb	Trust	109	61	42	City	47	24	17	Sandwell	62	37	25	<ul style="list-style-type: none"> ▶ MRSA proforma ▶ VIP score monitoring form ▶ Information on 2% chlorhexidene & 70% alcohol ▶ Phlebitis reports. ▶ MRSA bacteraemia algorithm – identifying roles and responsibilities and action required from identification of positive isolate to table top review and reporting mechanisms to PCT and SHA.
Number of MRSA Bacteraemias financial yr																						
	2005-06	2006-07	2007-Feb																			
Trust	109	61	42																			
City	47	24	17																			
Sandwell	62	37	25																			
<p>C4b) Health care organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.</p>																						
<p>The healthcare organisation has systems in place to minimise the risks associated with the acquisition and use of medical devices in accordance with guidance issued by the MHRA</p> <p>all reusable medical devices are</p>	<ul style="list-style-type: none"> ▪ Processes for the development, monitoring and review of safe systems for medical devices, including approving procedures for their procurement, standardisation, use, decontamination and training exist. ▪ The Control of Infection Department provides advice on the cleaning, disinfection, decontamination and, where appropriate, the method of sterilisation of medical devices. ▪ Medical equipment maintenance duties, including the provision of a 24-hour on-call service for emergency breakdowns, are carried out. 	<ul style="list-style-type: none"> • Corporate Competency database • Local competency database • Policy and Procedure for Ensuring Competence in Medical Devices • Policy for the Management of Medical Devices • Trust-wide Medical Equipment Register (database) 																				

Elements	Position Statement	Key Evidence
<p>properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed</p>	<ul style="list-style-type: none"> ▪ A corporate register of medical equipment is maintained. ▪ All purchases of medical equipment satisfy the essential requirements of the Medical Device Directive (MDD 93/42 EEC). ▪ A process of standardisation of common medical devices is in place to minimise the number of makes and models of similar devices in clinical areas. This work is on-going ▪ Systems exist for the delivery, acceptance, commissioning and storage of medical equipment/devices. ▪ The Trust operates a system of decontamination of medical equipment ▪ Records are kept of maintenance and repair of medical equipment ▪ Adverse incidents relating to medical devices are reported in accordance with the Trust Incident Reporting Policy. ▪ Safety Alert Notices issued by the Medicines and Healthcare products Regulatory Agency (Medical Device Alerts only), DH Estates & Facilities, the National Patient Safety Agency and NHS Litigation Authority are sent to the Trust electronically using the Safety Alert Broadcast System (SABS), indicating importance and type of action to be taken. ▪ Arrangements are in place to ensure the co-ordination and effective reporting of incidents involving medical devices and the dissemination of MHRA Hazard and Safety Notices. This ensures that necessary actions are completed within the designated time frame. ▪ All single use items purchased and used throughout the Trust are not reused or reprocessed under any circumstances. ▪ Medical equipment libraries at both acute hospital sites exist. Construction work to improve the Sandwell site facility has been undertaken this year. ▪ Records of staff training in the use of medical equipment are held at departmental/ward level. 	
<p>C4c) Health care organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.</p>		
<p>Reusable medical devices are properly decontaminated in appropriate facilities, in accordance with guidance issued by the MHRA and Medical Devices Directive (MDD) 93/42</p>	<ul style="list-style-type: none"> ▪ Between the 23rd of April and the 4th of June 2007 decontamination of the Trusts medical devices transferred to an off-site service provider Bbraun Sterilog. ▪ The Trust has a bench top Steriliser & Washer Disinfector within the theatre area for dropped instruments. Strict protocols are in place for the management and use of this machine. 	<ul style="list-style-type: none"> ▪ Copy of Bbraun's registration certificate with a notified body (BSI). ▪ Equipment tested and maintained in accordance to HTM2010 & HTM 2030. Operating Policy, Work

Elements	Position Statement	Key Evidence
EEC.	<ul style="list-style-type: none"> ▪ The trust belongs to the “Pan Birmingham Consortium for Sterile Services” who monitor and oversee the decontamination service that Bbraun provide to SWBH NHS trust. The Consortium keeps a comprehensive Risk Register to ensure all eventualities are covered. ▪ Both Hospital sites have Endoscopy units with HTM compliant disinfectors and instrument trace-ability systems in place. ▪ A substantive Lead Decontamination Manager to be appointed. ▪ There is a Sterile Services Contact Manager appointed by the trust to manage the day-to-day use of the off-site service provided by Bbraun Sterilog. ▪ The Trust has both a Medical Devices Committee and a Decontamination of Medical Devices Sub-committee to ensure that all medical devices processed both of –site and on-site in preparation for re-use, are done so effectively and in accordance with the European Directive 93/42/EEC. 	<p>Instructions and Trace-ability documentation available.</p> <ul style="list-style-type: none"> ▪ Decontamination Service Agreement with Bbraun Sterilog. ▪ Copy of Pan Birmingham Risk Register. ▪ Risk Schedule ▪ Disinfectors maintained to HTM2030. ▪ Trace-ability records maintained. ▪ Internal Audit of Endoscopy decontamination procedures. ▪ Medical Devices Policy ▪ Decontamination Manager JD ▪ Terms of reference ▪ Decontamination Service Agreement with off-site service provider Bbraun Sterilog.
C4d) Health care organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.		
<p>The healthcare organisation has systems in place to ensure that medicines are handled safely and securely, taking into account <i>Building a safer NHS: improving medication safety</i> (Department of Health 2004), and in accordance with the statutory requirements of the Medicines Act 1968</p>	<ul style="list-style-type: none"> ▪ The Trust has good systems in place, which are measured against national standards and are regularly audited. ▪ Audits and external reviews have provided a high level of satisfaction with the service and the meeting of the national standards. There are areas in need of improvement and new standards to achieve. Actions plans are in place or are being developed to support this. ▪ The 2006 Acute Hospitals Medicine Management review gave a ‘Good’ rating. An action plan has been developed based on the recommendations that are being implemented. ▪ The Trust has an effective Drugs and Therapeutics Committee (DTC) with representatives from the local PCTs. The DTC has completed a full review of the Trust drugs formulary and the revised formulary has been fully implemented. ▪ The Pharmacy team is continuing to develop and implement a revised single set of policies and procedures across all the Trust pharmacy services. This is being supported by a new management structure. ▪ Single Trust wide pharmacy computer system implemented. ▪ New Pharmacy Aseptic Services unit within BTC has been commissioned and opened. The facility has been licensed by the MHRA. ▪ New drug prescription / drug administration sheet has been developed and is being implemented. 	<p>A wide of range evidence is available including internal and external audits. These include</p> <ul style="list-style-type: none"> • 2006 Acute Hospitals Medicine Management review gave a ‘Good’ rating. Action plan from this review • Building a safer NHS – Pharmacy action plan • Policies and procedures • Drugs and Therapeutics Committee meeting papers • Governance Board – quarterly Pharmacy update • Medicines safety and non-medical prescribing is reported on to the Trust Risk Management Committee • All adverse drugs reactions are monitored by internal and external agencies. • External inspection by MHRA: minor issues identified – no major/critical issues • External audit of SAB re oral methotrexate

Elements	Position Statement	Key Evidence
	<ul style="list-style-type: none"> ▪ Trust wide medicines management policy implemented; draft Controlled Drugs medicines management policy is being developed (further legislative changes due early 2008) <p>NPSA alerts, actions in progress to achieve requirements stated within alerts (5 drug related alerts issued in 2007)</p>	<ul style="list-style-type: none"> • External audit Dangerous Goods Safety • Audits of staff dispensing • The Trust is training centre fir Pharmacist staff which ensures staff are being trained to and monitored against the latest standards
<p>The healthcare organisation has systems in place to ensure that controlled drugs are managed in accordance with the Misuse of Drugs Act 1971, the Misuse of Drugs Act 1971 (<i>Modification</i>) Order 2001 and <i>Safer management of controlled drugs: Guidance on strengthened governance arrangements</i> (Department of Health, 2006)</p>		
<p>C4e) Health care organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and safety of the environment.</p>		
<p>Waste is properly managed to minimise the risks to patients, staff, the public and the environment, in accordance with the Environmental Protection Act 1990, the Controlled Waste Regulations 1992, and the Hazardous Waste Regulations 2005</p>	<p>The Trust has a responsibility to ensure that all waste is managed in accordance with:</p> <ul style="list-style-type: none"> • Health and Safety Executive • Safe Disposal of Healthcare Waste HTM 07-01 • The environment Protection Act 1990 • The Hazardous Waste Regulations 2005 • The Carriage of Dangerous Goods & Use of Transportable Pressure Equipment (ADR) Regulations 2007 <p>In addition the Trust is appointing a Waste Minimisation Manger to assist in implementing the changes in HTM 07 -01 and ensure conformity. This will be done in conjunction with the waste management group that reports the facilities Governance.</p> <p>The Trust has a comprehensive Waste Policy which is reviewed on an annual basis</p> <p>The Trust has a responsibility to ensure that all waste transported off site is incinerated and disposed of correctly.</p> <p>Regular planned audits are undertaken inclusive of:</p> <ul style="list-style-type: none"> • Waste transportation • Incineration procedures • Incineration facility 	<ul style="list-style-type: none"> • Environment agency external audit reports- Ref 7 • Carriage of Dangerous Goods training records- Ref 4 • Up to date copies of legislation- Ref 12 • Management and staff training records- Ref 9 • Waste carriers licence- ref 2 • Waste Transfer Station License-Ref 3 • Department Risk register- Ref 10 • Trust Waste Policy – Ref 1 • Dangerous Goods Safety Advisor • Environment Agency External reports- Ref 7

SECOND DOMAIN: COST AND CLINICAL EFFECTIVENESS

Elements	Position Statement	Key Evidence
C5a) Health care organisations ensure that they conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.		
<p>The healthcare organisation conforms to NICE technology appraisals taking account of <i>How to put NICE guidance into practice</i> (NICE, December 2005)</p> <p>The healthcare organisation takes into account, when planning and delivering care, nationally agreed best practice as defined in national service frameworks (NSFs), NICE clinical guidelines, national plans and nationally agreed guidance</p>	<ul style="list-style-type: none"> • Details are contained within the NICE Implementation Policy (see section 6). Also, the Trust is a member of the Sandwell and West Birmingham (Health Economy) NICE Implementation Group. Details of the implementation process are identified in section 4.1. of the group's operational policy. • In undertaking baseline assessments, Lead Clinicians are requested to determine the relevancy of the guidance to the Trust. • As part of the implementation policies (SWBH & SWB), clinicians are asked for a baseline assessment of the implications. The SWB Group has also conducted a number of assessments of the potential impact of draft guidance on the local health economy. • When providing their baseline assessment, Lead Clinicians are now requested to indicate whether implementation plan is required. • For many of the cancer related therapies implementation is managed through the Cancer Network. • Where in the opinion of the lead clinician there is only partial compliance with technology appraisal guidance, the reason for this is reported to the Governance Board. • A standard report is presented to the Governance Board bimonthly which indicates guidance published. • As part of the NICE Policy, Divisional Directors and Divisional Managers are informed of the publication of relevant guidance. • All guidance published is downloaded onto the Trusts Intranet Site. • Divisional Governance Groups also consider relevant NICE Guidance. • In addition, the SWB Group has developed a Health Economy Database. This is being populated with data and when completed full access will be provided from the Trusts' Intranet Site. • Audits of NICE Guidance are included in the Trusts Clinical Audit Forward Plan on an annual basis. • If audit results show areas for improving compliance then an action plan is required to be developed. • Where partial or non compliance is indicated from the Lead clinician's baseline assessment, this is reported to the Governance Board and progress is monitored • Regular reports on NICE Implementation are submitted to the Governance Board • The policy for disseminating and implementing guidance from NICE (SWBH/Clin/026) takes account of this guidance. This incorporates the following aspects included in 'How to put NICE guidance into practice' <ul style="list-style-type: none"> ▪ Deciding if the guidance is relevant 	<ul style="list-style-type: none"> • NICE Implementation Policy • SWB Operational Policy • TAG proforma • Standard bimonthly report to the Governance Board • Example of TAG 87 with implementation plan developed through a Working Group. • Standard bimonthly report to the Governance Board • Example of dissemination letter as per NICE Implementation Policy • Report to a Divisional Governance Group showing the publication of guidance • Screenshot from the SWB NICE (Health Economy) Database • Trust Clinical Audit Forward Plan 2007/08 • Standard bimonthly report to the Governance Board • Policy for disseminating and implementing guidance from NICE (SWBH/Clin/026)

Elements	Position Statement	Key Evidence
	<ul style="list-style-type: none"> ▪ Identifying a clinical lead ▪ Carrying out a baseline assessment ▪ Developing an action plan and assessing costs ▪ Providing funds and an implementation plan ▪ Reviewing and monitoring <ul style="list-style-type: none"> • The notifications of the publication of national reports that impact on clinical services are received into the organisation via several different routes. In the main, this is through the Chief Executive's Office, the Medical Director, Chief Nurse or the Director of Governance • National reports are then received by the Governance Board and then position statements are sought from relevant executive, clinical and operational leads. • Although processes have developed to manage guidance arising from nationally produced reports, in order to improve practice and to comply with NHS Litigation Authority Risk Management Standards, the processes are now being set down in a formal policy. • National reports are received by the Governance Board and then position statements are sought from relevant executive and clinical leads. Action plans are then developed and monitored by the Governance Group. • Where nationally produced guidance is relevant to the organisation the appropriate Executive Director, clinical and operational leads are requested to provide an assessment of compliance against the identified best practice. • In addition, local clinical audits are conducted to measure compliance with aspects of nationally agreed best practice. • The Trust also participates in many National Audits which measure compliance with national guidance in particular with milestones contained in the NSF's e.g. MINAP • NICE Guidance is prioritised for the LDP process by the SWB (Health Economy) Group. • The Trust has an active Service Improvement Team. Much of the work for the '2010' model involves service improvement around best practice as identified in nationally agreed guidance. • Where baseline assessment or audits against best practice show areas for improvement, action plans are developed these are then reported to the Governance Board and relevant committees. 	<ul style="list-style-type: none"> • Governance Board Minutes • An example of an action plan reported and monitored by the Governance Board that has been developed in response to a National Confidential Enquiry Report • An example of an action plan reported and monitored by the Governance Board that has been developed in response to a National Confidential Enquiry Report • Participation in National Audits, a report to the Governance Board • Report from SWB business planning day. • An example of an action plan reported and monitored by the Governance Board that has been developed in response to a National Confidential Enquiry Report

Elements	Position Statement	Key Evidence
C5b) Health care organisations ensure that clinical care and treatment are carried out under supervision and leadership		
All staff involved in delivering clinical care and treatment receive appropriate supervision, taking into account national guidance from the relevant professional bodies	<p>The trust has published clinical supervision strategies for staff. The policies and guidelines in place conform to national guidance and have been approved through a governance framework.</p> <p>Supervision is maintained through the trust performance monitoring systems and managerial procedures. Each professional team adopts the appropriate supervision model for example therapist utilise group supervision, midwives have designated named supervisors that provide 1:1 support. Student nurse have Clinical Practice Placement managers and work based assessors who provide feedback and supervision in the workplace</p>	<p>A: Clinical supervision strategies B: Policies and guidelines C: PDR documentation D: Therapy supervision groups E: List Midwifery supervisors F: Practice placement designates G: Work based assessor registers</p>
Clinical leadership is supported and developed within all disciplines	<ul style="list-style-type: none"> ▪ The Trust is fully committed to leadership development and has been recognised as a centre of excellence with accreditation in IIP, IWL Practice Plus and Level 1 CNST (General Standards). ▪ There are several training programmes available for staff to attend internally and externally with supported open learning material through the intra/internet websites and on site library facilities. Mentorship schemes are active and the Trust hosts the NHS management trainee scheme with placements for students throughout the organisation. ▪ Support structures are in place for managers to trigger should they need advice and guidance on financial, professional or operational management issues. 	<ul style="list-style-type: none"> • Training programs • Award ceremonies • Minutes of professional and operational management meetings • Training programs
C5c) Health care organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work		
Clinicians from all disciplines have access to and participate in activities to update the skills and techniques relevant to their clinical work.	<p>All staff have leadership duties outlined in their job descriptions. Each Division within the organisation has a management and reporting structure where staff are identified who and what areas they are responsible for.</p> <p>Training/development is supported within the Trust and staff have access to both internal and external leadership development programmes. Further materials are available via open learning, internet/intranet, and Trust library facilities. A management code of conduct has been developed and issued within the Trust. (CH)</p> <p>The trust has several routes of engagement for widespread consultation in decision making process. It recently hosted a corporate conference for senior manager and Ward Managers</p> <p>The 2010 strategic development project has several strands of work that has widespread clinical teams contributing through forum and workshops.</p> <p>Service operational changes always include multidisciplinary engagement and the recent paediatric and surgical reconfigurations plans have extended to include public consultation.</p> <p>The Exemplar project at Rowley Regis Hospital included clinical teams from both secondary and primary</p>	<p>Sample of job descriptions: A: Clinical practice Coordinator B: Matron C: Clinical night Practitioner D: General manager</p> <ul style="list-style-type: none"> • Training Programmes • Study Leave Records • Management Code of Conduct • L&D Evaluation Report • Attendance Records <p>Ofsted Report</p> <p>E: Senior manager strategy day F: Ward managers Conference G: 2010 group minutes</p> <p>H: Pediatric reconfiguration minutes I: Exemplar project RRH J: Hospital @ night K: Stock rationalization minutes Senior nurse forum minutes</p>

Elements	Position Statement	Key Evidence
	<p>care working in partnership with the community to plan this new model of service provision.</p> <p>Multiple nursing forums contribute to operational decisions and specific projects such as Hospital @ night and procurement</p> <p>Nursing taskforce identified the need to invest in leadership development programmes. The trust provides a variety of management development workshops and this includes mentorship programmes</p> <p>Management and leadership development programmes are available for clinical staff internally and external to the Trust. (CH)</p>	<p>M: ILM N: Management development program O: NHS trainee program shadow scheme</p> <ul style="list-style-type: none"> • Training Programmes • L&D Evaluation Report • Attendance Records • Study Leave Records
C5d) Health care organisations ensure that clinicians participate in regular clinical audit and review of clinical services		
<p>Clinicians are involved in prioritising, conducting, reporting and acting on clinical audits</p> <p>Clinicians participate in reviewing the effectiveness of clinical services through evaluation, audit or research.</p>	<p>The trust through performance reviews can identify clinical skills required to meet KSF and staff are provide with a variety of routes they can access to achieve competency.</p> <p>Nursing skill competencies are available on the intranet with structured pathways for many roles. This is linked to PDR process and aligned to KSF levels</p> <p>Service audit like naso gastric tube feeding and continence also identifies training needs of staff and appropriate skills training is provide in the workplace and classroom settings.</p> <p>Ward reviews and essence of care audits measure ward team performance and highlight areas for improvement which will trigger training initiatives</p> <p>In response to national guidance the IV team have provided tailor made programmes to ensure staff meet NICE and NPSA guidelines</p> <p>In accordance with the Trust induction and CPD policy staff are monitored in their attendance of mandatory and clinical training annually by managers and the Learning and Development Department.</p> <p>They undertake annual performance appraisal with their line manager and identify appropriate training needs, which is captured on their development plans. (CH)</p> <p>Multiple programs and events are available for clinical staff to access in order to renew skills e.g. CPR drug administration, MDA training, mandatory training and conferences.</p>	<p>A: Example of competencies B: PDR Documentation C: KSF Competency chart example D: Mandatory training E: Clinical skills program F: Infection control and health and safety open learning packs e-learning G: Continence study days H: NG tube training program I: IV training program J: Ward reviews</p> <ul style="list-style-type: none"> • Policies and procedures • Professional re-registration checked • Performance appraisal documentation • Re-registration process linked to CPD • Professional body/council s website • Codes of conduct for all professionals

Elements	Position Statement	Key Evidence
	<p>Staff access these in accordance with the Study leave policy which negotiates leave entitlement and funding.</p> <p>The Trust has invested in clinical skills laboratories on the two main Hospital sites. This has an extensive program of activity for all clinical staff including medical and nursing staff. To supplement this on line learning packages and tailor made training programs exist which are delivered by clinical specialists.</p> <p>In accordance with the Trust induction and CPD policy staff are monitored in their attendance of mandatory and clinical training annually by managers and the Learning and Development Department.</p> <p>They undertake annual performance appraisal with their line manager and identify appropriate training needs, which is captured on their development plans.</p> <p>Multiple training programs are available for clinical staff to access to their renew skills e.g. CPR, drug administration venepuncture, medical device training, lifting and handling, food hygiene etc.</p> <p>Where deficits are identified tailor made programs are created, a recent example being Naso-gastric tube feeding skills updates.</p> <p>To assist the problem of staff release IT open learning packages are being introduced that enable all staff access via the intranet, within wards, departments or onsite IT cafes (CH)</p>	<p>K: Study leave policy L: Mandatory training M: CPR register N: MDA register from CNST 2007 O: PEG conference P: Ward managers conference Q: Senior manager strategy day</p> <p>Policies and procedures Training programs Skills lab programs IT open learning packs Professional re-registration checked Performance appraisal documentation Re-registration process linked to CPD Professional body/council websites Codes of conduct for all professionals Professional journals British Medical Council sties Professional chat lines and email networks Conferences, seminars and teaching tutorials Award ceremonies Trust intranet access Study leave Safeguard reports L&D evaluation</p>
C6) Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.		
<p>The healthcare organisation works with relevant partner agencies to ensure that patients' individual needs are properly met and managed across organisational boundaries including, where appropriate, in accordance with <i>Guidance on the Health Act Section 31 partnership arrangements</i> (Department Of Health 1999).</p>	<p>There are joint arrangements with social care regarding discharge processes as well as the use of the (deferred) reimbursement funding. The use of this resource is monitored on a regular basis by senior mangers within the Trust, as are the numbers of delayed discharges.</p> <p>At all sites within the Trust there are posts/structures which have been jointly funded and which aim to reduce delays in patients moving out of the acute sector.</p> <p>The Discharge policy for the trust was circulated to PCT and social services representatives to enable them to comment prior to its approval. The policy contains letters to patients which have been jointly agreed with social services and the Trust. The policy is currently being reviewed The work around the exemplar sites for intermediate care has involved multi-agency working and agreements over joint use of resources. The Rowley Regis exemplar model for example involves the PCT</p>	<ul style="list-style-type: none"> • Copy of Discharge Policy on intranet • Notes from joint meetings between the partner agencies regarding delayed transfers of care or joint planning <p>Minutes from the intermediate care exemplar groups</p>

Elements	Position Statement	Key Evidence
	<p>funding beds in social services facilities at Knowle House.</p> <p>Recently there have been discussions between the Trust, Sandwell PCT and Sandwell social services regarding processes for Continuing Care Assessments. It has been agreed that SWBHT staff will be trained in undertaking these and that they will be accepted by the social services and the PCT funding panel. Joint awareness training has already taken place regarding the CCA.</p> <p>Staff are aware of the joint working and new care pathways that are being developed as part of the 2010 exemplars/modeling as they are regularly informed about these schemes via Team Brief</p> <p>There are regular meetings of senior managers at both the City and Sandwell sites with their counterparts in health and social care to review how the system is dealing with patients.</p>	<ul style="list-style-type: none"> • Notes from meetings • Team Brief <p>Notes from meetings</p>

THIRD DOMAIN: GOVERNANCE

Elements	Position Statement	Key Evidence
C7a) Health care organisations apply the principles of sound clinical and corporate governance		
<p>The healthcare organisation has effective arrangements in place for clinical governance which take account of <i>Clinical governance in the new NHS</i> (HSC 1999/065).</p>	<ul style="list-style-type: none"> ▪ Accountability arrangements for governance (corporate, clinical, research etc) have been clearly set out. ▪ The accountability of the Board and the Chief Executive are clearly defined. ▪ Governance arrangements, key documentation and committee arrangements have been established and approved by the Board. ▪ The Board has defined a set of key objectives for the organisation that have been approved by the Board. ▪ The Board has defined a Performance Assessment Framework to meet the needs of its objectives and monitor its progress against NHS targets. ▪ Committee and management structures are in place to support the Board ▪ The Board has delegated responsibility for overseeing aspects of corporate and clinical governance to supporting sub-committees (e.g. Finance and Performance, Audit, Governance) ▪ The arrangements, responsibilities and membership of committees are clearly defined through the Terms of Reference (as approved by the Board). ▪ Cross-reporting between committees takes place where agendas cross-over. ▪ Specific responsibilities for corporate and clinical governance are defined in job descriptions. ▪ Risks relating to governance are included on the Trust-wide Risk Register ▪ Corporate governance documents (Standing Orders, Standing Financial Instructions and the Scheme of Delegation) are based on DoH models. ▪ Clinical and corporate governance arrangements have been developed in accordance with the relevant DoH guidance 	<ul style="list-style-type: none"> • Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions • Trust Board Sub-Committees – Terms of Reference • 2007/08 Trust Objectives. • 2007/08 Assurance Framework • Trust Risk Register • Executive Director Job Descriptions • Organisational Framework for Governance
C7c) Health care organisations undertake systematic risk assessment and risk management (including compliance with the controls assurance standards)		
<p>The healthcare organisation has arrangements in place for corporate governance, that accord with <i>Governing the NHS: A guide for NHS boards</i> (Department of Health and NHS</p>	<ul style="list-style-type: none"> ▪ The Trust has a Trust Risk Management Strategy. This includes a description of the organizational risk management structure detailing all those committees/sub-committees/groups which have some responsibility for risk. The key Trust-wide policies supporting this Strategy are: <ul style="list-style-type: none"> - Risk Assessment Policy - Incident and Hazard Reporting Policy (updated in September 2006) 	<ul style="list-style-type: none"> • Risk Management Strategy • Risk Assessment Policy • Incident & Hazard Reporting Policy • Local Risk assessments • Corporate Risk Register

Elements	Position Statement	Key Evidence
<p>Appointments Commission 2003), <i>Corporate governance framework manual for NHS Trusts</i> (Department of Health April 2003), <i>Assurance: the board agenda</i> (Department of Health 2002) and <i>Building the assurance framework: a practical guide for NHS boards</i> (Department of Health 2003).</p>	<ul style="list-style-type: none"> ▪ The Governance and Risk Management Committee, on behalf of the Trust Board, sets the strategic direction for governance and risk management within the Trust. ▪ The Trust has an approved organizational wide high level risk register which includes source of risk, description of risk, risk score, summary risk treatment plan, target date for completion, date of review, residual risk rating, trends, critical incidents and significant new risks. The Register is populated from a wide range of sources including corporate objectives, incident reports, risk assessments, significant risks from directorate risk registers. ▪ Risk Management is included in all corporate induction programmes. ▪ Training workshops are provided for risk Assessment, Incident reporting and incident investigation. ▪ Divisions have mostly developed a local register showing all risks and a divisional risk register showing high risks. ▪ Individual full risk assessments take place using the designated risk assessment report form/documentation. 	<ul style="list-style-type: none"> • Divisional Risk Registers • Risk Assessment/Incident Reporting Training Registers
<p>C7b) Health care organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources</p>		
<p>The healthcare organisation actively supports staff to promote openness, honesty, probity, accountability and the economic, effective use of resources in accordance with the <i>Code of conduct for NHS managers</i> (Department of Health 2002) and <i>Directions to NHS bodies on counter fraud measures</i> (Department of Health 2004).</p>	<p>The standard statement of main terms and conditions of employment document includes a clause [para 28] which requires all staff to abide by the provisions of Standards of Business Conduct.</p> <p>These are also included in Trust Standing orders.</p> <p>Para 28 also requires all staff to notify the Chief Executive of any potential conflicts of interest or other financial interests which may impinge on Trust contracts/business.</p> <p>Para 29 requires all staff to adhere to the Code of Conduct.</p> <p>Para 30 explains the responsibilities of employees with regards to gifts and hospitality.</p> <p>There is a local Code of Conduct and Employment charter which reinforces standards of behavior.</p> <p>Annual appraisals and PDRs</p> <p>Corporate induction</p> <p>Code of Conduct</p> <p>Counter Fraud and Corruption Policy</p> <p>Whistleblowing Policy</p>	<ul style="list-style-type: none"> • Standard Statement of main terms and conditions of employment • Code of conduct and employment charter

Elements	Position Statement	Key Evidence
		 <p>S:\HR\Policies - SWBH\HR 008 - Whis!</p> <ul style="list-style-type: none"> ▪ Whistleblowing Policy Counter Fraud and Corruption Policy can be located on Trust intranet.
C7d) Health care organisations ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources		
<p style="text-align: center;">This standard will be measured through the use of resources assessment</p>		
C7e) Health care organisations challenge discrimination, promote equality and respect human rights		
<p>The healthcare organisation challenges discrimination and respects human rights, including in accordance with the Human Rights Act 1998, the Race Relations Act 1976 (as amended), the Equal Pay Act 1970 (as amended), the Sex Discrimination Act 1975, the Disability Discrimination Act 1995, the Sex Discrimination (Gender Reassignment) Regulations 1999, the Employment Equality (Religion or Belief) Regulations 2003, the Employment Equality (Sexual Orientation) Regulations 2003, the Employment Equality (Age) Regulations 2006 and taking into account the supporting codes of practice produced by the Commission for Racial Equality, the Equal Opportunities Commission and the Disability Rights Commission.</p> <p>The healthcare organisation promotes equality in accordance with the Race Relations Act 1976 (as amended), the <i>Code of practice on the duty to promote race equality</i> (Commission for Racial Equality 2002) and with</p>	<p>The trust has an established Equality & Diversity strategy in place which is currently under review with the aim to introduce a single equality scheme in accordance with national guidelines. There are several policies embedded within the organization that address equality at work and training and development of staff. This is easily accessible through the trust intranet websites. Employment monitoring data is captured through the Human Resource EPIX/ESR data base which routinely collects race, disability, age and gender of employees.</p> <p>The trust is currently exploring IT solutions in order to capture fields of focus from the single equality scheme that are currently not available within patient profiling data, for example sexuality and migrant communities. The ethnic profile data has supported service development affecting our local community and user engagement been integral to service reconfiguration and 2010 projects</p> <p>Employment</p> <ul style="list-style-type: none"> ▪ The Trust has an established Equality and Diversity Strategy which states that all members of our community and workforce must have equal access to the services and employment opportunities offered by the Trust regardless of gender, race, ethnic background, disability, religion, sexual orientation or age. ▪ Employee networks exist for Black and Minority Ethnic Staff, Lesbian, Gay, Bisexual and Transgender staff, and staff with disabilities ▪ Access to Diversity Awareness Training ▪ HR Policies e.g. Dignity at Work Policy, Equal Opportunities in Employment Policies ▪ The Trust has an established Race Equality Scheme and Disability Equality Scheme and has published a Gender Equality Scheme for consultation. It is intended that these three documents be brought together into one Equality Scheme for the Trust. <p>Currently the Trust records and monitors employment activities via the use of the ESR and local training systems as given: -</p>	<p>A: Equality & diversity strategy and policies B: 2010 consultation documentation C: Dignity at work policy D: CPD policy E: Study leave policy F: HR website</p> <p>Attached is the published Trust Ethnic Monitoring report for the period April 2006 – March 2007.</p> <p>The report for the period April 2007 – March 2008 will be compiled and published by the summer of 2008.</p>  <p>SWBH Employment Ethnic Origin Monitori</p> <ul style="list-style-type: none"> • Strategy Document • Workforce and OD statistics • Race, Disability and Gender

Elements	Position Statement	Key Evidence
<p>the Disability Discrimination Act 2005.</p>	<ul style="list-style-type: none"> • recruitment – applied, shortlisted and appointed. • Employment <ul style="list-style-type: none"> - disciplinary - grievances - dignity at work - investigations - capability - sickness management - flexible working requests - Training Attendances (CH) - <p>All trust policies are developed in accordance with national guidance and current legislation. They are all approved within a governance framework and easily accessible through the trust intranet website pages.</p> <p>There is a new SWBH Mental Health Act and Mental Capacity Act policy which is being implemented in conjunction with awareness training for staff.</p> <p>The trust has infectious diseases management policies and guidelines which are provided in ward resource folders and intranet websites</p> <p>The trust is currently reviewing equal opportunity and discrimination training provision with a view to implementing e learning toolkits to improve access to more staff</p> <p>All new staff have Diversity awareness training at Corporate Induction.</p> <p>All staff have access to Diversity Awareness Training. Messages on diversity are included in other relevant training e.g. Conflict Resolution and Management Development Training, Diversity principles are included in induction for new staff. (CH)</p> <p>The trust has established racial equality and DDA policies in place which are currently under review with the aim to introduce a single equality scheme in accordance with national guidelines. Several policies are embedded within the organisation that addresses discrimination. Training and development of staff is achieved through induction and development programs.</p> <p>Information is easily accessible through the trust intranet websites.</p> <p>The Head of Communication within the trust is responsible for action planning the findings of patient surveys and monitoring there progress. Results of surveys are readily available on the trust intranet websites</p> <p>A patient experience taskforce has been established, membership includes Chief Nurse, Pals, Head of Communications and patients (derived from the PPI forum). Action plans will include patient survey findings.</p> <p>AS Above All HR staff are training in employment legislation and equality legislation.</p> <p>Data is reviewed on an annual basis and action plans will be developed as appropriate.</p> <p>Prayer facilities to enable staff to practice their religion are available on all sites within the Trust.</p>	<p>Action Plan</p> <ul style="list-style-type: none"> • Policies • Website <p>G: Confidentiality policy H: Health care records policy I: Mental health Act policy J: Mental capacity Act policy K: Infection Control resource folder (REF:C4A) L: E learning disc mental capacity</p> <ul style="list-style-type: none"> ▪ Induction & Mandatory policy ▪ Training programmes <p>Training records</p> <p>M: Racial Equality policy N: DDA Policy O: National patient survey results website</p> <p>P: Equal opportunities policy</p> <p>Training Programme</p>

Elements	Position Statement	Key Evidence
	<p>The requirement as an employer to make reasonable adjustments to the workplace for staff who are covered under the DDA, is covered within the Trust's Sickness Absence policy. More detailed monitoring will now be undertaken given that the Trust has implemented ESR and is able to record this data comprehensively.</p> <p>All the Trust's HR Managers are CIPD qualified and undergo regular professional development and diversity training. They therefore have a comprehensive understanding of equalities legislation and its impact on employment practices.</p> <p>Equal Opportunities legislation is included in the Ward/Department manager training programme. (CH)</p> <p>The trust has a published DDA policy and facilities to monitor DES information. PPI members are part of the committee and join in site inspections</p> <p>The Trust's Disability Equality Scheme was published in December 2006 in draft form for consultation.</p> <p>Following comments and feedback a final document was approved by the Trust Board in June 2007.</p> <p>The Trust's disability network where invited to comment and an action plan is included that sets out how the Trust plans to improve how its services and approach as an employer of choice.</p> <p>Now that the Trust has migrated its employment records onto the national ESR system, work is currently in hand to review, update and improve on the quality of workforce data. This is likely to include a Trust wide data census early in 2008. Once comprehensive data is available, this will improve the availability of monitoring data and inform future action plans. (CH)</p> <p>The trust has a published Racial equality policy and facilities to monitor RES information</p> <p>The following employment policies are monitored closely to consider whether they are having an adverse effect on race equality.</p> <p>Disciplinary Grievance Dignity at Work Investigations Flexible Working Sickness Absence Management. Recruitment and Selection</p> <p>Information on Trust activity is published in an annual report as given above. (CH)</p> <p>Work is currently in progress to ensure publication of equality impact assessment outcomes by the most appropriate media. Governance teams and HR teams monitor EI assessment results</p> <p>The Trust requires all Trust policies to have been impact assessed to ensure that they do not have any adverse affect on any particular group that has not been foreseen or considered.</p>	<p>Q: DDA policy</p> <ul style="list-style-type: none"> ▪ Available on the Trust internet site. <p> S:\HR\Diversity\ Disability Equality Sch</p> <p>R: Racial Equality Policy</p> <ul style="list-style-type: none"> ▪ The Trust's Race Equality Scheme is published on the Trust's internet site. <p>S: EI assessment toolkit</p> <p> Equality Impact Assessment Tool</p>

Elements	Position Statement	Key Evidence
	<p>Managers are supported in this activity with the following Equality Impact Assessment Toolkit. (CH)</p> <p>Employment monitoring data is captured through the Human Resource EPIX/ESR data base which routinely collects race, disability, age and gender of employees.</p> <p>HR teams monitor and assist in the management of performance and grievance cases within the organization. Data is published through performance management reports</p> <p>The trust is currently exploring IT solutions in order to capture fields of focus from the single equality scheme that are currently not available.</p> <p>Data on staff in post, applicants for employment, training and promotion is monitored and data is published annually.</p> <p>Study leave applications include ethnic monitoring. (CH)</p>	 <p>SWBH Employment Ethnic Origin Monitorii</p> <p>Study leave forms</p>
<p>C7f) Health care organisations meet the existing performance requirements</p>		
<p>This standard will be measured through the use of resources assessment</p>		
<p>C8a Health care organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services</p>		
<p>The healthcare organisation has arrangements in place to ensure that staff know how to raise concerns, and are supported in so doing, in accordance with <i>The Public Disclosure Act 1998: Whistle blowing in the NHS</i> (HSC 1999/198).</p>	<p>These matters are dealt with in the Trusts Whistleblowing Policy. Mention is made of this and its purpose at corporate induction</p> <p>There are a number of mechanisms available for staff to use , these include</p> <ul style="list-style-type: none"> • Whistleblowing Policy • Team briefing sessions • Incident reports • Availability of a non executive Director • Annual appraisals <p>Your right to be heard letters</p> <p>The standard terms and conditions of employment contain no “gagging” clause.</p> <p>The Trust asks appropriate questions in the annual survey, all leavers are asked to complete an exit questionnaire and they are able to request a face to face interview.</p>	<p>Whistleblowing Policy</p> <p>▪ Exit interview questionnaire Copy of 2006/2007 opinion survey action plan</p>

Elements	Position Statement	Key Evidence
C8b) Health care organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups		
<p>The healthcare organisation supports and involves staff in organisational and personal development programmes as defined by the relevant areas of the Improving Working Lives standard at Practice Plus level</p> <p>Staff from minority groups have opportunities for personal development in accordance with <i>Leadership and Race Equality in the NHS Action Plan</i> (Department of Health 2004).</p>	<p>An appraisal reporting and monitoring process is in place and results are fed back to Divisional Managers via regular meetings with L&D Out comes of PDR and personal development planning processes feed the annual training needs analysis for planning of development activity</p> <p>The Trust is committed to staff development and has comprehensive L&D and study leave policies in place. Management and Leadership development opportunities are available internally and external to the Trust. Leadership Conferences are held for managers.</p> <p>The appraisal process includes the identification of development needs against the KSF and requirements of the role for all employees A wide range of internal and externally provided development opportunities are available and training taken up is monitored Where feasible internal training programmes are offered at a variety of times/venues/days of the week etc and/or adjustments are made to suit individual learners Learners are able to access external programmes to suit their attendance needs</p> <p>A network group exists to enable support for BME staff All staff have access to development regardless of their ethnic group which includes both personal development and professional training.</p> <p>Study Leave applications include questions to monitor ethnic group.</p>	<ul style="list-style-type: none"> ▪ PDR monitoring process ▪ Personal development plans/portfolios ▪ Training Programmes ▪ Adverts for training – internal and external ▪ L&D Opportunities, L&D Policy, Study Leave Policy ▪ L&D evaluation ▪ SWBH Leadership Conference papers ▪ Nurse Leaders’ Conference papers ▪ Appraisal process & policy ▪ Study leave policy and records ▪ CRT and Mandatory training programmes & records ▪ L&D evaluation report ▪ L&D opportunities document ▪ Study Leave policy, process & records ▪ Commissioning process <p>Study Leave Forms</p>
C9 Health care organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required		
<p>The healthcare organisation has systems in place to ensure that records are managed in accordance with <i>Records management: NHS code of practice</i> (Department of Health,</p>	<ul style="list-style-type: none"> ▪ Annual NHS Information Governance Healthcare Records Standard and action plan. ▪ CNST Healthcare Records Standard met. ▪ Healthcare Records Group in place. ▪ Trust Data Quality Group in place. 	<ul style="list-style-type: none"> • Healthcare Records Group action plans, minutes, terms of reference. • Data Quality monitored monthly.

Elements	Position Statement	Key Evidence
April 2006).		
C10a) Health care organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies		
<p>The necessary employment checks are undertaken for all staff in accordance with <i>Safer recruitment – A guide for NHS employers</i> (NHS Employers 2006) and <i>CRB disclosures in the NHS</i> (NHS Employers 2004).</p>	<p>The Trust has three departments responsible for recruitment within the Trust, as given below, and all are trained and are aware of the required pre-employment checks that need to be followed.</p> <p>Centralised Recruitment Office Medical staffing Department Nurse Bank</p> <p>Recruitment responsibilities are outlined within the Trust’s Recruitment and Selection Policy, CRB Policy and Recruitment of Ex-Offenders Policy.</p> <p>The Trust does not make unconditional employment offers until receipt of two satisfactory references, which is in accordance with Dept of Health guidelines and Trust policy.</p> <p>This is implemented as standard in accordance with Trust policy. Pre-employment assessments are undertaken by the Trust’s Occupational Health Department.</p> <p>The Trust complies with these requirements as stipulated with its Professional Registration Policy. This policy is currently in draft form and is due to be approved by the Trust’s Operational Management Board at the end of November 2007.</p> <p>The procedure for dealing with lapsed registrants is detailed within the policy. Line managers are sent reminders of registrations that are due for renewal and we follow a system of escalating the problem to more senior management and HR for action as appropriate.</p> <p>The Trust complies with this requirement as detailed within its CRB Policy.</p> <p>The Trust complies with this requirement as detailed within its CRB Policy. The Trust’s manager responsible for the appointment process for volunteers has been trained with respect to CRB requirements and is now a Trust counter-signatory for completion of CRB forms.</p> <p>This is covered within the Trust’s CRB policy and the Trusts contract under the Framework agreement for agency selection</p>	<p> Recruitment and Selection Policy.pdf</p> <p> Recruitment and Selection of Ex-Offen</p> <p>See above and copy of October 2007 version of the Recruitment Office, ‘Office Standards’ document.</p> <p> Recruitment Office Standards October 2007</p> <p>See policies above.</p> <p> Professional Registration Policy (D)</p> <p>CRB Policy – detailed above.</p> <p>CRB Policy – detailed above. CRB Policy – detailed above.</p> <p>CRB Policy – detailed above.</p>

Elements	Position Statement	Key Evidence
C10b) Health care organisations require that all employed professionals abide by relevant published codes of professional practice		
<p>The healthcare organisation requires staff to abide by relevant codes of professional practice, including through employment contracts and job descriptions.</p>	<p>Para 23 of the Statement of main Terms and Conditions of employment require all staff as appropriate to comply with relevant Codes of Conduct and to be registered as appropriate at all times. Proof of registration is obtained on appointment and at regular intervals thereafter.</p> <p>Job descriptions and person specifications include specific requirements as appropriate.</p>	<p>Protocol for checking registrations</p>
<p>The healthcare organisation has systems in place to identify and manage staff who are not abiding by relevant codes of professional practice.</p>	<p>Failure to abide by codes etc would ideally normally be picked up by regular supervision, if this does not happen then such failures would be identified at regular appraisals.</p> <p>On occasion issues may arise as the result of a complaint or a recorded incident.</p> <p>All investigations of this nature are dealt with using the Trusts investigation policy. Future management of the issues would depend on the detail but could include retraining, a period of supervised practice and/or disciplinary action.</p>	<p>Investigations Policy</p>
C11a) Health care organisations ensure that staff concerned with all aspects of the provision of health care are appropriately recruited, trained and qualified for the work they undertake		
<p>The healthcare organisation recruits staff in accordance with relevant legislation and with particular regard to the Employment Relations Act 1996, the Equal Pay Act 1970, the Sex Discrimination Act 1975, the Race Relations Act 1976 (as amended), the Disability Discrimination Act 1995, the Disability Discrimination Act 2005, the Sex Discrimination (Gender Reassignment) Regulations 1999, the Employment Equality (Religion or Belief) Regulations 2003, the Employment Equality (Sexual Orientation) Regulations 2003, the Employment Equality (Age) Regulations 2006 and the <i>Code of practice for the international recruitment of healthcare professionals</i> (Department of Health 2004).</p> <p>The healthcare organisation</p>	<p>All Trust recruitment activity is monitored and with the exception of medical recruitment is recorded on NHS Jobs and ESR systems. Information is therefore available to confirm why candidates were either not short listed or appointed.</p> <p>All Recruitment Office staff are provided with training to understand the reasons behind and the importance of recording data with respect to equalities legislation.</p> <p>Currently the Trust is experiencing technical problems with the transfer of some ethnicity data from NHS Jobs into ESR, but this is being dealt with by the appropriate authorities and should be fully rectified by the end of 2007, thereby allowing comprehensive collection and analysis of data.</p> <p>The Trust monitors all employed staff and is able to report on ethnic minority information (subject to the short-term data transfer problem identified above).</p> <p>The Trust uses NHS Jobs for recruitment into the Trust as its standard approach. Alternative methods of application are available upon request.</p> <p>All candidates are asked if they need any specific provisions to be made for them to enable them to attend for interview.</p>	<p> Interview Criteria Form.pdf</p> <p> H:\application pack letter.doc</p> <p> H:\Interview Invite letter - NHS Jobs 8.5.</p>

Elements	Position Statement	Key Evidence
<p>undertakes workforce planning which aligns workforce requirements to its service needs.</p> <p>The healthcare organisation ensures that staff participate in work-based training programmes necessary to the work they undertake as defined by the relevant areas of the Improving Working Lives standard at Practice Plus level.</p>	<p>The Trust is not currently recruiting applicants from overseas, but in the event of needing to do so, would comply with the Code of Practice.</p> <p>Detailed workforce plans are currently being developed for the Trust's 'Towards 2010' Programme and in accordance with local SHA requirements. These plans are being developed and are integrated with the business plans within the organization.</p> <p>Currently the Trust is developing a Workforce Planning tool, to enable line managers to effectively and consistently develop workforce plans that will feed into the Trust's 2010 workforce planning requirements. These plans will require both wte numbers but also the collection and analysis of competency requirements to support training and development requirements.</p> <p>The tool currently under development will be based on the 'six step' model and is designed to encourage managers to think creatively about their future workforce requirements rather than within the constraints of existing traditional professional roles.</p> <p>Individuals employed by the Trust are required to undertake an annual Performance Development Review with their line manager which is designed to identify their specific development needs. These needs are collated into a Divisional/Trust wide development plan that are used to inform the Trust's commissioning process and the development of local training provision.</p> <p>Based on the current needs of the service the Trust is currently developing plans for the creation of an 'Assistant Practitioner' role and is providing in-house NVQ training in Customer Care, Admin and Care</p> <p>Bespoke facilities are available via L&D, Medical Education Centre, Post-graduate Centre.</p> <p>The Trust has invested in clinical skills laboratories on the two main Hospital sites. This has an extensive program of activity for all clinical staff including medical and nursing staff. To supplement this on line learning packages and tailor made training programs exist which are delivered by clinical specialists.</p> <p>Multiple training programs are available for clinical staff to access to their renew skills e.g. CPR, drug administration venepuncture, medical device training, lifting and handling, food hygiene etc.</p> <p>Where deficits are identified tailor made programs are created, a recent example being Naso-gastric tube feeding skills updates.</p> <p>To assist the problem of staff release IT learning/assessment packages are available that enable staff access via the intranet, within wards, departments or onsite IT cafes</p> <p>In accordance with the Trust induction and CPD Policy staff are monitored in their attendance of mandatory and clinical training annually by managers and the Learning and Development Department.</p> <p>Staff have an annual performance appraisal with their line manager and identify appropriate training needs, which is captured on their development plans.</p>	<ul style="list-style-type: none"> ▪ Policies and procedures ▪ Training programs ▪ Skills lab programs ▪ IT open learning packs ▪ Professional re-registration checked ▪ Performance appraisal documentation ▪ Re-registration process linked to CPD ▪ Professional body/council websites ▪ Codes of conduct for all professionals ▪ Professional journals ▪ British Medical Council sties ▪ Professional chat lines and email networks ▪ Conferences, seminars and teaching tutorials Trust intranet access

Elements	Position Statement	Key Evidence
	<p>Further development identified as part of the Learning Needs Analysis is supported through the study leave procedure. Through this process staff have equity of access to development opportunities that are appropriate to their role and career progression. Statistics to demonstrate the number of staff accessing development is contained in the annual L&D evaluation report.</p> <p>Staff responsible for mentoring, assessing/supporting students in the workplace are trained via appropriate assessor and mentorship programmes provided by local universities. Staff on NVQ programmes are supported by qualified NVQ assessors</p> <p>A variety of NVQ programmes are available to staff e.g. Healthcare, Customer Service, Administration, Allied Healthcare Support NVQ's. NHS learning accounts were widely publicised whilst they were still available</p> <p>The Trust has maintained Investor in People status since 1999.</p> <p>Basic Skills, Key Skills and ESOL programmes are available internally delivered by qualified trainers. These are advertised via the Learning Needs Analysis, L&D opportunities and bespoke publicity. They are also included in other development programmes that are offered to staff.</p> <p>A Skills for Life Action Plan is in place</p>	<ul style="list-style-type: none"> ▪ Study Leave records ▪ University Brochures ▪ List of programmes ▪ Publicity material for NHS ▪ Learning accounts and records of uptake ▪ Various evaluation reports ▪ Ofsted Report ▪ NVQ Accreditations
C11b) Health care organisations ensure that staff concerned with all aspects of the provision of health care participate in mandatory training programmes		
<p>Staff participate in relevant mandatory training in accordance with the Management of Health and Safety at Work Regulations 1999.</p> <p>Staff and students participate in relevant induction programmes</p>	<p>A programme is in place which provides different modules to meet the needs of different staff groups. Staff attend as part of their induction to the Trust and are also required to attend regular updates (annually for clinical staff and bi-annually for non-clinical staff). Staff are required to provide information that they are up to date with their mandatory training requirements before they are able to access other development opportunities.</p> <p>Mandatory training is provided within working hours on a 24 hour basis relevant to the needs of divisions.</p> <p>New staff all attend mandatory training as part of their induction A blended learning system of mandatory training supports a competency based approach and regular updates and on-line assessments are delivered in accordance with the Mandatory Training Policy Attendance is monitored by L&D and reported to the Trust Board and senior managers within the organisation.</p> <p>Training content is updated as needed e.g.: recent changes in infection control procedures and energy efficiency Staff are also required to attend regular updated (annually for clinical staff and bi-annually for non-clinical staff) and training is provided within working hours on a 24 hour basis relevant to the needs of divisions A blended learning system of mandatory training is in place with sessions being offered across sites, on a 24 hour basis and at different locations within the Trust.</p>	<ul style="list-style-type: none"> ▪ Training programme/modules ▪ Registers of attendance ▪ Study leave process ▪ Induction and Mandatory training policy <p>Training programmes and registers</p> <ul style="list-style-type: none"> ▪ Induction and Mandatory Training Policies ▪ Training Programmes ▪ Attendance sheets and checklists <p>Monthly reports</p> <ul style="list-style-type: none"> ▪ Training Programmes ▪ Monthly reports ▪ Attendance records

Elements	Position Statement	Key Evidence
	All new staff and students attend a 3 day corporate induction programme plus local induction is provided within the workplace to cover work area and job specific requirements.	<ul style="list-style-type: none"> ▪ Induction programme and checklists ▪ Attendance records ▪ Local induction checklists and 3 monthly auditing
C11c) Health care organisations ensure that staff concerned with all aspects of the provision of health care participate in further professional and occupational development commensurate with their work throughout their working lives		
Staff have opportunities to participate in professional and occupational development in accordance with <i>Working together – learning together: a framework for lifelong learning for the NHS</i> (Department of Health 2001) and <i>Continuing professional development: quality in the new NHS</i> (HSC 1999/154).	<p>The appraisal process includes the identification of development needs against the KSF for all employees</p> <p>A wide range of internal and externally provided development opportunities are available and training taken up is monitored</p> <p>Where feasible internal training programmes are offered at a variety of times/venues/days of the week etc and/or adjustments are made to suit individual learners</p> <p>Learners are able to access external programmes to suit their attendance needs</p> <p>Library facilities are available to staff at City and Sandwell Hospital sites</p> <p>A range of IT skills training is offered on a regular basis and/or at drop-in sessions</p> <p>Contract and Agency staff all complete the Trust mandatory training and local induction.</p>	<ul style="list-style-type: none"> ▪ Appraisal process & policy ▪ Study leave policy and records ▪ CRT and Mandatory training programmes & records ▪ L&D evaluation report ▪ L&D opportunities document ▪ IT training programmes <p>Attendance records</p>
C12 Health care organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied		
The healthcare organisation complies with the requirements of the <i>Research governance framework for health and social care, second edition</i> (Department of Health 2005).	<ul style="list-style-type: none"> • Confirmation of Sponsorship is required for all studies as part of the R&D Approval Process • A copy of the Ethics Approval Letter(s) (and CTA from the MHRA where applicable) are required for all studies as part of the R&D Approval Process • All research undertaken within the Trust is subject to formal R&D Approval as signed by the Director of R&D. • In accordance with the R&D Approval Process, a Principal Investigator (PI) is identified for each study and a PI Agreement which outlines the PI's responsibilities is signed and held on file in the R&D Department study files. Site Agreements are also negotiated and held on file to define responsibilities held by each party where applicable. <p>Signed Site Agreements are in place as applicable; SWBH Trust accepts the Commercial and Non-Commercial mCTA unmodified.</p> <ul style="list-style-type: none"> • Consumer involvement in the design, conduct, analysis and reporting of research is encouraged wherever possible in accordance with the R&D Policy. • In accordance with the R&D Constitution, a lay member sits on the R&D Committee to provide input regarding consumer issues in research. <ul style="list-style-type: none"> • All studies that are registered with the R&D Department are recorded on a database. Applicable studies have previously been submitted quarterly to the National Research Register (NRR) in compliance with requirements; we await instruction as to the replacement mechanism following the disestablishment of the NRR. Commercial studies are recorded on the database but not 	<ul style="list-style-type: none"> • R&D Approval Process (& Applicant's Checklist) as appended to the R&D Policy. • R&D Policy • PI Agreement <ul style="list-style-type: none"> • R&D Policy • R&D Constitution <ul style="list-style-type: none"> • Procedure for Safety Reporting in Research • Policy on the Handling of Complaints

Elements	Position Statement	Key Evidence
	<p>submitted to a national register.</p> <ul style="list-style-type: none"> • The requirement for adverse events reporting is outlined in the Trust's Procedure for Safety Reporting in Research. This includes a requirement to report the clinical incident/hazard in accordance with the Trust Clinical Incident Procedure if the adverse event in question occurred as a result of an error of failure in a study or other related procedure. • Systems to address and learn from complaints are covered in the Trust's Policy on the Handling of Complaints. Complaints and resolutions are monitored and reported to the Governance and Trust Board regularly. • The Trust has a Policy which governs the management of Intellectual Property generated by Trust employees. The management of intellectual property has also been included in its employment contracts for staff. The Trust is also a full member of MidTECH, the Innovations Hub for the West Midlands who provide advice and assistance in the protection and exploitation of our intellectual property. <p>The Trust has a Misconduct & Fraud in Research policy. In addition, the R&D Department undertake random research governance audits of active studies to ensure compliance and as part of the requirements of R&D Approval; all PIs undertaking clinical trials must produce a recently obtained GCP certificate.</p>	<ul style="list-style-type: none"> • Managing Intellectual Property • Trust Employment Contracts • MidTECH Agreement • Misconduct & Fraud in Research • R&D Policy

FOURTH DOMAIN: PATIENT FOCUS

Elements	Position Statement	Key Evidence
C13a) Health care organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect		
<p>The healthcare organisation has taken steps to ensure that all staff treat patients, carers and relatives with dignity and respect at every stage of their care and treatment, taking into account, where appropriate, the relevant benchmarks from the Essence of Care toolkit</p>	<p>The trust has systems and policies to manage privacy and dignity of patient's carers and their relatives. This is reflected in trust strategies and taught at induction and throughout numerous training programmes.</p> <p>The corporate induction programme includes confidentiality, privacy and dignity at work. Conflict Resolution Training (mandatory for all patient facing staff) includes diversity and dignity at work messages</p> <p>The trust has implemented the Older People Project which encompasses the new dignity in care training and audit tools launched through the DOH dignity campaign. This teaching is cascaded on wards by older people champions</p> <p>Several training programmes capture privacy and dignity within their learning schemes for example NVQ in Care level 2&3 when HCA are assessed in a specific module that includes Privacy and Dignity</p> <p>Faith and religious needs are published within the Equality resource packs and website</p> <p>Diversity Awareness and Customer Care training is available to all staff</p> <p>Diversity is one of the core KSF dimensions against which staff have to provide evidence during the appraisal process</p> <p>A guide for healthcare staff: Meeting the physical, spiritual and religious needs of patients, is available from the Nursing Division and is included in Diversity Awareness Training. (CH).</p> <p>The trust has a published bereavement strategy and designate end of life lead who supports the clinical teams to ensure the best possible, most appropriate care is provided for dying patients, carers and their families. There are facilities available if relatives wish to sleep overnight and bereavement rooms on each hospital site. Information is available to support families in all of the information centres and online through the intranet websites</p> <p>The Trust will implement the Pan Birmingham Palliative Care Supportive Pathway Document.</p> <p>EOC quality audits (including P&D) were undertaken in Feb 07 and results presented to matrons, CNS, Divisional Managers, and Governance Board. Local and corporate action plans were developed and monitored via the Senior Nurse Forum.</p>	<ul style="list-style-type: none"> • Privacy& Dignity policy • PPI strategy • Nursing strategy • Induction programme • Training programmes • Older People Dignity pack • NVQ unit P&D • Website equality • Training programmes • Bereavement Strategy • Website material • Carepathway documentation • EOC Audit results 07

Elements	Position Statement	Key Evidence
	<p>Trust contracts contain a standard clause regarding Equal opportunities. Diversity training is offered to all staff groups. Multi-faith information is available on the intranet.</p> <p>Information regarding access and use of interpreting services are available on the intranet and via the policy. 50 dual handset phones are shortly being installed in key areas in the Trust Raising awareness and training is underway.</p>	<ul style="list-style-type: none"> • JD • Diversity training programme • Web page information • Access and Delivery of Interpreting Service Policy • Telephone interpreting Information
<p>The healthcare organisation has systems in place to meet the needs and rights of different patient groups with regard to dignity and respect including in accordance with the Disability Discrimination Act 1995 and Disability Discrimination Act 2005, the Race Relations Act 1976 (as amended) and the Human Rights Act 1998 and taking into account <i>NHS Chaplaincy Meeting the religious and spiritual needs of patients and staff</i> (Department of Health, 2003).</p>	<p>EOC quality audits are undertaken annually, results distributed via matrons, CNS, Divisional Managers, resulting in corporate and local action plans. Raising awareness and results are discussed by EOC lead at ward manager meetings.</p>	<ul style="list-style-type: none"> • Local action plan • Corporate action plan • Process cycle presentation
<p>The healthcare organisation has systems in place to identify areas where dignity and respect may have been compromised and takes action in response.</p>	<p>On admission each patient undergoes an initial assessment of their physical, psychological, and spiritual need and the findings are recorded within their healthcare records. Their specific holistic care needs are captured on the initial assessment document and reviewed frequently are their care needs change</p>	<ul style="list-style-type: none"> ▪ Initial assessment document
<p>C13b) Health care organisations have systems in place to ensure that appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information</p>		
<p>The healthcare organisation has processes in place to ensure that valid consent, including from those who have communication and/or language support needs,</p>	<ul style="list-style-type: none"> ▪ Trust has a Consent for Examination or Treatment Policy in place including Delegated Consent. ▪ There is a corporate group looking at consent issues including use of interpreters, consent forms, delegated consent training packs and arrangements. 	<ul style="list-style-type: none"> • Consent for Examination or Treatment Policy • Video/photography policy

Elements	Position Statement	Key Evidence
<p>is obtained by suitably qualified staff for all treatments.</p> <p>Patients, including those with language and/or communication support needs, are provided with information on the use and disclosure of confidential information held about them, in accordance with <i>Confidentiality: NHS code of practice</i> (Department of Health 2003).</p>	<ul style="list-style-type: none"> ■ An audit of consent has been carried out and is an ongoing process. Areas for further improvement have been identified and an action plan developed. ■ An audit of delegated consent has taken place to determine the use of the delegated consent process and the level of support required. ■ Training packs have been developed for identified areas of delegated consent in 5 areas of the Trust. ■ Some patient information contains risks benefits and alternatives to treatment. ■ There is a Trust wide patient information group looking at the patient information processes with the Executive lead for PALS and patient information reporting progress. ■ There is intranet access for staff to patient information leaflets with explanation of risks, benefits and alternatives. ■ There are some pre-assessment clinics where initial explanations are provided and information is given to patients by the practitioner co-ordinating the clinic. This gives the patient time to consider the risks, benefits and possible alternative including no treatment option. ■ There is a Policy for Consent for Hospital Post Mortems, Retention and the Respectful Disposal of Human Tissues. ■ There is a Policy covering the procedure for obtaining consent for examination and subsequent disposal of tissues from early pregnancy loss (EPL). This includes a consent form and patient information. ■ 	<ul style="list-style-type: none"> ● Delegated consent training packs for identified procedures and staff ● Bespoke delegated consent forms for gynae oncology ● Patient information leaflets ● Audit of delegated consent procedures
C13c) Health care organisations have systems in place to ensure that staff treat staff treat patient information confidentially, except where authorised by legislation to the contrary		
<p>Staff act in accordance with <i>Confidentiality: NHS code of practice</i> (Department of Health 2003), the <i>Data Protection Act 1998, Protecting and using patient information: a manual for Caldicott guardians</i> (Department of Health 1999), the Human Rights Act 1998 and the Freedom of Information Act 2000 when using and disclosing patients' personal information</p>	<ul style="list-style-type: none"> ■ Patient confidentiality is a core element in all NHS staff training and included in a variety of standards including CNST and Essence of Care. ■ The Trust is monitored annually against a number of relevant Information Governance Standards included Healthcare Records, Data Protection and Freedom of Information. ■ The key areas for development are to improve the patient information on confidentiality and to improve Freedom of Information standards on non-patient information. ■ Freedom of Information requests and responses are now all logged electronically ■ An Executive Director deals with ALL Confidentiality & Data Protection requests, issues and advice, supported by the Trust Caldicott Guardian. ■ Information Governance Action Plans are in place. Progress is monitored by the Information 	<p>Confidentiality Code of Practice adopted by Trust</p>

Elements	Position Statement	Key Evidence
	Governance Group. These plans have been reviewed by Internal Audit.	
C14a) Health care organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services		
Patients, relatives and carers are provided with accessible information about, and have clear access to, formal complaints systems in accordance with the NHS (Complaints) Regulations 2004 and associated guidance	<ul style="list-style-type: none"> Detailed policy on handling complaints 'Your views matter' leaflet available throughout the Trust and sets out how patients, relatives and carers can tell us what they think about our services A form is available if the complainant does not want to write a formal letter A complaints page is available on the website and includes an on line form for making a complaint Complaints can also be made by e-mail (to a designated e-mail address) or by telephone Information can be provided in a format that meets the individual needs of the complainant e.g sending letters on CD for a dyslexic patient Translators have been used to assist people in pursuing their complaints Support is available via PALS and ICAS 	<ul style="list-style-type: none"> Policy on the Handling of Complaints Leaflet/form website
The healthcare organisation provides opportunities for patients, relatives and carers to give feedback on the quality of services.	<ul style="list-style-type: none"> The 'Your views matter' form tells patients, relatives and carers how they can tell us what they think about our services. The form can also be used to register comments, not just complaints Details are also kept of the number of 'thank you' letters received and figures are included in the quarterly and annual reports to the Trust Board Complainants are sent a questionnaire asking for their views on the way that their complaint was handled Feedback can also be given via PALS 	<ul style="list-style-type: none"> Leaflet/form Trust Board reports Questionnaire
C14b) Health care organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made		
The healthcare organisation has systems in place to ensure that patients, carers and relatives are not discriminated against as a result of having complained.	<ul style="list-style-type: none"> The revised Policy on the Handling of Complaints has the following objective – "To reassure patients that their treatment will not be affected and that they will not be discriminated against in any way as a result of having made a complaint Within the revised Policy the roles and responsibilities of the Complaints Manager, Complaints Department, Investigating Officers, Staff and Divisional General Managers/Executive Directors include the commitment to ensure that patients/relatives/carers are not treated differently as a result of having made a complaint and that in the event of any unfavourable treatment being discovered this is escalated and managed appropriately. 	<ul style="list-style-type: none"> Policy on the Handling of Complaints
C14c) Health care organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery		
The healthcare organisation responds to complaints from patients, relatives and carers in accordance with NHS (Complaints) Regulations 2004 and associated guidance.	<ul style="list-style-type: none"> Policy on the Handling of Complaints includes the following objectives – <p>"To ensure that minor complaints are handled by front line staff responding sensitively, courteously and promptly to the complainant's needs"</p> <p>"To ensure that all complaints are treated seriously and sympathetically and actioned within set timescales"</p>	<ul style="list-style-type: none"> Policy on the Handling of Complaints

Elements	Position Statement	Key Evidence
	<ul style="list-style-type: none"> • A detailed file is maintained for each complaint • All complaints are logged onto a computerised database • Complaints are investigated in line with the requirements of the Policy on the Handling of Complaints and this includes keeping complainants informed of progress • The Policy includes the provision that the Complaints Manager will consider the use of conciliation to resolve a complaint • Detailed responses are sent, addressing the points raised by the complainant • The standard ending for all complaint responses advises the complainant of their right to refer their concerns to the Healthcare Commission and gives the relevant contact details 	
<p>The healthcare organisation uses concerns and complaints from patients, relatives and carers, to improve service delivery, where appropriate.</p>	<ul style="list-style-type: none"> • Following the investigation of a complaint an action plan is completed, showing the action to be taken as a result of the complaint. Monitoring is undertaken via the Governance framework • Complaints are graded according to their severity and future risks to patients and/or the Trust. Action plans for red complaints are monitored by the Adverse Events Committee (which is chaired by the Chief Executive) • Details of the actions arising from complaints are included in the quarterly reports to the Trust Board and in the annual report 	<ul style="list-style-type: none"> • Action plans • Complaint files • Adverse Events papers • Quarterly/annual reports
<p>C15a) Where food is provided, health care organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet</p>		
<p>The healthcare organisation offers patients a choice of food in line with the requirements of a balanced diet and in accordance with the relevant requirements of the <i>Better hospital food programme</i> (NHS Estates 2001), reflecting the needs and preferences and rights (including faith and cultural needs) of its service user population.</p> <p>The preparation, distribution, handling and serving of food is carried out in accordance with food safety legislation and national guidance (including the Food Safety Act 1990, the Food Safety (General Food Hygiene) Regulations 1995 and EC regulation 852/2004).</p>	<p><u>Legislation:</u> All Sandwell and West Birmingham Hospitals NHS Trust patient food is prepared, distributed, handled and served in accordance with:</p> <ul style="list-style-type: none"> ▪ Better Hospital Food (NHS Estates 2001) ▪ Food Safety Legislation and National Guidelines ▪ Food Safety Act 1990 ▪ Food Safety (Temperature Control) Regulations 1995 ▪ Food Safety (General Food Hygiene) Regulations 1995 ▪ Food Premises (Registration) Regulation 1991 ▪ Workplace (Health, Safety and Welfare) Regulations 1992 ▪ EC Regulations 852/2004 <p><u>Menu Selection:</u></p> <ul style="list-style-type: none"> ▪ All patients are offered a choice of meal and portion size from a multi-choice, menu range inclusive of vegetarian, halal and puree. This reflects the needs of the local community. <p><u>BHF:</u></p> <ul style="list-style-type: none"> ▪ The six key requirements for BHF are adhered to. 	<ul style="list-style-type: none"> • Environmental Health Officer (EHO) audit inspections • Better Hospital Food audits (PEAT) • Departmental Controls Assurance • Departmental Risk Assessments • Audit Commission Catering Review 2001 • 3-Week menu cycle • Hotel Services audits • Hotel Services patient questionnaire • Healthcare Commission young persons patient survey • Acute Hospital Portfolio • Department of Health PEAT BHF audit scores • Acute Hospital Portfolio

Elements	Position Statement	Key Evidence
C15b) Where food is provided, health care organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day		
<p>Patients have access to food and drink 24 hours a day in accordance with the requirements of the <i>Better hospital food programme</i> (NHS Estates 2001).</p> <p>The nutritional, personal and clinical dietary requirements of individual patients are assessed and met, including the right to have religious dietary requirements met.</p> <p>Patients requiring assistance with eating and drinking are provided with appropriate support</p>	<p>Nutritional assessment is an integral element of the admission process and results are recorded within the initial assessment documentation in the patient's health care records.</p> <p>The nutritional assessment tool completed on admission would identify any support needs require for patients. The trust has implements the RED TRAY scheme to highlight patient who need assistance with feeding.</p> <p>AS above and in addition the trust are exploring the possibility of formulating a Volunteer group to support patients to eat and drink at meal times</p> <p>AS above and in addition the trust are exploring the possibility of formulating a Volunteer group to support patients to eat and drink at meal times</p> <p>All health care staff are trained in the holistic care of patients. Each patient's personal preferences are recorded within the initial assessment records and staff form relationships by talking to their patients to become familiar with their likes and dislikes. Meals are served in accordance with trust policies by catering staff or nurses</p> <p>The trust has implemented the RED TRAY scheme to highlight patient who need assistance with feeding. Any patient who needs additional specialist equipment would have this identified on admission through the nutritional assessment process</p>	<ul style="list-style-type: none"> • Initial assessment record • Nutritional assessment tool • Red Tray Scheme • Food Policy • Initial assessment record • Red Tray Scheme • Initial Assessment Record
C16 Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care.		
<p>The healthcare organisation provides suitable and accessible information on the services it provides and in languages and formats relevant to its service population, and which accords with the Disability Discrimination Act 1995 and the Disability Discrimination Act 2005 and the Race Relations Act 1976 (as amended).</p>	<ul style="list-style-type: none"> • The Trust provides information on its services on its website, including directions, information on parking, bus routes, visiting times and further information. The site is under review and the Trust is in the process of appointing a web officer to have day to day responsibility for developing and updating the site. • Regularly updated information about the Trust and the treatments offered is available on nhs.uk and the Trust has contributed to the development of the nhs.uk site. • The Trust has provided an annual report with features of its services, lists of Trust services, information on getting to the Trust, PALS, useful contacts etc. The annual report is distributed in public areas, with GPs etc. and is available on line. • Welcome to hospital leaflets for City, Sandwell and Rowley Hospitals are sent with every outpatient letter and contain information on facilities at the hospital, including opening hours of catering facilities and information on car parking costs, concessions and reimbursement. These are in the process of being updated to include a much larger map. • Information is regularly sent to GPs about the Trust services, with contact details for clinics and relevant consultants. A full list of consultants contact details is published annually. 	<p>www.swbh.nhs.uk</p> <p>www.nhs.uk (http://www.nhs.uk/servicedirectories/pages/Trust.aspx?id=RXX)</p> <p>Trust review 2007</p> <p>Welcome to hospital leaflets</p> <p>GP Focus</p>

Elements	Position Statement	Key Evidence
	<ul style="list-style-type: none"> The Trust has produced standard information in nine non-English languages to be used in public documents, inviting readers to contact the Trust if they need the information in another language. Towards 2010 and Interim Reconfiguration documents contain phrases in other languages and have been produced on request in languages such as Arabic. The annual report has been produced in a web friendly version. Consultation material is produced in print and audio versions. A meeting has taken place with a representative of a visually impaired group following a patient complaint to help understand the needs of visually impaired patients. Braille, pictorial information, audio and DVDs are used for patient information, such as handwashing, on patientline. Minicom, deaf loops, telephone handsets for interpreting and Browse aloud are available. <p>There is a Health Exchange kiosk at the Birmingham Treatment Centre with information available electronically in several languages and volunteers on hand to help patients and visitors use the system. Negotiations are taking place with Sandwell PCT to set up a similar system at the hospital.</p> <ul style="list-style-type: none"> The Trust has established racial equality and DDA policies in place which are currently under review with the aim to introduce a single equality scheme in accordance with national guidelines. The Race Equality Scheme sets out how it will publish the results of the assessments and consultation and monitoring and how it will ensure public access to information and services. It is available on the Trust's website and Intranet and the scheme states that it will also be provided in hard copy to Trust Board members, senior managers in all Divisions/Directorates, Joint Consultation and Negotiating Committee (JCNC) members and individual members of the public and staff upon request. It is publicized through the staff newsletter and Chief Executive's Team Brief and a summary produced and circulated to service areas, user groups, partner organizations and voluntary groups. It is available in alternative formats for people with disabilities on request and the Scheme sets out that consideration be given to the provision of information in languages other than English. Patient information is available electronically on the Trust intranet from most Trust computers and printers are available so that anyone in any clinic can print off the information. Minicom, deaf loops, telephone handsets for interpreting and Browse aloud are available. Patient surveys are analyzed by ethnicity and any anomalies are fed into the resulting action plans which are led by a Patient Experience Taskforce. A quarterly report on the Patient Experience is taken to the Trust Board. 82% of Asian or Asian British patients said they received the right amount of information, 87% of Black or Black British patients and 83% of white patients. 63% of Asian or Asian British, 42% of Black and Black British and 17% of White patients said their family was given all the information (completely or to some extent) they needed to help them recover. 80% of Asian or Asian British, 83% of Black or Black British and 72% of White patients were given clear written or printed information about their medicines (completely or to some extent). 97% of Asian or Asian British, 93% Black or Black British, 96% of White patients said staff explained the risks and benefits of the operation or procedure in a way they could understand. 	<p>Consultant list June 2007</p> <p>Standard phrases documents</p> <p>Towards 2010 and Interim Reconfiguration consultation reports Arabic translation www.swbh.nhs.uk Consultation material and audio DVD Minutes of meeting – August 2007</p> <p>Racial Equality Scheme DDA Policy National patient survey results website Team Brief July 2007 Understanding the Patient Experience Trust Board reports – June 2007; September 2007</p>
<p>The healthcare organisation provides patients and where appropriate, carers (including those with communication or language support needs) with</p>	<ul style="list-style-type: none"> The Trust has a Patient Information Policy for Clinical Information that is currently being reviewed by the Patient Information Steering Group. The Trust is in the process of purchasing a license for the EIDO national clinical information system which permits the use of over 300 clinical leaflets including multi-lingual leaflets to compliment existing Trust patient information Additional investment is being made into the Trust's medical illustration department to increase the volume of patient information leaflets that are 	<p>Patient Information Policy</p>

Elements	Position Statement	Key Evidence
<p>sufficient and accessible information on the patient's individual care, treatment and after care, taking into account the <i>Toolkit for producing patient information</i> (Department of Health 2003), Information for patients (NICE), <i>Guidance On Developing Local Communication Support Services And Strategies</i> (Department of Health 2004) and other nationally agreed guidance where available.</p>	<p>produced</p> <ul style="list-style-type: none"> • The Toolkit for producing patient information and the Trust patient information policy are available on the Trust's Intranet. • Audits of patient information are carried out annually to find out what information is available. • A piece of work is taking place to ensure information is consistent across the Trust • The Trust's bedside directory is currently being reviewed by a group of patients with a view to updating it • Targeted patient surveys take place throughout the year. For example, BTC outpatients, Rowley outpatients, paediatrics, inpatients, patient and visitor travel surveys • Patient information points are available on each site and patients can have access to clinical nurse specialists, matrons, PALS staff and PALS volunteers • Patient information is available electronically on the Trust intranet from most Trust computers and printers are available so that anyone in any clinic at any time can print off the information. Minicom, deaf loops, telephone handsets for interpreting and Browse aloud are available. • Patient information is available electronically on the Trust intranet from most Trust computers and printers are available so that anyone in any clinic can print off the information. Minicom, deaf loops, telephone handsets for interpreting and Browse aloud are available on wards and in patient information centers. • There is a Health Exchange kiosk at the Birmingham Treatment Centre with information available electronically in several languages and volunteers on hand to help patients and visitors use the system. Negotiations are taking place with Sandwell PCT to set up a similar system at the hospital. • Braille, pictorial information, audio and DVDs are used for patient information, such as handwashing, on patientline. • Interpreters are available, supported by a telephone interpreting system 	<p>Patient Information audit 2007 City Hospital ward information audit 2007</p> <p>Patient survey reports (to Trust Board as part of Understanding the Patient Experience; Interim Reconfiguration Board)</p>

FIFTH DOMAIN: ACCESSIBLE AND RESPONSIVE CARE

Elements	Position Statement	Key Evidence
C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services		
<p>The healthcare organisation seeks the views of patients, carers and the local community, including those facing barriers to participation, in accordance with <i>Strengthening Accountability, patient and public involvement policy guidance – Section 11 of the Health and Social Care Act 2001</i> (Department of Health 2003) and, as appropriate, the associated practice guidance, and the Race Relations Act 1976 (as amended).</p>	<ul style="list-style-type: none"> The Trust is continuing the process of engagement in partnership with the PCTs in relation to the Towards 2010 and interim reconfiguration proposals. Trust staff respond to requests for meetings and involve patients on various project groups. A Towards 2010 newsletter is being produced asking members of the public to give their feedback. An Engagement manager has been appointed to seek feedback specifically around the plans for the new acute hospital to ensure public, patients and staff have a chance to get involved with the design and planning processes. Parents of children with long-term conditions have been heavily involved in service planning for changes to paediatric inpatient provision at the Trust. Patients are involved on various Patient and Public Involvement groups in the Trust, such as the Facilities Users Group which sets strategies including the car park strategy. The Head of Communications attends the monthly PPI Forum meetings, seeking feedback from the Forum and responding to their questions. <p>Trust-wide and departmental level surveys are held to seek feedback</p> <ul style="list-style-type: none"> The Trust has established racial equality and DDA policies in place which are currently under review with the aim to introduce a single equality scheme in accordance with national guidelines. The Race Equality Scheme sets out how it will publish the results of the assessments and consultation and monitoring and how it will ensure public access to information and services. It is available on the Trust's website and intranet. The Trust's PPI Strategy aims include the provision of better information, access to services, influencing decision making and improving training to support staff and the public when working in partnership. The Trust has committed that consultation and involvement will take place in the planning, priority setting and provision of services and employment opportunities. <p>The Trust has followed up public consultation on the Towards 2010 and Interim Reconfiguration proposals by writing to nearly 3,000 groups and individuals on the distribution list and who responded to the consultation, including an independent summary report of the consultation and the Trust Board report</p> <ul style="list-style-type: none"> outlining the recommendations and rationale. A press briefing also took place. The Trust is developing proposals for a further public consultation, this time on its plans for NHS Foundation Status. A communications and engagement strategy has been developed that gives people the opportunity to have a continuing conversation about the Trust's service plans. Specific plans to target hard to reach groups form part of the strategy. The Trust is involved with its local PCTs in a piece of work with the Consultation Institute on the Towards 2010, Interim Reconfiguration and Foundation Status consultations. The Trust has undertaken an Equality Impact Assessment as part of its plans for Interim Reconfiguration. A workshop was held to which the Birmingham Race Action Partnership and Race Equality Sandwell were invited but did not attend. The outcome of the workshop fed into further work that was undertaken by the steering groups for the individual schemes who have been asked to consider demographic data specific to their specialties and include a separate equality impact assessment section in their implementation plans. More generic issues will be addressed at a corporate level and progress is monitored through the Interim Reconfiguration Board. 	<p>Towards 2010 Communications and Engagement Strategy Acute Hospital Engagement Plan and timetable for activities Paediatric reconfiguration communications plan PPI group minutes PPI Forum minutes</p> <p>Racial Equality Scheme DDA Policy PPI Strategy QUAD consultation reports Consultation Board reports Letter regarding consultation Press release regarding consultation outcomes Foundation Trust communications and engagement strategy (draft) Constitution Institute feedback? Equality Impact Assessment workshop report Interim Reconfiguration steering group and Board minutes</p>
<p>The healthcare organisation takes into account the views of patients, carers and the</p>	<ul style="list-style-type: none"> The Trust is a signatory to the Sandwell Compact <p>The Birmingham Compact has been signed by Birmingham East and North PCT on behalf of the NHS (only one organization representing each service has signed the Compact).</p>	<p>Sandwell Compact http://www.laws.sandwell.gov.uk/ccm/navigation/community-and-living/voluntary-organisations/sandwell-compact/</p>

Elements	Position Statement	Key Evidence
<p>local community when designing, planning, delivering and improving healthcare, in accordance with <i>Strengthening accountability, policy guidance – Section 11 of the Health and Social Care Act 2001</i> (Department of Health 2003) and, as appropriate, the associated practice guidance.</p>	<ul style="list-style-type: none"> • The Trust is continuing to use the feedback from two recent public consultations to influence its service planning. Concerns raised during public consultation on transport have directly led to several pieces of transport mapping and patient, visitor and staff surveys. • The PPI Forum Chair attends the Trust Board and reports on the PPI Forum work plan which is based around patient feedback on Trust services • The PPI Forum Chair is a member of each of the Trust's key project boards to ensure that patient views are being sought and taken account of. • The Trust participates in the national patient surveys and undertakes its own surveys – Trust wide and specific to sites, departments, or topics. • Patient views and feedback are taken to the Trust Board regularly in the form of Complaints reports, PALS reports and a quarterly report on understanding the patient experience which pulls together patient feedback from a wide range of sources. • A patient experience taskforce has been established to review patient feedback and monitor the Trust's response. Membership includes the Chief Nurse, Head of PALS, Head of Communications and patient representatives provided by the PPI Forum. The work of this group is reported to the Trust Board. • Discussions are taking place with the Overview and Scrutiny Committees, PPI Forums, and other groups such as visually impaired and typically hard to reach groups, as part of the development of the Trust's Foundation Trust proposals, through a pre-consultation communications and engagement plan. • A design vision group for the acute hospital has patient representatives who have had the opportunity to contribute to setting the vision for the hospital and have visited other new hospital sites to comment on what they think works well and what doesn't. An acute hospital engagement plan is in place and is being delivered by a newly appointed Engagement Manager with experience in community engagement, diversity and youth work. • The Trust is involved in the Towards 2010 Programme which has a communications and engagement group that has developed a strategy to ensure patients and the public are kept informed about the plans and have the opportunity to comment or get involved. • Communications and engagement plans have been produced for the reconfiguration of paediatric services (under implementation), provision of dermatology services into Birmingham East and North (implementing in December) and a breast screening service in Walsall (plan in development). Each of these plans involve patient engagement. • Parents of children with long-term conditions have been heavily involved in service planning for changes to paediatric inpatient provision at the Trust. • Patients are involved on various Patient and Public Involvement groups in the Trust, such as the Facilities Users Group which sets strategies including the car park strategy. • The Head of Communications attends the monthly PPI Forum meetings, seeking feedback from the Forum and responding to their questions. • Trust Board agendas and minutes are published on the Trust's website. • The Annual report is published on the Trust's website. • The Trust has followed up public consultation on the Towards 2010 and Interim Reconfiguration proposals by writing to nearly 3,000 groups and individuals on the distribution list and who responded to the consultation, including an independent summary report of the consultation and the Trust Board report outlining the recommendations and rationale. • A Towards 2010 newsletter will be published in December providing an update on the plans following consultation • Patient surveys results and the work of the Patient Experience Taskforce are taken to the public session of the Board. 	<p>Birmingham Compact http://www.bhamsp.org.uk/~@bham@ @/documents/TBF%20compct%20(low).pdf</p> <p>Transport mapping Outpatient surveys Children's survey report on transport / minutes of Interim Reconfiguration Board Transport survey Nov/Dec 2007 PPI Forum work plan Trust Board report November 2007 National Patient Survey Understanding the Patient Experience Board papers – June & September 2007 Patient Experience Taskforce Action Plan Foundation Trust Communications and Engagement Strategy Towards 2010 Communications and Engagement Strategy Paediatric Reconfiguration Communications Plan Birmingham East and North Dermatology Communications Plan</p>

Elements	Position Statement	Key Evidence
		<p>www.swbh.nhs.uk QUAD consultation reports Consultation Board reports Letter regarding consultation Press release regarding consultation outcomes Towards 2010 newsletter Understanding the Patient Experience Board papers – June & September 2007</p>
<p>C18 Health care organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably</p>		
<p>The healthcare organisation has taken steps to ensure that all members of the population it serves are able to access its services on an equitable basis, including acting in accordance with the Sex Discrimination Act 1975, the Disability Discrimination Act 1995 and the Disability Discrimination Act 2005 and the Race Relations Act 1976 (as amended).</p>	<p>The Trust continues to work to ensure that all members of the population it serves are able to access its services equitably.</p> <ul style="list-style-type: none"> • The Trust serves a particularly diverse inner-city catchment. “Responding to the Needs of Our Patients” is identified as one of eight key strategic objectives in “Our Strategic Direction”. • The Trust has in place a Race Equality Scheme approved by the Trust Board in 2005. This updated our original RES produced in 2003. • The Trust Board approved a Disability Equality Scheme in June 2007. • The Trust Board approved a draft Gender Equality Scheme as the basis for consultation with stakeholders in May 2007 • The Trust has recently reviewed its overall approach to equality issues. The outcome of this was approved by the Trust Board in July 2007 and included: <ul style="list-style-type: none"> ○ scheduling reviews of progress with the three main equality schemes as part of the annual board cycle; ○ improving our approach to equality impact assessments; ○ shifting lead Executive responsibility from the Director of HR to the Chief Nurse; ○ agreeing to develop a Single Equality Scheme – aim to produce draft for April 2008 Trust Board. • The Trust provides a range of services to support people from a range of backgrounds accessing the Trust's services. This includes access to a range of interpreting services, appropriate menu choices and washing facilities. 	<p>Our Strategic Direction (March 2007)</p> <p>Race Equality Scheme (June 2005)</p> <p>Disability Equality Scheme (June 2007)</p> <p>draft Gender Equality Scheme (May 2007)</p> <p>Equality Duties and the Development of a Single Equality Scheme (July 2007)</p> <p>Access and Delivery of Interpreting</p>

Elements	Position Statement	Key Evidence
<p>organisation has taken steps to offer patients choice in access to services and treatment, where appropriate, and ensures that this is offered equitably, taking into account <i>Building on the best: Choice, responsiveness and equity in the NHS</i> (Department of Health 2003).</p>	<ul style="list-style-type: none"> • The Trust has an agreed action plan for responding to patient choice setting out the action being taken to offer choice to patients. The Trust has a Choice Group overseeing this work and reports are provided to the Trust Board. • The Trust provides services from two main acute hospital sites plus a community hospital. In addition some outpatient services are offered more locally in conjunction with local GPs (e.g. outpatient clinics in Neptune and Victoria HCs in Sandwell and rheumatology and orthopaedic outreach clinics in Birmingham). • The Trust is engaged with its main PCT partners in a major redevelopment of health and social care which will lead to an increase in the numbers of patients offered outpatient and diagnostic care closer to home. Early implementation projects are established in some services e.g. diabetes, dermatology. • The Trust offers all new outpatients a choice of times, dates and (where possible) locations when booking new appointments. • In the national patient survey for 2006 31% of patients reported that they were offered a choice of admission dates – this was above the national average. • In the national patient survey for 2006 55% of patients reported that were involved in decision about their care as much as they wanted to be and 35% to some extent – this was in line with the national average. 	<p>Responding to Patient Choice (March 2007)</p> <p>Dermatology and Diabetes Towards 2010 Progress Reports [latest tbc]</p> <p>National Patient Survey (2006)</p>
<p>C19 Health care organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services.</p>		

This standard will be measured under the existing targets and new national targets arrangements

SIXTH DOMAIN: CARE ENVIRONMENT AND AMENITIES

Elements	Position Statement	Key Evidence
C20a) Health care services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation		
<p>The healthcare organisation minimises the health, safety and environmental risks to patients, staff and visitors, in accordance with health and safety at work and fire legislation, the Disability Discrimination Act 1995, and <i>The Management of Health, Safety and Welfare Issues for NHS staff</i> (NHS Employers 2005).</p>	<p>Organisational Accountability</p> <p>Chief Executive has overall responsibility for ensuring health, safety and environmental risks are managed effectively so as to protect staff, patients and visitors who access the trust.</p> <p>Director of Human Resources has board level responsibility for overseeing the management of health and safety risks.</p> <p>Director of Estates has Board level responsibility for overseeing the management of environmental risks</p> <p>The Trust has only two full time Health and Safety Managers, the lead officer is a Graduate, with a Post-Graduate qualification in occupational health and safety and is also a Chartered member of the Institute of Occupational Health and Safety</p> <p>The following topics are subject to corporate risk assessment</p> <ul style="list-style-type: none"> • Manual handling Following a corporate assessment of moving and handling activity, specific training modules were developed and are being delivered to staff appropriately. • Violence and aggression Following a corporate security assessment engineering (electronic locks, CCTV etc) have been installed (see later), all frontline staff must attend the CFSMS training programme, some staff (local RA) receive additional training such as MAPA and breakaway. • Slips, trips and falls A corporate assessment of all bathroom flooring has been carried out. Bathroom flooring must now meet a minimum trust standard. Staff have been told not to use secondary material between the patients feet and safety flooring (Internal Safety Alert). Other high risk areas have been identified – kitchens, entrances etc. The Trust has a protocol for adverse weather. All trust window have been audited wrt risk of fall <p>Needlestick injuries</p> <p>Patient records</p> <ul style="list-style-type: none"> • Safer needles • Training • All staff are screened on appoint by Occupational Health, those that need to be seen by a Occupational Health Doctor or Nurse are referred and appropriate inoculations are administered. The risk of HIV has been planned for. <p>Stress</p> <p>The trust is currently participating in “Creating Safe Places Project”, A project plan is being developed to</p>	<ul style="list-style-type: none"> • Health and Safety Policy • Job Descriptions • Risk Assessment Policy • Risk Registers • Manual handling Policy • Violence and aggression Policy • Sips, trips and falls Policy • Patient Falls Policy • HSN (Towels) • Snow policy (Draft) • Bedrail Policy (out of date) • Window survey • Occupational health procedure for managing blood borne contamination incidents • Stress at Work Policy • Sickness Absence Policy • PDR Policy • Fire Safety Policy • HTM Library • External Fire Safety Advisor • Organisational Structure • Fire Safety Committee • Fire Safety Audits • Local Fire Plans • Fire Safety Training • External Inspection • External Reporting • Capital funding for Statutory Standards • Post Incident Reviews • Portable Appliance Testing policy • Generator Risk Assessment • Electrical Safety Risk Assessments • Control of substances hazardous to health (COSHH) Policy

Elements	Position Statement	Key Evidence
	<p>carry out organisational stress assessment based on the HSE’s “Healthy Workplace Solutions” initiative. The HSE will be carrying out an audit of stress and sickness absence management at SWBH NHS Trust (Nov 07).</p> <p>Fire <u>Responsibility:</u></p> <p>The Trust has a duty to comply with all statutory requirements. These include –</p> <ul style="list-style-type: none"> ▪ Regulatory Reform Order (Fire Safety) Policies and Principles ▪ The Firecode suite of documents <p>Furthermore, the Trust will foster a culture which recognises the importance of effective fire safety measures and in which all Staff, without exception understand what is expected of them and co-operate fully with Trust management to reduce the risk of a fire occurring and thus make the Trust premises a safer place for all.</p> <p><u>Policy:</u> The Trust has a comprehensive Fire Policy in place and procedures for each of its three sites.</p> <p><u>Fire Safety Management:</u> The Trust has clearly defined roles and responsibilities in accordance with the Department of Health Fire Code HTM 05 -01.</p> <p><u>Fire Safety Committee</u> Monthly meetings to discuss fire safety with key members of the organisation</p> <p><u>Fire Safety Audit:</u> Fire Safety audits have been completed for all areas. These are updated annually. An action plan exists which identifies all outstanding works.</p> <p><u>Statutory Standards</u> Projects are being undertaken to invest to reduce the residual risk raised from fire safety audits. Such as fire stopping , fire detection upgrades and fire compartment works</p> <p>Electrical Risk and power loss Purchasing standards Provision of adequate sockets where possible Tests: (portable appliances (12 months?) electrical installation (5 years?), generator (?))</p> <p>Control of substances hazardous to health (COSHH)/Infection Control The principal hazardous substances within the organisation are micro-organisms which are managed through good clinical practice (universal protection), infection control policy and the initiatives by the infection control team. Chemicals used in the laboratories, estates and facilities are subject to local COSHH assessments and procedures.</p> <p>Waste Management</p>	<ul style="list-style-type: none"> • Infection control policy • Cleaning Policy • Waste Policy (under review) • Draft Revision of Waste Policy • DSE Policy • Training Records • Eye Centre arrangement • Management of Contractors Policy • Confined spaces • Working at height Policy • Permit to Work Policy Permits • Major Incident Plan • Pandemic Flu Plan • Radiation Committee

Elements	Position Statement	Key Evidence
	<p>DSE Bespoke risk assessment form, training for managers/assessors, minimum standards for workstations, eye/eyesight tests</p> <p>Contractors</p> <ul style="list-style-type: none"> The risk presented by contractors (building/maintenance) are managed in accordance to the Management of Contractors Policy Working at height, Confined Spaces, Hot working, Electrical work and Working on Medical Gas Supplies are all managed by a Permit to Work System. <p>Transport Following a corporate traffic assessment, the Trust has invested considerable time and resources into improving the segregation between pedestrian and road traffic.</p> <p>Radiation Radiation Protection Adviser,</p> <p>Emergency Planning Emergency Planning Committee:</p> <p>General The trust has developed a risk assessment process. All significant risks are assessed and graded with current controls in place. Where residual risks are deemed still to be significant additional controls are identified and implemented.</p> <ul style="list-style-type: none"> The Trust advocates the HSE hierarchy for risk control actions. Serious (Red) risks are placed on the Trust risk register, where appropriateness of actions is validated. 	
C20b) Health care services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality		
<p>The healthcare organisation has taken steps to provide services in environments that are supportive of patient privacy and confidentiality, including the provision of single sex facilities and accommodation.</p>	<p><u>Privacy & Dignity:</u> The Trust has in place a Privacy & Dignity (P&D) Policy which recognises the needs of patients</p> <p>The Trust has in place local audits , patient surveys , PPI feedback and complaints as a mechanism to review and implement change.</p> <p><u>Physical Environment:</u> The Trust has segregated washing/toilet facilities in all inpatient ward accommodation areas. To further improve washing and toilet facilities across the organisation work is being undertaken on:</p> <p>MAU D6 Priory 3 Priory 4</p>	<ul style="list-style-type: none"> Privacy and Dignity Policy Confidentiality Policy Curtain Replacement Programme Appropriate Clothing Project Clinical Practice Reviews Essence of Care PALS Website Patient Surveys PPI Forum Operational Management Board Paper Capital project work details

Elements	Position Statement	Key Evidence
C21 Health care services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.		
<p>The healthcare organisation has taken steps to provide care in well designed and well maintained environments taking into account <i>Developing an estate's strategy</i> (1999) and <i>Estatecode: essential guidance on estates and facilities management</i> (NHS Estates 2003), <i>A risk based methodology for establishing and managing backlog</i> (NHS Estates 2004), <i>NHS Environmental assessment tool</i> (NHS Estates 2002) and in accordance with the Disability Discrimination Act 1995 and the Disability Discrimination Act 2005 and associated code of practice.</p> <p>The healthcare organisation provides care in an environment that meets the national specification for clean NHS premises in accordance with the <i>Revised guidance on contracting for cleaning</i> (Department of Health 2004) and <i>A matron's charter: an action plan for cleaner hospitals</i> (Department of Health 2004).</p>	<ul style="list-style-type: none"> • A condition survey has been carried out in relation to physical condition of the Estate, this has been updated in line with risk adjusted very high backlog maintenance methodology. The Trust has a very high backlog maintenance figure (upper quartile ERIC returns) • Risk assessments have been carried out against key Estates functions: <ul style="list-style-type: none"> Legionella Asbestos Medical Gases Working at Height Inclement Weather HV/LV Electrical Systems PAT Testing Fire • Compliance Manager employed to assist with Risk Management of Estates functions • The Trust recognises its responsibilities in relation to Disability Discrimination Act 1995. A complete audit of all properties has been undertaken 2001/02. Various works have been carried out to date to improve accessibility for the disabled and an ongoing programme is continuing to make improvements • The Trust has policies and procedure for the cleaning of trust premises and monitoring regimes both for internal and external inspection • The Trust has policies and procedure for the cleaning of trust premises and monitoring regimes both for internal and external inspection • The Trust has policies and procedure for the cleaning of trust premises and provision of food • Monitoring regimes both for internal and external inspection • The Trust has policies and procedure for the cleaning of trust premises and monitoring regimes both for internal and external inspection 	<ul style="list-style-type: none"> • Condition Surveys • Estates Risk Register • Estates Risk Assessments • Schedule of works undertaken • Site Surveys • Cleaning schedules • Departmental risk registers • Portering procedures • Audit scores • PEAT • Training manuals • Departmental Controls Assurance • E.H.O Reports • Hotel Services Questionnaire • Infection control policy •

SEVENTH DOMAIN: PUBLIC HEALTH

Elements	Position Statement	Key Evidence
C22a) & c) Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by: <ul style="list-style-type: none"> - co-operating with each other and with local authorities and other organisations; and - making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships 		
<p>The healthcare organisation actively works with partners to improve health and narrow health inequalities, including by contributing appropriately and effectively to nationally recognised partnerships, such as the local strategic partnership, taking account of <i>Choosing health: making healthier choices easier</i> (Department of Health 2004) and associated implementation guidance <i>Tackling health inequalities: a programme for action</i> (Department of Health 2003), <i>Making partnerships work for patients, carers and service users</i> (Department of Health 2004).</p>	<p>The Trust actively co-operates with partners in both health and social care in order to pursue the health economy's strategy.</p> <ul style="list-style-type: none"> • The Trust is a key member of the "Towards 2010" local health economy partnership comprising the Trust, its two main PCTs and two main local authorities. Towards 2010 is an ambitious programme to redevelop health and social care services in Sandwell and the Heart of Birmingham. • The Trust's staff are involved in a wide range of local partnerships including the Cancer Network, Diabetes Network and CHD Local Implementation Team. The Trust has recently undertaken a stocktake of all its partnership activity to ensure it is properly co-ordinated. • The Trust is represented on its two Local Strategic Partnerships. The Chief Executive is a member of the Sandwell Partnership (LSP) and the Health Partnership and Health Partnership Executive. The Chair is a member of the Birmingham LSP's Health Partnership. 	<p>Towards 2010 Partnership Terms of Reference [need to get from Prog Office]</p> <p>Towards 2010 Partnership Board Minutes (Aug – Oct 07 as an example) [need to get from Prog Office]</p> <p>Towards 2010 Programme public consultation document (November 2007)</p> <p>Stocktake of Trust Partnership Activity (March 2007)</p> <p>Sandwell LSP and Health Partnership Minutes and Birmingham LSP Health Partnership Minutes.</p>
C22b) Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's Annual Report informs their policies and practices.		
<p>The healthcare organisation's policies and practice to improve health and reduce health inequalities are informed by the local Director of Public Health's annual public health report (APHR).</p>	<p>The Trust works to improve the health of the local population in line with local public health priorities.</p> <ul style="list-style-type: none"> • The Trust's strategic direction is based on an assessment of the health of the local population developed from public health reports identifying the key issues. • The Towards 2010 Programme is a response to significant local health issues identified by the Trust's two main PCTs. 	<p>Our Strategic Direction (March 2007)</p> <p>Towards 2010 Programme public consultation document (November 2007)</p> <p>Sandwell and Heart of Birmingham PCT</p>

Elements	Position Statement	Key Evidence
	<p>The Trust Board has received a presentation from its main commissioner's Director</p> <ul style="list-style-type: none"> of Public Health on the Sandwell Public Health report. Further annual presentations on both the Heart of Birmingham and Sandwell public health reports will be arranged. 	<p>public health reports [need to get hard copies]</p> <p>Minutes of Sandwell PCT presentation to Trust Board [need to track down]</p>
<p>C23 Health care organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections</p> <p>Preface: All elements are driven by the national target to improve the health of the population. The main national plans are <i>Choosing health: making healthy choices easier</i> (Department of Health 2004), <i>Delivering Choosing health: making healthier choices easier</i> (Department of Health 2005) and <i>Tackling Health Inequalities: A programme for action</i> (Department of Health 2003). These national plans focus on the following priorities: • tackling health inequalities • reducing the numbers of people who smoke • tackling obesity • reducing harm and encouraging sensible drinking • improving sexual health • improving mental health and well being • workforce development for health improvement</p>		
<p>The healthcare organisation develops and provides disease prevention and health improvement programmes based on its population needs to improve health and narrow health inequalities using evidence of effectiveness, with particular regard to the priorities of <i>Choosing health: making healthy choices easier</i> (Department of Health 2004) and in accordance with <i>Tackling Health Inequalities: A programme for action</i> (Department of Health 2003).</p> <p>The healthcare organisation monitors and evaluates its disease prevention and health promotion services and programmes and uses the findings to inform the planning process.</p> <p>The healthcare organisation implements policies and practice to support healthy lifestyles among the workforce in</p>	<p>Data collection on relevant health promotion areas Details of the patient's weight, smoking status, alcohol intake and mental well being are collected on the patient's admission to hospital or attendance at pre-assessment clinics either on the Single Patient Record documentation or on the initial medical clerking. In addition, data is collected for specific audits both nationally and locally e.g. on 'smoking status' for the National Audit of Cardiac Rehabilitation and locally through the Essence of Care Audits. In a survey of Lead clinicians responders indicated that smoking status, weight and alcohol intake were routinely recorded and onward referral was made if indicated. Clinical coders record when patients are documented as smokers</p> <p>Analysis of data collected on relevant health promotion areas At City Hospital in 2007 there were 222 referrals to the weight reduction clinic. 139 patients were adults referred by the City site consultants. A 'snapshot' audit has revealed that 'smoking status' is recorded in the majority of cases and with evidence of onward referral of those cases where it was documented that the patient was interested in giving up Although alcohol consumption was recorded in only 52% of cases there was evidence of onward referral where it was documented that consumption was harmful or dependent However in relation to obesity the 'snapshot audit demonstrated that more work is required to ensure that weights are routinely recorded and BMI's calculated. Similarly screening questions for detecting depression needs to be built in to the admission documentation.</p> <p>Sharing information on relevant health promotion areas The trust is working with PCT partners and has undertaken a major assessment of the health needs of the local population as part of developing long-term plans through the 'Towards 2010 Programme' There is sharing of relevant information at NSF Local implementation Teams (LIT's) e.g. on smoking prevention at the CHD LIT</p> <p>The Trust has a series of programmes for working with patients to improve their health including the services provide to patients with key long term conditions such as CHD an diabetes</p> <p>The Trust has recently updated its smoking policy and has good links with local smoking cessation services</p>	<p>Single patient Record Documentation. Essence of Care audit tools</p> <p>Audits measuring the recording of information relevant to health promotion activities.</p> <p>Our Strategic Direction (March 2007) Towards 2010 Programme- Public Consultation Document (November 2007)</p>

Elements	Position Statement	Key Evidence
<p>accordance with particular regard to the priorities of <i>Choosing health: making healthy choices easier</i> (Department of Health 2004) and <i>Delivering Choosing health: making healthier choices easier</i> (Department of Health 2005).</p> <p>The healthcare organisation has an identified lead for public health or access to public health expertise to meet its strategic and operational roles.</p>	<p>The Trust has agreed policies for the management of patients with alcohol drug and obesity problems.</p> <p>A directory of local support services for people with substance misuse problems. These are available on the intranet, in wards and in the Trusts information centres</p> <p>The Trust is member of the local health Exchange project which provides easily accessible multi-lingual public health information and advice to patients</p> <p>The Trust also has dietetic and nutritional teams to support patients and lead midwives for public health who provide a range of educational classes, clinics and public health events</p> <p>GP's and Health Centres hold disease prevention days and events supported by CNS's from the Trust.</p> <p>A Macmillan Outreach Support Officer has commenced in post at Sandwell with the aim of raising awareness of cancer services amongst ethnic minorities</p> <p>Pathways developed for 2010 should take account of relevant NICE Guidance Local obesity strategy is under development</p> <p>The Trust has a systematic process for the implementation of NICE guidance.</p> <p>Cancer Services are developed in line with 'Implementing Outcomes Guidance' and assessed through peer review.</p> <p>The Trust participates in a number of national Clinical Audits which have built in measures. Further work is required to develop more specific measures with local health partners</p> <p>As a result of monitoring for EOC and 'snapshot' audits a strategy for health promotion will be formulated in relation to areas identified. There are also some audits which have made recommendations for a change e.g. obesity screening in paediatrics and nutrition screening in adults at Sandwell</p> <p>The Trust provides numerous examples:-</p> <ul style="list-style-type: none"> - Activ Health Club - Access to smoking cessation - Stress Management workshops - Health assessments - 'Walking lunch' - Shuttle Bus - Car sharing schemes - 'Back to fitness' courses 	<p>No Smoking Policy H&S/010</p> <p>Alcohol/Drug misuse policy Alcohol detoxification regime Methadone, management of opiate dependent patients Opiate dependent mothers – care of infants maternal substance abuse- effects and management Weight management in children and adolescents</p> <p>Obesity awareness intranet site Drug awareness webpage Diabetes 'expert patient' programme</p> <p>SWBH NICE Implementation Policy</p> <p>Cancer Peer Review</p> <p>Policy strategy to be developed</p> <p>Programme material</p>

Elements	Position Statement	Key Evidence
<p>preparation of, training for and annual testing of emergency preparedness plans, in accordance with the Civil Contingencies Act 2004, The NHS Emergency Planning Guidance 2005, (Department of Health, 2005) and <i>UK influenza pandemic contingency plan</i> (Department of Health, 2005) .</p>	<p>The MIPs have sections about linking in with the media</p> <p>The Emergotrain exercises involved representatives from PCTs and social services.</p> <p>The Trust Emergency Planning/Business Continuity Group meets on a monthly basis and has representation from PCTs and social services. This group discusses the Trust plans and enables partner organisations to share their plans and developments.</p> <p>The Trust has worked with other agencies during live emergency situations such as the recall of dental patients in Sandwell during the summer (2007) where SWBHT staff supported the incident control room and provided support to the emergency dental sessions that had to be established.</p> <p>The Trust has recruited a Health Emergency Planning Officer who is due to start in post in February 2008. A key part of this role is to work with partner agencies and develop joint strategies.</p>	<ul style="list-style-type: none"> • Feedback from multiagency exercises • Minutes of the SWBHT contingency planning meetings

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

**2007/08 CORE STANDARDS
ACTION PLANS TO ADDRESS STANDARDS TO BE DECLARED AS 'NOT MET'**

Standard	Start date of non-compliance or insufficient assurance	End date of non-compliance or insufficient assurance	Description of Issue*	Actions planned or taken*
Domain: Governance				
<p>C7e Healthcare organisations challenge discrimination, promote equality and respect human rights</p> <p>Lead Director: Chief Nurse</p>	1 st April 2007	July 2008	<p>There has been lack of progress in the training of staff to undertake Equality Impact Assessments in order to meet the requirements of equality legislation. A self directed toolkit was launched on the Intranet site to resolve the issue of staff attendance on training programmes. Unfortunately this has not been monitored and poor implementation revealed.</p> <p>The current equality schemes and staff monitoring data was not published for public access.</p> <p>Poor reporting and lack of progress of equality scheme actions.</p>	<p>The Trust has developed a new Single Equality Scheme (SES) in which it has been agreed that it is mandatory for all service managers to complete equality impact assessment training. The current toolkit is being revised and training support negotiated.</p> <p>The Trust has appointed the Assistant Director of Patient Experience as Strategic Lead for Equality and Diversity who has created a new Webpage on the Internet site in which all the schemes, staff monitoring, and impact assessment are published. It is intended that further resource material will be developed and reports downloaded for everyone to access. Staff monitoring information will be included in the Trust annual reports.</p> <p>Implementation of the SES through the corporate performance and governance framework to ensure integration and reporting in service delivery and policy implementation.</p>

* maximum of 1500 characters including spaces – this is approximately 200-250 words

Standard	Start date of non-compliance or insufficient assurance	End date of non-compliance or insufficient assurance	Description of Issue*	Actions planned or taken*
Domain: Governance				
<p>C8b Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.</p> <p>Lead Director: Director of Workforce</p>	1 st April 2007	August 2008	<p>All the necessary policies and procedures exist to ensure that all staff have an appropriate annual review. Documentation has been reviewed, training is available and reporting/monitoring systems are in place. It is apparent, however, that managers are not reporting all reviews and therefore the actual number undertaken is not certain. It is believed that there are a significant number of staff who have not had a review.</p>	<p>By the end of March all Directors and Divisional General Manager will have been instructed by the Chief Executive to personally certify that all staff in their Division/Directorate will have had a review by the end of August 2008 or, if this is not the case, they have a planned date that ensures all staff will have had a review by the end of August 2008.</p> <p>Moreover they will be required to certify that local systems are in place that guarantee an annual review cycle for all staff.</p>

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

REPORT TO THE TRUST BOARD

April 2008

SUBJECT:	2007 National Staff Survey
REPORT BY:	Colin Holden, Director of Workforce
AUTHOR:	Lesley Barnett, Deputy Director of Workforce

PURPOSE OF THE REPORT:

That the Trust Board consider the findings of the 2007 National Staff Survey.

IMPLICATIONS:

Financial:	
Personnel:	✓
Healthcare/ National	
Policy:	
Other:	

RECOMMENDATION(S):

That the Trust Board consider the findings of the 2007 National Staff Survey and agrees to:

- | |
|--|
| <ul style="list-style-type: none">○ Use the staff engagement programme 'Listening into Action'; currently underway within the Trust to help focus and design key areas for action.○ Develop a targeted action plan, focusing on the occupational groups and bands that the evidence suggests are much less likely to be positive about their employment e.g. Bands 1 – 4 and front-line staff (doctors, nurses and AHP's) |
|--|

Background:

The National Staff Survey was introduced in 2003 by the Commission for Health Improvement and has been undertaken annually each year to date.

The purpose of the survey is to establish the effectiveness of agreed national Human Resources policies within individual NHS employers and is designed to help meet two of the Healthcare Commission's objectives:

- To provide local NHS trusts with information to improve the working conditions and experiences of their staff
- To provide results for deriving measures of the performance of NHS trusts for use in the Healthcare Commission's annual health check

The most recent survey was sent to a sample of Trust employees in post on 1st September 2007. The sample size was determined by the total number of staff employed, on a nationally determined sliding scale.

The official sample size for SWBH was 850, of which 46 staff were excluded as ineligible. From this, 484 usable responses were returned generating a total response rate of 60%, above the national response rate of 54.56%.

The national response rate spread was as follows:

- 4 Trusts had response rates of 70% or over
- 40 Trusts had a response rate between 60% and 69%
- 56 Trusts had a response rate between 50% and 59%
- 34 Trusts had a response rate between 40% and 49%
- 4 Trusts had a response rate between 38% and 39%

Following the 2006 survey, the Trust Board agreed an action plan that can be found in Appendix A, further to which an update on the actions was provided in October 2007, see Appendix B.

2007 Findings:

The questions within the 2007 survey are divided into the following sections: -

- Work-Life Balance
- Management and Supervision
- Appraisal
- Training, Learning and Development
- Your Job
- Your Organisation
- Harassment, Bullying and Violence
- Errors, Near Misses and Incidents
- Occupational Health and Safety
- Infection Control and Hygiene

A detailed analysis of the findings has been prepared by Quality Health and can be found in Appendix C. In due course comparative data of all the NHS Trust's taking part in the survey will be published on the Healthcare Commission website, <http://www.healthcarecommission.org.uk/nationalfindings/surveys/healthcareprofessionals/surveysofnhsstaff.cfm>

Broadly many of the themes from the analysis of the survey findings are both consistent with the Trust's findings from previous years and with other acute Trust's nationally. These latest results suggest that particular groups of staff remain dissatisfied with certain aspects of their job. This clearly suggests that the work undertaken on the agreed action plans over previous years has not resulted in the sustained overall improvement that we were hoping for.

This is a particular concern given that in addition to the normal inclusion within the Healthcare Commission's health check assessment, the Department of Health, Operating Framework for the NHS 2008 -09 sets out the intention to develop a series of 'Vital Sign' indicators against which Trust performance will be monitored. This will include monitoring specific responses to seven 'job satisfaction' related questions. It is expected that Trust's will be required to both maintain or increase their 2006 mean score for the seven questions in the job satisfaction domain and increase these scores year on year.

This naturally leads to the suggestion that we need to consider taking a different approach if we are to effect an improvement and it is suggested that we:

- Use the staff engagement programme 'Listening into Action'; currently underway within the Trust to help focus and design key areas for action.
- Consider a targeted approach, focusing on the occupational groups and bands which the evidence suggests are much less likely to be positive about their employment e.g. Bands 1 – 4 and front-line staff (doctors, nurses and AHP's)

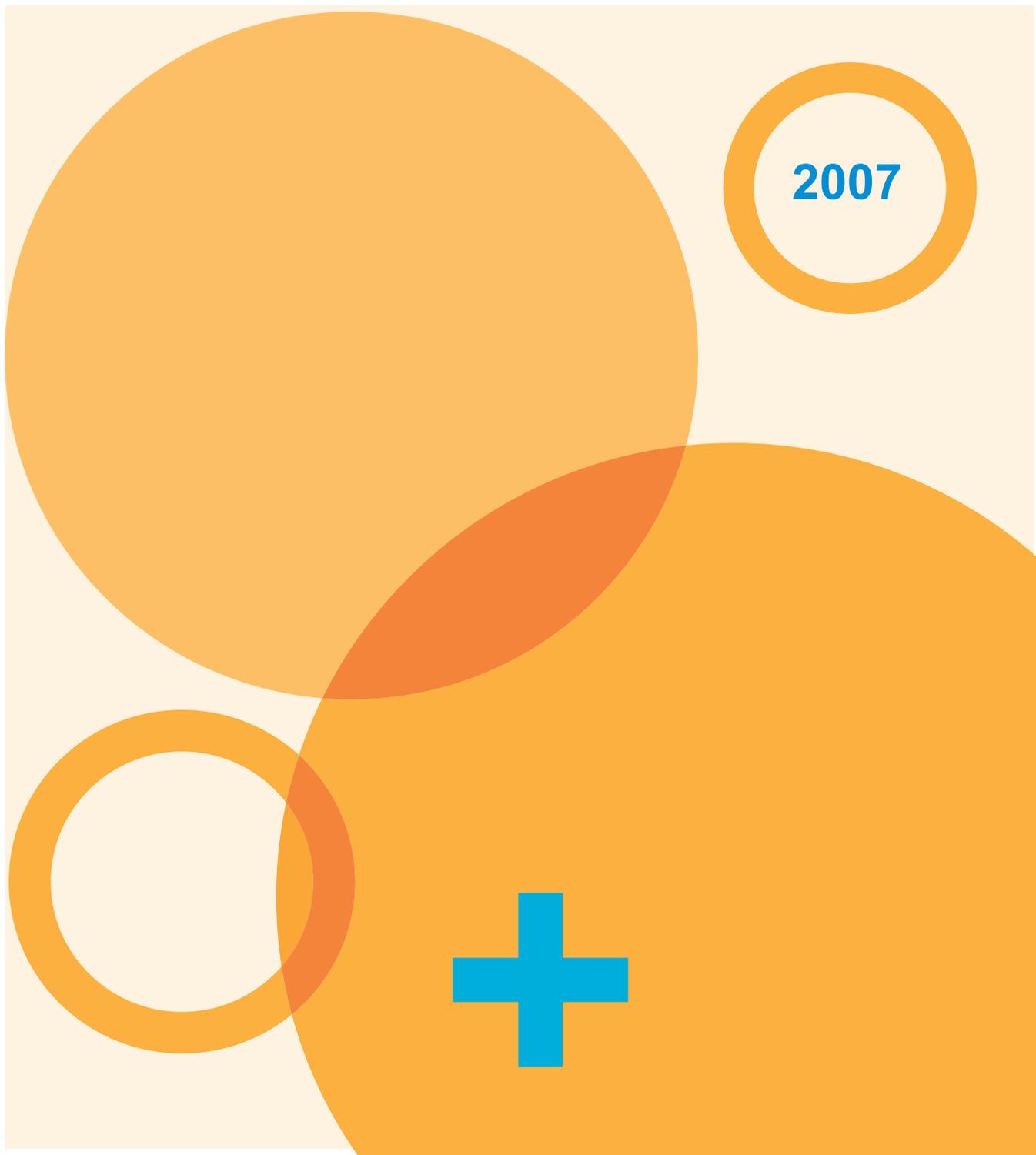
Communication Plan:

The results of the staff survey and how we plan to address the issues raised will be shared within the organisation as follows: -

- Quality Health presentation to key groups, ie Trust Board, Executive Team, JCNC.
- Publication in Heartbeat/Team Brief in May.
- Display presentations in appropriate locations.
- Management Report to be posted on the Trust intranet.
- Copies of the management report, to be sent to Divisional Directors, Divisional General Managers, Director Leads and Team Brief Managers.

Listening to staff

Sandwell & West Birmingham Hospitals NHS Trust
National Staff Survey Management Report





contents

	PAGE:
contents.....	1
background	2
introduction.....	3
Health Check & Vital Signs programmes	6
national trends.....	8
executive summary	12
executive summary	13
characteristics	17
work-life balance	19
management & supervision.....	22
appraisal.....	24
training, learning & development.....	26
the job	29
your organisation.....	34
harassment, bullying & violence.....	37
errors, near misses & incidents.....	40
occupational health & safety	43
infection control & hygiene	46
survey results	48



background

The National Staff Survey Programme in its present form was introduced in 2003 by the Commission for Health Improvement. The first survey, in all Trusts in England, was undertaken in Autumn 2003. There was no compulsion on some NHS organisations, such as Strategic Health Authorities, to undertake the survey, but many did so voluntarily.

The Department of Health has also set out a rolling programme of patient surveys until the year 2009, as a key contributor to the patient focus element of the Performance Indicators, now Health Check.

The purpose of the National Staff Survey is to establish the effectiveness of agreed national Human Relations policies in the context of each Trust. The 25 key questions used in previous years have now been superseded by the Health Check criteria for assessing core standards. This system is being reviewed and it is not yet clear what indicators will be used for Health Check in 2008 at the time of writing this report.

The Survey Advice Centre has made it clear that scores from this survey will be weighted by occupational group, so that Trusts with large or small proportions of one occupational group will not be advantaged or disadvantaged by this fact alone.

The content of the National Staff Survey is determined nationally, as is the content of the covering letters that are sent to employees. A nationally applicable MREC approval governs the ethical issues arising from the survey; one constraint is a restriction on sending staff surveys to private addresses (except in specific cases where the staff payslip is sent to the home address), which particularly impacts on PCTs.

Send-out is undertaken on the Trust's behalf by their approved contractor under a national Service Level Agreement.

All national staff survey data is collated by the Survey Advice Centre at Aston University, which is responsible for publishing national comparative data. Comparative data in this report compares individual Trusts with all other Trusts of the same type (i.e. Acute compared to Acute, PCTs to PCTs) surveyed by Quality Health for the 2007 National Staff Survey.



introduction

The National Staff Survey was undertaken by Quality Health for the Sandwell and West Birmingham Hospitals NHS Trust between September 2007 and January 2008.

A sample of staff was used for the survey in larger Trusts. The sample size was determined by the total number of staff employed, on a nationally determined sliding scale. Where sampling was undertaken, the sample was generated at random on a nationally agreed protocol from all those employed on 1st September 2007.

Some Trusts chose to survey all their employees. The reporting arrangements to the Survey Advice Centre meant that only the “official” sample, whatever its size, was taken into account for the purposes of calculating performance indicators at national level.

3

1. METHODOLOGY

Questionnaires were in the main batch-delivered to Trusts and distributed to staff through the internal post; a small number of questionnaires were sent to staff at their home address where they did not have an internal work address. Staff responded by using a pre-paid response envelope provided by the contractor. Two reminders were sent; a first reminder letter, and a further mailing which included a repeat questionnaire.

2. LOCAL RESPONSE RATE

The official sample size for Sandwell and West Birmingham Hospitals NHS Trust was 850. 484 completed questionnaires were returned from this sample.

No members of staff returned their questionnaires without filling them in.

A group of 46 staff were excluded from the official sample as ineligible. The response rate to the National Staff Survey was therefore 60% (484 usable responses from a final sample of 804).

3. RESPONSE RATES NATIONALLY

Trusts surveyed by Quality Health had a mean overall response rate of 54.5%. There are a number of known factors affecting response rates. These are:

- Inadequate internal distribution systems within Trusts and delayed distribution
- Inadequate internal work addresses
- Accuracy of staff records



Although less powerful as a determinant of response rate than in previous years, it was still the case that some Trusts had significantly more accurate staff lists than others, and that some had poor and slow internal distribution systems. This could be deduced from calls to the helpline, from comments made by survey leads in Trusts, and by questionnaires returned with “unidentifiable” work addresses returned from Trusts and from individuals.

Some Trusts were proactive in dealing with these problems, and others less so. The greater the level of commitment in dealing with obstacles to surveys reaching their destination, the higher the response rate turned out to be.

4. QUESTIONNAIRE CONTENT

The questionnaire content is agreed nationally after extensive consultation between the Healthcare Commission, the Survey Advice Centre, and HR managers in a wide range of Trusts. The concept of the survey and its general contents have also been discussed with the National Staff Sides of the Whitley Councils, in order to make them aware of the proposals and to ask for their support.

This year each sector of the NHS had its own version of the questionnaire, although the number of differences were in some cases very small.

Several Trusts added questions to the core questionnaire from the National Survey question bank to meet specific local requirements. Data from the bank questions is also submitted to the Survey Advice Centre for analysis.

5. HSE STRESS AUDIT

The core questionnaire includes questions to fulfil the Health and Safety Executive’s Stress Audit. Details of the questions which map onto the HSE Standards can be found in the full Survey Guidance from the Survey Advice Centre. The HSE has agreed that Trusts will not need to carry out a separate survey to cover this.

6. IMPROVING WORKING LIVES

Most of the questions in this year’s survey are directly relevant to Improving Working Lives.

7. REPORT CONTENT

This Report contains sections that describe the results from the survey, and sets out the full results in the same format as they appear in the questionnaire. It provides an analysis of issues where the Trust is achieving good results as well as areas where management action is required. It also provides comparisons of both the Trust results against those of other Trusts undertaking the National Staff Survey (headed Trust and ALL), and the 2007 National Staff Survey results compared to those achieved in the 2006 Survey, where questions are comparable. In these comparisons, after each result there is an indicator showing whether the Trust’s performance is better than (↗) or not so good as (↘) the national or previous results (by 5% or more), or if scores have remained fairly static (→).

This Report pulls together all the Report’s conclusions and action points into an Executive Summary.



The questionnaire provided space for staff to write their own comments about any aspect of their employment. The comments received are submitted to the Survey Centre, and are set out in a separate document as an appendix to this Report.

8. PUBLICISING THE RESULTS

In the spirit of openness already approved by the Trust, the results of the staff survey should be publicised through all available channels. It is a Trust decision as to *when* this information is placed in the public domain. This publicity could include:

- Display presentations in appropriate locations on major sites.
- The Management Report to be available on the Intranet.
- Copies to Clinical Governance teams and to Divisional and Departmental Heads.
- Copies to the Staff Sides.
- Presentation to the Trust Board on strategic issues.



Health Check & Vital Signs programmes

The Healthcare Commission's independent assessment of individual Trusts performance continues in 2008-9, with some minor changes. The results from the National Patients and National Staff Surveys form part of the Health Check assessment as in previous years.

However, there is now a new development in that the Department of Health's Operating Framework 2007-8 has introduced significant changes to the way in which Trusts need to prioritise actions arising from the Patient and Staff Surveys. The position is this:

- In December 2007 the DoH published the Operating Framework for the NHS 2008-9 (Gateway Ref 9120) and it is clear that "ensuring we improve the patient experience, staff satisfaction, and engagement" is now a core part of the ambition that the service has for the future.
- In his introduction, the NHS Chief Executive David Nicholson states "this year improving patient experience is an explicit priority rather than an assumption and needs to underpin the decisions that local organisations make about where their priorities will lie". The Operating Framework says that Trusts need to: "encourage staff to participate in the NSS and act on the findings".
- The staff survey element in Vital Signs is a National Priority for Local Delivery. The Operating Framework states (page 8) that a series of "Vital Signs" indicators will be developed across services, and the intention is that local PCTs will develop local plans with providers and others.
- It is known from our own research with clients on the NSS that many Trusts find it difficult to implement such local programmes to increase NSS scores, and this is reflected in the lack of positive movement on many scores in the national data as a whole year-on-year.
- The Staff Survey element being used for Vital Signs is based on the definition in the Technical Guidance Master (VSB17, page 104), and applies to all Trusts of all types. The staff survey results on 7 job satisfaction questions are the relevant data sources, and success is defined as maintaining or increasing the 2006 mean score for the 7 questions in the job satisfaction domain and increasing these scores year-on-year.
- The questions in the National Staff Survey relating to job satisfaction are numbered differently in each type of survey this year (as there are different versions of the survey for each type of Trust), but they are on the subjects of:



- ~ Recognition for good work
 - ~ Satisfied with support from their immediate manager
 - ~ Satisfied with the support from their work colleagues
 - ~ Freedom to choose their own methods of working
 - ~ Satisfied with the amount of responsibility given
 - ~ Satisfied with the opportunities to use their abilities
 - ~ Satisfied with the extent to which the Trust values their work
- Each Trust's mean score on this domain is published annually following the release of the official national data, and each score for a Trust is based on a 5 point scale. Some SHAs are already suggesting that progress of at least 0.1 points each year, year-on-year, must be achieved in order to meet the target. An increase of this size on a 5 point scale is very onerous and requires significant improvements in scores on each individual question. The problem with using a domain score is that it contains many disparate elements, many of which in this case are hard to "move" by corporate action from Trusts. The domain also includes the question which has shown the largest fall in overall performance: between 2004 and 2007 the national score on "how satisfied are you that the Trust values your work" has fallen by 20 percentage points, the largest single movement in NSS scores.
 - ***Performance against all the Vital Signs indicators will be published annually and will be available to the public through a "report card" system.*** This means that there will be two separate, overlapping but not coterminous, forms of published assessment relating to each Trust - one from the Healthcare Commission (Health Check) and one from DoH (Vital Signs). Analysis of the issues covered by existing Health Check and by Vital Signs shows overlap, but there is genuine uncertainty at the time of writing about how these two systems will run together.
 - This process has already started. SHAs have written to Trusts asking for information in respect of existing performance on a range of issues, and asking Trusts to predict performance outcomes relating to future surveys in 2008, 2009, and 2010. This can best be described as a baseline data collection function.
 - PCTs will be able to add to and subtract from the basic Vital Signs indicators and will be able to determine their content.
 - It is not clear at the time of writing how the dilemmas raised by the existence of two monitoring systems will be resolved in practice.



national trends

The National Staff Survey has now been running since 2003 and the results for all Trusts across England are therefore available. In 2007 the DoH asked Quality Health to undertake a major analysis of the national data to indicate trends and to identify those groups which were most positive and those which were the least likely to be aware of Trust policies and least positive about their employment.

This Report for the DoH, "Making Sense of the National Staff Survey", contained a detailed analysis of around 800,000 responses from NHS staff, and split them into groups based on their occupations and relative income levels.

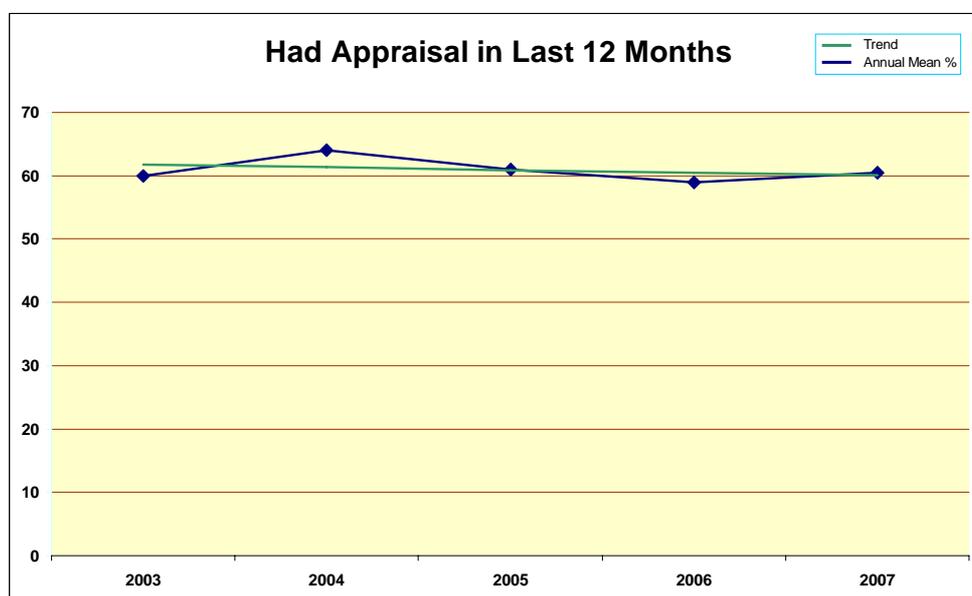
The key finding of this analysis was that some occupational groups are much less likely to be positive about their employment than others. In the context of Health Check and Vital Signs it is essential that Trusts understand the ways in which their occupational groups differ in attitude, and calibrate their response accordingly in order to increase awareness of Trust policies, corporate plans, and future improvements for patients in hard to reach groups or in groups which are most negative about Trust and NHS performance.

Broadly, the report identified large scale differences between occupational groups based on their proximity to the corporate centre; their income level; and their proximity to patients. The report also identified where change had occurred (and crucially where it had not) over the 4 year period of the survey.

KEY POINTS

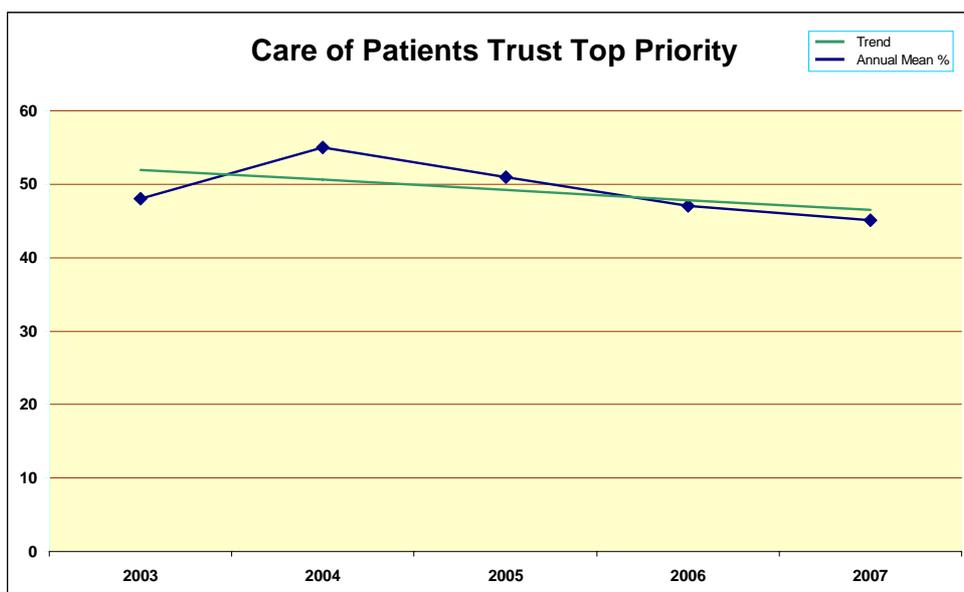
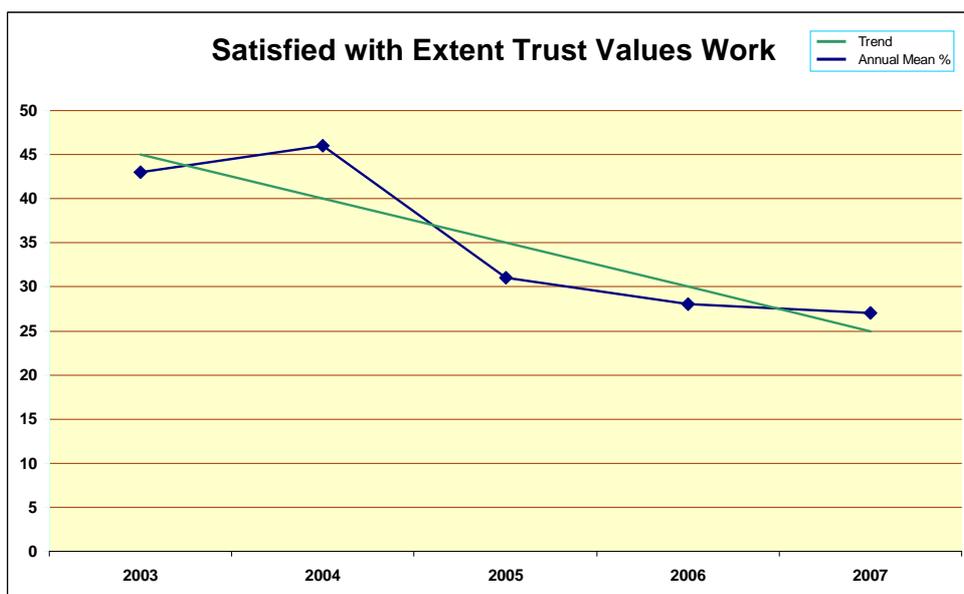
At the level of the national data as a whole, it was clear that:

- There were static scores on most comparable questions between 2003-7, e.g. on the number of staff having appraisals; communications between management and staff; and on team working. Although it was obvious that some individual Trusts had improved scores overall, many others had fallen back and many had stayed the same.





- There were some steeply declining scores, with the biggest single declines being on whether the Trust values the staff member's work, and on agreeing that care of patients is the Trust's top priority.



- There were very few improving scores: marginally more staff were being trained on equality and diversity programmes, and on Health and Safety (but not on infection control).
- The steepest falling score (that related to whether the Trust valued the staff member's work) was not noticed by the Healthcare Commission or the SAC, and was not reported.
- There were substantial variations in performance between different types of Trust on some issues. The clearest example of this feature is on violence being experienced by staff members, where Mental Health Trusts scored significantly higher than did any others, with ambulance Trusts second, acute Trusts a long way back, and most PCTs showing very low levels of violence being experienced by staff. These differences can be explained by the types of patients being treated, the circumstances in which contact with patients is structured, and the numbers of staff who have direct contact with patients.



- There are also substantial variations in performance within one type of Trust: these ranges were very wide from 2003 to 2006 and continue to be so in 2007. As an example, in the 2007 data on the question “do you think that the care of patients is the Trust’s top priority”, the range of scores from top scoring to bottom scoring Trusts was very wide, ranging from 19% in agreement to 66% being in agreement, in PCTs. Similar spreads occur on many other questions and in all types of Trust.
- Substantial variations also exist within an individual Trust between occupational groups – on awareness of Trust policies, the proportion having an appraisal, communications etc. Broadly, staff in bands 1-4 are less likely to be aware of Trust policies, less likely to have an appraisal, are less likely to think their Agenda for Change banding was fair etc.
- Some other occupational groups (e.g. registered Nurses) were less positive than other groups about the Trust valuing their work, on feedback about their work, and in respect of management-staff communication.

Further occupational group analysis in Trusts demonstrates clearly that it is the most powerful tool for staff survey analysis. Examining the data in this way, using the national data for each year, shows big differences in awareness and attitude between staff in bands 1 - 4, staff in Central Functions, and front line staff. The key differences that are shown by the national data are as follows:

- Central Functions staff (e.g. HR, Finance, General Management, etc) are:
 - ~ More likely to be able to talk to their manager about flexible working
 - ~ Much more likely to be aware of childcare support, and the availability of the Childcare Co-ordinator
 - ~ Much more likely to have had equality and diversity training
 - ~ Most likely to say they can’t meet conflicting demands at work
 - ~ Most likely to say they are satisfied with extent to which the Trust values their work
 - ~ Most likely to say care of patients is the Trust’s top priority
 - ~ Least likely to suffer VHBA (Violence, harassment, bullying and abuse)
- Front line staff (Doctors, Nurses, AHPs) showed the following characteristics:
 - ~ Doctors were the staff group most likely of all to get an appraisal
 - ~ Most likely to say that they had clear planned goals and objectives for job
 - ~ Nurses were the least likely group to say the Trust valued their work
 - ~ Nurses were the least likely to say they got clear feedback about performance, and were least likely to say that staff / management communication was effective
 - ~ As a group, front line staff were least likely to think that care of patients was the Trust’s top priority
 - ~ Nurses and AHPs were the most likely to say they suffered from work related stress
 - ~ Patient-facing staff – Nurses, HCAs – were much more likely to experience VHBA than any other group



- Staff groups containing large concentrations of Bands 1-4 staff¹ (e.g. Admin and Clerical, Maintenance and Ancillary, Nursing Auxiliaries / Health Care Assistants):
 - ~ M&A, HCAs were the least likely to be aware of childcare facilities
 - ~ All band 1-4 groups were the least likely groups to have had an appraisal
 - ~ Band 1-4 groups were least likely of all groups affected by AfC to think that their banding was fair
 - ~ M&A staff were the least likely to think they worked in a team
 - ~ Band 1-4 staff were the least likely to say they had clear planned goals for their job
 - ~ Bands 1-4 staff were the least likely to say they couldn't meet conflicting pressures at work (i.e. they were the least pressured groups)
 - ~ They were also the least likely groups overall to suffer from work related stress
 - ~ Some of their number (i.e. HCAs) were much the most likely group to experience violence, with a level of violence experienced even higher than that for Nurses.

CONCLUSIONS

The conclusions that we can draw from this detailed analysis of the largest staff survey in the world are as follows:

- Some Trusts are much more successful than others of the same type in communicating positive messages about their corporate culture and in generally taking the staff in to their confidence about developments.
- Some types of Trusts have specific problems in relation to specific scores, with (for example) Mental Health Trusts, and to a lesser extent Ambulance Trusts, having significantly higher levels of violence being experienced by staff, because of the nature of their work.
- The pace of improvement in staff survey scores across all Trusts is painfully slow, with little movement in scores on most issues nationwide over the whole period of the survey from 2003.
- There is strong evidence of growing staff dissatisfaction with NHS employers in terms of their being focused on caring for patients, and thinking that staff have a key role in delivering the objectives of the NHS, with the most sharply declining scores in the survey being on these issues. These declining scores have affected every type of Trust in every NHS Region of England.
- Proximity to the corporate centre in an individual Trust affects the awareness that staff have of Trust policies.
- Conversely, distance from the corporate centre means that fewer staff are tied into HR and supervision systems through appraisals and day to day feedback on job performance.

¹ For an explanation of the way in which the occupational group analyses have been conducted using the national data, go to: "Making Sense of the National Staff Survey", Quality Health, 2007



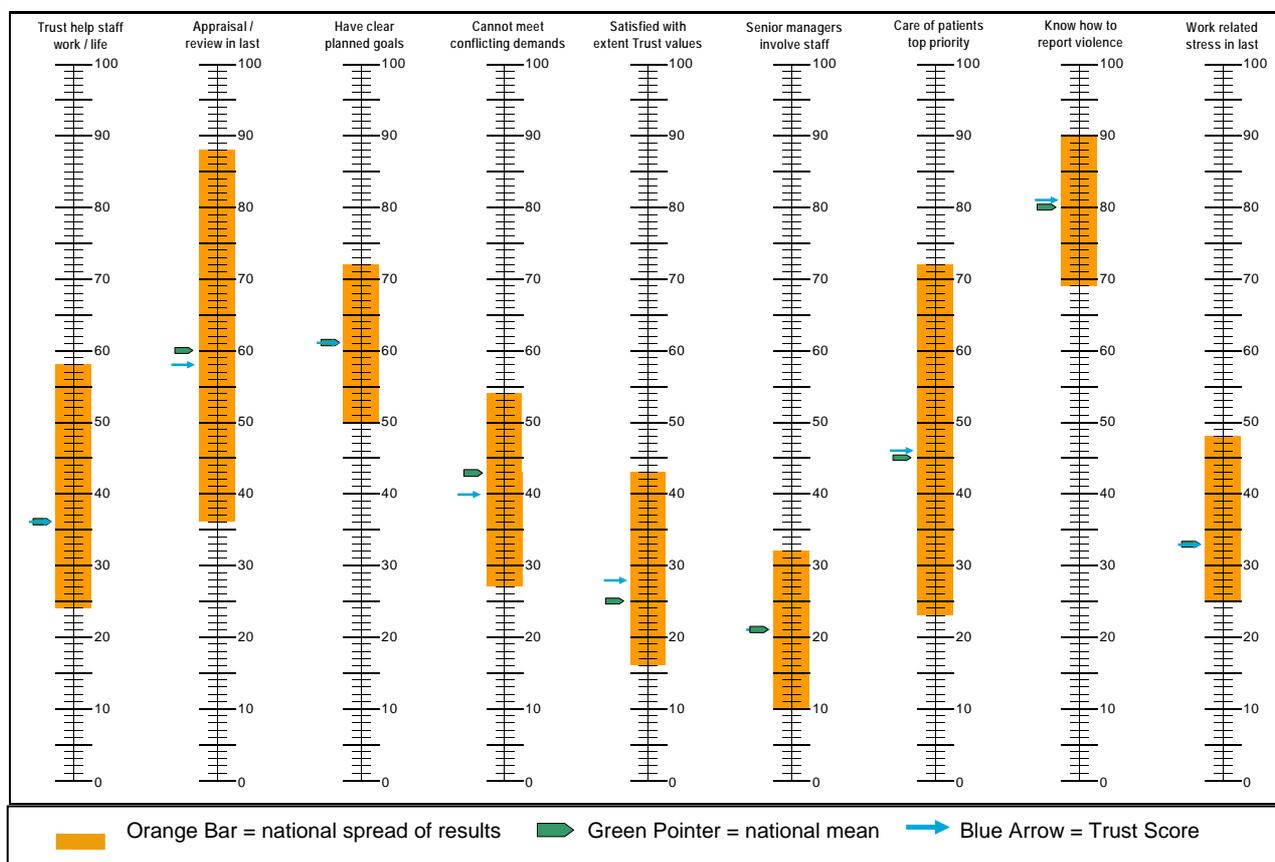
- Stress is most likely to occur in front line staff rather than staff with limited job control who are undertaking more routine activities.
- Violence and HBA is clearly structured on the basis of proximity to patients, with Nurses and HCAs being most likely to suffer VHBA.
- Staff employed in Central Functions are more likely than front line staff to say that care of patients is the Trust's top priority, evidence that their belief in the intentions of the Trust are consistently higher than others who are more distant from the activities of corporate management.
- Conversely, front line staff (and especially nurses) are the most likely groups to have negative views about Trust intentions and policies.

It is clear from this detailed analysis that Trusts are not as yet calibrating their response to take account of the cultures and structural position of different occupational groups. Any successful corporate strategy to improve patient care, convey corporate plans and objectives, and make clear the direction of travel for the future, must address these crucial differentials amongst the staff who are expected to deliver the improvements planned by the Trust.

LOCAL PERFORMANCE

The chart below sets out the Trust's performance on a range of key issues. This chart highlights the wide variation between Trusts.

Trust Performance and the National Spread on Key Issues





executive summary

This section pulls together the conclusions and action points from each of the following sections of the report that detail the survey results.

WORK-LIFE BALANCE

Trust scores compared to other Trusts on issues relating to work-life balance are generally about the same.

Overall, Trust scores compared to last year on work-life balance have remained about the same.

ACTION

- Assess staffing levels in key areas with a view to reducing the amount of non-contracted hours worked by staff.
- Take further steps to increase awareness of policies that are in place on job sharing, flexible retirement etc., especially in hard to reach groups such as ancillary staff, or staff working on different sites.

MANAGEMENT AND SUPERVISION

Trust scores compared to other Trusts on issues relating to management and supervision are generally about the same.

Overall, Trust scores compared to last year on management and supervision have improved.

ACTION

- Ensure that managerial and supervisory roles include the duty to communicate to staff that they have done well in their tasks where this is justified.

APPRAISAL

Trust scores compared to other Trusts on issues relating to appraisal are generally about the same.

Overall, Trust scores compared to last year on appraisal are mixed.



ACTION

- Review ways of increasing the number of staff receiving an annual Performance Development Review or other appraisal.
- Assess the way in which appraisals and reviews are conducted in order to increase their usefulness to staff.
- Assess the written information given to staff as a consequence of their appraisal or review.
- Check on the coverage of appraisals and reviews amongst hard to reach groups, and take steps to increase coverage and monitor the incidence of appraisals.

TRAINING, LEARNING AND DEVELOPMENT

Trust scores compared to other Trusts on issues relating to training, learning and development are generally mixed.

Overall, Trust scores compared to last year on training, learning and development have improved.

ACTION

- Investigate ways to increase the number of staff attending Infection Control training given the number of staff who say they have not received any in the past 12 months.
- Review the incidence of equality and diversity training of all types.
- Undertake further work on the quality of training and its relevance to staff following the 2004 national survey results which showed that c. 50% of all staff who had received training believed that there were no gains from that training

THE JOB

Trust scores compared to other Trusts on issues relating to staff views about their job are generally about the same.

Overall, Trust scores compared to last year on staff views about their job have remained about the same.

ACTION

- Introduce better work planning and scheduling in order to reduce conflicting work demands on staff.
- Put in place specific arrangements in each work group to ensure that staff receive clear feedback on how well they have performed their work.



- Construct a clear 'message board' of no more than 6 things that the Trust has achieved in the last year, and on which the staff have made a significant contribution to the achievement of these goals. Ensure that this simplified message is transmitted through every Trust publication and in PDR meetings with individual staff.

YOUR ORGANISATION

Trust scores compared to other Trusts on issues relating to the organisation are generally less positive.

Overall, Trust scores compared to last year on the organisation have improved.

ACTION

- Enhance the communications function to ensure that key messages upwards and downwards are communicated more effectively.
- Take action to inform staff of service modernisation, changes to the patient focus in the Trust, and the results of patient survey programmes.
- Identify any concentrations of staff who feel they have been discriminated against; take action to train local managers on Trust policies where necessary.
- Take further steps to communicate the Trust's strategic vision for the future, major projects to be undertaken, and policies to be pursued, in the knowledge that failure to communicate management values and vision is a common problem in both public and private sectors.
- Ensure that the communication of the strategic values and vision of the Trust is specifically linked to the real environment (i.e. service reconfiguration and financial pressures).

HARASSMENT, BULLYING AND VIOLENCE

Trust scores compared to other Trusts on issues relating to harassment, bullying and violence are generally more positive.

Overall, Trust scores compared to last year on harassment, bullying and violence have remained about the same.

ACTION

- Improve awareness of the need to report violence experienced by staff.
- Improve awareness of the need to report bullying and harassment in a confidential fashion.
- Consider publicising, in an anonymous way, the action taken by the Trust against those perpetrating violence, bullying, harassment or abuse.



ERRORS, NEAR MISSES AND INCIDENTS

Trust scores compared to other Trusts on issues relating to errors, near misses and incidents are generally about the same.

Overall, Trust scores compared to last year on errors, near misses and incidents have remained about the same

ACTION

- Ensure that the Trust's policies on handling errors, near misses and incidents are transparent and communicated to all staff.

OCCUPATIONAL HEALTH AND SAFETY

Trust scores compared to other Trusts on issues relating to occupational health and safety are generally about the same.

Overall, Trust scores compared to last year on occupational health and safety have remained about the same.

ACTION

- Assess the impact of moving and handling training in the light of the number of staff saying they have been injured or felt unwell.
- Prioritise the issue of stress at work and analyse ways in which the Trust can meet legitimate problems, especially by improving communication, reducing conflicting pressures, and improving the quality of work processes to eliminate barriers to effective professional work.
- Ensure that all staff are made aware of the counselling and occupational health services available to them at work.
- Map the incidence of staff overload by department and occupational group and take action to identify the specific reasons for these staff views. Consider staffing policy in the light of this information.

INFECTION CONTROL AND HYGIENE

Trust scores compared to other Trusts on issues relating to infection control and hygiene are generally less positive.

Overall, Trust scores compared to last year on infection control and hygiene have remained about the same.

ACTION

- Take further action to ensure that all staff are aware of their infection control roles, and of the specific actions they need to take to comply with Trust standards.
- Ensure that facilities are readily available and promoted for staff, patients and, where necessary, visitors to clean their hands.

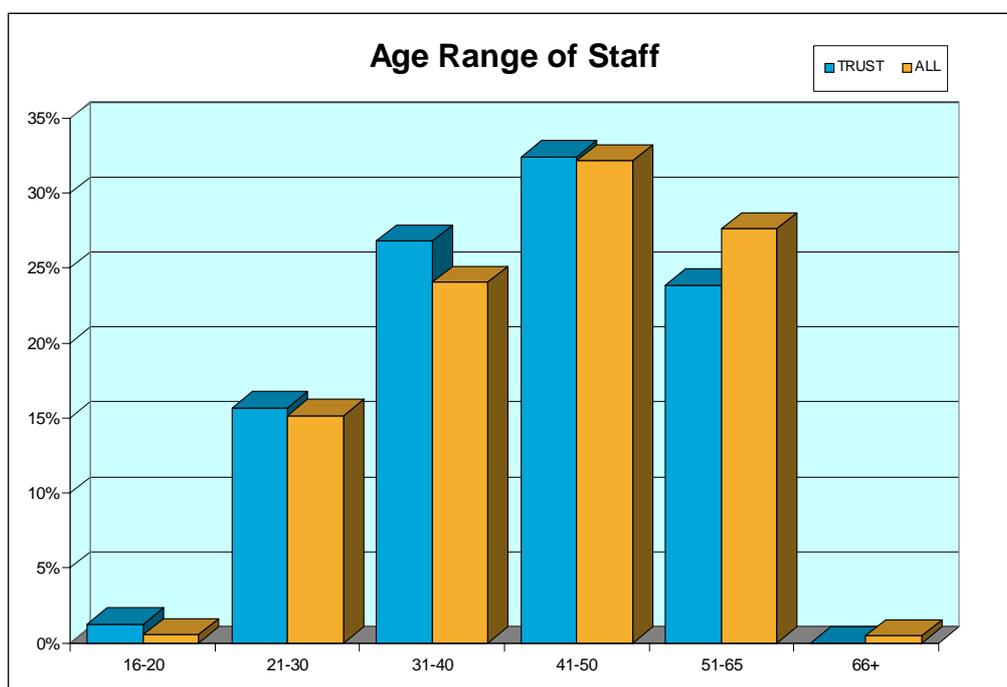


characteristics

The characteristics of the Staff who responded to the survey at Sandwell and West Birmingham Hospitals NHS Trust are as follows:

1. GENDER AND AGE

77% of the staff responding to the survey were female; this reflects the distribution of staff by gender in the NHS as a whole. 59% of the staff were aged between 31 and 50 as the chart shows.



The Trust has 24% of its total workforce in the pre-retirement age group of 51-65, compared to 28% in Quality Health's national comparator².

2. ETHNIC GROUP

The proportion of the workforce describing themselves as White British was 66%, compared to 83% in all Trusts. 14% described themselves as Asian and 11% described themselves as Black.

3. MANAGING OTHERS

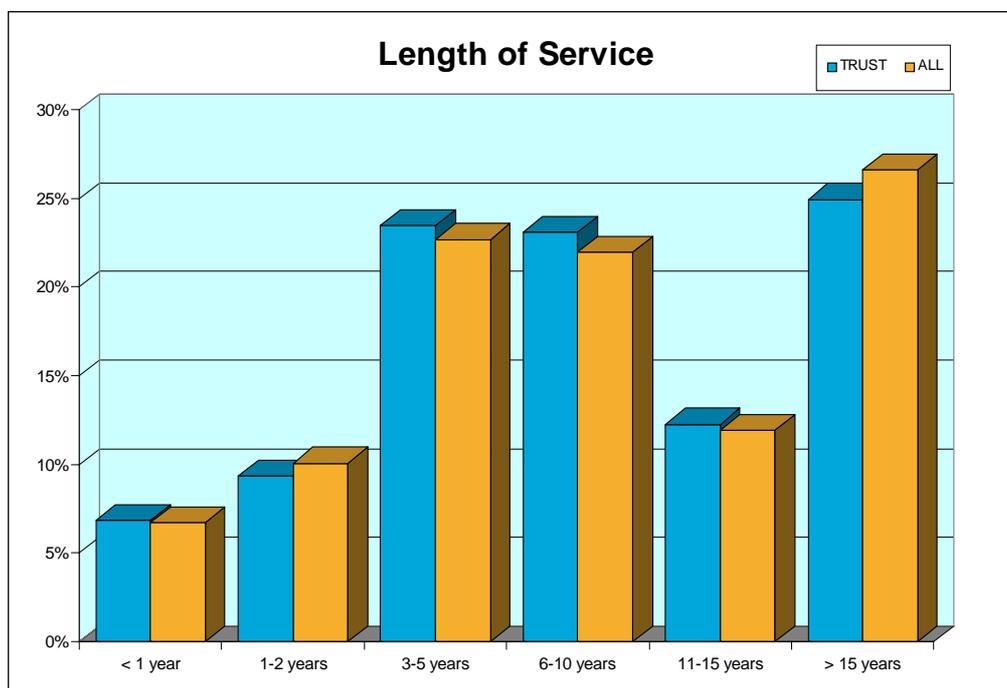
34% of the staff said they managed others within their organisation, compared to 30% in other Trusts.

² The national comparator in all cases is with all staff employed in the relevant type of Trust (i.e. Acute, PCT, Mental Health, Ambulance, SHA) that Quality Health surveyed.



4. LENGTH OF SERVICE

40% of the staff said they had been employed in this organisation for 5 years or less as the chart below shows. 7% had worked for the Trust for 1 year or less compared to 7% nationally; 25% had worked for the Trust for over 15 years, compared to 27% nationally.



18

5. LONG-TERM ILLNESS

Staff were asked if they had a long-term illness, health problem or disability (defined as something that has lasted or will last at least 12 months). 14% of the staff said they had such a problem.

Those staff that did have a long-standing illness, health problem or disability were then asked if their employer had made adequate adjustments to enable them to carry out their work. Of the small number of staff that needed adjustments, 65% said that they had been made.

6. FACE TO FACE CONTACT WITH PATIENTS

71% of the staff said they frequently had face to face contact with patients, a further 17% said they occasionally did.

7. TYPE OF EMPLOYMENT

Staff were asked to place themselves in one of a long list of occupational groups. The proportion of staff allocating themselves to each group in the Trust can be seen in the full survey results at the end of this report.

The distribution of occupational groups in Trusts of the same type varies from Trust to Trust and can influence the Trust's results as a whole, as some staff groups are intrinsically less positive than others.

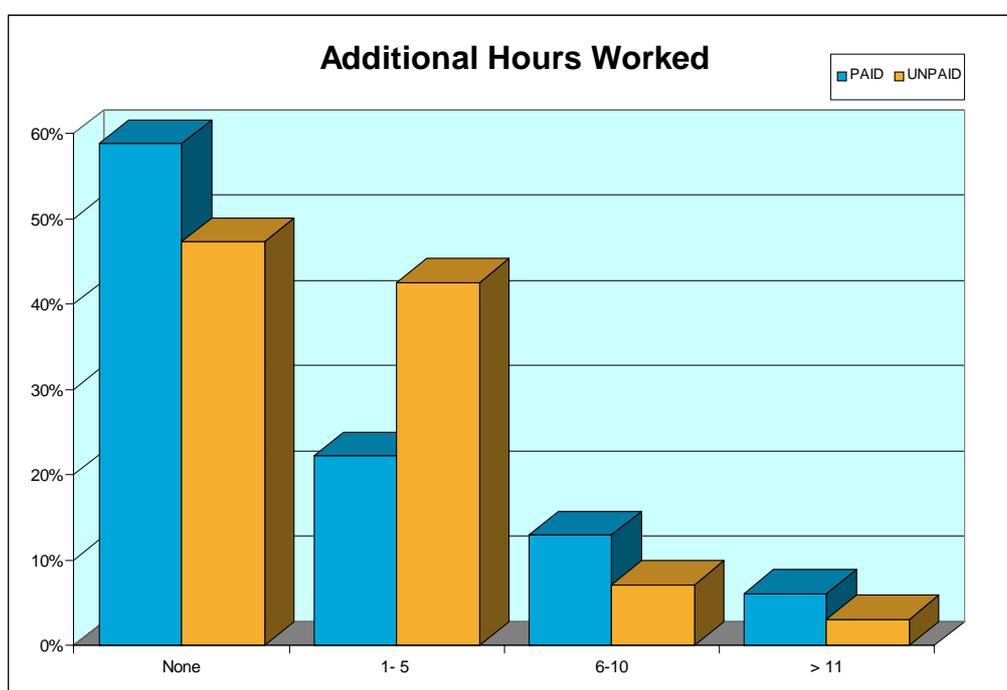


work-life balance

1. WORKING HOURS

Staff were asked how many hours a week they were contracted to work; 82% said they worked 30 hours or more.

Staff were then asked on average how many additional hours they worked per week, firstly paid and then unpaid. The chart shows how many staff said they worked in each category and the hours they worked.



2. SHIFT WORKING

Staff were asked if they worked rotating shifts: 28% said that they regularly did, 4% said they occasionally did. 47% said their working hours regularly or occasionally included time between 7pm and 7am.

3. COMMITMENT TO WORK-LIFE BALANCE

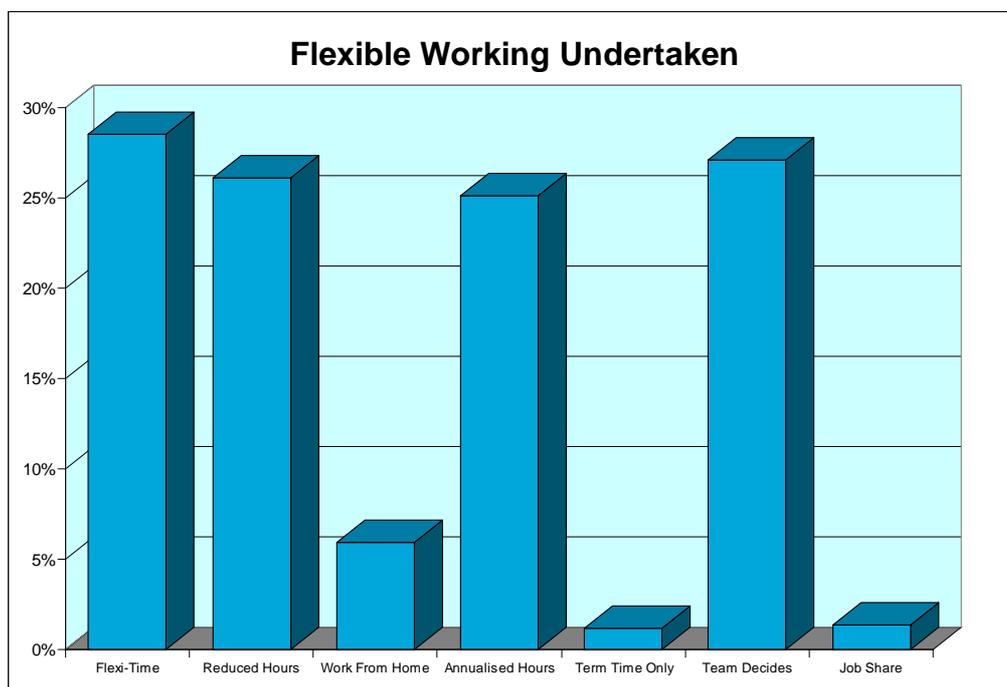
36% of staff agreed that their Trust was committed to helping staff balance their work and home life; 29% disagreed with this. Similarly 47% agreed that their immediate manager helped them find a good work-life balance, while 21% disagreed.

57% of staff said they could approach their immediate manager to talk openly about flexible working; 22% disagreed.



4. FLEXIBLE WORKING

The chart shows the proportion of staff who have taken up various flexible working options.



COMPARISONS WITH OTHER TRUSTS IN 2007

	Trust	ALL	Com
~ Staff working 6 hours or more additional paid hours per week	19%	16%	■
~ Staff working 6 hours or more additional unpaid hours per week	10%	12%	■
~ Agree / strongly agree that the Trust is committed to helping staff balance their work and home life	36%	36%	■
~ Agree / strongly agree that their immediate manager helps to find a good work-life balance	47%	49%	■
~ Agree / strongly agree that they can approach their immediate manager to talk about flexible working	57%	60%	■

COMPARISONS WITH 2006 SURVEY RESULTS

	2006	2007	Com
~ Staff working 6 hours or more additional paid hours per week	21%	19%	■
~ Staff working 6 hours or more additional unpaid hours per week	12%	10%	■
~ Agree / strongly agree that the Trust is committed to helping staff balance their work and home life	35%	36%	■
~ Agree / strongly agree that their immediate manager helps to find a good work-life balance	47%	47%	■
~ Agree / strongly agree that they can approach their immediate manager to talk about flexible working	61%	57%	↙



CONCLUSIONS

Trust scores compared to other Trusts on issues relating to work-life balance are generally about the same.

Overall, Trust scores compared to last year on work-life balance have remained about the same.

ACTION

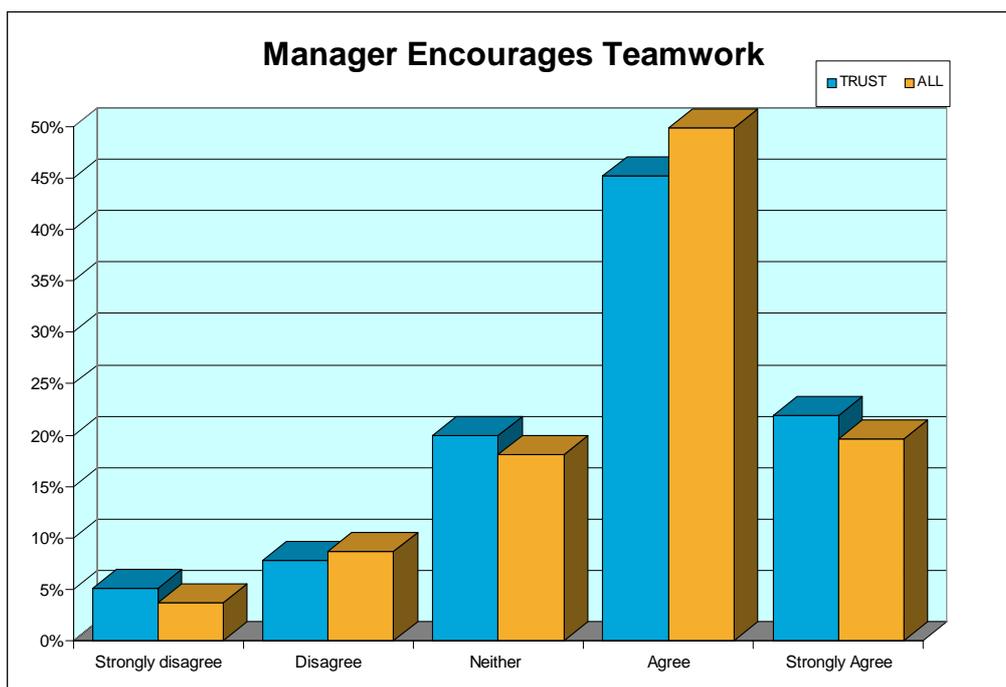
- Assess staffing levels in key areas with a view to reducing the amount of non-contracted hours worked by staff.
- Take further steps to increase awareness of policies that are in place on job sharing, flexible retirement etc., especially in hard to reach groups such as ancillary staff, or staff working on different sites.



management & supervision

1. IMMEDIATE MANAGERS

67% of the staff agreed that their immediate manager encouraged them to work as a team; 13% disagreed with this.



63% thought that their manager could be counted on to help with a difficult task at work; 17% disagreed.

50% of staff said their manager gave them clear feedback on their work; 26% said they did not. 47% said they were asked for their opinion by their manager before decisions were made that affected their work; 31% disagreed.

64% thought their manager was supportive in a personal crisis; 13% disagreed.

47% said their manager helped them when their workload was not manageable; 24% disagreed.



COMPARISONS WITH OTHER TRUSTS IN 2007

	Trust	ALL	Com
~ Agree / strongly agree that their immediate manager can be counted on to help with a difficult task	63%	66%	-
~ Agree / strongly agree that their immediate manager gives clear feedback on their work	50%	51%	-
~ Agree / strongly agree that their manager helps when their workload is not manageable	47%	47%	-

COMPARISONS WITH 2006 SURVEY RESULTS

	2006	2007	Com
~ Agree / strongly agree that their immediate manager can be counted on to help with a difficult task	61%	63%	-
~ Agree / strongly agree that their immediate manager gives clear feedback on their work	41%	50%	↗

CONCLUSIONS

Trust scores compared to other Trusts on issues relating to management and supervision are generally about the same.

Overall, Trust scores compared to last year on management and supervision have improved.

ACTION

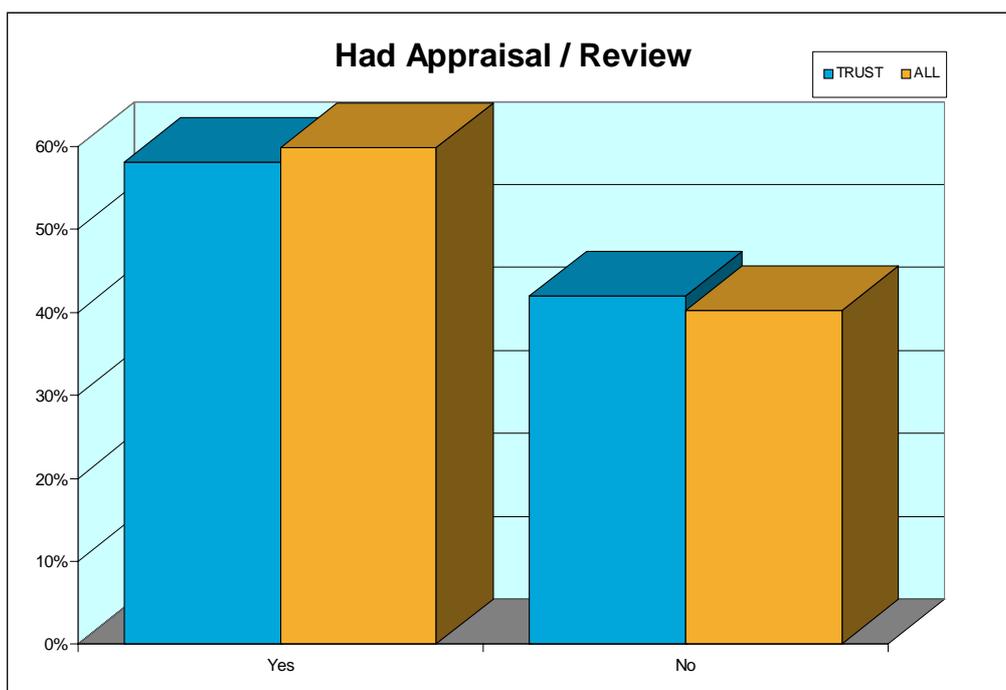
- Ensure that managerial and supervisory roles include the duty to communicate to staff that they have done well in their tasks where this is justified.



appraisal

1. APPRAISALS & PERFORMANCE REVIEW

Staff were asked if they had had an appraisal and / or a Knowledge and Skills Framework (KSF) development review in the last 12 months. 58% said that they had. This compares to an average of 60% in Trusts as a whole.



Of those that had had an appraisal or review, 55% said it had helped them to improve how they did their job; 77% said it had helped them agree clear objectives for their work; and 54% said their appraisal left them feeling that their work was valued by their Trust.

2. PERSONAL DEVELOPMENT PLANS

Of those staff who had had an appraisal or review, 88% said they had agreed a Personal Development Plan as part of their appraisal or review.

Of the group having PDPs, 45% said they had received the training, learning and development that was identified in the plan; 36% said it was too early to say. 52% said that their immediate manager had supported them in accessing this training, learning and development.



COMPARISONS WITH OTHER TRUSTS IN 2007

	Trust	ALL	Com
~ Staff having an appraisal and / or review in the last 12 months	58%	60%	■
~ Review helped agree clear objectives for their work	77%	76%	■
~ Staff leaving their review feeling their work was valued by the Trust	54%	52%	■
~ Staff agreeing a personal development plan as part of the appraisal or review	88%	87%	■

COMPARISONS WITH 2006 SURVEY RESULTS

	2006	2007	Com
~ Staff leaving their review feeling their work was valued by the Trust	63%	54%	↙
~ Staff agreeing a personal development plan as part of the appraisal or review	81%	88%	↗

CONCLUSIONS

Trust scores compared to other Trusts on issues relating to appraisal are generally about the same.

Overall, Trust scores compared to last year on appraisal are mixed.

ACTION

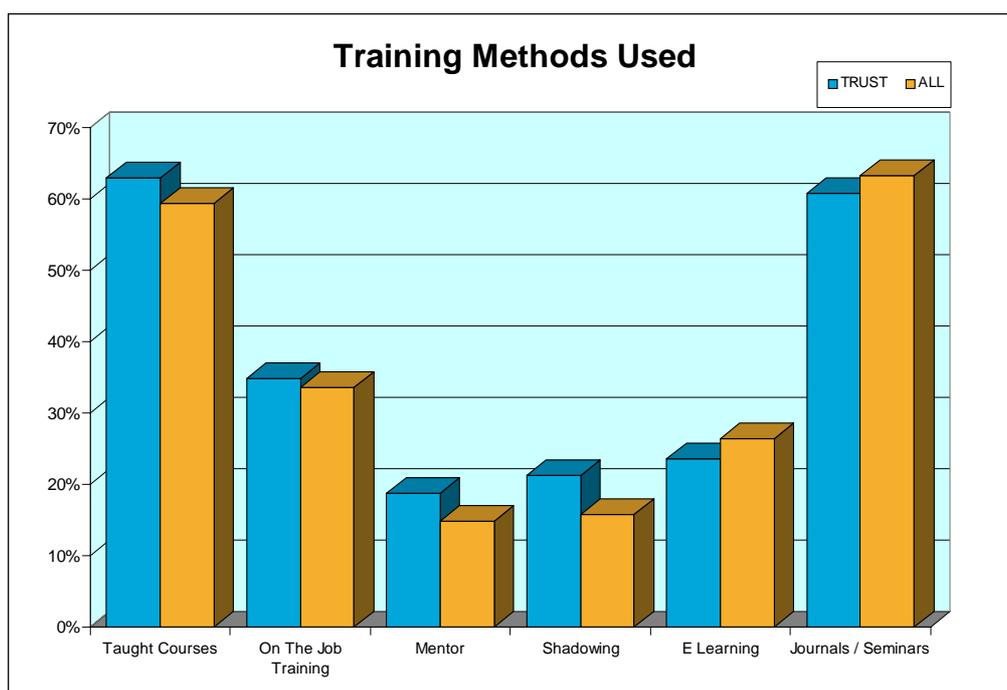
- Review ways of increasing the number of staff receiving an annual Performance Development Review or other appraisal.
- Assess the way in which appraisals and reviews are conducted in order to increase their usefulness to staff.
- Assess the written information given to staff as a consequence of their appraisal or review.
- Check on the coverage of appraisals and reviews amongst hard to reach groups, and take steps to increase coverage and monitor the incidence of appraisals.



training, learning & development

1. TYPES OF TRAINING UNDERTAKEN

Questions were asked in the survey about what types of training staff had received (either paid for or provided by their Trust). The chart shows the various types of training received by staff.



2. EQUALITY & DIVERSITY TRAINING

Staff were asked if they had received training (either paid for or provided by their employer) in specified equality and diversity areas. 10% said they had had training in the last 12 months relating to age; 11% relating to disability; 9% relating to gender; 9% relating to race; 8% relating to sexual orientation; and 8% relating to religion.

3. OTHER TRAINING ISSUES

Staff were also asked if they had received training, either in the last 12 months or more than 12 months ago, on a number of other issues.

Of those who thought it was applicable to them, 76% said they had received health and safety training in the last 12 months, and 38% had received major incident or emergency training in the last 12 months.

33% said they had not received training at any time on preventing or handling violence or aggression; 19% had not received training at any time on infection control; 46% had not received any computer skills training; and 48% had not received training at any time on handling confidential information.



81% said they had not received training on how to ask patients about their use of alcohol or drugs; 77% on how to handle patients who were drunk or under the influence of drugs; and 67% had not received training on giving information to patients about diagnosis, medication, side effects etc.

4. TRAINING GAINS

Staff were asked if their training had helped them to do their job better; 59% agreed that it had. 20% agreed that their training had improved their chances of promotion; 62% agreed that it helped them stay up-to-date with their job; and 63% agreed that it helped them stay up-to-date with professional requirements.

COMPARISONS WITH OTHER TRUSTS IN 2007

	Trust	ALL	Com
~ Staff receiving disability awareness training	11%	17%	↙
~ Staff receiving gender awareness training	9%	15%	↙
~ Staff receiving race awareness training	9%	16%	↙
~ Staff receiving health and safety training in the last 12 months	76%	74%	-
~ Staff receiving training on how to prevent violence or aggression in the last 12 months	46%	26%	↗
~ Staff receiving training on infection control in the last 12 months	57%	65%	↙

COMPARISONS WITH 2006 SURVEY RESULTS

	2006	2007	Com
~ Staff receiving disability awareness training	10%	11%	-
~ Staff receiving gender awareness training	9%	9%	-
~ Staff receiving race awareness training	11%	9%	-
~ Staff receiving health and safety training in the last 12 months	73%	76%	-
~ Staff receiving training on how to prevent violence or aggression in the last 12 months	35%	46%	↗
~ Staff receiving training on infection control in the last 12 months	56%	57%	-



CONCLUSIONS

Trust scores compared to other Trusts on issues relating to training, learning and development are generally mixed.

Overall, Trust scores compared to last year on training, learning and development have improved.

ACTION

- Investigate ways to increase the number of staff attending Infection Control training given the number of staff who say they have not received any in the past 12 months.
- Review the incidence of equality and diversity training of all types.
- Undertake further work on the quality of training and its relevance to staff following the 2004 national survey results which showed that c. 50% of all staff who had received training believed that there were no gains from that training



1. TEAM WORKING

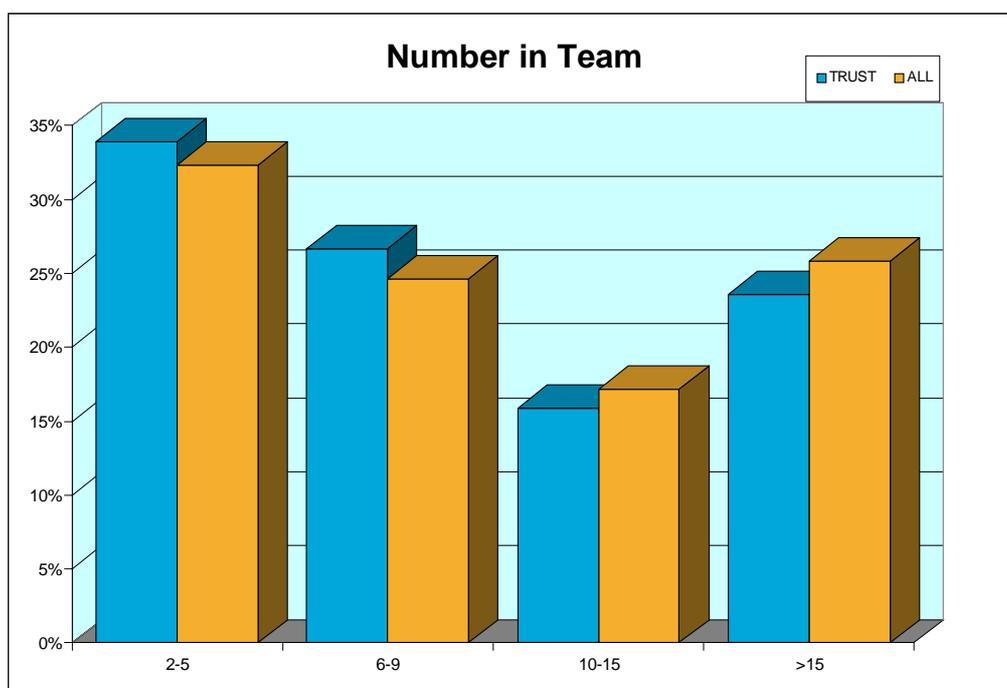
90% of the staff said they worked in a team.

85% said that their team had clear objectives; 15% said that it did not. 87% said they had to work closely with other team members to achieve these objectives.

58% of the staff said their team met regularly to discuss its effectiveness and how the effectiveness of the team could be improved.

2. TEAM SIZE

24% of staff said that their team had more than 15 members as the chart shows.



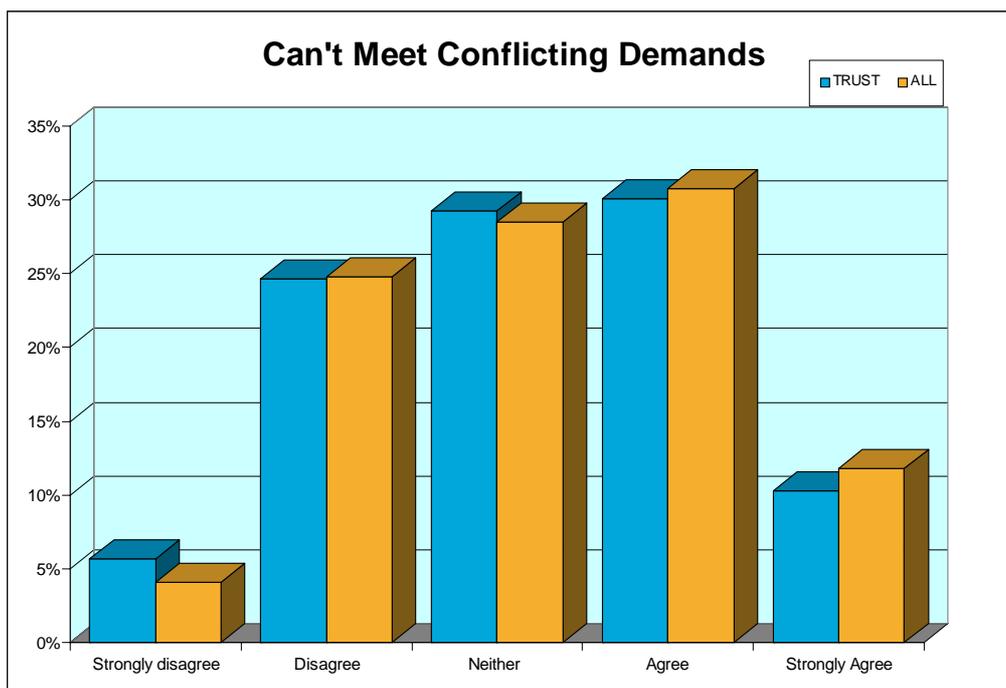
3. UNDERSTANDING AND INVOLVEMENT

61% of the staff agreed that they had clear, planned goals and objectives for their job. This compared to 61% in other Trusts.

19% of staff felt that they had trouble working out whether they were doing well or poorly.

44% agreed that they were involved in deciding on changes that affected their work.

As the chart below shows, 40% felt that they could not meet all the conflicting demands on their time at work.



50% of staff agreed that they had adequate materials, supplies and equipment to do their work: 31% did not agree.

56% did not agree that there were enough staff at the Trust for them to do their job properly.

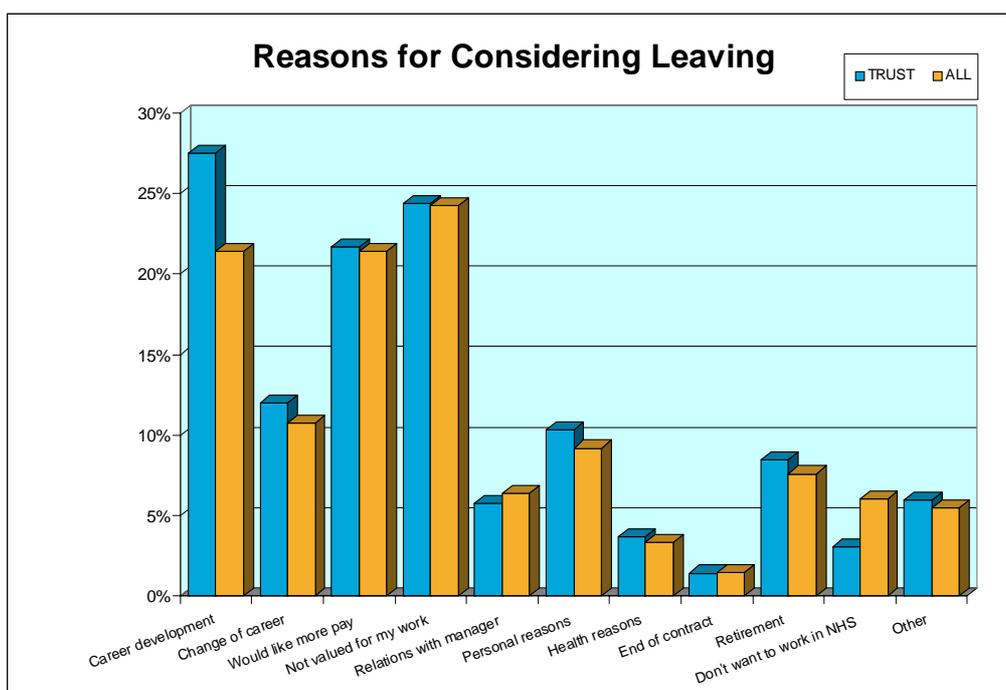
4. CHANGING EMPLOYMENT

33% of staff said they often thought about leaving this Trust, and 22% said they would probably look for a new job in a new organisation in the next year.

Clearly, the incidence of staff turnover is not only linked to internal factors, such as perceived stress, being valued etc., but also to the availability of other posts in related employment in the vicinity.

19% of staff agreed that as soon as they could find another job they would leave this Trust. 52% said that if they left their current job, they would want to stay in the NHS; 18% disagreed.

The chart shows the reasons staff gave for considering leaving their job.



5. SATISFACTION WITH AREAS OF WORK

38% of staff felt satisfied with the recognition they got for good work; 35% were dissatisfied. 53% of the staff said they were satisfied with the support received from their immediate manager; 23% said they were not. 67% of staff were satisfied with the support they got from their work colleagues.

57% of staff were satisfied with the freedom they had to choose their own method of working; and 65% were satisfied with the amount of responsibility they were given. 61% felt satisfied with the opportunities they were given to use their abilities. 28% of staff said they were satisfied with the extent to which their Trust valued their work. This compares to 25% in other Trusts.

6. SATISFACTION WITH PAY

Staff were asked if they were satisfied with the level of their pay. 31% said they were satisfied; 46% were not satisfied.

7. VIEWS ABOUT THE JOB

81% of staff agreed that they knew what their responsibilities were; 9% disagreed. 48% said that they were consulted about changes that affect their work; 30% disagreed.

Staff were asked if they agreed that they did not have time to carry out all their work; 46% said they did agree. This compares to 49% in other Trusts.

38% of staff felt that they did not get clear feedback about how well they were doing their job. 31% of the staff agreed that relationships at work were strained; 41% disagreed.

65% of staff said they could decide on their own how to go about doing their work; 12% said they could not.



COMPARISONS WITH OTHER TRUSTS IN 2007

	Trust	ALL	Com
~ Staff saying their team has clear objectives	85%	84%	-
~ Agree / strongly agree that they have clear, planned goals and objectives for their job	61%	61%	-
~ Agree / strongly agree that they cannot meet all the conflicting demands on their time at work	40%	43%	-
~ Agree / strongly agree that as soon as they can find another job they will leave the Trust	19%	19%	-
~ Satisfied / very satisfied with the recognition received for good work	38%	36%	-
~ Satisfied / very satisfied with the amount of responsibility given	65%	67%	-
~ Satisfied / very satisfied with the extent to which the Trust values their work	28%	25%	-
~ Agree / strongly agree that they do not have time to carry out all their work	46%	49%	-
~ Agree / strongly agree that they get clear feedback on how well they are doing their job	33%	30%	-
~ Satisfied / very satisfied with level of pay	31%	27%	-

COMPARISONS WITH 2006 SURVEY RESULTS

	2006	2007	Com
~ Staff saying their team has clear objectives	89%	85%	-
~ Agree / strongly agree that they have clear, planned goals and objectives for their job	64%	61%	-
~ Agree / strongly agree that they cannot meet all the conflicting demands on their time at work	42%	40%	-
~ Agree / strongly agree that as soon as they can find another job they will leave the Trust	22%	19%	-
~ Satisfied / very satisfied with the recognition received for good work	41%	38%	-
~ Satisfied / very satisfied with the amount of responsibility given	67%	65%	-
~ Satisfied / very satisfied with the extent to which the Trust values their work	31%	28%	-
~ Agree / strongly agree that they do not have time to carry out all their work	47%	46%	-
~ Agree / strongly agree that they get clear feedback on how well they are doing their job	29%	33%	-



CONCLUSIONS

Trust scores compared to other Trusts on issues relating to staff views about their job are generally about the same.

Overall, Trust scores compared to last year on staff views about their job have remained about the same.

ACTION

- Introduce better work planning and scheduling in order to reduce conflicting work demands on staff.
- Put in place specific arrangements in each work group to ensure that staff receive clear feedback on how well they have performed their work.
- Construct a clear 'message board' of no more than 6 things that the Trust has achieved in the last year, and on which the staff have made a significant contribution to the achievement of these goals. Ensure that this simplified message is transmitted through every Trust publication and in PDR meetings with individual staff.



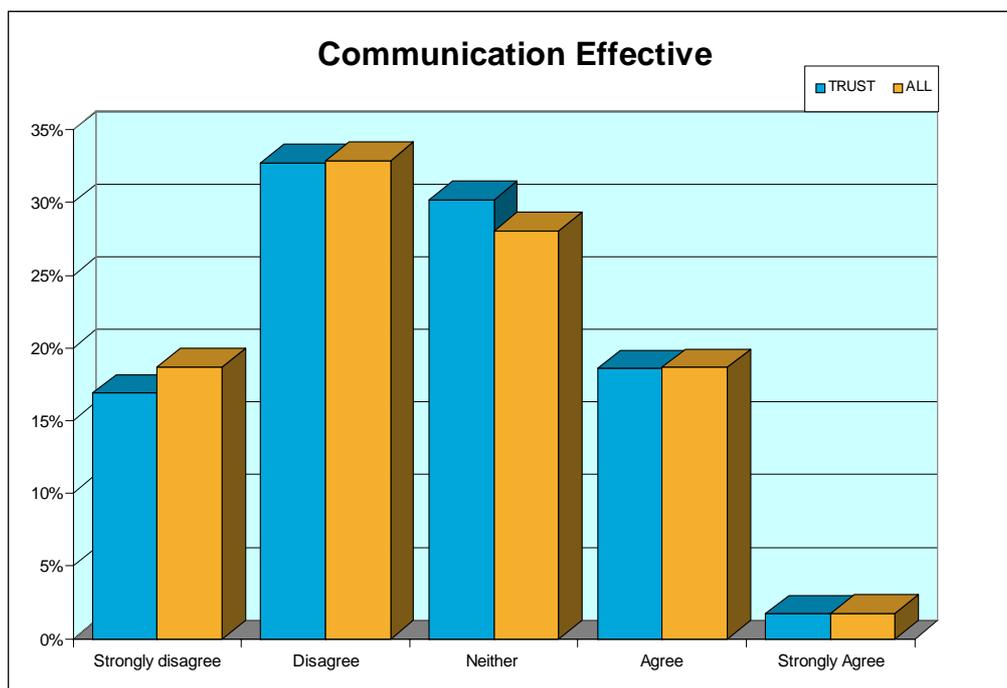
your organisation

1. INVOLVEMENT

21% of the staff agreed that senior managers tried to involve them in important decisions; 50% disagreed.

2. COMMUNICATION

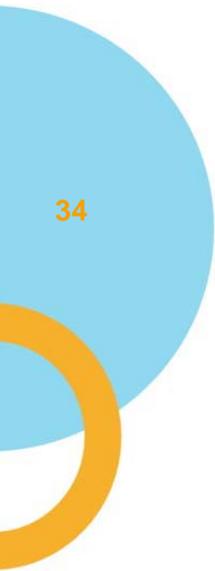
20% of the staff felt that communication between senior management and staff in their organisation was effective; 50% disagreed.



17% of staff thought that different parts of the organisation communicated effectively with each other; 47% thought they did not.

The issue of communication is one which has traditionally been a significant downside problem for Trusts, according to staff survey data. Communication problems arise in two forms: communication upwards and downwards, between top management and staff on strategic issues and on key messages; and communication between teams on clinical and organisational issues related to patient care.

Both are important, and the questions in this section of the survey seek to identify whether Trusts are meeting the objective of effective and clear communication.





3. SUGGESTING NEW IDEAS

25% of staff felt that they were encouraged by senior managers to suggest new ideas for improving services; 41% disagreed.

4. PATIENT CARE

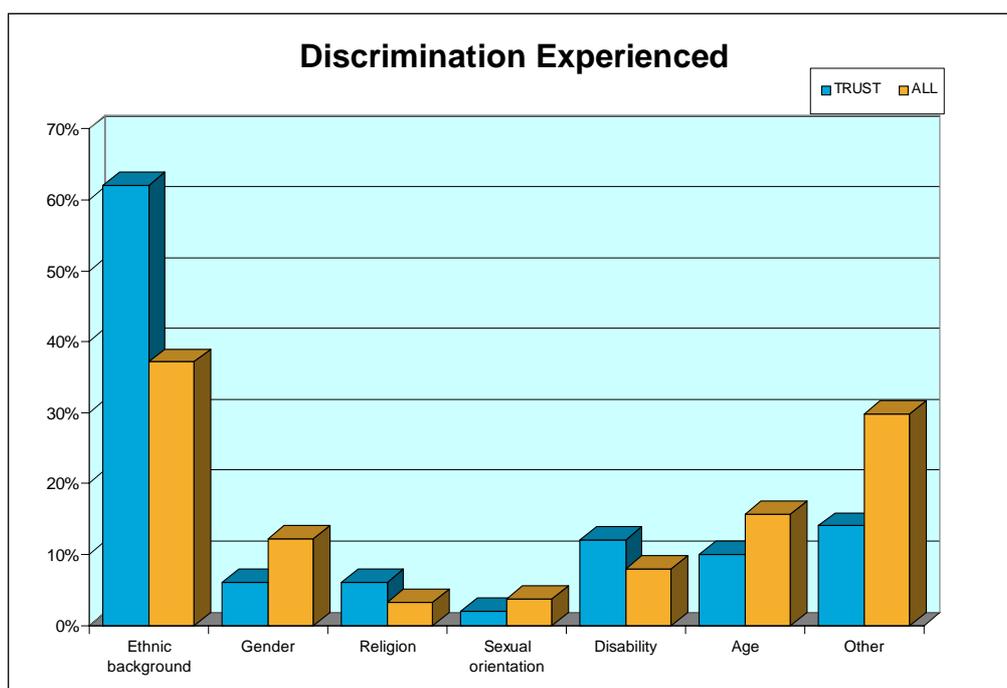
46% of staff thought the Trust made patient or service user care its top priority; 23% disagreed.

73% of staff agreed that patient information was treated confidentially by staff in the Trust; 5% disagreed.

5. EQUAL OPPORTUNITIES

53% of staff felt that their Trust acted fairly with regard to career progression / promotion regardless of ethnicity, gender, religion, sexual orientation, disability or age.

11% of staff said they had experienced discrimination in the Trust in the last 12 months. The chart shows the grounds on which staff said discrimination was experienced.



6. WHISTLE-BLOWING

74% of staff said they knew how to report any concerns they had about negligence or wrongdoing by staff. 26% said they did not know.

Staff were asked if there was a system to report such concerns confidentially. 55% said there was; 41% did not know if there was or not.



COMPARISONS WITH OTHER TRUSTS IN 2007

	Trust	ALL	Com
~ Agree / strongly agree that communication between senior management and staff is effective	20%	20%	■
~ Agree / strongly agree that care of patients is the Trust's top priority	46%	45%	■
~ Agree / strongly agree that patient information is treated confidentially by staff	73%	80%	↙
~ Staff saying they have experienced discrimination in the last 12 months	11%	8%	■
~ Staff saying they would know how to report concerns about negligence or wrongdoing	74%	77%	■

COMPARISONS WITH 2006 SURVEY RESULTS

	2006	2007	Com
~ Agree / strongly agree that care of patients is the Trust's top priority	41%	46%	↗
~ Staff saying they have experienced discrimination in the last 12 months	11%	11%	■
~ Staff saying they would know how to report concerns about negligence or wrongdoing	77%	74%	■

CONCLUSIONS

Trust scores compared to other Trusts on issues relating to the organisation are generally less positive.

Overall, Trust scores compared to last year on the organisation have improved.

ACTION

- Enhance the communications function to ensure that key messages upwards and downwards are communicated more effectively.
- Take action to inform staff of service modernisation, changes to the patient focus in the Trust, and the results of patient survey programmes.
- Identify any concentrations of staff who feel they have been discriminated against; take action to train local managers on Trust policies where necessary.
- Take further steps to communicate the Trust's strategic vision for the future, major projects to be undertaken, and policies to be pursued, in the knowledge that failure to communicate management values and vision is a common problem in both public and private sectors.
- Ensure that the communication of the strategic values and vision of the Trust is specifically linked to the real environment (i.e. service reconfiguration and financial pressures).



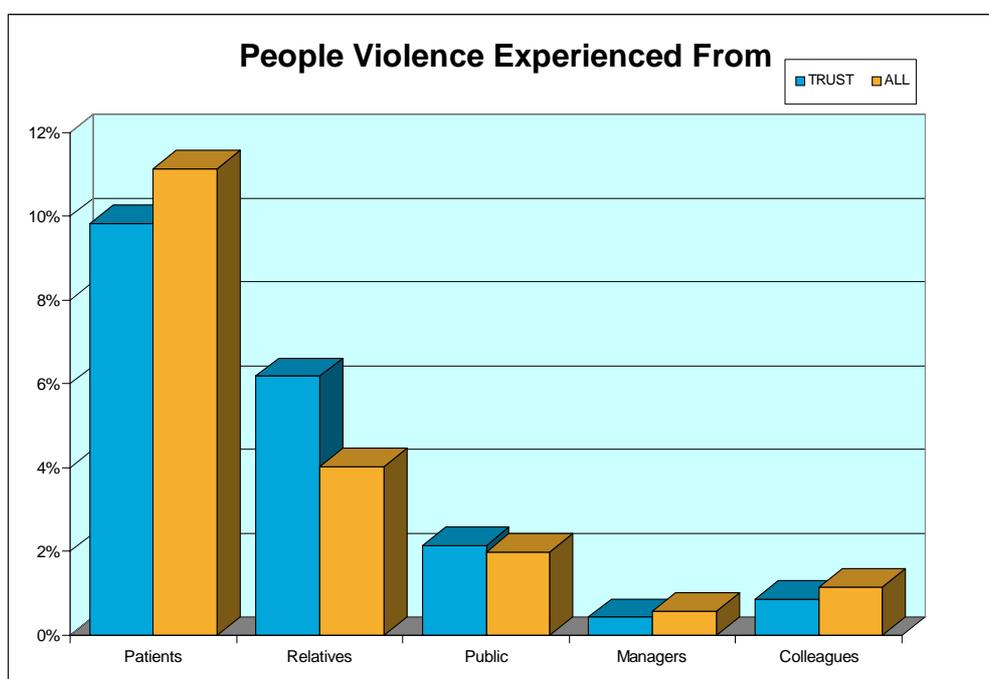
harassment, bullying & violence

1. KNOWING HOW TO REPORT INCIDENTS

Overall, 81% of staff said they knew how to report incidents of violence, harassment, bullying or abuse. 19% said they did not know.

2. EXPERIENCING VIOLENCE

Staff were asked if they had experienced physical violence from any source in the last 12 months. The chart shows the proportion of staff saying they had experienced violence in each category.

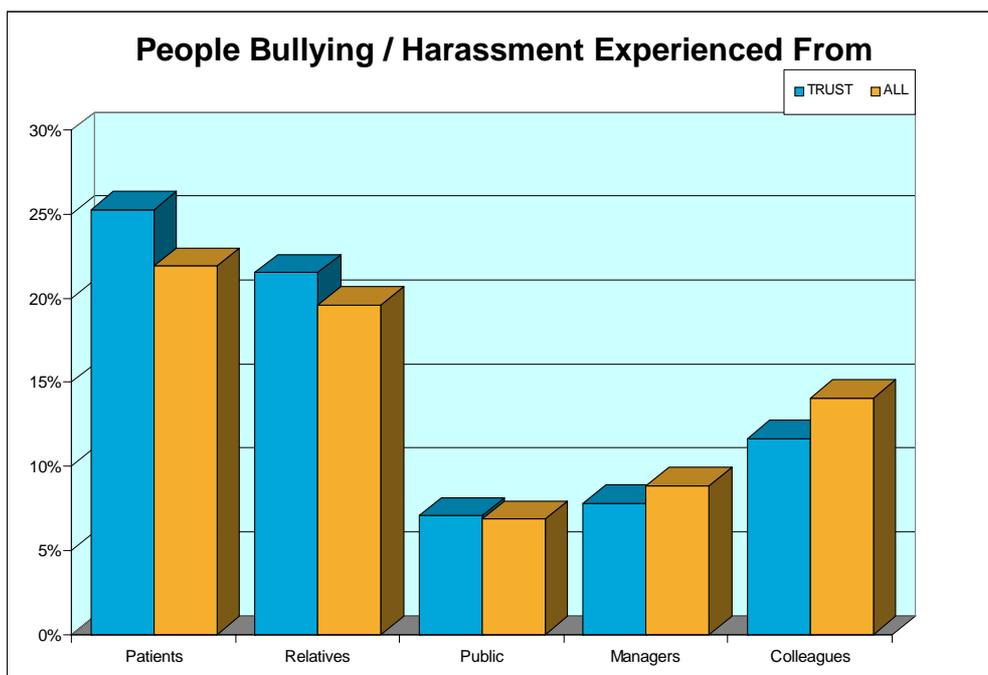


Staff were also asked how many times in the last year they had experienced violence. 48% said they had experienced it once or twice, 28% said three to five times, and 12% said 6 times or more.

73% of the staff experiencing violence said they or a colleague had reported it; 22% said they had not.

3. EXPERIENCING HARASSMENT, BULLYING OR ABUSE

Staff were also asked if they had experienced harassment, bullying or abuse from a number of sources in the last 12 months. The chart below shows the proportions of staff saying they had experienced such behaviour in each category.

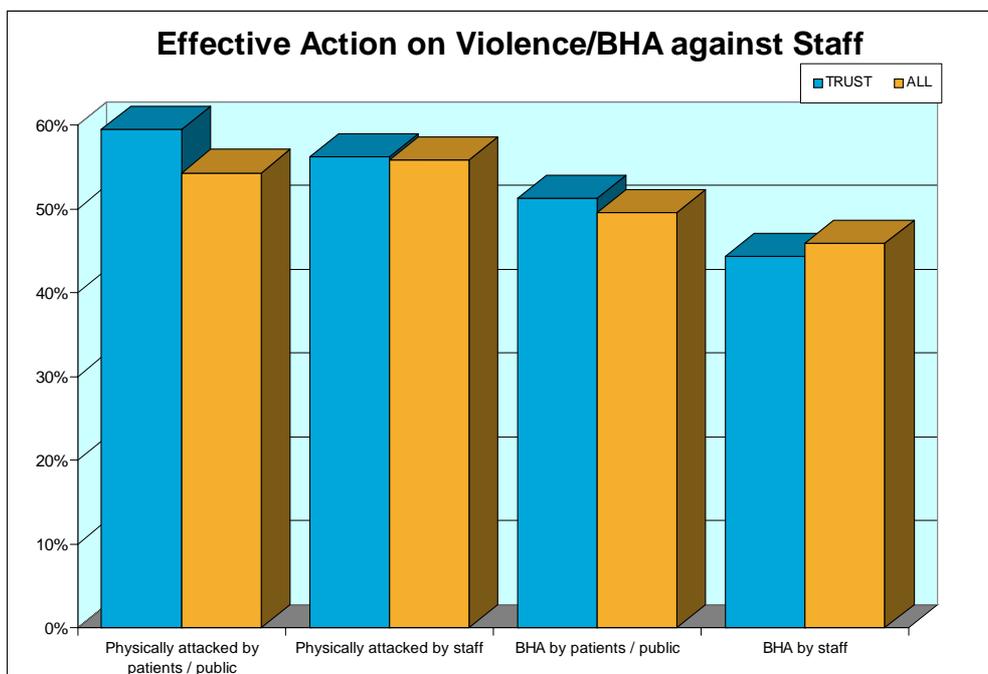


38

51% of staff said they or a colleague reported harassment, bullying or abuse; 47% said they did not report it.

4. TAKING ACTION

Staff were asked if their employer took effective action if staff were the subject of an incident. The chart shows the proportion of staff agreeing that effective action was taken in each category.





COMPARISONS WITH OTHER TRUSTS IN 2007

	Trust	ALL	Com
~ Staff saying they would know how to report an incident of violence, harassment, bullying or abuse	81%	80%	-
~ Staff saying they had experienced physical violence from patients	10%	11%	-
~ Staff saying they or a colleague reported physical violence	73%	58%	↗
~ Staff saying they had experienced harassment, bullying or abuse from patients	25%	22%	-
~ Staff saying they or a colleague reported harassment, bullying or abuse	51%	45%	↗
~ Agree / strongly agree that the Trust takes action if staff are physically attacked by patients	59%	54%	↗
~ Agree / strongly agree that the Trust takes action if staff are physically attacked by other staff	56%	56%	-

COMPARISONS WITH 2006 SURVEY RESULTS

	2006	2007	Com
~ Staff saying they would know how to report an incident of violence, harassment, bullying or abuse	82%	81%	-
~ Staff saying they had experienced physical violence from patients	8%	10%	-
~ Staff saying they had experienced harassment, bullying or abuse from patients	27%	25%	-

CONCLUSIONS

Trust scores compared to other Trusts on issues relating to harassment, bullying and violence are generally more positive.

Overall, Trust scores compared to last year on harassment, bullying and violence have remained about the same.

ACTION

- Improve awareness of the need to report violence experienced by staff.
- Improve awareness of the need to report bullying and harassment in a confidential fashion.
- Consider publicising, in an anonymous way, the action taken by the Trust against those perpetrating violence, bullying, harassment or abuse.



errors, near misses & incidents

1. KNOWING HOW TO REPORTING ERRORS

88% of staff said they knew how to report errors, near misses or incidents that could hurt staff or patients.

2. INCIDENTS THAT COULD HURT STAFF

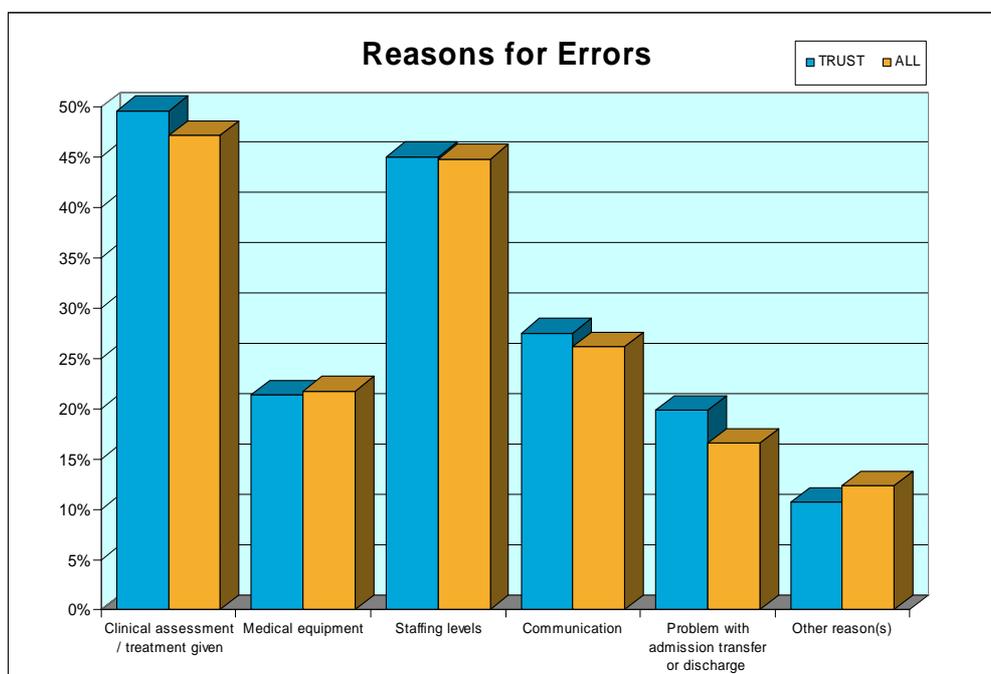
78% of staff said they had not witnessed any errors, near misses or incidents in the last month that could have hurt staff; 22% said they had seen such incidents. 93% said that the last time they saw an error that could hurt staff it had been reported either by them or a colleague.

3. INCIDENTS THAT COULD HURT PATIENTS

70% of staff said they had not witnessed any errors, near misses or incidents in the last month that could have hurt patients or service users; 30% said they had seen such incidents. 89% said that the last time they saw an error that could hurt patients it had been reported either by them or a colleague.

4. REASONS FOR ERRORS

Staff were asked to indicate what the reason was for the last error, near miss or incident that they saw that could hurt patients. The chart shows the reasons given.





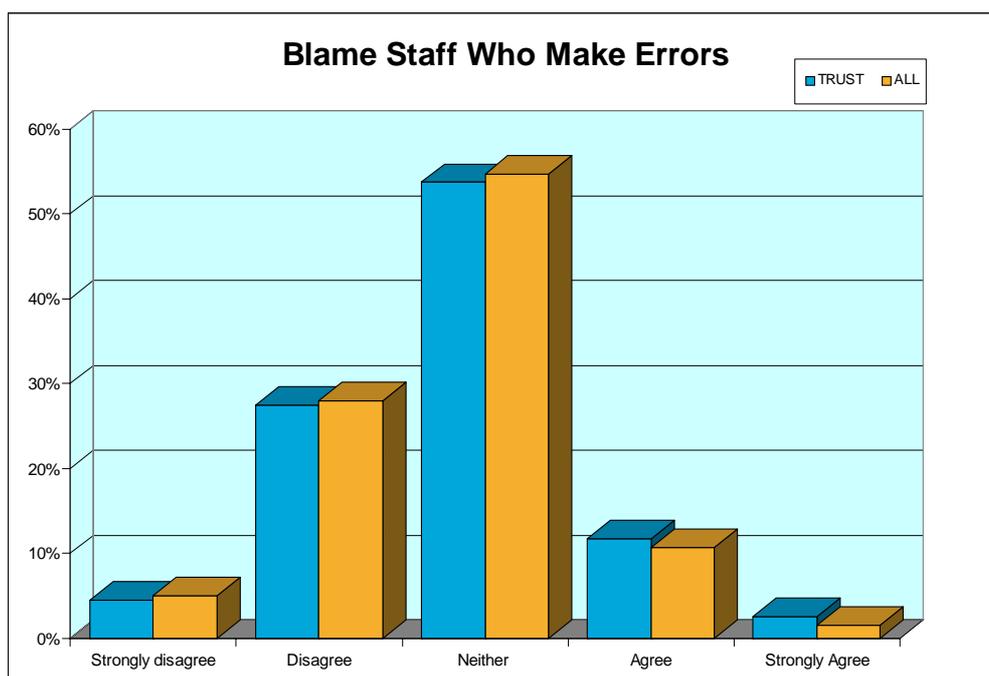
5. TRUST ATTITUDE

42% of the staff agreed that their employer treated those staff who were involved in an error, near miss or incident fairly; 5% said they were not treated fairly.

76% of staff said they were encouraged to report incidents; 3% said they were not encouraged to do so. 55% of staff said their employer treated reports of errors, near misses or incidents confidentially; 5% disagreed.

6. BLAME FOR INCIDENTS

Staff were asked if their Trust blamed or punished people who made errors; 14% agreed that they were blamed.



7. TAKING ACTION

Staff were asked if their Trust took action to ensure that reported errors did not happen again; 52% said that they did. 28% said they were informed of errors that happen in the Trust, and 30% agreed that they were given feedback about changes made in response to reported errors.



COMPARISONS WITH OTHER TRUSTS IN 2007

	Trust	ALL	Com
~ Staff saying they know how to report errors, near misses or incidents	88%	88%	-
~ Staff saying they or a colleague reported error that could hurt staff	93%	90%	-
~ Staff saying they or a colleague reported error that could hurt patients	89%	92%	-
~ Staff believing they are encouraged to report errors, near misses or incidents	76%	76%	-
~ Staff believing that the Trust takes action to ensure errors do not happen again	52%	50%	-
~ Staff saying they are given feedback about changes made in response to reported incidents	30%	33%	-

COMPARISONS WITH 2006 SURVEY RESULTS

	2006	2007	Com
~ Staff saying they know how to report errors, near misses or incidents	85%	88%	-
~ Staff believing they are encouraged to report errors, near misses or incidents	79%	76%	-
~ Staff believing that the Trust takes action to ensure errors do not happen again	57%	52%	-
~ Staff saying they are given feedback about changes made in response to reported incidents	30%	30%	-

CONCLUSIONS

Trust scores compared to other Trusts on issues relating to errors, near misses and incidents are generally about the same.

Overall, Trust scores compared to last year on errors, near misses and incidents have remained about the same

ACTION

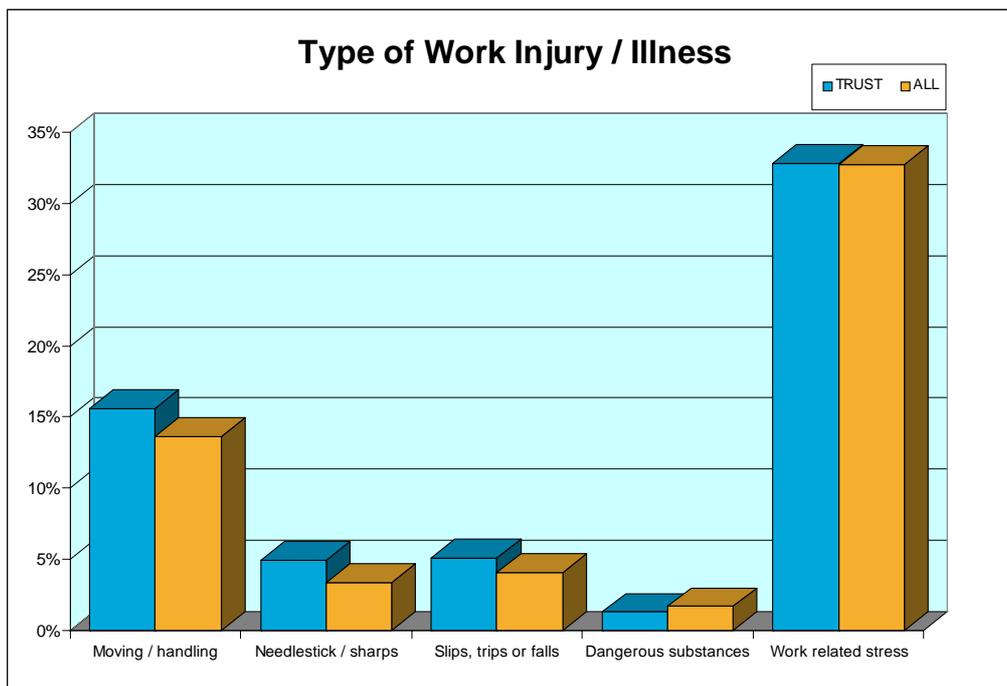
- Ensure that the Trust's policies on handling errors, near misses and incidents are transparent and communicated to all staff.



occupational health & safety

1. INJURIES AND FEELING UNWELL

The chart shows the proportion of staff who had been injured or felt unwell as a consequence of specific types of incident during the last year.



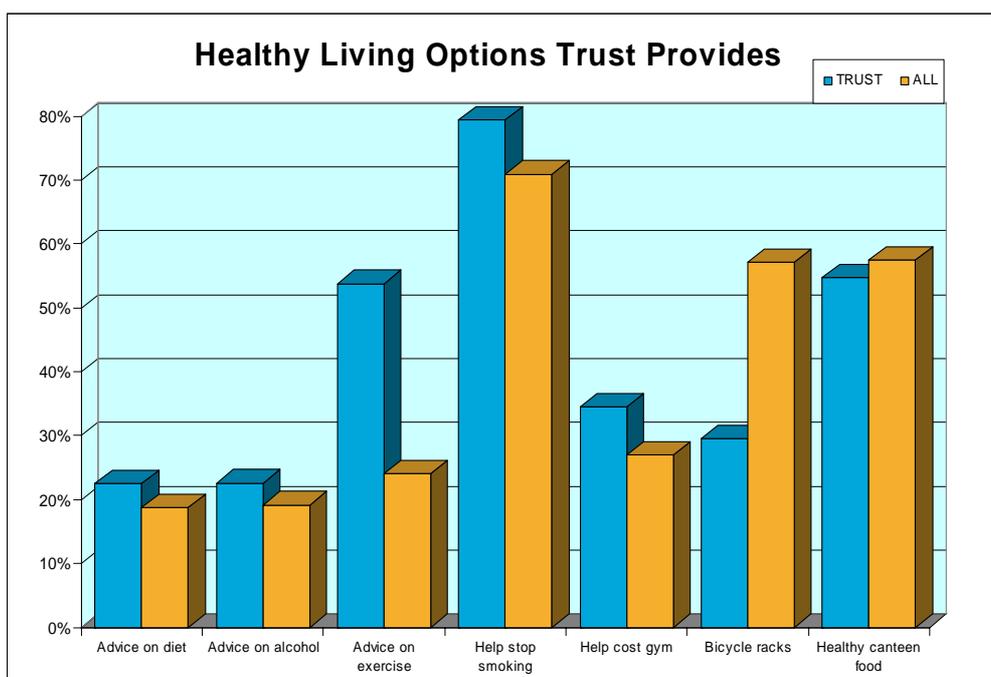
33% of staff reported that they had felt unwell because of work-related stress compared to 33% in other Trusts.

2. ACCESS TO COUNSELLING

56% of staff said they had access to counselling services at work; 94% said they had access to Occupational Health services.

3. HEALTHY LIVING

Staff were asked if their Trust provided any advice or help on a number of healthy living issues. The chart shows the proportion of staff who said their Trust did provide advice or help on each issue.



COMPARISONS WITH OTHER TRUSTS IN 2007

	Trust	ALL	Com
~ Staff saying they have been injured or felt unwell as a result of moving or handling	16%	14%	-
~ Staff saying they have been injured or felt unwell as a result of work-related stress	33%	33%	-
~ Staff having access to counselling services at work	56%	57%	-
~ Staff having access to occupational health services at work	94%	96%	-

COMPARISONS WITH 2006 SURVEY RESULTS

	2006	2007	Com
~ Staff saying they have been injured or felt unwell as a result of moving or handling	13%	16%	-
~ Staff saying they have been injured or felt unwell as a result of work-related stress	35%	33%	-



CONCLUSIONS

Trust scores compared to other Trusts on issues relating to occupational health and safety are generally about the same.

Overall, Trust scores compared to last year on occupational health and safety have remained about the same.

ACTION

- Assess the impact of moving and handling training in the light of the number of staff saying they have been injured or felt unwell.
- Prioritise the issue of stress at work and analyse ways in which the Trust can meet legitimate problems, especially by improving communication, reducing conflicting pressures, and improving the quality of work processes to eliminate barriers to effective professional work.
- Ensure that all staff are made aware of the counselling and occupational health services available to them at work.
- Map the incidence of staff overload by department and occupational group and take action to identify the specific reasons for these staff views. Consider staffing policy in the light of this information.



infection control & hygiene

1. PROMOTING HAND WASHING

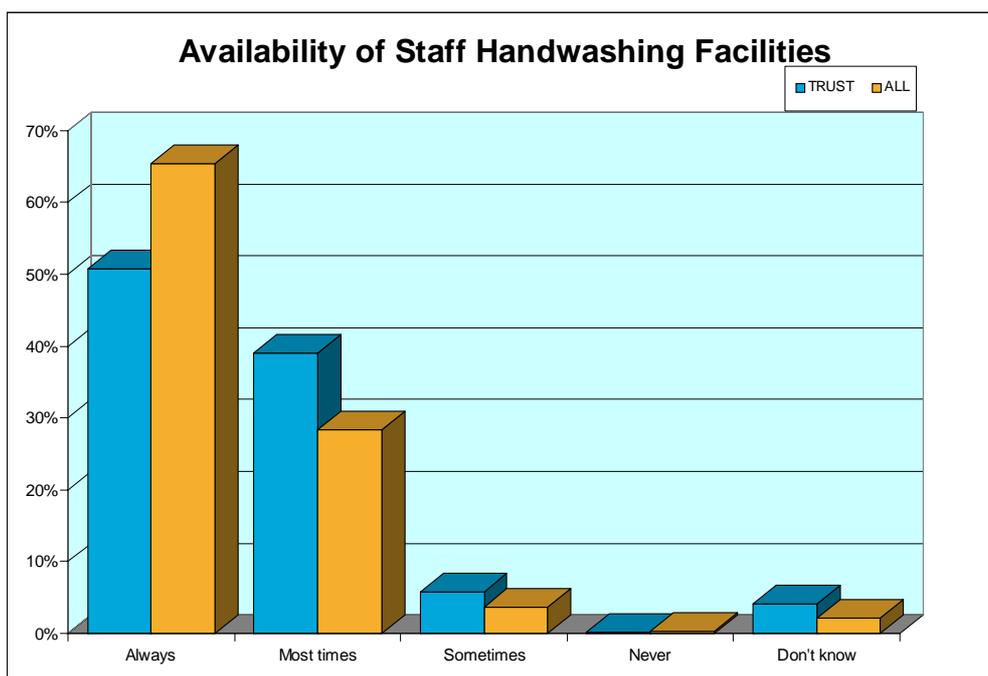
77% of staff agreed that the Trust did enough to promote the importance of hand washing to staff. 63% agreed that the Trust did enough to promote hand washing to patients, service users and visitors.

2. INFECTION CONTROL

80% of staff agreed that infection control applied to them in their role; 9% said that it did not apply to them.

3. HANDWASHING FACILITIES

Staff were asked if hot water, soap and paper towels / alcohol rubs were available if needed. 90% said they were available always or most of the time for staff; 77% said they were for patients; and 76% said they were for visitors.





COMPARISONS WITH OTHER TRUSTS IN 2007

	Trust	ALL	Com
~ Staff saying the Trust does enough to promote the importance of hand washing to staff	77%	83%	↙
~ Staff saying hand washing facilities are always available for staff	51%	65%	↙
~ Staff saying hand washing facilities are always available for patients	43%	57%	↙
~ Staff saying hand washing facilities are always available for visitors	42%	56%	↙

COMPARISONS WITH 2006 SURVEY RESULTS

	2006	2007	Com
~ Staff saying hand washing facilities are always available for staff	55%	51%	-
~ Staff saying hand washing facilities are always available for patients	46%	43%	-
~ Staff saying hand washing facilities are always available for visitors	45%	42%	-

47

CONCLUSIONS

Trust scores compared to other Trusts on issues relating to infection control and hygiene are generally less positive.

Overall, Trust scores compared to last year on infection control and hygiene have remained about the same.

ACTION

- Take further action to ensure that all staff are aware of their infection control roles, and of the specific actions they need to take to comply with Trust standards.
- Ensure that facilities are readily available and promoted for staff, patients and, where necessary, visitors to clean their hands.



survey results

◆ HOW TO READ THE COLUMNS OF FIGURES

The questions in these survey results are ordered in exactly the same way as in the survey questionnaire sent to staff.

The results are shown firstly as absolute numbers and then as percentages. The first pair of columns shows the results for the Trust in 2006; the second pair of columns shows the results for 2007; and the third pair of columns shows the results for all the Trusts of your type surveyed by Quality Health in 2007.

The purpose of presenting the figures in this way is to give direct, at-a-glance, comparisons between the Trust's performance in 2006 and 2007, and between the Trust and other Trusts in 2007.

On some questions there are no results in the 2006 columns. This is because the question is either a new question this year or because the question has substantially changed and the 2006 question is therefore not compatible with the 2007 question.

◆ CONVENTIONS

All percentages are rounded to the nearest whole number. When added together, the percentages for all answers to a particular question may not total 100% because of this rounding.

The percentages are calculated after the exclusion of those staff that did not answer that particular question. The number of staff that did not answer a particular question is shown as the 'missing' figure at the bottom of the actual number of responses. Some of the 'missing' totals are large; this is because the question was one that some staff were told to skip over as it was not applicable to them.

On some questions there are also some figures which are italicised. These figures have been recalculated to exclude responses where the question was not applicable to the respondent's circumstances. For example, questions such as the question about Health and Safety training, where both those not answering (Missing) and those saying the question was Not Applicable to them have been excluded.

WORK-LIFE BALANCE

	Total	2006	Total	2007	Total	All
1a. How many hours a week are you contracted to work?						
Up to 29 hours	103	22%	88	18%	9808	25%
30 or more hours a week	371	78%	394	82%	28771	75%
Missing	7		2		369	
1b. On average, how many additional PAID hours do you work per week for this Trust, over and above your contracted hours?						
0 hours per week	276	61%	273	59%	24529	66%
Up to 5 hours per week	83	18%	103	22%	6606	18%
6 - 10 hours per week	58	13%	60	13%	3891	10%
More than 11 hours per week	36	8%	28	6%	2116	6%
Missing	28		20		1806	
1c. On average, how many additional UNPAID hours do you work per week for this Trust, over and above your contracted hours?						
0 hours per week	195	43%	219	47%	17440	47%
Up to 5 hours per week	207	45%	197	43%	15579	42%
6 - 10 hours per week	38	8%	33	7%	3185	9%
More than 11 hours per week	16	4%	14	3%	1116	3%
Missing	25		21		1628	
1d. Do you work rotating shifts?						
Yes regularly	127	27%	135	28%	10464	28%
Yes occasionally	23	5%	19	4%	2330	6%
No	323	68%	320	68%	24755	66%
Missing	8		10		1399	
1e. Do your working hours include any time between 7pm and						
Yes regularly	133	29%	154	33%	13222	35%
Yes occasionally	51	11%	67	14%	5465	15%
No	281	60%	251	53%	18783	50%
Missing	16		12		1478	
2a. My Trust is committed to helping staff balance their work and home life						
Strongly disagree	46	10%	42	9%	3005	8%
Disagree	93	20%	94	20%	7684	20%
Neither agree nor disagree	166	35%	169	36%	13752	36%
Agree	142	30%	153	32%	12366	32%
Strongly agree	24	5%	17	4%	1518	4%
Missing	10		9		623	

WORK-LIFE BALANCE

	Total	2006	Total	2007	Total	All
2b. My immediate manager helps me find a good work-life balance						
Strongly disagree	33	7%	38	8%	2370	6%
Disagree	74	16%	63	13%	5760	15%
Neither agree nor disagree	140	30%	149	31%	11365	30%
Agree	165	35%	165	35%	14639	38%
Strongly agree	56	12%	61	13%	4196	11%
Missing	13		8		618	
2c. I can approach my immediate manager to talk openly about flexible working						
Strongly disagree	37	8%	36	8%	2386	6%
Disagree	62	13%	67	14%	5001	13%
Neither agree nor disagree	85	18%	103	22%	8108	21%
Agree	196	41%	185	39%	16604	43%
Strongly agree	94	20%	84	18%	6242	16%
Missing	7		9		607	
3. In your job at this Trust, do any of the following statements about flexible working apply to you?						
a. I work flexi-time (e.g. able to vary start & finish times)						
Yes	150	36%	128	29%	10037	28%
No	265	64%	321	71%	26276	72%
Missing	66		35		2635	
b. I work reduced hours (e.g. part time)						
Yes	128	31%	118	26%	12423	34%
No	283	69%	334	74%	23879	66%
Missing	70		32		2646	
c. I work from home in normal working hours						
Yes	23	6%	26	6%	1857	5%
No	368	94%	412	94%	33382	95%
Missing	90		46		3709	
d. I work to annualised hours (working an agreed number of hours over the year)						
Yes	78	20%	110	25%	8009	23%
No	312	80%	328	75%	27226	77%
Missing	91		46		3713	
e. I work during school term-time only						
Yes	5	1%	5	1%	448	1%
No	382	99%	429	99%	34598	99%
Missing	94		50		3902	
f. My team makes their own decisions about rotas						
Yes	91	23%	117	27%	10171	29%
No	301	77%	315	73%	24941	71%
Missing	89		52		3836	

WORK-LIFE BALANCE

	Total	2006	Total	2007	Total	All
g. I job share with someone else						
Yes	14	4%	6	1%	1403	4%
No	371	96%	429	99%	33697	96%
Missing	96		49		3848	

MANAGEMENT AND SUPERVISION

Total	2006	Total	2007	Total	All
-------	------	-------	------	-------	-----

4a. My immediate manager encourages those who work for her/him to work as a team

Strongly disagree	22	5%	24	5%	1439	4%
Disagree	51	11%	37	8%	3335	9%
Neither agree nor disagree	100	21%	95	20%	6952	18%
Agree	225	48%	215	45%	19187	50%
Strongly agree	74	16%	104	22%	7567	20%
Missing	9		9		468	

4b. My immediate manager can be counted on to help me with a difficult task at work

Strongly disagree	26	5%	25	5%	1763	5%
Disagree	58	12%	57	12%	4208	11%
Neither agree nor disagree	100	21%	93	19%	7264	19%
Agree	211	45%	210	44%	17782	46%
Strongly agree	79	17%	92	19%	7397	19%
Missing	7		7		534	

4c. My immediate manager gives me clear feedback on my work

Strongly disagree	33	7%	37	8%	2487	6%
Disagree	101	21%	89	19%	6658	17%
Neither agree nor disagree	143	30%	113	24%	9689	25%
Agree	143	30%	168	35%	14481	38%
Strongly agree	50	11%	70	15%	5078	13%
Missing	11		7		555	

4d. My immediate manager asks for my opinion before making decisions that affect my work

Strongly disagree	47	10%	49	10%	3538	9%
Disagree	99	21%	100	21%	7547	20%
Neither agree nor disagree	111	24%	105	22%	8830	23%
Agree	161	34%	165	35%	13781	36%
Strongly agree	54	11%	58	12%	4627	12%
Missing	9		7		625	

4e. My immediate manager is supportive in a personal crisis

Strongly disagree	23	5%	26	5%	1543	4%
Disagree	33	7%	37	8%	2370	6%
Neither agree nor disagree	99	21%	106	22%	7854	20%
Agree	201	43%	183	39%	16972	44%
Strongly agree	116	25%	123	26%	9586	25%
Missing	9		9		623	

MANAGEMENT AND SUPERVISION**Total 2006 Total 2007 Total All****4f. My immediate manager helps me when my workload is not manageable**

Strongly disagree	0	0%	38	8%	2813	7%
Disagree	0	0%	78	16%	6261	16%
Neither agree nor disagree	0	0%	138	29%	11234	29%
Agree	0	0%	164	35%	13497	35%
Strongly agree	0	0%	57	12%	4491	12%
Missing	481		9		652	

5. Do you manage staff within the Trust?

Yes	165	35%	153	34%	11129	30%
No	304	65%	301	66%	25625	70%
Missing	12		30		2194	

APPRAISAL

	Total	2006	Total	2007	Total	All
6a. In the last 12 months, have you had an appraisal or Knowledge and Skills Framework (KSF) development review?						
Yes KSF development review	0	0%	188	39%	15796	41%
Yes other type of appraisal, performance development review or	0	0%	87	18%	6762	18%
No	0	0%	200	42%	15431	40%
Both KSF development review AND other type of appraisal	0	0%	2	0%	377	1%
performance development review or RITA						
Missing	481		7		582	
6b. Did the appraisal / review help you to improve how you do your job?						
Yes	0	0%	150	55%	11603	52%
No	0	0%	122	45%	10848	48%
Missing	481		212		16497	
6c. Did the appraisal / review help you agree clear objectives for your work?						
Yes	0	0%	213	77%	16976	76%
No	0	0%	62	23%	5444	24%
Missing	481		209		16528	
6d. Did the appraisal / review leave you feeling that your work is valued by your Trust?						
Yes	132	63%	146	54%	11559	52%
No	77	37%	122	46%	10739	48%
Missing	272		216		16650	
7a. In the last 12 months, as part of your KSF development review, appraisal, performance development review or RITA, did you agree a Personal Development Plan?						
Yes	169	81%	227	88%	18737	87%
No	39	19%	32	12%	2766	13%
Missing	273		225		17445	
7b. Have you received the training, learning or development that was identified in that plan?						
Yes	81	50%	101	45%	9092	49%
No	40	25%	42	19%	4237	23%
Too early to tell	42	26%	79	36%	5127	28%
Missing	318		262		20492	
7c. Has your immediate manager supported you in accessing this training, learning or development?						
Yes	98	61%	115	52%	10386	56%
No	27	17%	37	17%	3615	20%
Too early to tell	36	22%	70	32%	4396	24%
Missing	320		262		20551	

TRAINING, LEARNING AND DEVELOPMENT

	Total	2006	Total	2007	Total	All
8. In the last 12 months, have you taken part in any of the following types of training, learning or development, paid for or provided by your Trust?						
a. Taught courses (internal or external)						
Yes	274	61%	295	63%	22365	59%
No	177	39%	173	37%	15286	41%
Missing	30		16		1297	
b. Any supervised on-the-job training						
Yes	129	30%	160	35%	12367	34%
No	296	70%	299	65%	24468	66%
Missing	56		25		2113	
c. Having a mentor						
Yes	63	15%	86	19%	5422	15%
No	357	85%	372	81%	31086	85%
Missing	61		26		2440	
d. Shadowing someone						
Yes	60	14%	97	21%	5787	16%
No	357	86%	360	79%	30729	84%
Missing	64		27		2432	
e. e-learning / online training						
Yes	79	19%	107	24%	9711	26%
No	343	81%	347	76%	27001	74%
Missing	59		30		2236	
f. Keeping up to date with developments in your type of work						
Yes	272	62%	282	61%	23606	63%
No	168	38%	182	39%	13685	37%
Missing	41		20		1657	
9. Have you had any training, learning or development (paid for or provided by your Trust), in the following equality and diversity areas?						
a. Age						
Yes in the last 12 months	0	0%	44	10%	5989	16%
Yes more than 12 months ago	0	0%	39	9%	3903	11%
No	0	0%	370	82%	26527	73%
Missing	481		31		2529	
b. Disability						
Yes in the last 12 months	46	10%	51	11%	6354	17%
Yes more than 12 months ago	100	22%	42	9%	4636	13%
No	318	69%	358	79%	25437	70%
Missing	17		33		2521	

TRAINING, LEARNING AND DEVELOPMENT

	Total	2006	Total	2007	Total	All
c. Gender						
Yes in the last 12 months	42	9%	41	9%	5427	15%
Yes more than 12 months ago	92	20%	45	10%	3943	11%
No	329	71%	367	81%	26912	74%
Missing	18		31		2666	
d. Race						
Yes in the last 12 months	50	11%	39	9%	5807	16%
Yes more than 12 months ago	113	24%	58	13%	4533	12%
No	301	65%	355	79%	26056	72%
Missing	17		32		2552	
e. Sexual orientation						
Yes in the last 12 months	0	0%	36	8%	5180	14%
Yes more than 12 months ago	0	0%	41	9%	3627	10%
No	0	0%	376	83%	27436	76%
Missing	481		31		2705	
f. Religion						
Yes in the last 12 months	41	9%	38	8%	5335	15%
Yes more than 12 months ago	102	22%	53	12%	4001	11%
No	321	69%	362	80%	26954	74%
Missing	17		31		2658	
10. Have you had any training, learning or development (paid for or provided by your Trust), in the following areas?						
a. Health and safety (e.g. fire training, manual handling)						
Yes in the last 12 months	343	73%	362	76%	28097	74%
Yes more than 12 months ago	93	20%	88	18%	7382	19%
No	36	8%	29	6%	2590	7%
Not applicable to me	4	1%	2	0%	372	1%
Missing	5		3		507	
b. What to do if there is a major incident or emergency						
Yes in the last 12 months	160	37%	170	38%	13376	38%
Yes more than 12 months ago	83	19%	87	20%	7520	21%
No	190	44%	188	42%	14228	41%
Not applicable to me	31	7%	30	6%	2743	7%
Missing	17		9		1081	
c. How to prevent or handle violence and aggression to staff, patients / service users (e.g. Conflict Resolution training)						
Yes in the last 12 months	153	35%	206	46%	9103	26%
Yes more than 12 months ago	97	22%	95	21%	7699	22%
No	188	43%	147	33%	17990	52%
Not applicable to me	25	5%	30	6%	3141	8%
Missing	18		6		1015	

TRAINING, LEARNING AND DEVELOPMENT

	Total	2006	Total	2007	Total	All
d. Infection control (e.g. guidance on hand-washing, MRSA, waste management, disposal of sharps / needles)						
Yes in the last 12 months	240	56%	238	57%	22777	65%
Yes more than 12 months ago	109	25%	101	24%	6378	18%
No	81	19%	78	19%	5804	17%
Not applicable to me	37	8%	60	13%	3143	8%
Missing	14		7		846	
e. Computer skills (e.g. using Trust IT systems, spreadsheets, databases, Internet, email etc.)						
Yes in the last 12 months	128	29%	166	38%	11260	31%
Yes more than 12 months ago	109	25%	69	16%	9887	27%
No	197	45%	203	46%	14831	41%
Not applicable to me	31	7%	40	8%	2050	5%
Missing	16		6		920	
f. How to handle confidential information about patients / service users						
Yes in the last 12 months	106	24%	125	29%	11705	33%
Yes more than 12 months ago	132	30%	102	24%	10863	31%
No	195	45%	206	48%	12971	36%
Not applicable to me	33	7%	42	9%	2408	6%
Missing	15		9		1001	
g. How to ask patients / service users about their use of alcohol or drugs (including illegal drugs)						
Yes in the last 12 months	20	7%	29	10%	2398	9%
Yes more than 12 months ago	27	9%	26	9%	2266	9%
No	243	84%	238	81%	20712	82%
Not applicable to me	168	37%	181	38%	12212	32%
Missing	23		10		1360	
h. How to handle patients / service users who are drunk or under the influence of drugs (including illegal drugs)						
Yes in the last 12 months	29	9%	51	16%	2398	9%
Yes more than 12 months ago	23	7%	25	8%	2332	9%
No	269	84%	253	77%	22084	82%
Not applicable to me	140	30%	149	31%	10904	29%
Missing	20		6		1230	
i. How to give information to patients / service users on diagnosis, medication, side effects etc.						
Yes in the last 12 months	42	14%	58	20%	4022	16%
Yes more than 12 months ago	44	15%	38	13%	3773	15%
No	212	71%	199	67%	17140	69%
Not applicable to me	165	36%	183	38%	12813	34%
Missing	18		6		1200	

TRAINING, LEARNING AND DEVELOPMENT**Total 2006 Total 2007 Total All****11a. My training, learning and development has helped me to do my job better**

Strongly disagree	20	4%	16	3%	1482	4%
Disagree	36	8%	34	7%	3138	9%
Neither agree nor disagree	127	28%	143	31%	10899	30%
Agree	212	47%	215	46%	17239	47%
Strongly agree	56	12%	59	13%	4128	11%
Missing	30		17		2062	

11b. My training, learning or development has improved my chances of promotion

Strongly disagree	69	16%	64	14%	5307	15%
Disagree	151	34%	138	30%	10416	28%
Neither agree nor disagree	149	33%	165	36%	14458	40%
Agree	58	13%	75	16%	4799	13%
Strongly agree	18	4%	19	4%	1598	4%
Missing	36		23		2370	

11c. My training, learning or development has helped me stay up-to-date with my job

Strongly disagree	24	5%	20	4%	1679	5%
Disagree	44	10%	40	9%	3173	9%
Neither agree nor disagree	108	24%	116	25%	8896	24%
Agree	225	50%	236	51%	19333	52%
Strongly agree	48	11%	52	11%	3820	10%
Missing	32		20		2047	

11d. My training, learning or development has helped me stay up-to-date with professional requirements

Strongly disagree	25	6%	20	4%	1639	4%
Disagree	40	9%	35	8%	3014	8%
Neither agree nor disagree	116	26%	116	25%	9339	25%
Agree	217	48%	234	51%	18704	51%
Strongly agree	51	11%	58	13%	4007	11%
Missing	32		21		2245	

YOUR JOB	Total	2006	Total	2007	Total	All
12a. Do you work in a team?						
Yes	430	91%	425	90%	35163	92%
No	43	9%	46	10%	3012	8%
Missing	8		13		773	
12b. Does your team have clear objectives?						
Yes	377	89%	357	85%	29118	84%
No	45	11%	63	15%	5512	16%
Missing	59		64		4318	
12c. Do you have to work closely with other team members to achieve the team's objectives?						
Yes	378	89%	365	87%	30113	87%
No	45	11%	54	13%	4349	13%
Missing	58		65		4486	
12d. Does the team meet regularly and discuss its effectiveness and how it could be improved?						
Yes	266	63%	244	58%	20804	60%
No	157	37%	176	42%	13697	40%
Missing	58		64		4447	
12e. How many core members are there in your team?						
2 - 5	150	36%	141	34%	11119	32%
6 - 9	109	26%	111	27%	8470	25%
10 - 15	62	15%	66	16%	5910	17%
More than 15	98	23%	98	24%	8894	26%
Missing	62		68		4555	
13a. I have clear, planned goals and objectives for my job						
Strongly disagree	8	2%	23	5%	1240	3%
Disagree	55	12%	45	9%	4114	11%
Neither agree nor disagree	108	23%	118	25%	9548	25%
Agree	257	54%	243	51%	19920	52%
Strongly agree	44	9%	49	10%	3510	9%
Missing	9		6		616	
13b. I often have trouble working out whether I am doing well or poorly in this job						
Strongly disagree	60	13%	51	11%	3492	9%
Disagree	198	42%	216	45%	15090	39%
Neither agree nor disagree	88	19%	120	25%	10143	26%
Agree	103	22%	76	16%	8148	21%
Strongly agree	18	4%	12	3%	1416	4%
Missing	14		9		659	

YOUR JOB	Total	2006	Total	2007	Total	All
13c. I am involved in deciding on changes introduced that affect my work area / team / department						
Strongly disagree	38	8%	51	11%	3595	9%
Disagree	108	23%	98	21%	9073	24%
Neither agree nor disagree	82	18%	119	25%	8150	21%
Agree	202	43%	175	37%	14767	39%
Strongly agree	35	8%	33	7%	2624	7%
Missing	16		8		739	
13d. I cannot meet all the conflicting demands on my time at work						
Strongly disagree	15	3%	27	6%	1552	4%
Disagree	125	27%	117	25%	9464	25%
Neither agree nor disagree	129	28%	139	29%	10883	29%
Agree	151	33%	143	30%	11742	31%
Strongly agree	42	9%	49	10%	4508	12%
Missing	19		9		799	
13e. I have adequate materials, supplies and equipment to do my work						
Strongly disagree	0	0%	51	11%	3597	9%
Disagree	0	0%	99	21%	8970	23%
Neither agree nor disagree	0	0%	88	18%	6914	18%
Agree	0	0%	212	44%	16772	44%
Strongly agree	0	0%	27	6%	2057	5%
Missing	481		7		638	
13f. There are enough staff at this Trust for me to do my job						
Strongly disagree	0	0%	110	23%	8987	23%
Disagree	0	0%	160	33%	12403	32%
Neither agree nor disagree	0	0%	100	21%	8010	21%
Agree	0	0%	98	20%	7750	20%
Strongly agree	0	0%	11	2%	1176	3%
Missing	481		5		622	
14a. I often think about leaving this Trust						
Strongly disagree	59	12%	49	10%	3789	10%
Disagree	128	27%	139	29%	11248	29%
Neither agree nor disagree	93	20%	130	27%	8816	23%
Agree	134	28%	104	22%	9709	25%
Strongly agree	59	12%	54	11%	4867	13%
Missing	8		8		519	

YOUR JOB	Total	2006	Total	2007	Total	All
14b. I will probably look for a job at a new organisation in the next 12 months						
Strongly disagree	67	14%	63	14%	4960	13%
Disagree	153	33%	171	37%	13770	36%
Neither agree nor disagree	122	26%	129	28%	10078	26%
Agree	74	16%	66	14%	6050	16%
Strongly agree	51	11%	37	8%	3306	9%
Missing	14		18		784	
14c. As soon as I can find another job, I will leave this Trust						
Strongly disagree	81	17%	78	17%	5833	15%
Disagree	160	34%	167	36%	14697	39%
Neither agree nor disagree	124	27%	131	28%	10200	27%
Agree	57	12%	51	11%	4209	11%
Strongly agree	44	9%	38	8%	2973	8%
Missing	15		19		1036	
14d. If I leave my current job, I would want to stay in the NHS						
Strongly disagree	26	6%	29	6%	2587	7%
Disagree	60	13%	53	11%	5615	15%
Neither agree nor disagree	143	31%	141	31%	12401	33%
Agree	168	37%	164	36%	12850	34%
Strongly agree	60	13%	74	16%	4191	11%
Missing	24		23		1304	
14e. If you are considering leaving your job, please indicate why this would be:						
Career development	133	28%	133	27%	8323	21%
Missing	348		351		30625	
Change of career	60	12%	58	12%	4194	11%
Missing	421		426		34754	
Would like more pay	111	23%	105	22%	8323	21%
Missing	370		379		30625	
Not being valued for my work	0	0%	118	24%	9430	24%
Missing	481		366		29518	
Relationship with manager	0	0%	28	6%	2489	6%
Missing	481		456		36459	
Family / personal reasons	51	11%	50	10%	3579	9%
Missing	430		434		35369	
Health reasons	0	0%	18	4%	1313	3%
Missing	481		466		37635	
End of contract	0	0%	7	1%	582	1%
Missing	481		477		38366	

YOUR JOB

	Total	2006	Total	2007	Total	All
--	-------	------	-------	------	-------	-----

Retirement	41	9%	41	8%	2962	8%
Missing	440		443		35986	
Don't want to work in NHS	30	6%	15	3%	2355	6%
Missing	451		469		36593	
Other	71	15%	29	6%	2133	5%
Missing	410		455		36815	

15a. How satisfied are you with the recognition you get for good work?

Very dissatisfied	47	10%	45	9%	3667	10%
Dissatisfied	124	26%	120	25%	9645	25%
Neither satisfied nor dissatisfied	107	23%	128	27%	11232	29%
Satisfied	159	34%	151	32%	12162	32%
Very satisfied	35	7%	31	7%	1711	4%
Missing	9		9		531	

15b. How satisfied are you with the support you get from your immediate manager?

Very dissatisfied	36	8%	31	6%	2339	6%
Dissatisfied	65	14%	77	16%	5740	15%
Neither satisfied nor dissatisfied	108	23%	118	25%	9459	25%
Satisfied	186	39%	189	40%	16218	42%
Very satisfied	76	16%	62	13%	4677	12%
Missing	10		7		515	

15c. How satisfied are you with the freedom you have to choose your own method of working?

Very dissatisfied	15	3%	18	4%	1461	4%
Dissatisfied	56	12%	55	12%	4328	11%
Neither satisfied nor dissatisfied	115	25%	132	28%	10816	28%
Satisfied	216	46%	221	46%	17643	46%
Very satisfied	65	14%	50	11%	4116	11%
Missing	14		8		584	

15d. How satisfied are you with the support you get from your work colleagues?

Very dissatisfied	9	2%	13	3%	737	2%
Dissatisfied	43	9%	35	7%	2694	7%
Neither satisfied nor dissatisfied	77	16%	108	23%	7109	18%
Satisfied	256	54%	251	52%	21895	57%
Very satisfied	87	18%	72	15%	6035	16%
Missing	9		5		478	

YOUR JOB	Total	2006	Total	2007	Total	All
15e. How satisfied are you with the amount of responsibility you are given?						
Very dissatisfied	15	3%	17	4%	1024	3%
Dissatisfied	41	9%	54	11%	3610	9%
Neither satisfied nor dissatisfied	100	21%	95	20%	8093	21%
Satisfied	256	54%	264	55%	22081	57%
Very satisfied	59	13%	48	10%	3627	9%
Missing	10		6		513	
15f. How satisfied are you with the opportunities you have to use your skills?						
Very dissatisfied	0	0%	23	5%	1469	4%
Dissatisfied	0	0%	56	12%	4662	12%
Neither satisfied nor dissatisfied	0	0%	105	22%	8367	22%
Satisfied	0	0%	247	52%	20368	53%
Very satisfied	0	0%	46	10%	3520	9%
Missing	481		7		562	
15g. How satisfied are you with the extent to which the Trust values your work?						
Very dissatisfied	76	16%	68	14%	5514	14%
Dissatisfied	111	23%	110	23%	10314	27%
Neither satisfied nor dissatisfied	140	30%	165	35%	13058	34%
Satisfied	128	27%	116	24%	8280	22%
Very satisfied	18	4%	18	4%	1192	3%
Missing	8		7		590	
15h. How satisfied are you with your level of pay?						
Very dissatisfied	0	0%	79	17%	6561	17%
Dissatisfied	0	0%	142	30%	11994	31%
Neither satisfied nor dissatisfied	0	0%	109	23%	9322	24%
Satisfied	0	0%	134	28%	9615	25%
Very satisfied	0	0%	13	3%	929	2%
Missing	481		7		527	
16a. I always know what my work responsibilities are						
Strongly disagree	7	1%	5	1%	522	1%
Disagree	32	7%	36	7%	3058	8%
Neither agree nor disagree	49	10%	52	11%	4342	11%
Agree	313	65%	296	62%	25046	65%
Strongly agree	77	16%	92	19%	5624	15%
Missing	3		3		356	
16b. I am consulted about changes that affect my work area / team / department						
Strongly disagree	43	9%	38	8%	3365	9%
Disagree	92	19%	104	22%	8898	23%
Neither agree nor disagree	76	16%	108	23%	8091	21%
Agree	225	47%	197	41%	15761	41%
Strongly agree	41	9%	30	6%	2395	6%
Missing	4		7		438	

YOUR JOB**Total 2006 Total 2007 Total All****16c. I do not have time to carry out all my work**

Strongly disagree	13	3%	18	4%	1163	3%
Disagree	108	23%	112	24%	8406	22%
Neither agree nor disagree	130	28%	126	26%	10164	26%
Agree	169	36%	170	36%	13662	36%
Strongly agree	51	11%	50	11%	5021	13%
Missing	10		8		532	

16d. I get clear feedback about how well I am doing my job

Strongly disagree	62	13%	47	10%	3821	10%
Disagree	161	34%	136	29%	11873	31%
Neither agree nor disagree	117	25%	138	29%	11371	30%
Agree	115	24%	131	28%	10017	26%
Strongly agree	21	4%	24	5%	1335	3%
Missing	5		8		531	

16e. Relationships at work are strained

Strongly disagree	40	9%	42	9%	2999	8%
Disagree	152	32%	152	32%	13031	34%
Neither agree nor disagree	119	25%	136	29%	10794	28%
Agree	117	25%	107	23%	8625	22%
Strongly agree	42	9%	38	8%	2952	8%
Missing	11		9		547	

16f. I can decide on my own how to go about doing my work

Strongly disagree	14	3%	18	4%	982	3%
Disagree	53	11%	41	9%	4672	12%
Neither agree nor disagree	101	21%	108	23%	8886	23%
Agree	239	51%	236	49%	19663	51%
Strongly agree	63	13%	74	16%	4245	11%
Missing	11		7		500	

YOUR ORGANISATION	Total	2006	Total	2007	Total	All
17a. Senior managers here try to involve staff in important decisions						
Strongly disagree	0	0%	92	19%	7402	19%
Disagree	0	0%	145	30%	12468	32%
Neither agree nor disagree	0	0%	138	29%	10583	28%
Agree	0	0%	95	20%	7245	19%
Strongly agree	0	0%	7	1%	765	2%
Missing	481		7		485	
17b. Communication between senior management and staff is effective						
Strongly disagree	0	0%	80	17%	7196	19%
Disagree	0	0%	155	33%	12645	33%
Neither agree nor disagree	0	0%	143	30%	10796	28%
Agree	0	0%	88	19%	7175	19%
Strongly agree	0	0%	8	2%	657	2%
Missing	481		10		479	
17c. Senior managers encourage staff to suggest new ideas for improving services						
Strongly disagree	0	0%	63	13%	5526	14%
Disagree	0	0%	132	28%	9734	25%
Neither agree nor disagree	0	0%	164	34%	11651	30%
Agree	0	0%	108	23%	10653	28%
Strongly agree	0	0%	10	2%	886	2%
Missing	481		7		498	
17d. On the whole, the different parts of the Trust communicate effectively with each other						
Strongly disagree	66	14%	72	15%	6270	16%
Disagree	179	38%	149	31%	12348	32%
Neither agree nor disagree	139	29%	171	36%	13385	35%
Agree	84	18%	79	17%	5958	16%
Strongly agree	7	1%	4	1%	409	1%
Missing	6		9		578	
17e. Care of patients / service users is my Trust's top priority						
Strongly disagree	42	9%	33	7%	3770	10%
Disagree	96	20%	74	16%	6471	17%
Neither agree nor disagree	140	30%	151	32%	10952	29%
Agree	154	33%	173	36%	13534	35%
Strongly agree	40	8%	44	9%	3598	9%
Missing	9		9		623	

YOUR ORGANISATION

	Total	2006	Total	2007	Total	All
17f. Patient information is treated confidentially by staff in this Trust						
Strongly disagree	0	0%	3	1%	476	1%
Disagree	0	0%	21	4%	1121	3%
Neither agree nor disagree	0	0%	106	22%	6101	16%
Agree	0	0%	255	54%	22455	58%
Strongly agree	0	0%	89	19%	8263	22%
Missing	481		10		532	
18a. Does your Trust act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?						
Yes	232	50%	248	53%	20779	54%
No	48	10%	50	11%	3090	8%
Don't know	185	40%	172	37%	14288	37%
Missing	16		14		791	
18b. Have you experienced discrimination at this Trust in the last 12 months?						
Yes	52	11%	50	11%	2915	8%
No	415	89%	412	89%	34609	92%
Missing	14		22		1424	
18c. On which grounds have you experienced discrimination?						
Ethnic background	25	48%	31	62%	1082	37%
Missing	27		19		1833	
Gender	8	15%	3	6%	357	12%
Missing	44		47		2558	
Religion	2	4%	3	6%	95	3%
Missing	50		47		2820	
Sexual orientation	0	0%	1	2%	108	4%
Missing	52		49		2807	
Disability	2	4%	6	12%	231	8%
Missing	50		44		2684	
Age	7	13%	5	10%	456	16%
Missing	45		45		2459	
Other	14	27%	7	14%	870	30%
Missing	38		43		2045	

YOUR ORGANISATION**Total 2006 Total 2007 Total All****19a. If you were concerned about negligence or wrongdoing by staff in this Trust, would you know how to report your concerns?**

Yes	359	77%	342	74%	29250	77%
No	108	23%	121	26%	8613	23%
Missing	14		21		1085	

19b. Is there a system to report such concerns confidentially?

Yes	263	56%	263	55%	22600	59%
No	16	3%	18	4%	1374	4%
Don't know	188	40%	197	41%	14271	37%
Missing	14		6		703	

HARASSMENT, BULLYING AND VIOLENCE

	Total	2006	Total	2007	Total	All
20. If you experienced an incident of physical violence, harassment, bullying or abuse at work, would you know how to report it?						
Yes	391	82%	386	81%	30625	80%
No	85	18%	88	19%	7614	20%
Missing	5		10		709	
21a. In the last 12 months have you personally experienced physical violence at work from patients / service users?						
Yes	40	8%	46	10%	4263	11%
No	431	92%	422	90%	33992	89%
Missing	10		16		693	
21b. In the last 12 months have you personally experienced physical violence at work from relatives of patients / service users?						
Yes	17	4%	29	6%	1532	4%
No	456	96%	440	94%	36554	96%
Missing	8		15		862	
21c. In the last 12 months have you personally experienced physical violence at work from other members of the public?						
Yes	0	0%	10	2%	754	2%
No	0	0%	454	98%	37261	98%
Missing	481		20		933	
21d. In the last 12 months have you personally experienced physical violence at work from a manager / team leader?						
Yes	9	2%	2	0%	223	1%
No	465	98%	461	100%	37815	99%
Missing	7		21		910	
21e. In the last 12 months have you personally experienced physical violence at work from other colleagues?						
Yes	6	1%	4	1%	437	1%
No	464	99%	461	99%	37584	99%
Missing	11		19		927	
21f. In the last 12 months, how many times have you experienced physical violence from patients / service users, their relatives or other members of the public whilst at work?						
None	0	0%	7	12%	421	9%
1 - 2	0	0%	29	48%	2623	54%
3 - 5	0	0%	17	28%	1095	23%
6 - 10	0	0%	3	5%	342	7%
More than 10	0	0%	4	7%	349	7%
Missing	481		424		34118	

HARASSMENT, BULLYING AND VIOLENCE

	Total	2006	Total	2007	Total	All
21g. The last time you experienced physical violence, did you or a colleague report it?						
Yes I reported it	0	0%	37	67%	2125	46%
Yes a colleague reported it	0	0%	3	5%	473	10%
No	0	0%	12	22%	1693	37%
Don't know	0	0%	3	5%	247	5%
Yes both I and a colleague reported it	0	0%	0	0%	78	2%
Missing	481		429		34332	
22a. In the last 12 months have you personally experienced harassment, bullying or abuse at work from patients / service users?						
Yes	123	27%	116	25%	8265	22%
No	339	73%	343	75%	29455	78%
Missing	19		25		1228	
22b. In the last 12 months have you personally experienced harassment, bullying or abuse at work from relatives of patients / service users?						
Yes	117	25%	99	22%	7353	20%
No	348	75%	361	78%	30212	80%
Missing	16		24		1383	
22c. In the last 12 months have you personally experienced harassment, bullying or abuse at work from other members of the public?						
Yes	0	0%	32	7%	2553	7%
No	0	0%	422	93%	34697	93%
Missing	481		30		1698	
22d. In the last 12 months have you personally experienced harassment, bullying or abuse at work from a manager / team leader?						
Yes	47	10%	36	8%	3309	9%
No	416	90%	425	92%	34091	91%
Missing	18		23		1548	
22e. In the last 12 months have you personally experienced harassment, bullying or abuse at work from other colleagues?						
Yes	65	14%	54	12%	5284	14%
No	393	86%	410	88%	32261	86%
Missing	23		20		1403	

HARASSMENT, BULLYING AND VIOLENCE

	Total	2006	Total	2007	Total	All
22f. The last time you experienced harrassment, bullying or abuse, did you or a colleague report it?						
Yes I reported it	0	0%	77	45%	5354	39%
Yes a colleague reported it	0	0%	10	6%	713	5%
No	0	0%	82	47%	7102	52%
Don't know	0	0%	3	2%	372	3%
Yes both I and a colleague reported it	0	0%	1	1%	166	1%
Missing	481		311		25241	
23a. My Trust takes effective action if staff are physically attacked by patients / service users, their relatives or other members of the public						
Strongly disagree	0	0%	9	2%	776	2%
Disagree	0	0%	23	5%	1720	5%
Neither agree nor disagree	0	0%	157	34%	14730	39%
Agree	0	0%	224	48%	16743	44%
Strongly agree	0	0%	53	11%	3740	10%
Missing	481		18		1239	
23b. My Trust takes effective action if staff are physically attacked by other members of staff						
Strongly disagree	0	0%	7	2%	421	1%
Disagree	0	0%	14	3%	750	2%
Neither agree nor disagree	0	0%	183	39%	15471	41%
Agree	0	0%	200	43%	16934	45%
Strongly agree	0	0%	62	13%	4063	11%
Missing	481		18		1309	
23c. My Trust takes effective action if staff are bullied, harassed or abused by patients / service users, their relatives or other members of the public						
Strongly disagree	0	0%	12	3%	944	3%
Disagree	0	0%	38	8%	2418	6%
Neither agree nor disagree	0	0%	177	38%	15645	42%
Agree	0	0%	189	41%	15418	41%
Strongly agree	0	0%	50	11%	3259	9%
Missing	481		18		1264	
23d. My Trust takes effective action if staff are bullied, harassed or abused by other members of staff						
Strongly disagree	0	0%	12	3%	1405	4%
Disagree	0	0%	42	9%	3163	8%
Neither agree nor disagree	0	0%	205	44%	15815	42%
Agree	0	0%	171	37%	14294	38%
Strongly agree	0	0%	35	8%	3002	8%
Missing	481		19		1269	

ERRORS, NEAR MISSES AND INCIDENTS

	Total	2006	Total	2007	Total	All
--	-------	------	-------	------	-------	-----

24. If you witnessed an error, near miss or incident that could have hurt either staff or patients / service users, would you know how to report it?

Yes	400	85%	418	88%	33601	88%
No	68	15%	59	12%	4726	12%
Missing	13		7		621	

25a. In the last month, have you seen any errors, near misses, or incidents that could have hurt staff?

Yes	121	26%	92	22%	7728	22%
No	344	74%	332	78%	26807	78%
Missing	16		60		4413	

25b. The last time you saw an error, near miss or incident that could have hurt staff, did you or a colleague report it?

Yes I reported it	0	0%	62	69%	4686	62%
Yes a colleague reported it	0	0%	20	22%	1991	26%
No	0	0%	5	6%	553	7%
Don't know	0	0%	1	1%	231	3%
Yes both I and a colleague reported it	0	0%	2	2%	150	2%
Missing	481		394		31337	

26a. In the last month, have you seen any errors, near misses, or incidents that could have hurt patients / service users?

Yes	146	31%	131	30%	11395	33%
No	322	69%	303	70%	23639	67%
Missing	13		50		3914	

26b. The last time you saw an error, near miss or incident that could have hurt patients / service users, did you or a colleague report it?

Yes I reported it	0	0%	77	60%	7194	64%
Yes a colleague reported it	0	0%	33	26%	2849	25%
No	0	0%	12	9%	662	6%
Don't know	0	0%	2	2%	237	2%
Yes both I and a colleague reported it	0	0%	5	4%	263	2%
Missing	481		355		27743	

26c. Please indicate the reason for the last error, near miss or incident you saw that could have hurt patients / service users

Clinical assessment / treatment given	0	0%	65	50%	5371	47%
Missing	146		66		6024	
Medical equipment	0	0%	28	21%	2473	22%
Missing	146		103		8922	
Staffing levels	0	0%	59	45%	5103	45%
Missing	146		72		6292	

ERRORS, NEAR MISSES AND INCIDENTS

	Total	2006	Total	2007	Total	All
--	-------	------	-------	------	-------	-----

Communication	0	0%	36	27%	2978	26%
Missing	146		95		8417	
Problem with the admission transfer or discharge of patient / service user	0	0%	26	20%	1887	17%
Missing	146		105		9508	
Other reason(s)	0	0%	14	11%	1403	12%
Missing	146		117		9992	

27a. My Trust treats staff who are involved in an error, near miss or incident fairly

Strongly disagree	5	1%	4	1%	541	1%
Disagree	26	6%	19	4%	1769	5%
Neither agree nor disagree	230	49%	247	53%	19749	52%
Agree	180	39%	181	39%	14369	38%
Strongly agree	26	6%	13	3%	1276	3%
Missing	14		20		1244	

27b. My Trust encourages us to report errors, near misses or incidents

Strongly disagree	0	0%	4	1%	319	1%
Disagree	19	4%	10	2%	1056	3%
Neither agree nor disagree	79	17%	97	21%	7761	20%
Agree	298	63%	311	66%	23943	63%
Strongly agree	75	16%	50	11%	4899	13%
Missing	10		12		970	

27c. My Trust treats reports of errors, near misses or incidents confidentially

Strongly disagree	4	1%	3	1%	398	1%
Disagree	29	6%	19	4%	1577	4%
Neither agree nor disagree	180	38%	190	40%	14937	40%
Agree	214	46%	230	49%	18118	48%
Strongly agree	41	9%	29	6%	2740	7%
Missing	13		13		1178	

27d. My Trust blames or punishes people who are involved in errors, near misses or incidents

Strongly disagree	0	0%	21	4%	1877	5%
Disagree	0	0%	129	28%	10508	28%
Neither agree nor disagree	0	0%	252	54%	20564	55%
Agree	0	0%	55	12%	4042	11%
Strongly agree	0	0%	12	3%	603	2%
Missing	481		15		1354	

ERRORS, NEAR MISSES AND INCIDENTS**Total 2006 Total 2007 Total All****27e. When errors, near misses or incidents are reported, my Trust takes action to ensure that they do not happen again**

Strongly disagree	6	1%	9	2%	696	2%
Disagree	32	7%	16	3%	2366	6%
Neither agree nor disagree	165	35%	201	43%	15771	42%
Agree	226	48%	219	46%	16758	44%
Strongly agree	38	8%	27	6%	2177	6%
Missing	14		12		1180	

27f. We are informed about errors, near misses and incidents that happen in the Trust

Strongly disagree	32	7%	31	7%	1957	5%
Disagree	138	30%	134	29%	9362	25%
Neither agree nor disagree	165	35%	171	37%	14573	39%
Agree	120	26%	120	26%	10662	28%
Strongly agree	12	3%	12	3%	1229	3%
Missing	14		16		1165	

27g. We are given feedback about changes made in response to reported errors, near misses and incidents

Strongly disagree	34	7%	29	6%	2287	6%
Disagree	125	27%	118	25%	8461	22%
Neither agree nor disagree	168	36%	183	39%	14592	39%
Agree	128	27%	123	26%	11256	30%
Strongly agree	12	3%	18	4%	1187	3%
Missing	14		13		1165	

OCCUPATIONAL HEALTH AND SAFETY

Total 2006 Total 2007 Total All

28. During the last 12 months have you been injured or felt unwell as a result of the following problems at work?

a. Moving and handling

Yes	58	13%	74	16%	5136	14%
No	406	88%	401	84%	32632	86%
Missing	17		9		1180	

b. Needlestick and sharps injuries

Yes	20	4%	23	5%	1271	3%
No	439	96%	442	95%	36045	97%
Missing	22		19		1632	

c. Slips, trips or falls

Yes	33	7%	24	5%	1531	4%
No	426	93%	445	95%	35807	96%
Missing	22		15		1610	

d. Exposure to dangerous substances

Yes	11	2%	6	1%	627	2%
No	447	98%	458	99%	36574	98%
Missing	23		20		1747	

e. Work related stress

Yes	164	35%	156	33%	12389	33%
No	304	65%	319	67%	25454	67%
Missing	13		9		1105	

29a. Do you have access to counselling services at your Trust?

Yes	0	0%	265	56%	21917	57%
No	0	0%	17	4%	1857	5%
Don't know	0	0%	195	41%	14540	38%
Missing	481		7		634	

29b. Do you have access to occupational health services at your Trust?

Yes	0	0%	450	94%	36788	96%
No	0	0%	4	1%	321	1%
Don't know	0	0%	24	5%	1194	3%
Missing	481		6		645	

30. Does your Trust provide any of the following:

a. Advice for staff on diet

Yes	0	0%	107	22%	7171	19%
No	0	0%	85	18%	6821	18%
Don't know	0	0%	284	60%	24226	63%
Missing	481		8		730	

OCCUPATIONAL HEALTH AND SAFETY

	Total	2006	Total	2007	Total	All
b. Advice for staff on alcohol consumption						
Yes	0	0%	108	23%	7323	19%
No	0	0%	75	16%	5957	16%
Don't know	0	0%	295	62%	24941	65%
Missing	481		6		727	
c. Advice for staff on exercise						
Yes	0	0%	255	54%	9178	24%
No	0	0%	53	11%	5962	16%
Don't know	0	0%	166	35%	23047	60%
Missing	481		10		761	
d. Help for staff that want to stop smoking						
Yes	0	0%	379	79%	27127	71%
No	0	0%	15	3%	1612	4%
Don't know	0	0%	83	17%	9509	25%
Missing	481		7		700	
e. Help with the cost of gym membership						
Yes	0	0%	164	34%	10280	27%
No	0	0%	91	19%	8474	22%
Don't know	0	0%	221	46%	19389	51%
Missing	481		8		805	
f. Bicycle racks						
Yes	0	0%	140	30%	21806	57%
No	0	0%	67	14%	3391	9%
Don't know	0	0%	267	56%	12990	34%
Missing	481		10		761	
g. Healthy food in Trust canteens						
Yes	0	0%	261	55%	21961	58%
No	0	0%	69	14%	5353	14%
Don't know	0	0%	147	31%	10861	28%
Missing	481		7		773	

INFECTION CONTROL AND HYGIENE

Total 2006 Total 2007 Total All

31a. The Trust does enough to promote the importance of hand washing to staff

Strongly disagree	0	0%	15	3%	691	2%
Disagree	0	0%	30	6%	2183	6%
Neither agree nor disagree	0	0%	65	14%	3571	9%
Agree	0	0%	251	52%	21176	55%
Strongly agree	0	0%	119	25%	10751	28%
Missing	481		4		576	

31b. The Trust does enough to promote the importance of hand washing to patients, service users and trust visitors

Strongly disagree	0	0%	18	4%	933	2%
Disagree	0	0%	58	12%	3640	10%
Neither agree nor disagree	0	0%	101	21%	6241	16%
Agree	0	0%	218	46%	19207	50%
Strongly agree	0	0%	84	18%	8267	22%
Missing	481		5		660	

31c. Infection control applies to me in my role

Strongly disagree	0	0%	15	3%	869	2%
Disagree	0	0%	29	6%	2143	6%
Neither agree nor disagree	0	0%	53	11%	3094	8%
Agree	0	0%	172	36%	15479	41%
Strongly agree	0	0%	211	44%	16587	43%
Missing	481		4		776	

32a. Hot water, soap and paper towels, or alcohol rubs, are available when they are needed by staff

Always	260	55%	244	51%	25098	65%
Most of the time	162	34%	188	39%	10906	28%
Sometimes	36	8%	28	6%	1396	4%
Never	3	1%	1	0%	109	0%
Don't know	14	3%	20	4%	845	2%
Missing	6		3		594	

32b. Hot water, soap and paper towels, or alcohol rubs, are available when they are needed by patients / service users

Always	214	46%	207	43%	21905	57%
Most of the time	138	30%	164	34%	10245	27%
Sometimes	42	9%	36	8%	1808	5%
Never	2	0%	3	1%	144	0%
Don't know	70	15%	69	14%	4102	11%
Missing	15		5		744	

INFECTION CONTROL AND HYGIENE**Total 2006 Total 2007 Total All****32c. Hot water, soap and paper towels, or alcohol rubs, are available when they are needed by visitors to the Trust**

Always	208	45%	201	42%	21455	56%
Most of the time	138	30%	163	34%	10216	27%
Sometimes	44	9%	35	7%	1988	5%
Never	2	0%	3	1%	149	0%
Don't know	75	16%	76	16%	4398	12%
Missing	14		6		742	

BACKGROUND DETAILS

	Total	2006	Total	2007	Total	All
33a. Gender:						
Male	91	19%	109	23%	7498	20%
Female	378	81%	367	77%	30690	80%
Missing	12		8		760	
33b. Age:						
16-20	3	1%	6	1%	208	1%
21-30	72	15%	75	16%	5806	15%
31-40	129	27%	128	27%	9218	24%
41-50	148	31%	155	32%	12317	32%
51-65	120	25%	114	24%	10586	28%
66+	0	0%	0	0%	179	0%
Missing	9		6		634	
34. What is your ethnic background?						
British	323	69%	313	66%	31460	83%
Irish	9	2%	6	1%	567	1%
Any other White background	8	2%	5	1%	1036	3%
White and Black Caribbean	3	1%	5	1%	76	0%
White and Black African	2	0%	2	0%	56	0%
White and Asian	3	1%	0	0%	110	0%
Any other mixed background	1	0%	3	1%	114	0%
Indian	41	9%	47	10%	1486	4%
Pakistani	5	1%	6	1%	202	1%
Bangladeshi	3	1%	3	1%	43	0%
Any other Asian background	13	3%	10	2%	1006	3%
Caribbean	36	8%	41	9%	334	1%
African	8	2%	12	3%	773	2%
Any other Black background	3	1%	1	0%	50	0%
Chinese	1	0%	3	1%	238	1%
Any other ethnic background	8	2%	16	3%	414	1%
Missing	14		11		983	
35a. Do you have a long-standing illness, health problem or disability?						
Yes	0	0%	57	14%	4324	13%
No	0	0%	337	86%	28310	87%
Missing	481		90		6314	
35b. Has your employer made adequate adjustment(s) to enable you to carry out your work?						
Yes	0	0%	24	65%	1773	69%
No	0	0%	13	35%	791	31%
No adjustment required	0	0%	19	34%	1538	37%
Missing	481		428		34846	

BACKGROUND DETAILS

	Total	2006	Total	2007	Total	All
36. Do you have face-to-face contact with patients / service users as part of your job?						
Yes frequently	0	0%	338	71%	27719	72%
Yes occasionally	0	0%	81	17%	5920	15%
No	0	0%	60	13%	4706	12%
Missing	481		5		603	
37. How many years have you worked for this Trust?						
Less than 1 year	16	3%	33	7%	2566	7%
1-2 years	70	15%	45	9%	3862	10%
3-5 years	105	22%	113	23%	8701	23%
6-10 years	96	20%	111	23%	8434	22%
11-15 years	58	12%	59	12%	4571	12%
More than 15 years	129	27%	120	25%	10211	27%
Missing	7		3		603	
38. What is your occupational group?						
Occupational Therapy	1	0%	5	1%	524	1%
Physiotherapy	2	0%	11	2%	1075	3%
Radiography	8	2%	9	2%	1210	3%
Pharmacy	19	4%	18	4%	1044	3%
Clinical Psychology	0	0%	0	0%	67	0%
Other qualified Allied Health Professionals	7	2%	8	2%	837	2%
Other qualified Scientific and Technical or Healthcare Scientists	26	6%	20	4%	1690	4%
Support to Allied Health Professionals	5	1%	5	1%	434	1%
Support to Scientific and Technical or Healthcare Scientists	12	3%	9	2%	717	2%
Medical / Dental - Consultant	25	5%	27	6%	1704	5%
Medical / Dental - In Training	4	1%	16	3%	972	3%
Medical / Dental - Other	3	1%	2	0%	627	2%
Registered Nurse - Adult / General	106	23%	108	23%	9008	24%
Registered Nurse - Children	11	2%	12	3%	1146	3%
Midwives	11	2%	14	3%	1414	4%
Other Registered Nurses	9	2%	1	0%	391	1%
Nursing auxiliary / Nursing assistant / Healthcare assistant	37	8%	24	5%	3113	8%
Admin & Clerical	92	20%	82	18%	6370	17%
Central Functions / Corporate Services	24	5%	21	5%	1898	5%
Maintenance / Ancillary	36	8%	51	11%	2205	6%
General Management	5	1%	11	2%	518	1%
Other occupational group (please specify)	17	4%	11	2%	715	2%
Missing	21		19		1269	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

REPORT TO THE TRUST BOARD

3rd April 2007

SUBJECT:	Register of Interests
REPORT BY:	Kam Dhami, Director of Governance Development
AUTHOR:	Kam Dhami, Director of Governance Development

PURPOSE OF THE REPORT:

To present to the Trust Board the current Register of Interests declared by the Non-Executive and Executive Directors of the Trust for the year 2007.

IMPLICATIONS:

Financial:	
Personnel:	
Healthcare/ National Policy:	Compliance with Standing Orders and the NHS Code of Accountability
Other:	

RECOMMENDATION(S):

To received and NOTE the interests declared by Board members.

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

REGISTER OF INTERESTS AS AT 31ST MARCH 2008

Name	Interests Declared
Trust Chair	
Sue Davis	<ul style="list-style-type: none"> • Director – West Midlands Constitutional Convention • Director – RegenWM • Member – GMB Trade Union • Elected Member – Telford & Wrekin Borough Council • Elected Member – Great Dawley Parish Council • Non-Executive Director – Administrative Justice and Tribunals Council
Non-officer Members	
Isobel Bartram	None
Gianjeet Hunjan (commenced: 16.8.07)	<ul style="list-style-type: none"> • Governor at Ferndale Primary School • LEA Governor at Oldbury College of Sport • Member of GMB Trade Union • Member of Managers in Partnership/UNISON
Prof. Jonathan Michie	<ul style="list-style-type: none"> • Director - Mutuo • Director - Association of Business Schools
Cllr. Bill Thomas	<ul style="list-style-type: none"> • Leader of Sandwell Council • Elected Member - Sandwell Council • Director – RegenCo • Director – Brandhall Labour Club Ltd • Non-Executive Director – Birmingham International Airport
Dr. Sarindar Singh Sahota OBE (commenced: 1.8.07)	<ul style="list-style-type: none"> • Vice Chair West Midlands Regional Assembly Ltd • Deputy Chair West Midlands Business Council Ltd • Trustee Acorns Hospice • Director Sahota Enterprises Ltd • Director Sahota Properties Ltd • Member – University of Birmingham Governing Council# • Chair – NW Skills Academy
Roger Trotman	<ul style="list-style-type: none"> • Non-Executive Director – Stephens Gaskets Ltd • Non-Executive Director – Tufnol Industries Trustees Ltd • Member of the West Midlands Regional Assembly • Member of the West Midlands Regional Assembly – Regional Health Partnership • Member of the West Midland Business Council • Member of the Advantage West Midlands – Regional Finance Forum • Executive Director of Artistic Ministries

Name	Interests Declared
Officer Members	
John Adler	None
Donal O'Donoghue (commenced: 1.3.08)	None
Richard Kirby	<ul style="list-style-type: none"> • Trustee – Birmingham South West Circuit Methodist Church • Trustee – Selly Oak Methodist Church
Rachel Stevens (commenced: 20.8.07)	None
Robert White	Directorship of Midtech clg
Associate Members	
Tim Atack	None
Kam Dhami	None
Colin Holden	None
Graham Seager	None

Name	Interests Declared
Former Board Members	
Prof. Alasdair Geddes (employment ceased: 30.6.07)	None
Richard Griffiths (employment ceased: 1.5.07)	President of West Midlands Regional for Amicus
Pauline Werhun (employment ceased: 30.6.07)	None
Dr. Hugh Bradby (ceased directorship: 15.2.08)	<ul style="list-style-type: none"> • Limited private practice work predominantly at the Priory Hospital Birmingham • Director - Harborne Golf Club Ltd
Matthew Dodd (ceased directorship: 1.5.07)	None

March 2008

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

REPORT TO THE PUBLIC TRUST BOARD

April 2008

Subject:	Register of Sealed Documents
Report by:	Kam Dhami, Director of Governance
Author:	Kam, Dhami, Director of Governance

PURPOSE OF THE REPORT:

An application for use of the Trust seal is made when required. The Trust's Standing Orders (section 8) require a register to be kept of all documents to which the Trust seal has been affixed.

Details of all documents that have been made under seal during the period 1st April 2007 to 31st March 2008 is attached.

IMPLICATIONS:

Financial:	
Personnel:	
Healthcare/National Policy:	
Other:	

RECOMMENDATION(S):

The Board is asked to NOTE the list of official sealings as detailed for 2007/08.

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

REGISTER OF SEALED DOCUMENTS

Detailed below is a summary of the documents sealed by the Trust during the period 1st April 2007 to 31st March 2008.

Register Ref. No.	Description of Document	Date Sealed
120	Mortuary – Phase 4 - Sandwell	25.4.07
121	Neo Natal (Sandwell) - Phase 3	25.4.07
122	Vacate Outpatients Department, Phase 4 - City	25.4.07
123	Vacate Outpatients Department, Phase 3 - City	25.4.07
124	ITU Upgrade & Refurbishment, Phase 4 - Sandwell	25.4.07
125	Mixed Sex Wards, Phase 4 - City	25.4.07
126	Gynae Oncology Refurbishment, Phase 3 - City	25.4.07
127	Gynae Oncology Refurbishment, Phase 4 - City	25.4.07
128	Fire Compliance, Phase 3 & 4 - Sandwell	25.4.07
129	Mixed Sex Wards, Phase 3 - City	25.4.07
130	20 Overton Place – Transfer Deeds	21.6.07
131	20 Overton Place – Agreement of Sale	21.6.07
132	25 Overton Place – Transfer of Deeds	21.6.07
133	25 Overton Place – Agreement of Sale	21.6.07
134	Towards 2010 Programme. Estates & Technical Group, Form of Agreement	12.12.07
135	Construction Contract re: BBraun (subject to approval on 3.4.07)	

March 2008

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

REPORT TO THE TRUST BOARD

3rd April 2008

Subject:	Review – SOs / SFIs / Scheme of Delegation
Report by:	Robert White, Director of Finance & Performance Management
Author:	Robert White

PURPOSE OF THE REPORT:

The Trust's Audit Committee met on 21st February 2008 to consider any necessary changes to the current SOs (Standing Orders), SFIs (Standing Financial Instructions) and Scheme of Delegation. Owing to the intensive review of these governing documents in the previous year and a specific analysis of the limits governing expenditure and business conduct as laid out in the Scheme of Delegation, the audit committee concluded that the documents remain relevant and fit for purpose. Consequently no changes are recommended at this time. A review of SOs/SFIs and SchD forms part of the foundation trust preparatory work.

The recommendation to the Trust Board is that following review, the current documents should continue to governing the business of the Trust.

IMPLICATIONS:

Financial:	Delegated limits are set out in the Scheme of Delegation as reviewed by the Audit Committee (and published on the intranet)
Personnel:	
Healthcare/ National Policy:	
Other:	

RECOMMENDATION(S):

RECEIVE a copy of the summary Audit Committee paper

ACCEPT the audit committee's recommendation as described above

AUDIT COMMITTEE

21st February 2008

**Standing Orders/Standing Financial Instructions/Scheme of Delegation -
Review**

Introduction

The Audit Committee will recall the process it went through as part of a detailed review of its Standing Orders, Standing Financial Instructions and Scheme of Delegation. The revised documentation was based on the Model SOs, SFIs and SoD for the NHS.

A similar process will be followed in the preparation of Foundation Trust documents covering the governance of the Trust's business, activities and financial transactions.

The Audit Committee is advised to ensure that these documents remain relevant on an annual basis. Given the considerable effort applied to this approximately 1 year ago, it is recommended that no changes are required including no changes to the financial limits within the scheme of delegation. The Summary guidance on budget holder responsibility and Schedule of Delegated Authority and Authorisation Limits is attached for the committee's attention.

Recommendation

The Audit Committee is asked to review the attached documentation, identify any changes deemed necessary and REPORT its findings and recommendations to the Trust Board.

Robert White
Director of Finance & Performance Management

6th February 2008

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

REPORT TO THE TRUST BOARD

3rd April 2008

Subject:	Single Tender Approvals – Chair’s Action
Report by:	Robert White, Director of Finance & Performance Management
Author:	Robert White

PURPOSE OF THE REPORT:

A small number of single tender action requests required approval which fell between Trust Board meetings thus necessitating agreement by the Trust Chair. Following submission of these requests approval was granted as summarised overleaf. The purpose of this report is to formally seek Board ratification of these approvals.

IMPLICATIONS:

Financial:	Items for single tender action in excess of £50,000 as described overleaf.
Personnel:	
Healthcare/ National Policy:	
Other:	

RECOMMENDATION(S):

RATIFY the single tender action approvals granted under Chair’s action

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

REPORT TO THE TRUST BOARD

3rd April 2008

Single Tender Approval – Chair’s Action

Section D, Standing Financial Instructions, paragraph 17.5.3 states:

“Formal Tendering procedures may be waived: (i) where specialist expertise is required and is available from only one source” This applies to the first 3 items and “(e) where the requirement is covered by an existing contract” applicable to item 4.

The paragraph ends by stating

“Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate Trust record and periodically reported to the Audit Committee”

Chair’s Action was sought and received for the following items:

Single Quotation Arrangement > £50,000				
Department	Description	Supplier	Cost	Note
Imaging	Maintenance Contract for 13 GE U/S systems	GE Medical	88,143	Current MDA, IRR and IRMER recommendations state that service should be obtained from Original equipment manufacturer/supplier wherever possible
Imaging	Maintenance Contract for 19 CR systems	Carestream Health (formerly KODAK)	61,492	Current MDA, IRR and IRMER recommendations state that service should be obtained from Original equipment manufacturer/supplier wherever possible
Surgery C	Green Light Lasers	American Medical Systems	84,000	Sole supplier of green light laser in UK. Compatibility with rental equipment currently used by Trust
Imaging	Provision of MRI service	Lister in Health	60,000	Division/Trust have contractual agreement with Lister in Health for provision of a timely, efficient MRI service. The order ensures waiting times will continue to be delivered/improved to support 18 week RTT by end of March.

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

REPORT TO THE TRUST BOARD

TRUST BOARD MEETING ON 3RD APRIL 2008

SUBJECT:	Request application of the seal of the Trust
REPORT BY:	Graham Seager - Director of Estates/New Hospital Project Director
AUTHOR:	Richard Kinnersley - Head of Capital Projects

PURPOSE OF THE REPORT:

To request application of the seal of the Trust to construction contract documents
--

IMPLICATIONS:

Financial:	Capital £67,040.70
Personnel:	
Healthcare/ National	
Policy:	
Other:	

RECOMMENDATION(S):

To apply the seal of the Trust to construction contract under JCT Contract
--

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

REPORT TO THE TRUST BOARD

TRUST BOARD MEETING 3RD APRIL 2008

Background

To facilitate the provision of off site reusable instrument decontamination by BBraun receipt and distribution areas were constructed on Sandwell and City sites. The construction contract associated with those works now requires the application of the seal of the Trust.

The works were undertaken October 2007 to December 2007. The contract sum was £67,040.70.

Recommendations

It is requested that the Trust Board approve the seal of the Trust be applied to the construction documentation of this contract.

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

REPORT TO THE TRUST BOARD

3RD APRIL 2008

SUBJECT:	Annual Plan 2008/09
REPORT BY:	Director of Strategy & Director of Finance & Performance Management
AUTHOR:	Head of Corporate Planning

PURPOSE OF THE REPORT:

To present the Trust's draft Annual Plan for 2008/9 to the Trust Board for approval.

IMPLICATIONS:

Financial:	
Personnel:	
Healthcare/ National Policy:	The Annual Plan will set the organisations corporate objectives and key financial, activity and workforce plans for 2008/09
Other:	

RECOMMENDATION(S):

Trust Board is recommended to:

1. APPROVE the Trust's Annual Plan for 2008/9

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

ANNUAL PLAN 2008/09

1. Introduction

In August 2007 the Trust Board approved a timetable for the development of the Trust's Annual Plan 2008/09. The Annual Planning Framework was agreed by the Trust Board in October 2007, with a second (updated) version of the Planning Framework approved in January 2008, following publication of the National Operating Framework for 2008/09.

In line with the timetable and the Annual Planning Framework the Annual Plan for 2008/09 has been prepared for circulation and to be made available on the Trust web site.

2. Annual Plan 2008/09

The final draft of the Annual Plan is attached for approval by the Trust Board. The document outlines the Trust's performance over the last year, its objectives for the next year and provides a high level summary of the Trust's position in terms of finance and patient activity for 2008/09.

As part of the planning process each Division has also produced a summary plan for 2008/09 including their priorities and the contribution they will make towards delivery of the Trust's corporate objectives. These plans will be finalised in order that they can be made available in a supporting document.

The Annual Plan will be accompanied by this and other key documents that are the subject of separate reports including the full Financial Plan and Cost Improvement Programme and the Trust's Assurance Framework.

3. Recommendation:

Trust Board is recommended to:

1. APPROVE the Trust's Annual Plan for 2008/9.

Ann Charlesworth
26th March 2008

Sandwell and West Birmingham Hospitals



NHS Trust

***ANNUAL PLAN
2008/09***

FINAL DRAFT (v3)

28th March 2008

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

ANNUAL PLAN 2008/09

CONTENTS

	Page
1. Introduction	1
2. Overview of Progress in 2007/08	2
2.1 Overview of 2007/08	2
2.2 Patient Activity Performance in 2007/08	3
2.3 Performance against our Corporate Objectives for 2007/08	3
2.4 Annual Healthcheck 2006/07 Performance Ratings	5
2.5 Patient Survey	5
3. Annual Planning Process for 2008/09	6
4. Strategic Context	6
4.1 National Expectations	6
4.2 Commissioner Expectations	8
5. Trust Vision	9
6. Objectives for 2008/09	10
7. Service Plans for 2008/09	16
7.1 Service Plans by Division	16
7.2 Vital Signs Indicators	18
7.3 Research and Development	18
8. Summary Activity Plan for 2008/09	19
9. Summary Financial Plan for 2008/09	20
10. Summary Workforce Plan for 2008/09	21
11. Risks and Risk Management	22
12. Monitoring Progress	22

SUPPORTING PAPERS (available on request)

- 1 – Performance against Corporate Objectives 2007/08
- 2 – Our Strategic Direction 2007 - 2014
- 3 – Financial Plan 2008/09 (Board Paper April 2008)
- 4 – Divisional Plans - Summary

ANNUAL PLAN 2008/09

1. INTRODUCTION

2007/8 represented another year of major change for Sandwell and West Birmingham Hospitals NHS Trust. It was a year in which the Trust:

- continued to improve productivity;
- made progress with service reconfigurations;
- successfully delivered a £6.5m surplus;
- continued to develop clinical services;
- laid the foundations for future development through work on the OBC for our new acute hospital, the introduction of new trust-wide IT systems and the launch of our application for NHS Foundation Trust status.

As in previous years these changes were delivered as a result of a major team-effort on the part of all the staff of the Trust.

In 2008/9 we are planning the next stages of the development of our organisation and the services we provide including:

- providing services that are more accessible and responsive to our local population;
- improving the quality of the care we provide including a continued focus on reducing infection;
- beginning to provide more care closer to home in line with our "Towards 2010" Programme plans;
- continuing to provide good value for money;
- making progress with the detailed planning for our new hospital
- progressing towards NHS Foundation Trust status.

Our Annual Plan for 2008/9 sets out:

- the progress we made against our objectives for 2007/8;
- our corporate objectives for the year ahead;
- the main actions we will take to deliver these;
- summary activity, financial and workforce plans for the next twelve months;
- the way in which we will monitor and report on our progress.

Successful delivery of the objectives that have been set through this process will ensure that we continue the process of developing the Trust as a provider of high quality healthcare services to the population of Sandwell, Western Birmingham and surrounding areas.

2. OVERVIEW OF PROGRESS IN 2007/08

This section of the Trust's Annual Plan describes our performance in 2007/8 to set the context for our objectives for 2008/9.

2.1 Overview of 2007/08

2007/8 has been another year of major change for the Trust, our services and our staff. It was a year in which we consolidated the financial recovery than began in 2006/7, whilst continuing to achieve national targets and standards and laying the groundwork for significant future developments.

More detail on 2007/8 is provided in the sections that follow but in the last twelve months we have:

- continued to improve our productivity:
 - our average length of stay has reduced from 5.7 days in 2006/7 to 5.1 days at December 2007;
 - the proportion of our planned work undertaken as day case or short stay has increased from 88% in 2006/7 to 92% at January 2008;
 - our outpatient new to review rate has reduced from 2.9 in 2006/7 to 2.7 at January 2008.
- made progress with our plans for service reconfiguration:
 - delivered paediatric reconfiguration concentrating inpatient beds in refurbished accommodation at Sandwell and developing a 24 hour PAU at City Hospital;
 - completing the redevelopment of the neo-natal unit at Sandwell and started the redevelopment of new facilities at City
 - started the redevelopment of facilities for pathology at City
 - secured Secretary of State's approval for our plans for surgical reconfiguration following a review by the IRP.
- successfully delivered our financial plan:
 - delivered a £13m cost improvement programme
 - delivered a £6.5m surplus to contribute to our financial recovery.
- continued to develop our clinical services
 - investing in improved cleaning regimes, retaining low c diff rates and reducing MRSA cases by 28.8% compared with 2006/7;
 - appointing a fourth consultant gynae-oncologist and a senior lecturer to support full implementation of the IOG;
 - achieving Colorectal Cancer Screening Centre status;
 - reconfiguring vascular surgery services and introducing new treatments e.g. Endovascular Stents (EVAR); Sclerotherapy for treatment of varicose veins;
 - introducing more direct access services including – one stop minor ops, "FLASH" Flexible Alternative Surgical Help, one stop carpal tunnel service
 - developing EAU/Acute Physician working arrangements.
- continued to prepare for longer-term future
 - progressed the OBC for the new acute hospital;
 - piloting the new models of care in "exemplar" services including diabetes, dermatology, urgent care and intermediate care
 - introducing new single IT system for the Trust;
 - launching our application for NHS Foundation Trust status.

2.2. Patient Activity Performance in 2007/08

The table and graphs below summarise the Trust's high level activity for the period 2005/6 – 2007/8.

Patient Activity 2007/08

Type	2005/06 Outturn	2006/07 Outturn	2007/08 Plan	2007/08 Projected Outturn	2007/08 Change from 2006/07
Admitted Patient Care:					
Day case spells	44,197	45,850	46,583	46,222	+0.8%
Elective spells	14,127	13,602	14,996	13,229	-2.7%
Emergency spells	59,204	65,076	60,721	67,196	+3.3%
Total spells	117,538	124,528	122,300	126,647	+1.7%
Outpatients:					
New attendances	128,434	127,670	128,144	133,434	+4.5%
Review attendances	355,738	374,844	363,290	369,751	-1.3%
Total Outpatients	484,172	502,514	491,434	503,185	+0.13%
A&E	226,803	231,910	233,875	230,198	-0.7%
Rehabilitation OBDs	46,351	42,181	43,236	33,798	-19.9%
Neonatal OCDs	9,141	9,193	9,569	8,185	-10.9%
Births	6,055	5,788	n/a	6,054	+4.6%
Referrals	142,718	139,403	n/a	145,236	+4.1%

The Trust therefore continued to respond to rising levels of demand from the population we serve admitting 1.7% more patients in 2007/8 than 2006/7 with the majority of this rise driven by an increase in emergency activity. Within planned care the steady growth in the proportion of our activity undertaken as day case or short stay surgery continued.

Overall outpatient activity rose only slightly (+0.13%) but there was a greater increase in new outpatient activity as the Trust responded to increasing demand in some specialities and reduced waiting times for all patients. Review outpatient activity fell slightly as new to review outpatient rates improved.

2.3 Performance against our Corporate Objectives for 2007/08

The table below contains a summary of the corporate objectives for 2007/08 with a "traffic light" indication of their achievement. (A more detailed summary will be available separately following the Trust Board meeting in May 2008 – Supporting Paper 1).

Corporate Objectives 2007/08

1.	Continue the Trust's Financial Recovery	
a.	Deliver in-year financial balance	
b.	Deliver a CIP of at least £13m	
c.	Make progress with addressing the historic deficit of £13.5m	
d.	Improve on Healthcheck "Use of Resources" assessment	
2.	Continue to Improve Access to our Services	
a.	Achieve 18 week referral to treatment milestones by March 2008	
b.	Achieve SHA milestones for max. OP (5 weeks), diagnostic (6 weeks) and IP (11 weeks) waits	
c.	Continue to achieve national access targets in A&E and Cancer	
d.	Achieve target for GUM	
3.	Deliver Proposed Service Configuration Changes	
a.	Complete public consultation and decision making process	
b.	Deliver changes in paediatrics, neo-natal, surgery and pathology in line with implementation plans following consultation	
4	Develop Services that demonstrate "2010" Approach in Action	
a.	With Sandwell PCT develop "2010" community beds at Rowley Regis and with HoBtPCT at City	
b.	With HoB and Sandwell PCTs develop approaches to urgent care at City and Sandwell	
c.	Develop community-based outpatients in Diabetes	
d.	Launch new Renal partnership between SWBH, HoB and UHBT	
5	Make progress towards the new hospital through "Towards 2010"	
a.	Submit the Outline Business Case for the new hospital	
6	Improve our Productivity	
a.	Increase proportion of surgery done as day case and minimal stay	
b.	Increase theatre utilisation	
c.	Reduce pre-operative elective length of stay	
d.	Reduce acute hospital length of stay	
7	Continue to Improve the Quality of our Services	
a.	Meet the Healthcare Commission's standards for 2007/08 set through the Annual Healthcheck	
b.	Continue to reduce MRSA and healthcare associated infections	
c.	Undertake a comprehensive review of nurse staffing and develop an action plan to ensure appropriate staffing levels	
d.	Continue to improve standards of hospital cleanliness	
e.	Continue work on nursing standards (Essence of Care)	
8	Respond to Changes in Medical Workforce	
a.	Introduce improvements to medical workforce management	
b.	Successfully implement Modernising Medical Careers	
c.	Implement Hospital at Night arrangements at City and Sandwell	
9	Improve our Effectiveness as an Organisation	
a.	Launch an application for Foundation Trust status	
b.	Implement Electronic Staff Record	
c.	Gain benefits from new PAS and other systems introduced in 06/07 and 07/08	
d.	Launch an organisation-wide service improvement programme	

2.4 Annual Healthcheck 2006/07 Performance Ratings

The Trust's recent ratings in the Healthcare Commission's Annual Healthcheck are summarised in the table below. The ratings for 2007/8 will be published in the autumn of 2008.

Area	2005/6 Rating	2006/7 Rating
Quality of Services	Fair	Good
Use of Resources	Weak	Fair

The Trust is pleased that our ratings in both categories improved in 2006/7 compared to 2005/6 reflecting our financial recovery as well as continued strong performance on targets and compliance with standards.

2.5 Patient Survey

The Trust is keen to ensure that all sources of patient feedback are used to drive service improvement. Results of the latest national inpatient survey, information from the Trust's own inpatient survey, trust and departmental satisfaction surveys, PALS feedback and complaints have been discussed by a Patient Experience Taskforce charged with responding to patient comments. The group has looked at areas of both good and poor performance and has staff and patient membership to develop plans for targeting areas that stand out.

The National Inpatient Survey for 2007, undertaken by the Healthcare Commission, showed on the whole the Trust performing in line with other trusts around the country.

The Trust was amongst the best performing 20% of hospital Trusts for:

- Information on treatment in A&E
- Choice of admission dates
- Short wait for admission to hospital
- Lack of mixed sex bathrooms
- Confidence and trust in doctors is high
- Doctors give clear, understandable answers to patient questions
- Staff did not say one thing and another say something else
- Privacy when condition or treatment was discussed
- Provision of information about condition or treatment
- Explanations given of purpose of medicines on discharge
- Explanations of danger signals patients should watch for after discharge
- Information about who to contact if patients were worried

The Trust was amongst the worst performing 20% of hospital Trusts for:

- Choice of food
- Nurses talking in front of patients as if they weren't there

3. ANNUAL PLANNING PROCESS

The Trust's annual planning process for this year was approved by the Trust Board in August 2007. This developed the process originally established for the production of the 2007/8 plan. The timetable for the process is summarised below:

Annual Planning Process

STAGE	DATE
Trust Board Discussion - at Finance & Performance Meeting	27 th Sept 07
Issue Annual Planning Framework to Divisions	w/c 15 th Oct 07
Briefing for Divisions	3 rd /4 th week in Oct 07
Planning meetings with each Division to review plans	Early Nov 07
First Cut Divisional Plans inc. first cut CIP	7 th Dec 07
Review of Divisional submissions	Dec 07
Update of Planning Assumptions	Early Jan 08
Monthly updates to Trust Board	Jan – Mar 08
Second Cut Divisional Plans	15 th Feb 08
Draft Trust Annual Plan issued	w/c 3 rd March 08
Consultation on Plan /Updating	to 20 th March 08
Annual Plan to OMB	OMB 27 th March
Annual Plan presented to Trust Board for approval	3 rd April 08

The process is designed to produce a plan for the year, supported by plans for each of the Trust's Divisions, that is clearly directed towards delivery of the strategic objectives of the Trust.

4. STRATEGIC CONTEXT

4.1 National Expectations

The Operating Framework for the NHS in England 2008/9 was published in December 2007 setting a three-year direction and the national context and priorities for the NHS for the year ahead. The framework introduces a set of "vital signs" for measuring local performance and aims to set a small number of national priorities, identify areas where local action is required but where there can be flexibility of approach and provide an opportunity for PCTs to select their own priorities and local targets.

The framework sets five national priorities for 2008/9.

- **Cleanliness and healthcare-associated infections.** Two targets are set: maintaining MRSA infections at less than half the number in 2003/4 and a 30% reduction nationally in rates of clostridium difficile by 2011 from 2007/8 levels. Organisations are required to implement the forthcoming HCAI and Cleanliness Strategy and to introduce MRSA screening for elective cases in 2008/9 and for emergencies within the next three years.
- **Improving access.** Two areas are identified: 18 week referral to treatment waits and access to primary care. The December 2008 target that no patient should have to wait more than 18 weeks from referral to treatment unless clinically appropriate or they chose to do so is restated. The Framework sets out an intention to move a patient-reported measure for the achievement of this target.
- **Improving health and reducing inequalities.** PCTs are required to focus on four areas:
 - cancer – implementation of the Cancer Reform Strategy including extended cancer waiting time targets;
 - stroke – implementation of the national Stroke Strategy;
 - children – continuing to improve children’s health and well-being;
 - maternity – delivering the Maternity Matters Strategy.
- **Experience, satisfaction and engagement.** NHS organisations are expected to understand and respond to patient and staff satisfaction and to improve staff and patient and public engagement in the local health service.
- **Emergency preparedness.** All NHS organisations are expected to ensure that they are ready to respond to emergencies including pandemic flu or dangerous incidents. Plans to respond to a flu pandemic must be in place by December 2008.

The framework identifies areas where recovery action is needed to achieve existing targets or preparatory work is needed for future improvement. Recovery issues include equality issues and mixed-sex accommodation. Preparatory issues include caring for older people with dementia and end of life care.

The framework also identifies a set of enabling strategies designed to support improvements in services. These include:

- a continued emphasis on choice, information and personalisation. “Free choice” of provider for patients requiring elective treatment will be fully introduced from April 2008;
- the development of “world-class commissioning” including the continued development of practice-based commissioning;
- a new national contract for all agreements between PCTs and NHS Trusts based on principles for cooperation and competition and including nationally mandated sanctions for (for example) breaches of the 18 week target, the clostridium difficile target or inappropriate excess activity;
- all NHS Trusts are expected to apply to become NHS Foundation Trusts at the earliest opportunity.

The framework also sets out the financial regime for the NHS in 2008/9. This includes:

- a 5.5% increase in revenue allocations for PCTs;

- allocations for one year only at this stage with all PCTs receiving the same percentage uplift pending a review of the weighted capitation formula. Allocations for 2009/10 and 2010/11 are expected in summer 2008;
- 10% increase in capital allocations for PCTs in 2008/9. As in 2007/8 NHS Trusts are expected to raise capital from internally generated cash or from interest bearing loans;
- the publication of the detailed tariff for 2008/9 as part of the final Payment by Results package. The tariff has a 2.3% uplift for 2008/9 taking account of a national 3% efficiency requirement.

4.2 Commissioner Expectations

The Trust has continued to work with our main commissioners in Sandwell and Heart of Birmingham PCTs to understand their expectations for 2008/9. The Trust continues to work closely with Sandwell PCT and Heart of Birmingham tPCT to deliver the "Towards 2010" Programme plans for the redevelopment of health and social care services in the area we serve.

In addition to the national priorities, HoB PCT has identified five main local priorities for improving the health of their population:

- End of Life Care
- Mental Health
- Peri-natal Mortality (including action on 12 week booking, breast feeding and smoking in pregnancy)
- Male Life Expectancy (including active referral on to health promotion services)
- Young Peoples' Health and Sexual Health.

Sandwell PCT are finalising their main local priorities for 2008/9 although these are expected to be similar to the areas identified by HoB.

In line with the recently published NHS West Midlands strategy (Investing in Health) and long-standing local plans (Towards 2010 Programme), in 2008/9 PCTs continue to seek:

- responsiveness to the requirements of practice-based commissioning clusters;
- reduction in review outpatient rates and in outpatient arising from emergency admissions and inpatient stays where the clinical purpose is not clear;
- admission avoidance activity and initiatives to reduce excess bed days;
- developing packages of care that support the management of patients with long-term conditions (e.g. heart disease, kidney disease, diabetes, sexual health, obesity);
- delivery of services closer to home in line with "2010" models of care. This may include further tendering of community-based services and the provision of capacity from which to provide community-based outpatient services;
- improving access to diagnostics (including direct access diagnostics) to support GPs in managing their patients.

Some of the key specific targets and priorities included in our agreement with Sandwell and Heart of Birmingham PCTs for 2008/09 are shown below together with their link reference to our corporate objectives set out in section 6 of this Plan.

PCT targets and specific priorities include:	SWBH Corporate Objective
Waiting Times - Outpatients – 75% seen within 4 weeks and 90% within 5 weeks - Inpatients – 75% seen within 6 weeks and 90% within 8 weeks - Diagnostics – 75% within 4 weeks and 90% within 6 weeks - GUM – 100% offered an appointment within 48 hours; 95% seen within 48 hours	1.1
Cancer - Existing targets – 2 weeks/31 day/62 day - Cancer Reform Strategy – new/extended targets	1.1 2.7
Infection Control measures and MRSA screening	2.1
Breast Screening Service to Sandwell and Walsall from 1 st April 08	2.6
2010 models of care, outpatient exemplar projects, urgent care in A&E, redesign of service at Rowley Regis Hospital	3.1
Increase day case rate by 10% to 69.08%	4.2
Communication with GPs, data quality	6.3

Taken with the national expectations from the Operating Framework, the expectations of our PCTs set a challenging context for the Trust as it works with the PCTs to begin to deliver the “2010” models of care.

5. TRUST VISION

The Trust has set an ambitious vision for the future of our organisation. This vision is currently the subject of public consultation as part of our preparations for NHS Foundation Trust Status.

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.

The Trust Board has also identified a set of values for the organisation designed to underpin all that we do. These values are also the subject of public consultation and are set out in the table below.

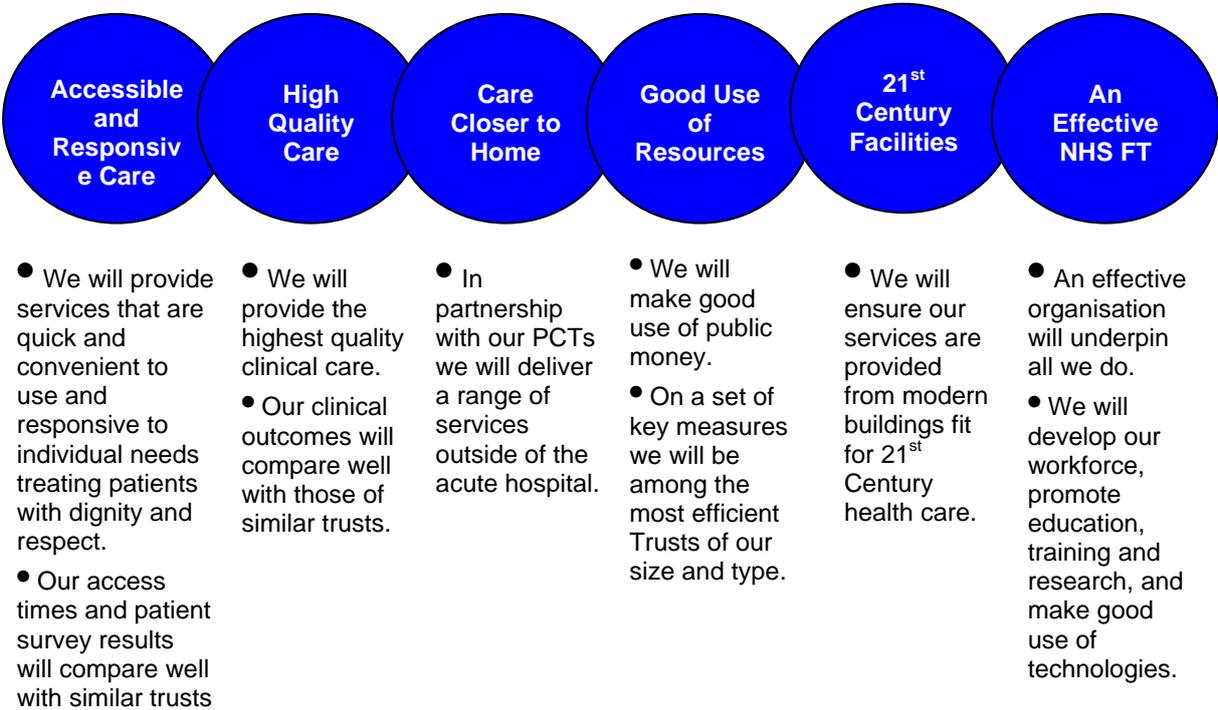
We will be . . .	What this will mean for our patients, relatives carers and out staff.
Caring and Compassionate	<ul style="list-style-type: none"> We care for patients, their carers and relatives as they want us to. We treat all our patients with dignity and respect.
Accessible and Responsive	<ul style="list-style-type: none"> Our services are accessible to all. We identify and respond to the diverse needs of the patients and communities that we serve. We involve patients in decisions about their care.
Professional and Knowledgeable	<ul style="list-style-type: none"> We demonstrate high levels of competence and professionalism in all we do. We provide safe, high-quality services. We pursue opportunities for innovation in the way we provide services.
Open and Accountable	<ul style="list-style-type: none"> We are open about what we do. We are accountable to patients and local people for the decisions we take and the services we provide

Our vision and values set the framework for our long-term strategic objectives and the objectives that we have set for the Trust for 2008/9 in order to ensure progress towards our vision.

6. OBJECTIVES FOR 2008/09

Over recent months, in the context of the vision, the Trust Board has reviewed the Trust’s longer-term strategic objectives in preparation for a Foundation Trust application. This has resulted in a revised set of strategic objectives that develop those included in the Trust’s Strategic Direction published in 2007. This plan uses the revised strategic objectives as the basis for setting annual objectives for the Trust from 2008/9 onwards.

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



The Trust has set twenty four specific annual objectives for 2008/9 to make progress with the six strategic objectives. These objectives along with the measures by which we judge our success, lead directors and responsible Divisions are set out in the table below.

Objective	Success Factors	Lead Director(s)	Responsible Divisions
1. Accessible and Responsive Care			
1.1 Continue to achieve national and local access targets (18 weeks, cancer, A&E and GUM)	<ul style="list-style-type: none"> • 18 week referral to treatment target achieved by December 2008 • Cancer targets (2 week, 31 day and 62 day) achieved by March 2009 • A&E 4 hour wait target achieved by March 2009 • GUM target (48 hours) achieved by March 2009 • Accelerated waiting times agreed in the LDP delivered by March 2009. 75% of IP waits within 6 weeks and 90% within 8, 75% of OP waits within 4 weeks and 90% within 5; 75% of diagnostic waits within 4 weeks and 90% within 6. 	Chief Operating Officer	All Operational Divisions
1.2 Successfully deliver our Patient Experience Action Plan in response to patient survey results.	<ul style="list-style-type: none"> • Patient Experience Action agreed for 2008/9 • Actions delivered as set out in plan • Improvement in key areas of 2008 patient survey results 	Chief Nurse / Head of Communications	Communications Nursing All Operational Divisions
1.3 Develop and begin to deliver a Single Equality Scheme for the Trust.	<ul style="list-style-type: none"> • Single Equality Scheme agreed • Actions delivered as set out in plan. 	Chief Nurse	All Divisions
2. High Quality Care			
2.1 Continue to reduce hospital infection rates achieving national and local targets for MRSA and <i>clostridium difficile</i> including introducing MRSA screening in line with national guidance.	<ul style="list-style-type: none"> • Achievement of targets for MRSA and clostridium difficile by March 2009 • Introduction of MRSA screening for electives from April 2008 	Chief Nurse	All Operational Divisions
2.2 Develop and begin delivery of a plan to enhance the safety culture and systems of the Trust	<ul style="list-style-type: none"> • Patient Safety Plan agreed • Actions delivered as set out in plan 	Director of Governance	Governance Nursing All Operational Divisions

Objective	Success Factors	Lead Director(s)	Responsible Divisions
2.3 Develop and begin to deliver Maternity Development Plan in the light of local reviews and national guidance.	<ul style="list-style-type: none"> • Development Plan agreed for 2008/9 • Actions delivered as set out in plan • Improvements on measures used in Healthcare Commission assessment by March 2009 	Medical Director	Women's and Children's
2.4 Deliver plans to improve the quality and consistency of nursing care	<ul style="list-style-type: none"> • Implementation of the Nursing Workforce Strategy • Implementation of the Ward Performance Review and Accreditation systems • Improved performance on key indicators for quality of nursing care 	Chief Nurse	Nursing All Operational Divisions
2.5 Deliver service reconfiguration changes in neo-natal services, surgery and pathology.	<ul style="list-style-type: none"> • Neo-Natal reconfiguration completed by Autumn 2008 • Pathology reconfiguration completed by Winter 2008 • Surgery implementation plan agreed by June 2008 • Surgical reconfiguration implemented in line with plan 	Director of Strategy	Strategy Women's and Children's Pathology Surgery A Anaesthetics & Critical Care Imaging
2.6 Take on the Walsall and Sandwell breast screening service as part of a larger Walsall / Sandwell / City breast screening service.	<ul style="list-style-type: none"> • Service operational from April 2008 • Service maintains high performance on QA performance indicators 	Chief Operating Officer	Imaging
2.7 Deliver improvements in national clinical priorities of cancer (Cancer Reform Strategy) and stroke (Stroke Strategy).	<ul style="list-style-type: none"> • Cancer: agreement of Trust Cancer Strategy and delivery of actions in line with plan • Stroke: agreement and delivery of plan to implement national stroke strategy 	Cancer: Director of Strategy Stroke: Medical Director	Strategy Surgery A & B Medicine A & B Women's and Children's Imaging Pathology

Objective	Success Factors	Lead Director(s)	Responsible Divisions
2.8 Agree a clear plan to ensure EWTD (48 hr) compliance by August 2009, including continued development of Hospital at Night.	<ul style="list-style-type: none"> EWTD plan agreed. Actions delivered in line with plan. 	Medical Director / Director of Governance	All Operational Divisions
3. Care Closer to Home			
3.1 Deliver new models of care through the first wave 2010 exemplar projects (urgent care, intermediate care, dermatology and diabetes) and begin to deliver new models of care for community-based outpatients in the second wave 2010 exemplar specialties (cardiology, orthopaedics, rheumatology, ophthalmology, respiratory, gynaecology).	<ul style="list-style-type: none"> Significant volumes of outpatient activity delivered in line with new models of care in exemplar specialties Clear plans agreed for next stages of community development Increased numbers of patients treated through UCCs at City and Sandwell in 2008/9 compared with 2007/8 Agreed models of care successfully implemented at Rowley and Sheldon. 	Chief Operating Officer / Director of Strategy	Medicine A & B Surgery A & B Women's and Children's Imaging Nursing and Therapies
3.2 Successfully deliver a community-based dermatology service for Birmingham North and East PCT.	<ul style="list-style-type: none"> BEN service launched and achieving expected levels of activity BEN PCT and GPs satisfied with service 	Director of Strategy	Medicine A
Good Use of Resources			
4.1 Deliver the financial plan including achieving a financial surplus of at least £2.5m and a CIP of £11m.	<ul style="list-style-type: none"> Financial plan delivered £2.5m surplus by March 2009 £11m CIP delivered by March 2009 	Director of Finance	All Divisions
4.2 Further improve productivity by improving day case rates and reducing average hospital; length of stay.	<ul style="list-style-type: none"> Day case rate higher than 2007/8 outturn aiming for 80% by March 2009 LDP day case incentive scheme targets achieved Average hospital LOS lower than 2007/8 outturn aiming for 4.5 days by March 2009 	Chief Operating Officer	All Operational Divisions

Objective	Success Factors	Lead Director(s)	Responsible Divisions
4.3 Deliver the next stages of the Trust's Service Improvement Programme.	<ul style="list-style-type: none"> Service improvement priorities for 2008/9 agreed Demonstrable improvements in areas prioritised 	Director of Strategy	All Operational Divisions (subject to finalising plan)
5 21st Century Facilities			
5.1 Produce and secure agreement to the Outline Business Case for the new acute hospital.	<ul style="list-style-type: none"> New hospital OBC approved by Trust Board New hospital OBC approved by SHA and DoH 	New Hospital Project Director	New Hospital Project / Estates Strategy
5.2 Agree and begin to implement land acquisition for the new hospital.	<ul style="list-style-type: none"> Land acquisition strategy agreed by Trust Board Strategy delivered in line with plan 	New Hospital Project Director	New Hospital Project / Estates
6 An Effective NHS FT			
6.1 Continue to achieve Healthcare Commission Healthcheck standards.	<ul style="list-style-type: none"> Maintain and if possible improve the Trust's ratings in the Annual Healthcheck 	Director of Governance	All Divisions
6.2 Achieve NHS Foundation Trust status.	<ul style="list-style-type: none"> FT application approved by Trust Board Secretary of State approves Trust to apply to Monitor for FT status Authorised as an FT 	Director of Strategy	Strategy Finance Governance
6.3 Using the Trust's new patient information systems improve clinical administration and clinical communications.	<ul style="list-style-type: none"> Agree plan to improve clinical administration and communication Improvement in processes leading to reduced OP DNAs and cancellations and quicker communication with GPs 	Chief Operating Officer	All Operating Divisions

Objective	Success Factors	Lead Director(s)	Responsible Divisions
6.4 Develop further our approach to marketing and business development activity.	<ul style="list-style-type: none"> • Marketing Strategy approved by Trust Board • Programme of business development and marketing activity delivered as agreed • Trust at least retains market share for main commissioners 	Director of Strategy / Head of Communications	Strategy Communications All Operating Divisions
6.5 Improve staff engagement through implementation of the “Listening into Action” programme	<ul style="list-style-type: none"> • Staff engagement process successfully delivered • Improved staff engagement demonstrated through staff survey results 	Director of Workforce	All Divisions
6.6 Ensure effective emergency preparedness.	<ul style="list-style-type: none"> • Emergency response plans agreed and tested as appropriate 	Chief Operating Officer	All Divisions

7. SERVICE PLANS FOR 2008/09

7.1 Service Plans by Division

Each of the Trust's operating divisions has agreed a divisional plan including the action that will be taken to contribute to the delivery of the corporate objectives for 2008/09. A summary of the Divisional Plans is available separately (Supporting Paper 4).

The table below provides an overview of some of the key actions included in divisional plans against the corporate objectives. The table is intended to provide further detail on some of the plans behind the corporate objectives rather than repeat objectives included in previous sections.

	DIVISION(S)
<i>Accessible and Responsive Care</i>	
<ul style="list-style-type: none"> Continue to develop one-stop and direct access models of care to make best use of patient time. Achieve local accelerated waiting times targets for inpatients, outpatients and diagnostics as set out in LDP. Further expand extended hours operating in Imaging to improve access to diagnostics Deliver the actions set out in the Single Equality Scheme (to be agreed) to improve the responsiveness of services to all our patients. Appoint second consultant immunologist to develop allergy services. 	Medicine A & B Surgery A & B Imaging / Pathology All Operating Divisions Imaging Nursing / All Divisions Medicine A
<i>High Quality Care</i>	
<ul style="list-style-type: none"> Introduce ward housekeeping model to all wards at City Hospital Continue enhanced cleaning regimes and use of deep cleaning at all three sites introduced towards the end of 2007/8. Continue to develop therapy service towards a seven day model and to increase integration with primary care provision. Introduce MRSA screening for all elective patients and make progress towards screening emergency patients. Complete service reconfigurations planned for surgery, pathology and neo-natal services. Appoint to third vascular surgeon post and continue to develop service with local partners. Continue to make progress towards separate rotas for critical care and anaesthetics at Sandwell Hospital. 	Nursing Nursing Nursing All Operating Divisions Surgery A, Pathology, Women's and Children's Surgery A Anaesthetics and Critical Care

<ul style="list-style-type: none"> • Continue to develop interventional radiology services offering a wider range of services to more patients. • Invest in new equipment (including new screening trailer) to support the provision of breast screening to Sandwell and Walsall. • Introduce Anti-Veg F service in ophthalmology in line with NICE guidance. • Continue to develop the A&E service at BMEC to ensure it responds to increased demand. • Invest in specialist EAU physicians improve assessment of emergency patients at City and Sandwell Hospitals. • Working with BSMHT to improve the services available to patients with alcohol or drug misuse difficulties at City Hospital. 	<p>Imaging</p> <p>Imaging</p> <p>Surgery B</p> <p>Surgery B</p> <p>Medicine A and B</p> <p>Medicine A</p>
<p>Care Closer to Home</p>	
<ul style="list-style-type: none"> • Reduce surgical average length of stay through increasing day case and short stay rates and reducing admissions prior to day of surgery. • Deliver a range of outpatient services in community-focussed locations • Make full use of the facilities being made available by HoBtPTC as an outpatient centre in Aston. • Work with PCTs to agree approaches to reducing new to review ratios in specialities currently above national averages. • Redevelop the “front door” at City Hospital to provide improved accommodation for the Urgent Care Centre. • Develop “2010” style intermediate care beds at Rowley Regis Hospital providing step-up as well as step-down care for local people. 	<p>Surgery A & E</p> <p>All Operating Divisions</p> <p>All Operating Divisions</p> <p>Medicine A & B Surgery A</p> <p>Medicine A</p> <p>Medicine B</p>
<p>Good Use of Resources</p>	
<ul style="list-style-type: none"> • Continue to increase day case and short stay surgical rates including making full use of the 6th BTC theatre. • Delivery of £11m cost improvement programme including range of Divisional plans to improve efficiency and productivity. • Improve acute rehabilitation focus at Sandwell Hospital to further reduce medical length of stay. 	<p>Surgery A Anaesthetics and Critical Care</p> <p>All Divisions</p> <p>Medicine B</p>
<p>21st Century Facilities</p>	
<ul style="list-style-type: none"> • Continue to make good use of the Trust’s new facilities in the BTC at City Hospital and the ESC at Sandwell. • Continue work on clinical models and physical design for the new acute hospital and new community facilities planned through the Towards 2010 Programme. 	<p>All Operating Divisions</p> <p>Strategy / Estates</p>

An Effective NHS Foundation Trust	
<ul style="list-style-type: none"> • Deliver programme of staff engagement in line with approach piloted elsewhere. 	All Operating Divisions
<ul style="list-style-type: none"> • Recruit and engage with sufficient potential members of the FT. 	Communications
<ul style="list-style-type: none"> • Increase uptake of mandatory training and delivery of PDRs. 	All Divisions

7.2 Vital Signs Indicators

As part of the LDP negotiations agreement has been reached with commissioners on local targets and investment in services required to deliver against the national and local priorities that feature in the “vital signs” indicators (see paragraph 4.1).

These include:

- Infection control – reducing MRSA infections and Clostridium Difficile rates.
- 18 week wait target – to reduce waiting times in Diagnostics (including direct access), Orthotics, Audiology and MPI.
- Continued delivery against cancer targets.
- Reconfiguration of the Breast Screening Service - bringing together the service for Sandwell, Walsall with the west/northern part of Birmingham.
- Stroke strategy – further development of stroke services through a Quality Incentive Scheme.
- Cervical screening – to accelerate progress towards the target for receipt of test results within 2 weeks by 2010.
- Improved psychiatric liaison with the Birmingham and Solihull Mental Health Trust.

7.3 Research and Development

The Trust continues in its tradition of being one of the most research active Trusts within the local region having a varied portfolio of approximately 160 active trials based around five research programmes: Cancer (especially gynaecological malignancy), Cardiovascular Disease, Chronic Inflammatory Diseases (especially in rheumatology and ophthalmology), Diagnostic Approaches and Drug Treatment & Other Therapies. Research is carried out by NHS consultants as well by the eight professors in the University of Birmingham based at the City Hospital site.

In previous years the Trust has enjoyed an annual R&D levy from the Department of Health of over £1m to support its research activity; this is the third largest in the West Midlands region. However, the funding mechanism for NHS R&D is undergoing a transitional period, following which Trusts will only receive funding to support UKCRN adopted studies. In the interim, the Department of Health has agreed transitional funding of around £500,000 for 2008/09 with further support becoming available through alternate funding streams such as the Comprehensive Local Research Networks (CLRNs). The Trust is a member of the Birmingham & Black Country CLRN; working with other member Trusts, it is intended that we will galvanise local research strengths and speciality groups are being formalised accordingly to achieve this.

8. SUMMARY ACTIVITY PLANS FOR 2008/9

The Trust has agreed expected patient activity levels for 2008/09 with our commissioners as part of the LDP. The levels of activity planned for 2008/09 compared with 2007/08 contracted levels and projected outturn are summarised below.

Patient Activity Plans 2008/9

Type	2007/8 Plan	2007/8 Projected Outturn	2008-2009 Plan	% Change from 2007/8
Admitted Patient Care:				
Day case spells	46,583	46,222	47,294	+2.3%
Elective spells	14,996	13,229	13,669	+3.3%
Emergency spells	60,721	67,196	67,487	+0.4%
Total spells	122,300	126,647	128,450	+1.4%
Outpatients:				
New attendances	128,144	133,434	134,809	+1.0%
Review attendances	363,290	369,751	373,222	+0.9%
Total Outpatients	491,434	503,185	508,031	+1.0%
A&E	233,875	230,198	225,930	-1.9%
Rehab OBDs	43,236	33,798	25,734	-23.8%
Neonatal OCDs	9,569	8,185	8,962	+9.5%
Births	n/a (Included as part of emergency spells above)	6,054 (included as part of emergency spells above)	n/a (Included as part of emergency spells above)	

Overall this activity plan reflects the long-term assumptions developed by the Trust with its PCT partners in Sandwell and Heart of Birmingham as part of the Towards 2010 Programme including:

- relatively limited increases in overall demand for admitted patient care with greater increase in elective activity than emergency activity;
- a continued shift from inpatients to day cases and short stay surgery as the approach to delivering the majority of our planned admitted patient care;
- some increase in demand for new outpatients related to further improving access and responding to the needs of our local population along with some further reductions in follow-up outpatient activity;
- a reduction in A&E attendances to reflect plans for urgent care in Sandwell;
- a reduction in the number of rehabilitation occupied bed days as new intermediate care services are developed especially at Sandwell and Rowley Hospitals..

9. SUMMARY FINANCIAL PLAN FOR 2008/9

The Trust's financial plan for 2008/9 is based on the agreements reached with commissioners through the 2008/9 LDP.

The Trust successfully delivered a £6.5m surplus in 2007/8 and formally completed our period of financial recovery. In the light of this the Trust is planning to deliver a £2.5m surplus in 2008/9 to enable final repayment of cash loans taken out in 2006/7.

The table below sets out the key elements of the Trust's financial plan for 2008/9 in the context of our Long Term Financial Model.

Summary Long-Term Financial Model

Category	2005/6 £m	2006/7 £m	2007/8 FOT £m	2008/9 Plan £m	2009/10 £m	2010/11 £m
NHS Clinical Income	266.9	287.4	302.5	312.3	310.3	308.4
Non NHS Clinical Income	1.4	1.7	1.6	1.5	1.6	1.6
Other Income	45.1	38.4	35.1	32.8	33.4	33.9
Total Income	313.4	327.5	339.2	346.6	345.3	343.9
Total Costs	(298.0)	(301.2)	(305.2)	(319.5)	(318.2)	(316.3)
Operating Surplus (EBITDA)	15.3	26.3	34.0	27.1	27.1	27.6
Depreciation, Amortisation, Interest and Impairments	(12.7)	(14.0)	(18.7)	(15.4)	(15.9)	(16.4)
PDC Dividend	(8.3)	(8.9)	(8.8)	(9.3)	(9.2)	(9.1)
Net Surplus / (Deficit)	(5.7)	3.4	6.5	2.5	2.0	2.1

The main features of the financial plan for 2008/9 are:

- an increase in the Trust's NHS clinical income of 3.2% to a forecast of £312.3m
- an operating surplus (EBITDA) of £27m which, although reduced from 2007/8 levels is comparable to the operating surplus in 2006/7 and sufficient to deliver the overall planned net surplus for the Trust of £2.5m;
- these plans include an £11m cost improvement programme. The schemes comprising this CIP have been identified and signed-off with Divisions. A small element of the programme is non-recurrent (£0.5m) and this is backed with plans that have a full year effect in 2009/10. The detailed Cost improvement programme is available in Supporting Paper 3.

In the light of plans to build a new acute hospital, the Trust's capital programme will increasingly concentrate on maintenance and statutory standards work on existing estates rather than new development once the schemes associated with service reconfiguration in pathology, paediatrics, surgery and neo-nates are completed. The total Capital Programme for 2008/9 is expected to be c. £21.8m. This includes a loan to begin part purchase of the Grove Lane site for the new hospital and transfer of the HoBtPCT allocation for provision of the Urgent Care Centre at City Hospital. An overview of the main elements of the programme is set out in the table below.

Summary Capital Programme

Category	2007/8 £m	2008/9 £m	2009/10 £m	2010/11 £m
Capital Resources				
Depreciation	14.6	15.7	15.2	15.0
NHS Capital Loans	-	5.0	10.0	0
Transfer of PCT's PDC allocation		1.1		
Total	14.6	21.8	25.2	15.0
Capital Expenditure				
Commitments brought forward	1.7	0.4	0.4	0.4
BTC UC capitalisation	0.5	0.5	0.5	0.5
Statutory Standards, Estates	2.1	3.9	3.9	3.9
Medical equipment	3.1	2.0	1.7	1.3
IT programmes	0.8	0.7	0.8	0.8
Service reconfigurations	4.0	5.8		
Urgent Care Centre (PCT)		1.3		
Grove Lane land purchase		5.0	15.5	0.8
Other	1.6	2.2	2.7	1.4
Total	13.8	21.8	25.5	9.1
NHS Capital Loan Repayments			1.3	4.6

10. SUMMARY WORKFORCE PLAN FOR 2008/9

2008/9 will be crucial in the build up to 2010 and beyond. New models of care, working as an NHS Foundation Trust, preparing for the opening of a new acute hospital, and providing more services in the community and closer to our patients present us with an exciting and challenging future.

The development of our existing and future workforce will be critical to the Trust's future success, and to support this transformation the Workforce Directorate will lead a wide range of initiatives the most important of which are:

- Improving workforce planning capacity and capability
- Increasing the operational functionality of the Electronic Staff Record
- Designing and commissioning a development programme to support the introduction of clinical assistant practitioners
- Significantly improving staff engagement and the way that change happens by introducing a scheme entitled "Listening into Action"
- Ensuring that all staff are equipped with the right knowledge and skills to undertake their duties by using the Knowledge and Skills Framework (KSF) and its associated activities
- Managing the workforce change aspects of transferring service delivery from the hospital into community settings

The Trust was very pleased to have a 60% response rate to the National Staff Survey 2007. The full feedback report has not yet been received but its outcome will be used to identify areas for improvement in staff engagement.

The table below summarises the workforce plan (in whole time equivalents) for the Trust for 2008/9. This is based on planned staff in post for March 2009.

WTE by Staff Group 2008/9

STAFF GROUP	April 2007	April 2008	March 2009 projected
Medical	785	743	
Managers	266	239	
Administration and Estates	983	1,054	
Healthcare Assistants and Support	712	503	
Nursing	2,396	2,499	
Scientific Therapeutic and Technical	896	886	
TOTAL (WTE)	6,038	5,806	

[NOTE: The detail of workforce projections for 2008/9 was still being finalised at the time of distribution of the Trust Board papers. An updated version of this page including these numbers (page 22) will be circulated to members in advance of the Board meeting]

The Trust has no plans in 08/09 for a redundancy programme or any significant losses of staff. The Cost Improvement Programme does include some assumptions about reductions in staffing levels, albeit relatively small, but these are linked with specific schemes and areas. It is not anticipated that significant numbers of redundancies will result from these changes as redeployment opportunities and natural wastage will be used wherever possible.

Increases in staff numbers are a reflection of additional funding agreed as part of the 08/09 LDP negotiations and represent changes required to deliver higher activity levels, reduced waiting times, improved access and as a response to national and local initiatives.

11. RISKS AND RISK MANAGEMENT

The Trust is developing its Assurance Framework for 2008/9 as part of the planning process for the year. The Framework will set out:

- the key risks to delivery of our objectives for 2008/9;
- an assessment of the impact of the risk;
- the controls that we have in place to manage those risks;
- the assurances including external assurances available to support the Board in managing these risks.

The Assurance Framework will be presented to the Trust Board at its meeting in May 2008. Progress with managing the issues identified in the Framework will be reported to the Trust Board on the same timetable as progress on the corporate objectives as set out in section 12.

12. MONITORING PROGRESS

Progress against the corporate objectives set out in this plan will be reported quarterly to the Trust Board at the following meetings:

- April 2008 Annual Plan approved by Trust Board
- August 2008 Quarter One position
- November 2008 Quarter Two position
- February 2009 Quarter Three position
- May 2009 Quarter Four position

Progress will be reported against the key success factors for the corporate objectives set out in section 6 above.

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

REPORT TO THE TRUST BOARD

3rd April 2008

Subject:	2008/09 Financial Plan (Final Draft)
Report by:	Robert White, Director of Finance & Performance Management
Author:	Robert White/Tony Wharram

PURPOSE OF THE REPORT:

Provides the final draft financial plan for 2008/09 (and schedules for insertion into the overall budget book) for approval by the Trust Board

IMPLICATIONS:

Financial:	Surplus plan of £2.5m in 2008/09, with a capital programme of £21.8m (subject to final CRL – Capital Resource Limit, confirmation from the SHA)
Personnel:	
Healthcare/ National Policy:	
Other:	

RECOMMENDATION(S):

RECEIVE AND CONSIDER the final draft financial plan

APPROVE the Financial Plan as the basis of the formal budget for the Trust in 08/09

AGREE to receive in-year monitoring of financial performance

\\: final draft financial plan 0809 for TB 030408.doc

**Paper to Trust Board
Thursday 3rd April 2008**

2008/09 Financial Plan (Final Draft)

1. Introduction

This paper presents the final draft financial plan for 2008/09. The relevant schedules will be brought together in a 'Budget Book' complete with summarised CIP schemes. Financial assumptions and forecasts have been presented to F&PMC (Finance and Performance Management Committee) for scrutiny. A 'Foreword' is to appear at the beginning of the Budget Book. The suggested draft is as follows:

Foreword

The publication of this Budget Book follows another successful year both in terms of clinical and financial performance. Achievement of the planned surplus of £2,500,000 in 2008/09 within an overall budget of £346,554,000 would mark the 3rd successive year of positive financial results. The Trust's formal financial recovery period ended on 31 March 2008 and subject to audit it can claim to have met all of its statutory financial duties. This 'turn around' reflects the diligent work of all budget managers and staff in improving the financial management of our resources.

As always challenges continue to present through new targets and ever increasing efficiency targets. The Trust is confident that it has set a financial plan that will achieve its objectives in 2008/09 as well as establishing a solid foundation for moving ahead with the 2010 project. Only with continued strong financial management by all will this be achieved.

Roger Trotman
Chair
Finance & Performance
Management Committee

Robert White
Director of Finance
& Performance Mgt

The appendices attached to this report are as follows:

Appendix	Description
Annex 1	Heads of Terms for 08/09 PCT/Trust Agreement
1	Summary I&E statement 03/04 to 08/09
2	SLA (Service Level Agreement) values
3	Divisional Startpoint Budget values (<i>memo CIP targets</i>)
4	Startpoint Workforce Budgets
5	Balance Sheet
6	Capital Programme
7	Cashflow Statement
8	Baseline Budget Reserves
9	Other Reserves
10	Divisional Cost Improvement Programme
11	DoH tariff uplift breakdown
12	Long Term Financial Model 3 year extract
13	Sensitivity Analysis

1.1 Declaration as per 08/09 Operating Framework

The Trust is planning for a surplus of £2.5m by 31 March 2009. The basis for this level of surplus was set out in a note to the Strategic Health Authority on 9th January 2008 as below

Surplus in 2008/09: £2.5m

CIP: 3.3%

The SHA will be aware that the Trust's original surplus profile (as linked to requirements under a SoS loan agreement) was to generate surpluses of £4.5m in each of 2007/08 and 2008/09 (£9m in total).

This surplus profile was amended to £6.5m in 2007/08 as part of an early repayment of debt such that 2008/09 would become £2.5m. The Trust's current financial planning (albeit ahead of any LDP settlements) proposes a surplus of this level. In achieving this surplus, the Trust will deliver a c. 3.3% CIP. It is intended that contingency reserves are established for unforeseen costs and these are dependent upon a reasonable LDP settlement with commissioners. The LDP must strike the right balance between recognising the cost of change associated with 18 week delivery, diagnostic waits, new service developments and importantly infection control. The Trust intends to challenge any notion that all HCAI related costs are funded via the tariff.

Work is being undertaken to ensure that the TFF (transitional financial framework) captures all agreed changes and that any income received is specifically linked to projects as well as the need to cover discrete indirect and overhead costs which become unrecoverable due to changes in either coding, counting or mode of delivery. Any changes need to feature as part of the final LDP agreement.

At a recent financial planning session for aspirant FTs, the DH representative was asked whether Trusts needing to make surpluses to repay loans were required to plan for a surplus higher than the amount laid down in the loan agreement. His answer was that given that the cash associated with the surplus was leaving the Trust in the form of a loan repayment, this would affect the level of cash resources in the Trust and therefore Trusts should ensure that sufficient flexibility is identified in the plan to respond to unforeseen events. He was not specific as to whether this should be held as uncommitted reserves (and therefore not feature as part of the planned surplus) or whether a higher planned surplus should be put in place. For the purposes of our return to the SHA today, it is proposed that contingency reserves are established that do not contribute to a higher declared surplus.

During 2007/08 and as a result of the SHA requiring a greater share of CIPs to be delivered in the first half of the year, the Trust's plans assumed a surplus greater than 50% of £4.5 as at the end of September 2007. No such assumption has been made for 2008/09 and consequently, the surplus has been split evenly. The Trust would wish to revisit the monthly profile of surpluses at the time of final FIMS submission.

<note ends> 9th January 2008, SWBH

Once achieved, the 08/09 planned surplus will represent the 3rd successive year of surplus results, overcoming a previous period of financial difficulties. Subject to audit the Trust's surplus position at 31 March 2008 marks the end of formal financial

recovery and the achievement of the statutory breakeven duty, taking one year with another. Future funding settlements are anticipated to present further challenges, but the organisation is able to enter this period in a significant stronger position than in previous years.

2. LDP (Local Delivery Plan) Settlements & Financial Assumptions

At the beginning of the financial planning process, the high level income changes were expected to be:

- Limited gains from additional activity especially as 2010 exemplars will be expected to make an impact in 08/09
- Transitional Funding Framework income owing to 2010 movements
- MFF (market forces factor), the final unwinding of the deferred PbR gain
- Specialist top-up payments removed from many procedures
- 2.3% tariff inflation (1.7% baseline + 0.6% for quality, HCAI, pay reform)
- Specific funding from the LDP for diagnostic waits, local tariff, cleaning, infection control, developments (this represents the discretionary element of PCT spending)

Substantive LDP negotiations with PCTs concluded on 29th February 2008 enabling activity and financial baselines to be established. The principal components of the LDP settlement/HoA (Heads of Agreement) are set out in **Annex 1** and in a number of areas followed the expectations described above. The Trust has established its expenditure plans based on the negotiated income levels.

2.1 Financial Assumptions (and items to note associated with the HoA):

2.1.1 Income Assumptions

Breast screening investment to be resolved in terms of final agreed revenue payments (refers to the Trust taking on the Walsall service)

The Transitional Framework Framework will apply to major programme changes such as:

- Urgent Care Centre at City to have incremental costs funded with a new 4th local tariff in place
- Sandwell Urgent Care Centre linked to achievement of a set percentage of primary streaming leading to incentive payment to cover fixed costs
- Outpatient exemplars to be captured on hospital PAS and charged at tariff (the trade off being that primary care provides a serviced environment and the Trust absorbs the additional transport and notes administration). It is also assumed that a resolution will be found regarding the funding of clinical equipment.

Proposals agreed for the funding of the eye hospital (i.e. tariff-plus reimbursement) is successfully rolled out to commissioners other than HoBtPCT and Sandwell PCT

Work to address pressure on the 2010 Acute project fees continues to require a funding solution but that this applies to periods beyond 2008/09

That additional capital necessary to implement the City Hospital UCC is transferred across by the SHA in the form of PDC (public dividend capital) from Heart of Birmingham's capital allocation

There is no new financial assistance other than that agreed via the Transitional Financial Framework for 2010 exemplar projects

Market forces factor uplifted for 08/09

Prudent estimate of Education levy income

Activity is delivered to at least LDP target levels

Activity associated with Income related CIPs is delivered

Current data quality will be maintained and/or improved

No major counting or coding changes are envisaged other than good practice improvements

2.1.2 Expenditure Assumptions

Cost Improvement Plan savings are delivered in full

Specific reserves match the cost profile of cost behaviour

Payaward of c. 2.0%

Agenda for change provision is sufficient

Contingency of 0.75% of Healthcare income sufficient for unforeseen events

Approved divisional cost changes remain within specific reserve values

All final budget adjustments and roll-forward budgets are sufficient to deliver contract targets

3. **Cost Improvement Plans and Expenditure Budgets**

At the time of issuing the initial saving target to divisions (late 2007) a number of key financial planning variables were unknown, e.g. tariff uplift, major cost pressures, PCT funding positions, corporate cost behaviour. A level in excess of 5% was directed for a number of Divisions. At the same time the Trust undertook to confirm CIP targets as clarification of the planning environment grew and it did this on 10th January 2008 advising divisions of the need to resubmit CIP plans by 24th January 2008.

The specific work to review the CIP requirement was based on a high level assessment of the Operating Framework and tariff inflation. This involved reviewing:

- The revised target for the CIP as a whole
- The effect of the application of service line reporting on a Division's target (i.e. differential targets for surplus/deficit positions). The effect of this adjustment in 2008/09 is marginal.

- The extent to which non-recurrent savings made in 2007/08 needed to be made recurrently in 2008/09
- Updated guidance on the appropriate balance between income and expenditure related schemes

3.1 Revised Overall Target

The Trust previously indicated a CIP of £13m was required (broadly made up of a £9m baseline CIP of 3% as per the Operating Framework, £2m of income related risks and £2m to 'make good' non-recurrent CIPs from 07/08). In reviewing CIP targets, the Trust tried to be as prudent as possible whilst recognising that a reasonable LDP settlement was needed.

A CIP requirement of £11m (net) is required of which £9m is to be met from divisions/corporate departments and £2m from corporate reserve rebasing.

For divisional areas (see table below) this had an impact of reducing the CIP requirement by £4m.

3.2 Non-Recurrent Element of 07/08

The principle applied to the third bullet point above (i.e. the element of brought forward nonrecurrent CIP target from 07/08 into 08/09) was that this should not be written off entirely, even if affordable. The value of the N/R CIP was compared with rollover budgets to ascertain the percentage of the expenditure budgets that this represented. A rule was then applied, that asked a figure to be returned that was a maximum of 0.5% or the actual %age if less than 0.5%. For many divisions, this means carrying forward the full 0.5%.

An across the board 3% requirement was applied to each divisional quantum as per Operating Framework requirements.

3.3 Application of Service Line Reporting

The SLR information needs to become more transparent and refined over time. In the post production checking of reference costs, a fair degree of work was undertaken to ensure that no material outdated or crude allocations were made in the assessment of income and expenditure by specialty. Invariably, there will be a degree of inaccuracy simple due to the need for costing systems to keep pace with the application of resources. The shift to more daycase and outpatient work is one such example and ensuring job plans are up to date and used in costing assessments will improve the output. That said, the list of divisional positions against the SLR was assessed to determine whether a movement to target could be applied. Two steps were followed. Firstly, clinical support divisions (Aneas, Path, Imaging) were excluded from any movement at this stage. Concerns regarding whether critical care is properly funded (externally) also led to its exclusion. For the remaining revenue generating divisions, those gaining under PbR had their targets abated by 0.25% and those 'losing' received an additional 0.25%. Surgery B is being separately reviewed in light of the favourable movement over last year's position in order to ensure a like for like comparison.

Finally, a decision was required for corporate departments. Nursing and Facilities was treated the same way as operational divisions. For other corporate departments it was felt that this should remain at the higher level where compliant plans against the 5% target had been submitted (this should provide some

additional slippage coverage). In the assessment of the 09/10 CIP, there may need to be some rebalancing if corporate areas are carrying a higher CIP load in 08/09.

3.4 Guidance on Mix of Income/Cost Schemes

As regards the mix of income versus cost based CIPs, the guidance recommended that a target split of 20/80 must not be exceeded and that any income increases must be reconciled to the contract base and forecast outturn in reference to the additional expenditure budget adjustments provided in 07/08. In other words, close scrutiny of any income increases that likely already to have been 'scored' corporately as part of the LDP process would occur.

3.5 Summary

The summary of the financial assessment undertaken is as follows:

- the requirement for a 5% CIP was reduced to a range of 2.98% and 3.75% for operational divisions and 3.5% and 5.29% for corporate departments.
- SLR adjustments have been applied on the basis of a 0.25% movement
- Income based CIPs are around 21% of the CIP target

An issue raised at initial business planning meetings concerned the inflation rate to be applied to divisional trading income budgets, for example items such as catering income and pathology test fees to other labs or Trusts. Some divisions have commented that it may be unfair to apply annual inflation uplifts to these budgets. In certain instances this issue is being presented in the context of underperforming income budgets and this needs to be addressed as part of financial planning.

To be clear, these budgets are uplifted by a pay&prices inflation rate on the expectation that divisions will increase their prices. The Trust takes the benefit of these income rises into general corporate reserves to offset the cost of meeting pay and nonpay cost rises. Divisions should not be seeking to claim such prices rises as a form of CIP. There is no efficiency gained from such a practice where the benefit of a price rise accrues to the Division whilst all of the payaward and agenda for change increments are met centrally (including pay increases for the body of staff engaged in income generating activities).

Guidance to divisions and departments stressed the importance of delivering the CIP in full. Despite a reasonable funding settlement for the PCTs, a challenging round of negotiations was anticipated especially as elective activity is stabilising and the PCTs were therefore in a stronger position in terms of determining activity levels up front. It is recognised that an average CIP of 3.3% continues to present a challenge but this is the level required for a sound financial plan.

4.0 Financial Planning Risks

The table below contains the majority of financial risks at this stage and appear in no particular order of magnitude. Quantification of these risks is being developed.

Risk Factor	Approach to managing risk
Non Delivery of CIP	Establish contingency reserves

PbR generally	Application for tariff exclusions and final unwinding of the MFF
PbR data challenges	Development of investment plan required to improve data quality and timeliness of submission
Practice Based Commissioners	Capacity via Business Development to respond to service offerings and alterations in referral patterns
Unforeseen events	Contingency reserves
IFRS	Adjustments not anticipated to be material (excluding PFI treatment)
Divisional/Operational underlying pressures	CIP set at achievable level (£11m) down from £13.5m in 07/08 and £19.5m in 06/07
Underlying inflationary pressures	Specific reserves set aside
Regulatory Pressures	Funding secured through LDP settlement for example, infection screening
High Level inflationary costs	Specific reserves established for pay awards including FYE of 07/08 staged award
Income assumptions	Startpoint income set at LDP values not anticipated levels

Other considerations are being made to the resources required to manage the new National Contract to meet reporting compliance and mitigate income withdrawal linked to data quality.

5.0 Expenditure Plans (including key schedules)

The appendices capture the current financial planning position and are described below. They will form a substantive part of the final draft financial plan presented at the public Trust Board meeting in April.

Expenditure plans are made up of baseline budgets (adjusted for nonrecurrent items) and separate planned incremental spending. An overall picture of Income and Expenditure is presented at **Appendix 1**. This shows total income as £346,554,000 and expenditure of £344,054,000. Comparisons with 2007/08 (both for income and expenditure) should take account of non-recurrent changes such as

- PCT allocations for patient environment and infection control measures
- SHA contributions for deep cleaning
- 2010 project fee allocations
- Workforce development monies

A number of reserves have been established through a combination of reinvested cost savings, inflation within tariff and non-tariff prices and discrete investment decisions by the PCTs.

Appendix 8 contains a schedule of unavoidable cost changes owing to external factors such as nationally set payawards and indices applied to land, buildings and equipment which affect both depreciation charges and dividends payable to the DoH. These items total £13,718,000. It is not intended to describe each of these in detail, other than to say that they are driven by recognised inflation rates or pay structures.

Inflation and Pay Awards

£000

National Pay Awards	4,318
AfC Increments	2,661
Consultants Contract Increments	613
Other Pay Pressures	200
CNST Inflation and Reassessment	150
Non Pay Inflation (excluding Drugs)	470
Drugs (Including NICE)	3,331
Trust Wide Cost Pressures	875
Surgical Reconfiguration/EWTD/MMC	700
BTC Costs	400
Total	13,718

Other reserves have been established for the direct additional funding arising from LDP priorities and internally determined investment. As can be seen, a significant emphasis has been placed on cleaning and infection control as part of 'Quality & Reform'. The table below summarises these priority areas.

<u>LDP Developments & Activity Changes</u>	£000
Paediatric Palliative Care	85
Quality & Reform	1,674
Establish Crit Care Long-Term F/U	80
Pain Management	364
Diagnostics & 18 Week Reserve	1,244
Phlebotomy Community Provision	127
Medical Infection Control SLA	43
Child Health	142
Midwifery Posts	316
EVAR - AAA repairs	70
Ophthalmology Specialist Recognition	875
Sheldon Unit	137
Direct Access to Imaging	100
Breast Screening	439
Emergency Threshold Adjustment	150
Activity Growth and Other Changes	2,140
Total	7,986

The 'activity growth and other changes' reflect costs currently in the system in terms of overperformance activity in 2007/08. These distinctions are not meant to detract from the fact that PCTs are recognising these costs, but rather to place into context any apparent increases in spending. A process has been followed to allocate discrete investment against financial planning submissions where affordable.

<u>Other</u>	£000
Waiting Times	2,064

Waiting Times - Additional disc Funding	678
Hospital at Night	360
Quality & Reform	1,213
Contenance Posts	60
Cardiology Audit Manager	62
Audiology - Additional Hearing Aids	70
EVAR - Additional Expenditure	122
Patient/Staff Safety	280
Activity Related and Other LDP Changes	1,518
Contingency	2,168
Rebasing of Income Contracts	1,849
Connecting for Health	2,019
R&D income adjustment/Corporate CP	955
SIRG pre-commitments	545
A&E target performance	300
Winter pressures reserve	500
Ward change revenue reserve	300
Total	15,063

The third and final category of costs contains strategic reserves. In the main, these represent committed costs. The contingency represents approximately 0.75% of turnover. Some of these figures require careful interpretation. For example, the CfH/NpflT monies represent an investment from PCTs at a level similar to that seen in 2007/08 and do not therefore represent a real terms increase.

Any reserves linked to pay awards and costs occurring from 1 April 2008 onwards will be allocated to budgets from the outset. Other reserves are subject to further scrutiny and will be held in reserves pending these reviews. As divisional startpoint budgets are known along with CIP targets (**see Appendix 3**), divisions and corporate areas are able to sign-off schedules. Budget meetings continue such that other major allocations will be actioned in month 2 with strategic reserves managed during the year. The divisional budget startpoint schedules reconcile with the pay and nonpay summary (excluding category C income, also appearing on the divisional startpoint summaries)

5.1 Financial Appendices

Each of the financial appendices is described below.

Appendix 1 – Income and Expenditure

This schedule shows the financial plan in the context of prior year outturn performance. Care is required when making comparisons especially as previous years will contain one-off income (e.g. PCT & SHA patient environment monies) not replicated entirely in 2008/09. A significant share of reserves will be allocated to the startpoint/rollover pay and nonpay positions. A surplus of £2.5m is established.

Appendix 2 – Service Level Agreements

This schedule holds SLA values for PCTs and other income sources. The Sandwell and HoB figures are subject to minor adjustment following the final format of Heads of Terms (i.e. they may be adjusted further for items held in PCT reserves). However, the schedule of income does represent the latest estimate of income which in turn supports the expenditure base.

Appendix 3 – Divisional Startpoint Budgets

This schedule summarises the divisional rollover budgets as set against CIP targets. The process of sign-off of these control totals is underway.

Appendix 4 – Divisional Workforce Budgets

This schedule charts the whole time equivalent budgets contained in pay budgets prior to the allocation of in year reserves associated with developments.

Appendix 5 – Balance Sheet

The schedule includes new borrowings and the impact of the capital programme on fixed asset carrying values along with the main categories of assets and liabilities. The movement in fixed assets reflects annual depreciation, indexation and capital additions. The movement in opening and closing balances for other balance sheet items is marginal. A balanced current ratio (relationship of current assets over current liabilities) is present at the end of 2007/08.

Appendix 6 – Draft Capital Programme

The capital programme is heavily committed for 2008/09. The plan includes assumed borrowing for the purchase of land as part of the new hospital project. Other work continues on developing a funding strategy for equipment for the period leading up to the commissioning of 2010 estate.

A separate section on capital appears further on.

Appendix 7 – Cash Flow

The cash flow reflects reduced outflows in April owing to payments made in March 2008 with a rising receipt and expenditure position in March 2009 reflective of the pattern of cash movements in previous years. The inflow of funds for loans and land acquisition is included as assumed values.

Appendix 8 – Baseline Budget Reserves

These reserves are established to meet unavoidable pressures associated with pay awards and nonpay inflation.

Appendix 9 – Other reserves

Caveats are attached to the specific reserves insofar as additional scrutiny of pay and nonpay commitments will be undertaken. The sums involved do however contain commitments under the LDP along with baseline budget adjustments to be added to divisional startpoint resources.

Appendix 10 – CIP

The CIP is £11m in 2008/09. The process of establishing the CIP was described earlier in the paper. A robust monitoring process is in place through the FMB (financial management board) chaired by the Chief Executive and reporting into the F&PMC sub-committee of the Trust Board.

Appendix 11 – Tariff Uplift

The schedule reproduces the Department of Health analysis of tariff inflation. Within the LDP settlement, reference is made to the Trust devoting part of the 0.6% Quality and Reform uplift towards the infection control agenda.

Appendix 12 – Long Term Financial Model (LTFM)

A comprehensive set of financial tables is included not just for 2008/09 but for the 3 year period ending 2010/2011. The financial information has been extracted from the Trust's LTFM and uses inflation indices and known income and expenditure changes to forecast financial performance in future

The appendix captures the 3 year I&E position, balance sheet and cashflow statements. Of importance is the section on Key Ratios and the indicators that inform the Risk Rating all of which are favourable. The LTFM is a dynamic tool and will be constantly updated for changes associated with the new hospital business case and transitional period.

Appendix 13 – Sensitivity

In terms of sensitivity analysis, a range of downward risks have been modelled. The purpose of this analysis is to demonstrate the intended action for mitigating any adverse effect of the risks presented and their potential financial impact on the organisation.

6. Acute Hospital Project - related costs

Income or expenditure plans are excluded at this stage for the costs associated with the 2010 acute project fees. Separate financial arrangements are in place via the SHA and PCT concerning the funding of the programme and resources are available to meet the 2008/09 forecast expenditure.

7. Capital Programme (additional notes)

The 2008/09 capital programme is fully committed. Considerable pressure arises from:

- the carry-forward of reconfiguration commitments
- a part purchase of land subject to SHA business case approval (although this is backed by assumed new borrowing)
- regular annual allocations for renewing medical equipment and IT infrastructure
- meeting statutory standards and facilities costs

Additional pressures include capital for the 2010 Urgent Care Centre development within the A&E department at City Hospital (£1.3/1.4m). Resources were held by HoBtPCT and then surrendered up to the SHA in the same period as the ability to expend the funds did not exist. The PCT has planned again for this expenditure in 2008/09. The working assumption at this stage is that the Trust will seek and receive £1.3m to £1.4m of additional PDC funding (which attracts an effective borrowing rate of 3.5% via the annual dividend payment, a prudent estimate of £1.1m is included for now). At this stage there is no certainty of receiving these monies and the Trust is working closely with the PCT and SHA to ensure a smooth transfer of resources. The prospect of having to borrow additional funds (at national loans fund rates) is not an option the Trust wishes to consider due to the knock-on effect on its PBL (prudential borrowing limit) moving into an FT application or the effective cost of capital. The Trust is pursuing this matter such that it can be resolved by April or early May.

Energy Initiative funding announced by the Government suggests the Trust's share to be £0.6m. Again the Trust should pursue specific PDC funding and not new loans. There is some evidence that funding is being provided as new PDC as opposed to IBD (interest bearing debt) and discussions with the SHA are underway.

Equipment linked to the Breast Screening Service due to be taken on from Walsall Hospitals, is in need of replacement. A rationale has been discussed with the SHA such that the CRL of the Trust should be enhanced to enable additional expenditure to be undertaken in furtherance of service provision.

A SIRG (strategic investment review group) capital sub-committee meeting sought to establish capital pre-commitments as part of a wider plan. For a number of schemes it will be necessary for more detailed cases to be developed and therefore 'reservation' in the plan should not be seen as tacit approval (**see appendix 6**).

7.1 Distinction between PDC and IBD

It is helpful to understand the difference between receiving funding via PDC (public dividend capital) and IBD (Interest Bearing Debt). The effective cost of capital for PDC is 3.5% and this 'interest only' commitment is paid via the annual dividend payments to the department of health. Importantly, it is not classed as a loan on the balance sheet. Conversely, IBD has interest and principal elements, resides on the balance sheet, scores against the prudential borrowing limit and brings with it interest rates of c. 5.5%.

The government is slowly phasing out PDC in favour of IBD. Whilst the majority of Trust's will fund their capital programmes from internally generated cash (i.e. the depreciation charge in the accounts), where planned expenditure exceeds this internal source of cash, new borrowing is required. The implication of this change creates challenges. As the Trust pursues the funding for the Urgent Care Centre (this being over and above the Trust's baseline plan), the initial DoH response is a suggestion to seek new IBD. The Trust's objective is not to borrow, but rather to secure HoBtPCT's capital allocation of £1.3m - £1.4m. The UCC is a primary care led development which is so novel that it does not permit the PCT to spend the resources itself and create an asset on its books, hence the need for the Acute Trust to 'front' the expenditure and carry the asset.

Similar arguments are being made to secure PDC for the energy schemes and breast equipment solutions, although the latter item may require an internal solution.

The capital charge consequences of the 2008/09 plan have been incorporated into the overall financial plan.

8. Next Steps

In terms of setting budgets, the next steps include but are not limited to:

- Conversion of contract activity targets to divisional contracts
- Final prioritisation of reserve allocation and cost pressure support
- Divisional startpoint budget and CIP sign-off
- Approval of the final draft financial plan and budget book by the Trust Board

PCT and Acute Trust FDs continue to develop the application of the transitional financial framework. This is being undertaken at a macro level and on an exemplar by exemplar basis in order to measure the estimated financial impact of devolving care into the community. A considerable element of this work is driven by the activity modelling for the Acute project outline business case as well as for the 2010 programme on the whole. Updated modelling will also be used in support of the Foundation Trust application.

9. Conclusions & Recommendations

In setting the revenue plan and capital budget, consideration of the Trust's principal risks has been made especially where linked to the Assurance Framework (which records Trust-wide objectives and risks to achieving those objectives). This is especially pertinent to the additional investment being made in cleaning, infection control and diagnostic services in pursuit of achieving the 18 week target.

This financial plan and appendices (for inclusion in the final budget book) represent a challenging yet achievable plan. Investment has been secured during the LDP round for key service areas and this is reflected in the plan. A similar structure to that seen in 2007/08 is proposed for the management and monitoring of the Cost Improvement Programme as this is crucial for the Trust's ongoing financial performance.

The Trust Board is requested to:

- 9.1 RECEIVE AND CONSIDER** the final draft financial plan
- 9.2 APPROVE** the Financial Plan as the basis of the formal budget for the Trust in 08/09
- 9.3 AGREE** to receive in-year monitoring of financial performance

Robert White
Director of Finance & Performance Management

27 March 2008

Annex 1

LDP – Heads of Terms 08/09

The details of the 2008/09 Heads of Terms as negotiated with the Trust's coordinating commissioner, Sandwell PCT, appears below.

Marginal Rates: Non-PbR Inpatients and Outpatients (40%)
(Except PDT and laser dermatology services where marginal rates will be set at 100%)

Payment: To be made by 15th day of the month

Waiting Times: The Trust will deliver maximum 18 weeks referral to treatment (RTT) waiting times.

The specific waiting times commissioned within this agreement include:

- Outpatients: 75% of patients seen within 4 weeks and 90% of patients seen within 5 weeks;
- Inpatients: 75% of patients seen within 6 weeks and 90% of patients seen within 8 weeks;
- Diagnostics: 75% within 4 weeks and 90% within 6 weeks.

Diagnostics:

The commissioners have made a non recurrent investment for 2008-09 contract year to achieve 75% of diagnostic waits within 4 weeks and 90% within 6 weeks across all modalities.

Maternity:

It is the agreed assumption of the health economy that 90% of zero LOS N12 activity is less than 4 hours stay, and this will be appropriately charged at outpatient tariff (£154). Therefore, the remaining 10% to be charged at the full N12 tariff rate (£541).

Consultant to consultant referrals:

The 2007-08 contract covered a range of consultant to consultant (con:con) schemes. It is agreed that there will be a review of the existing schemes by the end of quarter one (June 2008). By the end of September 2008, there will be an agreed scheme of con:con referrals in place which will have been widely consulted upon with a variety of clinical & non-clinical stakeholders and governed by agreed clinical protocols and outcomes measures. This will be monitored and performance managed from 1st October 2008. The Trust will provide complete referral data on a monthly basis identifying all referrals received by the Trust to a patient level within the limitation of recording systems

Multiple first outpatients:

There is an identified programme of work to be undertaken by 1st October 2008 to be led by SWBH.

Outpatients undertaken on inpatients in the same specialty:

Subsequent to admission will not be funded, as for 2007-08 contract

New to review outpatients:

Commissioners recognise that for some specialties, SWBHT is at or below national new / review outpatient rates, however for some other specialties, the new / review rates are significantly in excess of national rates. It is agreed that:

- For that basket of specialties where SWBHT new to review outpatient rates are at the national rates or better, the Trust will maintain and improve their current rates and will be monitored and performance managed against the 'bottom line', Trust-wide composite rates for those specialties. The Trust will not be able to charge for any activity outside of the bottom-line composite rate.
- Where SWBHT is in excess of national rates, the Trust will be expected to drive towards the national rates for those specialties. The Trust will be expected to achieve a (tbc)% reduction against the 'bottom line', Trust-wide composite rates for those

specialties. The Trust will not be able to charge for any activity outside of the bottom-line composite rate.

The commissioners recognise that there is a defined set of specialties which require further service re-design work in order to work towards achieving national rates. This will be work in progress and will be reviewed 1st July 2008.

Sandwell A&E:

Under PbR, A&E will operate as a cost and volume arrangement for 2008-09. In addition, it is agreed that a front end diversion scheme will operate at Sandwell site, and this will generate diversion away from A&E to meet the 2010 exemplar numbers by March 2009. Sandwell PCT will extend the opening hours and capacity of the urgent care centres to accommodate the increase in diverted activity. The commissioners will make payment in respect of the target diversion in accordance with the agreed incentive scheme attached.

Specialist Ophthalmology;

Commissioners recognise the legitimate case for a tariff variation in advance of HRG 4.

SWBHT will charge an additional tariff top up per surgical case under the 'Local Flexibilities' arrangements. Commissioners have agreed a non recurrent contribution to reflect the additional costs incurred during the contract year 2008-09. This will be reviewed in line with the implementation of HRG 4.

Orthotics, Audiology & MPI:

These diagnostic modalities have been funded non-recurrently to reduce waiting times to within 6 weeks by December 2008 and to develop a direct access pathway for orthotics by October 2008. This investment will be activity driven and requires an activity and price plan from SWBHT.

Infection Control:

The Trust will need to undertake a substantial programme of cleanliness and infection control measures in line with the operating framework and other strategic guidance. Providers have received part of the funding for these works through the tariff uplift in 2008/09. However, commissioners recognise that there are legitimate costs incurred by SWBHT as part of this programme which are not covered within tariff. The following sets out the

1. Tariff contribution: It is agreed that 0.3% of the 0.6% tariff uplift for quality improvement will be directed towards reducing Health Care Acquired Infection control.
2. Additional Contribution: In addition to the above, commissioners will invest a non-recurrent sum in 2008-09 of £585k in 08/09 for infection control measures legitimately outside of tariff. This will be funded non-recurrently for 2 years (08/09 & 09/10)
3. MRSA Screening: commissioners agree to non-recurrently fund a programme of MRSA screening to commence from April 2008. Full details to be submitted to be health economy infection control committee. £774k will be released immediately to the Trust to commence screening work on elective and augmented care (ICU).

It is anticipated by all parties that tariff will "catch up" with expenditure on these issues by 2010/11 as part of HRG 4.

Clinical Pathway Schemes:

The Trust will implement / maintain existing Clinical Quality Schemes and the implementation of additional schemes subsequent to clinical agreement:

- DVT
- Cellulitis
- TWOC
- COPD

GUM from 1st April 2008:

- 100% offered an appointment within 48 hours of contacting the service.
- 95% seen within 48 hours of contacting the GUM services

Data Quality:

Commissioners wish to endorse a modified version of the CBSA plan “for the Submission of data to SUS in 2008-09”.

Quality Incentive Scheme – is being introduced in 2008-09 contract which covers:

- Standard National requirements – e.g. HCC, Vital signs etc.

CBSA Quality Metrics:

"The standardised aggregate daycase rate for SWBH will increase by 10 whole integers during the course of the contracting year. The definition and calculation of the aggregate is as per the CBSA quality metrics report. A performance related payment for this improvement in daycase rates will be capped at £100k and based on £10k per whole point increment in the aggregate daycase rate over the year."

General:

- All parties agree to abide by the clauses and schedules
- As Co-ordinating Commissioner, Sandwell PCT is responsible for the Sandwell & West Birmingham NHS Trust Consortium Constitution and its relevant Agreement, with Associated Commissioners.
- Trust and PCTs to abide by the PbR Code of Conduct and Standards for Better Health.
- Data to be submitted via the appropriate Minimum Data Set in accordance with defined timetables and fully complying with the Data Manual, Data Dictionary and PbR flex and freeze dates
- Non-PbR activity outside of MDS submissions to be submitted monthly at GP practice level detail.

Clinical Coding:

It is recognised by all parties that for a range of technical, financial, epidemiological and other reasons it is important that coding is accurate.

1. Where inaccuracies in coding are identified by PCTs in reference to Practice Data Sources, Trust information (including discharge letters, patient reports and other sources) this coding may be challenged by the commissioner.
2. It is the Trust's responsibility to respond to these challenges, and make any necessary data resubmissions, in line with the timescales and processes defined by SUS and the CBSA.
3. Notwithstanding the above, commissioners will support the Trust in identifying the correct responsible commissioner where the activity is genuine and undertaken in good faith. The WMCBSA will manage this arrangement on behalf of PCT commissioners.

The NHS Standard Contract:

The terms in the Heads of Agreement will be subject to final agreement in the standard contract covering the Trust as a provider all PCTs (excluding specialised services) within the West Midlands SHA in line with Sandwell PCT's role as co-ordinating commissioner

Clinical Quality and Performance Indicators:

£200k has been set aside for an incentive scheme linked to quality initiatives by both Sandwell & HOB commissioners. (£400k total).

PCT Reserves

Sandwell & HoBtPCT Commissioners have set aside funds to mitigate risk, support developments and to improve clinical outcomes. These reserve funds are associated to agreements for the contract year 2008-09, and may not represent the actual values of the work / costs involved in 2008-09. They are NOT considered to be recurrent funds for future contractual years.

PbR Emergency Activity – emergency activity has been commissioned at a level modelled by SWBHT which moves the health economy toward 2010 activity & capacity model. It is recognised that there is a level of risk associated with the achievement of this agreed level of activity. Accordingly, SPCT will hold a reserve to mitigate against commissioner risk of Trust over-performance against agreed activity plans and casemix. These funds will only be accessible in accordance with actual performance against agreed activity plans, for emergency work in line with the terms of the standard NHS contract. Sandwell PCT will not invoke any financial penalties within the contract arrangements until the reserve of £1.2m is fully utilised for emergency activity.

MRSA Screening – SPCT & HoBtPCT will create a reserve fund to be governed by the health economy infection control committee, which will undertake a programme of work to reduce HCAs and introduce further MRSA screening (in addition to the above) in the acute, primary care and community sectors. These funds will be released in line with the agreed programme which will assess the clinical and cost efficacy of the proposed work programme.

Cervical Screening – PCT reserves of £78k (SPCT) and £48k (HoBtPCT) have been made available for 2008-09 to move towards the Cancer Reform Strategy (CRS) targets associated to the early introduction of the Cervical Screening programme. The £78k reserve for 2008-09, represents a balance of funds and if the agreed costs are less, the remainder will be retained in the PCT reserves.

Direct Access Diagnostics

Sandwell commissioners have agreed to invest £100k non-recurrently to increase & improve access for Sandwell GPs to direct access diagnostics. This will form part of the in year work programme, the outline for which will be completed by June 2008.

Child Health:

Sandwell commissioners have funded £142k for developments in child protection, child sexual abuse, SUDI and children with SEN.

Rowley Regis Hospital

The Trust and the PCT have agreed an approach to commissioning services from Rowley Regis Hospital for 2008/9 that is designed to (a) support clinical service redesign in line with Towards 2010 (b) re-base elements of the LDP to bring historical agreements into line with current costs and (c) provide a basis for further work on the costs of future services at Rowley as part of the 2010 Transitional Financial Framework.

The agreement applies to the OBD contract at Rowley. Rowley based outpatients and diagnostics are dealt with in the main LDP activity model. We have agreed the following approach to the OBD contract:

- Setting the OBD activity at anticipated levels for 2008/09 reflective of agreed service models as part of implementing the 2010 model of care. The commensurate financial envelope has been adjusted in line with rebasing adjustments described below. This model provides new intermediate care beds at Rowley (24 beds) and transfers some OBDs from Rowley to Sandwell to improve acute rehabilitation and reduce length of stay.
- The recurrent quantum of cost changes associated with Rowley Regis Hospital have been combined with adjustments to critical care funding levels and community child health services as part of a rebasing exercise. These moves have been adjusted to a net nil financial change (after a post-rebasing residual amount has been absorbed by the Trust) using 2007/8 LDP startpoint values.
- The 2008/9 OBD contract (for Sandwell and Rowley) will operate as a block i.e. in the event of over-performance Sandwell PCT will not pay extra and in the event of under-performance will not withdraw investment.
- If additional services above those in the current model are required during 2008/9 (e.g. palliative care provision, additional intermediate care beds) these will be paid for at a rate to be agreed between the PCT and the trust on top of the block amount agreed in the LDP.
- The PCT and Trust will work together during 2008/9 on a more detailed piece of work on the costs of activity at Rowley under the 2010 Programme plans in line with the principles agreed in the Transitional Financial Framework and taking account of the outcome of ongoing discussions about future ownership. If the outcome of these discussions results in block contract arrangements remaining in place beyond 2008/9 there will be an opportunity as part of future LDP discussions to agree the appropriate future level of any block for future years in the light of actual activity.

Breast Screening:

SPCT has been reserved £178k to support the reconfiguration of the breast screening from Walsall NHST to the City Breast Screening Service. The release of the funds available will be subject to an agreed service specification and programmed approach to service development. For the 2007/08 contracting year, discussions with PCTs focussed on achieving the 18 week RTT (referral to treatment) targets complete with an assessment of the resourcing requirements for diagnostic elements of the patient pathway. For its part, the Trust emphasised the need to have clinical support costs discretely recognised in the funding settlement as it does not regard the national tariff as sufficient in recognising these costs.

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2008/2009

Income & Expenditure Position Actual, Forecast and Plan

	Accounts Mar-04 £000's	Accounts Mar-05 £000's	Accounts Mar-06 £000's	Accounts Mar-07 £000's	Forecast Mar-08 £000's	Outline Mar-09 £000's
INCOME						
Category A Income	213,744	237,729	266,940	271,388	284,706	289,181
Market Forces Factor	0	0	0	15,977	17,794	20,751
Total Category A Income	213,744	237,729	266,940	287,365	302,500	309,932
Non NHS Clinical Income						
Private Patient Income	177	114	177	234	202	207
Other Non Protected Income	1,373	1,092	1,211	1,420	1,306	1,336
Total	1,550	1,206	1,388	1,654	1,508	1,543
Other Income						
Education and Training	23,337	21,718	22,436	19,297	15,850	13,944
Research & Development	0	0	0	1,285	1,068	531
Other Income	21,190	21,179	22,624	17,285	17,824	18,356
Total	44,527	42,897	45,060	37,867	34,742	32,831
PFI Specific income	0	0	0	650	400	0
Cost Improvement Programme - Income Target						2,248
TOTAL INCOME	259,821	281,832	313,388	327,536	339,150	346,554
EXPENDITURE						
Base Position						
Pay				(220,244)	(219,832)	(215,916)
Non Pay				(80,990)	(85,346)	(75,516)
Baseline Budget Reserves						
Cost Improvement Programme						
Pay						4,222
Non Pay						4,560
Reserves						
LDP Developments and Activity Changes						(7,986)
Other						(28,781)
TOTAL OPERATING COSTS	(244,661)	(270,236)	(298,046)	(301,234)	(305,178)	(319,417)
EBITDA	15,160	11,596	15,342	26,302	33,972	27,137
Profit / loss on asset disposals	0	(55)	0	(114)	0	0
Fixed Asset impairments	0	0	0	0	(3,786)	0
Depreciation & Amortisation	(10,690)	(12,251)	(13,136)	(14,632)	(15,965)	(16,343)
Total interest receivable/ (payable)	204	223	397	803	1,550	1,164
Total interest payable on Loans and leases	0	0	0	(12)	(440)	(200)
PDC Dividend	(6,267)	(7,319)	(8,329)	(8,948)	(8,831)	(9,258)
NET SURPLUS/(DEFICIT)	(1,593)	(7,806)	(5,726)	3,399	6,500	2,500

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2008/2009

Patient Related Service Level Agreements

Commissioner	Base Position	Net Pay & Prices	Quality & Developments & Reform	Other Changes	Total SLA Value £000
Sandwell PCT	128,353	2,231	787	2,660	134,031
Heart of Birmingham tPCT	79,304	1,399	494	1,682	82,878
Birmingham East & North PCT	17,601	308	109	579	18,598
South Birmingham PCT	12,360	217	76	565	13,219
Herefordshire PCT	258	5	2	23	287
Shropshire County PCT	216	4	1	-14	207
Walsall PCT	4,391	78	27	193	4,689
Coventry PCT	199	3	1	20	223
Telford & Wrekin PCT	114	2	1	36	153
Wolverhampton PCT	639	11	4	-35	618
Dudley PCT	3,931	70	25	-23	4,003
North Staffordshire PCT	207	4	1	-40	172
Stoke PCT	155	3	1	122	280
South Staffordshire PCT	1,511	26	9	195	1,742
Worcestershire PCT	1,814	32	11	526	2,383
Warwickshire PCT	570	10	4	160	743
Solihull PCT	1,856	32	11	-71	1,829
Pan Birmingham LSCG	6,885	117	41	448	7,491
Black Country LSCG	159	3	1	133	296
West Midlands Specialised Services Agency	4,612	78	28	0	4,718
Powys	31	1	0	6	38
Oncology	6,251	106	38		6,395
Non Contracted Activity	1,585	27	10	68	1,689
Distinction Awards	1,344				1,344
Other	1,128	19	7		1,154
Total	275,474	4,784	1,688	7,234	289,181

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2008/2009

Divisional Pay and Non Pay Base Budgets and Cost Improvement Targets

Division	Pay £000	Non Pay Budget £000	Total Expenditure £000	CIP Target £000
ANAESTHETICS & CRITICAL CARE	14,219	1,290	15,510	(545)
CHIEF EXECUTIVE	1,550	137	1,687	(75)
DEVELOPMENT/CANCER	1,987	138	2,124	(80)
FACILITIES/ESTATES	17,200	12,840	30,040	(902)
FINANCE	4,307	560	4,867	(190)
GOVERNANCE	1,811	541	2,353	(80)
IM & T/PATIENT PROCESS	8,445	2,056	10,501	(475)
IMAGING	10,314	2,912	13,227	(390)
MEDICINE A	32,319	7,017	39,337	(1,254)
MEDICINE B	24,151	10,501	34,652	(1,020)
MISCELLANEOUS	853	34,439	35,293	(1,915)
NURSING & THERAPIES	4,169	2,588	6,758	(225)
OPERATIONS	3,567	639	4,206	(127)
PATHOLOGY	11,447	5,969	17,416	(500)
SURGERY A	29,520	11,830	41,349	(1,400)
SURGERY B	14,948	3,813	18,761	(519)
WOMENS & CHILDRENS	29,172	2,950	32,122	(1,163)
WORKFORCE	4,813	444	5,257	(170)
OTHER	1,122	584	1,706	0
TOTAL	215,916	101,249	317,165	(11,030)

Note

Other includes National Poisons Information, Research and Development and Post Graduate Centre.

Miscellaneous includes NHSLA clinical negligence and other insurance and BTC unitary charge.

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2008/2009

Divisional Workforce Budgets

Division	April	May	June	July	August	September	October	November	December	January	February	March
ANAESTHETICS & CRITICAL CARE	259.30	259.30	259.30	259.30	259.30	259.30	259.30	259.30	259.30	259.30	259.30	259.30
CHIEF EXECUTIVE	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88
DEVELOPMENT/CANCER	48.84	48.84	48.84	48.84	48.84	48.84	48.84	48.84	48.84	48.84	48.84	48.84
FACILITIES/ESTATES	781.56	781.56	781.56	781.56	781.56	781.56	781.56	781.56	781.56	781.56	781.56	781.56
FINANCE	130.02	130.02	130.02	130.02	130.02	130.02	130.02	130.02	130.02	130.02	129.92	129.92
GOVERNANCE	54.44	54.44	54.44	54.44	54.44	54.44	54.44	54.44	54.44	54.44	54.44	54.44
IM & T/PATIENT PROCESS	316.49	316.49	316.49	316.49	316.49	316.49	313.49	313.49	313.49	313.49	313.49	313.49
IMAGING	235.51	235.51	235.51	235.51	235.51	235.51	235.51	235.51	235.51	235.51	235.51	235.51
MEDICINE A	802.19	802.19	802.19	802.19	802.19	802.19	802.19	802.19	802.19	802.19	802.19	802.19
MEDICINE B	655.94	655.94	655.94	655.94	655.94	655.94	655.94	655.94	655.94	655.94	655.94	655.94
MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NURSING & THERAPIES	122.52	122.52	122.52	122.52	122.52	122.52	122.52	122.52	122.52	122.52	122.52	122.52
OPERATIONS	107.93	107.93	107.93	107.93	107.93	107.93	107.93	107.93	107.93	107.93	107.93	107.93
PATHOLOGY	304.79	304.79	304.79	304.79	304.79	304.79	304.79	304.79	304.79	304.79	304.79	304.79
SURGERY A	788.41	788.41	788.41	785.41	785.41	785.41	785.41	785.41	785.41	785.41	785.41	785.41
SURGERY B	324.58	324.58	324.58	324.58	324.58	324.58	324.58	324.58	324.58	324.58	324.58	324.58
WOMENS & CHILDRENS	695.66	695.66	695.66	695.66	695.66	695.66	689.96	689.96	689.96	689.96	689.96	689.96
WORKFORCE	181.75	181.75	181.75	181.75	181.75	181.75	181.75	181.75	181.75	181.75	181.75	181.75
OTHER	33.49	33.49	33.49	33.49	33.49	33.49	33.49	33.49	33.49	33.49	33.49	33.49
RESERVES	33.48	33.48	33.48	172.18	172.18	172.18	173.88	173.88	173.88	227.24	227.24	227.24
TOTAL	5,899.78	5,899.78	5,899.78	6,035.48	6,035.48	6,035.48	6,028.48	6,028.48	6,028.48	6,081.84	6,081.74	6,081.74

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2008/2009

Balance Sheet

		<u>Opening</u> <u>Balance as at</u> <u>1st April 2008</u> <u>£000</u>	<u>Balance as at</u> <u>31st March</u> <u>2009</u> <u>£000</u>
Fixed Assets	Intangible Assets	410	350
	Tangible Assets	286,851	302,483
	Investments		
Current Assets	Stocks and Work in Progress	3,500	3,250
	Debtors & Accrued Income	14,500	13,750
	Investments		
	Cash	8,015	7,614
Current Liabilities	Creditors and Accrued Expenditure Falling Due In Less Than 1 Year	(25,921)	(27,458)
Long Term Liabilities	Creditors Falling Due in More Than 1 Year	0	0
Provisions for Liabilities and Charges		(5,750)	(3,750)
		281,605	296,239
Financed By			
Taxpayers Equity	Public Dividend Capital	162,296	162,296
	Loans	2,500	5,000
	Revaluation Reserve	97,855	108,487
	Donated Asset Reserve	2,923	2,500
	Government Grant Reserve	2,075	1,500
	Other Reserves	9,058	9,058
	Income and Expenditure Reserve	4,898	7,398
		281,605	296,239

Sandwell & West Birmingham Hospitals

Financial Plan 2008/2009

Draft Capital Programme

	2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000
Capital Resources					
Internally Generated Cash (depreciation)	15,743	15,250	15,000	15,000	15,000
NHS Capital Loans	5,000	10,000	0	0	0
Contingent Resources					
Transfer of PCT's PDC allocation	1,100				
Transfer of National energy via PDC s/b £600					
Total Resources	21,843	25,250	15,000	15,000	15,000
Capital Expenditure					
Retentions from Prior Year Programmes	400	400	400	400	400
Capitalisation of Salaries	300	300	300	300	300
Capitalisation of BTC Unitary Charge	500	500	500	500	500
Medical Equipment	800	800	800	800	800
IT Programmes	675	800	800	800	800
High Cost Diagnostics (including enabling)	500	500	500	500	500
Statutory Standards/Fire/DDA Compliance	2,300	2,300	2,300	1,500	1,500
Reconfiguration - City Neonatal	3,060				
- Pathology	2,200				
- Surgery	500				
High Cost Diagnostics #2	100	400			
D22	100	400			
Estates - Plant and Building Replacement and Upgrade	1,600	1,600	1,600	1,000	1,000
IR brought forward commitments	375				
Digital Hearing Aids - capitalisation requirement	650				
Breast Screening investment	266				
18 Week related capital £400k bid, rationalise to £250k	250				
CIP related schemes (to include catering)	200				
BTC Endoscopy	200				
Balance of CRL undershoot representing commitments	400				
Assumed slippage in 08/09	-850	640	210		
Contingency	417	1,100	1,100	1,000	1,000
Grove Lane Land Purchase	5,000	15,510	840		
Contingent Expenditure					
UCC (makes prudent provision for unfunded balance)	1,300				
Energy Schemes	600				
Total Expenditure	21,843	25,250	9,350	6,800	6,800
Uncommitted Resources	0	0	5,650	8,200	8,200
NHS Capital Loan Principal Repayments					
Loan 1		1,250	1,250	1,250	1,250
Loan 2			3,333	3,333	3,333
Total Loan Repayments	0	1,250	4,583	4,583	4,583

Sandwell & West Birmingham Hospitals

Financial Plan 2008/2009

Cash Flow

	April £000s	May £000s	June £000s	July £000s	August £000s	September £000s	October £000s	November £000s	December £000s	January £000s	February £000s	March £000s
Receipts												
SLAs	24,098	24,098	24,098	24,098	24,098	24,098	24,098	24,098	24,098	24,098	24,098	24,098
DoH Market Forces Factor	1,729	1,729	1,729	1,729	1,729	1,729	1,729	1,729	1,729	1,729	1,729	1,729
Over Performance Payments				0			0			0		
Education & Training	1,162	1,162	1,162	1,162	1,162	1,162	1,162	1,162	1,162	1,162	1,162	1,162
Loans												5,000
Interest	75	42	84	100	116	130	129	114	118	116	106	94
Other Receipts	1,890	1,890	1,890	1,890	1,890	1,890	1,890	1,890	1,890	1,890	1,890	1,890
Total Receipts	28,955	28,921	28,964	28,980	28,995	29,009	29,008	28,993	28,998	28,996	28,985	33,974
Payments												
Payroll	10,672	10,672	10,672	11,506	10,880	10,880	11,153	11,153	11,153	11,698	11,698	11,698
Tax, NI and Pensions	0	7,728	7,728	8,332	7,879	7,879	8,076	8,076	8,076	8,471	8,471	8,471
Non Pay - NHS	990	1,715	1,715	1,715	1,715	1,715	2,045	2,045	2,045	2,590	2,590	5,032
Non Pay - Trade	2,423	4,198	4,198	4,198	4,198	4,198	5,008	5,008	5,008	6,342	6,342	12,321
Non Pay - Capital	2,589	1,795	795	795	795	795	1,192	1,192	3,617	1,192	1,192	4,296
PDC Dividend						4,629						4,629
Repayment of Loans						1,250						1,250
Interest						70						34
BTC Unitary Charge	375	375	375	375	375	375	375	375	375	375	375	375
Other Payments	350	350	350	350	350	350	350	350	350	350	350	350
Total Payments	17,399	26,832	25,832	27,271	26,192	32,141	28,199	28,199	30,624	31,018	31,018	48,455
Cash Brought Forward	8,015	19,571	21,660	24,791	26,500	29,303	26,171	26,981	27,775	26,149	24,127	22,095
Net Receipts/(Payments)	11,556	2,089	3,132	1,708	2,803	(3,132)	809	794	(1,626)	(2,022)	(2,032)	(14,481)
Cash Carried Forward	19,571	21,660	24,791	26,500	29,303	26,171	26,981	27,775	26,149	24,127	22,095	7,614

APPENDIX 8

Sandwell & West Birmingham Hospitals

Financial Plan 2007/2008

Baseline Budget Reserves

£000

Inflation and Pay Awards

National Pay Awards	4,318
AfC Increments	2,661
Consultants Contract Increments	613
Other Pay Pressures	200
CNST Inflation and Reassessment	150
Non Pay Inflation (excluding Drugs)	470
Drugs (Including NICE)	3,331
Trust Wide Cost Pressures	875
Surgical Reconfiguration/EWTD/MMC	700
BTC Costs	400
Total	13,718

Sandwell & West Birmingham Hospitals

Financial Plan 2008/2009

Other Reserves

£000

LDP Developments & Activity Changes

Paediatric Palliative Care	85
Quality & Reform	1,674
Establish Crit Care Long-Term F/U	80
Pain Management	364
Diagnostics & 18 Week Reserve	1,244
Phlebotomy Community Provision	127
Medical Infection Control SLA	43
Child Health	142
Midwifery Posts	316
EVAR - AAA repairs	70
Ophthalmology Specialist Recognition	875
Sheldon Unit	137
Direct Access to Imaging	100
Breast Screening	439
Emergency Threshold Adjustment	150
Activity Growth and Other Changes	2,140
Total	7,986

Other

Waiting Times	2,064
Waiting Times - Additional disc Funding	678
Hospital at Night	360
Quality & Reform	1,213
Continence Posts	60
Cardiology Audit Manager	62
Audiology - Additional Hearing Aids	70
EVAR - Additional Expenditure	122
Patient/Staff Safety	280
Activity Related and Other LDP Changes	1,518
Contingency	2,168
Rebasing of Income Contracts	1,849
Connecting for Health	2,019
R&D income adjustment/Corporate CP	955
SIRG pre-commitments	545
A&E target performance	300
Winter pressures reserve	500
Ward change revenue reserve	300
Total	15,063

Sandwell & West Birmingham Hospitals

Financial Plan 2008/2009

Divisional Summary Cost Improvement Programme

	TARGET £000	PAY £000	NON PAY £000	INCOME £000	TOTAL £000
<u>OPERATIONAL DIVISIONS</u>					
ANAESTHETICS & CRITICAL CARE	545	350	165	30	545
IMAGING	390	200	96	95	390
MEDICINE A	1,254	640	260	362	1,262
MEDICINE B	1,020	36	751	278	1,066
NURSING & THERAPIES	225	0	0	225	225
OPERATIONS	127	30	27	70	127
PATHOLOGY	500	42	261	198	500
SURGERY C	784	47	482	255	784
SURGERY S	616	0	406	210	615
SURGERY B	519	233	237	50	519
WOMENS & CHILDRENS	1,163	234	830	99	1,163
<u>CORPORATE AREAS</u>					
CHIEF EXECUTIVE	75	0	75	0	75
DEVELOPMENT/CANCER	80	0	80	0	80
FACILITIES - NURSING	492	400	92	0	492
ESTATES	410	0	0	410	410
FINANCE	190	50	25	115	190
GOVERNANCE	80	30	20	30	80
HUMAN RESOURCES	170	0	170	0	170
IM & T/PATIENT PROCESS	475	10	247	218	475
CORPORATE SCHEMES	1,915	0	1,861	0	1,861
TOTAL	11,030	2,302	6,083	2,645	11,030

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2008/2009

2008/2009 Tariff Uplift

	2008/09 over 2007/08 baseline		Assumptions
	£m	%	
Baseline	59,540		
Increase in pay and prices			
Pay	1,640	2.8	Pay settlement in line with DH recommendation to the Pay Review Bodies: 1.5% Doctors' and Dentists' and 2% NHS PRB. Also include pay drift and staging
Non-pay inflation	350	0.6	GDP deflator at 2.75%
Drugs	400	0.7	Includes NICE
Clinical Negligence	210	0.4	Forecast local contributions
Revenue cost of capital	210	0.4	PFI; depreciation; cost of capital
Gross pay and price	2,810	4.7	
Efficiency	-1,790	-3.0	Assumes 3.0% efficiency
Net pay and price	1,020	1.7	
Quality and reform	330	0.6	To cover costs of tackling HCAI, pay reform/legislation, staff security and local cost of delivering the IM&T programme.
Overall		2.3	

Figures may not sum due to rounding

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2008/2009

Medium Term Financial Plan: Extract from Long Term Financial Model

Plan Mar-09	Forecast Mar-10	Forecast Mar-11
----------------	--------------------	--------------------

Units**£m unless otherwise stated**

All amounts shown here are nominal

I&E

NHS Clinical Income

Elective	55.4	56.3	57.3
Non-Elective	128.3	130.5	132.7
Outpatient	56.5	57.5	58.5
A&E	15.8	16.1	16.4
Other	56.3	50.0	43.6
Sub Total	312.3	310.4	308.4
PBR (Clawback)/ Relief	0.0	0.0	0.0
Total	312.3	310.4	308.4

Non NHS Clinical income

Private patient income	0.2	0.2	0.2
Other non protected income	1.3	1.4	1.4
Total	1.5	1.6	1.6

Other income

Education and Training	13.9	14.2	14.4
Research & Developmet	0.5	0.5	0.5
Other income	18.2	18.7	19.0
Total	32.7	33.4	33.9

PFI Specific income

	0.0	0.0	0.0
--	-----	-----	-----

Total income**346.6 345.3 343.9**

Pay Costs	(239.3)	(236.1)	(232.3)
Drug costs	(19.0)	(20.3)	(21.7)
Clinical supplies and sevices	(31.9)	(34.5)	(37.3)
Other Costs	(26.2)	(24.0)	(21.5)
PFI specific costs			
Total Unitary Payment	(3.1)	(3.3)	(3.5)
Release of PFI deferred asset	0.0	0.0	0.0
Other Costs	0.0	0.0	0.0

Total costs**(319.4) (318.2) (316.4)****EBITDA****27.1 27.1 27.6***EBITDA margin***8% 8% 8%**

Profit / loss on asset disposals	0.0	0.0	0.0
Fixed Asset impairments	0.0	0.0	0.0
Total Depreciation & Amortisation	(16.3)	(16.3)	(16.3)
Total interest receivable/ (payable)	0.9	0.6	0.4
Total interest payable on Loans and leases	(0.1)	(0.2)	(0.4)
PDC Dividend	(9.1)	(9.2)	(9.1)

Net Surplus/(Deficit)**2.5 2.0 2.1***Net margin***1% 1% 1%**

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2008/2009

Medium Term Financial Plan: Extract from Long Term Financial Model

Plan Mar-09	Forecast Mar-10	Forecast Mar-11
----------------	--------------------	--------------------

Units

£m unless otherwise stated

All amounts shown here are nominal

Balance Sheet

Balance sheet**FIXED ASSETS**

Tangible + Intangible Assets	301.8	329.9	327.4
PFI Residual interest	1.0	1.4	1.9
PFI Deferred Assets	0.0	0.0	0.0
Total Fixed Assets	302.8	331.3	329.3

CURRENT ASSETS

Stocks & Work in Progress	3.2	3.2	3.2
NHS Trade Debtors	8.9	8.9	9.0
Non NHS Trade Debtors	1.8	1.8	1.8
Other Debtors	0.0	0.0	0.0
Accrued Income	1.8	1.8	1.8
Prepayments	(0.0)	(0.0)	(0.0)
Cash at bank and in hand	7.6	3.7	6.6
Total Current Assets	23.3	19.4	22.4

CURRENT LIABILITIES (amounts due in less than one year)

Trade Creditors	(6.9)	(6.9)	(7.1)
Other Creditors	(11.9)	(11.9)	(11.9)
PDC dividend creditor	0.0	0.0	0.0
Capital Creditors	(2.9)	(2.9)	(2.9)
Interest payable creditor	0.0	0.0	0.0
Payments on Account	0.0	0.0	0.0
Accruals	(5.7)	(5.7)	(5.7)
Deferred Income	0.0	0.0	0.0
Total Current Liabilities	(27.4)	(27.4)	(27.6)

NET CURRENT ASSETS (LIABILITIES)

Long term Debtors	1.3	1.3	1.3
-------------------	-----	-----	-----

TOTAL ASSETS LESS CURRENT LIABILITIES

Creditors: Amounts falling due after more than one year	0.0	0.0	0.0
Finance leases	0.0	0.0	0.0
Provisions for liabilities and charges	(3.7)	(3.7)	(3.7)

TOTAL ASSETS EMPLOYED

299.9	324.5	325.4
--------------	--------------	--------------

LOANS

Total Loans	5.0	10.4	5.8
-------------	-----	------	-----

TOTAL LOANS

5.0	10.4	5.8
------------	-------------	------------

TAXPAYERS' EQUITY

Public dividend capital	162.3	162.3	162.3
Income and expenditure reserve	7.4	9.4	11.5
Revaluation reserve	108.5	125.7	129.6
Donated asset reserve	2.5	2.4	1.9
Other Reserves (Government grant reserve etc)	10.6	10.6	10.6

TOTAL TAXPAYERS EQUITY

291.3	310.4	315.9
--------------	--------------	--------------

TOTAL FUNDS EMPLOYED

296.2	320.8	321.7
--------------	--------------	--------------

Balance sheet check

<i>TRUE</i>	<i>TRUE</i>	<i>TRUE</i>
-------------	-------------	-------------

KPIs

NHS Trade Debtor Days	10.4	10.5	10.6
Non NHS Trade Debtor Days	25.6	25.2	25.0
Trade Creditor Days	31.5	30.9	30.7
WC Facility level	25.0	25.0	25.0

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2008/2009

Medium Term Financial Plan: Extract from Long Term Financial Model

Plan	Forecast	Forecast
Mar-09	Mar-10	Mar-11

Units**£m unless otherwise stated**

All amounts shown here are nominal

Cash flow

EBITDA	27.1	27.1	27.6
Excluding Non cash I&E items	(0.5)	(0.5)	(0.5)
Movement in working capital:			
Stocks & Work in Progress	0.0	0.0	0.0
NHS Trade Debtors	1.8	0.0	(0.1)
Non NHS Trade Debtors	1.8	(0.0)	(0.0)
Other Debtors	0.0	0.0	0.0
Accrued Income	(1.0)	0.0	0.0
Prepayments	0.0	0.0	0.0
Trade Creditors	0.4	0.0	0.1
Other Creditors	0.0	0.0	0.0
Payments on Account	0.0	0.0	0.0
Accruals	0.0	0.0	0.0
Deferred Income	0.0	0.0	0.0
Provisions & Liabilities	(2.1)	0.0	0.0
CF from Operations	27.6	26.7	27.1
Capital Expenditure			
Capex spend	(16.1)	(26.7)	(10.1)
PFI residual interest	(0.5)	(0.5)	(0.5)
Cash receipt from asset sales	0.0	0.0	0.0
CF before Financing	11.0	(0.6)	16.6
Movement in LT debtors	0.0	0.0	0.0
Movement in LT Creditors	0.0	0.0	0.0
Interest (paid) on loans and leases	(0.1)	(0.2)	(0.4)
Interest (paid)/ received on cash balance	0.9	0.6	0.4
Drawdown of loans and leases	5.0	10.0	0.0
Repayment of loans and leases	(3.8)	(4.6)	(4.6)
Public Dividend Capital received	0.0	0.0	0.0
Public Dividend Capital repaid	0.0	0.0	0.0
Movement in Other grants/Capital received	0.0	0.0	0.0
Dividends paid	(9.1)	(9.2)	(9.1)
Net cash outflow/inflow	4.0	(3.9)	2.9

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2008/2009

Medium Term Financial Plan: Extract from Long Term Financial Model

Plan Mar-09	Forecast Mar-10	Forecast Mar-11
----------------	--------------------	--------------------

Units**£m unless otherwise stated**

All amounts shown here are nominal

Key Ratios**Data**

Revenue	346.6	345.3	343.9
Revenue available for debt service	28.0	27.7	28.0
Annual dividend payable	9.1	9.2	9.1
Annual Debt Service	3.9	4.8	5.0
Annual Interest payable	0.1	0.2	0.4
Debt	5.0	10.4	5.8
Assets	327.3	352.0	352.9

PBC Ratios

Maximum Debt/ Assets Ratio	2%	3%	2%
Minimum Dividend Cover	3.1x	3.0x	3.0x
Minimum Interest Cover	220.4x	145.3x	62.9x
Minimum Debt Service Cover	7.2x	5.8x	5.6x
Maximum Debt Service to Revenue	1.1%	1.4%	1.5%

Test

Maximum Debt/ Assets Ratio (limit)		15.0%	15.0%	15.0%
Maximum Debt/ Assets Ratio		TRUE	TRUE	TRUE
Minimum Dividend Cover	#	TRUE	TRUE	TRUE
Minimum Interest Cover	#	TRUE	TRUE	TRUE
Minimum Debt Service Cover	#	TRUE	TRUE	TRUE
Maximum Debt Service to Revenue	#	TRUE	TRUE	TRUE
PBC ratio test passed	#	TRUE	TRUE	TRUE

Risk rating**Metric**

EBITDA margin	7.8%	7.9%	8.0%
EBITDA, % achieved	118.8%	118.8%	100.0%
ROA	4.1%	3.6%	3.5%
I&E surplus margin	0.7%	0.6%	0.6%
Liquid ratio	22.5	23.6	19.3
Overall Rating	3	3	3

Sandwell & West Birmingham Hospitals

Financial Plan 2007/2008

Risk and Sensitivity Analysis

Area of Risk/Sensitivity	Financial Effect £000	Mitigating Actions	
		Value £000	Details
20% reduction in CIP delivery	(2,206)	1,861 54 291	Delivered corporately through release of reserves Divisions planning higher than required CIP delivery Use of contingency reserves
Payment by Results	(5,784)	2,834 2,950	Application for tariff exclusions Unwinding of MFF
PbR Data Challenges	(1,000)	500 500	Over performance mitigating effects of challenges Development of investment plan required to improve data quality and timeliness of submissions
Practice Based Commissioning	(2,500)	2,500	Capacity via Business Development Unit to respond to service offerings and changes in referral patterns
Underlying Inflationary Pressures	(13,718)	13,718	Specific reserves held to cover known/expected inflationary pressures
Pay Award 0.5% Higher Than Planned	(1,080)	750 330	Use of other pay reserves Additional Trust wide CIP
Other Category C Income under performs by 1%	(184)	184	Impose additional CIP on divisions affected by reduction
AfC Incremental Growth 10% higher than budget	(266)	266	Utilisation of other pay related reserves
1 ward additional capacity required for whole year	(800)	800	Capacity would only be opened in response to increased demand therefore generating additional income
Drugs cost rise by 20%	(4,030)	3,331 250 449	£3.3m provided within reserves for drugs inflation and cost pressures Any activity related pressure will generate additional income Use of waiting list and activity related reserves
Unforeseen divisional cost pressures	(1,000)	875 125	Use of cost pressures reserve Additional CIP from affected divisions
Other Unforeseen Events	(2,000)	2,000	Use of contingency reserve

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

REPORT TO THE TRUST BOARD

3rd APRIL 2008

SUBJECT: Foundation Trust Application – Progress Report

REPORT BY Director of Strategy

AUTHOR: FT Project Manager

PURPOSE OF THE REPORT:

To update the board on progress on the Foundation Trust Application during March 2008.

IMPLICATIONS:

Financial: Resources included in 2007/8 plan to support development of application

Personnel:
Healthcare/ National Policy: Achieving FT status is a key part of national policy and the Trust's local strategy

Other:

RECOMMENDATION(S):

1. NOTE the progress with developing our FT application

**SANDWELL AND WEST BIRMINGHAM NHS HOSPITALS TRUST
FOUNDATION TRUST APPLICATION PROGRESS REPORT
MARCH 2008**

INTRODUCTION

The purpose of this paper is to provide an update in respect of activities related to the Trust's Foundation Trust application since the last Trust Board.

PROJECT MANAGEMENT

The original project plan following the wave 9 time table is increasingly under challenge.

The external authorisation processes for Foundation Trusts are still developing but seem likely to take place over a longer timescale than originally envisaged. The SHA are indicating their requirement to appoint a third party to conduct preparatory due diligence work and examination of our key assumptions prior to recommendation to the DH.

In addition the decision to refresh the economic analysis for the new hospital OBC means that this will not be complete to feed the final LTFM in April as originally planned. A detailed schedule of progress against individual tasks is included at appendix 1. An updated timetable for the application overall will be presented to the Project Board at its meeting in April 2008.

The detailed development of IBP2 is almost complete. The chapters relating to strategy, market assessment and service plans have been produced and the remaining chapters (excluding chapter) 6 were presented to the March project board and are to be presented to the Trust Board seminar in April.

WORKSTREAM REPORTS

Engagement

The consultation process is now well into its last month. Consultation documents have been widely distributed to patients, people who have previously expressed an interest in our FT plans and key community groups and stakeholders. The Trust has attended a wide range of local meetings to present our plans and received a number of responses to the consultation so far. It should be noted that public interest at these sessions often concentrates on progress with the Towards 2010 Programme and plans for interim reconfiguration as much as on the FT application itself.

Initial recruitment of potential members has also commenced although is proceeding more slowly at this stage. Further work to boost this part of our activity is planned for the rest of the consultation period.

Strategy

The sections of the IBP relating to the Trust's strategy, market assessment and future service plans have been substantially revised as part of producing IBP2.

The marketing strategy continues to be developed and is due to be finalised by the end of March for presentation to the Project Board.

Finance

The current activity and capacity model and LTFM were presented to the board at the February FT seminar. Work continues to refine the LTFM for IBP2. The most significant issues include:

- updating the LTFM for 2007/8 forecast outturn and the 2008/9 LDP;
- linking this to the OBC financial model and the 2010 transition trajectory as set out in version four of the programme activity and capacity model;
- clarifying the assumptions about the future development of the sites currently owned by SWBH that will become future community hospitals;
- further developing our view of the financial impact of the transition between now and the new acute hospital.

Workforce

Staff engagement plans continue to be developed. The Trust has also begun to develop its approach to service line management in more detail. An updated workforce section of the IBP will be presented to the Project Board in March.

Governance

Work has commenced on drafting detailed standing orders for both the Council of Governors and the Board of Directors to be developed.

CONCLUSION AND RECOMMENDATIONS

The Trust Board is recommended to

1. NOTE the progress with developing our FT application

Daphne Lewsley
3rd April 2008

FT Application - Progress Against Deliverables

Feb-07

Workstream	Deliverables	By When	Task Owner	Completed	Notes
Engagement (JK)	Communication Plan	15-Nov	JK	Yes	Final version to go to project board in January
	Standard Information Pack / Corporate Presentation	30-Nov	JK	Yes	
	Look and Feel for IBP	1st cut 14/10/2007	JK	Yes	
	Consultation Plan	03-Dec	JK	Yes	Meetings populated with names on ongoing basis
	Consultation Documentation	21-Dec	JK	Yes	
	Consultation Process	13-Apr	JK	n/a	21/1/08 to 13/04/08
	Appendix IBP :Documented Outcome of Consultation Process including issues raised and applicants response	18-Apr	JK	n/a	

FT Application - Progress Against Deliverables

Feb-07

Workstream	Deliverables	By When	Task Owner	Completed	Notes
Strategy (RK)	Agreed version 4 activity model	12-Oct	RK		Version 4 activity now agreed. Trajectory to be updated to take account of latest 2007/8 forecast outturn and 2008/9 LDP
	Signed specialty service plans initial	23-Nov	RK	Yes	Summary plans agreed at divisional meetings
	Initial list of issues to be resolved	23-Nov	RK	yes	
	Resolution of issues / input from reviews	31-Jan	RK	partial	
	Final specialty service plans	31-Jan	RK	no	
	Chapter 1 IBP - Executive Summary	V1 - 14th Dec, V2 - 5th Mar, Vfinal - 8th April	DL	IBP1,2 partial	Executive Summary not updated for IBP1
	Chapter 2 IBP- Trust profile	V1 - 30th Nov, V2 - 22nd Feb, Vfinal - 1st April	DL	IBP1,2 yes	
	Chapter 3 IBP- Strategic Goals	V1 - 30th Nov, V2 - 22nd Feb, Vfinal - 1st April	RK	IBP1,2 yes	
	Chapter 4 IBP- Market Assessment	V1 - 7th Dec, V2 - 29th Feb, Vfinal - 4th April	RK	IBP1,2 yes	
	PEST(LE) analysis	30-Nov	RK/DL	IBP1,2 yes	
	Marketing Strategy	21-Nov	RK/JK	Partial	Draft exists - needs updating
	Chapter 5 IBP - Service Development Plans	V1 - 7th Dec, V2 - 29th Feb, Vfinal - 4th April	RK	IBP1,2 yes	
	SWOT	30-Nov	RK	IBP1,2 yes	
	Information/ IT Strategy	Jan /Feb	TA/SW		
	Estates Strategy	Jan/Feb	GS		
	Completion of Monitor checklist	03-Nov	DL	Yes	
	Check outstanding actions from FT diagnostic done	03-Nov	DL/RK	Yes	

FT Application - Progress Against Deliverables

Feb-07

Workstream	Deliverables	By When	Task Owner	Completed	Notes
Finance (RW)	LTFM	V1 - 14th Dec, V2 - 29th Feb, Vfinal - 4th April	AW	IBP1 yes	
	Chapter 6 IBP -Finance	V1 - 20th Dec, V2 - 5th Mar, Vfinal - 8th April	AW	IBP1 yes	
	Chapter 7 IBP - Risk	V1 - 14th Dec, V2 - 5th Mar, Vfinal - 8th April	AW/ Plus relevant FT Project Team input	IBP1,2 Partial	need risk work shop
	Service Line Reporting Plan	14th Dec 2007	TW/IK	Yes	
	Service Line Reporting Implementation ?	2008/9	TW/IK	n/a	
	Agreed list protected assets	4th April 2008	AW/ Plus relevant FT Project Team	n/a	Draft list produced for V2 then final version for Vfinal
	Agreed list protected services (with commissioners)	4th April 2008	AW/ Plus relevant FT Project Team	n/a	Draft list produced for V2 then final version for Vfinal
	Schedule 2 - mandatory health services workbook	Jun-08	AW/ Comm team input	n/a	
	Schedule 3 - mandatory education and training services workbook	Jun-08	AW/ Comm team input	n/a	
	Mandatory health services workbook Attachment 1:	Jun-08	AW/ Comm team input	n/a	

FT Application - Progress Against Deliverables

Feb-07

Workstream	Deliverables	By When	Task Owner	Completed	Notes
	Legally binding contracts	Jun-08	AW/ Comm team input	n/a	
	Agreed list of Key business risks	V1 - 14th Dec, V2 - 5th Mar, Vfinal - 8th April	AW/ Plus relevant FT Project Team	IBP1,2 Partial	IBP1 updated for words and formats only.
	Risk mitigation strategies	V1 - 14th Dec, V2 - 5th Mar, Vfinal - 8th April	AW/ Plus relevant FT Project Team	IBP1,2 Partial	IBP1 updated for words and formats only.
	Agreed modelling scenarios	V1 - 14th Dec, V2 - 5th Mar, Vfinal - 8th April	AW/ Plus relevant FT Project Team	IBP1,2 Partial	IBP1 updated for words and formats only.
	Board statement on working capital accompanied by professional opinion	Jun-08	AW/TW	n/a	
	Board Memorandum on working capital	Jun-08	AW/TW	n/a	
	Board statement on financial reporting procedures accompanied by professional opinion	Jun-08	AW/TW	n/a	
	Applicants should establish whether they can secure the necessary Working Capital facilities from commercial banks.	End of Jan 2008	AW/TW	n/a	

FT Application - Progress Against Deliverables

Feb-07

Workstream	Deliverables	By When	Task Owner	Completed	Notes
HR (HR)	Chapter 8 IBP - HR and Workforce	V1 - 7th Dec, V2 - 29th Feb, Vfinal - 4th April	CH	IBP1,2 yes	
	Board Development Program	ongoing	KD		
	Workforce Plan (10 years)	V1 - 30th Nov, V2 - 22nd Feb, Vfinal - 1st April	CH	IBP1,2 Partial	IBP1 updated for words and formats only.
	HR Strategy	V1 - 7th Dec, V2 - 29th Feb, Vfinal - 4th April	CH	IBP1,2 yes	needs updating
Governance (KD)	Appendix IBP : Membership strategy	30-Nov	JK	Draft	Final version to go to project board in January
	Membership Database	ongoing	JK	n/a	
	Recruitment of Members	ongoing	JK	n/a	
	Chapter 9 IBP - Governance Strategy	V1 - 30th Nov, V2 - 22nd Feb, Vfinal - 1st April	KD	IBP1 yes	
	Appendix IBP - Governance Rationale	30-Nov	KD	Partial	requires detailed SOs to be developed
	Appendix IBP - Draft Constitution	30-Nov	KD	IBP1 yes	
	Model election process	28-Feb	KD / JK	n/a	
	Proposals /timetable for initial elections	28-Feb	KD / JK	n/a	
	Update on implementation of membership strategy and initial elections	In monitor stage	JK	n/a	
	Review of all trust policies and approval by BoD or relevant sub committee	Jan to Jun 2008	KD	n/a	
	Board certification that applicant has organisational capacity to deliver business plan	Jun-08	KD	n/a	
	Trust Board certification on senior management	Jun-08	KD	n/a	
	Trust Board certification on Non Execs and Board subcommittees	Jun-08	KD	n/a	
			KD	n/a	
	Register of Governors Interests	Jun-08	KD	n/a	
	Register of Directors Interests	Jun-08	KD	n/a	
	Letter from Chair confirming whole Trust Board has confidence in arrangements in place for each area	Jun-08	KD	n/a	
	Copies of Trust Board minutes confirming above which record discussions in a trust board	Jun-08	KD	n/a	

FT Application - Progress Against Deliverables

Feb-07

Workstream	Deliverables	By When	Task Owner	Completed	Notes
	Performance Management Strategy and policy documents approved by trust board	Jun-08	TA	n/a	
	Example of regular performance reports submitted to trust board	Jun-08	TA	n/a	
	Reports from Inspectorates e.g. Health commission	Jun-08	KD	n/a	
	Copy of risk management strategy and policies approved by trust board	Jun-08	KD	n/a	
	Statement of internal control	Jun-08	RW	n/a	
	Management report demonstrating how they have satisfied themselves that they have adequate controls in place to manage risk.	Jun-08	KD	n/a	
	A copy of the applicant's self assessment on the new healthcare standards;	Jun-08	KD	n/a	
	Evidence of compliance with Risk Pooling Scheme for Trusts level 1 and Clinical Negligence Scheme for Trusts (CNST) Level 1.	Jun-08	KD	n/a	
	A statement from the Trust Board that there has been no material change in the applicant's risk management policies and processes since these assessments (referred to above) were made, or details of any significant changes made and confirmation that the processes have been implemented and are effective	Jun-08	KD	n/a	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

REPORT TO THE TRUST BOARD

3rd APRIL 2008

SUBJECT: Towards 2010 Programme Progress Report:
April 2008

REPORT BY Director of Strategy

AUTHOR: 2010 Implementation Director & 2010 Programme Director

PURPOSE OF THE REPORT:

To provide the Trust Board with an update on the work of the Towards 2010 Programme as at the end of March 2008.

IMPLICATIONS:

Financial:

Personnel:

**Healthcare/
National
Policy:** The Towards 2010 Programme and the New Acute Hospital Project will set the future strategy for health and social care to the people of Sandwell and West Birmingham.

Other:

RECOMMENDATION(S):

1. NOTE the progress made with the Towards 2010 Programme.

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

TOWARDS 2010 PROGRAMME: PROGRESS REPORT APRIL 2008

INTRODUCTION

The Towards 2010 Programme is the partnership of S&WBH, HoB tPCT, the Sandwell PCTs 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 March 2008.

This report is in two sections:

- a) overview of the work of the Towards 2010 Programme;
- b) Programme Director's report as presented to the 2010 Partnership and the Boards of Sandwell and HoB PCTs (appendix A)

This format is designed to strengthen the accountability of the Programme to the boards of the partner organisations.

OVERVIEW

This section provides an overview of the work of the Towards 2010 Programme (as set out in more detail in the Programme Director's report in Appendix 1). The most significant issues arising this month are as follows:

- The Towards 2010 Action Plan (as agreed by the 2010 Partnership and presented to SWBH Trust Board in March) in response to the SHA External Review report has been presented to the SHA. It has been agreed that the 2010 Partnership will provide quarterly reports on progress against the Action Plan to the SHA, commencing in June. It should also be noted that the next SHA Review will take place in May 2008.
- As part of the *Investing for Health* strategic framework, the SHA asked every local health economy to prepare its draft overarching vision for the five year period up to 2012/13. The Sandwell and Heart of Birmingham Local Health Economy submitted its draft overarching vision based upon the Towards 2010 Programme in December. Formal feedback from the SHA has now been received. In general the content of the local health economy submission was well received however a number of areas were highlighted for strengthening. The next submission is now due by 14th May 2008.
- On 30th May 2007 there was an external review by the Department of Health Private Finance Unit, of the New Acute Hospital Project, as part of the preparation for the submission of the Outline Business Case. The next review will be held on Friday 28th March 2008 and involves presentations on the whole health economy

approach to service change and reconfiguration.

- The programme has continued to work on delivering the first wave exemplar projects and detailed planning for the second wave. It should be noted that the status of all projects is currently assessed as amber or green. However the exemplar project for Urgent Care, Sandwell is behind target in terms of activity levels. There is ongoing work to review the reason for this and also to identify whether the target needs to be amended.

CONCLUSION AND RECOMMENDATIONS

This report has provided an overview of progress with the Towards 2010 Programme and the New Acute Hospital Project for the Trust Board as at the end of March 2008. The Trust Board is recommended to:

1. NOTE the progress made with the Towards 2010 Programme.

Jayne Dunn
26th March 2008

APPENDIX A: PROGRAMME DIRECTOR'S REPORT

Sandwell and the Heart of Birmingham Health and Social Care Community

TOWARDS 2010 PROGRAMME

Report to: 2010 Partnership Board
Report of: Les Williams , Programme Director
Subject: Programme Director's Report
Date: Monday, 31st March, 2008

1. Summary and Recommendation

This paper summarises the main issues and developments in the Programme since the February report.

The Partnership Board is recommended to:

- Note the content of the report.

2. Background

This report updates members of the Partnership Board on progress made by the Programme since the February meeting.

The Partnership Board agenda includes items on the New Acute Hospital Update, and updates on PCT Facilities, the Activity and Capacity Model, the Transitional Financial Framework and Health Economy Affordability and the Community Hospitals Ownership issue. In addition, there is a need to review the terms of reference of the Partnership Board and all the Partnership Groups, so these are covered in a separate paper.

This report includes the material usually covered in the Implementation Report under the heading 'Performance of Projects' (Section 3.2.5).

There are no items for decision by the Partnership indicated in this report this month.

3. Items for Information

3.1 Relationships with External Organisations

3.1.1 SHA External Review Report

Rob Bacon, Chief Executive, Sandwell PCT, and I presented the Action Plan agreed by the Partnership on 25th February 2008 in response to the External Review report. The SHA Board received and approved the action plan and indicated that the Programme seemed to them to be well established and

progressing well. They requested more detail about the communications and engagement activity being undertaken and were especially concerned to ensure that continuing clinical engagement was evident. They asked for our views on the greatest challenge going forward and the extent to which the External Review had been helpful.

It was agreed that the Partnership will provide quarterly reports on progress against the Action Plan to the SHA, commencing in June. It should also be noted that the next SHA Review will take place in May 2008 and as yet, the format is not known.

3.1.2 Local Health Economy Overarching Plans – Investing for Health

The SHA has now provided its commentary on the December 2007 submission and set out the timetable and content for the next submission. This was originally to have been in April 2008, but the submission date has been delayed until 14th May 2008.

The commentary received is given as Appendix 1 to this report. In general, the content was well received, and the commentary indicates a number of areas for strengthening. These focus on the areas of Children's Services, Acute Care, Planned Care, Mental Health/Dementia and End of Life Care. It appears that a significant amount of work is required to ensure the SHA is completely satisfied, given a relatively short timeframe before the next submission.

I would welcome a view from the Partnership on the extent of involvement partners wish to have in further developing the submission for May 2008.

3.1.3 Private Finance Unit Review Friday 28th March 2008

Colleagues will recall that there was an external review held on 30th May 2007, led by Richard Glenn from the Department of Health Private Finance Unit, of the New Acute Hospital Project, as part of the preparation for the submission of the Outline Business Case. The next review will be held on Friday 28th March 2008 and involves presentations on the whole health economy approach to service change and reconfiguration. Detailed papers have been produced for the review, to cover:

- a general introduction and update on the Towards 2010 Programme
- details of progress on Out of Hospital Provision, including the PCT facilities, and the assumptions for community hospitals ownership
- the Transition Plan, including details of the SHA External Review Action Plan and progress on individual projects
- health economy affordability
- detailed presentations on the progress of the New Acute Hospital Project, covering the Development Control Plan, capital cost options, the financial model and updates on land acquisition, operational policies and the Outline Planning Application.

A verbal report on the PFU Review will be given at the meeting.

3.1.4 Overview and Scrutiny Committees and local MPs

During February, Doug Round, Chairman, and I held meetings with the respective Chairs and Scrutiny Officers of Sandwell Metropolitan Borough Council and Birmingham City Council. These meetings were welcomed as a means of providing an update on progress with the Towards 2010 Programme. Both Chairs expressed some concern at the relative lack of engagement and communications activity since the close of the consultation process and particular concerns were raised by Councillor Alden about issues in Birmingham. These have been discussed with Sandy Bradbrook, Chief Executive, and a response is to be sent by me.

It has been agreed that we will provide a detailed update to each of the full Overview and Scrutiny Committees in June 2008, after the May local elections. This will include a general update on NHS policy movements and an explanation of the themes arising from the Darzi Review. It was felt that this will be helpful to new members of these Committees. The presentation to the Birmingham Overview and Scrutiny Committee will take place at 10.30am on 18th June, 2008, with the date for Sandwell MBC yet to be notified.

In order to promote further openness, I have undertaken to provide a copy of this report to both Chairs on a monthly basis, after it has been presented to the Partnership. This was welcomed.

Sandwell PCT is meeting with its local MPs on 4th April 2008 and Doug Round and I will attend to provide an update on the Programme. A date for meeting the Birmingham MPs is being sought.

3.2 Programme Issues

3.2.1 SHA Workforce Allocation

The allocation made by the SHA on a non-recurrent basis over two years, expected to be £585,000, has been received at £650,000. This was the total amount originally bid for in the autumn and against which the programme of expenditure, discussed at the January Partnership meeting, was developed.

A service level agreement has been signed with the SHA and Karen Scott, Workforce Lead, and I are meeting with the SHA Workforce Lead to agree how monitoring of activity and expenditure is undertaken on a regular basis.

3.2.2 Clinical Group Work Programme

The newly constituted Clinical Group met for the first time on 5th March 2008. The Group agreed a work programme, which envisages the establishment of four sub groups, to develop activity in the areas of:

- Clinical Strategy

- Models of Care and Care Pathways
- Audit and Evaluation
- Engagement and Communications (joint with Engagement and Communications Group)

These will be established as time limited 'task and finish' groups and clinical chairs for each of these groups are now being sought. The agreed work programme is given at Appendix 2.

3.2.3 Project Leads Sessions

Members of the Partnership will recall that the External Review report indicated the need to ensure project leads received more support in terms of Programme issues and training. The following sessions have already been put in place:

- Session on Workforce Planning, supported by ATM, management consultants, held on 13th March 2008
- Session on understanding the Activity and Capacity Model, 3rd April 2008
- Project leads session planned for 24th April 2008. The agenda for this is being developed but will include Counting of Activity and the Project Life Cycle.

An analysis of project leads' need for support has been undertaken and this identifies a wide range of issues, including all those above as high priorities. Other areas to be addressed include:

- More detail on the Towards 2010 Programme, its objectives and how it operates
- Implications of the SHA External Review for projects
- Identifying the next tranche of projects
- Programme Framework
- How are equipment, consumables and accommodation to be financed
- Measures of success of the Programme and projects, beyond simply counting activity
- Understanding all the projects
- Ensuring clinical engagement effectively
- Learning lessons from the exemplar and second wave projects

3.2.4 Programme Team

The Partnership agreed the Programme Budget for 2008/09 at its meeting in February 2008. The posts of Programme Manager and Communications and Engagement Facilitator have now been graded and are going out to advertisement. It is hoped to have individuals in post from June onwards.

3.2.5 Performance of Projects

This section includes detailed reports from each of the Projects on progress.

NOTE: This section is not included here but is available to SWBH Directors separately from Richard Kirby or Jayne Dunn on request.

The Partnership Board is recommended to:

- Note the content of the report

Les Williams
Programme Director
25th March 2008

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

REPORT TO THE TRUST BOARD

3rd APRIL 2008

SUBJECT: Shaping Hospital Services for the Future:
Progress Report April 2008

REPORT BY Director of Strategy

AUTHOR: 2010 Implementation Director

PURPOSE OF THE REPORT:

To provide the Trust Board with a progress report on the work of Shaping Hospital Services for the Future – the Trust's interim service reconfiguration project – as at April 2008.

IMPLICATIONS:

Financial:

Personnel:

Healthcare/

National

Policy:

Other:

The reconfiguration project aims to identify and deliver clinically and financially stable service configuration between now and the opening of the planned new hospital in 2013/14.

RECOMMENDATION(S):

1. NOTE the progress made with the Interim Reconfiguration Project.
2. NOTE the Trust has submitted a report providing detail of the further equality impact assessment work to the Equality and Human Rights Commission.
3. NOTE the interim reconfiguration changes in breast surgery commenced in early March with the transfer of a routine theatre list to the BTC to allow women currently treated at Sandwell to have access to sentinel node biopsy procedures.

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

SHAPING HOSPITAL SERVICES FOR THE FUTURE PROGRESS REPORT – APRIL 2008

INTRODUCTION

The Trust has identified four priority areas where significant change is required in terms of configuration across the two acute hospital sites before completion of the 'Towards 2010' programme and the new acute hospital. Delivering this level of change will be a challenge and will require robust project management to ensure the desired outcomes and benefits are achieved.

As part of the project management arrangements for this interim reconfiguration work the Interim Reconfiguration Board will present a monthly progress report to the Trust Board that will also be circulated to the Strategic Development Board.

This paper sets out a progress report for the April meeting of the Trust Board.

BACKGROUND

The services identified as priorities for reconfiguration in the short-term (next 12-18 months) and in advance of the changes being developed through Towards 2010 are:

- inpatient paediatric services;
- neonatal intensive care services;
- inpatient surgical services;
- pathology.

PROJECT MANAGEMENT

The project management structure for the interim reconfiguration work continues to operate as set out in previous reports.

Key Meetings Held in March:

- The steering groups and working groups have held meetings.
- The Interim Reconfiguration Capital Scheme Project Boards in Paediatrics, Neonates and Pathology have met.
- A meeting has been held with WMAS to discuss implementation plans for surgical interim reconfiguration and the impact of Paediatric interim reconfiguration.
- A meeting has been held with Birmingham Children's Hospital as part of the initial assessment of Paediatric reconfiguration.

PROGRESS AND KEY ISSUES

This section summarises progress that has been made in implementing the interim reconfiguration changes in each of the four areas. It also highlights a number of key outstanding issues relating to implementation that need to be resolved to successfully deliver these changes. The steering groups and working groups are working on these issues as part of developing detailed implementation plans. Each of the detailed implementation plans will be presented to the Interim Reconfiguration Board. A progress rating is given to each of the issues in the implementation plans and this is reviewed monthly by the steering groups and/or working groups. Any significant issues or delays will be reported to the Interim Reconfiguration Board and highlighted in this monthly progress report. Progress for this month and any significant issues are outlined below

Paediatrics

The service model agreed for the interim reconfiguration of inpatient paediatric services was implemented on the 5th November 2007. Paediatric inpatient beds are now consolidated at Sandwell Hospital (on Lyndon 1, Lyndon Ground) with a 24 hour PAU at City Hospital (on D19).

The Paediatric Steering Group will continue to meet until May 2008 to oversee progress with the interim reconfiguration service model and receive evaluation reports.

Ward Refurbishments

The planned refurbishment work on Priory Ground is now complete and the ward opened in early March. The refurbishment work on the Ophthalmic ward (in order to provide appropriate accommodation for children) has started and is due to be complete in early March.

Neo-natal Intensive Care

Implementation Date.

The timescale for full implementation of the interim reconfiguration changes in neonatal care is dependant upon completion of the capital schemes (expected to be July 2008 for the clinical areas and September 2008 for the support areas).

From November 2007 until the new neo-natal accommodation is available at City, Sandwell babies needing Level Two neo-natal care will be transferred to City post-natally. There will be a temporary increase in neo-natal support at Sandwell to accommodate this and the threshold at which neo-natal babies are received back into the Level One unit at Sandwell will be raised temporarily. The Division have reviewed activity data for women delivering babies at Sandwell between 30 and 34 weeks gestation and on the basis of this are now transferring the small number of deliveries between 30 and 32

weeks gestation (15 in 2006/07) in-utero away from Sandwell and ideally to City Hospital dependant upon individual risk assessment and available capacity at the time.

Progress

In August the Neonatal Steering Group presented a detailed implementation plan to the Interim Reconfiguration Board. With regard to key issues raised in previous reports the following progress has been made:

- *Refurbishment Work:* The refurbished Level 1 Neonatal Unit at Sandwell is now operational. The work to extend and refurbish the Level 2 Neonatal Unit at City Hospital has started with a full completion date of September 2008.
- *Arrangements for transferring the delivery element of obstetric care for women with high risk pregnancies from Sandwell Hospital to City Hospital:* The Trust estimates that about 300 – 400 extra women at high risk of a delivery before 34 weeks gestation may need to transfer from Sandwell to City if Level 2 neo-natal services are concentrated at City. The obstetric working group is using a planning assumption of 400 additional deliveries to be transferred to City Hospital and is working on the impact of this on obstetric staffing and capacity at both City and Sandwell. This work needs to be linked to other ongoing work about the Trust's obstetric services but we are aiming to have a plan by July 2008 for accommodating these additional births, ahead of the refurbished clinical area of the Level 2 Neonatal Unit at City Hospital becoming operational.

Surgery

Implementation Date.

Following discussion at the Interim Reconfiguration Workshops (September & April) the Interim Reconfiguration Board supported the need to phase the implementation of the surgical proposals aiming to complete the process by December 2008 at the latest. The phasing started with elective surgical work as follows:

- Vascular Surgery: implemented July 2007.
- Breast Surgery Services: interim reconfiguration changes will be implemented on a staged basis. This has started with the transfer of 23 hour stay sentinel node biopsy breast cancer surgery for women referred to both City and Sandwell Hospitals to the BTC from March 2008.
- Urology: it is proposed that interim reconfiguration changes in Urology start to be implemented from May 2008.
- Emergency General Surgery and Trauma: it was agreed that no interim reconfiguration changes would be made to these services until after the review by the Independent Reconfiguration Panel. Following the

publication of the IRP report in December. Following the publication of this report a more detailed implementation is now being developed.

- Orthopaedics: it was agreed that changes could not be made to Orthopaedics until after the IRP review as an initial assessment suggested the required theatre and bed capacity at City Hospital could only be created once the changes to Trauma had also been made.

Progress

Breast Surgery: A detailed implementation plan and proposed timescale was presented to the Interim Reconfiguration Board at its meeting in November. These were approved and a phased implementation agreed. These changes began in March 2008 starting with a routine theatre list in the BTC for women currently treated at Sandwell to have access to sentinel node biopsy procedures.

Urology: A detailed implementation plan and proposed timescale was presented to the Interim Reconfiguration Board at its meeting in November and agreed in principle subject to a more detailed financial analysis and equality impact assessment. Phased implementation was planned to begin in February 2008 starting with consolidation at City Hospital of all Urology inpatients requiring a length of stay of 3 days or more. There has been a delay due to theatre staffing capacity and the need to review consultant job plans. It is now anticipated that phased implementation will begin in May 2008.

Arrangements for providing surgical support for patients attending the A&E department at City Hospital including a 24 hour Surgical Assessment Unit (SAU).

The Trust has developed an initial high level model for providing emergency surgical cover to City Hospital for patients attending A&E, elective inpatients and medical inpatients. Work has continued through a number of working groups to develop these arrangements in more detail including surgical rotas, service models and operational arrangements for the SAU at City Hospital. A further clinical workshop has been arranged for early April so that the work to date can be presented to a wider clinical group and outstanding issues can be discussed in this forum.

Emergency Surgery & Orthopaedics

The previously identified target date, set by the Interim Reconfiguration Project Board, for full implementation of all interim reconfiguration changes was December 2008 but with a recognised need for the phasing of implementation of changes in emergency surgery. The feasibility of this date for emergency surgery and orthopaedics needs to be tested as part of developing the implementation plan. The agreed timetable for developing the implementation plan can be found in appendix 1.

Pathology

Progress:

A detailed implementation plan was presented to the October meeting of the Interim Reconfiguration Board.

Capital work required to support reconfiguration.

The approved scheme is to consolidate the main laboratories for all of the sub-specialities at City Hospital with smaller laboratories in Haematology & Biochemistry at Sandwell Hospital for the majority of routine inpatient work (where results required within 3-4 hours) and all urgent work 24 hours a day with a 24 hour presence in these laboratories. There will also be a full blood bank service at both hospitals. This will involve refurbishing the existing Pathology Department, D9 and D10 at City Hospital.

The capital scheme required to support this service model has been approved and work commenced in January 2008 with an anticipated completion date of October 2008.

Other

Options for transport arrangements for transferring patients between Hospitals sites post reconfiguration.

This continues to be highlighted as a key issue and is being considered as part of the implementation plans for each of the four services. The Trust's own Patient Transport Service is providing the transfer service for children against an agreed specification and the plan is to extend this arrangement for surgical patients.

With regard to relatives visiting patients the Trust is in discussions with West Midlands Travel about public transport access to the sites. The Trust is including questions about transport arrangements in its forthcoming patient surveys. In addition the Trust has undertaken a mapping exercise for patients in the three patient service areas in order to develop information leaflets outlining public transport routes to each hospital. The interim reconfiguration information leaflets for children and parents include information about bus routes to both hospitals.

Impact on teaching and training.

Within Paediatrics, the Universities regarding nurse training and the Deanery with regard to junior doctor training have been advised of the interim reconfiguration changes and implications for training have been considered.

Once the proposals for the future surgical service models have been developed in more detail the Trust will need to work to ensure that the impact on teaching and training of medical and nursing staff is fully addressed in the detail of our plans.

EQUALITY IMPACT ASSESSMENT

Following the Trust's response in August to the Equality and Human Rights Commission's (previously Commission of Racial Equality) request for information the Trust has recently received a further request from the Equality and Human Rights Commission for more detailed information. The information requested was collated into a report and sent to the Commission mid March. The report included:

- Detailed analysis of the demographic data about patients admitted as inpatients to Paediatrics, Neonatal Care and Surgery
- The full impact assessment including the action plans developed by the Steering Groups
- Details on the process of ongoing review of any implemented proposals.

CONCLUSION AND RECOMMENDATIONS

This paper has provided an overview for the Trust Board of progress with the development of proposals for service reconfiguration in advance of Towards 2010. The Trust Board is recommended to:

1. NOTE the progress made with the Interim Reconfiguration Project.
2. NOTE the Trust submitted a report providing detail of the further equality impact assessment work to the Equality and Human Rights Commission.
3. NOTE the interim reconfiguration changes in breast surgery commenced in early March with the transfer of a routine theatre list to the BTC to allow women currently treated at Sandwell to have access to sentinel node biopsy procedures.

Jayne Dunn
2010 implementation Director
26th March 2008

APPENDIX 1

**Timetable for Developing and Implementation Plan for Interim
Reconfiguration of Emergency Surgery**

Date	Action
January 2008	Agree process for developing implementation plan (Surgical Steering Group & Interim Reconfiguration Board)
February 2008	Present process and timetable for developing implementation plan to Trust Board
February 2008	Set up & hold first meetings of the working groups
May 2008	Agree implementation plan at the Surgical Steering Group
May 2008	Present implementation plan to Interim Reconfiguration Board
June 2008	Present implementation plan to Trust Board, PCTs & SHA for approval
August/September 2008	Start first phase of implementation
December 2008	Complete implementation
March 2009	Initial evaluation
June 2009	Evaluation

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

REPORT TO THE PUBLIC TRUST BOARD

3rd April 2008

Subject:	Minutes of the Finance & Performance Management Sub Committee
Report by:	Roger Trotman, Non Executive Director, Chair of the Finance & Performance Sub Committee
Author:	Robert White, Director of Finance

PURPOSE OF THE REPORT:

To present to the Trust Board, the minutes of the Finance & Performance Management Sub Committee meeting held on 28th February 2008 for information.

IMPLICATIONS:

Financial:	None
Personnel:	None
Healthcare/ National Policy:	None
Other:	Compliance with Standing Orders and good Governance practice

RECOMMENDATION(S):

The Trust Board is asked to receive and note the minutes

Date: 12th March 2008

Minutes of the Finance & Performance Management Committee Meeting held on Thursday 28th February 2008 at 2.30pm in the Ground Floor Committee Sandwell General Hospital.

Present: Mr Roger Trotman (RT) – Non Executive Director (Chair of Meeting)
Mrs Sue Davis (SD) – Trust Chair
Miss Isobel Bartram (IB) – Non Executive Director
Dr Sarindar Singh Sahota (SS) – Non Executive Director
Mrs Gianjeet Hunjan (GH) – Non Executive Director
Professor Jonathan Michie (JM) – Non Executive Director
Councillor Bill Thomas (BT) – Non Executive Director
Mr Robert White (RW) – Director of Finance and Performance Management
Mr Tim Atack (TA) – Chief Operating Officer

In Attendance: Mr Donal O'Donoghue (DO'D) – Medical Director
Mr Mike Harding (MH) – Head of Planning & Performance Management

ACTION

1 APOLOGIES

Apologies were received from Mr John Adler and Mr Tony Wharram.

2 MINUTES OF THE MEETING HELD ON 31st JANUARY 2008

The minutes of the meeting held on the 31st January 2008 were approved by the Committee and signed by RT.

3 MATTERS ARISING

3.1 Pay Forecast Reporting and Redundancy Costs

RW confirmed the explanation for final quarter costs being apparently high, to be one-off costs featuring in the Month 12 projected position. He also confirmed that a budget for redundancy costs was kept in reserves, rather than being explicitly indicated as such, due to the sensitivity of the issue.

3.2 Patient Environment / Cleaning Funding

RW stated that £1.60m from Sandwell and HOB PCTs and £0.70m from the Strategic Health Authority is now in high level income figures.

4 TRUST PERFORMANCE MANAGEMENT REPORTS – APRIL to JANUARY 2007

4.1 2007/08 Month 10 Financial Position & Forecast

RW reported an in month surplus of £448K, compared with a plan of £174K. The year to date surplus of £6.065m is £1.892m ahead of target (measured against original £4.500m surplus target). If the planned surpluses for February and March are added to the current surplus, this is very close to the end year plan of a £6.500m surplus.

In month adverse financial positions within the Medicine Divisions are attributable to bed related pressures and the consequential impact upon Accident & Emergency Unit costs.

RW advised the committee that the £0.5m related to the renal development (on page 5 of the report) should feature as a reduction. This funding has been withdrawn by HOBtPCT as the development has not yet commenced. This will have a neutral financial impact upon the Trust.

RW stated that cash balances remain exceedingly high, Capital Programme expenditure is set to accelerate and Workforce and Paybill costs remain stable in month.

TA added that there were 3 principal reasons why Agency Costs had increased in month:

- Implementation of the £2.3m programme to improve the Patient Environment has necessitated employment of additional cleaning staff.
- Staff had been employed to 'clean up' data, particularly necessary to ensure delivery of the 18-week RTT target.
- A general recognition of increased staffing requirements in certain areas, associated with activity demands.

SD commented that it would be useful to know how much of the expenditure on Agency Staff is additional to the costs the Trust would incur if the staff were employed directly. RW stated that he would look into ways into which this may be evaluated, adding that an element of the additional actual costs may be associated with earlier, in-year dissatisfaction with Nurse Bank pay arrangements.

RW

RT referred to a number of queries raised by GH in an E Mail sent earlier in the day, and suggested given the relatively short time within which to consider the queries thoroughly, it may be appropriate if he met with RW and GH outside of the meeting to discuss. RW added that modification to the structure of the existing financial report may address some queries, with due consideration to the sensitivity of some financial information. SD considered this approach would be helpful and suggested that a number of issues appear to relate to consistency of reporting. She asked RW if he would indicate the areas which may change and why. This approach was supported by the committee.

RW

GH referred to two specific areas. Increased expenditure on agency staff within the last quarter has not been reflected in an amended forecast outturn position. Additionally, some financial data appears to be out of alignment in relation to the period under consideration. RW responded that any data accuracy figures would be corrected within the financial report to the Trust Board.

RW

4.2 Performance Monitoring Report

MH delivered the report.

The proportion of Delayed Transfers of Care remain stable at 2.1% during the month of January. Year to date performance compares favourably with last years outturn of 4.0%.

A/E 4-hour wait performance improved during the latter part of January, ensuring the 98.0% threshold was met both for the month and the year to date. Further sustained improvement, in excess of 99%, has been seen throughout February (to date).

The percentage of patients contacting the GU Medicine service during January, who were offered an appointment within 48 hours, was 93%. Early indications are that this measure of performance will exceed 99% during February.

Patients commencing treatment within 18 weeks of referral was 89.5% and 89.9% for admitted and non-admitted patients respectively during January. TA added that whilst the Trust remains on track to hit the national 18-week RTT target, the internal inpatient and outpatient maximum wait targets of 11 weeks and 5 weeks respectively may not be fully achievable.

Overall Elective Activity for the period to date is virtually identical to that delivered during the corresponding period last

year, although performance against contracted plan for this year, had reduced slightly in month. Non-Elective and Outpatient performance against plan is similar to that reported last month.

Regarding Ambulance Turnaround Times, MH referred to further improvement since producing the performance report. There were no delays in excess of 90 minutes during February and the percentage of ambulances being turned around within less than 15 minutes, during the same period, was now 16%+. TA stated that he remains keen to see the ambulance service adopt practice in evidence elsewhere (such as treatment at the scene), whereby the number of ambulances attending A/E departments is reduced. In response to RW, TA stated that improvement generally was a reflection of internal micro-management coupled with a reduction recently in demand.

During discussion concern was expressed regarding the deterioration in the performance within month of call centre response times. Reasons cited were delay in despatch of appointment letters, due to post room problems at City and increased sickness absence amongst call centre staff. TA also referred to appointment reminder letters at City not being sent during the implementation phase of the new IT system – this has now recommenced. In response to DO'D, TA confirmed DNA rates were higher than desirable and this was to be an area of high focus during 2008 / 09, additionally the extension of Partial Booking to Follow-Up appointments was expected to assist. BT endorsed the need for this area to be high priority due to its interface between the Trust and its patients.

SD emphasised the importance of recording of Ethnicity Data. TA replied that the recent reduction in data quality was attributable to the migration to the new Patient Administration System. Overlaying PCT data, which was not as complete as the Trust's data in this respect, had reduced compliance. Actions to rectify this had been implemented.

SD queried the derivation of the Mean Drug Cost per IP Spell and per Occupied Bed Day, both being higher than target / 2006/07 outturn. MH responded that in part higher costs per Occupied Bed Day may be influenced by a reduction in average length of stay. Additionally, MH agreed to check to what extent High Cost Drugs featured within the calculation, and if this is the case, to recalculate with their exclusion.

MH

MH drew the attention of the committee to the newly incorporated data on cancelled operations. He stated that

comparative data was not available for earlier periods due to the change in Information Systems. TA asked MH to forward the raw data to him as the numbers indicated were higher than anticipated.

MH

4.3 Debtor Report

RW drew the attention of the committee to the key features of the report.

The Trust had now received an acceptable response from UHBFT, who now feel able to pay outstanding invoices. It may however take a couple of months before their removal from the debtors list.

The use of the Birmingham Treatment Centre by Birmingham Children's FT, and the appropriate payment for this, had now been resolved.

5 COST IMPROVEMENT PROGRAMME – 2007/08

5.1 CIP Delivery Report

In summary RW stated that delivery of the programme was now £95K ahead of target, with strong performance set to continue for the remaining 2 months of the year. Specifically, the Women and Children's Division was now seeing benefit from its Gynae-Oncology activity.

5.2 Minutes of the Financial Recovery Board Meeting held on Thursday 31st January 2008

These were noted by the committee.

RW reported that no exception reports had been submitted by Divisions to the meeting of the Financial Management Board held earlier that day.

6 FINANCIAL PLAN 2008 / 2009 (LATEST DRAFT)

RW presented the report indicating that it reflected the current state of the Financial Plan which includes a planned surplus of £2.5m, together with a CIP target of £11.0m.

He referred to LDP negotiations with the Trust's Co-ordinating Commissioner (Sandwell PCT) concluding on 20th February 2008. The national contract for 2008 / 09 was to follow, which is heavily orientated punitively towards the Acute Sector. As such it will be necessary to examine its contents closely.

RW made reference to approximately 200 local variations to PbR rules across the SHA, with the CBSA seeking to adopt a very mechanistic approach, by advocating their removal. This had culminated in correspondence from the SHA supporting a tariff top-up for the Trust's specialist Ophthalmology, but at the same time proposing to withdraw the equivalent of £3m by removal of the local PbR variations.

He stated that a suite of financial schedules would be brought to the next meeting of the committee.

Summarising RW drew the attention of the committee to the various components of the paper:

- Reconciliation of the Annual Planning Process to the Financial Planning Process
- Financial Planning assumptions, including the main elements of the Heads of Agreement with the Trust's co-ordinating commissioner, including Transitional Financial Framework arrangements.
- Specific aspects of the LDP settlement, including the agreement on waiting times, infection control and agreement regarding the utilisation of funding received for Rowley Regis Hospital.
- A number of supporting Financial Schedules.

RW stated that he would incorporate any changes to the papers, prior to an update of the Financial Plan to be presented to the next meeting of the committee. The report would then be submitted to the Trust Board at its 3rd April 2008 meeting.

In response SD stated that the Annual Planning process should identify financial requirements in advance of the LDP process, such that in-year issues, other than those unforeseen, do not manifest, otherwise it is not possible to prioritise investment proposals. RW agreed, and stated that challenging in-year proposals and, scrutiny in general, was improving. He also added that in some cases provisional sums were allocated to proposals early in year, pending more detailed submissions.

7 STRATEGIC INVESTMENT REVIEW GROUP

7.1 Minutes of the Meeting Held on 15th January 2008

The minutes of the above meeting were noted.

7.2 Summary of Decisions for Meeting Held on 19th February 2008

Noted.

8 ANY OTHER BUSINESS

SD referred to a letter recently received from NHS Shared Services which refers to a National Audit Office (NAO) report on Improving Corporate Services. Following brief discussion it was agreed RW would produce a resume of the contents of the NAO report and its relevance to the Trust. This would enable future informed discussion and decision.

RW

9 DATE AND TIME OF NEXT MEETING

The date and time of the next meeting is Thursday 27th March 2008 at 2.30pm in the Executive Meeting Room, City Hospital.

Signed.....

Print.....

Date.....