Sandwell and West Birmingham Hospitals NHS
NHS Trust

Annual Report 2009/2010

Caring Accessible Professional Open Engaging

Where EVERYONE Matters

Contents

Welcome from the Chair and Chief Executive.

Welcome to our 2009/10 annual report. This has been another significant year for us and thanks to the hard work, energy and commitment of our staff, we have continued to make important progress in improving our services.

- We have worked hard to improve our services for patients with stroke, launching 24 hour, 7 day a week thrombolysis services at both our acute sites, speeding up access to brain imaging for stroke patients and increasing the proportion of patients spending most of their hospital stay on a designated stroke unit.

- We continued to develop maternity services, working with Sandwell PCT to consult on changes for the future. In addition to existing plans to open a midwife-led unit at City Hospital, in February we agreed to centralise consultant-led births at City Hospital and develop a midwife-led maternity unit in the borough of Sandwell.

- We achieved our six quality targets agreed with local PCTs through the CQUIN programme including brain imaging for stroke, time to operation for patients with fractured neck of femur, reduced caesarean section rate, smoking cessation referrals and patient surveys.

- We continued to develop our facilities by commissioning a new MRI scanner at City Hospital, completing the upgrade of facilities in City A&E department and undertaking a major upgrade of ward D16 at City Hospital. The wards at Sandwell also saw improvements to support high standards of privacy and dignity.

- We achieved two major milestones in our longer-term plans with approval of the Outline Business Case for the new acute hospital and the launch of the Compulsory Purchase Order for the land.

- We were pleased to maintain our ratings of "Good" for Quality of Services and "Good" for Use of Resources in the Care Quality Commission Annual Healthcheck sustaining previous improvement.

- Alongside these developments we continued to achieve national targets for infection control, standards of cleanliness and patient waiting times as well as maintaining financial stability and

delivering a planned 'normalised' surplus of £2.2m. A normalised surplus excludes significant one-off events. This year, the District Valuer reviewed all of the land and buildings held by the Trust and valued these under the new MEA (modern equivalent asset) method. More is said about this later in the document, especially as this technical exercise led to an adjustment in the accounts to reflect lower building values. The resultant deficit in the statutory accounts of £28,646,000 is not a problem for the Trust and the accounting treatment has been agreed by the Department of Health. However, it is important that those reading our accounts understand the relationship between performance on the face of the accounts and the real performance that we are judged on (i.e. that we generated an underlying surplus).

- We submitted our application for NHS Foundation Trust status at the end of 2008/9. The major change in the external financial climate that took place during 2009/10 meant that we decided not to pursue the application until we have updated our financial plans. This will also enable us to ensure that the most up-to-date version of our plans for the new acute hospital can be incorporated into this work. We will continue to work on plans for our future organisational structure during 2010/11.

- We have had unprecedented levels of public and staff engagement that extended to patients, members of the public and staff helping set our priorities for 2010/11.

This amount of progress during the year was a significant achievement by staff and puts us in a good position to face the challenges of 2010/11. We'd like to thank all our staff for their hard work and dedication, and thank our patients, stakeholders and local people for the support you have shown over the last year.

JohnAdler
Chief Executive

Sue Davis
Chair

Note from the editor.

We have built on comments you gave us last year to produce this annual report. It captures the wide range of topics you told us you were interested in, as well as the information we are legally required to provide. We have tried to capture what has been happening in the Trust, what is going on now and what our future plans are. Many local people and staff have been involved in helping to identify our priorities for 2010/11 and we plan on running similar events next year.

Over 80% of people who responded to our survey said they had read last year's annual report. There were lots of suggestions for formats, with electronic formats being the most popular and no requests for translation.

You told us you would like a summary and audio version of the report so we have produced a radio-style documentary to accompany it. More than half the people who responded to our survey said they would like to listen to this. This is not a word for word recording, but a programme which should give you a flavour of what we have been doing during 2009/10 and what we are planning for 2010/11 and we will evaluate it for future years.
This report is available on our website: www.swbh.nhs.uk, as a PDF to download and as a large print document. The radio documentary is also available on the website.

We would like your feedback on this report, and the radio documentary. Next year we hope to incorporate more of your suggestions and would be very grateful if you could complete and return the enclosed survey to tell us if you'd be interested in some of these ideas, such as patient diaries, a young people's section, health advice and patient feedback. Alternatively you can complete the survey on our website or write, email or telephone your comments to the membership office (details below).

I hope you enjoy learning more about the Trust.

Best wishes

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Chapter 1

Accessible and Responsive Care
Six of the best – Quality targets.

The Commissioning for Quality and Innovation (CQUIN) framework of six quality targets was launched in April 2009, with all goals to be reached by the Trust by 31st March 2010. The framework was developed to help make quality the foremost principle of the NHS.

CQUIN makes up a small proportion of Trust income (0.5% of contract value in 2009/10 equating to £1,250,000) conditional on achievement of locally agreed goals around quality improvement and innovation. The goals set were intended to be challenging but realistic.

In the West Midlands, a set of core principles for 2009/10 were agreed by commissioners and providers with the Strategic Health Authority (SHA) at the start of the process. The Primary Care Trusts (PCTs) took responsibility for the development of CQUINs in discussion with their local providers.

The Trust achieved all of the CQUIN targets in 2009/10. The details of these were:

- **Brain imaging for stroke.** The target was to ensure that 95% of emergency admissions due to suspected stroke, transient ischemic attack or brain haemorrhage are scanned within 24 hours or three hours if the patient is suitable for thrombolysis. Delayed brain imaging is associated with less favourable outcomes in terms of disability and death.

- **Time to operation for fractured neck of femur patients.** The goal was to ensure that 87% of all patients requiring an emergency hip procedure get their operation within two days after admission. Delayed procedures are associated with increased likelihood of complications and higher death rates.

- **Reduced caesarean section rate.** The focus was on reducing the number of patients who were delivering their baby by Caesarean section by 26%. Caesarean section rates at the Trust were much higher than national best practice and so were a cause for concern.

- **Smoking cessation referrals.** The target was to make a concerted health promotion effort to persuade smokers to 'Stop before the Op', with 1000 referrals to be made before 31st March 2009. Smoking cessation is a key tool for reducing the gap in life expectancy and has been proved to significantly improve outcomes and reduce complications associated with surgery.

- **Inpatient satisfaction surveys.** Patient views of whether they have been treated well are increasingly important, as there is substantial variation between hospitals. The target was to ensure 90% of all inpatients were happy with their treatment and care and that a survey is carried out twice a year.

- **Outpatient referrals.** In order to manage demand, and design the best services for local populations, it is essential to understand where outpatient referrals are coming from. In the past over 140,000 referrals were unable to be categorised. The target set for 31st March 2009 was to ensure that 5% of all new referrals were clearly identified.

The targets for 2010/11 cover the following areas:

- Venous-thromboembolism (VTE) assessment. (Blood clot that forms in the vein).
- Breast feeding.
- Tissue viability care (preventing pressure sores).
- Falls without fractures (reducing risk of future falls).
- Stroke (time to brain imaging).
- Fractured neck of femur (time to operation).
- Smoking cessation (intervention in outpatients).
- Warfarin prescribing.
- Patient Experience.
- Think Glucose Programme.
- Specialised services measures – 6 measures relating to services commissioned by the West Midlands Specialised Services Commissioning Group.

Quick off the mark on Swine Flu.

The Trust's emergency planning arrangements were put to the test when the first outbreak of swine flu in England occurred on the Trust's doorstep. Starting at a school in Handsworth, barely over a mile from City Hospital, the local area quickly became a hot spot for the disease.

The demand and pressure from the flu cases hit City Hospital to a far greater extent than Sandwell, indicating that the outbreak was initially very localised, however with the initial reports of Mexican flu, the Trust had already accelerated its business continuity work, ensuring we were prepared should the pandemic reach our local population.

As the inevitable happened and swine flu hit, we experienced increased demand at A&E, as attendances rose by approximately 25%, mainly of people with flu-like symptoms who were well enough to be discharged into the community. We only admitted around 2-3% of these patients.

Seven weeks after the initial outbreak we began to experience an increase in patients being admitted to critical care, around 2-3 beds out of a 23 bed unit. The increased demand for medical care from patients experiencing swine flu symptoms came from different areas including maternity and direct access services such as sickle cell and thalassaemia, and the GUM clinic. Since a community outbreak may be spread within hospital by visitors to sick patients, we mounted a comprehensive awareness campaign to ensure that those with symptoms did not come into hospital to visit their friends or relatives. We maintained a strict isolation policy throughout the outbreak for swine flu patients, and the strategy resulted in no hospital spread of the disease. Before the second wave of swine flu, we invested significantly in the purchase of our own laboratory analyser for type A influenza, to guarantee faster swab results to aid clinical decisions.

Our critical care service experienced the greatest pressure in terms of expansion. In the early stages we experienced five confirmed or suspected cases on a 12 bed unit, and had to develop strategies to ensure normal service was maintained on the unit. Due to their early exposure and successful treatment of swine flu patients, our critical care staff were at the forefront of the development of regional and national plans for the critical care management of these patients.

In addition to the investment of a laboratory analyser, the Trust also invested substantially in theatre equipment, which means we are now able to deliver an expansion of 400% of our critical care capacity – which is three times greater than the government requirement to be able to double our capacity.

Protection from Swine Flu.

Members of the Trust's Executive Team led by example when they were among the first to have the swine flu jabs when the vaccinations were rolled out to all staff.

Chief Executive John Adler, Chief Nurse Rachel Overfield and Medical Director Donal O'Donoghue were among members of the team to be given the H1N1 vaccine.

More than 232 frontline staff were vaccinated in the first two weeks of supplies being delivered to the Trust at the end of October with hundreds more following suit when the option of having the vaccine was opened up to all Trust staff in mid November.

Chief Executive John Adler urged staff to have the swine flu vaccination. He said: "The vaccination helps you protect yourself, your patients, colleagues, friends and family from swine flu."

Chief Nurse Rachel Overfield and Chief Executive John Adler roll up their sleeves for their Swine Flu vaccination from David Riley, Occupational Health Nurse Manager.

Operation Sealion goes with a bang.

As part of the Trust's robust emergency plans for responding in the event of a major incident or pandemic, a range of exercises take place at all three hospital sites throughout the year, aiming to test our response. One such exercise, Operation Sealion took place on Father's Day at City Hospital with almost seventy volunteers, many of them hospital staff. Organised to test the Trust's plan for the management of self presenting contaminated casualties, to test the roles and responsibilities of participating agencies on site, and to identify areas for improvement.

Trust Emergency Planning Officer Andy Dunn explained: "Working with colleagues in the Fire and Ambulance Services, Police and City Council, the Trust designed a scenario that would stretch everyone to show us where we need to focus our attention to improve our plans. A chemical incident in a busy shopping centre, followed by a second one on hospital grounds where terrorists were chased and caught in possession of a rucksack which housed a bomb, was a real challenge for all players on the day.

"The event was also well supported by the British Red Cross, Great Western Ambulance Service, South Birmingham PCT, Sandwell PCT, Birmingham City Council, New Cross Hospital, University Hospitals Coventry and Warwickshire, Wolverhampton PCT, Sandwell Mental Health Trust and Wolverhampton City Council. Each agency committed large resources to ensure the response was as real as possible, including over 17 fire engines, over 25 police officers, ambulance

resources and our internal command and control team for incidents as well as Emergency Department staff who would be called in to help manage the event if it was real. The Emergency Department function was maintained to its normal levels during the exercise to ensure quality of patient care was not affected.

Speaking after the event Neurologist Dr David Nicholl said: "City Hospital was looking for volunteers for a major incident, so I thought I'd sign up and ended up with quite a different Father's Day.

"The purpose of the exercise was to test out procedures for the treatment of casualties from a biological or chemical weapon. Before the exercise, the volunteers (almost 70 of us) had been sent a script for the incident. I was to play a doctor out at the Bull Ring with his kids when the device, a bomb, had been detonated. In most major incidents such as this, the police and fire brigade will decontaminate casualties on the scene. However, the NHS needed to test out the situation whereby casualties make their own way to A&E in the melee, yet have been exposed to some kind of chemical or biological weapon, and hence there could be unintended risks to others. I had never taken part in such an exercise and it was a fascinating event - essentially to test the emergency services to the max and see how well the 'system' worked. So bright and early, we arrived at City Hospital to have our make up applied and then it was off to the accident scene. Turning the corner of a familiar part of my own hospital suddenly seemed like an unfamiliar place more akin to a scene from the BBC's 'Survivors' with all the paramedics and police in complete bioweapons protection gear from gas mask to boots. As a consequence of my head injury, I was to play a somewhat disinhibited doctor who keeps trying to help, but in so doing, interferes with everything- in brief, one piece of chaos for the staff to deal with. Nothing like a little piece of knowledge to really screw things up with me getting a bit abusive. Then, on account of my head injury, I was triaged to be decontaminated faster, and hence ended up being split from my kids - cue more chaos, as the kids get stressed at being split from daddy, combined with a bit of paediatric claustrophobia at my 4 year old having a temper tantrum with getting her biohazard suit off and being showered by a doc dressed like Dustin Hoffman in 'Outbreak'. This was not any ordinary Sunday.

"This was a major exercise which provided invaluable practice for the emergency services for the nightmare scenario of either a 7/7 situation or, more accurately, a chemical weapon attack such as the Tokyo sarin attacks of 1995 that led to 13 dead and thousands injured. Lets hope nowhere in the UK has to face such devastation, but at least we will be better prepared if it ever does."

Dr David Nicholl in his role as victim in Operation Sealion.

Patient privacy is top of the agenda.

During 2009, the Trust embarked on a major piece of work to try and deliver same sex accommodation across its sites. All breaches of single sex accommodation are reported to the Trust Board, to ensure that the work remains high profile.

Delivering single-sex accommodation has been set as a priority for the NHS by the Department of Health and applies equally to all areas, not just wards.

At the end of August 2009, the Trust had a visit from the national support team, which toured the hospitals to review plans and progress.

The team was impressed by the commitment of the Trust and the work done to date, but recognised the challenges ahead, particularly the practical difficulties presented by the Nightingale wards at City.

It stressed the importance of raising awareness of the issue of privacy and dignity with all staff, and pointed out that simple things like the use of curtains and improving nightwear were every bit as important as delivering same sex accommodation.

Work to install partitions onto all the wards at Sandwell Hospital to create single sex bays has been completed, and is already making a positive difference to patients.

Full delivery of single-sex accommodation at City Hospital may only be possible with a move away from single-specialty wards to single-sex but mixed-specialty wards.

In a patient survey conducted before a raft of improvements that have already been implemented, there was a 12% improvement in patients who did not have to share a sleeping area with patients of the opposite sex, and this percentage is expected to rise in the next patient survey.

Two staff engagement events to discuss single sex accommodation were held during September, and in December the Trust launched a Privacy, Dignity and Respect Campaign.

Patients on City's D20 ward were asked for their thoughts on the campaign.

Betty Wort, aged 88, said she had found staff friendly, polite and respectful during her stay.

Fellow patient Wyn Tunnicliffe, from Erdington, added: "It is the first time I've been here and I can't fault it.

"The staff have always respected my privacy when I have been washing and no-one ever comes around the curtains when they are drawn without asking.

"The young lads who serve us our food are also very patient and funny."

The Chief Nurse's 8 Key Actions

1. Patients will be called by their preferred name.
2. Patients will be offered private facilities for hygiene and toileting needs.
3. Continence aids are used to promote the independence and maintain dignity of our patients.
4. Patients' dignity will be maintained by use of appropriate clothing / bedding at all times.
5. Gloves are used as per infection control guidance.
6. Patients are assisted with meals where needed and meal times protected to promote healthy eating.
7. Sensitive conversations are held in private or behind drawn curtains.
8. The visitor policy is implemented efficiently to promote rest and recovery.

Speaking up for privacy, dignity and respect.

In December, Speech and Language Therapists were among staff from across the Trust who manned stands on all three hospital sites to provide information and signposting on key privacy and dignity issues, including domestic violence, mental health services, symbology, maintaining mobility and end of life care.

Kate Palser, Speech and Language Therapist, said that even if patients have cognitive problems or language difficulties it is important to include them in discussions and explain what you are doing and why you are doing it.

She said: "Patients can pick up messages from your tone of voice, touch and eye contact.

"Even if they don't understand everything you say they may pick up something and this can make them feel safe and comfortable."

Various activities have been undertaken across all wards and departments to promote privacy and dignity and senior nursing staff have carried out 'Observations of Care' in wards and corridors to audit current standards and help embed the Chief Nurses' eight key actions into practice. (see left)

Bilingual Speech and Language Therapy Assistants Suprina Govind and Fozia Ikram at the Privacy and Dignity stand.

Patients cared for by new fast track mental health service.

City Hospital staff teamed up with Birmingham and Solihull Mental Health (BSMH) NHS Foundation Trust to launch a new service that offers access to mental health and substance misuse services to all patients over 16 who attend A&E.

The Rapid Access Interface and Discharge (RAID) service is the first of its kind and will assess and treat both inpatients and those attending A&E, providing a smooth transition from acute to specialist care. The team is made up of nurses, psychiatrists and social workers, who work closely with Aquarius, a service that provides support to those battling drug and alcohol addiction.

They will see any patient who attends A&E or any inpatient who clinical staff believe might have mental health issues. All A&E referrals should be seen within an hour and others within 24 hours. Consultant psychiatrist Dr George Georgiou is leading the service at BSMH Trust.

He explained: "The Rapid Assessment Interface and Discharge project brings easy access of mental health and substance misuse services, including older adult, to the busy acute general hospital. "Furthermore, it makes mental health services much more accessible and addresses the needs of the difficult to reach patients from minority ethnic and gender groups."

Sandwell celebrates 10 years of Hindu chaplaincy.

Different faiths joined together in a celebration to mark the 10th anniversary of the appointment of Sandwell Hospital's first Hindu chaplain. Chaplains from the Christian, Muslim and Sikh faiths paid tribute to Rakesh Bhatt in a special ceremony of thanksgiving and blessing at the hospital chapel in September. The service was officially opened by Trust Chair Sue Davis.

She said: "The job that chaplains do and the job that Rakesh has done so faithfully for the last ten years is absolutely critical to what we and our staff are doing for the people of Birmingham and the Black Country."

Rakesh, who began working for the Trust as a volunteer in 1995, was taken on as a paid member of staff in 1999 and visits both Hindu and Sikh patients, offering a 24-hour on-call service.

Chapter 2

High quality care

A place of Serenity is born.

The new Serenity Midwifery Birth Centre at City Hospital was officially opened by Cathy Warwick, the General Secretary of the Royal College of Midwives.

Staff, women and contractors gathered to commemorate the opening in April.

Cathy said: “I have visited many midwifery-led units but this one really stands out.

“The attention to detail makes this unit very special and innovative.

“The Royal College of Midwives advocates this type of service and it lends itself to creating a fantastic experience for women who will use it.

“It is a great opportunity for midwives who love being able to help women achieve normal births in an environment specifically designed to help.

“I will be telling everybody about the Serenity Midwifery Birth Centre at City Hospital as it is a great example of how impressive a birth centre can be.”

The Serenity Midwifery Birth Centre opened to mums on May 5th - the International Day of the Midwife. The first baby born was baby girl Sakinah Mariam Yusuf who was born to proud parents Donna Corbin and Abdur Yusuf from Saltley and who have even called her Sakinah (which is Arabic for Serenity) after the unit.

Donna said: “My first impressions of the unit were - wow! It is such a special unit and I had a fantastic birth.

“The midwives allowed me to listen to what my body was telling me and the midwives on the unit were incredibly supportive.”

9 Promises to keep.

Hospital staff welcomed the introduction of a set of Customer Care Promises for the Trust. The nine promises were devised by a group of staff as the result of a Listening into Action project on Customer Care.

In April 2009 they were introduced to staff as a discussion topic and 96% said they were a good idea, with around two-thirds saying they would make a difference to how staff work in the Trust. Out of a survey of 347 patients and members of the public, a staggering 340 really liked the idea of the promises, and thought they would make a difference.

Feedback suggested they should be kept as a daily reminder, used as screen savers, posters at the entrance to every ward and as cards kept by the phone.

Our promises to you...

1. I will… make you feel welcome
2. I will… make time to listen to you
3. I will… be polite, courteous and respectful
4. I will… keep you informed and explain what is happening
5. I will… admit to mistakes and do all I can to put them right
6. I will… value your point of view
7. I will… be caring and kind
8. I will… keep you involved
9. I will… go the extra mile

Clean bill of health for infection control.

The Trust was given a completely clean bill of health for its prevention and control of infections following an inspection by the Care Quality Commission (CQC).

The CQC arrived in November to carry out an unannounced inspection to look at compliance with the hygiene code, including infection control and cleanliness standards.

Inspectors looked at, at least nine of 15 standards and found no areas of concern with any of them.

Inspections usually raise some issues which require more attention.

Chief Executive John Adler said that to find no areas of concern was "a remarkable result which reflects the huge efforts which everyone has put into this area over the last few years.

"I think we should be rightly proud of this performance."

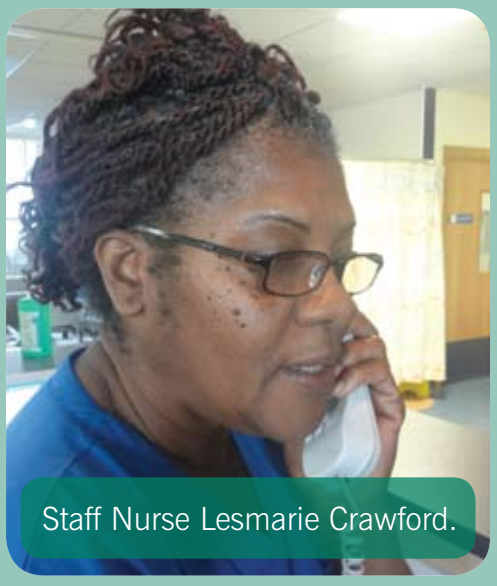
Nurses phone calls can ease grief.

Nurses on Sandwell's Critical Care Unit are extending the service they offer to relatives who have lost a loved one on the unit.

Since September last year, members of the unit's Bereavement Follow-up Service have telephoned relatives four weeks after a patient's death to see how they are and offer them advice or information.

Senior Sister Janine Lonsdale said: "Research by the Intensive Care Society has shown that if a follow-up is made at this period of time it helps the grieving process and the relative is less likely to be admitted to hospital or die themselves.

"During the call we see if there are any questions they would like to ask now that some time has passed, as it can be quite difficult at the time when their loved one passes away. We can also refer them to people who can offer support such as the Chaplains, CRUSE or the DSS to help recover any costs."



Staff Nurse Lesmarie Crawford.

Changes to maternity services.

Sandwell Primary Care Trust, in conjunction with Sandwell and West Birmingham Hospitals and Heart of Birmingham PCT, spent more than three months talking to patients and members of the public about the plans for local maternity services.

A range of public meetings, focus groups and community group meetings took place, along with large numbers of interviews and questionnaires in antenatal clinics and at family centres.

Consultation on reconfiguring maternity services took place as part of a range of measures to improve the safety and quality of maternity care for women living in Sandwell. It focused on three options:

- Moving all births to City but keeping low risk antenatal services (including scans) at Sandwell Hospital.
- Moving all births to City but keeping low risk and some high risk antenatal clinics at Sandwell.
- Moving all births to City but keeping low risk antenatal services at Sandwell Hospital and opening a stand alone midwifery led birth centre somewhere in Sandwell, but not on the acute hospital site.

Keeping births at Sandwell was ruled out following independent clinical advice from the Royal College of Obstetricians and Gynaecologists and from the National Clinical Advisory Team. The joint Sandwell and Birmingham Overview and Scrutiny Committee advised that the option should not be consulted on, given clinical advice was strongly against it.

Staff were also listened to as part of the consultation process. Several events took place for midwives, doctors, radiographers and support staff, whose comments were recorded by an independent observer.

The results of the consultation showed that the public favoured option three. This option involves the transfer of all consultant-led care, inpatient services and births to City Hospital and then developing a stand alone midwifery led birth centre in Sandwell. The long term plan is that the new hospital in Grove Lane, Smethwick, will include a single, state-of-the-art, consultant led maternity unit and midwifery led birthing centre.

Chief Executive John Adler commented: "The consultation gave us lots of very useful feedback that we can use to improve the experience of women giving birth at the Trust, including issues raised by young parents and people from different communities.

"More than 600 women were involved in expressing their birthing preferences prior to the consultation, and the three month consultation itself involved 21 focus groups, 7 public meetings and attendance at a range of community meetings involving over 475 people. 780 completed questionnaires, with 42% selecting option three as their preferred option.

"The Scrutiny Committee also agreed that the Trust can centralise obstetric services at City prior to opening a stand-alone midwifery led unit in Sandwell.

As a result, we will be centralising services at City in January 2011. Prior to this, £1.8m will be spent upgrading and expanding the facilities at City.

We have undertaken to open the midwifery led unit in Sandwell by October 2011. This will be at the Leasowes Centre in Oldbury.

5th anniversary of new born hearing screening programme.

A programme which tests the hearing of babies as young as six hours old has been running successfully for over five years. The Trust's Newborn Hearing Screening Programme checks the hearing of around 22,000 babies born each year in Birmingham, Sandwell and Solihull.

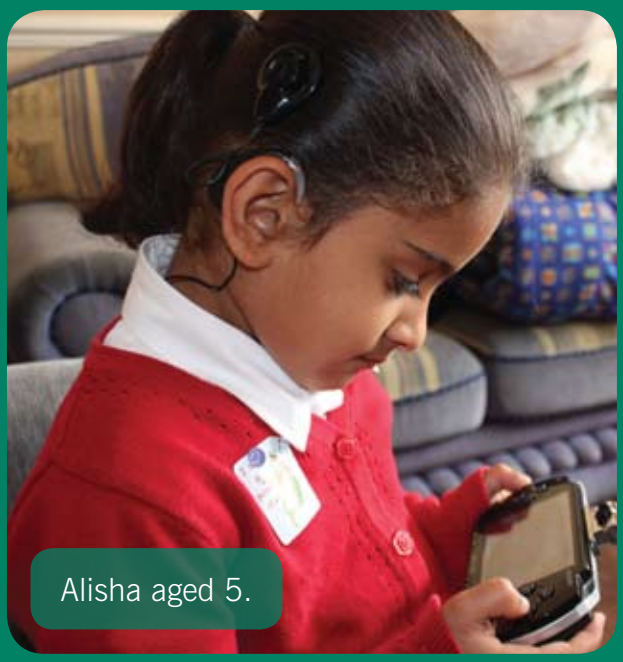
Sarah Murphy, Head of Newborn Hearing Screening, said: "Prior to the launch of this service, babies were screened at eight months old or even later, which led to some hearing defects going undetected until the age of three in some cases. This can lead to delayed speech and language development in children." Specialist Trust screeners based at maternity units across the region carry out tests on newborn babies using an automated oto-acoustic emission.

Someone who is all too grateful for the Newborn Hearing Service is mother-of-three Kauser Akhtar. Her daughter Alisha, five, was diagnosed as profoundly deaf following the test.

Mrs Akhtar said: "Alisha was tested at two days old and was referred to the Audiology department after further tests, after which, we were told she was unable to hear in both ears.

"It was really upsetting and frightening at the time but I'm glad they carried out the tests or she would be struggling today. She was able to have a cochlear implant at just 14 months old, which is earlier than most children, and I do believe it's because we found out sooner rather than later.

"Her doctor says that she is doing well and I can see it, even though she does struggle at times. She can hear us now and is able to tell the difference between sounds and words, she's like any other five year old."



Alisha aged 5.

Chapter 3

Care closer to home

Community ophthalmic clinics.

Lordswood Medical Practice in Harborne received its first official ophthalmology patient after a year's pilot courtesy of the Birmingham and Midland Eye Centre (BMEC).

The regional centre for eye care, which is part of Sandwell and West Birmingham Hospitals NHS Trust, opened the second of four specialist consultant-led ophthalmology community clinics in November last year.

Following a patient consultation in 2007, South Birmingham PCT found that ophthalmology patients wanted a service that was led by consultants with care closer to home.

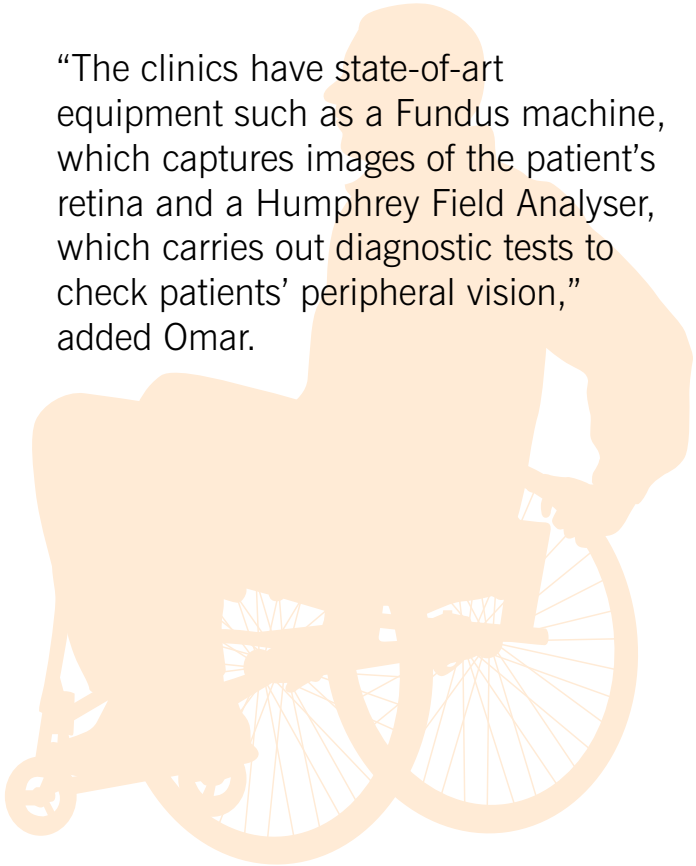
The trust set up the first clinic - Greenridge Clinic in January 2009, to offer a patient-focused service with consultants going into a community location rather than patients having to visit the hospital.

Procedures carried out at the clinics include treatments for dry eye, glaucoma, initial assessments of suspected cataracts, and patients experiencing flashing lights.

Lead Consultant Ophthalmologist for the Lordswood Clinic, Mr Omar Durrani, said: "The clinics also have shorter waiting times with patients being seen within five weeks of referral. We can also carry out both pre-operative and post-operative care in the clinics, so patients will only have to go into hospital for operations."

The service, which follows the Darzi model of care closer to home, also offers patients the same standard of care as they would receive in hospital.

"The clinics have state-of-art equipment such as a Fundus machine, which captures images of the patient's retina and a Humphrey Field Analyser, which carries out diagnostic tests to check patients' peripheral vision," added Omar.



Pilot ear clinics flying high.

A new ear care community clinic was launched in March last year to mark the transformation of patient care, for the people of Sandwell and west Birmingham.

The pilot scheme brought health care to the community by establishing clinics managed by specialist nurses, offering patient-led service away from a hospital setting.

The pilot which was originally to run for six months, was set up to treat ENT patients with conditions that couldn't be treated in GP surgeries, including chronic external ear infections, persistent ear wax removals and ear dressings.

The service, which is part of the Right Care Right Here programme and is facilitated by the Trust, requires GPs to refer patients to the clinics, where they will be seen by a specialist ENT nurse at their own convenience.
Martin Whitehouse, one of the specialist nurses running the clinic, said: "The new clinics will be better for patients as they are able to access a service closer to home and be seen sooner."

The specialist nurses at the clinics receive clinical supervision from ENT Consultant Mr Uday Kale.

Martin Whitehouse.

Baby Club at Aston Pride.

For the last year Sandwell and West Birmingham Hospitals NHS Trust community midwives have worked in partnership with Community Outreach Family Support Services (COFSS) to provide a Baby Club for the mums of Aston.

The Baby Club is available for all women in Aston who have babies up to a year old to meet with midwives and other mums to talk about the challenges of motherhood.

The Baby Club takes place every Thursday between 1-2.30pm in the 6 Ways Children's Centre in Aston. Every week a presentation is given to mums about various topics like breastfeeding, family support, contraception etc.

Mum Shazia Mahomed, from Handsworth, said: "This is my third time here and I thoroughly enjoy attending. These sessions give me a chance to ask any questions I may have in a friendly and informal environment. It is great to meet other mums and share our experiences and the topics that are presented to the group are very informative and useful."

Maternity Support Officer from Sandwell and West Birmingham Hospitals NHS Trust Maroof Begum said: "The Trust has a very good partnership with COFSS and together we provide these mums with the extra support they may need. The Baby Club is a great way for mums to meet and we welcome them bringing their babies with them.

"It is a very popular session and the topics discussed are always ones that mums from the Aston area want to learn more about."

Pictured left to right are Maroof Begum, Maternity Support Officer, Mum Shazia Mahomed with her daughter Maryam and Maternity Support Officer Rehana Achtar.

Chapter 4

Good use of resources

Old beds to the developing world.

Old beds from Sandwell, City and Rowley Regis Hospitals have been donated to help patients in the developing world.

Over the last year nearly £200,000 has been invested in buying 100 new state-of-the-art electric beds to replace ageing beds on the wards.

The new electric beds have good manoeuvrability, are easy to clean and allow staff to smoothly raise and lower patients' heads or legs providing a higher level of comfort than the standard or hydraulic beds.

The Trust has also invested in a further five 'super beds' which include a built-in weighing scale, exit alarms, low height and under bed sensors to help prevent pressure sores and falls.

Faced with the dilemma of what to do with the old beds, staff decided to donate them to charity and got in touch with Human Appeal International which ships secondhand medical equipment to the developing world.

One hundred beds have now been sent out to be used by patients in hospitals and medical centres in Sudan, Bangladesh and Pakistan.

Masood Hussain, Finance Manager at the Trust, said: "I heard about the charity from one of the doctors and thought they would be interested in having the beds.

"Rather than these beds being given to the scrap man, they are being put to good use through the charity, to be used by patients in poorer parts of the world who don't have the benefits of a National Health Service."

In March 2009, the Trust donated 18 A&E trolleys to the charity which were sent to help patients injured during the conflict in Gaza.

Trust staff Dawn Webster, Marie Tennant and Masood Hussain.

Surgical Reconfiguration Changes Successfully Implemented.

Changes to inpatient surgical services at the Trust have now taken place. The Trust runs a 24-hour accident and emergency surgical assessment unit (SAU) at both City and Sandwell hospitals. At City, patients continue to have rapid access to consultants and diagnostic tests and most are diagnosed, treated and discharged within 24 hours.

A minority of people require a longer stay and within General Surgery and Trauma and Orthopaedics, patients are transferred to the Inpatient Emergency General Surgical and Trauma Units at Sandwell Hospital.

An average of four patients a day are transferred, 60% lower than expected, which is considered to be due to earlier senior clinical decision making.

Across both sites, there has been further integration of nursing, theatre and medical staff involved in providing emergency surgical and trauma care, and the availability of emergency theatre time has also increased, thereby reducing waiting times for patients.

Planned inpatient orthopaedic procedures have been centralised in the Orthopaedic Elective Unit at City Hospital and patients needing long-term post-operative rehabilitation will be transferred to an intermediate care facility, such as Sandwell Hospital's Priory 3 ward, or D47 ward at City. Outpatient, day case and short stay surgery continue to be provided on both acute hospital sites.

Major ward upgrade at City hospital.

Patients and staff at City Hospital were delighted with great improvements to their ward when it reopened in December 2009 following extensive refurbishments.

D16, which provides acute care for older adults, now incorporates innovative features to tackle healthcare-associated infections, including no-touch showers and taps and signage built into the floor to remind people to wash their hands.

Paul Scott, Capital Projects Manager for the Trust, said: "We have installed 28 no-touch system taps and wash hand basins.

"The systems are timed to flush automatically on a daily basis to reduce the risk of legionnaires' disease and we have designed and built signs into the floor at the front of all of the hand wash stations to reinforce the message that people must wash their hands."

Additional sinks have been strategically placed at the entrance to the ward, side entrance and sluice areas.

Further improvements include easy-to-clean finishes on surfaces, including hygienic easy clean ceiling tiles and recyclable vinyl blinds, to facilitate improved cleaning in the showers and bathrooms.

Dr Beryl Oppenheim, Director of Infection Control and Prevention at Sandwell and West Birmingham Hospitals NHS Trust, explained: "The refurbished ward has been developed to use innovative practices to create a better environment to care for our patients.

"It enables us to reduce healthcare-associated infections by providing better, more accessible facilities that lend themselves to improved cleaning and decontamination."

Side rooms have been upgraded to incorporate ensuite facilities, where patients with infections can be nursed in a more effective environment and with automatic lighting there is no need to touch a switch.

It also means energy is saved and some of the fixtures have been recycled.

Paul explained: "We re-used worktops, cupboards and sinks where possible because sustainability is really important."

The ward was redesigned with patients' privacy in mind. Wash facilities have been installed at each end of the ward, so all patients are situated close to a bathroom, reducing the need for them to pass other patients.

There is also a bay near the nurses station for patients who need special observation.

Patients screened for MRSA before admission.

After intensive testing, the Trust has introduced a rapid MRSA test for all patients in the Emergency Assessment Units at City and Sandwell, where patients are assessed from A&E before they are transferred to a ward.

Trained healthcare assistants are able to test all patients who will be in hospital for more than 24 hours.

Traditional tests are carried out in a laboratory and take up to three days as they 'grow' the MRSA bacterium to achieve a result.

This new test is done in the admissions ward by specially trained healthcare assistants.

Stella Oteng, Healthcare Assistant at City Hospital, said: "We are screening all patients for MRSA, finding whether they are positive or negative within 72 minutes.

"The test takes only seconds to carry out, with a double-ended swab being inserted into both nostrils, before being placed in a special machine on the admissions unit.

"This will help prevent the spread of MRSA as all patients who test positive for the disease will be given special treatment to reduce carriage and in some cases transferred to an isolation room.

"This may prevent them from going on to develop an infection due to MRSA and also reduce the chances of passing it on to other patients. It also means that if patients do develop an infection they can be given the correct treatment promptly."

Testing patients for MRSA in the assessment units was introduced in December. Patients are fully informed about the test and MRSA before they are tested.

Chapter 5

21st Century facilities
New Hospital in Grove Lane.

It's all systems go for the building of the Trust's new hospital in Smethwick after the Department of Health gave the plans the green light.

The Minister of State for Health, Mike O'Brien, formally approved the Outline Business Case for the new hospital - which sets out why change is needed - in July 2009. The plans will be reviewed at the end of 2010 by the Department of Health and the Treasury before the Trust starts to look for a partner to build the hospital.

Work has been undertaken to test the new hospital specifications to ensure they provide good value for money and are fit for purpose.

The Trust is also pressing ahead with the purchase of land around Grove Lane on which to build the hospital. A third of the land was bought in June 2010 and a public enquiry was held to establish whether the Secretary of State should confirm the Trust's use of NHS Compulsory Purchase Order powers to acquire the remaining land.

As well as being accessible to both the Sandwell and West Birmingham communities, the Grove Lane site has the advantage that there will be no disruption to the existing hospitals while the building work goes ahead. It also means the new hospital can be built in one phase which is quicker and cheaper.

The new hospital will include the latest technologies, modern operating theatres and ward layouts with 50% single rooms in line with what patients and local people have told us they would prefer.

An invitation to companies and consortia to bid to build the new hospital under the Private Finance Initiative will be issued early in 2011 and the preferred bidder will be selected in 2012/13. Building work will start on the multi million pound hospital soon after and it is planned to open in 2016.

The scheme is a key part of the Right Care Right Here Programme to improve health and social care facilities in Sandwell and the heart of Birmingham and is one of the UK's flagship health developments.

Trust Chair Sue Davis said she was delighted with the progress the plans are making and was pleased staff, patients and local people could now see the new hospital was going to become a reality.

She said: "It's important that in the midst of challenging global finances, we continue to improve the care we provide and the facilities we provide it from so that our population can have the care they deserve.

"We have been working hard to deliver first class care in unsuitable buildings for a long time.

"Many of them are just not up to the job of housing 21st century medical care."

John Adler, Chief Executive, said the fact the new hospital was making good progress in the current financial climate was testament to two things.

"Firstly, the fact that the new hospital and the associated community developments remain the best way to deliver high quality, productive health care to local people in the long term.

"Secondly, there is widespread recognition that our plans form part of an extremely strong partnership with our local Primary Care Trusts through the Right Care Right Here Programme.

"It is this partnership that will enable us to drive forward the plan, even in more difficult financial times."

Hospital named by the public and staff.

Sandwell and West Birmingham Hospitals NHS Trust has invited members of the public and staff to get involved with the naming process of the new hospital with the new name to be announced in October 2010.

The name could have historical, health or geographical significance, or even be a word that simply sums up what the hospital will do.

Trust Chair Sue Davis with Marlene Nemdard-Riggon from Handsworth, who suggested a name at the launch event.

New hospital will be green.

Sustainability will be literally built into the walls of the new hospital in Grove Lane in Smethwick.

A Design Vision Group has already been established looking at the four key areas of vision, functionality, sustainability and impact.

Rob Banks, Head of Estates, believes the new hospital will use 70% less energy than our current three sites.

He said: “It is not just the energy consumption of the new hospital but that the whole project is about delivering sustainable health care provision – providing care closer to home and from one acute hospital site.”

Art to play a colourful role in New Hospital plans.

A steering group to look at the role art will play in the design of the new hospital was established to influence how art will inform the design of the new building.

The group - made up of staff and community representatives - was derived from feedback collected at a workshop held last October. The workshop provided an opportunity to explore and think about the possible relevance of art in healthcare settings.

The outcome suggested that there was a need for art in public spaces to enhance the environment.

It also highlighted the potential therapeutic benefits art may have on patients' overall well-being.

Jason Nedrick, New Hospital Engagement Manager, said: "The Steering Group has developed an Arts Strategy for the New Hospital, which we think will greatly enhance the patient experience."

Mandeep Ubhi aged 8

Aroun Kalyana aged 7

Brody Rogers aged 9

Lucy Grainger aged 9

Artwork designed by children, depicting their ideas of what the new hospital may look like.

£3.8million neonatal unit a big success.

There was great excitement when television newscaster Suzanne Virdee officially opened the £3.8m state-of-the-art neonatal unit at City Hospital.

The unit celebrated its first birthday in February this year with former patients returning to the unit they knew so well in their first weeks of life. The babies came in for a party with their parents, and joined current patients and their parents for the celebration.

Parents past and present came along with representatives of the premature baby charity Bliss, and the Southern West Midlands Newborn Network to thank the new unit that has provided exceptionally high standards of care during the past year.

Chief Executive John Adler and Vice Chair Roger Trotman spoke to the assembled guests and took the time to meet some of the parents and hear their experiences of the unit first hand. After unveiling a commemorative plaque, Suzanne was given a guided tour of the unit by Cheryl Walne, Neonatal Services Matron.

Cheryl said: "After a very successful first year of being open and celebrating the unit's first birthday, we thought it would be fitting to officially open the unit and were delighted that Suzanne Virdee was able to join us. We wanted to recognise the hard work of all the midwives and staff who have worked so hard on the unit with an official opening. I am very proud of what we have achieved and I hope this continues for many more years to come."

Over the past year the neonatal unit has cared for over 400 premature and sick babies.

Left to right Roger Trotman, Suzanne Virdee and Matron Cheryl Walne.

Pathology's £3.3 million investment goes under the microscope.

As part of the Trust's reconfiguration programme, £3.3m has been spent on transferring all of histopathology and microbiology to the City hospital site.

Two former wards at City have been transformed into state-of-the-art labs for histology and cytology.

The majority of haematology and biochemistry have also been transferred from Sandwell to City site, leaving a mini-lab open 24 hours a day at Sandwell.

Rob Ashley, Pathology Divisional Manager, said: "There have been big changes in Pathology over the last year with the opening of these two new labs and the expansion of the department.

"The reconfiguration has generated both efficiency and financial savings in line with the national Pathology Modernisation Programme.

"Changes in phlebotomy services transport and IT links have also improved the services we offer GPs."

Ian Barnes, National Lead for Pathology, officially opened the new labs in May 2009. The official opening aimed to celebrate the investment in pathology the Trust has made and to recognise the department's hard work in what was a very big change for all.

Rob added: "The staff have worked extremely hard to make the move and changes run smoothly and successfully. Not only will staff benefit from the changes to their working environment but patients and GPs will also benefit from the newly improved service the Trust now offers."

Chapter 6

An effective Organisation

Trust wins top award for leadership.

Listening into Action – a staff engagement programme at Sandwell and West Birmingham Hospitals Trust – has scooped a prize at the West Midlands Health and Social Care Awards.

The Trust won the award for Leadership for Improvement, which recognises great leadership approaches which can demonstrate a positive impact on patients and staff.

The judges said they were impressed by the scale of ambition involved in LiA, which was demonstrating that leadership was rising to the challenge of making a difference.

Since the LiA approach was introduced into the Trust in April 2008 over 3,000 staff have been directly involved and there are now over 65 LiA projects across the Trust.

The use of staff engagement on this scale to change the way the Trust is run has not been tried anywhere else in the NHS and the project has been attracting national interest.

The award was presented by BBC Breakfast presenter Bill Turnbull during a ceremony at Birmingham's National Motorcycle Museum.

Medical Director, Donal O'Donoghue; Chief Nurse, Rachel Overfield; Director of Workforce, Colin Holden; Chief Executive, John Adler; LiA Manager, Sally Fox; and Bill Turnbull.

Territorial Army thanks Trust.

Staff from across the Trust were delighted to be honoured with the presentation of three limited edition prints of a painting entitled 'Safe Return' by Liverpool based war artist Tom Kelly.

The painting was commissioned by the Territorial Army as a thank-you to clinical staff who give up their time to travel to areas of conflict across the world, and use their vital medical skills to save lives and treat injured service personnel.

The prints have been hung in the main restaurants on each hospital site.

Radiologist Dr Deep Chand accepted the prints from Colonel Ashley Fraser of the 202 Territorial Army Field Hospital at Camp Bastion in Afghanistan.

He said: "The 202 is a TA field hospital, mostly manned by reservists who have normal jobs in the NHS - such as doctors, nurses, theatre staff and drivers.

"They give up their spare time to work in the army part-time and are deployed to locations across the world.

"Before they go they must undertake around two and a half years of training and typically spend three months on deployment.

"People come in with significant injuries, probably more extensive than any A&E in the UK."

Colonel Fraser added: "It is no small thing we ask our volunteers to do, and we really wanted to show our appreciation with the gift of these prints, which we hope will serve as a reminder of the great service SWBH NHS Trust staff have given, and continue to give."

Pictured from left to right are Captain Justin Burke-Jones, Roger Trotman, Colonel Ashley Fraser, Dr Deep Chand, Dr Liz Hughes, Colin Holden and Linda Randall.

Staff Awards 2009 Celebrating Excellence.

The outstanding achievements of staff were celebrated in October when the Trust held its third annual Staff Awards.

More than 200 guests attended the event at Edgbaston Cricket Club which was hosted by ex-Central Tonight presenter Llewela Bailey. The awards were established to recognise excellence and highlight the contribution individuals and teams made across the Trust, during the last 12 months.

Cathy Dhanda, Clinical Lead Nurse at the Sickle Cell and Thalassaemia Centre (SCaT), City, received the Employee of the Year award.

Cathy was praised for her professionalism and dedication and for her tireless work to turn the SCaT Centre into a national centre of excellence recognised by the Department of Health.

Highly commended were Anne Massey, Ward Clerk, D18, City; Carol Shropshall, Healthcare Assistant, Ward D27, City and Denise Bignall, Tissue Viability Equipment Co-ordinator, Sandwell.

Sandwell Hospital's Dartmouth Clinic won the Team of Year award.

They were praised for making a significant change to the delivery of their service, which has resulted in improvements to their operational performance, including achievement of the Health Care Commission target of all new patients being offered an appointment within 48 hours.

Highly commended were the Security Team, City and Lyndon 2 and the Surgical Assessment Unit, Sandwell and City.

The Patient Engagement accolade was a cross site achievement, with both Catering Services at Sandwell Hospital and Hotel Services at City Hospital, snapping up the award.

Both teams have worked hard to transform inpatients' experiences and among their many successes is the new a-la-carte menu.

Highly commended were the Breast Unit Health Promotion Team, BTC, City and Fiona Rochelle, Teenage Pregnancy Midwife, Sandwell.

Steve Clarke, Deputy Director of Facilities, received the Outstanding Leadership award.

Steve was honoured for creating a culture where staff feel supported and valued and give their best to the task at hand. He has shown himself to be a role model for others, always going the extra mile.

Highly commended were Jackie Martin, Haematology Manager and Sarah Whitcombe, Ward Manager Eliza Tinsley Ward, Rowley Regis.

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The Listening into Action Award, a new category for these awards, was won by Stroke Services for introducing major developments which have come about through the use of the LiA format.

These include inviting patients that have suffered a stroke to share their experiences with the team implementing changes as a result.

Highly commended were the Imaging Team Divisional Leads, Birmingham and Midland Eye Centre, City and the Orthopaedic Trauma Unit, Sandwell.

The Birmingham and Midland Eye Centre's specialist ophthalmic community service took home the Working in Partnership award.

They have worked with South Birmingham PCT to provide ophthalmic outpatient services in the community which has been praised by patients and has cut waiting times.

Highly commended were the Community Ear Care Project, Rowley Regis and City and Ann Minto, Community Midwife, City.

Dee Totty, Clinical Nurse Practitioner at Sandwell Hospital won the Lifetime Achievement award.

Dee won the award because of the significant contributions she has made to nursing including creating and leading a team of Clinical Nurse Practitioners at Sandwell Hospital.

Highly commended in this category were Mr Lin, Consultant Orthopaedic Surgeon, Sister Fran Hall, Nurse Consultant, Pain Management, City and Mr Michael Porter, Consultant Plastic Surgeon, Sandwell.

Another first for these awards was the introduction of the Patient's Champion award, where patients, carers and visitors were given the chance to nominate someone who had gone beyond the call of duty to help a patient.

The award recognises an individual or team that embodies the Trust's Customer Care Promises and provides outstanding customer service.

Mary Reidy, a nurse at City Hospital, won the award and was likened to 'Florence Nightingale' by her nominator, Mrs Mary Brown of Great Barr.

Staff Awards 2009.

Winners on the night received a trophy, a bouquet of flowers and individual winners were also given gift vouchers. Teams received money towards a meal out.


Lifetime Achievement Award for Dee Totty (3rd from left).


Employee of the Year Cathy Dhanda (2nd from left).


Team of the Year winners Sandwell Hospital's Dartmouth Clinic.


Outstanding Leadership award winner Steve Clarke (2nd from right).


The Patient Engagement award winners Catering Services at Sandwell Hospital and Hotel Services at City Hospital.


Working in Partnership Award winner BMEC specialist ophthalmic community service.


Patient's Champion award winner Mary Reidy.


Listening Into Action Award winners Stroke Services.

BMEC wins national sight award.

The Medical Retina Service at the Birmingham and Midland Eye Centre has celebrated after winning an award for Excellence in Clinical Services in recognition of the work they do for people with macular degeneration (MD) – the largest cause of sight loss in the UK.

In the clinical services category, the judges were looking for exceptionally good practice in the care of people with MD including the development of good care and referral pathways, innovation and excellent patient communications.

BMEC's Professor Jonathan Gibson said: "Our success is very much due to being a team-based service with good co-ordination between an excellent administration and support team and committed doctors, nurses and optometrists, photographers and technicians."

The judges recognised the exceptional work done by the team on behalf of patients in obtaining treatment and developing services, the care taken in the physical and emotional handling of patients and the confidence the teams inspire in their patients.

Photographed after winning the Best Clinical Category award from the Macular Disease Society are top left to right; Charlotte Hill, Medical Retina Manager, Bethan Swain, Specialist Optometrist, Sukdev Sagu, Medical Retina Administrator, Frances Furhuraire, Medical Retina Administrator, Sherminder Sanghera, Sister OPD Manager, Ziad Abdel Karim, Charge Nurse, Steve Shaylor, Head of Medical Illustration Services. Bottom row left to right are:- Mr Salmon Mirza, Consultant, Mrs Peck Lin Lip, Consultant, Prof Jon Gibson, Professor Miss Bushra Mushtaq, Consultant, Dr Gerda Bliss, Associate Specialist.

Security adviser leads the way.

The Trust's most senior security adviser was delighted to become the first person in the NHS to become a Certified Protection Professional.

Security Adviser and Local Security Management Specialist Peter Finch was awarded the internationally recognised award after a year long programme of intensive study, research and a gruelling four hour long examination.

He explained: "It was a challenge to commit to as the programme demanded intensive study over 12 months.

"But it was worth it to ensure I stay on top of current security and protection developments worldwide, and will be of great benefit to the Trust as I am able to contribute extensively at the planning stage to 'design-out' crime for our new hospital."

Peter was also the first person in the NHS to achieve the Advanced Certificate in Environmental Design and Crime Prevention awarded by City and Guilds and Oxford Brookes University.

Celebrating over 2,000 years of care.

FOUR long serving Trust staff were presented with gold badges after clocking up more than 160 years of service to the NHS.

Sandwell Hospital Midwife Jennifer Bedford, City Hospital Senior Staff Nurse Barbara Slater, City Hospital Consultant Professor Allister Vale and Cardiology Services Manager Lynda Watt have all served more than 40 years within the NHS and are still going strong.

They were among 103 staff presented with Long Service Recognition Awards marking 20, 30 and 40 years continuous NHS service. Recipients received a personal letter signed by Trust Chair Sue Davis and Chief Executive John Adler, a certificate and either a bronze, silver or gold badge which they can wear on their uniform.

Jennifer Bedford has delivered thousands of babies in all her years working as midwife in Sandwell Hospital's delivery suite. In fact she loves her job so much that she chose to stay on working two days a week after she reached the retirement age of 65 three years ago.

Barbara Slater wanted to become a nurse after joining the St John's Ambulance at just eight years old. She has dedicated 47 years to the NHS, becoming a Cadet Nurse at what was then Dudley Road Hospital at the age of 16.

Professor Allister Vale has been at the forefront of the research into and the treatment of poisons for the last 41 years. As Director of the National Poisons' Information Service and the West Midlands Poisons Unit, which is based at City Hospital, treatments have been devised for poisoning that are now in use across the world.

Professor Vale has also run the MRCP qualifications (the exam all doctors are required to take if they want to become hospital consultants) for the last 25 years, latterly as Medical Director of the Royal College of Physicians until 2007.

Cardiology Services Manager Lynda Watt joined the NHS straight from school as a student cardiac technician at Birmingham General Hospital in 1968. She came to Sandwell in 1975 when she took up the position of Head of Department at Hallam Hospital and West Bromwich and District General Hospital.

Later she over saw the move of the department to Sandwell Hospital when it opened in the 1970s and the expansion of the department as technology and expertise has grown. In 2006 she took on the role of Cardiology Services Manager across both Sandwell and City Hospitals and is now in charge of 45 staff.

Pictured from left to right are Jennifer Bedford, Professor Allister Vale, Barbara Slater, Chair Sue Davis and Lynda Watt.

Chapter 7

Operating and Financial Review

Introduction.

Sandwell and West Birmingham Hospitals NHS Trust is one of the largest teaching Trusts in the West Midlands providing a wide range of acute healthcare services to people living in Sandwell and western Birmingham from just under 1,000 beds in three hospitals:

- City Hospital in Birmingham
- Sandwell General Hospital in West Bromwich
- Rowley Regis Community Hospital in Rowley Regis

The Trust also carries out a range of day case and outpatient work from a purpose-built facility on the City Hospital site:

- The Birmingham Treatment Centre

A range of more specialist services are provided for a wider population, including specialist ophthalmology, dermatology and gynae-oncology services. These specialist centres, providing inpatient, day case and outpatient services, are on the City Hospital site:

- The Birmingham and Midland Eye Centre
- Pan-Birmingham Gynae-Oncology Centre
- The Birmingham Skin Centre
- Sandwell General Hospital and City Hospital are busy acute hospitals with full A&E services on both sites.

Rowley Regis Community Hospital provides continuing care, rehabilitation and respite care as well as a range of outpatient and diagnostic facilities.

An increasing number of outpatient clinics are run in a large number of other locations across Sandwell and Birmingham and the Trust also provides some community services to patients in their homes.

About the Trust.

Facts and figures

- The Trust's MRSA and C.Difficile figures are amongst the lowest in England
- Waiting lists are amongst the shortest in the West Midlands
- Patient satisfaction is amongst the best in the West Midlands
- We serve a local population of between 500,000 and 600,000 people.
- We are located at the centre of the West Midlands and serve some of the most diverse and economically deprived communities in the UK.
- The Trust's income for 2009/10 was around £384m
- We employ around 6,400 staff, which makes us one of the largest employers in the area.
- The total number of patient contacts we have each year is nearly 950,000
- Ophthalmology is the Trust's biggest specialty. Other large specialties include Trauma and Orthopaedics, General Surgery, Obstetrics, Dermatology and Gynaecology
- We admitted more than 132,000 patients for treatment during 2009/10, held over 590,000 outpatient appointments and saw more than 225,000 people in our Accident and Emergency departments.

	Service	City	Sandwell	Rowley
Women's & Children's	Paediatrics	OP & PAU	OP & IP wards	
	Obstetrics	IP & OP	IP & OP	
	Neo-Natal	Level 2 unit	Level 1 unit	
	Gynaecology	IP / DC & OP	IP / DC & OP	OP
	Gynae-Oncology	IP / DC & OP (tertiary centre)	OP	
	Genito-Urinary Medicine		OP	
Surgery	Trauma	SAU & OP	IP & OP	
	Orthopaedics	IP, DC & OP	DC & OP	
	Emergency General Surgery*	SAU & OP	IP & OP	
	Elective General Surgery*	IP, DC & OP	IP, DC & OP	
	Vascular Surgery	IP & OP	IP & OP	OP
	Urology	IP / DC & OP	IP / DC & OP	
	Plastic Surgery	IP / DC & OP	OP	
	Ophthalmology	(tertiary centre)		
	Ear Nose & Throat	IP / DC & OP	OP	OP
	Oral Surgery	IP / DC	OP / DC	
		DC		
Medicine	Emergency Medicine	A&E & MAU	A&E & EAU	
	General Medicine / Care of the Elderly	IP & OP	IP & OP	IP & OP
	Cardiology	IP / DC & OP	IP / DC & OP	OP
	Stroke	Stroke unit	Stroke unit	
	Respiratory	IP / DC & OP	IP / DC & OP	
	Diabetes	IP & OP	IP & OP	OP
	Rheumatology	IP & OP	IP & OP	OP
	Neurology	IP & OP	IP & OP	

* General Surgery includes Breast, Upper GI and Colorectal

	Service	City	Sandwell	Rowley
Medicine cont....	Gastroenterology	IP / DC & OP	IP / DC & OP	OP
	Dermatology	IP / DC & OP	IP / DC & OP	
	Haematology	OP	Level 2 IP unit & OP	OP
	Oncology	OP chemotherapy	OP chemotherapy	
Clinical Support	Anaesthetics & Critical Care	Critical care unit & anaesthetics	Critical care unit & anaesthetics	
	Imaging	Full range of imaging	Full range of imaging	Some imaging
	Pathology	Main laboratories for Trust	Mini laboratories emergency	Range of therapies
	Therapies	Full range of therapies	Full range of therapies	

Key
IP = inpatient admissions
DC = day case and short stay admissions (under 23hrs)
OP = outpatients
PAU = paediatric assessment unit (under 23 hrs)
EAU = emergency assessment unit (under 23 hrs)
SAU = surgical assessment unit (under 23 hrs); MAU = medical assessment unit (under 23 hrs)

Board of Directors

Trust Board Non Executive Directors

Chair (reappointed for new 4 year term from 1st June 2010)	Sue Davis, CBE
Vice-Chair (reappointed for new 2 year term from 1st April 2010)	Roger Trotman
Non-Executive Director	Dr Sarindar Singh Sahota, OBE
Non-Executive Director	Gianjeet Hunjan
Non-Executive Director (term of office ends 19th May 2010)	Isobel Bartram
Non-Executive Director	Professor Derek Alderson
Non-Executive Director (resigned 30th November 2009)	Parveen Aktar
Non Executive Director (from 1st April 2010)	Gary Clarke
Non Executive Director (from 20th May 2010)	Olwen Dutton

Trust Board Executive Management Team

Chief Executive	John Adler
Director of Finance and Performance	Robert White
Medical Director	Mr Donal O'Donoghue
Chief Nurse	Rachel Overfield
Chief Operating Officer	Richard Kirby
Deputy Chief Operating Officer	Matthew Dodd
Director of Workforce (retired 8th October 2010)	Colin Holden
Director of Estates/ New Hospital Project Director	Graham Seager
Director of Governance	Kam Dhami
Head of Communications and Engagement	Jessamy Kinghorn

Right Care Right Here

Sandwell and West Birmingham Hospitals NHS Trust is a major partner in the programme, which aims to improve health and social care in Sandwell and the heart of Birmingham. The programme sets the strategic direction for the local health economy. These plans include building a new acute hospital in Smethwick. The outline business case was approved by the Department of Health in July 2009 and will be re-submitted to the Department of Health and the Treasury before the Trust goes out to the market to find a private finance partner. Also in July the Secretary of State for Health gave his permission for the Trust to use Compulsory Purchase Order powers to buy the land for the new hospital and negotiations have been taking place with owners of land in Grove Lane. Many owners have agreed to sell voluntarily but a public enquiry is expected during the summer of 2010 on outstanding objections.

Membership

Following public consultation at the start of 2008, we have been developing plans to become an NHS Foundation Trust and building, maintaining and engaging a membership of approximately 7,500 local people. Membership stands at 7,535 at May 2010.

In addition to general member recruitment, the membership office runs targeted recruitment at under-represented areas of the membership, which has so far been geographical under-representation (Erdington, Ladywood, Rowley Regis and Tipton), and young people. There is also a dedicated programme of activity for young members between 11 and 25, which staff members in that age group also participate in, as well as some children of staff members.

As well as events for members to help set the priorities for the Trust, member activities have included a healthy lifestyle and wellbeing roadshow and range of health and well being events including health promotion for young people, careers events, and seminars on patient experience, diabetes, alzheimer's, food allergies, stroke, the new hospital, healthy pregnancy, infection control, living with cancer, maternity reconfiguration and CPR.

Research

Aside from being the largest provider of acute patient services in the Midlands, Sandwell and West Birmingham Hospitals NHS Trust also has a substantial research agenda and hosts several academic departments. A new research strategy was reviewed by the Trust Board in February 2010 which sets out a vision to develop the Trust as an international centre of research excellence.
Amongst a large range of areas of research are:

- Cancer
- Cardiovascular disease
- Diagnostic approaches
- Drug treatment and other therapies
- Gynaecological Oncology
- Inflammatory disease
- Ophthalmology

Education

Our hospitals are part of the University of Birmingham Medical School Teaching Programme and are responsible for training three hundred medical students every year. Many of the medical students trained here return for further training as junior doctors.

The quality of training has been consistently highly rated following visits from both the West Midlands Workforce Deanery and from the Royal Colleges.

Trainee Nurses from both Wolverhampton and Birmingham City Universities are based here and at any one time there could be up to 300 students working to complete their adult nursing course across all three sites at both Degree and Diploma levels.

We offer placements for a range of Trainees Clinical Scientists and Allied Health professionals as part of their undergraduate and post graduate studies including Audiology, Pharmacy, Biomedical Sciences, Physiotherapy, Dietetics, Speech and Language Therapy, Occupational Therapy, Radiology (both diagnostic and Therapeutic), Clinical Physics, Clinical Physiology and Medical Physics.

The Birmingham and Midland Eye Centre (BMEC) is one of the largest providers of undergraduate clinical education for orthoptists in the UK and Ireland. The team have a real commitment to training and are recognised as a centre of excellence in this field by the orthoptic profession.

The Trust as an Employer

Trust staff can access a range of benefits. These include support for parents through nursery provision for young children, a childcare voucher scheme for parents to save money on their childcare and discounts on holiday playschemes. As part of the Improving Working Lives initiative, the Trust supports staff with Carer responsibilities through the Right to Request Flexible Working, Carers Leave entitlements and a Carers Handbook. There is also an Employment Charter and Code of Conduct for staff and managers.

Sandwell and Birmingham are two of the UK's most culturally diverse areas and the Trust is committed to pursuing equality and valuing the diversity of its staff. We regularly review our equal opportunities practices, policies, and training in the light of new legislation.

Significant focus has gone into staff development and engagement which has made a positive impact on staff satisfaction and improved our staff survey results. There has been a 7% increase in the proportion of staff agreeing that the Trust communicates clearly with staff about what it is trying to achieve, 5% increase in effective communication between management and staff, 19% increase in the number of staff who have heard of our staff engagement programme (Listening into Action) – now at 89%, with 66% clear about what it is, compared to 45% the previous year. Three quarters (74%) of staff responding to the survey said their immediate manager listens or sometimes listens to staff about improving services compared with two thirds (69%) in 2008.

Our 'Listening into Action' programme of staff engagement was launched in May 2008 and is designed to change the culture of management within the Trust. Over half of all Trust staff have been directly involved and almost every department has used the LiA approach to improve the way their area functions or provide better patient care.

New models of care as part of the Right Care Right Here programme, becoming an NHS Foundation Trust, preparing for the opening of a new acute hospital, and providing more services in the community present us and our staff with an exciting and challenging future.

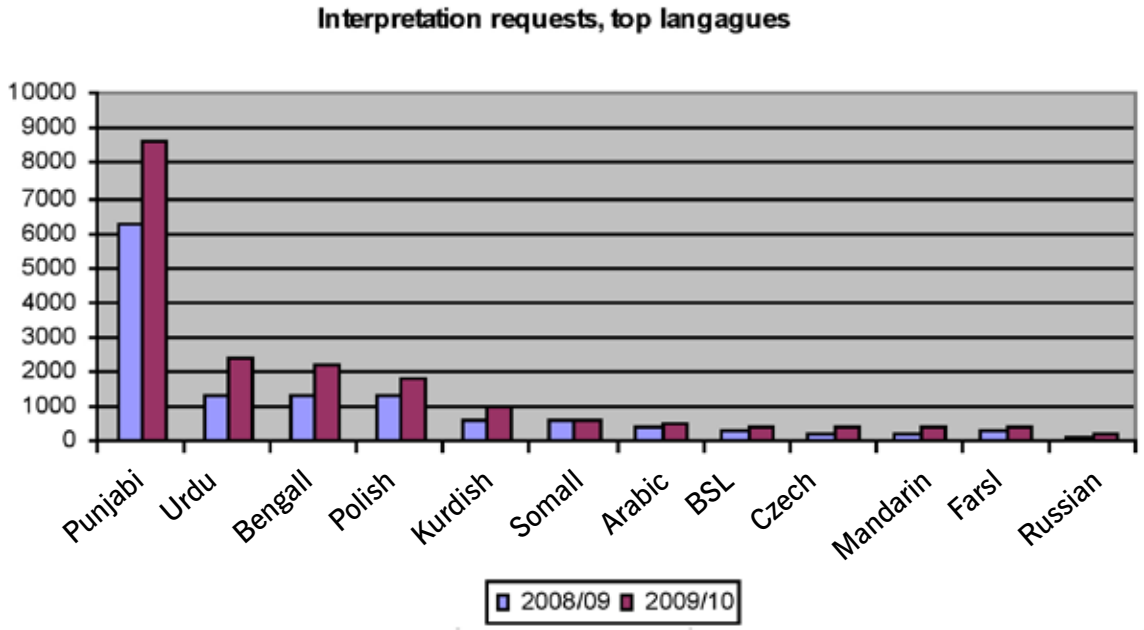
Equality and Diversity

Sandwell and West Birmingham Hospitals is committed to valuing the diversity of its patients and staff. Our Single Equality Scheme sets out how we will make a real and positive difference to the lives of all the people and communities affected by what we do. This includes meeting our obligations under current equality legislation. We have been making good progress in ensuring every area, service and policy has been subject to an Equality Impact Assessment, and are monitoring the common themes that are emerging. An equality and diversity resource pack has been produced and distributed to all wards and departments. As a result of a Learning Disability Audit, each ward also now has a communication book for patients with communication problems.

We are continuing to involve disabled users in improving services. As part of the Disability Discrimination Act compliance programme, we have installed 70 deaf minicom loops for the hard of hearing in reception areas across the Trust, and following an audit involving patients and their representatives, improvements have been made to disabled access, including changes to some reception desks.

Interpreting

The Trust provides an interpreting service to patients whose first language is not English. The top ten languages requested by patients at the Trust are shown in the graph below. 2009/10 has seen an overall increase in requests for interpretation, with only minor fluctuations in the languages requested.



Information Governance and Data Protection

The Trust takes the protection of patient data very seriously and has a range of controls in place. The Information Governance Toolkit is a Connecting for Health self assessment audit tool which all trusts are required to complete. The requirements cover key management, processes, people, system's involving information management, quality and controls.

The Information Governance toolkit requires Trusts to achieve over 70% compliance to receive a green rating.

An independent and internal assessment of the Information Governance Statement of Compliance standards at the Trust has demonstrated compliance, with the Trust achieving level 2 or above in all 25 standards and receiving an overall 'green' rating of 79%.

However, some information breaches did come to light during 2009/10. Details are in the table below:

Summary of Other Personal Data Related Incidents in 2009/10		Incident Total(s)
Category	Nature of incident	2009 – 2010 (1st April – 28th February)
1	Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises.	4
2	Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises.	6
3	Insecure disposal of inadequately electronic equipment, devices or paper documents.	2
4	Unauthorised disclosure.	20
5	Other	10
	TOTAL	**42**

Summary of serious untoward incidents involving personal data as reported to the Information Commissioer's Office in 2009 - 2010.				
• 1. SUI Information Security Incident – Trulife Incident				
Date of incident (month)	**Nature of incident**	**Nature of data involved**	**Number of people potentially affected**	**Nature of incident**
March 2006 March 2007 February 2008 All incidents were reported to the Trust in July 2009.	Trulife an established Orthotic provider in the NHS informed the Trust in July 2009 that between March 2006 and February 2008 three laptops had been stolen. March 2006 a Trulife laptop was stolen from the premises of another Trust March 2007 a Trulife laptop was stolen in a mugging incident. February 2008 a Trulife laptop was stolen from a car. The stolen laptops were password protected but not encrypted as all the thefts occurred before a programme of encryption was in place for laptops and other devices carrying personal data.	Patient name Patient address Date of birth Hospital number Orthotics Appliance prescription	3751	Letter sent from Trulife in conjunction with the Trust to all patients affected by the incident. Helpline provided by Trulife.
March 2006 March 2007 February 2008	A red table top review was conducted in line with standard Trust proceedings whenever a red incident (Serious Untoward Incident) occurs. Trulife had already been in contact with the Information Commissioner prior to informing the Trust and had already implemented appropriate security controls which were documented in the letter that patients received. The red table top incident review recommended a review of all contracts where personal data is exchanged with third party contractors to obtain information security assurances appropriate to protect personal data against unauthorised disclosure. This incident did receive local media interest and there was a feature within the Birmingham Mail which identified a number of local Trusts whose patients had been affected by this incident.			

• 2. SUI Information Security Incident Table 2 – Payroll Incident				
Date of incident (month)	**Nature of incident**	**Nature of data involved**	**Number of people potentially affected**	**Nature of incident**
May 2008 – discovered August 2009.	An individual working within Finance sent bulk Payroll information to their personal webmail account. Not only did this breach the Trust security policy but the individual did not have authorisation to obtain the data or to have disclosed the data.	Name, Payroll number, NI number and details of November and cumulative pay. For those staff whose payslips are sent to their home address (a relatively small proportion), the payslip also contains their address.	6,000	Communications Department sent a staff communication to all staff to inform them of the incident. A support desk was provided so that queries or concerns could be directed to appropriate personnel within the Trust.
March 2006 March 2007 February 2008	A red table top review was conducted in line with standard Trust proceedings whenever a red incident (Serious Untoward Incident) occurs. The Police, NHS Fraud Organisation, Economic Crime Unit and Information Commissioner were informed of the incident. The Police investigated and there was a separate internal investigation which led to the individual being dismissed. Finance has reminded Finance staff of their contractual obligation regarding confidentiality and data protection. Finance has reviewed staff access to information. Finance are working in liaison with IT trailing a new software solution purchased by Connecting for Health to provide further control over electronic devices to prevent data leaks.			

• 3. SUI Information Security Incident – Folder Lost At Bus Stop Incident				
Date of incident (month)	**Nature of incident**	**Nature of data involved**	**Number of people potentially affected**	**Nature of incident**
August.	A Clinical Audit Coordinator employed by the Department of Anaesthetics, inadvertently left a folder in a bus shelter, which contained a document detailing the RXK numbers, allergy status and names of 100 patients who were interviewed between October 2008 and January 2009, with regard to an 'Allergy Status Recording Audit'	Patient data included: Patient first name, surname, RXK number allergy status and ward.	100	Individuals were notified by post and the Trust provided a support line for two weeks following notification of the incident.
Further action on information risk	A red table top review was conducted in line with standard Trust proceedings whenever a red incident (Serious Untoward Incident) occurs. A Final Action Plan was produced following the red table top, where these issues and failings were discussed with the individual. Human Resources were informed of the incident. It is not thought that the information is likely to be reused as there was not enough information for a member of the public to confirm the identify of a single individual given that other patients may share the same name. Patients affected by this accidental data disclosure were informed. A patient call line was established by Information Governance to resolve patient concerns associated with the disclosure.31 calls were received to the Incident Helpline, no formal complaints were received. A protocol has been developed to provide staff with clear guidelines for handling manual confidential data and working offsite with manual confidential data. If the Finance data leak trial is successful the software will be gradually deployed across the organisation giving priority to other high risk areas			

Information Technology

Significant progress has been made in 2009/10 to improve I.T support to clinical areas. Many more schemes are planned for 2010/11 to streamline systems and make better use of I.T.

Governance and Risk

Clinical Governance

In order to ensure patients receive the highest possible quality of care, Trust procedures are under continuous review and development. This process of clinical governance is central to our commitment to improve care for patients. It ensures the Trust measures and improves the quality of its clinical services in order to provide the best possible care.

In March 2010 the Trust achieved NHS Litigation Authority level 1 for the general standards and the new CNST (Clinical Negligence Scheme for Trusts) maternity standards, achieving fifty of the fifty standards on each assessment. The Trust is working towards level 2 on the general NHS LA standards by 31st March 2011.

Risks and Risk Management

The Trust has an Assurance Framework as part of the planning process for each year. The Framework sets out:

- The key risks to delivery of our objectives for the financial year
- 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 is presented to the Trust Board and progress on managing the issues identified in the framework is reported to the Board regularly, along with progress on the corporate objectives.

The Trust also has a risk register that is monitored by the Trust Board.

More detail on the Trust's approach to risk management can be found in the Statement of Internal Control on page 75.

Principles for Remedy

NHS bodies are required to adhere to six principles for remedy which set out how public bodies should put things right when they have gone wrong.

Good practice means:

1. Getting it right
2. Being customer focused
3. Being open and accountable
4. Acting fairly and proportionately
5. Putting things right
6. Seeking continuous improvement

The Trust is committed to these principles and has in place a 'being open' policy which underlines the Trust's approach to improving patient safety developing better communication between healthcare professionals and patients.

A new national complaints policy came into force in April 2009 which requires much greater collaboration between the Trust and patients or relatives to resolve complaints together to an agreed timetable. All complaints must be acknowledged within three working days and the complainant and Trust should agree how long it should take to investigate and respond to the concerns raised.

Overall Complaint Figures – Annual Comparison

	Formal Complaints	Formal Complaints (including withdrawn)
2008/09	809	872
2009/10	884	963

Partnership working

The Trust works closely with its commissioners, other provider organisations, strategic health authority, local authorities, carers and other local organisations and is an active member of the Local Strategic Partnerships for Sandwell and Birmingham.
The most significant work with partners is in relation to the Right Care Right Here programme where the Trust and its two main commissioners share a long-term strategy with the involvement of the two mental health trusts and two local authorities. Through Right Care Right Here, the Trust is involved in work with organisations such as Advantage West Midlands in developing plans for the new hospital and the regeneration of Grove Lane in Smethwick. The Trust is also involved with Centro and National Express to improve public transport access to existing and new healthcare facilities.

Working with other local providers is important to the Trust and we deliver a range of services in conjunction with other acute Trusts, specialist trusts and other provider services. This includes a close relationship with Walsall Hospitals NHS Trust to provide the Sandwell-Walsall-Birmingham Breast screening service. We also participate in a number of region-wide specialty networks such as the Pan Birmingham Cancer Network and Neonatal Network.

The Trust is working with the local LINks organisations in Sandwell and Birmingham, and Sandwell LINks have nominated John Cash as their representative to the Trust Board. During last year Mr Cash sat at the Board table, participating fully in public Board meetings. Patients and members of the public participate in the monthly Patient Environment Action Team inspections to report on the cleanliness of the hospitals, and are involved in a wide range of engagement activities.

Environmental Matters

The Trust continues to improve its environmental performance and is developing plans for the new hospital that ensure the hospital is as energy efficient and environmentally friendly as possible.

Improving the environmental sustainability of the Trust's operations by responding to the national carbon reduction strategy was one of the corporate objectives for 2009/10. A sustainability group has been meeting regularly to develop a strategy and action plan following staff engagement activities and Trust-wide team brief discussions on sustainability and cycling.

Service Performance 2009/10.

Patient Access Targets

The table below identifies the Trust performance against all national patient access targets as at 31 March 2010. Although the outside limit of waiting times remains at 26 weeks, the Trust's focus remained on the need to treatment the vast majority of patients within 18 weeks.

Patient Access Targets 2009/10	National Target	Trust Performance	Trust Performance
Inpatient Maximum Waiting Time	26 weeks	19 weeks	Only 223 (4.3%) patients waiting >9 weeks at end of March 2010
Outpatient Maximum Waiting	13 weeks	12 weeks	Only 253 (2.2%) patients waiting >9 weeks at end of March 2010
Referral to Treatment Time – Admitted PatientsTime	=> 90%	=> 93.4%	Refers to % patients who commenced treatment within 18 weeks of referral
Referral to Treatment Time – Non Admitted Patients	=> 95%	97.6%	Refers to % patients who commenced treatment within 18 weeks of referral
Cancer 2-week wait from GP referral to appointment with specialist	=> 93%	93.9%	% seen
All Cancers: One month diagnosis (decision to treat) to treatment	=> 96%	99.7%	% seen
All Cancers: Two months GP referral to treatment	=> 85%	89%	% seen
Accident & Emergency Waits (less than 4 hours)	=>98%	98.55	% seen. Trust performance includes HoBt-PCT walk-in centre activity.
Patients Waiting for longer than 3 months for revascularisation *Indicative	0%	0%	
Waiting Times for Rapid Access Chest Pain Clinic	=>98%	99.7%	% seen within 2-weeks urgent GP referral
Waiting Times for Diagnostic Investigations / Procedures	13 weeks	16 weeks	3 patients waiting > 6 weeks at end of March 2010

Patient Activity 2009/10

The table below summarises patient activity in 2008/09 and 2009/10. The most significant area of increased activity was within outpatients as consistent with the rise in referrals.

	2008/2009	2009/2010
Inpatient Elective	13106	13722
Inpatient Non-Elective	68996	65841
Day Cases	50873	52729
Outpatients	527790	590208
A&E Attendances	221941	225090
Referrals	178070	192689

Overall admitted patient care (all inpatients and daycases) appears static from one year to the next. However, a reclassification of certain maternity activity from admitted patient care to outpatients (obstetric admission not resulting in a birth (N12s) skews the comparison. After adjusting for this change, there was an increase of approximately 3.4% inpatients requiring a bed or attending for daycase treatment. Within outpatient activity, there was a significant increase of 11.8% and this in part reflects the rise in referrals (8.2%). The increase in Accident and Emergency attendances was 1.4%.

Annual Objectives 2009/10

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

Strategic Objective	Annual Objective	R/A/G Rating
1. Accessible and Responsive Care	1.1 Ensure continued achievement of national access targets.	
	1.2 Deliver Single Equality Scheme for 2009/10	
	1.3 Improve compliance with single sex accommodation standards	
	1.4 Improve communication with patients about their care	
	1.5 Identify key hospital actions to improve public health	
2. High Quality Care	2.1 Infection control – achievement of national and local targets	
	2.2 Complete implementation of surgical reconfiguration	
	2.3 Improve quality of care for patients with stroke/TIA	
	2.4 Deliver improvements in the Trust's maternity services	
	2.5 Deliver the Trust's "Optimal Wards" programme	
	2.6 Develop approach to clinical quality	
	2.8 Achieve NHSLA standards	
	2.9 Improve care provided to vulnerable adults and children	
	2.10 Ensure the Trust fully meets the EWTD standards	
3. Care Closer to Home	3.1 Right Care Right Here Programme exemplar projects	
	3.2 Outpatient facilities in Aston HC, Rowley Regis Hospital	
	3.3 Community Ophthalmology service for S. B'ham PCT	
4. Good Use of Resources	4.1 Delivery of planned surplus of £2.2m	
	4.2 Delivery of CIP of £15m	
	4.3 Service improvement – theatres, outpatients, bed mgt.	
	4.4 Introduce routine service line reporting	
5. 21st Century Facilities	5.1 Continue to deliver New Hospital Project as planned	
	5.2 Deliver the Capital Programme	
	5.3 With PCTs design major community facilities	
6. An Effective NHS FT	6.1 Continue to pursue NHS FT status	
	6.2 Continue to achieve Annual Healthcheck Core Standards	
	6.3 Mandatory training and the Listening into Action "Time to Learn" project	
	6.4 Spread staff engagement through Listening into Action	
	6.5 Next stages of the Trust's clinical research strategy	
	6.6 Improve the Trust's approach to leadership development	
	6.7 Improve response to the national carbon reduction strategy	

Annual Health check 2008/09

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

*In April 2009 the Care Quality Commission replaced the Healthcare Commission.

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

The ratings are based on performance from April 2008 to March 2009. The Trust was also rated as 'Excellent' for performance on New National Targets and 'Fully Met' its Existing National Targets. The Trust's self-declaration of its Core Standards for 2008/09 was Almost Met. The Trust has made a declaration for 2009/10 that it will have fully met all 24 core standards by 31st March 2010.

National Survey Results

The Trust participates in the national patient and staff surveys for the NHS. These surveys are available on the Trust and CQC websites.

The most recent published national surveys results include:

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

Financial Performance

The table below shows how the Trust's underlying performance (£2.2m surplus) is made up. The actual deficit reported in the statutory accounts is technical and arises from the inclusion of the District Valuer's review of land and building values (these having fallen leading to an 'impairment'). Setting this adjustment to one side shows that the Trust met its statutory duty to breakeven. It addition to this duty, the Trust kept within its capital budget (tangible assets costing at least £5,000 and lasting more than 1 year) and managed its cash resources effectively. The table also refers to IFRIC12 which is an accounting guideline applied to service concession arrangements (i.e. PFIs) for which an adjustment is made when measuring performance against the DoH target.

Budgetary/Accounts Performance	2009/10	2008/09
	£000s	£000s
Income for patient Care services	345,091	323,035
Income for training, education, research & other	39,683	36,126
Total Income	**384,774**	**359,161**
Pay Expenditure	(252,557)	(239,623)
Nonpay Expenditure (including impairments & IFRIC12)	(160,863)	(121,914)
Total Expenditure	**(413,420)**	**(361,537)**
Surplus/(Deficit) per Statutory Accounts	**(28,646)**	**(2,376)**
Exclude: impairments & IFRIC12 within Nonpay	35,906	
Adjustment: conversion to IFRS from UK GAAP		4,923
Surplus/(Deficit) per SHA monitoring	**7,260**	**2,547**
Adjust for: economic impairments	(5,059)	
Surplus/(Deficit) per Trust Target performance	**2,201**	**2,547**

A number of Trust's operating divisions experienced budgetary pressure during the year which in some cases resulted in an overall adverse variance within divisional budgets as at 31 March 2010. In overall terms however, these pressures were offset with contingency reserves enabling delivery of the target surplus of £2,201,000. There was strong performance where delivery of the £15m cost improvement programme is concerned as virtually all departments met or exceeded the 100% delivery target.

The 2009/10 financial year fell within the 2nd year of the government's 3 year CSR plan (comprehensive spending review) notable for its above inflation health spending. As part of its future plans, the Trust has prepared for reduced revenue from the PBR (payment by results) national tariff individual patient treatments as well as funding streams for locally agreed tariff services, education and training levies.

Strong activity performance (in terms of meeting demand directed towards the Trust within waiting time constraints) resulted in additional income within surgical and medical divisions. The additional payments were needed to offset the activity related nonpay and pay pressures that this naturally creates.

In the context of increasing efficiency requirements, the Trust continues to pursue its plans of concentrating on changes that improve processes and secure savings without compromising patient care. The theme of 'working smarter' builds on successful initiatives such as the 'productive ward programme', analysing patient pathways to reduce 'bottlenecks' and inefficient processes as well as ensuring that front line staff are supported by making use of available technologies (e.g. automated stock re-ordering systems). The Trust's QuEP (quality and efficiency programme) launched during 2009/10 is intended to assist with an overall improvement in efficiency, effectiveness and quality.

Income from Commissioners and other sources.

The Trust receives the majority of its income from Primary Care Trusts as the table below shows. The Trust carried out a number of procedures and additional treatments above the level planned by the PCTs which gave rise to additional income. This additional income was however offset by the costs associated with delivering the extra activity.

The main components of the Trust's c.£384.8m income are shown below. Modest increases were seen in most categories and the apparent fall in Department of Health income reflects the incorporation of the previous separate payment for MFF (market forces factor) into PCT budgets.

A significant element of income (c£20m) relates to education, training and research funds.

Sources of Income £000s	09/10	08/09
	£100s	£100s
Strategic Health Authorities	6,243	5,996
NHS Trusts and FTs	881	895
Dept of Health	1,108	765
Primary Care Trusts	333,014	313,159
Non NHS including RTA	3,845	2,220
Educ & Research	20,362	18,365
Other non-patient services	6,865	6,959
Other	12,456	10,802
Total Income	**384,774**	**359,161**

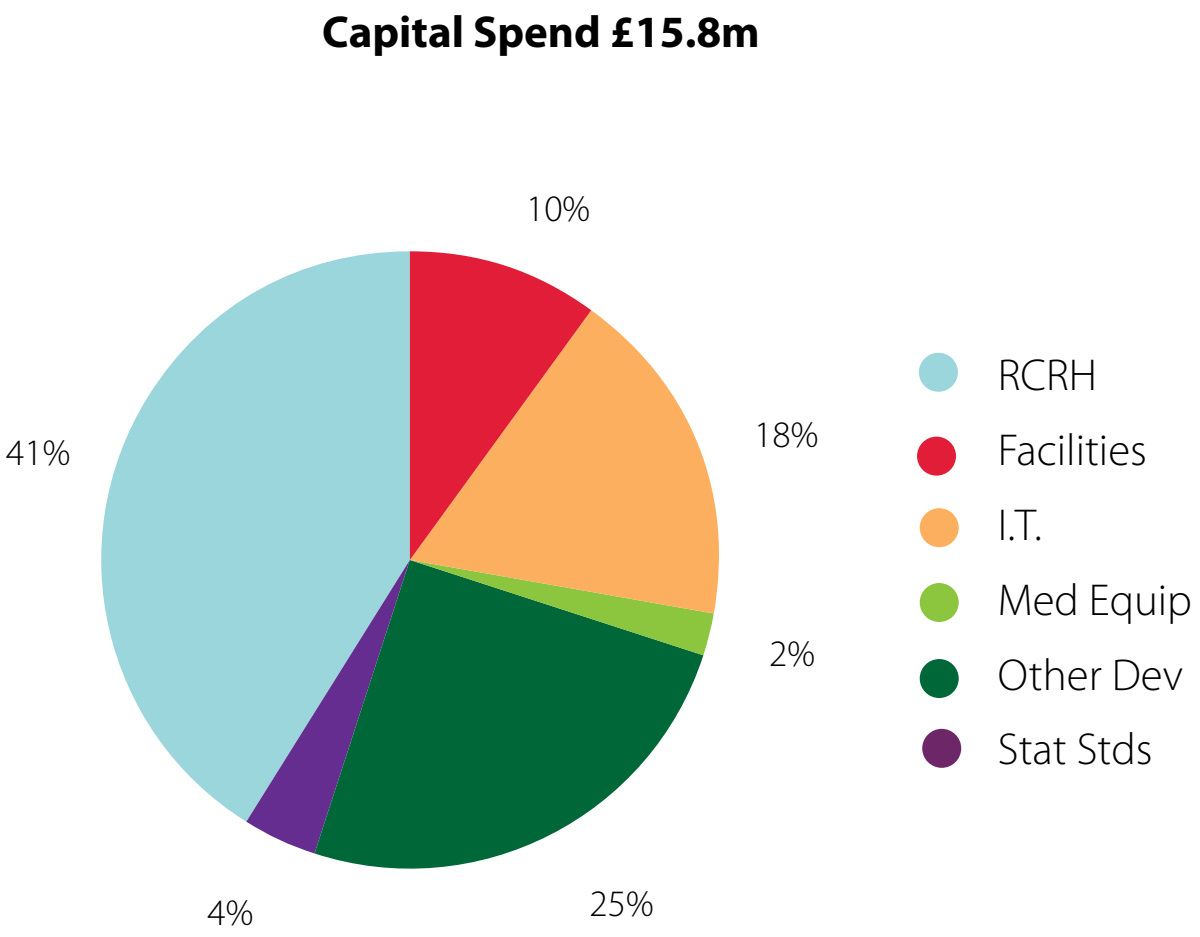
The Trust is an accredited body for the purposes of training undergraduate medical students, postgraduate doctors and other clinical trainees. It has an active research community recently celebrating 100 years of medical research.

Waiting times for diagnostic tests, outpatients and inpatients continue to reduce leading to better patient experience and within diagnostic areas there were very few patients (3) waiting more than 6 weeks in two modalities. Bed occupancy remains near to 86% with day case rates have increased slightly from 79% to 79.4%. As in the previous year, the financial strategy focused on increasing productivity and improving cost control whilst ensuring all patient care activity and quality targets were met. The productivity gains revealed themselves in a number of areas especially via the sustained reduction in average length of stay which stands at approximately 4.5 days down from a high of 6.4 days 4 years ago.

The differential between income per spell (admission) and cost per spell remains positive. As part of its performance management framework, the Trust has retained the infrastructure that supports the sound management of resources especially the detailed monitoring of operational performance showing the level of staff employed, costs of using bank and agency workers and the return from capital investment. Staffing represents the largest element of the Trust's cost base hence the importance of ongoing monitoring and management. The accounts highlight some of the changes in the workforce as per note 10.2 to the full accounts (available upon request.).

Use of Capital Resources

The Trust spent a significant proportion of its capital budget (tangible items costing over £5,000 and lasting for more than one year) on updating its medical equipment. The medical equipment category (nearly £6.5m) includes the renewal of an MRI (magnetic resonance imaging) machine as well as a CT machine (computerised axial tomography). The 25% spent on facilities improved/created a range of service areas such as the new Midwife Lead Unit, ward refurbishments, public conveniences, pathology reception and the medical assessment unit which continues to be worked on. Energy improvement schemes and catering area works make up the majority of other developments. The RCRH (right care, right here) programme spend refers to clinic modification works which whilst not strictly part of the programme follows the principle of moving work from an acute setting to community locations. Statutory standards represent ongoing work to ensure a safe and compliant environment is in place both for patients and staff.



Workforce Demographics

Workforce demographics are monitored against the demographics of the local population. The health service tends to attract a far higher proportion of female workers and 74% of staff at the Trust are women. An equal pay audit was carried out during 2009/10 that did not indicate any significant underlying issues relating to either gender or ethnicity. A workforce dashboard is published quarterly that monitors a range of workforce related information, including diversity and training.

We aim to have a high quality workforce that reflects the ethnic demographics of the patients we treat. Information about the ethnic origin of our staff compared to available local population information is set out below. Staff information is taken from the average across April to December 2009.

	Staff	Local population	Heart of Birmingham	Sandwell
Asian	19%	21.10%	26.08%	13.63%
Black	7%	7.90%	10.78%	3.73%
Mixed Heritage	1%	3%	3.68%	2.10%
Other Ethnic group	3%	1.20%	1.70%	0.37%
White	58%	66.90%	57.80%	80.13%
Not stated	12%			

Average number of people employed	2009/10			2008/09		
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
	Number	Number	Number	Number	Number	Number
Medical and dental	785	743	42	773	755	18
Ambulance staff	0	0	0	0	0	0
Administration and estates	1,463	1,417	46	1,377	1,321	56
Healthcare assistants and other support staff	652	497	155	621	531	90
Nursing, midwifery and health visiting staff	2,629	2,468	161	2,543	2,522	21
Nursing, midwifery and health visiting learners	0	0	0	0	0	0
Scientific, therapeutic and technical staff	963	959	4	921	913	8
Social care staff	0	0	0	0	0	0
Other	0	0	0	0	0	0
Total	**6,492**	**6,084**	**408**	**6,235**	**6,042**	**193**

(the 'Other' column in 2009/10 includes agency, bank and locum staff whereas in 2008/09 it only includes agency staff)

Sickness Absence

The Trust closely monitors sickness absence of its staff and has seen significant improvements in some areas that had the highest absence rates. Short term sickness for 2009/10 was 1.31%. Long term sickness absence for the same period was 3.10%. The combine total is shown below.

2007/08	2008/09	2009/10
4.78%	4.60%	4.41%

Staff sickness absence	2009/10
	Number
Days lost (long term)	41,700
Days lost (short term)	15,767
Total days lost	**57,467**
Total staff years worked	6,054
Average working days lost per member member of staff	9.49
Total staff employed in period (headcount)	8,520
Total staff employed in period with no absence (headcount)	3,894
Percentage staff with no sick leave	**45.7%**

* total sickness days of 57,467 can be set in the context of worked days of 1,303,106 leading to a rate of 4.41% sickness absence.

Disability Equality Scheme

The Trust has a Disability Equality Scheme that was approved by the Trust Board in June 2007. It sets out how we plan to meet our duty to actively promote and improve our services and employment opportunities for people who have a disability or impairment.

As a significant local employer and provider of health care we are in a unique position to be able to break down real or perceived barriers to employment or access to services and therefore to ensure improved outcomes for individuals.

Summary Financial Statements 2009/10.

On the following pages you will find a summary of the Trust's financial statements, taken from our full annual accounts. If you would like to see these in full, you can obtain a copy free of charge by downloading them from our website, or by writing to: Mr Robert White, Director of Finance and Performance Management, Sandwell and West Birmingham Hospitals NHS Trust, City Hospital, Dudley Road, Birmingham B18 7QH or telephone 0121 507 4871.

The statements should be reviewed in conjunction with the previous explanation regarding underlying financial performance. The technical deficit totalling £28.6m has been adjusted to a £2.2m underlying surplus.

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 March 2010 (formerly the income and expenditure statement)		
	2009/10	2008/09
	£000	£000
Revenue:		
Revenue from patient care activities	**345,091**	323,035
Other operating revenue	**39,683**	36,126
Operating expenses	**(404,274)**	(350,732)
Operating surplus (deficit)	**(19,500)**	8,429
Finance costs:		
Investment revenue	**80**	1,048
Other gains and (losses)	**(102)**	(190)
Finance costs	**(2,179)**	(2,405)
Surplus/(deficit) for the financial year	**(21,701)**	6,882
Public dividend capital dividends payables	**(6,945)**	(9,258)
Retained surplus/(deficit) for the year	**(28,646)**	**(2,376)**

STATEMENT OF FINANCIAL POSITION AS AT 31 March 2010 (formerly the balance sheet)			
	31 March 2010	31 March 2009	1 April 2008
	£000	£000	£000
Non-current assets			
Property, plant and equipment	**220,296**	277,912	303,584
Intangible assets	**426**	547	373
Trade and other receivables	**1,158**	1,158	1,362
Total non-current assets	**221,880**	279,617	305,319
Current assets			
Inventories	**3,439**	3,295	3,649
Trade and other receivables	**19,289**	19,138	19,129
Cash and cash equivalents	**15,867**	8,752	8,285
Non-current assets held for sale	**0**	0	0
Total current assets	**38,595**	31,185	31,063
Total assets	**260,475**	310,802	336,382
Current liabilities			
Trade and other payables	**(31,962)**	(28,516)	(28,238)
DH Working capital loan	**0**	0	(2,500)
Borrowings	**(1,698)**	(1,885)	(1,787)
Provisions	**(5,338)**	(5,440)	(1,996)
Net current assets/(liabilities)	**(403)**	(4,656)	(3,458)
Total assets less current liabilities	**221,477**	274,961	301,861
Non-current liabilities			
Borrowings	**(32,476)**	(33,627)	(35,111)
Provisions	**(2,175)**	(2,193)	(3,575)
Total assets employed	**186,826**	239,141	263,175
Financed by taxpayers' equity:			
Public dividend capital	**160,231**	160,231	162,296
Retained earnings	**(22,259)**	4,637	3,842
Revaluation reserve	**36,545**	60,699	83,147
Donated asset reserve	**2,148**	2,531	2,669
Government grant reserve	**1,103**	1,985	2,163
Other reserves	**9,058**	9,058	9,058
Total Taxpayers' Equity	**186,826**	239,141	263,175

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 March 2010		
	2009/10	2008/09
	£000	£000
Cash flows from operating activities		
Operating surplus/(deficit)	**(19,500)**	8,429
Depreciation and amortisation	**13,913**	17,179
Impairments and reversals	**36,463**	05,066
Transfer from donated asset reserve	**(449)**	(458)
Transfer from government grant reserve	**(58)**	(80)
Interest paid	**(764)**	(110)
Dividends paid	**(7,664)**	(9,258)
(Increase)/decrease in inventories	**(144)**	354
(Increase)/decrease in trade and other receivables	**566**	76
(Increase)/decrease in other current assets	**0**	0
Increase/(decrease) in trade and other payables	**(209)**	679
Increase/(decrease) in other current liabilities	**0**	0
Increase/(decrease) in provisions	**(173)**	2,011
Net cash inflow/(outflow) from operating activities	**21,981**	23,888
Cash flows from investing activities		
Interest received	**81**	1,174
(Payments) for property, plant and equipment	**(13,081)**	(15,679)
Proceeds from disposal of plant, property and equipment	**0**	21
(Payments) for intangible assets	**(51)**	(358)
(Payments) for other investments	**0**	(2,322)
Net cash inflow/(outflow) from investing activities	**(13,051)**	**(17,164)**
Net cash inflow/(outflow) before financing	**8,930**	6,724
Cash flows from financing activities		
Public dividend capital repaid	**0**	(2,065)
Loans repaid to the DH	**0**	(2,500)
Other capital receipts	**0**	0
Capital element of finance leases and PFI	**(1,815)**	(1,692)
Cash transferred to NHS Foundation Trusts	**0**	0
Net cash inflow/(outflow) from financing	**(1,815)**	(6,257)
Net increase/(decrease) in cash and cash equivalents	**7,115**	467
Cash (and) cash equivalents (and bank overdrafts) at the beginning of the financial year	**8,752**	8,285
Cash (and) cash equivalents (and bank overdrafts) at the end of the financial year	**15,867**	8,752

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY							
	Public dividend capital (PDC)	Retained earnings	Revaluation reserve	Donated asset reserve	Gov't grant reserve	Other reserves	Total
	£000	£000	£000	£000	£000	£000	£000
Changes in taxpayers' equity for 2009/10							
Balance at 1 April 2009	160,231	4,637	60,699	2,531	1,985	9,058	239,141
• Total Comprehensive Income for the year							
Retained surplus/(deficit) for the year	0	(28,646)	0	0	0	0	(28,646)
Transfers between reserves	0	1,750	(1,750)	0	0	0	0
Impairments and reversals	0	0	(49,519)	(348)	(852)	0	(50,719)
Net gain on revaluation of property, plant, equipment	0	0	27,115	127	28	0	27,270
Receipt of donated/ government granted assets	0	0	0	287	0	0	287
Reclassification adjustments:							
- transfers from donated asset/government grant reserve	0	0	0	(449)	(58)	0	(507)
Balance at 31 March 2010	160,231	(22,259)	36,545	2,148	1,103	9,058	186,826

Management costs	2009/10		2008/09	
	£000	%	£000	%
Management costs	12,044	3.30%	11,235	3.30%
Income	364,492		340,761	

Income figures are adjusted for the purpose of the calculation as per DoH guidance. For Management Cost definitions on the Dept. of Health website see: www.dh.gov.uk/en/managingyourorganisation/financeandplanning/nhsmanagementcosts/DH_4000338.

Retirements due to ill-health

During 2009/10 there were 8 early retirements from the NHS Trust agreed on the grounds of ill-health (there were 14 in 2008/09). The estimated additional pension liabilities of these ill-health retirements will be £355,000 (2008/09: £1,176,000). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Better payment practice code

Better Payment Practice Code - measure of compliance	2009/10		2008/09	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	100,584	91,142	99,384	94,545
Total Non NHS trade invoices paid within target	68,699	63,449	67,667	63,019
Percentage of Non-NHS trade invoices paid within target	68%	70%	68%	67%
Total NHS trade invoices paid in the year	2,254	26,454	2,179	18,412
Total NHS trade invoices paid within target	1,547	22,304	1,092	13,055
Percentage of NHS trade invoices paid within target	69%	84%	50%	71%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

The Late Payment of Commercial Debts (Interest) Act 1998

There were no payments in either 2009/2010 or 2008/2009 in respect of the Commercial Debts (Interest) Act 1998.

Other Gains/Losses

Other gains and losses	2009/10	2008/09
	£000	£000
Gain/(loss) on disposal of property, plant and equipment	(102)	(190)
Total	(102)	(190)

Finance Costs & Interest Receivable

Finance Costs	2009/10	2008/09
	£000	£000
Interest on loans and overdrafts	0	104
Interest on obligations under finance leases	193	224
Interest on obligations under PFI contracts:		
- main finance cost	1,654	1,703
- contingent finance cost	220	296
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	2,067	2,327
Other finance costs	112	78
Total	2,179	2,405

Investment revenue	2009/10	2008/09
	£000	£000
Interest revenue:		
- Bank accounts	80	1,048
- Other loans and receivables	0	0
- Impaired financial assets	0	0
- Other financial assets	0	0
Total	80	1,048

Accounting Policies

The Secretary of State for Health has directed that the financial statements of NHS Trusts shall meet the accounting requirements of the NHS Trusts Manual for Accounts, which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2009/10 NHS Trusts Manual for Accounts issued by the Department of Health.

The accounting policies contained in that manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the NHS Trusts Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies have been applied consistently in dealing with items considered material in relation to the accounts.

Resources not recorded on the Statement of Financial Position (Balance Sheet)

The majority of the Trust's financial and physical resources are recorded on the balance sheet at 31st March 2010, although this clearly excludes its major resource – the 6492 staff it employs. The conversion to International Financial Reporting Standards ensures that material resources are now recorded.

Remuneration Report for the Financial Year Ending 31 March 2010.

The Trust has a Remuneration and Terms of Service Committee, whose role is to advise the Board about appropriate remuneration and terms of service for the Chief Executive and other Executive Directors.

Membership of the Committee is comprised of the Trust's Chair and all Non-Office Members (Non-Executive Directors). As at 31st March 2010, these were:

- Sue Davis (Chair)
- Roger Trotman (Vice-Chair)
- Isobel Bartram
- Gianjeet Hunjan
- Sarindar Singh Sahota
- Professor Derek Alderson

Remuneration for the Trust's Executive Directors is set by reference to job scope, personal responsibility and performance, and taking into account comparison with remuneration levels for similar posts, both within the National Health Service and the local economy.

Whilst performance is taken into account in setting and reviewing remuneration, there are currently no arrangements in place for 'performance related pay'. The granting of annual inflationary increases are considered and determined by the remuneration committee on an annual basis.

It is not the Trust's policy to employ Executive Directors on 'rolling' or 'fixed term' contracts; all Directors' contracts conform to NHS Standards for Directors, with arrangements for termination in normal circumstances by either party with written notice of 6 months. The salaries and allowances of senior managers cover both pensionable and non pensionable amounts. Remuneration for Non-Executive Directors in NHS Trusts is set by the Department of Health.

Only one change was made during 2009/2010 in the composition of the Board. Ms Parveen Akhtar ceased to be a Non Executive Director on 30th November 2009.

Salaries and Allowances of Senior Managers						
Name and Title	2009/10			2008/09		
	Salary	Other remuneration	Benefits in Kind	Salary	Other remuneration	Benefits in Kind
	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100
Sue Davis CBE, Chair	20-25	0	0	20-25	0	0
Isobel Bartram, Non Executive Director	5-10	0	0	5-10	0	0
Roger Trotman, Non Executive Director	5-10	0	0	5-10	0	0
Gianjeet Hunjan, Non Executive Director	5-10	0	0	5-10	0	0
Sarindar Singh Sahota OBE, Non Executive Director	5-10	0	0	5-10	0	0
Derek Alderson, Non Executive Director	5-10	0	0	5-10	0	0
Parveen Akhtar, Non Executive Director	0-5	0	0	0-5	0	0
John Adler, Chief Executive	155-160	0	0	145-150	0	0
Robert White, Director of Finance	125-130	0	0	125-130	0	0
Rachel Overfield, Chief Nurse	105-110	0	0	100-105	0	0
Donal O'Donaghue, Medical Director	160-165	0	0	150-155	0	0
Richard Kirby, Chief Operating Officer	110-115	0	0	95-100	0	0

In 2008, the Remuneration Committee commissioned an external benchmarking report on executive pay, the first such review that had been carried out since the Trust was formed in 2002. Salary changes resulting from this review were implemented from 1 April 2009. Senior manager pay, including inflation, has now been frozen until 2013. The pension information in the table on page 66 contains entries for Executive Directors only as Non Executive Directors do not receive pensionable remuneration.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pensions payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies.

The CETV figure and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Pension Benefits								
Name and title	Real increase in pension at age 60	Lump sum at aged 60 related to real increase in pension	Total accrued pension at age 60 at 31 March 2010	Lump sum at aged 60 related to accrued pension at 31 March 2010	Cash Equivalent Transfer Value at 31 March 2010	Cash Equivalent Transfer Value at 31 March 2009	Real Increase in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
	(bands of £2500) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000	To nearest £100
John Adler, Chief Executive	2.5-5	10-12.5	45-50	145-150	907	760	110	0
Robert White, Director of Finance	0-2.5	2.5-5	25-30	80-85	487	419	46	0
Rachel Overfield, Director of Nursing and Facilities	0-2.5	2.5-5	35-40	105-110	610	541	42	0
Donal O'Donaghue, Medical Director	0-2.5	2.5-5	50-55	155-160	998	866	89	0
Richard Kirby, Chief Operating Officer	0-2.5	5-7.5	20-25	60-65	266	213	42	0

Audit

The Trust's external auditor is KPMG LLP. The cost of work undertaken by the auditor in 2009/10 was £200,500 excluding VAT. The fees in respect of auditing charitable fund accounts is excluded from this sum. The overall fee includes a one-off charge of £12,000 in respect of IFRS (international financial reporting standard) conversion work.

As far as the directors are aware there is no relevant audit information of which the Trust's auditors are unaware and the directors have taken all of the steps they ought to been taken as directors to make themselves aware of any relevant audit information and to establish that the Trust's auditor are aware of that information .

The members of the Audit Committee at 31 March 2010 are Gianjeet Hunjan (Chair), Roger Trotman, Isobel Bartram, Sarindar Singh Sahota, and Professor Derek Alderson.

Register of Members' Interests as at 9 March 2010.

Name		Interests Declared
Trust Chair	Sue Davis CBE	• Chair – Cruse Bereavement Care, Sandwell • Director – West Midlands Constitutional Convention • Director – RegenWM • Non-Executive Director – Administrative Justice and Tribunals Council (ceased January 2010)
Non-officer Members	Roger Trotman	• Non-Executive Director – Stephens Gaskets Ltd • Non-Executive Director – Tufnol Industries Trustees Ltd • Member of the West Midlands Regional Assembly Ltd • Member of the West Midlands Regional Assembly Ltd – Regional Health Partnership • Member of Business Voice West Midlands • Member of the Advantage West Midlands – Regional Finance Forum
	Isobel Bartram	None
	Gianjeet Hunjan	• Non Executive Director – Business Link West Midlands • Governor at Great Barr and Hamstead Children's Centre • Governor at Ferndale Primary School • LEA Governor at Oldbury College of Sport • Member of GMB Trade Union • Member of Managers in Partnership/UNISON • Treasurer for Ferndale Primary School Parents Association
	Dr. Sarindar Singh Sahota OBE	• Vice Chair West Midlands Regional Assembly Ltd • Deputy Chair Business Voice West Midlands • Trustee of Acorns Hospice • Director Sahota Enterprises Ltd • Director Sahota Properties Ltd • Member – University of Birmingham Governing Council • Chair – NW Skills Academy
	Prof Derek Alderson	None

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

Name		Interests Declared
Officer Members	John Adler	None
	Donal O'Donoghue	Limited medico-legal work
	Richard Kirby	• Trustee – Birmingham South West Circuit Methodist Church • Trustee – Selly Oak Methodist Church
	Rachel Overfield	None
	Robert White	Directorship of Midtech clg
Associate Members	Graham Seager	None
	Kam Dhami	None
	Jessamy Kinghorn	None
Trust Secretary	Simon Grainger-Payne	Company Secretary – Maple 262 Ltd.

RECENTLY LEFT	
Parveen Akhtar (terminated office 30.11.09)	Board member – Fry Housing Association
Colin Holden Associate Member (terminated employment 08.10.09)	None

Planning for 2010/11.

Our planning for 2010/11 has been based on our assessment of the national and local context within which we operate. It takes account of the need to continue to make progress with the implementation of our local health economy shared service strategy, 'Right Care Right Here.'

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

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

National Context

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

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

NHS Trusts are required to plan for surplus necessary "to strengthen financial positions as a precursor to NHS FT authorisation".

Local Context

Sandwell PCT	Heart of Birmingham tPCT
World Class Commissioning priorities: • improving maternity & antenatal care • young people's health • tackling harm caused by alcohol • improving mental health • community diabetes services • long-term neurological conditions • cancer • cardiovascular disease • services for older people	New mission statement "Eliminating health injustice for richer, longer lives". World Class Commissioning priorities: • infant mortality • teenage conceptions • smoking cessation • CHD cholesterol control • breast cancer screening uptake • delayed transfers of care • end of life care • patient experience
CQUIN priorities include: • Venous-thromboembolism (VTE) assessment • Patient Experience • Stroke • Smoking Cessation • Breast Feeding	Focus on "deadly trio" of heart failure, kidney disease and diabetes and action to reduce high cardio-vascular mortality rates.

Our planning for 2010/11 has been based on our assessment of the national and local context within which we operate. It takes account of the need to continue to make progress with the implementation of our local health economy shared service strategy, 'Right Care Right Here.'

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

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

Financial context

The 2010 round of financial planning was arguably more challenging than in previous years due to increasing efficiency targets and ensuring the affordability of the Right Care, Right Here programme. To this end, the 2010/11 contract with PCT partners is based on revised trajectories as part of the Right Care Right Here programme.

Income estimates represent the level of funding the Trust has agreed with PCTs coupled with an assumption of funds from from the Strategic Change Reserve. This funding is necessary to recognise the lagging nature of fixed and semi-fixed cost release as activity reduces.

Income has been modeled at a level slightly below the current year's forecast in cash terms owing to a 0% inflation factor on tariff prices (3.5% inflation less 3.5% efficiency deduction). CQUIN funding 1.5% in total or c. £4.5m is anticipated.

For now, the focus of attention for detailed financial planning is on 2010/11 with medium and long term plans reflecting prudent assumptions.

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

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

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

Annual Objectives 2009/10

In order to ensure continued progress towards our six strategic objectives the Trust has set 37 objectives for 2010/11 - with some help from our local communities and frontline staff. In December 2009 we invited our members to take part in an event to look at what the Trust's priorities should be for the next financial year. At the event, six priorities were identified by members of the public, of which five have been included. The remaining priority was very wide ranging and more work needs to be done during the year to understand what we would need to do to make and measure improvements. The five priorities suggested by the public are:

- Improvements to stroke
- Improvements to the appointments system
- Improvements to staff attitude (customer care)
- Improve discharge process (such as waiting for medicines)
- Improve communication between consultants and GPs.

The Trust's objectives in full are set out in the following table:

Strategic Objective	Annual Objective 2010/11
1. Accessible and Responsive Care	1.1 Continue to achieve national waiting time targets (including A&E, cancer targets and 18 weeks)
	1.2 Continue to improve the experiences of our patients by focusing on basic nursing care and standards of privacy and dignity.
	1.3 Make communication with GPs about their patients quicker and more consistent
	1.4 Improve our outpatient services, including the appointments system [QuEP]
	1.5 Make improvements to staff attitude by ensuring our customer care promises become part of our day to day behaviour and are incorporated into the recruitment process
2. High Quality Care	2.1 Continue to keep up high standards of infection control and cleanliness
	2.2 Formalise our quality system to bring together all that we can do to maintain and improve our quality of care
	2.3 Improve the protection and care we provide to vulnerable children and adults
	2.4 Demonstrate we have improved our management of risk by achieving NHS Litigation Authority accreditation at Level 2 for both general and maternity standards
	2.5 Successfully implement the outcome of the Maternity Review
	2.6 Continue to improve our services for Stroke patients
	2.7 Improve the quality of service and safety within our A&E departments
	2.8 Achieve the new Quality and Innovation targets agreed with our commissioners (CQUIN) for 2010/11
	2.9 Improve our key patient pathways so that they improve patient experience and use of resources (QuEP)
	2.10 Deliver quality and efficiency projects led by clinical directorates (QuEP)
	2.11 Implement the national Nursing High Impact Changes (QuEP)
3. Care Closer to Home	3.1 Make full use of the outpatient and diagnostic centre at Rowley Regis Hospital
	3.2 Make a full contribution to the Right Care Right Here programme including three main projects – outpatient demand management, urgent care and intermediate care
4. Good Use of Resources	4.1 Deliver a planned surplus of £2.0m
	4.2 Improve our expenditure by delivering a Cost Improvement Programme of £20m
	4.3 Review corporate expenditure in key areas (QuEP)
	4.4 Ensure that we have the right amount of ward, operating theatre and clinic capacity for our needs (QuEP)
5. 21st Century Facilities	5.1 Continue the process to buy the land for the new hospital
	5.2 Begin the formal procurement process for the new hospital
	5.3 Ensure we are fully involved with our Primary Care Trusts in the design of major community facilities (i.e. City, Rowley and Sandwell)
	5.4 Continue to improve current facilities, including a new CT scanner at Sandwell and a major redevelopment of the Medical Assessment Unit at City

6. An Effective Organisation	6.1 Ensure that the Trust is registered with the Care Quality Commission and maintains its registration throughout 2010/11
	6.2 Embed Listening into Action as part of the way we do things in the Trust ensuring all areas of the Trust are involved and that the approach can be maintained
	6.3 Implement the next stages of our new clinical research strategy
	6.4 Reduce our impact on the environment by continuing to implement our sustainability strategy
	6.5 Progress plans for a new organisational status and structure which will give staff and public a clear voice in the organisation in the future
	6.6 Embed clinical directorates and service line management into the Trust
	6.7 Implement our Leadership Development Framework
	6.8 Refresh the Workforce Strategy and make progress with its implementation
	6.9 Continue to develop our strategy for Information Management and Technology and improve the systems we use
	6.10 Develop our strategy for medical education and training.
	6.11 Make improvements to the health and well-being of staff, including reducing sickness absence.

CQUIN quality targets

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

Our CQUIN targets for 2010/11 cover the following areas:

- Venous-thromboembolism (VTE) assessment. (Blood clot that forms in the vein).
- Breast feeding.
- Tissue viability care (preventing pressure sores).
- Falls without fractures (reducing risk of future falls).
- Stroke (time to brain imaging).
- Fractured neck of femur (time to operation).
- Smoking cessation (intervention in outpatients).
- Warfarin prescribing.
- Patient Experience.
- Think Glucose Programme.
- Specialised services measures – 6 measures relating to services commissioned by the West Midlands Specialised Services Commissioning Group.

Our full annual plan can be obtained from our Communications Office, or the Trust website. Contact details are at the back of this report.

Statement of the Chief Executive's responsibilities as the accountable officer of the Trust.

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officers' Memorandum issued by the Department of Health.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as accountable officer.

Signed ..... Chief Executive

Date 16/9/2010

Chapter 8

Statement on Internal Control 2009/10.

STATEMENT ON INTERNAL CONTROL 2009/10

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

1. Scope of responsibility

1.1 The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

1.2 In my role as Chief Executive of the Trust I fulfil my own responsibilities as its Accountable Officer in close association with the Chief Executive and senior officers of the West Midlands Strategic Health Authority, the Chief Executives of the local Primary Care Trusts and the Council Leaders of the local authorities. Governance and risk issues are regularly discussed at a variety of Health Economy wide fora, including formal review meetings with the Strategic Health Authority, monthly meetings of Chief Executives and via the Partnership Board for the Health Economy-wide development plan, known as 'Right Care, Right Here'.

2. The purpose of the system of internal control

2.1 The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

(a) Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives.

(b) Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

2.2 The system of internal control has been in place in Sandwell and West Birmingham Hospitals NHS Trust for the year ended 31 March 2010 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

3.1 The Trust has a Board approved Risk Management Strategy which identifies that the Chief Executive has overall responsibility for risk management within the Trust. All managers and clinicians accept the management of risks as one of their fundamental duties. Additionally the Strategy recognises that every member of staff must be committed to identifying and reducing risks. In order to achieve this the Trust promotes an environment of accountability to encourage staff at all levels to report when things go wrong, allowing open discussion to prevent their re-occurrence.

3.2 The Risk Strategy states that all staff will have access to risk management information, advice, instruction and training. The level of training varies to meet local and individual needs and will be assessed as part of the annual formal staff appraisal process. Mandatory training modules are delivered to key personnel and cover the reporting, investigation, management and handling of incidents. This training extends to following risk management procedures for reporting and responding to adverse events. The Board collectively has received comprehensive risk management training during the year.

3.3 Information with regard to good practice is shared via training sessions provided by risk professionals, Divisional Governance Group meetings, staff newsletters, the intranet, e-mail communication and staff briefing sessions.

3.4 The Trust operates "Your Right to be Heard", a policy in which concerns and risk issues can be raised anonymously. The letter and the Trust's response to points raised are published in full, in a bi-monthly newsletter that is distributed to all staff. In addition the Trust operates a Board approved Whistle-blowing Policy.

4. The risk and control framework

4.1 The Board approved Risk Management Strategy includes the following:

(a) Details of the aims and objectives for risk management in the organisation.

(b) A description of the relationships between various corporate committees.

(c) The identification of the roles and responsibilities of all members of the organisation with regard to risk management, including accountability and reporting structures.

(d) The promotion of risk management as an integral part of the philosophy, practices and business plans of the organisation.

(e) A description of the whole risk management process and requirement for all risks to be recorded, when identified, in a risk register and prioritised using a standard scoring methodology.

4.2 The risk management process is an integral part of good management practice and the aim is to ensure it becomes part of the Trust's culture. It is an increasingly important element of the Trust's Business Planning process and budget setting and performance review frameworks. The risk management process is supported by a number of policies which relate to risk assessment, incident reporting, training, health and safety, violence & aggression, complaints, infection control, fire, human resources, consent, manual handling and security.

4.3 Senior responsibility for information security, risks and incidents rests with the Chief Operating Officer, as supported by the Deputy Director – IM & T. The Information Security Senior Responsible Owner (SRO) is supported by the Information Governance Manager and Head of Risk Management. The Information Governance Manager manages information security risk and incidents on a day to day basis and seeks support from the Head of Risk Management and SRO.

Quarterly reports are produced to identify information security incidents. These incidents are reviewed by the Information Governance Steering Committee to ensure appropriate action is taken and are also reported on a quarterly basis to the Governance Board through the IM & T governance update.

An annual report is produced to identify frequency of Information Security incidents. This report is used to identify particular information security issues so that appropriate action can be taken to reduce the risk impact or likelihood of reoccurrence. Initiatives to install encryption software onto laptops and introduction of controls to prevent the use of non-Trust approved secure memory sticks on the Trust's computers have strengthened the arrangements to minimise Information Security incidents.

The Information Security Policy sets out management and reporting processes for information security.

4.4 The Trust uses its risk management guidelines to identify key obstacles to the achievement of its objectives and monitors these through the assurance framework. Regular risk reviews and annual strategic, operational and financial planning also provide the formal identification of clinical and corporate risks. For each major risk identified there is a set of mitigating plans and action.

RISK	MITIGATING ACTIVITIES
Risk to continued delivery of high standards of care owing to clinical capacity configuration and/or staffing changes as part of the cost improvement plan.	• A review in detail of any staffing changes associated with efficiency improvements. • Establishment of a project team to oversee changes in clinical space utilisation. • Risk assessment of the Cost Improvement Plan (CIP).
CQUIN priorities include: • Venous-thromboembolism (VTE) assessment • Patient Experience • Stroke • Smoking Cessation • Breast Feeding	Focus on "deadly trio" of heart failure, kidney disease and diabetes and action to reduce high cardio-vascular mortality rates.

Non-delivery of the entirety of the £20m CIP.	• The creation of detailed line by line CIP schemes. • Tightly controlled performance monitoring. • The requirement for all major schemes to have established project plans.
A potential rise in unplanned (emergency) admissions, from an operational and financial perspective.	• Plans in place to enhance early intervention services and ensure appropriate and efficient diagnosis and treatment, with the aim of avoiding unnecessary hospital admissions.
Delay to the preparations being made for land acquisition and the further stages of approval for the new hospital outline business case.	• A detailed capital spending plan (including resources earmarked for land assembly) has been included in plans approved by the Board and submitted to the Strategic Health Authority. • Enhanced project management arrangements are in place together with a clear timetable and project plan for delivery with appropriate resourcing.

The present and future risks described above sit along side a whole range of other expected risks routinely found in the delivery of high quality healthcare. Where these risks are formalised, they are regularly monitored to ensure mitigation plans are working and any adverse impact is eliminated or minimised.

4.5 The Internal Auditor's Year End Report and opinion on the effectiveness of the system of internal control is commented on below. The internal auditor's overall opinion is that 'significant assurance' can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls put the achievement of particular objectives at risk.

The weighted opinion considers specific audit reviews and the level of assurance assigned to each. In addition to this, the overall arrangements put in place by the Board for conducting its own assessment of the system of internal control is reviewed. The principal tool for such an assessment is the Assurance Framework (AF) and the internal auditor concluded that the AF has been designed and is operating to meet the requirements of the 2009/10 SIC and provides reasonable assurance that there is an effective system of internal control to manage the principal risks to the organisation.

Internal audits are divided into two categories; work on the financial systems that underpin the Trust's financial processing and reporting and then broader risk focused work driven essentially by risk areas identified in the AF. During the year this included reviews of the core financial systems (including financial management, general ledger and financial transactions) and these were given full or significant assurance with regard to managing risks. There were a number of other risk based audits identified from the AF and the associated systems were found to be robust and operating in a good control environment. The internal auditor did raise concerns regarding the effectiveness of controls over theatre performance reporting systems and the potential for under/over reporting of theatre utilisation. Action plans have been agreed and reviewed by the internal auditor and Audit Committee and implementation of these plans will be monitored over the coming months.

The internal auditor concluded that in his view, taking account of the respective levels of assurance provided for each audit review, an assessment of the relevant weighting of each individual assignment and the extent to which agreed actions have been implemented, that the Trust has a generally sound system of internal control.

4.6 Other areas receiving 'significant assurance' include (but are not limited to), financial ledger, financial management, income and debtors, cash/treasury management, non pay expenditure, ordering & receipting, performance management monitoring, nurse bank, capital accounting and the Charitable Funds systems and processes. An assessment of 'limited assurance' was assigned in areas such as KSF development/appraisal, payroll owing to implementation of certain features of the electronic staff record, information governance and activity monitoring in EAU/MAU. Plans are in place to address audit recommendations.

4.7 The publicly held Trust Board meetings cover the full gamut of clinical, corporate and business risk and discuss and monitor the delivery of corporate objectives and the detail of the Assurance Framework. The Trust Chair encourages as wide a range of public contributions in such discussions as possible from attendees and a representative from the Local Involvement Networks (LINks) regularly sits with the Trust Board during its monthly public meeting. For major service changes, more targeted work is undertaken to include the patient and public perspective within the decision-making process and associated risk assessments. As part of the recent consultation on the reconfiguration of maternity services for instance, a comprehensive series of public engagement events were organised at which views of the local population were canvassed and informed the risk management process for the plans.

4.8 In support of the 'Right Care, Right Here' Programme and service reconfiguration proposals, the Trust has met frequently with the Joint Local Authority Overview and Scrutiny Committees in Birmingham and Sandwell. The risk associated with this project and wider Trust objectives is assessed in the context of external influences from patients, public, ministers and the DoH and wider societal interests.

4.9 The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

4.10 The Trust was fully compliant with the Core Standards for Better Health by the end of the financial year (i.e. 31st March 2010). There were two standards that were not fully complied with throughout the whole of the year. These were standard C20b (eliminating mixed-sex accommodation) which was achieved in December 2009 and standard C11b (mandatory training) which was achieved by 31st March 2010.

4.11 Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. The Trust's compliance with equality and diversity issues is also monitored through the Equality and Diversity Steering Group, which reports quarterly to the Trust Board. During 2009/10, all new Trust services, policies and functions are subjected to an equality impact assessment, the details of which are publicly available on the Trust's internet site.

4.12 As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

5. Review of effectiveness

5.1 As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The head of internal audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by reports and comments made by the external auditor, the Care Quality Commission and the NHS Litigation Authority, clinical auditors, accreditation bodies and peer reviews.

5.2 I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Trust Board, Audit Committee, Finance and Performance Management Committee, Governance & Risk Management Committee, Governance Board, Health and Safety Committee and the Adverse Events Committee. A plan to address weaknesses and ensure continuous improvement of the system is in place.

5.3 The Trust Board is responsible for reviewing the effectiveness of internal control and the Board is supported in this by the corporate committees list below.

(a) Audit Committee – this committee considers the annual plans and reports of both the External and Internal Auditors. It also provides an overview and advises the Trust Board on the internal control arrangements put in place by the Trust.

(b) Finance and Performance Management Committee – the FPMC receives regular monthly reports on financial performance and activity with particular regard to national targets. The committee also reviews all identified financial risks, proposed treatment plans and monitors their implementation.

(c) Governance & Risk Management Committee – the G&RMC receives regular reports from departments and divisions in respect of material risks, stratified by severity. It oversees the work of the Trust's Governance Board where potentially significant risk (i.e. 'red' risks) is scrutinised and where appropriate placed on to the Trust's corporate Risk Register. Progress in implementing the mitigation plans is monitored. The Committee considers progress with addressing gaps in control and assurance through the quarterly review of the Assurance Framework.

(d) Remuneration Committee – this is a committee of non-officer members (Non Executive Directors) which sets the pay and conditions of senior managers.

(e) Equality and Diversity Steering Group – the E & DSG provides a quarterly update to the Trust Board on progress with implementation of the Single Equality Scheme, including activities such as equality impact assessment of policies and services, work on patient experience and workforce monitoring

5.4 The Trust Board receives a quarterly update from the Director of Infection Prevention and Control on performance against national infection rate targets, together with effectiveness of structures in place to support infection control and measures to ensure continuous improvement in this area

5.5 Individual Executive Directors and managers are responsible for ensuring the adequacy and effectiveness of internal control within their sphere of responsibility.

5.6 Internal Audit carry out a continuous review of the internal control system and report the result of their reviews and recommendations for improvements in control to management and the Trust's Audit Committee.

5.7 Specific reviews have been undertaken by Internal Audit, External Audit, NHS Litigation Authority as well as various external bodies.

6 Significant control issues

6.1 Two Core Standards for Better Health were met during the year, but were not complied with for the whole of the 2009/10. These were standard C20b (eliminating mixed-sex accommodation) which was achieved in December 2009 and standard C11b (mandatory training) which was achieved by 31st March 2010.

7 Concluding remarks

With the exception of the internal control issues that I have outlined in this statement, my review confirms that Sandwell & West Birmingham Hospitals NHS Trust has a generally sound system of internal controls that supports the achievement of its policies, aims and objectives and that those control issues have been or are being addressed.

Signed ..... **Chief Executive** (On behalf of the Board)

Date 16/9/2010.....

Chapter 9

Independent Auditors' Statement

Independent auditor's report to the Board of Directors of Sandwell and West Birmingham Hospitals NHS Trust

We have examined the summary financial statement for the year ended 31 March 2010 set out on pages 58 to 63.

This report is made solely to the Board of the Trust, as a body, in accordance with Section 2 of the Audit Commission Act 1998. Our audit work has been undertaken so that we might state to the Board of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

Respective responsibilities of directors and auditor

The Directors are responsible for preparing the Annual Report.

Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statement.

We conducted our work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our opinion on those financial statements.

Opinion
In our opinion the summary financial statement is consistent with the statutory financial statements of Sandwell and West Birmingham Hospitals NHS Trust for the year ended 31 March 2010. We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements of 10 June 2010 and the date of this statement.

Michael McDonagh (Senior Statutory Auditor)
for and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
One Snowhill, Birmingham
24th September 2010

Chapter 10

Useful Information

Our website offers a wealth of information about the Trust, to find out more please look at **www.swbh.nhs.uk**, or alternatively you can email the communications team on **communications@swbh.nhs.uk.** For further copies of this report or other publications, or information in other languages or formats, please contact the communications department:

Email: communications@swbh.nhs.uk.
Telephone: 0121 507 4710
By post: Communications Department, Sandwell and West Birmingham Hospitals NHS Trust, City Hospital, Dudley Road, Birmingham B18 7QH

You can also use the Freedom of Information Act to request information on a variety of subjects including infection rates, performance or staffing. The Trust responds to approximately 30 FOI requests every month, on subjects such as infection rates, performance or staffing. Many of our requests come from the media or opposition political parties. For details on how to make an FOI request please email **foi.requests@swbh.nhs.uk** or check out our website under the 'About Us' tab, Freedom of Information. Or you can write to:

Simon Grainger-Payne, Trust Secretary and FOI Lead
Freedom of Information, Management Centre, Sandwell and West Birmingham Hospitals NHS Trust, City Hospital, Dudley Road, Birmingham B18 7QH

Our Services.
You can find out more information about our services on our website, where they are listed alphabetically under the 'Our Services' tab.

How to find us.
Insert photograph, address, contact telephone number and numbers of buses with a service to each of our three hospitals.

Visit our website **www.swbh.nhs.uk** and click on 'About Us' then 'Find Us' to access directions to our three hospitals.

Public Centro Hotline 0121 200 2700
National Rail Hotline 0845 748 4950

Parking.
There is no charge for the first 20 minutes parking which enables patients to be dropped off and picked up for free. Charges are £2 for the first hour then £3 for 2 hours, £3.50 for 3 hours, £4 for up to 5 hours and £5 for 5-24 hours. Tokens for regular visitors are sold in packs of 8 for £10 which means each visit will only cost £1.25 regardless of length of stay.

Season tickets are also available which offer unlimited parking for 3 days for £6, 1 week for £13, or 3 months for £31. All season tickets require a £5 deposit which is returnable when you hand your permit back.

Patients in receipt of income support, income based jobseekers allowance, pension credit (guarantee credit version only) or working tax credit and patients named on an NHS tax credit exemption certificate, HC2 and some HC3 certificates are entitled to free car parking and reimbursement of travel costs to hospital appointments. You can do this by contacting the Cash Office, Main Corridor, City Hospital, Birmingham Treatment Centre reception desk, Main Reception at Rowley Regis Hospital or Main Reception at Sandwell Hospital.

Please find attached a
CD which includes: -

- Electronic version of this report
- Audio version
- Annual Accounts
- Quality Accounts
- Annual Plan

If your CD is missing please contact:
Communications Department
0121 507 5303

Annual Report

2009/2010

Sandwell and West Birmingham Hospitals NHS
NHS Trust

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

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