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Annual Report 2011

Sandwell and West Birmingham Hospitals NHS
NHS Trust

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Where EVERYONE Matters

From the editor

This report is designed to give you an overview of the Trust during 2010/11, including financial and performance information, and to tell you about our plans for next year.

We asked for your views on what we should include and future plans was your most popular answer, followed by our performance.

You also wanted to hear more about what's happening across our three hospitals. To avoid printing an enormous document, this year we have printed a shorter annual report and included an audio documentary review of the year to enable you to hear directly from staff and patients, our full financial accounts, our quality account and our annual plan for 2011/12, all of which you can find on the CD at the back of this report. All these documents are also available on our website. I hope you enjoy reading our report. Please do not hesitate to contact me for futher copies.

Best wishes

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Welcome

from the Chair and Chief Executive

2010/11 has been another important year in the ongoing development of the Trust and the services that we provide. Thanks to the hard work, energy and commitment of our staff, we have continued to make significant progress in improving our services.

- We reached agreement with Sandwell PCT to become the provider of Adult and Children's Community Services for Sandwell and to host temporarily the Bradbury Day Centre. This is a significant addition to the range of services we provide and helps to achieve our shared ambition to provide care closer to people's homes and to help people stay well and healthy.
- We have maintained our achievement of the national waiting time standards.
- We met our Department of Health (DoH) financial target with a small surplus of £2m.
- We achieved our CQUIN quality targets for the year. This includes an extremely challenging 90% VTE (blood clot) assessment target for Jan-March 2011.
- We have continued to perform well against all infection control targets.
- We have reconfigured our maternity services as planned, concentrating consultant births at City Hospital alongside the midwifery-led birth centre and progressing plans for a new community-based midwifery-led birth centre in Sandwell to open in Autumn 2011.
- Our plans for the compulsory purchase of land for the new hospital were approved and the revised Outline Business Case for the new hospital was submitted to the DoH and Treasury for approval.
- We have continued to see an increasing number of teams using Listening into Action methodology to work together on service changes.
- We have carried out refurbishment work and reconfigured our wards in order to comply with same-sex ward accommodation requirements – a significant task given the age of parts of our hospital estate.
- In February 2011 we achieved NHSLA (NHS Litigation Authority) level 2 accreditation, passing 43 out of the 50 standards relating to risk, quality and safety. This was a tremendous achievement given the size and complexity of the organisation.

We have set a challenging set of priorities for 2011/12 which will enable us to:

- continue to improve the services we provide to the people of Sandwell, western and central Birmingham and surrounding areas;
- make progress with our long-term strategy for a new acute hospital as part of the Right Care Right Here Programme;
- realise the benefits offered by the transfer of Sandwell Adult and Children's Community Services;

- respond to a challenging financial position by improving both quality and productivity;
- prepare for becoming a Foundation Trust.

We expect 2011/12 to be a particularly challenging year as we adjust to the changes that are being made as a result of changes to national policy, regional and local changes in health services, and the financial challenges the NHS faces. However, we have every confidence that our staff will rise to the challenge and help ensure the quality and safety of our services keep improving over the years to come.

Sue Davis
Chair

JohnAdler
Chief Executive

Improving quality and safety

Our priorities for improvement

We are continuously working to improve the quality of our services. In 2010 we spoke to stakeholders, patients and local people about our priorities, and looked at patient and staff surveys, performance information and other information such as PALS and complaints feedback.

All this information was used to develop our list of priorities for 2010/11, including our five quality priorities which were Stroke, Basic Nursing Care, Mortality, Implementation of the Quality Management Framework, and A&E. All these areas remain key priorities for 2011/12.

You can read about our quality priorities in more detail in our Quality Account, which is on the enclosed CD, or you can obtain it by calling 0121 507 4710. Some highlights are:

Stroke

Sandwell and City Hospital stroke units were both rated in the top 25% in the country during 2010/11, by a national audit which assesses the quality of stroke services. Only one other West Midlands stroke unit was ranked in the top 25%.

The national Sentinel Stroke Audit is conducted by the Royal College of Physicians and monitors the rate of progress in stroke care services in England, Wales and Northern Ireland on a two year cycle. The 2010/11 audit showed both our units had made substantial improvements between 2008 and 2011.

Deputy Medical Director, Dr Deva Situyanake, said; "Our stroke action team has been very effective in improving the standards of care given to patients with this devastating condition. We are really proud that our units are getting better and we want to do everything we can to continue to improve the quality of care we provide for our stroke patients."

Basic Nursing Care

Both the quality of nursing care and the way we measure the quality have seen major improvements over the last year, with big reductions in patient falls and pressure damage.

Patient falls have reduced by nearly 20%, and the instances of grade 3 and 4 pressure sores (the most severe) have reduced by nearly 47.1% over the year.

The senior nursing team monitors each ward on 50 different measures that indicate the quality of nursing care on the ward. Working with the ward manager, they ensure that nursing staff are getting the basics right and ensuring patients are well cared for. Overall, there has been an improvement every quarter for the past two years across all areas. But we are not complacent and we appreciate that there is more to do.

Mortality

Understanding and improving mortality (death rates) performance is another high priority. Our Hospital Standardised Mortality Rate (HSMR) was 97.0 according to figures published at the end of 2010/11 based on data up to, and including December 2010. The West Midlands average was also 97.0. Figures below 100 suggest the Trust has a better than average mortality rate, whilst figures significantly over 100 suggest organisations have a poor mortality rate.

To improve our understanding of why patients die and whether we could do more to prevent any of the deaths, we have introduced a system that will ultimately ensure all deaths in hospital are reviewed in detail by a senior doctor.

Implementation of the Quality Management Framework (QMF)

The QMF is the way we gather all the information about our services together in one place. It is accompanied by reviews of each service with the clinical director, in addition to the ward and divisional reviews which have been taking place for a number of years. The changes we are making will significantly improve the quality of the information the Trust Board receives about quality and performance in our wards, clinics, diagnostic areas and operating theatres. As part of our emphasis on quality, we are launching a new, five-year quality and safety strategy.

A&E Services

Our A&E departments see everything from flu to serious road traffic accidents. Our doctors could be treating a cut finger one moment, and massaging someone's heart the next. They treat around 220,000 adults and children each year.

In 2010/11 our performance against the four hour A&E treatment standard was 97%, which remains amongst the best in the West Midlands and is comfortably above the revised national standard of 95%.

This year we're investing an extra £1.1m to improve this vital service, and are recruiting more doctors and nurses to ensure patients get the best possible care when they come to A&E.

Other highlights

We have done a considerable amount of other work on quality improvement and ensuring we provide safe, high quality care. Highlights include:

Maternity

We have made significant improvements to consultant-led obstetric care and midwife-led care with the opening of the Serenity Birth Centre and the reconfiguration of maternity services.

More than £3m has been invested in developing midwife-led care and expanding and improving the existing labour facilities at City Hospital. £1.5m was spent during 2010/11 and a further £2.2m is being spent each year from April 2011. As part of the plans to improve the quality of care for women

giving birth, Sandwell's maternity unit transferred to City Hospital in January. Antenatal and community midwifery services are still provided in Sandwell, and a midwife-led birth unit will open later in the year.

The Serenity midwife-led birth centre opened in May 2010. It offers women a safe place to give birth if they are assessed as "low risk". Women are encouraged to try different ways to cope in labour such as using alternative positions, water and aromatherapy. Particular care has been made to make mums feel comfortable and relaxed and there are great facilities for dads to be part of the experience.

Patients rated the Trust in the top 20% of trusts nationally for midwives and carers giving them consistent advice, in the 2010 national maternity survey, which showed good improvements on the previous survey in 2007. However, the report also shows there are a number of areas where the Trust was rated below the national average. The survey was carried out before any of the changes to our services had been implemented.

We carried out our own survey of low risk women before and after the opening of the new Serenity Birth Centre and saw a massive change in the experiences of women giving birth. 83% of women rated their overall experience as very good (the highest rating) after the Serenity Birth Centre opened, compared to 22% of women with low risks births before.

Infection Control

We have made further improvements to bring our infection rates to a record low, with just five cases of MRSA bacteraemia across our three hospitals all year, and 120 cases of C. difficile - half the Department of Health limit.

Safety Assessments

As part of our focus on a wide range of quality measures, staff have been working to hit an ambitious target to assess more than 90% of patients for their risk of developing deep vein thrombosis (blood clots).

The assessments, called VTE assessments, are carried out on all patients to establish whether they are at high or low risk of developing deep vein thrombosis, which can be fatal. We assessed 90.88% of patients between January and March 2011, which qualified us to receive our Commissioning for Quality and Innovation (CQUIN) quality payment of £450,000.

Quality Targets

We achieved 16 out of 17 extremely challenging CQUIN priorities in 2010/11, which placed a high focus on quality and patient experience - we just missed out on the 17th target - carrying out 70% of hip fracture operations within 24 hours of admission (we achieved 64.7%, although in the final month of the year the number rose to 88.9%). In 2011/12, we have 21 CQUIN targets which are even more testing but designed to further improve the quality of our services.

Information Technology

A new IT system is helping cut down the time nurses spend doing paperwork so they can spend more time with their patients. Electronic bed management is now in place in every medical and surgical ward at City and Sandwell hospitals.

The system replaces the whiteboards on the wards, which nurses use to show which bed a patient is in, with large, touch screen LCD screens similar to flat-screen TVs. These contain far more information and they link to other wards and other electronic systems, automatically updating with flags and alerts, showing information such as a new result appearing from the laboratory and alerting staff if it is abnormal or if the patient requires infection control measures.

Complaints

We are putting a lot of focus into ensuring patient and relative concerns can be resolved at the time and in the place they arise. Ideally problems are resolved on the spot or within a day, but patients can seek support from our Patient Advice and Liaison team. If patients do need to make a formal complaint, we carry out a thorough investigation into their concerns.

Whilst the fullness and openess of our responses goes down well with patients, we have some issues with long response times and are doing all we can to improve on them whilst maintaining the thoroughness of our approach.

Table 1: Number of PALS concerns/formal complaints

Year	PALS	COMPLAINTS DEPARTMENT
	No. of concerns	No. of formal complaints
2010 -11	1157	750
2009 -10	1489	867

Improving patient pathways

Discharge from hospital

At our public feedback events, patients and relatives told us they wanted us to improve the discharge process. Discharge from hospital was also put under the spotlight during 2010 by the Sandwell LINk who spoke to managers and nursing staff, visited wards and surveyed patients.

Its report made a range of recommendations, including improving joint working between health and social care, improving links to district nurses, improving training in the discharge procedure, ensuring elderly patients are not discharged at night time and improving the use of advocates.

Much of this work is underway. We have already taken action to ensure a consistent basic discharge process, made sure daily reviews of patients for discharge are taking place, established systems to ensure we are planning for a patient's discharge from the time they are admitted, increased the numbers of morning discharges and improved multi-disciplinary and multi-agency meetings. Joining forces with Sandwell's community services gives us an opportunity to improve the overall experience of patients in Sandwell and make the admission and discharge of patients between the hospital and community much smoother.

Outpatients

We have made it a priority to improve our appointments systems, setting five key standards we aim for in our outpatient services.

We have reintroduced reminder letters, introduced text message and phone call reminders, standard procedures for referrals, changed the way we book follow up appointments, and standardised outpatient appointment letters.

We are already making significant improvements, but still have a long way to go:

- 60 per cent of appointments in May 2011 were made with more than two weeks notice;
- We reduced the numbers of hospital initiated appointment cancellations from over 12,000 in September 2010 to 9,000 in April 2011, reducing the numbers of appointments cancelled by the hospital with less than two weeks notice by 20% in that time;
- We increased the percentage of new patients seen within six weeks of their appointment from under 60 per cent in September 2010 to over 76 per cent in April 2011;
- Complaints about appointments are down;
- The original triaged referral letter is now in the notes at time of consultation.

Right Care Right Here

The Right Care Right Here Programme aims to improve people's health in Sandwell and western Birmingham, and the quality of health and social care services. It includes our plans to build a new hospital at Grove Lane in Smethwick.

In the last year we've been doing particular work around gynaecology, urgent care and community outpatients and have been reviewing the way patients access services in a number of our specialties. About 20% of all outpatient activity is now being delivered in community locations.

Community Services

Sandwell's Community Child and Adult Health Services, including around 800 new staff, joined the Trust from Sandwell Primary Care Trust on 1st April 2011.

The staff, who work in a range of services from district nursing to family planning and foot health, together with support staff, brought funding of around £34 million a year to fund their salaries and the services they provide. The transfer promises to improve patient care as community and hospital staff work closely together to deal with issues that have traditionally got in the way, and create a better experience for Sandwell patients.

Having community services within the Trust will help reduce some of the organisational boundaries between hospital and community-based staff and make decisions to invest in community services easier. It also complements the community midwifery and paediatric services we already provide and strengthens our relationships with local GPs, who will be involved in the planning and shaping of these services in the future.

Rowley Regis Hospital

Rowley Regis Community Hospital is a vital part of the Right Care Right Here Programme and plans are being developed to improve the range of services we provide at Rowley.

Rowley provides a day hospital and outpatient and therapy services for around 12,000 patients each year. All our patient meals for Rowley, City and Sandwell hospitals are also prepared in purpose built kitchens on the site.

The hospital had one inpatient, doctor-led medical ward for patients who are no longer ill but still need some medical care and intense rehabilitation. Following a number of discussions with medical staff, it was decided that these patients would be better cared for at Sandwell Hospital with full access to hospital medical teams and specialist rehabilitation. The ward closed at the end of June 2011, while a new care model was developed. New staff are being recruited and trained to provide a different type of inpatient care, led by community nursing, rehabilitation and therapy teams and a new ward will open at Rowley in September 2011.

RAID Mental Health service at City Hospital

The RAID (Rapid Assessment Interface and Discharge) project at City Hospital has won the prestigious Health Service Journal (HSJ) Award for best innovation in mental health, ahead of 92 competitors.

The groundbreaking RAID project was launched in the autumn of 2009 to provide on-site mental health assessment 24 hours a day, seven days a week at City Hospital. It means mental health staff are on hand to diagnose and treat common psychiatric, psychological and emotional problems. This helps avoid admission to hospital and reduce the length of admissions by intervening with assessment and treatment earlier.

The project is run by The Birmingham and Solihull Mental Health NHS Foundation Trust and has been nationally accredited by the Royal College of Psychiatrists for meeting both quality and safety standards for psychiatric liaison services.

Independent Living

A range of visits to community groups has given the Trust valuable insight into what makes the patient experience good for different community and religious groups. This will help us become more flexible in how we approach things like mealtimes, privacy and dignity, and communications.

We are working with 'Disabled-to-go' to develop an internet site which will highlight disabled access and facilities, and are installing wayfinding machines at City Hospital to help people find their way around. To make access to hospital easier for people with disabilities, we have also automated several of our external and internal doors, replaced many of our reception desks and upgraded public toilets, ward showers and bathrooms.

Partnership Working

Our internal auditors reviewed our Partnership Arrangements during 2010/1. The review focused on the Right Care Right Here partnership, with involves over 11 organisations, although we have many partnership arrangements.

As well as formal partnership working, we work closely with our commissioners and other relevant organisations, such as LINks, local clinical networks, and other providers. We are members of the Local Strategic Partnerships for Sandwell and Birmingham, and attend Sandwell's Health and Wellbeing Board.

Major Incident Planning

The last year has been very busy for the Trust in preparing for and responding to a range of potential and actual disruptive challenges. From presidential and other international VIP visits to a swine flu pandemic to the Conservative Party Conference, the Trust has responded well to these challenges and has updated its major incident and business continuity plans as a result.

Over the year, large-scale tests of our plans involving multi-casualty simulations with the involvement of other emergency services have taken place at both City and Sandwell hospitals.

The Trust has a Major Incident Plan that is fully compliant with the requirements of the NHS Emergency Planning Guidance 2005 and all other associated guidance.

Communications and Engagement

Communication and engagement has featured highly during 2011/12, with particular work around clinical communication, and patient engagement.

New outpatient surveys giving feedback on individual doctors and their teams have been used, together with interviews with patients, GPs and the Coroner, to provide feedback to doctors to reinforce the importance of good communication.

Customer care also remains a high priority and our Customer Care Promises continued to be displayed prominently throughout the organisation. The promises reinforce our commitment to good communication, including making patients feel welcome, listening and involving them, and going the extra mile.

The promises are also designed to encourage staff to be open, admit to mistakes and do everything they can to put them right, complementing our 'being open' policy which aims to improve patient safety by developing better communication between staff and patients.

As things do not always go to plan and the NHS has six aims called 'principles for remedy' which set out how public bodies should put things right when they have gone wrong. These are: getting it right, being customer focused, being open and accountable, acting fairly and proportionately, putting things right, and seeking continuous improvement

You said... you wanted us to improve staff attitude. We...

- Stepped up the 'our promises' campaign and customer care training;
- Added new questions to the interview process to try and recruit staff with the right attitude;
- Published a letter from the Chief Executive making it clear what we expect from staff applying to work here;
- Started a review of recruitment, induction and appraisal processes;
- Asked staff to think about how barriers to good customer care and staff attitude could be overcome.

You said... you wanted us to improve communications between GPs and consultants. We...

- Ran engagement events for GPs and consultants, who now meet regularly;
- Ensured regular events to improve patient pathways are attended by both consultants and GPs;
- Developed new standards for key GP Communications.

You said... you wanted us to improve communication about clinical care and risk. We...

- Developed written and spoken communication standards and consulted with clinicians;
- Undertook a massive project to update and improve written patient information;
- Improved our 'Being Open' policy;
- Reviewed the way we investigate and learn from incidents.

Speak Out!

A 'speak out!' campaign, designed to gather suggestions from patients and staff, was launched in 2010 in response to patient feedback, and many changes have already been made, such as asking staff to help patients with completion of meal menus, increasing the range of milk on offer and introducing bottled water.

Patient Information

In February the Trust was successful in being awarded The Information Standard following an inspection.

At present there are 90 members nationally, including only 12 NHS trusts alongside major organisations like the Royal College of Physicians, the National Institute for Health and Clinical Excellence, NHS Choices and BUPA.

The Information Standard was introduced by the Department of Health in November 2009 as a guide to the public of reliable health information. It recognises that we have processes and systems for producing patient information that is accurate, impartial, balanced, evidence-based, accessible and well-written.

Channel 4 documentary

Award-winning TV production company, Blast! Films is making a documentary series about our nurses for Channel 4, following them over 12 months. The aim of the series is to show what it's like to be a nurse in a modern NHS hospital and reflects both the challenges and rewards of the job. The show's producers have become familiar faces around the Trust as they follow the day to day business of nurses in different areas.

Inpatient Survey

The results of the 2010 national Inpatient Survey were published at the end of April 2011, showing an average performance compared to other trusts. 79% of patients rated their overall care as very good or excellent, compared to 77% in 2009.

The Trust was rated in the top 20% in the country for providing information about handwashing, doctors answering questions in a way patients could understand and providing written information about what to do after leaving hospital. However, we were rated in the least well performing 20% for mixed-sex accommodation, nurses talking in front of patients as if they weren't there and letters to GPs written in a way patients could understand.

Performance had improved on the five questions the Department of Health uses to indicate the quality of patient care.

Interpreting

The top ten languages requested by patients requiring interpreters are shown in the graph below. Punjabi remains the most frequently requested language.

Top 10 Languages 2010-2011

1.Punjabi	9291
2.Urdu	3296
3.Bengali	3065
4.Polish	2591
5.Kurdish	1113
6.Somali	840
7.Arabic	710
8.Mandarin	569
9.BSL	519
10.Farsi	501

National Cancer survey

A national survey has taken place of all adult patients with a primary diagnosis of cancer who had been admitted to hospital as an inpatient or day case patient, and discharged between 1st January 2010 and 31st March 2010.

The report shows the Trust was in the top 20% for a wide range of measures, particularly around information and explanations. However, the Trust was in the lowest 20% of trusts for a smaller number of measures which showed we still need to do more to speed up our systems and improve our customer care in some areas.

Foundation Trust Status

Plans are underway to renew the Trust's application to become an NHS Foundation Trust during 2012, following an agreement with the Strategic Health Authority and the Department of Health to submit our application in June 2012. The timetable depends on the Department of Health and the Treasury approving the refreshed Outline Business Case for the new hospital and will be revised if there is a delay with this.

We have an active membership of over 7,500 local people who have been involved in setting our priorities and feeding back on issues such as mixed-sex accommodation, breast services and outpatients.

We plan to increase the number of newsletters following feedback from members, and will be launching a new members' website with a wide range of interactive features for our members to communicate with the Trust and each other.

Constituency	Members	Population
Ladywood	871	94538
Edgbaston and Sparkbrook	392	96388
Perry Barr	1087	100476
Erdington	315	90654
Wednesbury and West Bromwich	1113	105770
Oldbury and Smethwick	1310	94969
Tipton and Rowley Regis	748	82165
The wider West Midlands	1718	4602348
Not specified	0	9
Total	7563	5267308

Improving our environment

As well as a new midwife-led birthing unit, and refurbished maternity department, several other parts of our hospitals have been upgraded over the year. These include:

MRI Scanner

A state-of-the-art scanner that uses a magnetic field to provide cross-sectional images of soft tissue was unveiled in June 2010 at City Hospital.

The new magnetic resonance imaging (MRI) scanner is part of a £2.8 million investment in facilities, which operates six days a week to provide fast and accurate diagnosis and can undertake a range of tests simultaneously, reducing scan times and producing higher quality images.

The new system has also provided the means to offer enhanced examinations in heart imaging and breast imaging. Patients can bring in their own music, which they can listen to through MRI-compatible headphones during the scan.

Acute Cardiac Services

Hundreds of patients each year will benefit from a substantial investment of half a million pounds in the 17-bed coronary care ward at City Hospital.

The money has been spent refurbishing facilities to improve the ward for patients, including male and female areas, a new treatment room, revamped side room and refurbished staff room. Staff care for seriously ill patients who suffer with heart problems, including heart attacks, heart failure, and those needing primary angioplasty. The length of stay can vary from between five days to six weeks.

There are five monitors in each of the male and female areas, and another four mobile monitors which can be used anywhere within the ward which means patients can get up and move around within the ward and still be monitored.

Neurophysiology

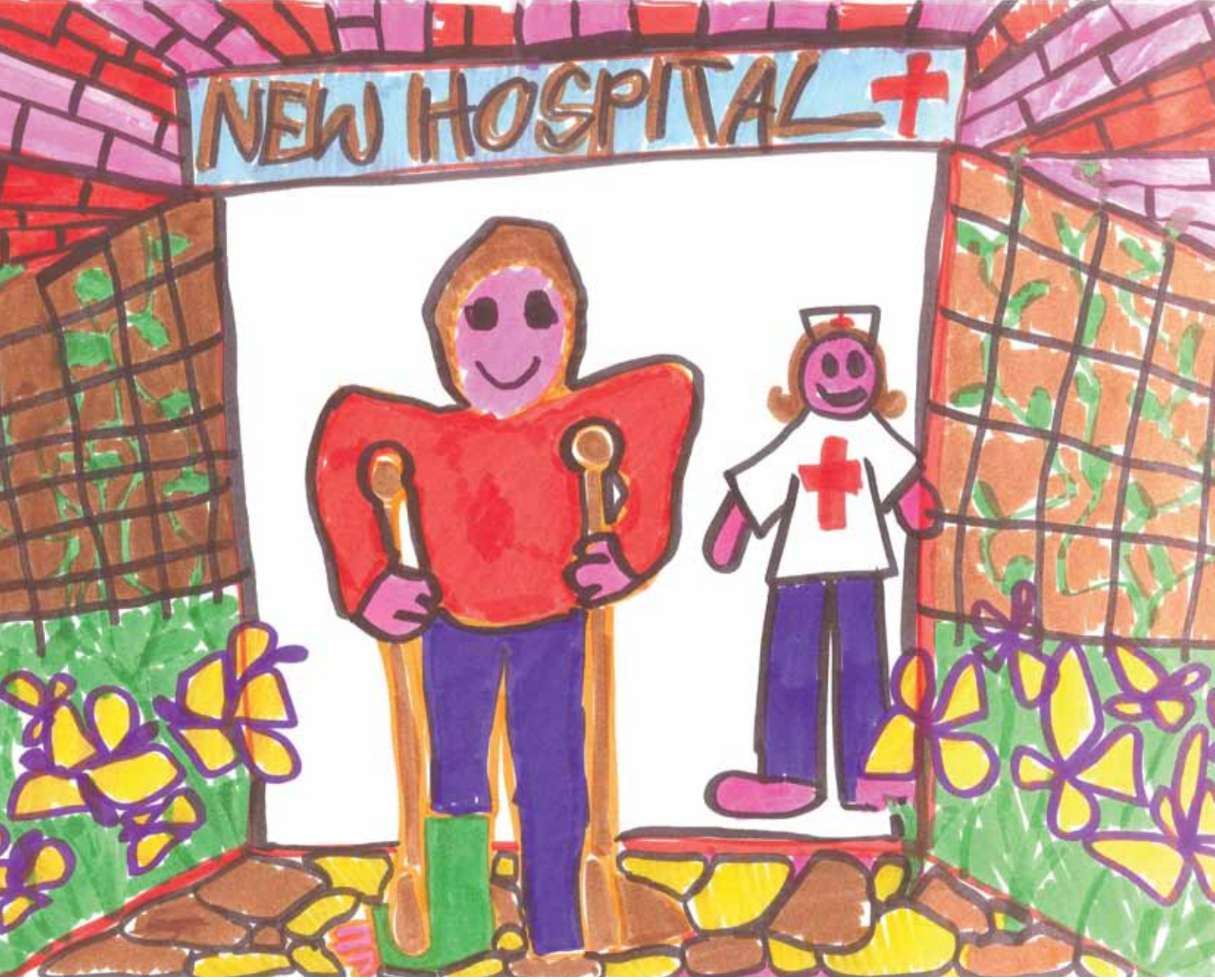
£0.5 million has been spent refurbishing the Neurophysiology Department at City Hospital which has been transformed from a crowded space shared with Medical Records into a welcoming area for patients with several state-of-the-art clinical rooms.

Staff used a 'Listening into Action' event to engage with patients about the improvements. Patients used to wait in a corridor with no comfortable seating and no separate facilities for patients on stretchers or for children. The new facilities are not only more patient-friendly but also appropriately equipped for medical emergencies.

Single Sex Wards

City Hospital's medical and surgical wards have changed in response to national rules on same-sex accommodation.

Same-sex bays in the Medical Assessment Unit and inpatient wards in the Sheldon Block were created and changes made to wards on City Hospital's main corridor, after an investment of £3m. The changes have resulted in 462 beds across 24 wards, an increase of 18 beds and two wards. The two wards will cost an extra £1.4m per year to run but mean we are now compliant with national rules.



New Hospital Update

The Midland Metropolitan Hospital planned for Birmingham and Sandwell will provide inpatient care for the most poorly patients who are currently treated at Sandwell and City hospitals. Community hospitals will remain on Sandwell, City and Rowley Regis Hospital sites, providing the majority of diagnostic and outpatient care, as well as day surgery and urgent care.

At its Board meeting in June 2010, Sandwell and West Birmingham Hospitals NHS Trust announced that two key plots of land in Grove Lane in Smethwick had been bought. The land includes the largest single plot on the site and the total acquired amounts to nearly a third of the total the trust will require to build the c670 bed hospital, due to open in 2016.

The public inquiry related to the Compulsory Purchase Order (CPO) for the site also took place in June. The inquiry lasted two days and the inspector heard witnesses outline the case for the new hospital and the need for the CPO to enable acquisition of the land. The inspector visited the proposed and existing sites and examined the condition of the buildings we currently provide healthcare from. There were no formal objectors to the CPO at the Inquiry, and the CPO was subsequently approved by the Secretary of State in January 2011.

The name of the new hospital was announced in October last year after several months of public engagement, resulting in 682 suggestions, 952 votes and several hundred informal 'soundings'. 'The Midland Metropolitan Hospital' was chosen out of four options. It came from a shortlist which also included 'Birmingham and the Black Country Hospital,' 'Grove Lane Hospital' and 'James Brindley Hospital.' Rock star Ozzy Osbourne, presenter Adrian Chiles, TV cook Rustie Lee and soul singer Ruby Turner each backed one of the names.

The Trust is now waiting for the Department of Health and Treasury to give their seal of approval to the business case after they asked for the case to be refreshed and for the Trust to carry out an evaluation of the health and regeneration benefits of the plans.

A greener future

Sustainability is becoming an increasingly important word at the Trust, not just in terms of our services, but in our contribution to the 'green' agenda. Our challenge is to save around 15% of our carbon footprint – around 22 tonnes of carbon – over the next five years.

In addition to cycle to work schemes, lunch time organised walks and energy saving measures, over the last year we have had a lot of success, including:

- Development of a Sustainability Champion network;
- Staff training;
- Bike shelters, bike scheme, paid cycle mileage and cycle training;
- Travel to work information;
- Securing of funds to support Trust carbon reduction projects;
- Appointment of Sustainability Officer;
- Development of carbon baseline;
- Completion of NHS Carbon Management Programme;
- Introduction of waste recycling streams for plastic bottles, cardboard and paper;
- Procurement of IT power save;
- Link with Sandwell PCT and Carbon Trust;
- Introduction of electronic meetings.

Our baseline resource usage and carbon footprint for 2010/11 is below:

	Electricity	Fossil fuels	Water	Waste	Transport	Total
Amount	15.5 MW/hr	66,094 MW/hr	235,992 m3	2,894 tonnes	2.85M km	-
CO2 emissions (tonnes) 2008/09	8,430	12,133	95	824	718	22,184
CO2 emissions (tonnes) 2010/11	10,708	10,723	113	179	578	22,301

The reduction we have made in waste emissions is due to off site recycling, and in transport it is due to vehicle change and journey information

The increase in electricity appears to be in line with the expected business as usual growth rate. We have plans to reduce electricity use over the next few years.

Improving our workforce, education and research

Ward Team Challenge

More than 100 staff were put through their paces by Chief Nurse Rachel Overfield at the annual Ward Team Challenge.

Teams were given a series of scenarios intended to challenge their leadership ability, organisation of work, creative skills, problem solving, integrity and risk management. All the teams, which included nurses and staff from the wider multidisciplinary team, had to deal with scenarios in real time as if they were working on an average day in a busy hospital.

On top of this they had unexpected visits from members of the Trust's executive team who asked them questions about patient safety and staff faced a panel to answer questions similar to those in common external assessments.

Owning The Future

Staff are being given the chance to have a greater say in how the Trust is run through a new concept called 'Owning the Future'.

Chief Executive, John Adler introduced the idea of 'Owning the Future' which aims to build on the success of 'Listening into Action' - a staff engagement initiative launched in 2008 - to give staff a real sense of influence in the organisation on a permanent basis.

Plans include a system of staff forums in every ward and department, led by a team ambassador who will be directly elected by all the staff in the area. This is based on a model successfully used by the John Lewis Partnership. It will ensure that issues which are important to front line staff can be raised and addressed.

'Owning the Future' is being piloted by the Trust's new community staff and the Pathology division. If it goes well, it is expected it will be rolled out across the rest of the organisation during 2012.

National Staff Survey

The results of the 2010 National Staff Survey demonstrated the positive benefits Listening into Action (LiA) has had in the Trust since its introduction in 2008.

Over 3,000 staff completed surveys with 91 per cent of staff saying they had definitely heard about LiA, and 42 per cent said they could see improvements in services for patients or had heard about planned improvements as a result of it.

The number of staff agreeing that care of patients is the Trust's top priority has climbed every year since 2007 from 45 per cent to 64 per cent last year. This figure is six per cent higher than the national average.

The Trust is performing well compared to other acute trusts, with staff saying:

- The Trust communicates clearly about what it is trying to achieve: 59 per cent - 10 per cent better than average.
- Senior management set a clear vision of where the organisation is headed: 56 per cent - 8 per cent better than average.
- Senior management is focused on meeting the needs of patients: 62 per cent - 7 per cent better than average.

Two areas in which the Trust was not performing as well as other trusts were staff saying hand washing facilities were always available and staff agreeing that they could approach their immediate manager to talk about flexible working.

Work/life Balance

We have a Flexible Working Policy which enables staff to work flexibly in a range of different ways, including self-rostering, job-share, part-time, annual hours and home working. We also run two on-site nurseries providing full and part-time childcare for children of our staff.

Social Responsibility

As a major employer within the west Birmingham and Sandwell area, we have a responsibility to the local community to encourage local people to work for us. We are developing links with local schools and running careers events and schemes offering work placements and visits for local school children.

Diversity

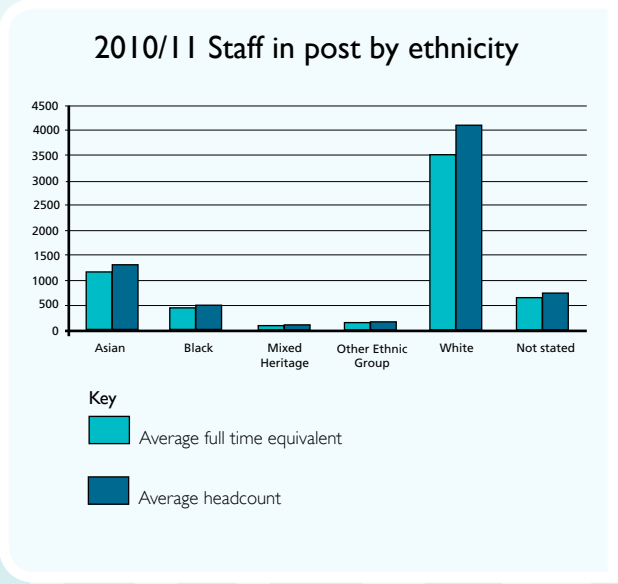
We have policies on equal opportunities, dignity at work and recruitment and selection of ex-offenders. We have also developed a detailed Race Equality Scheme and Trust-wide Diversity Strategy to ensure we properly reflect the diversity of our local population and enable all our staff to reach their potential.

Staff Health and Wellbeing

The health & wellbeing of our staff is a key priority with part of our strategy being to create a working environment that promotes a healthy and active lifestyle. We have identified a range of services that provide improved opportunities for staff to make healthy choices, including holistic therapy, hypnotist services, physiotherapy services, weight management programme, smoking cessation, podiatry services, drug and alcohol dependency advice, counselling, gym, exercise classes, informal sports and exercise groups and occupational health services.

Equality

A new law came into effect in 2010 which combined the previous race, disability and gender equality schemes into one. The Equality Act 2010 includes various pieces of equal opportunities legislation including sexual orientation, religion and belief, age, race, disability, gender, gender reassignment, marriage and civil partnership and maternity and pregnancy. Our Trust Board reviews information about our staff that includes their ethnicity, age, gender and disability, and whether there is any discrimination in appointment, promotion opportunities, appraisal and disciplinary action.



Staff awards 2010

The outstanding achievements of more than 100 employees from Sandwell, City and Rowley Regis hospitals were celebrated at the annual Staff Awards. The award scheme is designed to promote and acknowledge excellence. The 2010 winners were:

Pic 1: Winner - Employee of the Year - Keith Duckett.

Pic 2: Winner - Team of the Year - Clinical Nurse Practitioners.

Pic 3: Winner – Lifetime Achievement Award - Marilyn George.

Pic 4: Winner – Outstanding Leadership – Amanda Geary.

Pic 5: Winner – New Leader - Jazz Singh.

Pic 6: Winner – Listening into Action Award for Staff Engagement - The LiA Cycling Group.

Pic 7: Winner – Improving Patient Safety – Elaine Newell and Mr Paul Bosio. (Elaine picked up the award alone as Paul was on holiday).

Pic 8: Winner – Patients' Champion – Matron Julie Thompson.

Pic 9: Winner – Excellence in Customer Care - Dr Richard Murrin.

Education

Our hospitals are part of the University of Birmingham Medical School Teaching Programme and responsible for training three hundred medical students every year. Our training is regularly reviewed by the West Midlands Workforce Deanery and the Royal Colleges.

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

We also offer placements for a range of trainee clinical scientists and Allied Health professionals as part of their undergraduate and postgraduate studies, and provide undergraduate clinical education in orthoptics, where the Birmingham and Midland Eye Centre (BMEC) is one of the largest training providers in the UK.

As well as a wide range of clinical training, we also provide training for non clinical staff, including training as part of the NHS Management Training Scheme.

Stroke Research

Everyone has a one in four lifetime risk of developing atrial fibrillation (AF), which is the most common heart rhythm disorder. New European guidelines on the treatment of AF now include risk assessment tools developed by City Hospital researchers at the Trust's Centre for Cardiovascular Sciences. The aim of the tools is to help improve clinical decision making when doctors treat people with AF, leading to improvements in stroke prevention for patients with this common condition.

Clinical Research

The Trust has a wide and varied research portfolio and is always looking for opportunities to improve its research agenda and develop the Trust as an international centre of research excellence. Our main areas of research are in cancer, cardiology, diabetes, ophthalmology, neurology, stroke, rheumatology, gastroenterology (upper GI), and endocrinology.

We also undertake a significant amount of research around diagnostic approaches, drug treatment and inflammatory disease.

Our Plans for 2011/12

Planning for 2011/12

Our plans for 2011/12 are based on our assessment of what is happening nationally and locally, feedback from patients, local people and staff, the need to continue to make progress with our local health economy shared service strategy 'Right Care Right Here' and the major changes and challenges facing the NHS as a result of the White Paper Equity and Excellence: Liberating the NHS (July 2010) and the Health and Social Care Bill (January 2011). In particular, the emergence of GP Consortia and Clusters of PCTs will mean that new commissioning organisations will be taking shape during the year, that may have different priorities to the existing organisations, and to each other.

There are likely to be new providers as we move to a more competitive landscape, and changes to the contracting and tariff arrangements, as well as a reduction in growth funding will mean we need to significantly improve our productivity whilst improving and maintaining the quality of our services.

National Context:

The Operating Framework for the NHS in England 2011/12 sets out the challenges in implementing the first year of this major transition whilst maintaining and improving the quality of our services and ensuring good financial management.

Key features of the Framework	What this means for us
NHS Commissioning Board in shadow form during 2011/12: fully operational from April 2012.	There will be changes in who commissions our service and monitors our performance.
PCT Clusters – to ensure statutory functions delivered during transition and handover to GP Consortia	Instead of dealing with two local PCTs, where we were the main acute provider for each, we will deal with two clusters which cover the whole of Birmingham, Solihull and the Black Country who will cover six acute trusts, three specialist trusts, two mental health trusts and a community trust.
Pathfinder GP Consortia in 2011/12. All GP practices to be in consortia by April 2012.	GPs will become much more involved in directly commissioning services and GP consortia may have different priorities.
All NHS Trusts to become Foundation Trusts by 31st March 2014.	We need to renew our application and ensure the new hospital busineess case is approved by the Treasury this year.
Patient power, local accountability, better information, more choice to drive service improvement. Choice of any willing healthcare provider. Choice of individual consultant.	We need to provide more, higher quality information and be more responsive to our patients.
Access standards generally to be maintained.	We will still have ambitious performance targets to reach.
Quality improvements expected in a number of areas such as cancer and stroke services. Dementia Strategy to be implemented.	Closer monitoring of our plans and quality measures in these areas.
Increase Health Visitor numbers by 4200 by April 2015. (c. 420 in the West Midlands by 2015 or approximately 100 per year.)	For the Sandwell Community services we now run, this means investing, training and recruiting large numbers of health visitors in the midst of concern that there are not enough health visitors or trainees in the local area.
Quality, Innovation, Productivity and Prevention (QIPP) – efficiency challenge of £20 billion by end of 2014/15.	This means savings of around £20m a year.
Finance – moving from position of growth to more stable settlements. Running costs will need to be reduced at every level. Two year pay freeze for staff earning over £21,000.	This is part of our £20m annual savings. We are finding new and innovative ways of being more cost effective.
Overall tariff reduction between 2010/11 and 2011/12 of 1.5% (includes efficiency).	We have taken account of this in planning to save £20m each year.

Best practice tariffs to be expanded and a change in the way long stays in hospital are funded.	These tariffs give us the opportunity to review our patient pathways and increase the amount we are paid if we improve the quality of care.
Hospitals will not be reimbursed for emergency readmissions within 30 days of discharge following an elective admission (further guidance has adjusted /redefined circumstances where this will apply).	About 4.1% of our inpatients are readmitted to the same specialty within one month of discharge. Often this is because they have long term conditions that need regular care. Getting community services right will be key to reducing that figure further. Further guidance should give us a better indication of what type of readmissions will be counted and therefore what the likely numbers and cost will be.
30% marginal emergency admissions rate continues.	
Achieving quality targets (CQUIN) to continue to be worth 1.5% of contract income.	We achieved our CQUIN targets for 2010/11 but have a wider range of targets for 2011/12. These targets are based on actual improvements in quality and patient outcomes.

In addition The NHS Outcomes Framework 2011/12, also published by the Department of Health in December 2010, sets out the responsibilities of the NHS as five key areas:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

Local Context

From 1st April 2011 Sandwell Community Health Services became part of our Trust. About eight hundred staff joined the Trust, along with a budget of c£34m. The community provider function for Heart of Birmingham PCT, however, transferred to the newly formed Birmingham Community Healthcare NHS Trust.

Locally, the shape of GP Consortia is taking form. and the PCTs have grouped into Commissioning Clusters. The Trust's main commissioners fall into two clusters. Sandwell PCT forms part of the Black Country Commissioning Cluster and Heart of Birmingham PCT part of the Birmingham and Solihull Commissioning Cluster.

The Birmingham and Solihull Cluster System Plan for 2011/12 includes a series of goals and initiatives around service development, pathway transformation and healthier living and independence.

The Black Country Cluster System Plan highlights a range of key service priorities for local people, including prevention and treatment of cardiovascular disease, reducing deaths from Cancer, improving mental health and well-being, gaps in service provision for older people, new community services in diabetes, improving the health of young people, reducing harm caused by rising alcohol consumption and abuse and improving maternity services – reducing risks to health of babies in the first year of life and improving health of mothers.

Following sessions with patients, local people and staff, we have set ourselves 33 priorities for 2011/12. These are:

Accessible and Responsive Care

- Identify and implement specific ways of improving the health of the population we serve.
- Ensure close and effective relationships with local GP consortia, PCT Clusters and Local Authorities.
- Deliver Access performance measures including those set out in the Operating Framework for 2011/12.
- Continue to improve outpatient booking systems.
- Improve patient flow from admission through discharge to home care / after care.

Safe, High Quality Care

- Improve reported levels of patient satisfaction.
- Continue to embed Customer Care promises.
- Improve the care we provide to vulnerable adults.
- Make improvements in A & E services.
- Make improvements in Trauma and Orthopaedic services.
- Make improvements in Stroke services.
- Embed the Quality and Safety Strategy incorporating the FT Quality Governance Framework.
- Improve and heighten awareness of the need to report and learn from incidents.
- Deliver the CQUIN targets.

Care Closer to Home

- Ensure a successful integration of adult and children's community services that has benefits for patients.
- Deliver the agreed changes in activity required as part of the Right Care Right Here programme.
- Play a key role in the local community, actively promoting healthy lifestyles and health education.
- Develop a local response to national plans for Health Visiting.
- Make fuller use of the facilities at Rowley Regis Community Hospital to provide care closer to home.

Good Use of Resources

- Deliver a £21.1m CIP and produce detailed plans to deliver a £20m annual CIP for a further three years.
- Achieve a £2m surplus.
- Reduce premium rate working.
- Develop plans to improve the service line position of the Trust.

21st Century Facilities

- Begin to Procure a new hospital.
- Continue to improve current facilities.
- Develop detailed plans for the development of the community estate.

An Effective Organisation

- Make significant progress towards becoming a Foundation Trust.
- Deliver a set of Organisational Development activities including a stronger voice for front line staff.
- Develop our clinical systems and processes to reduce variability and ensure safe, error free care.
- Improve staff satisfaction, health and wellbeing.
- Agree an IT strategy including an affordable route to procurement of an Electronic Patient Record.
- Continue to develop and implement the Trust's approach to sustainability and transport and access.
- Develop a training plan that reflects service needs, is resourced and supports the workforce plan

Our plans to improve quality

In June 2011 we launched a new quality and safety strategy which pulls together all the things we are doing to ensure and monitor the quality and safety of our patients. We also have a new system for collecting and reviewing a wide range of information about the quality of individual services. This includes everything from mortality rates, to patient survey findings.

We have agreed a series of challenging CQUIN targets - Commissioning for Quality and Innovation. Achieving these will be worth 1.5% of the total value of our contracts with commissioners. We achieved our 2010/11 targets and for 2011/12 they include:

Acute Services targets:

- VTE prevention (90% of eligible patients to be assessed). Reducing avoidable death, disability and chronic ill health from Venous-thromboembolism (blood clots).
- Patient Experience – Improve responsiveness to personal needs of patients (improving outcomes from national patient survey).
- Smoking Cessation – staff training to provide advice.
- Smoking Cessation Delivery – intervention and referral to cessation service.
- End of life care – choice of place to die.
- Medicines management – reduction in missed doses.
- Nutritional assessment
- Enhanced recovery – implement model for 8 procedures.
- Stroke discharge – improved discharge planning and patient information.
- Mortality review – 75% of all deaths in hospital to be reviewed.
- Alcohol screening – assessment and advice.

Community Services targets:

- Improving patient experience – improving outcomes from patient surveys.
- End of life care – choice of place to die.
- Health Visiting – child development reviews.
- Falls prevention
- Smoking cessation – staff training to provide advice.
- Smoking Cessation Delivery – intervention and referral to cessation service.

Specialised Services targets:

- VTE assessments
- Patient Experience
- Access to chemotherapy out of hospital – increasing the number of chemotherapy deliveries made at home or in community setting
- Improving access to Organs for Transplant
- Screening for Retinopathy of Prematurity. Avoiding preventable blindness in neonates.
- Auditing neonatal care pathways

Our plans for quality and efficiency

2010/11 saw the second year of our Quality and Efficiency Programme (QUEP) which is designed to ensure we continue to improve the quality of our services as well as their productivity, and support the development of our cost improvement programme.

In 2011/12 the programme consists of 16 projects which will look at:

- Improvements to Outpatients, Theatres and utilisation of our beds in order to improve patient experience, quality of care and make the best use of our clinical staffing.
- Demand management and decommissioning, working closely with primary care, to deliver on commitments to changes in models of care in preparation for the new hospital.
- Realising the benefits from the transfer of the Sandwell Community Services to the Trust including better communication between staff, improved quality of patient referrals, shared access to clinical data, standardisation of assessments and reduced duplication.
- Workforce improvements aimed at ensuring effectiveness of our staff, developing new roles, reviewing and standardising practice and appropriate staff deployment. Cost savings will also be sought through reduced sickness absence, reduced use of bank and agency staffing and reduced premium rate working.
- Improvement to clinical administration systems, accurate coding and counting of patient activity, analysis of service line reporting data and development of service line management.
- Estates rationalisation to make the best use of our buildings and save costs where possible.

Our plans for our buildings and equipment

Whilst most of the long term solutions involve building a new hospital in Smethwick and developing community hospitals on the City, Sandwell and Rowley Regis hospital sites, we plan to spend £11.1m in 2011/12 on improving our existing facilities and another £13m on buying the remaining land we need for the new hospital at Grove Lane.

£3m will be spent on improving disabled access, fire safety and security on our sites, nearly £2m on investing in digital mammography, over £1m on ward refurbishments, £700,000 on medical equipment and £500,000 on ophthalmology and the plaster room at Sandwell Hospital. In summary £24m will be invested in more than 17 schemes across the Trust.

Operating and Financial Review

Introduction

The Trust is one of the largest teaching Trusts in the United Kingdom with a reputation for excellent, friendly staff who provide high quality care from City Hospital in Birmingham and Sandwell General in West Bromwich. Both are busy acute hospitals providing many specialist services and a broad range of emergency services, including Accident & Emergency at both sites.

In addition, the Trust provides comprehensive community services to the Sandwell area, including from Rowley Regis Community Hospital, Leasowes Intermediate Care Centre and the Lyng Centre for Health and Social Care.

The Trust has an income of £415 million and employs 6283 wte staff. It has about 1000 beds and serves a population of over 500,000.

The Trust is a key partner along with local PCTs, GPs and local authorities in the 'Right Care Right Here' programme which seeks to deliver an ambitious redevelopment of local health services. This has the backing of the West Midlands Strategic Health Authority and has been approved as a national priority scheme by the Department of Health. Following a very successful public consultation, implementation of the programme is underway with a wide range of secondary care services now being provided via new models of care in community locations. The programme includes one of the largest investments in the UK in new facilities in both the acute and community sectors. Included within this is a brand new state-of-the-art acute hospital which has both Department of Health compulsory purchase approval and planning permission. The new hospital is set to open in 2016. This will create some of the largest clinical teams in the country on a single site.

The Trust's current strategy focuses on the period leading up to the new hospital with an emphasis on driving clinical integration by reconfiguration of services between the existing sites, strengthening key specialties and on quality and productivity improvement. In the light of its strategic, operational and financial strength the Trust is applying to become a NHS Foundation Trust.

The Trust is a pioneer in developing new and more effective approaches to staff engagement through its "Listening into Action" programme which harnesses the energy and ideas of front line staff to improve services. This is the largest programme of its kind in the NHS and has received widespread national recognition.

The Birmingham Treatment Centre on the City Hospital site provides state of the art facilities for one-stop diagnosis and treatment. It includes an Ambulatory Surgical Unit with six theatres, extensive imaging facilities, an integrated breast care centre and teaching accommodation.

The Emergency Services Centre on the Sandwell site incorporates a comprehensive A&E facility, Emergency Assessment Unit and Cardiac Care Unit.

The Trust hosts the Birmingham and Midland Eye Centre which is a supra-regional specialist facility, as well as the Pan-Birmingham Gynaecological Oncology Centre, Birmingham Skin Centre, Sickle Cell and Thalassaemia Centre and regional base of the National Poisons Information Service.

Aside from being one of the largest providers of patient services in the Midlands, the Trust also has a substantial teaching and research agenda with several academic departments including rheumatology, ophthalmology, cardiology, gynaecological oncology and neurology.

About the Trust

List of Services for 2011:

Women's and Children's:
- Paediatrics
- Community Child Health
- Obstetrics
- Neo-Natal
- Gynaecology
- Gynae-Oncology
- Genito-Urinary Medicine

Surgery:
- General Surgery (Breast, Upper GI, Colorectal)
- Trauma and Orthopaedics
- Vascular Surgery
- Urology
- Plastic Surgery
- Ophthalmology
- Ear Nose and Throat
- Oral Surgery

Medicine:
- Emergency Medicine
- General Medicine / Care of the Elderly
- Cardiology
- Stroke
- Respiratory
- Renal
- Diabetes
- Rheumatology
- Neurology
- Gastroenterology
- Dermatology
- Haematology / Oncology
- Oncology

Clinical Support:
- Anaesthetics and Critical Care
- Imaging
- Pathology
- Therapies

Community Services:
- Respiratory
- Family Planning and Sexual Health
- Community Nursing
- Community Rehabilitation
- Dietetics
- Community Diabetes
- Continence Services
- Foot Health
- MSK
- Wheelchair services
- Intermediate Care and Hospice Care

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 ended 19th May 2010)	Isobel Bartram
Non-Executive Director	Professor Derek Alderson
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
Director of Strategy and Organisational Development	Mike Sharon
Chief Operating Officer (resigned 6th May 2011)*	Richard Kirby
Deputy Chief Operating Officer	Matthew Dodd
Director of Estates/ New Hospital Project Director	Graham Seager
Director of Governance	Kam Dhami
Head of Communications and Engagement	Jessamy Kinghorn

**Chief Operating Officer role was filled in an Acting capacity by Matthew Dodd, and was replaced by Rachel Barlow in July 2011.*

Service performance

The table below shows our performance against all national patient access targets as at 31 March 2011. Although the outside limit of waiting times remains at 26 weeks, the Trust's focus remained on the need to treat the vast majority of patients within 18 weeks.

Patient Access 2010 / 2011	Operational Target	Trust Performance	Comments
New Outpatients seen within 6 weeks of referral	75% (local target)	77%	
Referral to Treatment Time – Admitted Patients	= > 90%	92%	Refers to % patients who commenced treatment within 18 weeks of referral
Referral to Treatment Time – Non Admitted Patients	= > 95%	96%	Refers to % patients who commenced treatment within 18 weeks of referral
Cancer 2-week wait from GP referral to first OP appointment with specialist	= > 93%	94%	
Cancer 2-week wait from GP referral to first OP appointment with specialist (breast symptoms)	= > 93%	95%	
All Cancers: One month diagnosis (decision to treat) to treatment	= > 96%	99%	
All Cancers: Two months GP referral to treatment	= > 85%	88%	
Accident & Emergency Waits (less than 4 hours)	= > 95%	97%	
Waiting Times for Rapid Access Chest Pain Clinic	= > 98%	100%	% seen within 2-weeks urgent GP referral
Coronary Heart Disease – Primary Angioplasty (less than 150 minutes)	80%	91%	

Patient Activity 2008/9 – 2010/11

The table below summarises the Trust's activity for 2008/09 – 2010/11.

Type	2008/09 Outturn	2009/10 Outturn	2010/11 Plan	2010/11 Outturn	2010/11 vs 2009/10%*
Admitted Patient Care: (Spells)					
Day cases	50,936	51,995	45,742	50,425	-3.02
Electives	13,120	13,137	12,644	11,720	-10.79
Emergencies	69,494	62,961	62,214	61,163	-2.86
Unbundled		58,495	17,619	21,034	-64.04
Total	133,550	186,588	138,219	144,342	-22.64
Outpatients (attendances):					
New	155,584	158,289	155,477	157,812	-0.30
Review	380,578	410,378	371,419	424,612	3.47
With Procedure		28,163	25,515	20,452	-27.38
Total	536,162	596,830	552,411	602,876	1.01
A&E attendances	226,871	224,811	226,978	218,211	-2.94
Rehabilitation OBDs	23,096	23,501	21,472	22,081	-6.04
Neonatal OCDs	9,549	9,969	10,754	10,100	1.31
Births	6,068	6,175		6,225	0.81

NB. Births are also included in the emergency spell totals in the first section of the table
** Percentage changes from 2010/11 plan*

The activity planned for 2010/11 was reduced in line with decommissioning targets as part of moving to activity levels as part of the Right Care, Right Here programme. There were a number of areas where actual activity was below 2009/10 evidencing progress with a managed movement of acute sector based work moving to community and primary care settings. Clearly, there is further work to do in this respect and the 2011/12 LDP (local delivery plan) agreed with commissioners envisages further movements as part of the overall agreed strategy for services.

There are also counting changes between 2009/10 and 2010/11 including:

- Obstetrics antenatal admissions are now counted as Outpatient attendances (usually a review attendance) rather than admissions – c10, 000 per annum change.
- During 2009/10 a number of diagnostic tests, e.g. X-rays were taken out of the price paid for individual episodes of patient care and paid for separately. In 2010/11, these tests were put back into the prices paid for episodes of care or 're-bundled'. This explains the significant reduction between the two years, which is technical and does not reflect a real reduction in the provision of these services.
- PbR also redefined (reduced numbers of) Outpatient procedures in 2010-11, again leading to the drop in actual between 2009-10 and 2010-11.

Annual Objectives 2010/11

The Trust set 37 annual objectives for 2010/11. The table below shows how we did:

Strategic Objective	Annual Objective	R/A/G Rating
1. Accessible and Responsive Care	1.1 Continue to achieve national waiting time targets	
	1.2 Continue to improve patient experience	
	1.3 Make communication with GPs quicker and more consistent	
	1.4 Improve our outpatient services including appointment system	
	1.5 Ensure customer care promises are part of day to day behaviour	
2. High Quality Care	2.1 Infection control, cleanliness – continue high standards	
	2.2 Formalise quality system – maintain/improve quality of care	
	2.3 Vulnerable children and adults – improve protection and care	
	2.4 NHS Litigation Authority – achieve accreditation Level 2	
	2.5 Implement outcome of Maternity Review	
	2.6 Continue to improve services for Stroke patients	
	2.7 Improve quality of service and safety in A&E Departments	
	2.8 Achieve new CQUIN targets	
	2.9 Improve key patient pathways	
	2.10 Deliver quality and efficiency projects	
	2.11 Implement national Nursing High Impact Changes	
3. Care Closer to Home	3.1 Make full use of outpatient & diagnostic centre at Rowley Regis	
	3.2 Right Care Right Here Programme – make full contribution to projects	
4. Good Use of Resources	4.1 Deliver planned surplus of £2.0m	
	4.2 Improve expenditure by delivery of CIP of £20m	
	4.3 Review corporate expenditure in key areas	
	4.4 Ensure right amount of wards, theatres and clinic capacity	
5. 21st Century Facilities	5.1 Continue process to buy land for the new hospital	
	5.2 Start formal procurement for construction of new hospital	
	5.3 Full involvement with PCTs on design of community facilities	
	5.4 Continue to improve current facilities	
6. An Effective Organisation	6.1 Care Quality Commission (CQC) registration	
	6.2 Embed Listening into Action	
	6.3 Implement next stages of new clinical research strategy	
	6.4 Implement sustainability strategy	
	6.5 Progress plans for new organisational status and structure	
	6.6 Embed clinical directorates and service line management	
	6.7 Implement our Leadership Development Framework	
	6.8 Refresh Workforce Strategy and progress implementation	
	6.9 Continue to develop IM&T Strategy and improve systems	
	6.10 Develop our strategy for medical education and training	
	6.11 Improve health and well-being of staff – reduce sickness absence	

Of the 37 objectives, 29 are rated Green (completed/achieved), 6 are Amber (where work will continue into 2011/12) and 2 rated Red (unlikely to be completed). The red rating for 5.2 reflects the delay in receiving approval to the Outline Business Case for the new hospital from the Department of Health and the Treasury. For 6.1 the rating relates to late in-year issues raised by the CQC where the Trust responded but by the end of the year, the trust was awaiting a response from the CQC.

Performance Rating 2010/11

The Annual Health check is no longer being used as an indicator of how well a Trust is performing. The Care Quality Commission has said there will not be a formal scored assessment of performance, but it will publish performance data aligned to the various indicators during the late autumn.

The majority of performance information the CQC will use in its assessment is already available which has enabled us to evaluate our own performance against the indicators which would have generated the annual rating. The evaluation suggested that had a formal assessment taken place, the Trust would have achieved the required performance in all but one of the indicators – delayed transfers of care. This would mean that the Trust would have improved its rating for Quality of Services to Excellent, the highest rating.

Financial Performance

As stated earlier, the Trust met its main budgetary target of delivering an underlying surplus of £2,193,000 as shown below. As was the case last year, the presentation of financial results requires additional explanation owing to adjustments arising from the move from UK GAAP (generally accepted accounting principles) to International Financial Reporting Standards (IFRS) along with the outcome of valuation updates to the Trust's assets. The technicalities are explained in the detailed notes to the accounts (separate document). The main changes associated with a move to IFRS involve showing the value of facilities built in the NHS under the private finance initiative (PFI), of which the Birmingham Treatment Centre at City Hospital is one, on the Statement of Financial Position (formerly 'the Balance Sheet'). Consequently, financial transactions more closely resemble those of an 'owned asset'. The valuation of assets on a Modern Equivalent Asset Value basis has reduced some assets in value as was the case in the previous financial year. For example, the age of some of the Trust's estate has contributed to a significant reduction in values. Based on professional reports by the District Valuer, the net reduction in value is reflected as a charge to the accounts. The table below shows how the Trust's underlying performance is made up. The deficit in the statutory published accounts is technical and does not affect the assessment of the Trust's performance against the duties summarised above (e.g. breakeven, CRL, EFL, capital absorption).

Budgetary/Accounts Performance	2010/11	2009/10
	£000s	£000s
Income for patient Care services	348,366	345,091
Income for training, education, research & other	39,504	39,683
Total Income	**387,870**	**384,774**
Pay Expenditure	(259,889)	(252,557)
Nonpay Expenditure incl. capital charges & interest	(134,866)	(160,863)
Total Expenditure (incl. impairments & IFRIC 12 adj)	**(394,755)**	**(413,420)**
Surplus/(Deficit) per Statutory Accounts	(6,885)	(28,646)
Exclude: all impairments in Nonpay Expenditure	9,078	35,906
Surplus/(Deficit) per SHA monitoring	2,193	7,260
Adjust for: economic impairments		(5,059)
Surplus/(Deficit) per Trust Target performance	**2,193**	**2,201**

Although the impairment issue is not counted towards measuring budgetary performance, it must be included in the statutory accounts and on the face of the Statement of Comprehensive Income (formerly known as the Income and Expenditure Account). Impairment transactions are non-cash in nature and do not affect patient care budgets. However, it is important that the Trust's assets are carried at their proper values so that users of its financial statements receive a fair and accurate view of the financial position. The Department of Health holds allocations centrally for the impact of impairments. Reference to IFRIC in the schedule above arises from the International Financial Reporting Interpretations Committee pronouncement on how Service Consessions (or PFI assets) should be accounted for. In converting the accounts to an IFRS basis in 2009/10, the Department of Health excludes, for the purposes of measuring underlying financial performance, any impact from bringing PFI assets (e.g. the Birmingham Treatment Centre) onto the balance sheet.

A small number of the Trust's operating divisions were showing budgetary pressure as at 31 March 2011. In overall terms however, these pressures were offset with contingency reserves enabling delivery of a Trust target surplus of £2,193,000. There was strong performance where delivery of the cost improvement programme was concerned as virtually all departments met the 100% delivery target and the entire CIP of £20.8m was therefore, met in full.

The 2010/11 financial year represented the final year of the government's 3 year CSR plan (comprehensive spending review) notable for its above inflation health spending. Future funding allocations to the Health Service contain a very small real terms increase but are effectively 'flat' in cash terms. Consequently, as part of its future plans, the Trust has prepared for reduced allocations as reflected within the PBR (payment by results) national tariff prices for individual patient treatments as well as funding streams for locally agreed tariff services, education and training levies.

During 2010/11 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) first launched in 2009/10, is intended to assist with an overall improvement in efficiency, effectiveness and quality.

Income from Commissioners and other sources

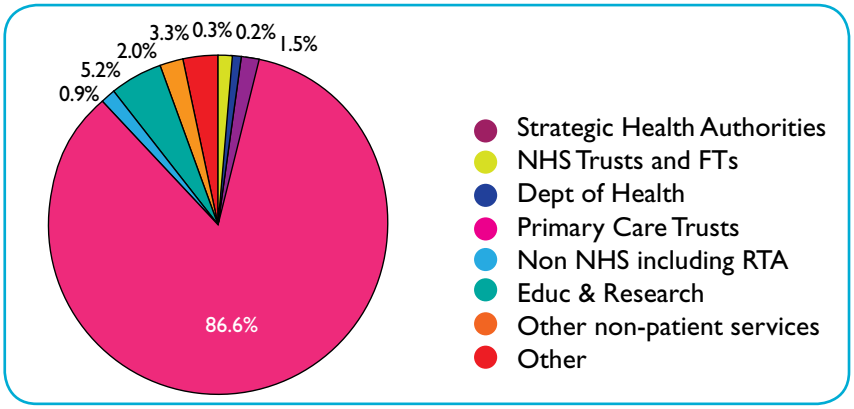
The Trust receives the majority of its income from Primary Care Trusts as the table below shows. The Trust carried out a number of procedures and additional treatments above the level planned by the PCTs which gave rise to additional income. This additional income was however offset by the costs associated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

The main components of the Trust's £387,870,000 income are shown below. Income increased from Primary Care Trusts in respect of direct patient care whereas there was a small reduction in funding available for Education and Research. This pattern of similar year on year income is expected to continue into the future especially given the need to meet rising healthcare demands from within static or reducing resources.

Sources of Income £000s	10/11	09/10
Strategic Health Authorities	5,971	6,243
NHS Trusts and FTs	994	881
Dept of Health	733	1,108
Primary Care Trusts	335,180	333,014
Non NHS including ICR	4,428	3,845
Education & Research	19,942	20,362
Other non-patient services	7,701	6,865
Other	12,921	12,456
Total Income	**387,870**	**384,774**

Within the pie chart on the next page, the largest element (86.6%) of the Trust's resources flow directly from Primary Care Trusts with the next most significant element (5.1%) being education, training and research funds. 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.

Income by Category – 2010/11



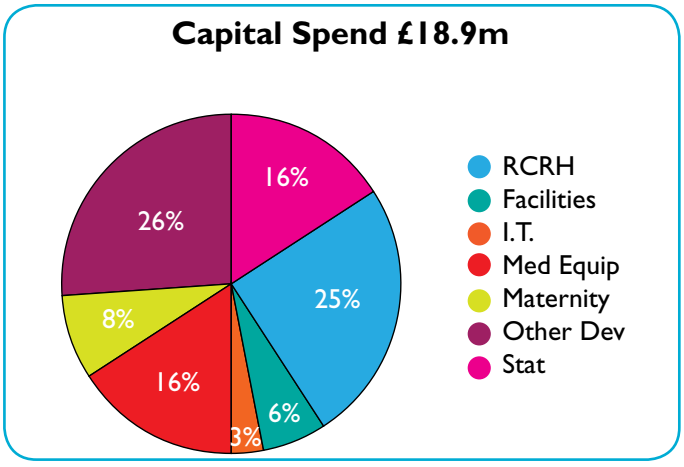
Waiting times for diagnostic tests, outpatients and inpatients continue to reduce leading to better patient experience and within diagnostic areas there were very few patients waiting more than 6 weeks. Bed occupancy remains fairly stable at 87% with day case rates increasing in year from 79.4% to 81.5%. 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 4.3 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 6.2 to the accounts *(see workforce demographics section)*.

Use of Capital Resources

The Trust spent a significant proportion of its capital budget updating its facilities and medical equipment. Specifically, nearly £1.5m was spent improving maternity facilities at City Hospital with a further £3.0m spent on medical equipment including a new CT (computerised axial tomography, commonly referred to as CAT scan) machine at Sandwell Hospital. Items of capital can include acquisitions of land, as was the case at Grove Lane (reference RCRH – right care, right here). Capital expenditure differs from day to day operational budgets and involves tangible items costing more than £5,000 which are expected to last more than one year, on updating its medical equipment. The 6% spent on facilities was devoted towards creating clinical space to deliver same sex accommodation as part of privacy and dignity improvements. The balances relate to energy initiatives.

Other developments contains a host of improvements including the Medical Assessment Unit at City Hospital, the Sandwell hospital surgical day unit refurbishments as well as side room improvements at Sandwell. The laundry at Rowley Hospital was improved and owing to an aging transport fleet, a number of vehicles were purchased to improve the experience of our patients who require transport to and from hospital. Statutory standards represent ongoing work to ensure a safe and compliant environment is in place both for patients and staff.



Sickness Absence

2010-11 Staff Sickness Absence	Number
Total days lost	56,782
Total staff years	6,095
Average working days lost	9.32

Staff sickness data is provided on a national basis by the Department of Health and covers the calendar year ended 31st December 2010

Summary financial statements 2010/11

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 & West Birmingham Hospitals NHS Trust, City Hospital, Dudley Road, Birmingham, B18 7QH or telephone 0121 507 4871.

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2011 (formerly the income and expenditure statement)		
	2010/11 £000	2009/10 £000
Revenue		
Revenue from patient care activities	**348,366**	345,091
Other operating revenue	**39,504**	39,683
Operating expenses	**(386,961)**	(404,274)
Operating surplus (deficit)	**909**	(19,500)
Finance costs		
Investment revenue	**87**	80
Other gains and (losses)	**(234)**	(102)
Finance costs	**(1,902)**	(2,179)
Surplus/(deficit) for the financial year	**(1,140)**	(21,701)
Public dividend capital dividends payables	**(5,745)**	(6,945)
Retained surplus/(deficit) for the year	**(6,885)**	(28,646)
Other comprehensive income		
Impairments and reversals	**(1,609)**	(50,719)
Gains on revaluations	**2,654**	27,270
Receipt of donated/government granted assets	**1,088**	287
Reclassification adjustments:		
- Transfers from donated and government grant reserves	**(526)**	(507)
Total comprehensive income for the year	**(5,278)**	(52,315)
Reported NHS financial performance position [Adjusted surplus/(deficit)]		
Retained surplus/(deficit) for the year	**(6,885)**	(28,646)
IFRIC 12 adjustment	**(455)**	(557)
Impairments	**9,533**	36,463
Reported NHS financial performance position [surplus/(deficit)]	**2,193**	7,260

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2011 (formerly the balance sheet)		
	31 March 2011 £000	31 March 2010 £000
Non-current assets		
Property, plant and equipment	**216,135**	220,296
Intangible assets	**1,077**	426
Trade and other receivables	**649**	1,158
Total non-current assets	**217,861**	221,880
Current assets		
Inventories	**3,531**	3,439
Trade and other receivables	**12,652**	19,289
Cash and cash equivalents	**20,666**	15,867
	36,849	38,595
Non-current assets held for sale	**64**	0
Total current assets	**36,913**	38,595
Total assets	**254,774**	260,475
Current liabilities		
Trade and other payables	**(33,513)**	(31,962)
Borrowings	**(1,262)**	(1,698)
Provisions	**(4,943)**	(5,338)
Net current assets/(liabilities)	**(2,805)**	(403)
Total assets less current liabilities	**215,056**	221,477
Non-current liabilities		
Borrowings	**(31,271)**	(32,476)
Provisions	**(2,237)**	(2,175)
Total assets employed	**181,548**	186,826
Financed by taxpayers' equity		
Public dividend capital	**160,231**	**160,231**
Retained earnings	**(28,075)**	**(22,259)**
Revaluation reserve	**36,573**	**36,545**
Donated asset reserve	**2,099**	**2,148**
Government grant reserve	**1,662**	**1,103**
Other reserves	**9,058**	**9,058**
Total Taxpayers' Equity	**181,548**	**186,826**

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2011

	2010/11 £000	2009/10 £000
Cash flows from operating activities		
Operating surplus/(deficit)	**909**	(19,500)
Depreciation and amortisation	**13,266**	13,913
Impairments and reversals	**9,533**	36,463
Transfer from donated asset reserve	**(401)**	(449)
Transfer from government grant reserve	**(125)**	(58)
Interest paid	**(2,006)**	(764)
Dividends paid	**(5,026)**	(7,664)
(Increase)/decrease in inventories	**(92)**	(144)
(Increase)/decrease in trade and other receivables	**6,427**	566
Increase/(decrease) in trade and other payables	**3,922**	(209)
Increase/(decrease) in provisions	**(385)**	(173)
Net cash inflow/(outflow) from operating activities	**26,022**	21,981
Cash flows from investing activities		
Interest received	**87**	81
(Payments) for property, plant and equipment	**(20,314)**	(13,081)
Proceeds from disposal of plant, property and equipment	**417**	0
(Payments) for intangible assets	**(230)**	(51)
Proceeds from disposal of intangible assets	**133**	0
Net cash inflow/(outflow) from investing activities	**(19,907)**	(13,051)
Net cash inflow/(outflow) before financing	**6,115**	8,930
Cash flows from financing activities		
Other capital receipts	**344**	0
Capital element of finance leases and PFI	**(1,660)**	(1,815)
Net cash inflow/(outflow) from financing	**(1,316)**	(1,815)
Net increase/(decrease) in cash and cash equivalents	**4,799**	7,115
Cash at the beginning of the financial year	**15,867**	8,752
Cash at the end of the financial year	**20,666**	15,867

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2011

	Public dividend capital (PDC)	Retained earnings	Revaluation reserve	Donated asset reserve	Government grant reserve	Other reserves	Total
	£000	£000	£000	£000	£000	£000	£000
Balance at 1 April 2010	**160,231**	**(22,259)**	**36,545**	**2,148**	**1,103**	**9,058**	**186,826**
Retained surplus/(deficit) for the year	0	(6,885)	0	0	0	0	(6,885)
Transfers between reserves	0	1,069	(1,069)	0	0	0	0
Impairments and reversals	0	0	(1,547)	0	(62)	0	(1,609)
Net gain on revaluation of property, plant, equipment	0	0	2,644	8	2	0	2,654
Receipt of donated/government granted assets	0	0	0	344	744	0	1,088
Transfers from donated asset/ government grant reserve	0	0	0	(401)	(125)	0	(526)
Balance at 31 March 2011	160,231	(28,075)	36,573	2,099	1,662	9,058	181,548

Management Costs		
	2010/11 £000	2009/10 £000
Management costs	**12,309**	12,044
Income	**367,154**	364,492

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.dhgov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSManagementCosts/fs/en

Better Payment Practice Code – measure of compliance				
	2010/11		2009/10	
	Number	**£000**	Number	£000
Total Non-NHS trade invoices paid in the year	**91,331**	**93,476**	100,584	91,142
Total Non NHS trade invoices paid within target	**70,090**	**70,001**	68,699	63,449
Percentage of Non-NHS trade invoices paid within target	**77%**	**75%**	68%	70%
Total NHS trade invoices paid in the year	**2,272**	**25,721**	2,254	26,454
Total NHS trade invoices paid within target	**1,120**	**15,635**	1,547	22,304
Percentage of NHS trade invoices paid within target	**49%**	**61%**	69%	84%

Better payment practice code

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 2010/2011 or 2009/2010 in respect of the Commercial Debts (Interest) Act 1998.

Prompt Payments Code

The Trust has not yet signed up to the Prompt Payments Code.

Exit Packages Paid In Year

Exit Package Cost Band	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
2010-11						
<£20,001	6	30	5	61	11	91
£20,001 - £40,000	5	155	8	239	13	394
£40,001 - 100,000	2	127	3	215	5	342
Total	**13**	**312**	**16**	**515**	**29**	**827**
2009-10						
<£20,001	2	9	0	0	2	9
£20,001 - £40,000	1	38	0	0	1	38
£40,001 - 100,000	2	152	0	0	2	152
Total	**5**	**199**	**0**	**0**	**5**	**199**

Other Gains/Losses

Other gains and losses		
	2010/11 £000	2009/10 £000
Gain/(loss) on disposal of property, plant and equipment	**(234)**	(102)

Finance Costs & Interest Receivable

Finance costs		
	2010/11 £000	2009/10 £000
Interest on obligations under finance leases	**131**	193
Interest on obligations under PFI contracts: - main finance cost - contingent finance cost	 **1,613** **262**	 1,654 220
Other finance costs	**(104)**	112
Total finance costs	**1,902**	2,179

Investment revenue		
	2010/11 £000	2009/10 £000
Interest revenue from bank accounts	**87**	80

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 financial statements of Sandwell & West Birmingham Hospitals NHS Trust have been prepared in accordance with the 2010/11 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 the 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.

The accounting policies affecting the treatment of pension liabilities are set out in notes 1.5 and 11 as part of the full set of accounts.

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

The majority of the Trust's financial and physical resources are recoded on the balance sheet at 31st March 2011, although this clearly excludes its major resource – the 6,283 (whole time equivalent) 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 2011

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-Executive Directors. As at 31st March 2011, these were:

- Sue Davis (Chair)
- Roger Trotman (vice-Chair)
- Gianjeet Hunjan
- Sarindar Singh Sahota
- Professor Derek Alderson
- Olwen Dutton
- Gary Clarke

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.

Four changes were made during 2010/2011 in the composition of the Board. Miss Isobel Bartram ceased to be a Non Executive Director on 19th May 2010, Ms Olwen Dutton and Mr. Gary Clarke commenced as a Non Executive Directors on 20th May 2010 and 1st April 2010 respectively. Mr. Mike Sharon was appointed Director of Strategy and an Executive Member of the Board on 12th July 2010.

Salaries and Allowances of Senior Managers						
Name and Title	2010/11			2009/10		
	Salary (bands of £5000) £000	Other remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100	Salary (bands of £5000) £000	Other remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100
Sue Davis, Chair	25-30	0	0	20-25	0	0
Isobel Bartram, Non Executive Director	0-5	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, 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	0	0	0-5	0	0
Olwen Dutton, Non Executive Director	5-10	0	0	0	0	0
Gary Clarke, Non Executive Director	5-10	0	0	0	0	0
John Adler, Chief Executive	155-160	0	0	155-160	0	0
Robert White, Director of Finance	125-130	0	0	125-130	0	0
Rachel Overfield, Chief Nurse	110-115	0	0	105-110	0	0
Donal O'Donaghue, Medical Director	160-165	0	0	160-165	0	0
Richard Kirby, Chief Operating Officer	110-115	0	0	110-115	0	0
Mike Sharon, Director of Strategy	75-80	0	0	0	0	0

Note: Salaries in 2010-11 for the Chair and Non Executive Directors include arrears of pay relating to 2009-10 and do not include any inflationary increases.

The pension information in the table below 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. CETV's 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 2011	Lump sum at aged 60 related to accrued pension at 31 March 2011	Cash Equivalent Transfer Value at 31 March 2011	Cash Equivalent Transfer Value at 31 March 2010	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	135-140	750	907	(158)	0
Robert White, Director of Finance	0-2.5	2.5-5	25-30	85-90	459	487	(27)	0
Rachel Overfield, Director of Nursing and Facilities	2.5-5	7.5-10	35-40	115-120	575	610	(34)	0
Donal O'Donaghue, Medical Director	7.5-10	25-27.5	60-65	180-185	1,043	998	45	0
Richard Kirby, Chief Operating Officer	0-2.5	2.5-5	20-25	65-70	229	266	(37)	0
Mike Sharon, Director of strategy	N/A	N/A	35-40	35-40	708	N/A	N/A	0

Figures shown in brackets () represent decreases in values driven by the introduction of an earnings cap and the change linking pensions increases to the Consumer Prices Index (CPI) rather than the Retail Prices Index (RPI).

A description of the accounting treatment of pension liabilities can be found in note 1.5 (Employee Benefits - retirement benefit costs) and in futher detail in note 11 (Pension costs) within the full statutory accounts.

Audit

The Trust's external auditor is KPMG LLP.

The cost of the work undertaken by the auditor in 2010/11 was £177,380 excluding VAT. The fees in respect of auditing charitable fund accounts is excluded from this sum.

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 have taken as directors to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

The members of the Audit Committee at 31 March 2011 are Gianjeet Hunjan (Chair), Roger Trotman, Sarindar Singh Sahota, Olwen Dutton, Gary Clarke and Professor Derek Alderson.

Register of members' interests as at February 2011

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

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

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

Statement on internal control 2010/11

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 2011 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

3.1 Sandwell and West Birmingham Hospitals NHS Trust has a comprehensive, trustwide system for managing risk, based on approved policies and strategies available on the Trust intranet.

3.2 Building on the successful accreditation against the NHSLA Risk Management Standards general standards at Level 1 in March 2010, the Trust was successful in gaining accreditation against the Level 2 standards in February 2011. Work continues to prepare for the assessment against CNST maternity standards at Level 2 planned for 2012.

3.3 The Trust has a Board approved Risk Management Strategy which identifies that the Chief Executive has overall responsibility for risk management within the Trust. The Chief Executive is

supported with his responsibilities by the Director of Governance. 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.

3.4 In Clinical Directorates, Clinical Directors, supported by Divisional Directors, General Managers and Heads of Nursing are responsible for managing risk. In all non-clinical directorates and departments, the appropriate Executive Director is responsible for managing risk through the chain of reporting.

3.5 The Trust has a designated Head of Risk Management within the Governance Directorate.

3.6 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. Training in Root Cause Analysis has been undertaken for key members of the Executive Team, senior clinical managers and general managers during the year.

3.7 Information with regard to good practice and lessons learned is shared via training sessions provided by risk professionals, Divisional Governance Group meetings, staff newsletters, a regular electronic bulletin - 'Alerts Matters', the intranet, e-mail communication and staff briefing sessions.

3.8 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 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	OUTCOME ASSESSMENT
In year and future risk - 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. • Workforce plan developed to increase the capacity to handle work into the Accident and Emergency departments	• Regular reviews of quality and divisional performance reviews to include the Accident and Emergency departments • Monthly review of performance and financial information by the key corporate boards and committees
In year and future risk - CIP schemes potentially compromise the quality of patient care	• Risk assessment will be undertaken of every proposed CIP scheme to inform decision-making	• Review of patient and staff survey results • Monthly consideration of operational information by the key corporate boards and committees • Consideration of ward review outcomes
In year and future risk - Inability to meet statutory privacy and dignity requirements for patients.	• Conversion of wards on the City Hospital site to mixed-speciality, same sex accommodation • Introduction and monitoring of same-sex accommodation project team • Development of an implementation plan to deliver requirements	• Statutory returns concerning in-month breaches to the Strategic Health Authority • Presentation of action plans to key corporate Board and Committees • Updates on progress with delivery of and compliance with Same Sex Accommodation requirements to the Trust Board
Future risk - Failure to secure approval of the Outline Business Case by the Department of Health	• Compliance with all economic and financial tests • Open and continual dialogue with approval bodies	• Monthly reports to the Trust Board tracking progress with the Midland Metropolitan Hospital project

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.

4.3 Senior responsibility for information security, risks and incidents rests with the Chief Operating Officer, as supported by the Associate 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.

Regular reports are produced to identify information security incidents and the appropriate action planned to reduce the risk impact or likelihood of reoccurrence. 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.

4.4 A formal programme has been developed to manage the transfer of Adult and Children's services from Sandwell Primary Care Trust (PCT) to SWBH which took place 1st April 2011. This programme was responsible for the management and monitoring of all risks associated both prior to and post successful transfer. Key strategic risks following the acquisition include engagement of GPs and newly transferred staff in the development and delivery of services within the new Community Adult Health Division and Community Child Health Directorate and a structured process to evidence and deliver benefits realisation across service areas following the transfer.

In order to mitigate these risks, two new community management boards have been created which will consist of a majority of elected front line staff and GP representatives. A detailed post transaction and benefits realisation plan has also been developed and approved, with a clear structure for reporting and delivery established within the organisation.

4.5 The Trust is working closely with emerging consortia to ensure alignment with their strategies and objectives these bodies have for improving the health, intervention, experience and outcomes for their patients within the overall context of the 'Right Care, Right Here' programme.

4.6 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.

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 2010/11 SIC and provides reasonable assurance that there is an effective system of internal control to manage the principal risks to the organisation.

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.

4.7 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 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, safe use of equipment, health and safety, violence & aggression, complaints and claims handling, infection control, fire, Human Resources, consent, manual handling and security.

4.8 Equality impact assessments are routinely undertaken within the Trust. Each new policy developed is required to undergo an Equality Impact Assessment in conjunction with the Equality and Diversity team and is then considered as part of the approval of the policy. Services and functions are also being routinely assessed and the outcomes are reviewed as part of the regular Divisional Performance Reviews. Equality Impact Assessments for high profile reconfigurations and projects are developed as a matter of course and are presented to the Trust Board for review. During the year the Board has considered an Equality Impact Assessment for the reconfiguration of maternity services and for the proposal to transfer community services from Sandwell PCT to the Trust.

4.9 The Trust has an Assurance Framework which includes all key components required, including objectives, risks, controls, positive assurance, gaps in control and/or assurance and remedial action. In a recent review by Internal Audit, it was determined that Significant Assurance was provided by the Assurance Framework, with further areas for development identified to assist the Trust with continued improvement to the effectiveness of the processes in 2011/12.

The Assurance Framework is considered on a quarterly basis by the Trust's Governance Board, Governance and Risk Management Committee and Trust Board.

The Assurance Framework informs the declarations made in this SIC.

Gaps in controls and assurance of the management of the risks associated with the delivery of a number of the Trust's objectives were identified, however the Trust has taken remedial action to address them which is reported in the quarterly update of the Assurance Framework.

4.10 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.

4.11 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.

4.12 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 2010/11, all new Trust services, policies and functions were subjected to an equality impact assessment, the details of which are publicly available on the Trust's internet site.

4.13 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.

4.14 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.

4.15 The Trust is fully compliant with the CQC essential standards of quality and safety. However the Trust is subject to a responsive review of compliance by the CQC in connection with Outcome 17, Complaints. An action plan developed to address the shortfalls identified against the requirements is being implemented and has been provided to the CQC for its consideration.

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. The overall level of assurance provided by the Head of Internal Audit Opinion for 2010/11 is Significant. 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, Clinical Quality Review Group, 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 measures to ensure compliance with the requirements of the Equality Bill 2010, including activities such as equality impact assessment of policies and services, work on patient experience and workforce monitoring.

5.4 The Trust Board has received 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. Internal Audit carries 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 During the year, one information security Significant Untoward Incident was reported, involving the loss of an unencrypted USB Flash Drive from its usual location in a ward office with a coded access lock. The information stored on the Flash Drive included patient names, Trust patient identifiers, details of medical history and other clinical information. Following this incident, the Trust has developed a robust action plan that has been supplied to the Information Commissioner. The action plan aims to improve staff awareness of NHS information security requirements and implement further technical controls to lock down vulnerable points on the network, including measures to ensure that only authorised USB devices will be allowed to connect to the Trust network from 1 April 2011.

Work to convert one 'Nightingale' style ward at City Hospital to meet Same Sex Accommodation standards was not completed by 31 March 2011. An action plan agreed by the Trust Board, is being implemented which will ensure compliance with the requirements as soon as possible and in any event by June 2011 at the latest. The Strategic Health Authority and the Trust's commissioners have been informed for the declaration of non-compliance.

7 Concluding remarks

7.1 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 13/9/2011

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 13/9/2011

Independent Auditor's statement

INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

We have examined the summary financial statements for the year ended 31 March 2011.

This report is made solely to the Board of Directors of Sandwell and West Birmingham Hospitals NHS Trust, as a body, in accordance with Part II 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

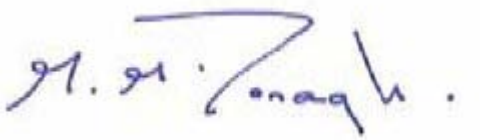
The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

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 2011. We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements 9 June 2011 and the date of this statement.



Michael A McDonagh
For and on behalf of KPMG LLP, Statutory Auditor

23 September 2011

Chartered Accountants
One Snowhill
Snow Hill Queensway
Birmingham
B4 6GH

Useful Information

More information

With a wealth of information at your fingertips, the Trust website offers you a valuable resource to find out more about our three hospitals and the services we offer. To find it please look at *www.swbh.nhs.uk*, where you will also see an electronic version of this annual review.

If there is any information you are looking for but are unable to find please contact the communications office by telephone on 0121 507 4093 or email *vanya.rogers@nhs.net*, or by post to:

Vanya Rogers, Press and PR Manager
Sandwell and West Birmingham Hospitals NHS Trust
City Hospital
Dudley Road
Birmingham
B18 7QH.

You can also use the Freedom of Information (FOI) Act (2000) to request information on a variety of subjects including infection rates, services, performance or staffing. For details on how to make a Freedom of Information request please see our website – click on the 'About Us' tab and scroll down to 'Freedom of Information'.

The Trust recognises the importance of the Freedom of Information Act and ensures compliance by making as much information available as possible, and by aiming to provide information requested within a 20-working day deadline, and only use exemptions in the Act as a last resort.

For more information you can write to:

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

Please make sure that you provide a contact name and address. It will also be helpful if you are as specific as possible about the information you require.

Applicants are entitled to have information sent to them within 20 working days or to be given an explanation of why the information will not be disclosed. It is a criminal offence to destroy information following a request in order to stop it being disclosed.

The Trust complies with the Treasury's guidance on setting charges for information. Ensuring charging schemes are appropriate and legal is one of the objectives covered in the Trust's policy for managing subject access requests. It states that there are different charges applicable depending on the type and format of personal data requested. Freedom of Information requests that take longer that 18 hours or £450 to provide are likely to be chargeable.

Our Services

Hospital services are listed alphabetically on the Trust website under the 'Our Services' tab.

How to find Us

You can find details of how to find each of our three hospital sites on our website, on the home page under the 'Find Us' tab. To contact us by telephone please dial 0121 554 3801.

Our sites are:

Birmingham City Hospital
Dudley Road
Birmingham
West Midlands
B18 7QH

This site is also home to the Birmingham Treatment Centre, Birmingham and Midland Eye Centre, The Skin Centre and 'Serenity' the Midwifery-led Birth Centre.

Sandwell General Hospital
Lyndon
West Bromwich
West Midlands
B71 4HJ

Leasowes Intermediate Care Centre
Oldbury Road
Smethwick
West Midlands
B66 1JE

Rowley Regis Community Hospital
Moor Lane
Rowley Regis
West Midlands
B65 8DA

Parking

Sandwell and West Birmingham Hospitals NHS Trust offers car parking for visitors and patients. There is a car park for visitors near the main entrance of each hospital.

If you or your visitors are going to be using the car park for more than a few days, it may be worthwhile buying a long-stay ticket. Please ask at the main reception. You can also buy six tickets at a time - one ticket will pay for one visit, no matter how long it is.

We have spaces for disabled badge holders at various points around our sites.

The car parks all operate a pay on foot facility except for two pay and display car parks located at City Hospital. One is directly in front of the Main Entrance and is for blue badge holders only, and the other is by Hearing Services.

Charges

The following charges apply in the barrier car parks at Sandwell and City Hospitals:

Up to 20 minutes	Free
Up to 1 hour	£2.10
Up to 2 hours	£3.10
Up to 3 hours	£3.60
Up to 5 hours	£4.10
Up to 24 hours	£5.00

Season tickets are now £7 for three days, £15 for one week or £35 for three months unlimited parking (plus £5 refundable deposit in each case). A pack of six tickets costs £10. Season tickets and discounted tickets can be purchased from the Birmingham Treatment Centre reception at City Hospital and the main reception at Sandwell Hospital. Discounted tickets may also be purchased from the cash office on the main corridor at city site

Scratch cards are also available for pay and display car parks at City Hospital. These cost £10 for a pack of six.

Car parking at Rowley Regis Hospital for up to 20 minutes is free and it costs £1.10 for up to six hours or £5 for 24 hours.

There is no charge on Christmas Day and New Year's Day.

Blue Badge Holders

The tariff also applies to visitors who are Blue Badge Scheme users who park inside the barrier car parks or on the pay and display car parks.

Patients on benefits

Anyone on a low income who is entitled to a range of benefits or is in receipt of income support can claim for reimbursement of bus fare and receive a ticket to allow free exit from hospital car parks. You will need to bring proof of your benefits to one of the following places:

- The Birmingham Treatment Centre reception
- Birmingham and Midland Eye Centre general office
- City Hospital cash office (ground floor, main corridor, near MAU)
- Sandwell General Hospital main reception
- Rowley Regis Hospital main reception

Please find attached a
CD which includes: -
• Electronic version of this report
• Audio version
• Annual Accounts
• Quality Account
• Annual Plan

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

Annual Report 2011

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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www.swbh.nhs.uk

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