Sandwell and West Birmingham Hospitals NHS
NHS Trust

Annual Report

2012

Where EVERYONE Matters

From the Editor

This annual report is designed to give you an overview of Sandwell and West Birmingham Hospitals NHS Trust in 2011/12. It covers quality, performance, financial and environmental matters and looks ahead to planning for 2012/13. This report will be available on line and printed on request.

For the first time this year, we will be publishing a separate magazine, funded through sponsorship, that will capture the news, stories and events that made 2011/12 special.

We are continuing to produce an audio recording that gives an overview of what is happening at the Trust, including interviews with key staff and features on different areas of the Trust.

If you would like to comment on our annual report, or would like a printed copy, please do not hesitate to contact me.

Jessamy Kinghorn
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Welcome from the new Chairman

I'd like to invite you to read the annual report for Sandwell and West Birmingham Hospitals NHS Trust for 2011/12 and take the opportunity to introduce myself as the newly appointed Chairman for the Trust.

I took up post on 1st April 2012 and must acknowledge the work of the previous Chair Sue Davis, and the interim Chairman Roger Trotman and the significant contribution they have both made. This annual review shows strong performance during the year, as well as some areas for improvement.

The next few years are going to be very challenging for the whole of the NHS. The new Health and Social Care Act presents us with both challenges and opportunities to improve the care we give patients. Becoming an NHS Foundation Trust at this time is rightly a testing process but with the Trust's strong track record of good performance, I am confident we will achieve it.

The Trust's board and senior team have made me very welcome and I look forward to working closely with them to deliver our key strategic objectives.

Richard Samuda

Welcome from the Chief Executive

2011/12 has been the most challenging, but probably the most successful year since the Trust was formed in 2002, which was also when I joined the Trust as Chief Executive.

At our tenth anniversary, I think we can look back proudly on what we've achieved over the last ten years.

Since 2002 we have brought together two district general hospital Trusts, coped with a major fire destroying the A&E department at Sandwell, got our finances and performance on track posting consecutive years of surplus. We also achieved the vast majority of our targets each year, slashed our infection rates to some of the lowest in the country, introduced a new way of engaging our staff which has received national recognition across the NHS. And additionally we reconfigured some of our key services to improve the quality for patients, placed a major emphasis on high quality care and patient experience, taken over responsibility for running Sandwell's community health services, and much more.

This year alone we have had our best performance yet – achieving the vast bulk of our targets, and our planned surplus. Despite a difficult start to the year when the CQC expressed major concerns about the care on one of our wards, our emphasis on quality has resulted in a clean bill of health from the CQC and achievement of every one of our quality targets (CQUINs).

As always our staff have worked hard to deliver high quality services and ensure our patients have the best experiences possible. I always look forward to our staff awards ceremony when we have the opportunity to recognise some of our very best staff. This year we received over 200 entries describing how teams and individuals were going out of their way to involve staff and patients, develop services and provide excellent care.

The commitment and creativity of our staff give me confidence that we will be able to continue to improve our services in 2012/13, which is going to be an even more challenging year. The national economic situation means that we cannot continue to rely on our income growing. We are going to have to take a very serious look at how we run our services to ensure they are as efficient and effective as possible.

I believe it is possible to run our services more effectively and still improve the quality of care for our patients. We have started a 'transformation' plan which is giving us opportunities to challenge the way some of our services have always been provided and make better use of our outpatient clinics, theatres, buildings and community services, and improve our admission and discharge arrangements.

As well as a more challenging national economic situation, the Treasury has announced a review of PFI schemes that has led to a delay with our plans to build the new hospital. Whilst this is frustrating, our services remain sustainable over the medium term and we will continue to work to bring the new hospital scheme to fruition when the time is right. The information contained within this annual report can be further supplemented with our Quality Accounts and full financial accounts which you can download from our website: www.swbh.nhs.uk

Best wishes

7th July 2012

Directors' Report

About Sandwell and West Birmingham Hospitals NHS Trust

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 £424 million and employs around 7000 WTE staff. It has circa 900 beds and serves a population of over 500,000.

The Trust is a key partner along with the local Clinical Commissioning Group, PCTs and local authorities in the "Right Care Right Here" programme which seeks to deliver an ambitious redevelopment of local health services. 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.

The Trust has reconfigured a number of services between its acute sites so as to ensure their quality and sustainability. This programme of change will continue over the coming period. Alongside this, the Trust has embarked on a five year Transformation Plan, designed to ensure that the quality and safety of our services can be maintained and enhanced whilst at the same time responding to national requirements for increased efficiency. The plan takes in all of the Trust's key clinical and non-clinical workstreams. In the light of its strategic, operational and financial strength the Trust is applying to become a NHS Foundation Trust, which is expected to be achieved by April 2014.

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. These techniques are also increasingly used to obtain the views of patients and carers.

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.

List of services

Womens and Childrens:	Surgery:
• Paediatrics • Community Child Health • Obstetrics • Neo-Natal • Gynaecology • Gynae-Oncology • Genito-Urinary Medicine	• General Surgery (Breast, Upper GI, Colorectal) • Trauma and Orthopaedics • Vascular Surgery • Urology • Plastic Surgery • Ophthalmology • Ear Nose and Throat • Oral Surgery

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

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

Board of Directors:

This is the current list of Directors and senior managers as of 1st April 2012. For details about changes to the Board of Directors during 2011/12, please see page 50.

Trust Board Non-Executive Directors	
Chairman (from 1st April 2012):	Richard Samuda
Vice-Chair:	Roger Trotman
Non-Executive Director:	Dr Sarindar Singh Sahota, OBE
Non-Executive Director:	Gianjeet Hunjan
Non-Executive Director:	Professor Derek Alderson
Non Executive Director:	Olwen Dutton
Non Executive Director:	Philip Gayle

Trust Board Executive Management Team	
Chief Executive:	John Adler
Director of Finance and Performance:	Robert White
Medical Director:	Dr Deva Situnayake (Acting)*
Chief Nurse:	Rachel Overfield
Director of Strategy and Organisational Development:	Mike Sharon
Chief Operating Officer:	Rachel Barlow
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
Trust Secretary	Simon Grainger-Payne

**Dr Roger Stedman took up the Medical Director post in August 2012*

On 7th June, the Trust Board agreed that there was no relevant audit information of which the Trust's auditor was unaware, and that Directors have taken all the steps they ought in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of it.

Patient Activity 2009/10 to 2011/12:

Type	2009/10 Outturn	2010/11 Outturn	2011/12 Plan	2011/12 Forecast Outturn	2011/12 vs 2010/11 %*
Admitted Patient Care: (Spells)					
Day cases	51,995	50,425	46,384	46,203	-8.37
Electives	13,137	11,720	11,750	10,626	-9.33
Emergencies	62,961	61,163	59,467	53,161	-13.08
Unbundled	58,495	21,034	13,533	15,998	-23.94
Total	186,588	144,342	131,134	125,988	-12.72
Outpatients (attendances):					
New	158,289	157,789	145,826	153,253	-2.87
Review	410,378	424,476	353,180	398,130	-6.21
With Procedure	28,163	20,452	26,843	19,386	-5.21
Total	596,830	602,717	525,849	570,769	-5.30
A&E attendances	224,811	218,211	210,155	205,393	-5.87
Rehabilitation OBDs	23,501	22,081	23,210	15,120	-31.52
Neonatal OCDs**	9,969	10,100	11,350	11,893	17.75
Births	6,372	6,128		5,768	-5.87
Referrals	192,945	182,645		173,097	-5.23
Community Contacts			571,045	622,765	

Management Commentary

Quality and Safety

In 2011/12 we identified five priorities for improvement in our Quality Account – stroke, basic nursing care, mortality, quality and safety strategy and service improvement (accident & emergency and trauma & orthopaedics).

Stroke

We have made significant investment to support service development and quality improvement, increasing our capacity in medicine, imaging and data collection, to meet targets based on the quality of the outcome. Following a review by the West Midlands Quality Review Service a reconfiguration group was set up to look at option appraisals for the future configuration of stroke services. Public consultation on options to create a single hyper-acute stroke unit took place in early 2012.

Basic nursing care

We have seen:

- A reduction in incidence of tissue damage and falls rates - 38.6% against our target of 10%.
- A reduction in medication errors – 16% against our target of 10%.
- Improving end of life care – so far this year 81% (acute) and 86% (community) have achieved preferred place of death.
- Improving nutrition and fluid intake – assessments within 12 hours of admission, protected meal times and red trays.
- Improving care for vulnerable adults – increased staff training.

Mortality

We exceeded our target of ensuring 60% of all deaths were reviewed and reported by a senior doctor.

Quality & Safety Strategy

A Quality and Safety Committee was established to oversee the implementation of the Quality and Safety Strategy. Rates of incident reporting have increased and we have seen improved performance in patient surveys. One key element of this strategy was the identification, following extensive consultation, of three long-term priorities. These objectives are:

Top Three Quality and Safety Related Priorities

Patient safety	To reduce adverse events which result in avoidable harm	= We do no harm to patients
Clinical Effectiveness	To reduce avoidable mortality and morbidity	= Fewer patients dying and fewer having complications
Patient Experience	To increase the percentage of patients who would recommend the Trust to family and friends	= Improved patient satisfaction

Service Improvement - Accident and Emergency

The Emergency Department Action Team has focused on improving recruitment and expanding the workforce within A&E, particularly with the recruitment of Physician Assistants and Emergency Nurse Practitioners. The group has also looked at the development of clinical policies and protocols, performance against clinical quality indicators and taken necessary action to make improvements.

Service Improvement - Trauma and Orthopaedics

An Orthopaedic Taskforce has been established, reporting to the Quality and Safety Committee, and is currently monitoring performance in order to improve standards.

Care Quality Commission

- Sandwell and West Birmingham Hospitals NHS Trust is registered without conditions with the Care Quality Commission (CQC), the independent regulator of health and social care in England.
- The CQC has not taken enforcement action against the Trust during the period 1 April 2011 to 31 March 2012.
- The Trust has participated in the following reviews by the CQC:
  - In June 2011 the CQC undertook a review of the Trust's compliance with Outcome 17: complaints of the essential standards of quality and safety. At this time they judged that there were minor concerns in how complaints were being managed. A compliance action was issued; in response the Trust submitted an improvement plan to the CQC. An updated action plan was forwarded to them in December 2011 which showed that the key objectives had been achieved. In March 2012 the CQC notified the Trust of their judgement that the organisation was compliant with Outcome 17.

- In 2011 the CQC carried out reviews at City Hospital and Sandwell General Hospital as part of a targeted inspection programme in acute NHS hospitals to assess how well older people were treated during their hospital stay. The review included unannounced visits to both hospitals. Following the visit to Sandwell Hospital in March 2011, the CQC had moderate concerns about dignity and respect and major concerns about nutrition, with reference to one ward in particular. Since then the Trust has divided the ward into two – acute stroke and stroke rehabilitation – and placed a renewed effort on the quality of basic care. In December, the CQC judged the hospital to comply with both standards. Mock inspections are carried out by the Trust Board and senior staff to ensure continued compliance with the standards.

	Hospital	Inspection Date	CQC Judgement
Outcome 1 Respecting and involving people who use services [dignity and re-spect]	Sandwell General Hospital	March 2011	Moderate concerns
	City Hospital	May 2011	Compliant
	Sandwell General Hospital	August 2011	Moderate concerns
	Sandwell General Hospital	December 2011	Compliant
Outcome 5 Care and welfare of people who use services [meeting nutritional needs]	Sandwell General Hospital	March 2011	Major concerns
	City Hospital	May 2011	Minor concerns
	Sandwell General Hospital	August 2011	Minor concerns
	Sandwell General Hospital	December 2011	Compliant

- As part of their monitoring of our compliance with the essential standards of quality and safety, the CQC collects up-to-date, relevant information about us. The Quality and Risk Profile (QRP) is a tool that gathers all the CQC knows about a provider in one place.

- The current Trust risk estimates for the essential standards for quality and safety issued by the CQC in March 2012 are (green is low risk, red is high risk):

Risk estimate	Frequency	Outcomes
No Data	-	-
Insufficient data	4	1, 5, 7 and 12
Low Green	1	21
High Green	1	16
Low Neutral	8	2, 6, 8, 9, 11, 13, 14 and 17
High Neutral	2	4 and 10
Low Amber	-	-
High Amber	-	-
Low Red	-	-
High Red	-	-

- There are currently no outcome risk estimates in Amber or Red. This shows the Trust as being at a low risk of non-compliance with the CQC's 16 essential standards of quality and safety.

NHS Litigation Authority

The trust was awarded level 1 in both the acute and maternity standards in February 2010. Level 2 was successfully achieved against the acute standards in February 2011. CNST level 1 is planned for Maternity services in March 2012 with a level 2 assessment in December 2012.

In April 2011 Adult and Children's Community Services for Sandwell transferred to the Trust. This necessitates a reassessment earlier than planned, so a level 2 assessment against the acute and community standards is planned for March 2013.

The aspiration is for the Trust to have attained level 3 accreditation in both acute/ community and maternity standards by 2015.

Serious Incidents

Below is a table for the financial year 2010/11 and the year to date showing the incidents, as reported to the SHA and PCT.

	2010/11	2011/12
Adverse Events	55	35
C Diff on Part 1	2	4
Fractures following falls	29	29
Maternity	34	16
MRSA/MSSA Bacteraemias	6	3
Pressure Damage	80	95
Ward closures	14	24

A number of changes occurred in 2011/12 which will have had an impact on reporting and reporting numbers.

- Sandwell community healthcare services became part of SWBHT.
- The 'fractures following falls' category has been broadened to include other serious injuries.
- Following successful implementation of a maternity development plan some reporting parameters were lifted, e.g. Post Partum Haemorrhage under 2 litres.

Although we have reported pressure damage as the table above shows, on investigation some incidents have been found to be non – hospital acquired or moisture lesions.

Complaints

We put 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 if not, 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 openness 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.

Year	PALS	Complaints Department
	No. of concerns	No. of formal complaints
2011-12	1758	771
2010-11	1157	750
2009-10	1489	867

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Patient Information

In February 2012, the Trust maintained the Information Standard accreditation. The Information Standard is a scheme for health and social care information, covering the whole range of conditions, services, treatments and information and includes both offline (leaflets and booklets) and online (websites and mobile) channels. Organisations that adopt the Information Standard are demonstrating their commitment to trustworthy health and social care information and providing an assurance that their internal processes are 'fit for purpose'.

National outpatient survey

The Trust has seen an increase in the proportion of outpatients who rated their overall care as excellent over the past two years. 45% of patients said their overall care was excellent, compared to 36% in 2009. A further 36% said their care was very good, 14% good, 4% fair and 1% poor. No patients said their care was very poor. The Trust's overall scores for outpatient care and treating patients with respect and dignity were average.

Key indicators	2009	**2011**	Top 20% England (2011)	Lowest 20% England (2011)
Overall outpatient care	82/100	**84/100**	Above 86/100	Below 82/100
Treating patients with respect and dignity	92/100	**94/100**	Above 95/100	Below 92/100

National inpatient survey

The Trust's overall scores for inpatient care and treating patients with respect and dignity were average. A number of individual questions saw significant improvement, the largest improvement being patients saying they had enough help from staff to eat meals if needed, which rose from 54% in 2009 to 67% in 2010.

Key indicators	2009	**2010**	Top 20% England (2010)	Lowest 20% England (2010)
Overall inpatient care	77/100	**78/100**	Above 81/100	Below 74/100
Treating patients with respect and dignity	82/100	**87/100**	Above 90/100	Below 86/100

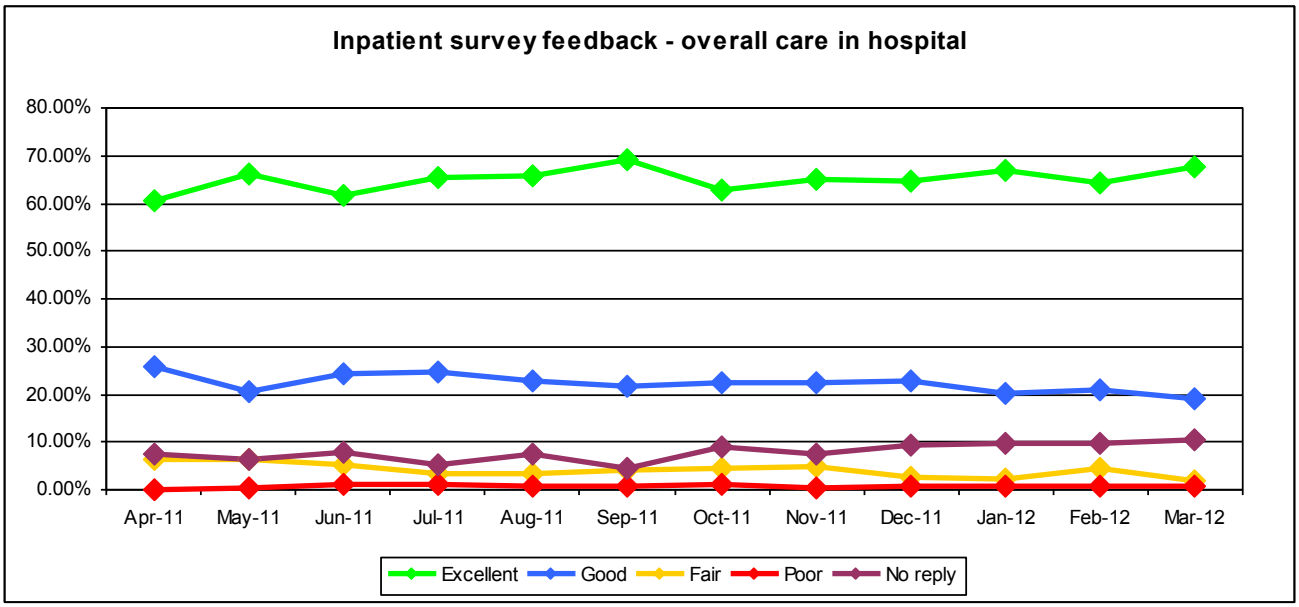
Local patient surveys

The Trust seeks patient views through a variety of methods including the national patient surveys and an internal inpatient survey.

The internal survey generates around 1000 replies every month, i.e. in excess of 10% of inpatient admissions. The survey is given out on discharge and is available in easy read, carer and other language formats.

Monthly reports are generated for various Trust Committees, including Trust Board. Results are given to individual wards and are used as part of ward performance reviews.

Care as rated by patients



Numbers of inpatients surveyed											
Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-11	Feb-11	Mar-11
692	**535**	**915**	**1216**	**1249**	**864**	**1167**	**1406**	**963**	**952**	**1063**	**723**

Service Developments:

Community Services

In April 2011 Adult and Children's Community Services for Sandwell transferred to Sandwell and West Birmingham Hospitals NHS Trust.

The children's community services have been integrated into the Trust's Women and Child Health Division. The Adult Community Services form a separate division.

The transfer proceeded to plan, and more integrated approaches to support patient pathways are being established across the organisation. The Henderson Re-ablement Unit opened in November at Rowley Regis Hospital and has initially evaluated well. The development of further integration opportunities is a cross-cutting theme of work within the Trust's five year Transformation Plan which began development in 2011/12.

Clinical Service Reconfigurations:

In order to improve the quality of services and to ensure future clinical sustainability, we have undertaken a number of clinical service reconfigurations over the last 3 years and identified a number of other clinical services with the potential need for reconfiguration. In addition, NHS West Midlands identified a number of clinical services which due to their specialist nature may require an element of consolidation within the Strategic Health Authority to ensure the critical mass necessary to develop and retain specialist skills and deliver the best clinical outcomes.

In order to ensure a coordinated approach to clinical service reconfiguration within the Trust and to ensure full engagement in wider health economy work on clinical service reconfiguration, a structured approach to clinical service reconfiguration has been undertaken and a corporate level Clinical Service Reconfiguration Programme Board was established in 2011 to oversee this work.

- **Maternity Reconfiguration:** As part of our plans to improve the quality of maternity care, in January 2011 all consultant-led maternity services transferred to City Hospital. The Halcyon Birthing Centre (a stand-alone midwifery-led birth centre) was opened in Sandwell in November 2011, opened by ITN newsreader Julie Etchingham who described it as "the most beautiful place in the NHS." 24 babies were born at the centre in the first three months.
- **Emergency Gynaecology Reconfiguration:** We have increased the range of outpatient based pathways as alternatives to inpatient treatment. Emergency Inpatient Gynaecology was consolidated at City Hospital in December 2011 with Early Pregnancy Assessment Units provided at both City and Sandwell Hospitals.
- **Trauma Unit:** We intend to become a designated Trauma Unit as part of the local Trauma Network with a Major Trauma Centre based at University Hospital Birmingham (UHB), which went 'live' on 26th March 2012. Our designation as a Trauma Unit is conditional on meeting all standards by June 2013.

Right Care Right Here New Models of Care:

During 2011/12 we continued to work with partner organisations through the Right Care Right Here Programme (RCRH) to deliver new models of care.

- **Care Pathway Reviews:** This work has involved our clinical staff working with clinical staff in primary care to review a number of pathways to localise the evidence based Map of Medicine care pathways and in particular to look at care that can more appropriately be delivered in a community or primary care location. In addition a whole speciality review was undertaken in Rheumatology. We have developed and published around 16 reviewed care pathways, and started pilots for the provision of intravenous therapy at home and therapist-led Orthopaedic triage. We have continued to do work on urgent care and have seen a reduction of around 10% in A&E attendances year-on-year.
- **Re-Commissioning:** For 2011/12 our commissioners re-commissioned £16 million worth of activity from community and primary care-based services as an alternative to hospital care.
- **Community Gynaecology:** During 2011 we introduced a Community Gynaecology outpatient service which consists of clinics delivered by GPs with a special interest in Gynaecology in 6 community locations.
- **Intermediate Care Beds:** We have introduced a new model (based on enhanced assessment) for the provision of inpatient intermediate care beds in the Henderson Re-ablement Unit which opened in October 2011 at Rowley Regis Hospital. In the first six months, 44% of patients were admitted from the community and 56% from an acute hospital.

Major Refurbishments/Capital Investment:

Capital investment has continued in 2011/12 to improve the quality of the environment and promote service efficiencies in a number of areas.

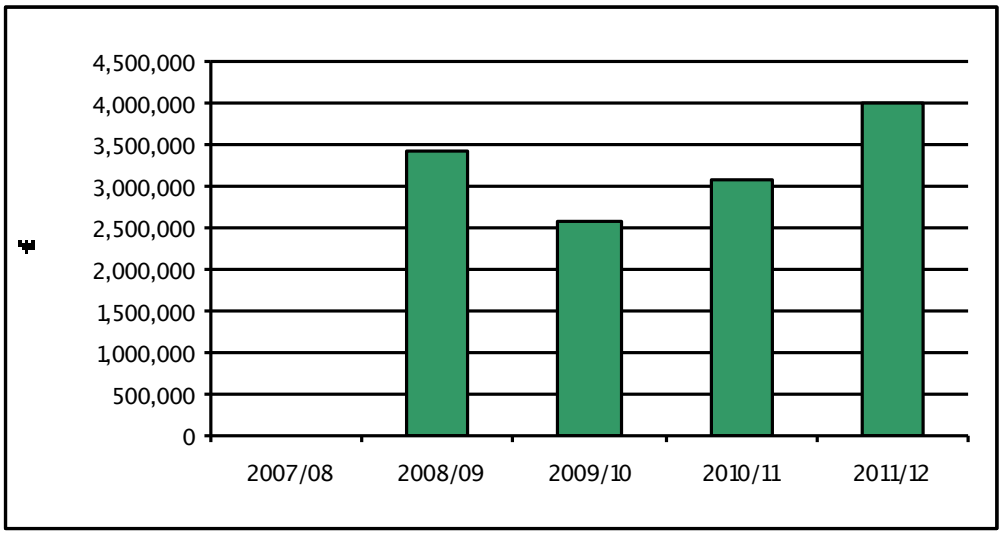
- **Medical Assessment Unit:** The final phase of the £2m refurbishment of the Medical Assessment Unit at City Hospital was completed in April 2011, improving facilities for patients and staff and addressing infection control, privacy and dignity and single-sex accommodation compliance issues.
- **Breast Screening Service – Digital Mammography:** 2011/12 saw the completion of a 2-year investment in digital equipment to improve the quality of the Breast Screening Service, comply with the Cancer Reform Strategy, Vital Signs target, quality and performance indicators and prepare the service for age expansion. By 2015 we are anticipating a 33% increase in the eligible population – around 41,000 patients.
- **Paediatric Ward Reconfiguration and Refurbishment:** The Paediatric Wards at Sandwell Hospital have been refurbished and reorganised to provide dedicated day, adolescent and high-dependency units, and an enhanced Outpatient Department. There is a one-day unit and two 24/7 inpatient wards.

Sustainability, social and community issues:

The NHS aims to reduce its carbon footprint by 10% between 2009 and 2015. Reducing the amount of energy used in our organisation contributes to this goal. There is also a financial benefit which comes from reducing our energy bill.

31%

Our energy costs have increased by 31% in 2011/12, the equivalent of 167 hip operations.



£1,746,000

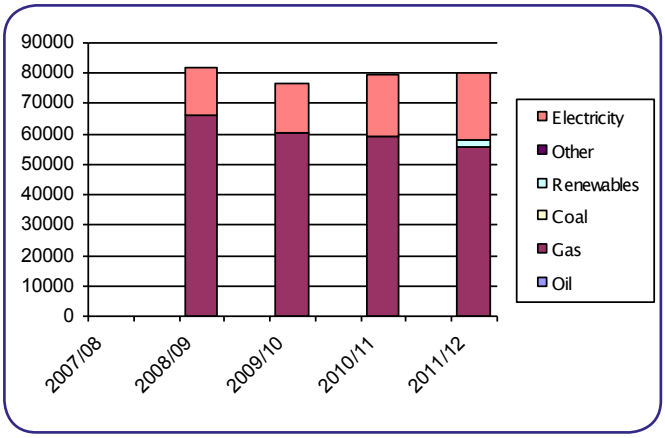
We have put plans in place to reduce carbon emissions and improve our environmental sustainability. Over the next 10 years we expect to save £1,746,000 as a result of these measures.

1,753 tonnes

We recover or recycle 1753.37 tonnes of waste, which is 75% of the total waste we produce.

79,946 MWh

Our total energy consumption has risen during the year, from 79,275 to 79,946 MWh



0.49 MWh/square metre

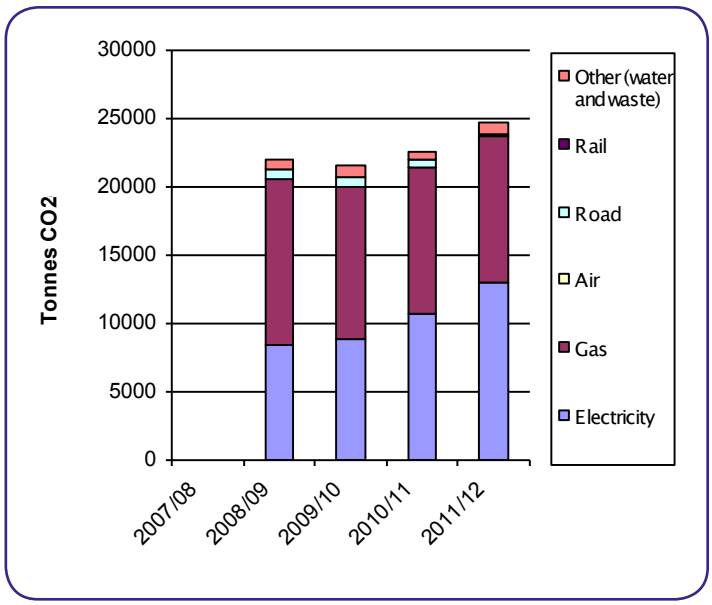
Our relative energy consumption has changed during the year, from 0.49 to 0.49? MWh/square metre.

4.1%

Renewable energy represents 4.1% of our total energy use. We do not generate any energy. We have made arrangements to purchase electricity generated from renewable sources.

2,388 tonnes

Our measured greenhouse gas emissions have increased by 2,388 tonnes this year. This includes electricity, gas, air, road, rail and other emissions. Our 'other' emissions include emissions from water and waste.

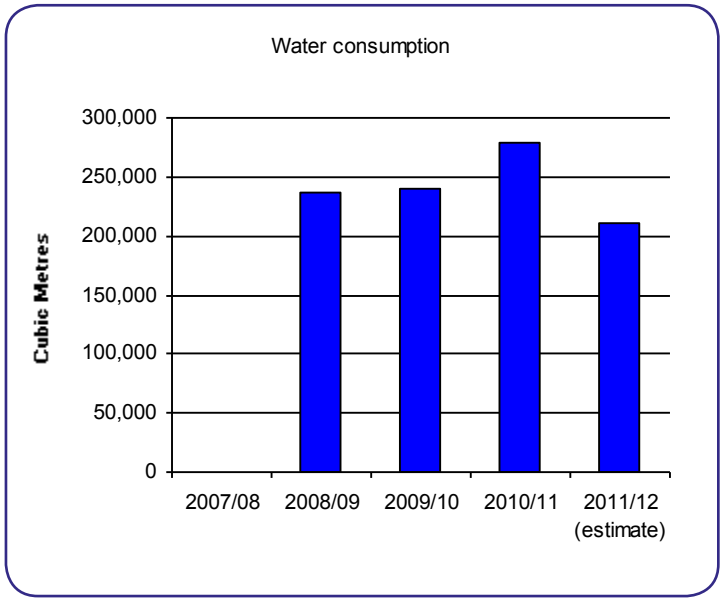


68,035 cubic metres

Our water consumption has reduced by 68,035 cubic meters in the recent financial year.

£471,379

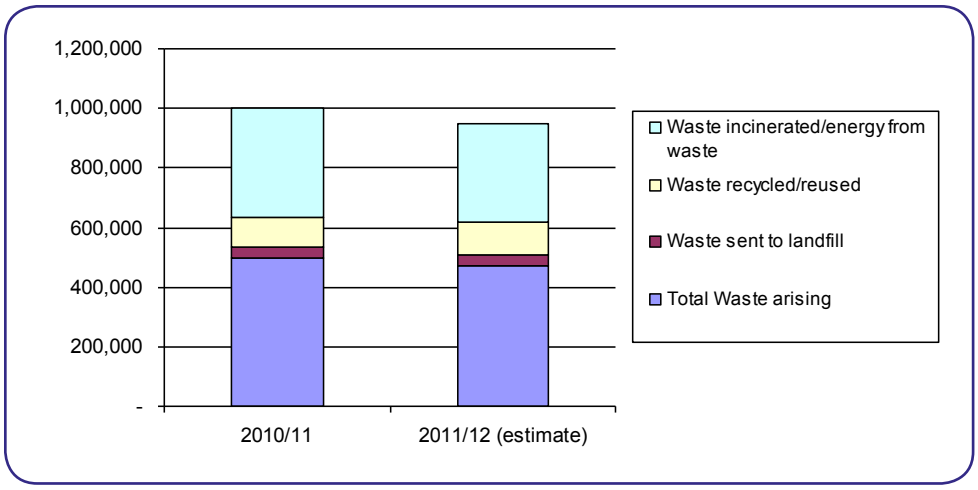
In 2011/12 we spent £471,379 on water.



£39,637 During 2011/12 our gross expenditure on the CRC Energy Efficiency Scheme was £39,637. The CRC Energy Efficiency Scheme is a mandatory scheme aimed at improving energy efficiency and cutting emissions in large public and private sector organisations.

£2,411,586 During 2011/12 our total expenditure on business travel was £2,411,586.

Our expenditure on waste in the last two years was incurred as follows:



The Trust has an up to date Sustainable Development Management Plan. Having an up to date Sustainable Development Management plan is a good way to ensure that an NHS organisation fulfils its commitment to conducting all aspects of its activities with due consideration to sustainability, whilst providing high quality patient care. The NHS Carbon Reduction Strategy asks for the boards of all NHS organisations to approve such a plan.

We consider both the potential need to adapt the organisation's activities, buildings and estates as a result of climate change. Adaptation to climate change will pose a challenge to both service delivery and infrastructure in the future. It is therefore appropriate that we consider it when planning how we will best serve patients in the future.

Sustainability issues are included in our analysis of risks facing our organisation.

NHS organisations have a statutory duty to assess the risks posed by climate change. Risk assessment, including the quantification and prioritisation of risk, is an important part of managing complex organisations.

In addition to our focus on carbon, we are also committed to reducing wider environmental and social impacts associated with the procurement of goods and services. This will be set out within our policies on sustainable procurement.

We have started work on calculating the carbon emissions associated with the goods and services we procure.

A Board Level lead for Sustainability ensures that sustainability issues have visibility and ownership at the highest level of the organisation. Graham Seager, Director of Estates, is the Board Level Lead for Sustainability.

Sustainability issues, such as carbon reduction, are not currently included in the job descriptions of all staff, but we have an ongoing staff energy awareness campaign.

A sustainable NHS can only be delivered through the efforts of all staff. Staff awareness campaigns have been shown to deliver cost savings and associated reductions in carbon emissions.

The Trust has a Sustainable Transport Plan. The NHS places a substantial burden on the transport infrastructure, whether through patient, clinician or other business activity. This generates an impact on air quality and greenhouse gas emissions. It is therefore important that we consider what steps are appropriate to reduce or change travel patterns.

Sandwell and West Birmingham Hospitals NHS Trust is committed to operating in a sustainable manner and aims to continually reduce its impact on the environment.

Progress to Date:

- **Delivering the Trusts Sustainable Development Management Plan**

The Trust has created a Sustainability Working Group (SWG) as part of the management plan. This is made up of members from across the Trust who work to our Sustainability Action Plan, monitoring, reviewing and taking appropriate action to ensure the Trust is reducing its impact on the environment.

- **Using the Good Corporate Citizen Assessment tool**

We have been tracking sustainability progress using the Good Corporate Citizen Assessment tool since January 2010. The Trust has continued to improve in all aspects of sustainable development, including travel, procurement, facilities management, workforce, community engagement and buildings. The Trust has exceeded the targets set for 2012 and is performing above average for other NHS Trusts in the West Midlands.

- **Using ERIC data on waste minimisation and management, and the use of finite resources including water and fossil fuels**

The Trust is using ERIC reports on energy, waste and water consumption to benchmark where we are year-on-year against other similar-sized NHS Trusts (both within and outside of London). Work is being undertaken to reduce the impact of any 'hotspot' areas.

- **Preparing for the Carbon Reduction Commitment Energy Efficiency Scheme including reporting on emissions and buying allowances**

As part of the Carbon Management Plan, the Trust has been collating data on energy and water consumption, waste, and transport to track carbon emissions since 2008.

- **Examples of good practice in sustainability**

The Trust has in place a Carbon Management Plan. This plan includes a number of projects that will help achieve carbon emission targets, with estimated savings in carbon and associated costs alongside each project. Some recent examples of good practice in sustainability (and carbon management) at the Trust include:

- Sustainability and Environment Policy: This policy was approved by the Trust Board in July 2011 and was developed to co-ordinate all works being undertaken by the Trust in terms of Carbon Reduction, Carbon Management and Environmental Management.
- Waste recycling scheme: The Trust now recycles around 85% of its general waste. To reduce costs further, a recycling scheme was introduced at City Hospital in August 2011 with the aim of encouraging staff to segregate paper, cardboard and plastic waste for recycling from general waste. This recycling scheme is running well and has reduced the amount of waste sent to landfill, whilst also reducing costs and carbon emissions. In January 2012, the Trust was awarded the B2B Pulse National Recycling Stars Silver Award for its achievements in recycling.
- Sustainability Champions: The Trust is working to increase the amount of 'Sustainability Champions' to promote sustainability and awareness across their departments and act as local points of contact on sustainability-related issues. As a result of this drive, the number of Sustainability Champions has doubled over the last year. A network of 'Sustainability Supporters' has also been established.
- Boiler replacements: In an effort to reduce energy consumption, a number of boilers have been replaced for energy efficient models across the Trust. It is estimated that each of these boilers will save 6% in gas consumption and reduce carbon emissions by around 450 tonnes each year.
- IT Powersave: To help the Trust save unnecessary waste in energy, IT Powersave software has been installed on around 3,000 computers since August 2011. The Powersave software automatically shuts down non-emergency computers at 6pm. On average, the Powersave software is reducing carbon emissions by approximately 15 tonnes each month (180 tonnes CO2 per annum) and reducing energy spending by around £1,500 each month (£18,000 per annum).

Workforce:

Staff turnover

During 2011/12 our turnover rate, excluding medical staff, was 8.3% (12 month rolling average) and lower than the acute benchmark group at 9.8%. This has fallen slightly due to fewer staff leaving the Trust. Maintaining a stable workforce is essential for the provision of high quality care and reduces our requirement for temporary staffing and minimises the recruitment costs of continually replacing staff.

Staff Engagement and Communication

Our Listening into Action programme of staff engagement has just had its fourth anniversary. In the 2011 staff survey, 89% of staff said they had definitely heard of Listening into Action, and a further 5% thought they might have heard of it.

We use the Listening into Action engagement technique to involve staff in service change and find out how we can make improvements. Almost half of all staff have now been directly involved in a Listening into Action event relating to their area, ward or department. The survey, carried out just six months after the transfer of community services into the Trust, also showed that 38% of staff from the new adult community health division had taken part in a Listening into Action event relating to their area. Just 7% of staff completing the survey said their manager was not committed to listening to staff ideas for improving the service and only 6% said their manager does not act on staff ideas.

Complementing our staff engagement programme, an extensive range of internal communication methods is used to inform and engage staff. Regular internal communications methods include the Trust's newsletter, Heartbeat which includes 'Your Right To Be Heard', Hot Topics, daily e-bulletins, monthly Chief Executive's Key Messages, daily updating of the intranet and use of posters and displays.

Each month a topic is discussed by teams throughout the Trust through the monthly team briefing session, Hot Topics. Each team feeds back the outcome of their discussion and the feedback is shared with teams the following month. It is also used to influence policy, strategy and planning in the organisation. Subjects during 2011 included:

- Customer Care Promises – staff feedback has been used to revise the action plan
- Flexible Working – feedback used to inform flexible working policy which was re-written
- Improving Communication – feedback is being used to influence the Trust's new Communications and Engagement Strategy
- Quality and Safety Strategy – this was for teams to think about how this affects them
- Financial Position – this was to discuss and understand the financial position and to encourage teams to think about how they could improve the quality of their services and save money

- Emergency Planning – feedback is being used to inform a review of the emergency planning policy
- Your Right To Be Heard – staff feedback directly influenced a decision on the future of Your Right To Be Heard, which will continue to accept anonymous letters as a result of the feedback
- Trust Priorities for 2012/13 – feedback has been discussed by the Trust Board at its Time Out, along with feedback from patients and the public, and is being used to influence the development of the Trust's corporate objectives.

On average 15 letters are published in the Your Right To Be Heard section of Heartbeat each issue, along with a response from the relevant manager.

During 2011/12 we have built on our successful Listening into Action programme of staff engagement and launched Owning the Future – a permanent structure for staff engagement through the election of Ambassadors in every team whose role is to ensure frontline staff ideas and suggestions are listened to. Three areas have adopted Owning the Future during the year – Pathology division, Sandwell Community Adult Health division and Sandwell Child Health directorate. The divisions of Imaging and Surgery B are to be next to join the programme.

National staff survey

From a total of 38 key findings the Trust is ranked as average, above average or in the best 20% of all acute Trusts on 28 key findings (74% of key findings) in the 2011 survey. We appear in the best 20% for the following:

- staff satisfaction with the quality of work and patient care delivered
- staff agreeing that their roles make a difference to patients
- staff suffering work related stress in the last 12 months
- staff suffering work-related injury in the last 12 months
- staff experiencing harassment, bullying or abuse from staff in last 12 months
- staff reporting good communication between senior management and staff
- staff receiving job-relevant training, learning or development in the last 12 months
- work pressure felt by staff
- staff working extra hours

There are a number of areas where staff opinion and benchmarking against the national position continues to indicate that we need to make further improvements and whilst we have made some strides in the right direction we still need to do better. These areas include: staff feeling valued by their work colleagues, the uptake of flexible working, the availability of hand washing materials, incident reporting, the number of staff witnessing potentially harmful errors, near misses or incidents, equality of opportunity for career progression or promotion, staff experiencing discrimination, staff experiencing physical violence, harassment, bullying or abuse from patients, relatives or the public.

Sickness absence

Our target was to reduce sickness absence levels to 3.75% by 31st March 2012. Throughout 2011/12 our performance showed an overall downward trend that has consistently compared favourably with the Acute and Black Country Trusts benchmark groups. In December 2011 our sickness absence rate was 3.98% compared with 4.08% in the acute and Black Country benchmark groups (Source: Productive Workforce Metrics).

The Trust's sickness absence policy and management procedures have recently been reviewed and further strengthened. In addition, more stringent review processes with divisional teams to monitor and oversee performance have been introduced. The Trust's target is to reduce levels of sickness absence to 3.39% by 2013.

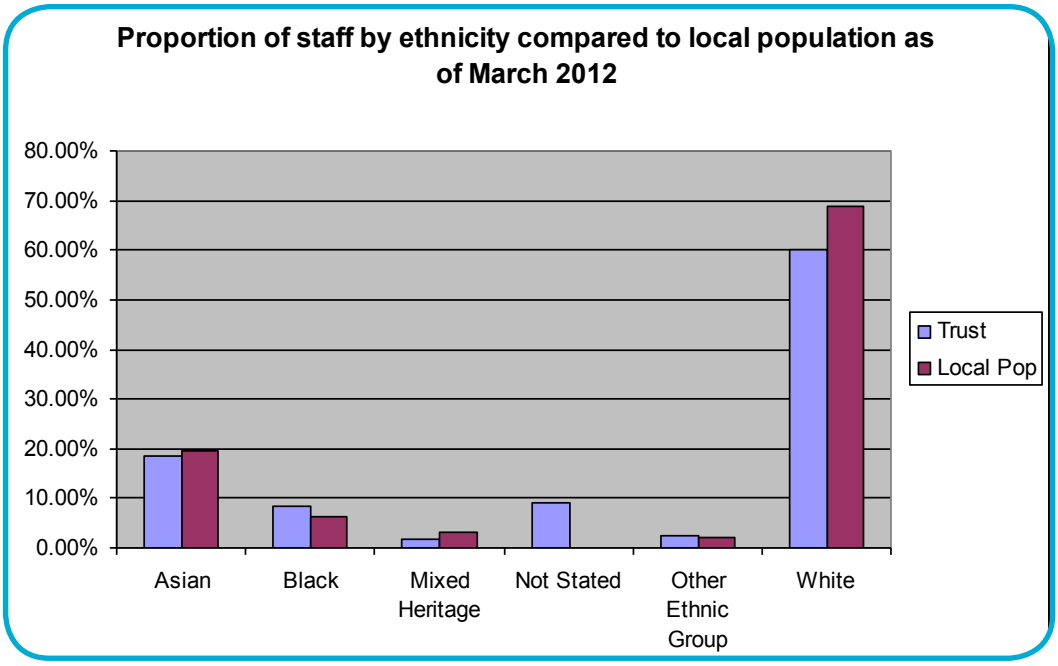
Staff Health and Well-Being and work life balance

The Trust's Staff Health and Well-Being Strategy and action plan is delivering a wide range of staff health and well being initiatives. The Trust has an in-house occupational health service and an on–site gymnasium and dedicated staff counselling service. Several interventions have been introduced including physical exercise initiatives, weight management classes, and an annual programme of healthy lifestyle topics that line up with the national health promotion programme. An evaluation to review the effectiveness of these interventions will commence within the next few months.

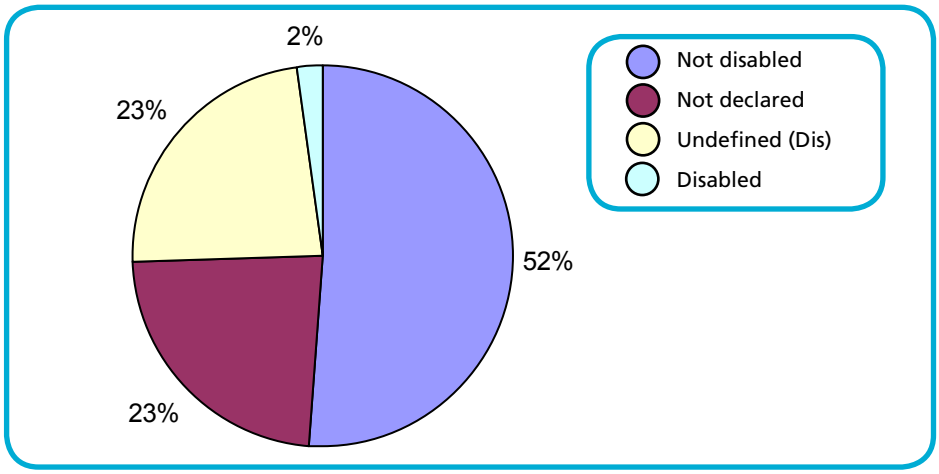
Equality and Diversity

Our Trust Board reviews staff recruitment, promotion, appraisal or disciplinary information by ethnicity, age, gender and disability, looking particularly at whether there is any discrimination in appointment, promotion, opportunities, appraisal and disciplinary action.

We have policies on equal opportunities, dignity at work and the recruitment and selection of ex-offenders. Our diversity strategy is designed to ensure we properly reflect the diversity of our local population and enable all our staff to reach their potential. Full information is available on the Trust website.



Disabled staff in post at March 2012



Social Responsibility

As a major employer within Sandwell and Birmingham, we have a responsibility to the local community to encourage local people to work for us. We have links with local schools and run careers events as well as offering a range of work placements and apprenticeships.

Earlier this year we ran a pilot scheme to give 6 local long-term unemployed people work experience following two weeks training at Sandwell College. The individuals carried out duties similar to volunteers such as greeting visitors, handing out drinks and helping tidy. They were not carrying out the duties of our healthcare assistants or domestics. The scheme was designed to boost their confidence, give them some skills and introduce them to healthcare. Half the individuals gained full time employment soon after their work experience finished.

We are currently developing a 'Learning Works' with Sandwell MBC and Job Centre Plus which will enable us to continue to develop our links with the local community, offering work experience and apprenticeships to help local people into work.

Major Incident Planning

The Trust has robust emergency plans which are regularly tested to ensure staff are able to respond effectively to any major incident.

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 Wolverhampton and Birmingham City universities are based at the Trust and we offer placements for a range of trainee clinical scientists and Allied Health professionals as part of their studies. The Birmingham and Midland Eye Centre is one of the largest training providers in the UK for undergraduate clinical education in orthoptics.

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 excellence.

Around 2,000 patients took part in clinical research studies during 2011/12, during which time over 280 clinical research studies took place. Research is undertaken across a wide range of disciplines including Cancer (breast, lung, colorectal, haematology, gynae-oncology, urology), Rheumatology, Ophthalmology, Stroke, Neurology, Cardiovascular, Diabetes, Gastroenterology, Surgery, Dermatology and Women and Children's Health. Sandwell & West Birmingham Hospitals NHS Trust uses national systems to manage the studies in proportion to risk and implements the National Institute for Health Research Support Service standard operating procedures.

One of the rheumatology clinical research studies led to the establishment of a rheumatoid arthritis service tailor-made for South Asian patients. It involved raising awareness of treatments and helping patients manage their conditions. The service developed multilingual educational material and established a helpline staffed by relevant language speakers. This work led to a National 'Nursing Standard Nurse Award' for Innovation in Rheumatology and Rheumatoid Arthritis at the end of April 2011.

Strategy and Planning:

The Trust's strategy is to help improve the health and well-being of people in Sandwell, western Birmingham and surrounding areas, working with our partners to provide the highest quality healthcare in hospital and closer to home. Over the next few years we will continue to look in detail at what we need to do to ensure safe, high quality services, improving the way we organise and configure them to improve their quality and sustainability.

Our long term intention is to build a new, single site hospital in Smethwick to treat the most poorly patients in Sandwell and western Birmingham and provide maternity, children's care, diagnostics and complex outpatient appointments. The best facilities on our existing sites would be community hospitals and treatment centres, providing the majority of outpatients, day cases, rehabilitation and urgent care.

This would bring together all the work we are doing to improve the quality and sustainability of our services and we have already taken some significant steps to enable us to achieve this ambition, including making progress with securing the land we would need to build the hospital.

The Trust currently owns around half the site where the hospital will be built. To ensure we can still be in a position to proceed with the new hospital, in April 2012 the Trust Board authorised the issuing of a General Vesting Declaration on the remaining properties in Grove Lane, using the Compulsory Purchase Order that was granted to the Trust by the Secretary of State for Health in January 2011. Within three months of issuing the GVD, we will own all the land we need. Where appropriate, we are in talks with some businesses about the possibility of a short term lease arrangement to give them more time to find other premises, whilst giving us the access we need to the site before we make further progress with the new hospital.

There are a number of circumstances that need to come together to enable us to develop a detailed plan and timetable to deliver the new hospital:

- The outcome of the Treasury review of PFI (Private Finance Initiative)
- Financial modelling in light of the PFI review conclusions and revised national efficiency forecasts, with the Board needing to be satisfied the Outline Business Case is affordable
- Board assurance that other key goals can still be achieved.

Until then, our priority and plans are to focus on ensuring safe, high quality and sustainable services across City, Sandwell and Rowley Regis Hospitals. This will mean bringing some services together in one place to create large services where it improves quality and patient safety, improving local access to services and ensuring the patient journey from GP referral to hospital treatment to community care is as smooth and efficient as possible.

Membership

The Trust has an active membership of over 7,500 local people who have been involved in setting our priorities and providing valuable feedback on a number of matters of significance to the Trust. A breakdown of our members is as follows:

Trust membership, March 2012

Constituency	Members	Population
Ladywood	871	94,538
Edgbaston and Sparkbrook	392	96,388
Perry Barr	1087	100,476
Erdington	315	90,654
Wednesbury and West Bromwich	1113	105,770
Oldbury and Smethwick	1310	94,969
Tipton and Rowley Regis	748	82,165
Wider West Midlands	1718	4,602,348
Not specified	0	9
Total	7563	5,267,308

Corporate Objectives

The Trust has set five main corporate objectives for 2012/13:

- Delivering our quality priorities as set out in our Quality Account and our Quality and Safety Strategy
- Delivery of the Transformation Plan
- Achievement of key access targets
- Progress towards becoming an FT
- Making substantial progress to deliver the vision of service change outlined in the Right Care Right Here programme

Transformation Plan

During the summer of 2011 we developed our five year Transformation Plan to improve the quality and safety of our services whilst continuing to meet national efficiency improvement requirements. This plan is complementary to our part in the Right Care Right Here Programme. The plan involves saving almost £125m over 5 years.

We have developed a series of workstreams that cut across our divisions, ensuring that plans are not developed in silos and offering some exciting opportunities to challenge the way some of our services have always been provided. These workstreams have significant clinical leadership and involvement.

The workstreams are:

- Outpatient efficiency
- Urgent care re-design
- Theatre productivity
- Effective patient flow and bed utilisation
- Community Service efficiency and integration
- Workforce efficiency
- Medical workforce efficiency
- Diagnostics
- Procurement
- Corporate Services and Facilities productivity
- Estates rationalisation
- Strategic IT enablement

The Transformation Plan includes a range of initiatives, such as improving the quality of some of our services in order to attract a 'best practice' tariff, making better use of our outpatient clinics, closing outlying mainly administrative buildings in poor condition and redesigning some patient pathways. The plan has been subjected to quality & safety and equality impact assessments.

Delivery of the Transformation Plan is a key objective in 2012/13.

Performance:

The table below shows our performance against key targets as at 31st March 2011

NATIONAL AND LOCAL PRIORITY INDICATORS		2011/12	TARGET 2011/12	09/10 Outturn	10/11 Outturn
Cancer - 2 weeks	%	94.6	=>93	93.9	94.5
Cancer - 2 weeks (Breast symptoms)	%	95.4	=>93	93.6 (Q4 only)	94.7
Cancer - 31 Day (diagnosis to treatment)	%	99.5	=>96	99.7	99.7
Cancer - 31 Day (second/ subsequent treatment - surgery)	%	99.1	=>94		99.5
Cancer - 31 Day (second/ subsequent treatment - drug)	%	100	=>98		100
Cancer - 31 Day (second/ subsequent treatment - radiotherapy)	%	100	=>94		100
Cancer - 62 Day (urgent GP referral to treatment)	%	86.6	=>85	89.1	88.0
Cancer - 62 Day (referral to treatment from screening)	%	98.3	=>90		99.2
Cancer - 62 Day (referral to treatment from hospital specialist)	%	90.5	=>85		95.6
Elective admissions cancelled at last minute for non-clinical reasons	%	0.6	<0.8	0.8	0.8

Performance:

NATIONAL AND LOCAL PRIORITY INDICATORS		2011/12	TARGET 2011/12	09/10 Outturn	10/11 Outturn
Cancelled Operations - 28 day breaches	No.	1	3	0	1
Delayed Transfers of Care	%	5.2	<3.5	3.0	4.6
Stroke - Pts spending >90% stay on Acute Stroke Unit	%	85.9	83	62.0	72.8
Stroke - Pts admitted to Acute Stroke Unit within 4 hrs	%	68.7*	90		
Stroke - Pts receiving CT Scan within 24 hrs of arrival	%	100*	100		
Stroke - Pts receiving CT Scan within 24 hrs of admission	%	95.7*	90	81.8	90.4
Stroke - Pts receiving CT Scan within 1 hr of arrival	%	37.5*	50		
Stroke - TIA (High Risk) Treatment <24 h from initial presentation	%	52.8	60		46.15
Stroke - TIA (High Risk) Treatment <24 h referral rec'd by Trust	%	71.3	60		61.54
Stroke - TIA (Low Risk) Treatment <7 days from initial presentation	%	30.5	60		
Stroke - TIA (Low Risk) Treatment <7 days referral rec'd by Trust	%	38.7	60		
A&E - 4-hour waits	%	95.38	=>95	98.55	96.99
A&E - Total Time in Department (95th centile)	h : m	3 : 59	=<4hrs		
A&E - Time to Initial Assessment (=<15 mins)(95th centile)	mins	21	<15		
A&E - Time to treatment in department (median)	mins	59	=<60		
A&E - Unplanned re-attendance rate	%	8.66	=<5.0		
A&E - Left Department without being seen rate	%	4.83	=<5.0		
C. Difficile	No.	95	109	158	120
MRSA Bacteraemia	No.	2	6	14	5
MSSA Bacteraemia	No.	12	No. Only		22
E Coli Bacteraemia	No.	50	No. Only		73
Referral to Treatment (18 week) - Admitted Median Wait	Wks	7*	=<11.1		6
Referral to Treatment (18 week) - Admitted 95th Percentile	Wks	21*	=<23.0		20

NATIONAL AND LOCAL PRIORITY INDICATORS		2011/12	TARGET 2011/12	09/10 Outturn	10/11 Outturn
Referral to Treatment (18 week) - Admitted Care (RTT <18 weeks)	%	93.4*	=>90.0	93.4	92.7
Referral to Treatment (18 week) - Non Admitted Median Wait	Wks	4*	=<6.6		4
Referral to Treatment (18 week) - Non Admitted 95th Percentile	Wks	13*	=<18.3		16
Referral to Treatment (18 week) - Non-Admitted Care (RTT <18 weeks)	%	98.9*	=>95.0	97.6	96.7
Referral to Treatment (18 week) - Incomplete Pathway Median Wait	Wks	4*	=<7.2		4
Referral to Treatment (18 week) - Incomplete Pathway 95th percentile	Wks	17*	=<28.0		16
Same Sex Accommodation Breaches - Total Number of Breaches	No.	0*	0	0	
Same Sex Accommodation Breaches - Breaches in Assessment Units (inc in above)	No.	0*	0	0	
Hospital Standardised Mortality Rate (HSMR)	HSMR	95.7			
Peer (SHA) HSMR	HSMR	100.7			
Peer (National) HSMR - Quarterly	HSMR	92.2			
Readmission Rates (to any specialty) within 30 days of discharge - Operating Framework Definition effective April 2011 - Following initial Elective Admission	No.	1463	No. Only	No. Only	
Readmission Rates (to any specialty) within 30 days of discharge - Operating Framework Definition effective April 2011- Following initial Elective Admission	%	1.15	No. Only	No. Only	
Readmission Rates (to any specialty) within 30 days of discharge - Operating Framework Definition effective April 2011 - Following initial Non-Elective Admission	No.	6842	No. Only	No. Only	
Readmission Rates (to any specialty) within 30 days of discharge - Operating Framework Definition effective April 2011 - Following initial Non-Elective Admission	%	5.38	No. Only	No. Only	

Performance:

CQUIN schemes	Value £000s		2011/12	Target
VTE Risk Assessment (Adult IP)	482	%	91.3	90
Pt. Experience (Acute) - Personal Needs	482	Score	70.8	69.3
Smoking Cessation (Acute) - Training	450	%	94.0	90
Smoking Cessation (Acute) - Delivery	450	%	2890	2000
End of Life Care	450	%	80*	66
Medicines Management - Missed Doses	450	%	-22.0	-9.5
Nutritional Assessment	450	%	89.0*	75
Enhanced Recovery	450	%	Met	Meet 4 measures for 4 procedures
Stroke Discharge	225	%	90.5 (Q4)	90
Mortality Review	225	%	68.2*	60
Alcohol Screening	450	%	88.5*	80
Pt. (Community) Exp'ce - Personal Needs	90	Score	92.9	69.0
End of Life Care	90	%	50.0*	36.7
Health Visiting	90	%	72.4*	70
Falls Prevention	90	%	62.6*	55.0
Smoking Cessation (Comm) - Training	120	%	Met for yr	80
Smoking Cessation (Comm) - Delivery	120	%	94.7*	90
Chemotherapy Out of Hospital - Addit. P'ts receiving Herceptin at Home	95	No.	Met for yr	16
Chemotherapy Out of Hospital - Other Ambulatory Chemo. / Oral Treatment		No.	500	500
Improving Access to Organs for T'plant	32	%	Met	Meet 5 measures
Screening for Retinopathy of Prematurity	63	%	95.5 (since Oct)	92
Auditing Neonatal Pathways	63		Compliant	Comply with audit

Financial Performance:

The Trust met its main budgetary objective by delivering an underlying surplus of £1,863,000, measured against its DoH performance target and as shown following. As has been the case in previous years, 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 Trust's property assets (land and buildings) are professionally valued annually by the District Valuer. In 2010/11, this resulted in a significant net reduction (impairment) in the value of the Trust's assets, mainly reflecting national downward movements in property prices. In 2011/12, there have been some further reductions but, for other assets, valuation has reversed some of the reductions charged in previous years. The net upward change in value is reflected as income in the accounts but, in the same way as the charges were removed in previous years, the income in 2011/12 is removed as a technical adjustment when measuring performance against the DoH target. The following table shows how the Trust's underlying performance is made up. The surplus in the statutory published accounts is, in part, technical and does not affect the assessment of the Trust's performance against the duties summarised above (e.g. breakeven, CRL, EFL, capital absorption).

Financial Performance:

Budgetary/Accounts Performance	2011/12	2010/11
	£000s	£000s
Income for Patient Care Services	386,045	348,366
Income for Training, Education, Research & Other	38,099	41,588
Total Income	**424,144**	**389,954**
Pay Expenditure	(292,778)	(261,341)
Non Pay Expenditure Including Capital Charges & Interest	(126,888)	(134,936)
Total Expenditure (including impairments & IFRIC12 adjustment)	**(419,604)**	**(396,277)**
Surplus/(Deficit) per Statutory Accounts	4,540	(6,323)
Exclude: All Impairments, Reversals and Other Adjustments to Non Pay Expenditure	(2,677)	8,516
Surplus/(Deficit) for DoH Monitoring (Target Performance)	**1,863**	**2,193**

Although impairments and reversals are not counted towards measuring budgetary performance, they 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 IFRIC12 in the schedule above arises from the International Financial Reporting Interpretations Committee pronouncement on how Service Concessions (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.

On 1st April 2011, as part of a national programme for the transfer of Primary Care Trust provider services (those services providing direct patient care e.g. district nurses and health visitors), those services provided by Sandwell PCT were transferred to Sandwell & West Birmingham Hospitals and were integrated within the management structure of the Trust. This transfer added around £34m to both the income and expenditure of the Trust.

A small number of the Trust's operating divisions were showing budgetary pressure as at 31 March 2012. In overall terms however, these pressures were offset with contingency reserves enabling delivery of an overall surplus of £1,863,000 against its financial target. There was strong performance where delivery of the cost improvement programme was concerned as the majority of divisions met their delivery target in full and the overall CIP of £21.9m was only marginally short of being achieved in full.

During 2011/12 strong activity performance (in terms of meeting demand directed towards the Trust within waiting time constraints), particularly in the latter part of the year, resulted in additional income being earned by the Trust. The additional payments were needed to offset the activity related expenditure 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.

Income from Commissioners and other sources

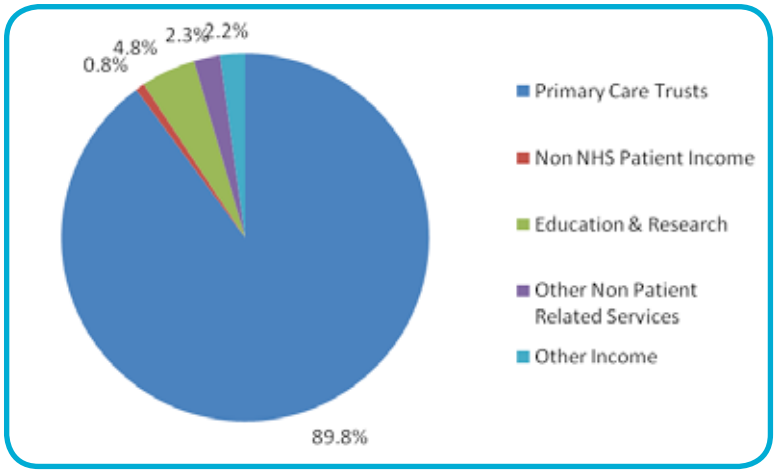
The Trust receives the majority of its income from Primary Care Trusts (PCTs) as the table below shows. The major reason for the growth in income from PCTs is, as earlier explained, the transfer of services previously provided directly to patients by Sandwell PCT. In addition, the Trust carried out a 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 £424,144,000 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	2011/12	2010/11
Strategic Health Authorities	116	5,971
NHS and Foundation Trusts	913	2,054
Department of Health and Other NHS	550	733
Primary Care Trusts	381,057	335,180
Non NHS Patient Income	3,409	4,428
Education and Research	20,526	19,942
Other Non Patient Related Services	9,775	11,026
Other Income	7,798	10,620
Total Income	**424,144**	**389,954**

Within the following pie chart, the largest element (89.8%) of the Trust's resources flow directly from Primary Care Trusts with the next most significant element (4.8%) 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 also has an active and successful research community.

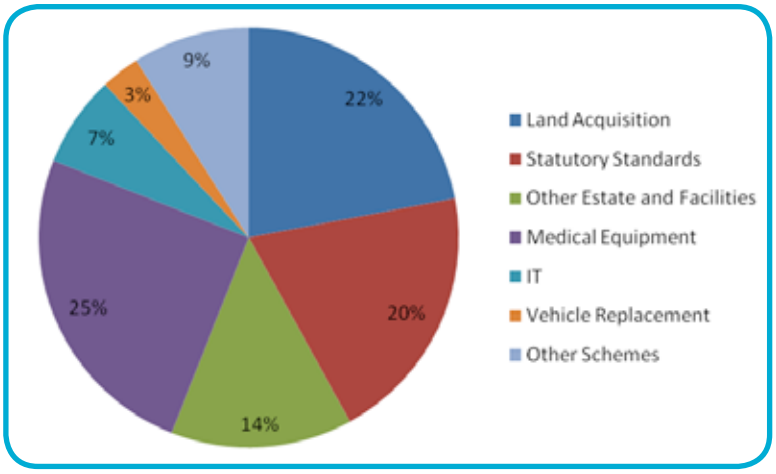
Income by Category – 2011/12



Use of Capital Resources

Capital expenditure differs from day to day operational budgets and involves tangible items costing more than £5,000 and having an expected life of more than one year. In total, the Trust spent approximately £16.4m on capital items during 2011/12. A breakdown of this expenditure is shown in the chart below.

Capital Spend 2011/12



The Trust spent a significant proportion of its capital budget updating its facilities and medical equipment. Specifically, £5.7m was spent on upgrading the Trust's estate, including ensuring compliance with statutory standards and work on rationalising the number of buildings in use, particularly for back office functions, linked with energy efficiency measures. £4.1m was spent on medical equipment, the largest element of which was over £2m on the final phase of the conversion to digital mammography.

Other developments included the acquisition of land at Grove Lane (linked with the Right Care, Right Here development) costing £3.6m, further replacement of outdated vehicles £0.4m and £1.1m on replacement and upgraded IT systems.

Sickness Absence

Staff Sickness Absence	2011/12	2010/11
Total Days Lost	53,309	56,782
Total Staff Years	6,050	6,095
Average Working Days Lost	8.81	9.32

Staff sickness data is provided on a national basis by the Department of Health and covers the calendar year ended 31st December 2011.

Summary financial statements 2011/12

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 2012 (formerly the Income and Expenditure Statement)		
	2011/12 £000	**2010/11 £000**
Revenue		
Revenue from patient care activities	386,045	348,366
Other operating revenue	38,099	41,588
Operating expenses	(411,792)	(388,483)
Operating surplus/(deficit)	**12,352**	**1,471**
Finance Costs		
Investment revenue	115	87
Other gains and (losses)	(168)	(234)
Finance costs	(2,156)	(1,902)
Surplus/(deficit) for the financial year	**10,143**	**(578)**
Public dividend capital payable	(5,603)	(5,745)
Retained surplus/(deficit) for the financial year	**4,540**	**(6,323)**
Other Comprehensive Income	5,027	(1,609)
Impairments and reversals	780	2,654
Gains on revaluation		
Total comprehensive income for the year	**10,347**	**(5,278)**
Reported NHS Financial Performance Position [Adjusted surplus/(deficit)]		
Retained surplus/(deficit) for the year	4,540	(6,323)
IFRIC12 adjustment	(640)	(455)
Impairments and reversals	(2,395)	9,533
Adjustment re donated asset/government grant reserve elimination	358	(562)
Reported NHS financial performance position [surplus/(deficit)]	**1,863**	**2,193**

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2012 (formerly the Balance Sheet)		
	31 March 2012 £000	31 March 2011 £000
Non Current Assets		
Property, plant and equipment	227,072	216,135
Intangible assets	1,075	1,077
Trade and other receivables	865	649
Total non current assets	**229,012**	**217,861**
Current Assets		
Inventories	4,065	3,649
Trade and other receivables	14,446	11,784
Cash and cash equivalents	34,465	20,666
Total current assets	**52,976**	**36,099**
Non current assets held for sale	0	64
Total assets	**281,988**	**254,024**
Current Liabilities		
Trade and other payables	(33,751)	(33,570)
DoH Capital Loan	(2,000)	0
Other Borrowings	(1,166)	(1,262)
Provisions	(15,649)	(4,943)
Total current liabilities	**(52,566)**	**(39,775)**
Total assets less current liabilities	**229,422**	**214,249**
Non Current Liabilities		
DoH Capital Loan	(5,000)	0
Other Borrowings	(29,995)	(31,271)
Provisions	(2,532)	(1,357)
Total non current liabilities	**(37,527)**	**(32,628)**
Total assets employed	**191,895**	**181,621**
Financed by taxpayers' equity		
Public dividend capital	160,231	160,231
Retained earnings	(18,622)	(24,241)
Revaluation reserve	41,228	36,573
Other reserves	9,058	9,058
Total taxpayers' equity	**191,895**	**181,621**

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2012		
	2011/12 £000	**2010/11 £000**
Cash Flows From Operating Activities		
Operating surplus/(deficit)	12,352	1,471
Depreciation and amortisation	13,092	13,266
Impairments and reversals	(2,395)	9,533
Interest paid	(2,073)	(2,006)
Dividends paid	(5,603)	(5,026)
(Increase)/Decrease in Inventories	(534)	(92)
(Increase)/Decrease in Trade and Other Receivables	(2,010)	6,427
(Increase)/Decrease in Other Current Assets	(382)	0
Increase/(Decrease) in Trade and Other Payables	(4,175)	3,922
Provisions Utilised	(1,665)	(3,188)
Increase/(Decrease) in Provisions	13,458	2,803
Net cash inflow/(outflow) from operating activities	**20,065**	**27,110**
Cash Flow From Investing Activities		
Interest Received	112	87
(Payments) for Property, Plant and Equipment	(11,387)	(20,314)
(Payments) for Intangible Assets	(472)	(230)
Proceeds of disposal of assets held for sale (PPE)	64	417
Proceeds of disposal of assets held for sale (Intangible)	0	133
Net cash inflow/(outflow) from investing activities	**(11,683)**	**(19,907)**
Net cash inflow/(outflow) before financing	**8,382**	**7,203**
Cash Flows From Financing Activities		
New DoH capital investment loans	8,000	0
DoH capital investment loans – repayment of principal	(1,000)	0
Capital element of finance leases and PFI	(2,043)	(1,660)
Capital grants and other capital receipts	460	0
Net cash inflow/(outflow) from financing activities	**5,417**	**(1,660)**
Net increase/(decrease) in cash and cash equivalents	**13,799**	**5,543**
Cash at the beginning of the financial year	**20,666**	**15,123**
Cash at the end of the financial year	**34,465**	**20,666**

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 2011/2012 or 2010/2011 in respect of the Commercial Debts (Interest) Act 1998.

BETTER PAYMENT PRACTICE CODE – MEASURE OF COMPLIANCE				
	2011/12		2010/11	
	Number	£000	Number	£000
Total non NHS trade invoices paid in year	93,910	95,504	91,331	93,476
Total non NHS trade invoices paid within target	86,510	86,754	70,090	70,001
Percentage of non NHS trade invoices paid within target	**92.12%**	**90.84%**	**76.74%**	**74.89%**
Total NHS trade invoices paid in year	2,513	26,294	2,272	25,721
Total NHS trade invoices paid within target	**1,417**	**17,836**	**1,120**	**15,635**
Percentage of NHS trade invoices paid within target	**56.39%**	**67.83%**	**49.30%**	**60.79%**

Prompt Payments Code

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

EXIT PACKAGES PAID IN YEAR						
	2011/12			2010/11		
Exit package cost band	**Number of compulsory redundancies**	**Number of other departures**	**Total number of exit packages**	**Number of compulsory redundancies**	**Number of other departures**	**Total number of exit packages**
Less than £10,000	1	4	5	5	2	7
£10,001-£25,000	3	2	5	2	5	7
£25,001-£50,000	1	6	7	5	6	11
£50,001-£100,000	1	6	7	1	3	4
Total number of exit packages	**6**	**18**	**24**	**13**	**16**	**29**
Total cost of exit packages (£000)	**185**	**694**	**879**	**312**	**515**	**827**

OTHER GAINS AND LOSSES		
	2011/12 £000	2010/11 £000
Gain/(loss) on disposal of property, plant and equipment	(168)	(234)

FINANCE COSTS		
	2011/12 £000	2010/11 £000
Interest on loans and overdrafts	34	0
Interest on obligations under finance leases	69	131
Interest on obligations under PFI contracts: - main finance cost - contingent finance costs	 1,572 398	 1,613 262
Other finance costs	83	(104)
Total finance costs	**2,156**	**1,902**

INVESTMENT REVENUE		
	2011/12 £000	2010/11 £000
Bank interest	115	87

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 2011/12 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 1.6 and 9.5 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 recorded on the balance sheet at 31st March 2012, although this clearly excludes its major resource – the 7,105 (whole time equivalent) staff it employs. The conversion to International Financial Reporting Standards ensures that material resources are now recorded.

Full annual accounts

The Trust's full annual accounts are available on the Trust's website: www.swbh.nhs.uk or can be obtained by contacting the Executive Assistant to the Director of Finance on 0121 507 4871.

Signed:  Date: 7th June 2012

John Adler
Chief Executive

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 2012, these were:

- **Roger Trotman (Acting Chair)**
- **Gianjeet Hunjan**
- **Sarindar Singh Sahota**
- **Professor Derek Alderson**
- **Olwen Dutton**
- **Philip Gayle**

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.

A number of changes were made during 2011/2012 in the composition of the Board. Mrs. Sue Davis, the Trust Chair, left the Trust on 27th November 2011 and between the following day and 31st March 2012, Mr. Roger Trotman, previously Vice Chair, was Acting Chair of the Trust. Mr. Gary Clarke ceased to be a Non Executive Director on 31st August 2011 and was replaced by Mr. Philip Gayle on 1st October 2011.

Mr. Richard Kirby, Chief Operating Officer, left the Trust on 8th May 2011 and was replaced by Ms Rachel Barlow on 11th July 2011. Donal O'Donoghue, Medical Director, left the Trust on 11th March 2012.

Salaries and Allowances of Senior Managers						
Name and Title	2011-12			2010-11		
	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	15-20	0	0	25-30	0	0
Isobel Bartram, Non Executive Director	0	0	0	0-5	0	0
Roger Trotman, Non Executive Director	10-15	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
Olwen Dutton, Non Executive Director	5-10	0	0	5-10	0	0
Gary Clarke, Non Executive Director	0-5	0	0	5-10	0	0
Philip Gayle, Non Executive Director	0-5	0	0	0	0	0
John Adler, Chief Executive	155-160	0	0	155-160	0	0
Robert White, Director of Finance & Performance Management	125-130	0	0	125-130	0	0
Rachel Overfield, Chief Nurse	110-115	0	0	110-115	0	0
Donal O'Donoghue, Medical Director	150-155	0	0	160-165	0	0
Richard Kirby, Chief Operating Officer	10-15	0	0	110-115	0	0
Rachel Barlow, Chief Operating Officer	75-80	0	0	0	0	0
Mike Sharon, Director of Strategy & Organisational Development	105-110	0	0	75-80	0	0

The pension information in the following table 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 ppension	Total accrued pension at age 60 at 31 March 2012	Lump sum at aged 60 related to accrued pension at 31 March 2012	Cash Equivalent Transfer Value at 31 March 2012	Cash Equivalent Transfer Value at 31 March 2011	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	0-2.5	2.5-5	45-50	145-150	878	750	105	0
Robert White, Director of Finance & Performance Management	0-2.5	2.5-5	30-35	95-100	557	459	84	0
Rachel Overfield, Director of Nursing and Facilities	0-2.5	0-2.5	40-45	120-125	674	575	81	0
Donal O'Donoghue, Medical Director	0-2.5	0-2.5	60-65	190-195	1,183	1,043	108	0
Richard Kirby, Chief Operating Officer	5-7.5	15-17.5	25-30	85-90	379	229	143	0
Rachel Barlow, Chief Operating Officer	N/A	N/A	25-30	75-80	359	N/A	N/A	N/A
Mike Sharon, Director of Strategy & Organisational Development	(2.5-5)	(12.5-15)	35-40	105-110	687	708	(43)	0

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The remuneration of the highest paid director in Sandwell & West Birmingham Hospitals in the financial year 2011-12 was £160,000 (2010-11, £162,000). This was 5.79 times (2010-11, 5.88) the median remuneration of the workforce, which was £27,625 (2010-11, £27,534).

In 2011-12, 25 (2010-11, 32) employees received remuneration in excess of the highest-paid director. Annual remuneration on a whole time equivalent basis ranged from £13,903 to £217,098 (2010-11 £13,653-£225,800). Total remuneration includes salary and any additional payments for overtime, additional activities and enhancements and any severance pay but excludes employer pension and National Insurance contributions. Employees of the Trust do not receive performance related pay nor benefits in kind.

Audit

The Trust's external auditor is KPMG LLP.

The cost of the work undertaken by the auditor in 2011/12 was £191,124 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 2012 were Gianjeet Hunjan (Chair), Roger Trotman, Sarindar Singh Sahota, Olwen Dutton, Philip Gayle and Professor Derek Alderson.

Signed:  Date: 7th June 2012

John Adler
Chief Executive

Register of Interests as at May 2012:

	Name	Interests Declared
Trust Chairman	Richard Samuda	Non Executive Chairman – Horton's Estates Ltd. Director – 'Kissing It Better' Non Executive Director – Warwick Racecourse Trustee & Non Executive Director – Abberley Hall
Non-Executive Members	Roger Trotman	Non-Executive Director – Stephens Gaskets Ltd Non-Executive Director – Stephens Plastic Mouldings Ltd.
	Gianjeet Hunjan	Governor – Great Barr and Hamstead Children's Centre Governor – Ferndale Primary School Community Governor – Oldbury College of Sport Member – GMB Trade Union Member – Managers in Partnership/UNISON Treasurer – Ferndale Primary School Parents Association Lay member – West Midlands Deanery
	Sarindar Singh Sahota OBE	Trustee – Acorns Hospice Director – Sahota Enterprises Ltd Director – Sahota Properties Ltd Member – Birmingham Chamber of Commerce Council Member – Smethwick Delivery Board Governor – Nishkam Education Trust
	Derek Alderson	Member – Council of Royal College of Surgeons of England
	Philip Gayle	CEO - New Servel
	Olwen Dutton	Partner – Bevan Brittan LLP Fellow – Royal Society of Arts Member – Lunar Society Member – Midland Heart – Care and Support Committee Member – Birmingham Forward Member – Council of the Birmingham Law Society
Executive Directors	John Adler	Adviser – Guidepoint Global
	Rachel Barlow	None
	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

Annual Governance Statement 2011/12:

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 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 GOVERNANCE FRAMEWORK OF THE ORGANISATION

2.1 The organisation is led by the Trust Board, which in turn is supported in its duties by five committees, as follows:

Audit Committee
Chair: Non –Executive Director

- Considers the annual plans and reports of both the External and Internal Auditors
- Provides an overview and advises the Board of Directors on the internal control arrangements put in place by the Trust Board
- Acts as the co-ordinator of all support documentation in relation to assurance to the Chief Executive for the sign off of the Annual Governance Statement
- Reviews all matters of internal control
- Reviews the annual work plan and monitors progress with the work of the Local Counter Fraud Specialist function
- Liaises with the Quality and Safety Committee as appropriate
- After due process of review recommends the adoption of the Annual Accounts to the Trust Board

Frequency: Five times a year, including a specific meeting to review and approve the annual accounts
Membership: all Non Executive directors (excluding the Chair). The CEO and Director of Finance attend as required.

Quality and Safety Committee
Chair: Non –Executive Director

- Monitors and provides assurance to the Board that clinical services are appropriately delivered in terms of quality, effectiveness and safety
- Ensures that the Trust has effective and efficient arrangements in place for quality assessment, quality improvement and quality assurance
- Where quality and performance falls below acceptable standards, ensures that action is taken to bring it back in line with expectations, and to promote improvement and excellence
- Ensures that service user and carer perspectives on quality are at the heart of the Trust's quality assurance framework

Frequency: Six times per year
Membership: Four Non-Executive Directors and six of the Executive Directors with specialist advisers in attendance when required.

Finance and Performance Management Committee
Chair: Non –Executive Director

- Considers regular financial reports and forecasts, including prime statement of accounts and supporting analyses and forecasts
- Reviews the performance of the Trust's major clinical and corporate divisions and considers remedial action plans in the case of significant variances/deviations
- Reviews the annual financial plan and budget, prior to submission to the Trust Board for approval
- Monitors performance against external targets set by the Department of Health, Strategic Health Authority, commissioners and Monitor
- Monitors performance against a range of internally developed clinical, financial and operational indicators
- Considers plans and business cases in support of significant investment, prior to presentation to the Trust Board for approval

Frequency: Monthly
Membership: Four Non Executive directors, CEO, Director of Finance and Chief Operating Officer

Remuneration and Terms of Service Committee
Chair: Trust Chair

- Sets the pay and conditions of senior managers
- Recommends the remuneration and terms and conditions of employment for any employees who are not subject to national terms and conditions of service
- Scrutinises and agree any termination payments made to the Chief Executive and Executive Directors
- Ensures the consistent application of the Trust policy on remuneration and terms and conditions of employment for the Chief Executive and the Executive Directors

Frequency: The committee meets as required
Membership: All Non Executive Directors

Charitable Funds Committee
Chair: Non Executive Director

- Monitors the safeguarding of those assets donated or bequeathed in cash or other forms to the Trust's charitable funds
- Ensures as far as is practical that the expressed wishes of donors or benefactors are met in the deployment of funds.
- Monitors and reviews banking and audit arrangements
- Monitors the performance of the Trust's Charitable Funds portfolio
- Advises on the appointment of investment brokers

Frequency: Four times per year
Membership: All voting Directors

2.2 The Trust Board and its committees are administered by a Trust Secretary who maintains the Directors' Register of Interests and a register of attendance at meetings.

2.3 On an annual basis, the Trust Board is asked to consider and approve a proposed cycle of business for the forthcoming year, which is largely based on the best practice guidelines suggested in the Dr Foster publication, 'The Intelligent Board' and the National Leadership Council's report, 'The Healthy Board'. The reporting cycle is customised with items of local interest and significance to the Board, with matters being categorised into Quality, Safety and Governance; Strategy & Development; Performance Management; and Operational Management sections.

2.4 Integral to the preparation for the Trust's application for Foundation Trust status, is a number of Board development activities and opportunities. An independent facilitation of this work involved a comprehensive assessment of the skills and capabilities of Board members and the associated output has informed a development plan. Given the thoroughness of the external scrutiny and the Board's close engagement with the work, a formal internal self-assessment has not been necessary this year. The Board development work also included observations and feedback sessions on a series of Board and Committee meetings, a review of the Trust's Integrated Business Plan and a preparatory mock Board to Board meeting in advance of formal assessments. Again, the outcome from these processes has been carefully considered by the Board and informed the action plan to address areas in need of development. Finally, the development plan is monitored by the Board on a routine basis.

2.5 The Board considers that the Trust has, throughout the 2011/12 reporting year, applied the principles and met the requirements of the Code of Governance. In summary, the Trust has been headed throughout by an effective board of directors, which has taken collective responsibility for leading the organisation, exercising its statutory powers and setting the strategic direction of the Trust.

2.6 A particular area of development within the last year has been a revised approach for reporting to the Trust Board on the activities of and matters considered by the Trust's committees. In addition to the minutes of the Committee meetings being presented to the Trust Board as a matter of course, a comprehensive verbal update is provided by the relevant sub-committee Chair following the most recent Committee meeting. Annual reports on the work of each of the Committees are also presented as part of the annual reporting cycle of the Trust Board.

2.7 The publicly held Trust Board meetings cover the full gamut of clinical, corporate and business risk and discuss and monitor the delivery of corporate objectives and the detail of the Assurance Framework. Members of the Trust Board are encouraged to make as wide a range of public contributions in such discussions as possible 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.

2.8 The Board's routine reporting includes a review of performance against the priorities of the Operating Framework, principally through the consideration of an assessment against the NHS Performance Framework. The assessment reported the Trust to be classified as a 'Performing' organisation throughout the year. As part of the work to meet the priorities, good progress has been made in a number of key areas, including the Trust's application for Foundation Trust status. The Trust was also successful in meeting its recruitment and expansion target for Health Visitors and as a result, has been identified as a national pilot

site for Health Visitor improvement. In conjunction with this, the Trust is regarded as one of the regional leaders in respect of Family Nurse Partnerships, having delivered a number of measurable improvements for families as a consequence. In terms of Dementia care, a Rapid Assessment Interface and Discharge (RAID) service is fully embedded at the City Hospital site, which has proved highly successful in establishing a good practice model of care for patients with Mental Health difficulties within the Trust.

2.9 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 DH and wider societal interests.

2.10 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 2011/12, new Trust services, policies and functions have been subjected to an equality impact assessment, the details of which are publicly available on the Trust's internet site.

2.11 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.

2.12 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.

2.13 The Trust is fully compliant with the CQC essential standards of quality and safety. However within the year, the Trust has been 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 was implemented and has been provided to the CQC for its consideration which recently confirmed its satisfaction with the measures taken. Additionally, within the year, the Trust's position was assessed for compliance against Outcomes 1 and 5, covering the Trust's responsibilities for privacy, dignity and nutrition. Following an initial inspection which reported major concerns at Sandwell Hospital in respect of compliance with Outcome 1, and later moderate concerns, a robust action plan was developed to address the issues raised, which received close Trust Board and Executive oversight. Compliance with the outcomes was confirmed following a third visit by the Care Quality Commission in December 2011.

3. RISK ASSESSMENT AND THE RISK & CONTROL FRAMEWORK

Management of risk and leadership

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 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.

3.3 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.

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

Risk management process

3.5 The risk management process is an integral part of the Trust's business planning process and budget setting and performance review frameworks.

3.6 At a strategic level, risks are identified by the nominated directors against the Trust's strategic objectives and Annual Priorities. These identified risks provide information to support the Board Assurance Framework and where risks are identified as being 'serious', these are escalated to the Corporate (Trust) Risk Register and are monitored by the Trust Board and its delegated committees.

3.7 At an operational level, risks are maintained in appropriate local risk registers. Where a risk cannot be managed locally (requiring a supporting business case), has a major impact on service capability or Trust reputation or may result in major litigation, this will be presented for inclusion on the Corporate Risk Register.

3.8 Actions identified from risk assessments are mitigated at the appropriate level, and where actions require escalation, the risk will be escalated to the next tier of risk management.

3.9 The process is to be strengthened within the next year to ensure that those risks that are presented for addition to the corporate risk register will be presented monthly to the Trust Board. The Trust Board will be asked to decide whether a risk should be tolerated or treated. This information will be communicated to the 'owner' of the risk who will provide quarterly updates for the Trust risk register. An overview of the current status of risks on the Corporate Risk Register will be made available to the Trust Board on a quarterly basis.

3.10 The decision to treat a risk will be based on the actions required to mitigate that risk, its resource implications balanced against the possible financial penalty if the risk is realised. Every risk identified is backed up by a full risk assessment which covers the points above and an action plan to enable risk reduction, avoidance, transfer or elimination. The action plan defines the time for completion and who is responsible for carrying out the action. The status of the action plan will be monitored at intervals determined by the risk rating and be presented to the Board in a quarterly report. Any difficulties in meeting the deadlines of the actions or in securing resources to enable mitigation will be reported on the monthly risk register update that the Board receives.

Quality and Risk Profile (QRP)

3.11 The Trust routinely receives its Quality and Risk Profile (QRP), which is used by the Care Quality Commission to assist with identifying areas of potential non-compliance by producing a set of 'risk estimates' of non- compliance, one for each of the 16 essential standards. The QRP is presented to the Trust's Quality and Safety Committee at the soonest opportunity following publication. To date, there have been no matters of significance or concern to draw to the Committee's or Trust Board's attention.

Quality Account

3.12 The Trust has in place robust processes to develop its annual Quality Account. Following the preparation of the Quality Account for 2010 and 2011, a comprehensive action plan was developed to address recommendations raised within the External Auditor's review of Quality Account and to pick up local matters of improvement identified. The progress with the action plan has received significant oversight and scrutiny, both at an Executive level and by the Trust Board via a report to the Audit Committee which is communicated upwards as part of the routine Committee updates.

Transformation Plan Quality Impact Assessment

3.13 A major piece of work undertaken within 2011/12 has been the development of the Transformation Plan, a five year view of how the Trust means to achieve the required cost savings within the period 2012/13 – 2016/17 in line with national efficiency requirements and local strategy. Although acknowledging that efficiency savings within the NHS are an integral part of the yearly cycle of business and financial recovery planning, over the past few years it has become more important than ever to ensure that plans, whilst having the desired efficiency saving element, do not pose a risk to the quality of patient care that the Trust wishes to and does provide.

As such, Quality Impact Assessment of plans put forward as part of the 2012/13 element of the Transformation Plan was undertaken, which highlighted some schemes where quality of care may be impacted and in these cases mitigation plans were produced, to minimise the effects of any risk realised. Responsibility for monitoring the actions has been devolved to divisions and where a risk is no longer controlled by those mitigating actions, the matter will be escalated.

NHSLA accreditation

3.14 Building on the successful accreditation against the NHSLA Risk Management general standards at Level 2 in February 2011, work continues to prepare for the reassessment against general standards in February 2013 and the assessment against CNST maternity standards at Level 2 also planned for February 2013.

Corporate risks

3.15 The Trust Board operates a comprehensive risk management system, one of the outputs of which is the corporate risk register. During the financial year risks have been identified which include, but are not limited to, a delay in the approval of the new hospital outline business case, adherence to the essential standards for quality and safety, financial risks associated with any shortfalls in savings plans, new GP led commissioning processes, service line economics, and general staff engagement issues during a period of change. Of these, the most significant new risks concern savings plans as related to the five year Transformation Plan as well as preparing for the introduction of new GP led commissioning arrangements. In each case, detailed consideration of the risk has been undertaken by the Board including approval of the Risk treatment plan, accountabilities, severity (pre and post mitigation) and expected date of completion. The overall risk management processes are designed to capture new risks alongside the monitoring and management of existing risks ensuring that these are mitigated in accordance with the treatment plan.

Board Assurance Framework

3.16 The Trust has a Board 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 Board Assurance Framework, with further areas for development identified to assist the Trust with continued improvement to the effectiveness of the processes in 2012/13.

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

The Board Assurance Framework informs the declarations made in this Governance Statement.

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 Board Assurance Framework.

Information security

3.17 Senior responsibility for information security, risks and incidents rests with the Chief Executive, as supported by the Interim Chief Information Officer. 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.

3.18 Within the year, two serious data security breaches were reported.

In October 2011 a clinical operating diary was found to be missing from a consultant's office but was recovered in February 2012 when it was found inside a set of healthcare records. The Information Commissioner's Office was informed that the diary had been recovered.

In February 2012 a community midwife's car was stolen whilst undertaking a community clinic. The car contained a number of maternity records. The police were informed at the time of the incident and there is an ongoing police investigation. The Trust has controls in place, which have been reinforced to ensure all mobile staff groups are aware of their responsibilities. In parallel, the Trust, as part of the development of an agile working solution, is exploring the use of mobile devices to support this staff group with patient management in the community.

Both incidents were promptly reported to the Information Commissioners Office and Strategic Health Authority.

Counterfraud and Whistleblowing

3.19 The Trust is supported through its Internal Audit function by a Counter Fraud service, that reports routinely to the Audit Committee. The service, whose annual workplan is approved by the Audit Committee, is proactive in its role deterring fraudulent activity within the Trust. A whistleblowing policy also exists and may be accessed by staff via the Trust's intranet, which provides the basis by which legitimate concerns can be fairly, effectively and speedily aired and responded to by the use of internal mechanisms. The policy sets out that concerns should initially be raised at a local level with the facility for employees to register concerns directly with a designated Non Executive Director if necessary. This provides the Trust with the opportunity to address concerns and for remedial action to be taken where appropriate.

Alignment with the local context

3.20 The Trust is working closely with emerging Clinical Commissioning Groups 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.

Internal Audit opinion

3.21 **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 Board Assurance Framework (BAF) and the internal auditor concluded that the BAF has been designed and is operating to meet the requirements of the 2011/12 Governance Statement 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. REVIEW OF EFFECTIVENESS

4.1 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 Board 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 2011/12 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 Board 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.

4.2 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, Quality & Safety 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.

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

4.4 The Trust Board has received a quarterly update from the Director of Infection Prevention and Control (a role currently within the remit of the Chief Nurse) 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

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

4.6 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.

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

5 SIGNIFICANT CONTROL ISSUES

5.1 Within the year, two serious data security breaches were reported, the detail of which is included in section 3.18. In both instances, the incidents were promptly reported to the Information Commissioners Office and Strategic Health Authority.

5.2 Two inspections by the Care Quality Commission which occurred within the year reported that there were concerns over compliance with Outcomes 1 and 5 at Sandwell Hospital, prompting the development of robust action plans to address the issues raised, progress with the delivery of which was given close Trust Board and Executive management and oversight. Compliance with the outcomes was confirmed following the Care Quality Commission's visit in December 2011.

6 CONCLUDING REMARKS

6.1 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.

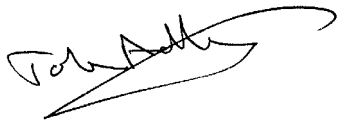
Signed: 

John Adler
Chief Executive (On behalf of the Board) Date: 7th June 2012

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 Officer's 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: 

John Adler
Chief Executive

Date: 7th June 2012

Annual Report
Remuneration Report,

For the purposes of publication, the Accounting Officer/Chief Executive's signature on the Annual Report will also satisfy the requirement to sign the Remuneration Report, which is an integral part of the Annual Report.

KPMG

INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF DIRECTORS OF SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST ON THE SUMMARY FINANCIAL STATEMENT

We have examined the summary financial statement for the year-ended 31 March 2012.

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.

Basis of opinion

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 2012 on which we have issued an unqualified opinion. We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements (8 June 2012) and the date of this statement.

Andrew Bostock for and on behalf of KPMG LLP, Statutory Auditor

Chartered Accountants
One Snowhill
Snow Hill Queensway
Birmingham
B4 6GH

2 June 2012

Further information

For more information, visit the Trust's website: *www.swbh.nhs.uk*

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'.

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
- Rowley Regis Community Hospital,Moor Lane, Rowley Regis, West Midlands B65 8DA
- Leasowes Intermediate Care Centre, Oldbury Road, Smethwick, West Midlands B66 1JE

Parking
Car parks are situated near the main entrance of each hospital. Vehicles are parked at owners' risk. Spaces for disabled badge holders are at various points around our sites.

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

City and Sandwell hospital barrier car park charges:
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

There is no charge for motorcyclists who are permitted to park in any designated visitor car park. Payment can be made by cash and credit / debit cards.

Season tickets prices:
Three days: £7.00
One week: £15.00

Three months unlimited parking: £35.00
A £5 refundable deposit is required.
Scratch cards are available for pay and display car parks at City Hospital at £10 for a pack of six.

Rowley Regis Hospital charges:
Up to 20 minutes: free
Six hours: £1.10
24 hours: £5.00

There is no charge at any of our hospitals' car parks on Christmas Day and New Year's Day.

The tariff applies to Blue Badge Scheme users. Parking for blue badge holders is located as close to main hospital buildings as possible.

Anyone on a low income who is entitled benefits or receives income support can claim for reimbursement of bus fare and receive a token to allow free exit from hospital car parks. Bring proof of your benefits to one of the following places:

- Birmingham Treatment Centre reception
- Birmingham and Midland Eye Centre general office
- City Hospital Cash Office (ground floor, main corridor, near the Medical Assessment Unit)
- Sandwell General Hospital main reception
- Rowley Regis Hospital main reception

Pre-paid parking tokens for the barrier car parks have been replaced by 'one-time' tickets, which are valid for one visit. Instead of going to the pay station at the end of your visit, you can use the ticket in the barrier. To purchase six for £10 go to:

- City Hospital – Birmingham Treatment Centre reception (Monday – Friday, 8am - 6pm) or the Cash Office on the Main Corridor (Monday – Friday, 8.30am-1pm and 1.30pm to 4.30 pm)
- Sandwell Hospital – Main reception desk (Monday – Friday, 8am - 7pm).