Sandwell and West
Birmingham Hospitals
NHS Trust
NHS
Annual Review
2008
SERVICES
CENTRE
NHS
Caring...
Accessible...
Professional...
Open...

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WELCOME

Welcome

Thank you for reading our 2007-08 annual report; we hope you will find it of interest. Last year was a very successful year for the Trust, as we treated more patients than ever before, and made some major changes intended to develop and improve our services.

We worked hard to make our services more efficient, reducing the length of time people needed to stay in hospital, and increasing the proportion of planned surgery that is carried out as day case or short stay from 88% to 92%.

We reduced infection rates of MRSA bacteraemia by 28.8% and maintained low rates of Clostridium Difficile. By introducing new initiatives to combat infection, we now have some of the lowest infection rates for a Trust of our type and size, but we want to reduce infections further this year.

To complete our period of financial recovery we delivered a £13m cost improvement programme and achieved a surplus of £6.5m which will be used to repay a loan from the Department of Health. We plan a further surplus of £2.5m this year, which will clear the remainder of the loan.

As part of our commitment to the Towards 2010 Programme we have piloted new models of care in services including diabetes, dermatology, urgent care and intermediate care, all bringing care closer to people's homes.

To improve the quality of services in hospital, we gave a major face-lift to the children's wards at Sandwell, where in-patient new services are now concentrated, and developed a 24 hour Paediatric Assessment Unit at City Hospital.

A new, better equipped neonatal unit was opened at Sandwell and work has just been completed on a major neonatal development at City. In December, the Secretary of State gave his approval for our plans for surgical reconfiguration and we are working closely with our clinicians to implement those plans during the coming year.

This year we will be submitting both our application to become an NHS Foundation Trust and our Outline Business Case for our new hospital. We will also initiate the Compulsory Purchase Order process to buy the land for the new hospital building.

We are planning more big improvements to the ward environment and the experience our patients have, and are developing plans for greater engagement with patients and local people.

Our staff have worked extremely hard and have risen to the challenges they have faced. This year will be even more strenuous but we are confident that we will continue to improve our services, putting patients at the centre of all that we do.

Sue Davis CBE
Chair

John Adler
Chief Executive

01
OPEN

Open and Accountable

Building our Foundation Trust

Five thousand public members will be at the heart of City, Sandwell and Rowley Regis hospitals under plans for NHS Foundation status.

Public consultation on proposals to change the way the Trust runs took place between January and April 2008. Local people voiced their opinion on a range of questions including the age of members, the numbers of Governors that would represent geographical areas or staff groups and the preferred name for the new Trust.

Managers putting forward the proposals attended around 100 meetings, with each attracting up to 250 people. More than 30,000 documents and other materials were distributed following a balloon race and community event to launch the consultation.

There was general support for the plans with most people responding to the consultation asking to become members. 80% of people formally responding were patients and more than a third were from a Black and Ethnic Minority background.

As a result of the views of local people, changes have been made to the Trust's plans, including the Board's intention to change the Trust name.

Despite an initial preference for "Birmingham and the Black Country," "Sandwell and Birmingham NHS Foundation Trust" support of the Trust Board following the consultation.

Only 58% of people agreed with the Trust's plan to allow children aged 11 and over to become members. However, having heard young people voice strong opinions and ask challenging questions at public meetings and given the Trust is a provider of paediatric services, the Board felt it was important that young people had the opportunity to get involved and did not change its plans.

The Board agreed to widen the area that members can come from to the West Midlands area. Initially it had been Birmingham, Sandwell, the rest of the Black Country and Solihull. However, a number of people just over the borders as well as patients of some of the specialist services asked not to be excluded.

"Sandwell and Birmingham NHS Trust received the Trust Board's support following public consultation"

Following consultation, the Board changed the proposals for Governors. The revised plan is outlined below:

Constituency	Original Number of Governors	Revised Number of Governors
Wednesbury and West Bromwich	4	3
Oldbury and Smethwick	4	3
Rowley Regis and Tipton	2	3
Perry Barr	3	3
Ladywood	3	3
Edgbaston and Sparkbrook	1	1
Erdington	1	1
Wider West Midlands*	1	2
Total public	19	19
Medical and dental staff	1	1
Nursing and midwifery staff	2	2
Other clinical staff	2	2
Administrative and management staff	1	1
Facilities and Ancillary staff	1	1
Total staff	7	7
Sandwell PCT	1	1
Heart of Birmingham teaching PCT	1	1
Sandwell MBC	1	1
Birmingham City Council	1	1
University of Birmingham	1	1
University of Wolverhampton	1	1
Birmingham City University	1	1
Advantage West Midlands	1	0
Learning and Skills Council	1	1
Voluntary sector Sandwell	0	1
Voluntary sector Birmingham	0	1
Total partner Governors	**9**	**10**
Total Governors	**35**	**36**
Public Governor majority	**3**	**2**

*** Originally rest of Birmingham, the Black Country and Solihull**

Tackling key issues through The Nursing Taskforce.

LAST AUTUMN the Trust established a 12 strong Nursing Taskforce which aimed to raise the profile of many of the key issues affecting nursing today.

Headed up by Chief Nurse Rachel Stevens, and Chief Executive John Adler, the taskforce was responsible for determining the required staffing levels and skill mix on our hospital wards and developing a timed action plan to achieve these. By improving the organisation of ward processes and the integration of ward teams, the taskforce looks at new roles and ways of working to improve availability of staff for patients' care.

One of the key areas the taskforce has addressed is staffing levels on the wards. And, to help with this, the Trust made available an additional £800,000 in the 07/08 financial plan specifically for nurse staffing pressures in priority areas.

John Adler explained: "A lot of work has been done in the Trust over the past two years to try to assess the required level of staffing on our general wards.

"This is an issue nationally, with no agreed method for getting the answer to this very important question.

"However, the work we have done in the Trust does indicate that we have some wards which have lower staffing levels than they should have.

"Our key priority is to continue to implement and monitor our Ward Staffing Strategy. This document sets out how ward staffing should be organised and managed, and ultimately, staffing levels should be on each of our wards."

Developing safe, high quality services

New Government targets to treat patients more quickly are making a big difference to patients. The target requires patients referred by their GP to be treated within 18 weeks, including any outpatient appointments, tests, scans, and surgery.

What with exceptionally short waiting times in some specialities, and target to see all urgent cancer referrals within two weeks, some patients are even asking to delay their surgery because everything is happening too quickly.

Patients referred to the Trust's breast service can find themselves in surgery just two weeks after their GP referral and most are having their surgery as a day case, recovering at home.

The Trust is on track to meet the 18 week referral to treatment target by December 2008.

The Trust's new Medical Director, Donal O'Donaghue said short waiting times were fundamental to putting patients first and providing high quality services.

Children are staying in refurbished accommodation with greatly improved parent facilities and teenagers now have their own unit, following reconfiguration of paediatric inpatient services.

Consultation on proposals to reconfigure paediatrics, neonatal, surgical and pathology services took place during 2006-07 and in May 2007 the Board approved plans that had been amended as a result of public consultation.

Plans to consolidate paediatric inpatient beds at Sandwell, creating a higher quality service in one place, were implemented in November 2007. Staff worked in conjunction with parents to make the transition as smooth as possible. A 24 hour Paediatric Assessment Unit has been developed at City Hospital to provide a dedicated ward where children can receive care and attention while they are being assessed.

A new, state of the art, level one neonatal unit has opened at Sandwell caring for babies born after 32 weeks. A £3m refurbishment and extension to City Hospital's level two neonatal unit has just opened, caring for even more premature babies.

Plans to reconfigure emergency surgery were referred to the Secretary of State for Health by the Birmingham Overview and Scrutiny Committee and reviewed in detail by the Independent Reconfiguration Panel made up of clinical experts and members of the public. Following the panel's recommendations, the Secretary of State backed the plans and also lent his support to the long term plans for the new hospital. Plans to consolidate most elective surgery at City and emergency surgery at Sandwell with a 24 hour Surgical Assessment Unit at City will be implemented during 2008-09.

"A £3m Refurbishment and extension to city Hospital's Level Two neonatal unit opened in August 2008"

Patients are being put firmly at the centre of hospital life as the Trust puts a big focus on what really matters.

A greater focus was placed on patients' experiences during 2007-2008 which is resulting in a significant work programme for 2008-2009.

During 2007/08 national patient surveys took place for inpatients and maternity patients. There were mixed results which are being used to influence the priorities for the coming year.

Already money is being spent on refurbishing bathrooms and toilets around the hospitals and ward housekeepers are being recruited to improve standards of patient feeding and ward cleaning.

There were 1678 comments or concerns raised with the Patient Advice and Liaison Service during 2007-08. The majority relate to general enquiries but questions over appointments, clinical treatment and the attitude of staff also feature. Around one in ten patients using PALS are advised to go on to use the Trust's formal complaints process. One of PALS success stories is to have resolved difficulties experienced by Fracture Clinic patients in full length plaster casts who were having difficulties using the Clinic's toilets. A commode and wheelchair with long leg support have been bought and patients are positive about the action that was taken.

And a new format of patient letter has been developed for Anticoagulant and gastroenterology clinics to improve the booking process after patients complained about delays once they arrived for their appointment.

COMPLAINTS DATA.

The Trust received 695 complaints during 2007/08 completing responses to 81.3% within 25 working days.

Six complaints were referred to the Healthcare Commission (HCC) - 2 are still under consideration, one has been referred back and action taken and the HCC required no action to the remaining three.

The Trust received 3531 thank you letters.

Keeping an Eye on Counter Fraud

Staff claiming more hours than they've worked, health tourists seeking to obtain free NHS treatment and patients falsely claiming exemption from prescription charges are all examples of fraud which rob the NHS of vital cash which could be better spent on patient care.

Therefore each NHS organisation has its own Counter Fraud Specialist (LCFS) to help crack down on this issue with Sharon Birdi carrying out this role at Sandwell and West Birmingham Hospitals NHS Trust. Around 500 professionally trained and accredited LCFSs are now in post covering every health body in England and Wales.

Sharon said: "Whilst training to be an internal auditor I came across a quote from a legal case which was 'auditors are watchdogs not bloodhounds. Essentially as auditors we should not be looking for fraud but in the event that we establish fraudulent activity has been committed then we need to investigate it. This holds true today as it has always done and more so in the NHS.

"With our training firmly entrenched in internal audit we always look at the robustness of systems and controls as part of our investigations. If we can establish that an individual has committed fraud then they could face disciplinary action, criminal prosecution and/ or civil action."

As a LCF specialist Sharon's work is carried out across seven areas of the NHS Counter Fraud Policy including creating an anti-fraud culture, prevention, detection and investigation.

If you have concerns about a fraud taking place, information can be reported thorough the Freephone NHS Fraud and Corruption Line on 0800 028 40 60 Mon - Fri 8am – 6pm. You do not have to give your details and all calls are dealt with by trained staff and will be professionally investigated.

02

CARING

Caring and Compassionate

World Champion defeats medical condition

TWENTY YEAR OLD Amie Weaver has a lot to shout about, for as current Women's World Champion kick boxing champion, she is a shining example of how determination can triumph over adversity

Diagnosed with epilepsy at only nine years old, Amie nevertheless pursued her dream and started training seriously at fifteen. Whilst managing her medical condition, Amie was keen to ensure that having epilepsy was just something to deal with, rather than letting it control how she lived her life.

A patient of Dr Arul Sivaguru at Sandwell General Hospital, Amie has delighted her neurologist with her achievements and he hopes her example encourages other people to deal so positively with such conditions.

Amie, of West Bromwich Road in Walsall, started her training to improve her personal security and to provide her with a means of self defence. Finding it so beneficial herself, she soon decided that she also wanted to help children develop their skills. She gained a BTEC National Diploma in Sports Studies and became an Instructor at the RD Black Belt Academy in West Bromwich.

Demonstrating a world class talent in martial arts, Amie's epilepsy was forced to take a back seat as she took numerous Kick Boxing titles, including British Champion two years running and Instructor of the Year 2007. She also won the Welsh Open in 2004 and Battle of England 2003.

Her trainer Ricky Dubidat commented: "Amie has influenced a lot of children at the Academy and has shown that it doesn't matter what medical problems you have, you can always find a way to overcome them. Amie is a brilliant instructor, and her empathy with children who suffer from asthma (Amie also has asthma) and her patience and understanding with obese children and those who have ADHD is evidenced in the popularity of the classes she teaches."

Amie will be travelling out to Italy in October this year as she prepares to defend her world title. She says: "I've been training really hard for this, and am very confident that I'll be bringing back the title to Britain once again."

Cancer Support Service at City

The Courtyard Cancer Information and Support Service at Sandwell Hospital launched its partner service at City Hospital at the end of May last year.

'Cancer Support' is a service for City patients, their carers and others affected by or concerned about cancer, and is situated in the Oncology Unit, Ground Floor of the Birmingham Treatment Centre.

Since the launch of the Courtyard Centre at Sandwell Hospital in November 2001, patients and visitors have had access to a wide range of information and support services, including help and support from our dedicated team of volunteers.
However for a long time, no similar service had been available for patients attending the City site.

Cancer Support is a five year project funded by Macmillan Cancer Support. The service is for anyone affected by or concerned about cancer and offers:

- Information on all types of cancer and cancer-related issues
- Access to cancer-related websites via the internet
- Information on local and national support groups
- Referral to Macmillan Benefits Advisor
- Referral to Headstrong service
- Plus…a range of other useful information and resources

For more information ring 0121 507 5935 or 07876 747738.

Rowley's green warriors are fighting waste

YOU name it and staff at Rowley Regis Hospital are recycling it!

Old spectacles, used batteries from hearing aids and bleeps, old jewellery, watches, keys, foreign coins, ink cartridges and light bulbs, nothing is wasted and just thrown away. They are even composting old flowers from the wards, tea bags and fruit peel for the hospital's gardening club. The motivation behind all the green schemes has come from Rowley receptionist Christine Mallaber and has been taken up with enthusiasm by the staff.

"Now we are green warriors instead of green worriers," said Staff Nurse Alison Scott.

John's Story

LICHFIELD resident John May has a lot to thank City Hospital's skin centre for, as he was almost blinded by a mistake in his GP's prescription for a drug to treat an irritating skin condition. He takes up the story: "I suffered from a mystery skin ailment that covered my hands and back with an intensely itchy rash, and no ointments or treatments seemed to work.

"Eventually I attended a local hospital and was prescribed a course of tablets that really seemed to make a miraculous difference. I was over the moon! However during a routine optician's appointment I had a terrible shock as the optician said I needed immediate hospital treatment, as I had mounting pressure building up behind my eyes which could have led to total blindness.

"As it is I have lost a percentage of my vision, although luckily I can still do everything I previously did, and I'm thankful it was caught in time.

"After my initial eye scare, I was referred to the Skin Centre on the City Hospital site and my new consultant discovered my 'wonder' drug was actually prescribed at five times the normal dose!

"My skin has since cleared up and I am really grateful that the error was discovered in time, and it's ironic that in my free time I run Talking Newspapers for the blind in Lichfield. This is a scheme where volunteers read out news stories and items of interest from our local Lichfield newspapers, which are then recorded onto tapes and posted out on a weekly basis to a large group of blind and partially sighted local people.

"It really makes a difference to them, and is supported by some great local organisations including Lichfield Soroptimists and the Lions Club."

Nurses Seeing 'Red' Over Patient Nutrition

Nurses on Sandwell Hospital's Newton 3 ward are seeing red in a bid to ensure patients get a good square meal.

Following a Nursing Standard Campaign, staff on the ward decided to pilot the Red Tray project to help ensure vulnerable patients got all the help they needed to eat their way back to good health. Patients, particularly those who have difficulty feeding themselves, are visually flagged up to staff as needing extra help as all their food is served on a red tray.

Since then the Matrons have been integral to rolling out the scheme and it is now in place on other wards across Sandwell and City sites. The project on Newton 3 has proved so successful in helping to meet the nutritional needs of patients, staff from the ward are now helping to raise awarness among patients, relatives and staff to its benefits.

More than 140 staff, medical students, patients and relatives signed-up offering their support to the project at a recent Awareness Day held in Sandwell Hospital main reception to promote the Red Tray and Protected Mealtimes schemes.

Newton 3 Ward Manager Gaynor Farmer said: "The Red Tray Project is a way of nutritionally supporting our patients to ensure they have enough to eat and drink and help them to recover well. Each patient has a nutritional assessment when they are admitted to the ward. If a patient is identified as scoring above a six they are automatically referred onto the red tray system.

"Every time a red tray meal is served to a patient a member of the nursing staff is told and the nurse spends at least 15 minutes with the patient assisting and supervising and a food chart is completed."

Gaynor is in no doubt about the benefits of the scheme. "Since introducing red rays we have had no complaints over nutritional issues," she added. "It has also reduced referrals to dietetics due to early intervention."

PROFESSIONAL

Professional and Knowledgeable

Hand washing, a lesson for life

EARLIER this year, play specialist Julie Dale took the Trust's hand washing message to some of our younger patients.

Julie taught hand washing methods to children on Sandwell's Lyndon 1 and Lyndon Ground wards, by offering the children an opportunity to rub some special gel into their hands, then wash it off normally. The gel that isn't washed off when hands are cleaned glows under ultraviolet light, demonstrating that hand washing techniques need to be improved.

Additionally, a large number of staff also took the opportunity to join in and were surprised at how they needed to improve their hand washing technique after looking at their hands in the blue light box.

Julie said: "It was a really worthwhile exercise, as the children were fascinated to see just how much gel was left after they had washed their hands thoroughly. After the test I taught them hand washing techniques which I hope will last them a lifetime.

The fight against hospital infections

Thorough cleaning and decontamination of the environment is critical in the fight against hospital infections and the Trust is taking this very seriously. Some recent research has highlighted the extreme resistance of Clostridium difficile spores to conventional cleaning agents, and to combat this we have purchased some robots which deliver a spray of hydrogen peroxide that is lethal to any spores which may remain after a thorough clean.

These robots are only a part of our deep cleaning programme and we have also put in place 'on the spot' discharge teams who can rapidly clean areas when patients have been discharged or moved to another area in the hospital. Also we can send additional handymen and decorators to specific areas to ensure that minor repairs or refurbishments can be undertaken with a minimum of delay.

One of the key factors in the fight against MRSA is to identify those patients who are carrying the germ before they come into hospital. This is so we can take all possible precautions both to prevent them from developing a serious infection due to MRSA and also to prevent them passing the germ on to others in the hospital.

SWBH has been trying out a test which can be done on the admissions units and gives a result in just over an hour. This has proved extremely successful and popular with patients and staff alike. The test is now up and running in our critical care units and we plan to roll it out to new admissions to the hospital later this year. We have been the first hospital in the UK to try out this exciting technology and we have been asked to present our results at a national meeting on MRSA in the summer so that others can learn from our experiences.

Earlier this year norovirus or the winter vomiting virus caused the closure of a number of wards in Sandwell Hospital. This is a highly contagious infection and although short lived it can be extremely unpleasant for the sufferer. Outbreaks in hospitals are usually just part of a wider community problem. We now have the technology to diagnose this infection speedily and have been very successful in working with all our staff, patients and the public to ensure that every effort is made to prevent spread, either within our hospital or to neighbouring healthcare institutions. This means limiting movement of patients and staff around the Trust and severely restricting visiting.

Healthcare Ambassadors scoop National Award

The Trust's Healthcare Science Ambassadors won a National Education Business Partnership Award. It was given in recognition of the work the Ambassadors have done to encourage students to follow a science based career. Associate Director for Healthcare Science Anne Burge and Recruitment Co-ordinator Linda Randall were invited to a gala awards dinner in London to collect the award.

Anne Burge said: "It is simply wonderful that the work the team has been doing to encourage more young people to explore the world of the Healthcare Sciences, has been recognised with this award."

Sandwell Education Business Partnership nominated the Trust for the award, for the work involved in staging two special events for teaching professionals, aimed at inspiring teachers to encourage students to consider the many career options available in the full range of healthcare sciences. "It was with great appreciation that

we accepted the award and credit goes to everyone who spent their time and efforts in making our two teachers day events such an unbridled success. Following the popularity of the first event, a second was staged to launch a new Health Challenge, attracting participants from as far afield as Staffordshire, Gloucestershire and Worcestershire," said Anne.

Linda said: "As a Healthcare Science Ambassador I am over the moon to share this acknowledgement of how well our work is being received by the Education community. When we started this project, we were not motivated by thoughts of awards, but national recognition is very thrilling, and there is a real buzz in the team, who are delighted our second challenge has captialised on the success of our original one."

Arthur's Story

It was a grey day in January, and after the excitement of Christmas my wife and I decided to keep that holiday feeling by booking a holiday. We chose Majorca because we'd been many times before and knew it well. We were to fly out in September and it was great to have something to look forward to. I was pottering in the garden before lunch, and remember walking back to the house when all of a sudden I felt my legs give way.

It was quite scary, I must have passed out, because the next thing I remember I was in the ambulance on my way to City Hospital in Birmingham.

I had never been in hospital before and hadn't been to the doctor in over 50 years, so it was a real shock to my system to suddenly be projected into a hospital environment. I found out later that I'd had a stroke, and just could not believe how suddenly it had happened. I was never ill, and had no warning, it was a case of well one minute, on the floor the next.

Later my consultant told me that just half an hour after my stroke I would have died without medical intervention. Apparently I was the first person at City Hospital to be thrombolised following a dense stroke. I'm not quite sure what that means, but I do know I'm alive, and getting better, so that's good enough for me. Nine months on, I'm still recovering, and feel I'm improving slightly every day. The intensive physiotherapy helped enormously for me to make steady progress in regaining the use of my leg. For me small things feel like a big improvement. My speech is clear which is a huge relief. I can talk to my wife and children and make plans for the future.

We had to cancel our holiday, but I've got something else to look forward to, for I'll be 70 in November, and that's one celebration I'm determined not to miss.

Awards for staff

In the last year Trust staff have been recognised both locally and nationally for the incredible work they do, sometimes well beyond the call of duty. Celebrated for a host of reasons including innovation, brilliance and research, our staff are a shining example of commitment to the fundamental principles of the NHS. Here are just a few examples:

- **Mr Andrew Batch Consultant ENT surgeon** was awarded Honorary Fellowship of The Royal College of Speech and Language Therapists (RCSLT) in October 2007 for his contribution to the Speech and Language Therapy profession throughout his career .
- **Naomi Bridgwater** won national recognition in the form of the Innovation Champion for older people award in September 2007, run by the Birmingham & Black Country Strategic Health Authority (now NHS West Midlands).
- **Dr. Deep Chand, Consultant Radiologist and Lt.Col. RAMC** received the Order of St. John from Her Majesty the Queen for service to Humanity and Charities.
- **Continence Care Team led by Mr A S Arunkalaivanan MD** Consultant Urogynaecologist and Obstetrician won Runner-up 'Continence Care Team of the Year 2007' in the Hospital Doctor Awards.
- **City Hospital Critical Care Outreach led by Rebecca O'Dwyer** won the West Midlands NHS Innovation award, from Midtech, for designing Shaded Observation Charts which can be read instantly.
- **Imaging nursing team** were awarded a Faculty of Health, Health Care Award For Radiography placement area by UCE Birmingham. The award was made for opening up the X-ray department as a placement area for student nurses.
- **Dr Omer Khair, Chest physician** was given a Fit to Lead Advanced Medical Leader Award. It was made by The British Association of Medical Managers, followed around 12 months of work by Dr Khair putting together a portfolio covering 51 different standards.
- **The Learning & Development Department** was awarded Grade 1's 'Outstanding', by Ofsted in September 2007. They received the award for Apprenticeship and Advanced Apprenticeship training in Health & Social Care, Customer Service, Business Administration and Key Skills.

Matrons have their role recognised

THIRTY matrons and senior nurses in the Trust are to receive new uniforms.

The new uniforms are an outward sign of the recognition by the Trust of the value and status of senior nurses.

Chief Nurse Rachel Stevens said those nurses receiving the new uniforms were being recognised for their experience in cleanliness, infection control, professional leadership and for having responsibility for an area bigger than the traditional ward.

The plan is that ultimately there should be 40 of these senior nurses in the Trust, which Matron Heidi Peakman said would allow them to focus more on infection control standards and cleanliness.

"The importance of our role is being recognised more now than it ever has been," she commented.

- **Consultant Cariologist Dr Kiran Patel** won the BUPA Foundation Communications Award for Heart Health 2007. He was also a finalist in the Government Achievement Awards 2007 in the category of Reducing Health Inequalities Achievement of the Year.
- **Kaye Radford PhD,** Chief Speech & Language Therapist at City Hospital was awarded the Fellowship of the Royal College of Speech & Language Therapists in October 2007. This was awarded for work of special value to the profession in relation to research and clinical work with head & neck cancer patients.
- **Sandwell Day Nursery** (based at Sandwell Hospital) won the Day Nursery Award for 2007 awarded by Sandwell Early Years Development and Childcare Partnership. To achieve this award they were nominated by nursery users for their excellent care and high quality service.
- **Jean Walker, Head of Midwifery** won the Iolanthe Award of £1000 for her Midwifery studies into Female Genital Mutilation.
- **Allister Vale MD Consultant** Clinical Pharmacologist; Director, National Poisons Information Service (Birmingham Unit) and West Midlands Poisons Unit, was awarded the Honorary Fellowship of the Royal College of Physicians and Surgeons of Glasgow. The award was made to recognize Allister's twenty-five years contribution to postgraduate medical education in the Uk.

04
ACCESSIBLE

Accessible and Responsive

2010 and new hospital

Plans to build a new hospital in Smethwick are getting closer as planners consider an outline planning application for the Grove Lane site.

Planners have visited the site as part of their consideration of the proposal put forward by Sandwell and West Birmingham Hospitals NHS Trust as part of wider plans for health and social care in Sandwell and western Birmingham, known as the Towards 2010 Programme.

Staff and members of the public have taken part in workshops to help shape the design brief that will be given to PFI bidders once the Outline Business Case for the hospital is submitted later this year. More workshops are taking place over the coming months. Architects are interpreting the brief with a series of designs on a 1:200 scale, although it is expected the selected PFI partner will use their own architects when producing the final design.

More details are available in the Towards 2010 newsletters which you can obtain via the website: www.towards2010swb.nhs.uk or by phoning 0121 612 3510.

Some highlights of the Towards 2010 Programme:

2008 is the year where more patients will be able to make valuable choices as to where they are seen and treated. The move for outpatient clinics and some intermediate care beds will be taking place and some clinics will be available in patients' local communities including local Health centres, Birmingham Treatment Centre and Sandwell Hospital.

This means that people attending for check ups and those who need short term medical care but do not need to go into a hospital ward, can visit a special centre nearer to their home.

This is a long term project which will see different services moving into the community over the coming years. Phlebotomy, dermatology, diabetes, gynaecology and ophthalmology are some of the first services to pilot community clinics. More information is available in the Towards 2010 newsletter.

Rowley Regis Community Hospital

The Rowley Exemplar project has been considered a success by staff at Sandwell & West Birmingham Hospitals NHS Trust, the team at Sandwell Primary Care Trust and GPs from Warley Medical Practice.

An early initiative of the Towards 2010 project, the Rowley project focussed on converting 12 patient beds at Rowley to a new model of care. Patients who need short term care or intervention – for example; low grade chest infections, cellulitis and minor upper limb fractures stay in a ward at Rowley Hospital but are monitored by GPs from local practices with additional care from the nursing team based at Rowley. The average patient stay so far is around 6 days – but many patients have a 24 – 48 hour turn around.

This model of community care gives patients access to local care without the inconvenience of attending an acute hospital with an A and E, and having to wait to be seen by a doctor or consultant who may be seeing many patients who need emergency treatment and who take priority because of this.

Transport

Transport was the most frequently raised issue during public consultation on the Towards 2010 plans last year. In response to concerns raised during the public consultation a 2010 Transport Group has been established which includes people from the NHS organisations involved, Travel West Midlands and Local the Authorities.

The purpose of this group is to explore the range of issues relating to transport associated with the 2010 programme, to include traveling times, car parking and public transport access to the planned new health facilities.

Clot-Busting Clinic Helps Drive Down Waiting Times

Dr Kal Murali is breaking new ground by becoming the first consultant in the country to run a specialised rapid access DVT clinic from an A&E department.

Dr Murali has scanned more than 90 patients since setting up the clinic at Sandwell A&E in January, providing patients with a quick diagnosis of deep vein thrombosis. To enable him to set up the clinics Dr Murali trained as a sonographer undertaking a Postgraduate Certificate in Ultrasound at the University of Central England and gained clinical experience by working with the Radiology Department at Sandwell Hospital.

He now runs the rapid ultrasound clinic for one hour a day, four days a week, using ultrasound – the same scan that is given to pregnant women – to detect DVTs, usually in the legs. Combined with increased sessions by the radiology department, the new rapid access DVT clinic has drastically reduced the waiting time for DVT scans.

Patients with suspected DVT, are treated as if they have DVT. They have to come into A&E daily for potentially life-saving injections until they can be diagnosed by undergoing an ultrasound scan. They are then are treated in the community.

The new clinic plus the extra sessions provided by the Radiography Department, means that patients who had previously waited between 24-48 hours for a scan can be seen much quicker and there is less strain on A&E.

Dr Murali said: "Although there are A&E departments that use ultrasound, these are largely restricted to selected situations like evaluation of the abdomen in trauma (FAST scans) and looking for abdominal aortic aneurysms.

"The approach taken at Sandwell A&E is different in that in addition to the commonly practised indications, we have branched out into general abdominal evaluation in non-trauma and assessment for deep vein thrombosis in an organised manner – a rapid access ultrasound clinic.

"This is on top of ad-hoc examinations as the circumstances warranted."

Heather Pearce, Superintendent Sonographer, said: "What is very unusual is that Dr Murali - as an A&E consultant - has actually trained to become a sonographer.

"Although the ultrasound equipment is based in the EAU within the A&E department we are able to use it for our booked sessions when Dr Murali is not using it at lunchtimes so we have also been able to increase our capacity and accessibility. We now have very few patients waiting longer than 24 hours for DVT scans."

Dr Murali added: "This clinic highlights close co-operation between the radiology and the emergency department for the common good of the patient. Plans for the future include the setting up of emergency medicine specialist registrar training in emergency ultrasound."

Breaking the language barrier

Breaking language barriers between staff and non-English speaking patients is top of the agenda for the trust's internal interpreting service.

To compliment the existing provision within the trust, a number of Dual Handsets have been purchased to allow easier access to telephone interpreting (provided by Language Line - a global interpreting and translation company).

Throghout last November, Interpreting Services Co-ordinator Daniel Shinn hosted several events supported by representatives from Language Line to demonstrate the handsets and to raise awareness of the services on offer to all staff. The handsets were delivered to various departments in December.

Staff now have access to over 170 languages, 24 hours a day, seven days a week. All telephone interpreters are qualified to DSPI (Diploma in Public Service Interpreting) standard or equivalent and are bound by strict codes of conduct, ethics and confidentiality.

When a patient is in need of an interpreter, a member of staff provides a dual handset in a consultation area and pushes a red speed dial button. The conference call with the appropriate interpreter will then begin within 60 seconds.

Waiting times tumble for sexual health clinic

Patients attending a sexual health clinic in Birmingham and the Black Country have seen a dramatic improvement in the waiting time for an appointment.

During March this year, 98.2% of new patients at the GUM clinic at Sandwell were offered an appointment within 48 hours of contacting the clinic, compared to 35.8% in March 2007.

The Trust is hoping that the numbers of patients actually choosing to attend within 48 hours increases from 79% to 95% by next year. The GUM clinic – Genito-Urinary Medicine – sees patients with a variety of conditions including sexually transmitted infections and offers free contraception and advice. Patients mainly refer themselves but do also have referrals from GPs. Staff provide a very discrete and confidential service.

Deputy Chief Operating Officer Matthew Dodd said the improvements were down to a lot of hard "We had wanted to bring down waiting times for some time and this year made it a specific focus," he said. "It is important for patients and their sexual partners that patients needing treatment receive it quickly.

"This year we appointed more nursing staff to undertake expanded roles and the staff really got on board with new initiatives we put in place. We can now often offer appointments where patients can come straight to the clinic after they've rung. We have also established a monthly young person's walk in clinic at the Lyng Health Centre and developed a text messaging service for appointment reminders"

The clinic at the Lyng is open every Tuesday from 6pm to 8pm, and young people between the age of 16 – 25 are invited to attend for a range of sexual health services.

For more information please contact The Dartmouth Clinic on 0121 507 3094.

Emergency planning

Pandemic flu, heat waves, chemical incidents, traffic pile ups and acts of terrorism are all in a day's work for the Trust's new Emergency Planning Officer, Andrew Dunn.

Andrew is making sure the Trust is ready to deal with any emergency and is already putting staff through their paces after taking on the new role in March 2008.

The Trust regularly tests its emergency plans through table top exercises with key staff to full scale mock incidents. But this year managers decided to invest in a dedicated person to review the plans and ensure each hospital is ready to respond in the event of a major incident.

Major incident plans include policies and guidance on how to deal with a range of different scenarios, as well as business continuity arrangements in the light of an ongoing serious incident.

Andrew was a student nurse in A&E in Bradford during the Bradford City fire and was also working in the city during the Bradford riots. He gained an interest in emergency response and went on to teach A&E, trauma, orthopaedics and health law at University before managing the A&E department in Leeds at the time of the Selby rail disaster.
Prior to his appointment as Health Emergency Planning Officer at the Trust, he was the Health Emergency Planning Manager for acute Trusts and PCTs in Birmingham and Black Country and Chair of the Training and Exercise sub group of the West Midlands Conurbation local resilience forum.
With his experience of responding to major incidents and training others, he is a welcome addition to the Trust.

Patient feedback

Major changes are being introduced on the hospital wards as a result of patient feedback. The Trust regularly considers views and comments expressed by patients through patient surveys, the PALS and complaints surveys and feedback from patient and community groups such as the local Patient and Public Involvement (PPI) Forums. The opening hours of our Rowley Regis Hospital coffee shop have been extended in response to our PPI Forum. Forum members undertook surveys of staff and patients and made a good case for the hours to be increased.

For the past year a Patient Experience group of staff and patient representatives has driven changes including introduction of a staff award scheme and patient's champion award to recognise good practice. Now the approach is being expanded and a Patient Experience Team has been set up with a structure of groups and committees looking at different areas with patient representation.

The inpatient survey for 2007 showed the Trust has increased the number of areas it is performing well at but there is a lot of work to do to ensure we are delivering the services our patients expect.

The results show that we have short waits from GP referral to admission to hospital, we make printed patient information available and provide information about the side effects of medications. We also give information to and involve patient families and a large proportion of patients receive copies of letters to their GPs.
We have plans to improve the areas where the survey showed we did not do as well as we would like.

We need to improve privacy in City Hospital's A&E, although Sandwell compared well with the best performing hospitals. We are embarking on a million pound scheme to improve urgent care and the A&E environment.

Despite having some of the lowest infection rates of any large acute Trust in the country, the survey showed that many of our facilities still seem unclean to some patients. We are refurbishing bathroom facilities and invested an extra £2.5 million extra into cleaning and the ward environment between April 2007 and March 2008, including replacing furniture, enhanced cleaning, redecoration and deep cleaning. Since April 2008 we have invested another £600,000.

A new a la carte menu will be in place by November ward services officers responsible for cleaning and food service provision on the ward, and volunteer feeders, make up a £700,000 investment to improve food and nutrition which is another area that patients tell us we should improve. Major patient catering improvements coming this year.

Ward assessments and the ongoing training of nursing staff are taking place to improve the relationships between nurses and patients and information and publicity around the complaints procedure will be improved in response to patient comments.

In the 2007 maternity survey our patients rated us well on staffing capacity but results showed we had relatively low numbers of home births and high caesarian rates. The nature of the communities we serve does mean we often deal with more complex and more unplanned births which can lead to higher caesarean rates but we are keeping these under review. We are making significant improvements to our maternity services, appointing more midwives and launched a new 'home from home' birthing unit at City hospital in August 2008.

Introduction

The Trust performed very well in 2007/08 fulfilling both its operational and financial objectives and can report an audited surplus of £6,524,000 for the 2007/08 financial year. A surplus of this size was required as part of the Trust's formal financial recovery period which ended on 31 March 2008. The result for the year represents approximately 1.9% of overall resources.

Importantly, the financial results were achieved without any additional income support from the Department of Health or commissioners (other than normal payment for the delivery of patient care services, in line with service level agreements and the national tariff). The balance (£2.5m) of a Department of Health cash loan (£9m) taken out in 2006/07 will be paid off during 2008/09.

Aside from the duty to breakeven (or a surplus as above), the other primary financial duties were met in that the Trust:

- managed within a preset external financial limit (the EFL is a mechanism that controls the amount of cash spent during the year)
- met the CRL (the capital resource limit sets a ceiling for spending on new equipment and buildings expenditure)
- achieved a capital cost absorption rate of 3.5% (the Trust is required to pay a cash dividend of 3.5% to the DoH based on the value of its assets)

By using dedicated funding, the Trust undertook a significant programme of decontamination and patient environment improvements and it continues to prioritise these initiatives. A deep clean of ward/clinical areas was completed and a range of environmental improvements have been made, e.g. new beds, furniture and decoration. Importantly, new techniques have been introduced for infection control measures such as robotics which complement cleaning regimes by disinfecting ward areas following infection outbreaks. The results of this work look promising in keeping C-Diff (clostridium difficile) rates relatively low within our hospitals. The Trust also achieved a 30% reduction in MRSA rates between 2006/07 and 2007/08. Hand hygiene continues to be one of the main initiatives for controlling the spread of infection.

In addition to increased cost management, the Trust's clinical and operational areas continue to develop, seeking new treatments and improvements in healthcare to ensure that resources are used to best effect for patients.

On the following pages you will find a summary of the Trust's performance and financial results taken from our full annual accounts, as well as our objectives for 2008-09. If you would like to see the full accounts, you can obtain a copy free of charge by writing to: Robert White, Director of Finance and Performance Management, Sandwell and West Birmingham Hospitals NHS Trust, City Hospital, Dudley Road, Birmingham, B18 7QH or telephone 0121 507 4871.

"The Trust also achieved a 30% reduction in MRSA rates between 2006/07 and 2007/08"

2.0 - About the Trust

Sandwell and West Birmingham Hospitals NHS Trust provides a wide range of acute healthcare services to the population of Sandwell and western Birmingham. The Trust also provides a range of more specialist services to a wider population, including specialist ophthalmology services from the Birmingham and Midland Eye Centre and the gynae-oncology centre for the Pan - Birmingham Cancer Network. It has an annual income of c.£349m and employs c.6,000 staff making it one of the largest employers in the locality.

The Trust primarily operates from three hospital sites:

- City Hospital, Birmingham (the Birmingham Treatment Centre and Birmingham and Midland Eye Centre are also on this site)
- Sandwell General Hospital, West Bromwich
- Rowley Regis (Community) Hospital

Some outpatient clinics are run in other locations in Sandwell and Birmingham and the Trust also provides some community services to patients in their homes.

Sandwell General Hospital and City Hospital are busy acute hospitals providing many specialist services and a full range of emergency services, including Accident and Emergency at both sites. Rowley Regis Community Hospital provides continuing care, rehabilitation and respite care as well as a range of outpatient and diagnostic facilities.

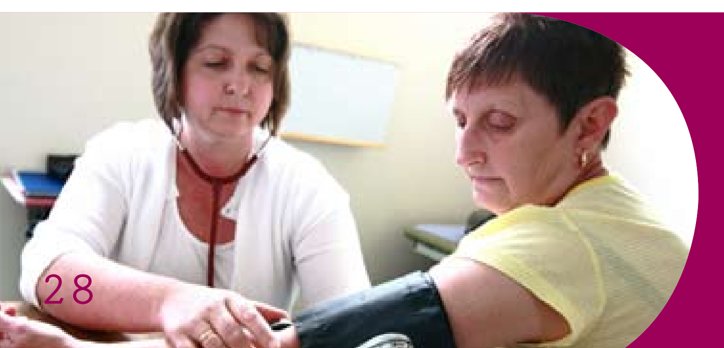
The Birmingham Treatment Centre is situated on the City Hospital site and provides state of the art facilities for a wide range of outpatient clinics and day case surgery.

The Birmingham and Midland Eye Centre is also situated on the City site and is the regional specialist eye hospital providing inpatient, day case and outpatient services.

The Birmingham Skin Centre at City Hospital provides a complex range of dermatology services to patients from Sandwell, Birmingham and beyond.

The Trust is a teaching hospital of the University of Birmingham School of Medicine. The Trust also delivers undergraduate and specialist education for nurses and professions allied to medicine in conjunction with the University of Birmingham, the University of Wolverhampton and Birmingham City University. The Trust is accredited as a centre for NVQ training and provides vocational education to local employers as well as to its own staff. It has a broad portfolio of research and development activities.

Just over half the Trust's patients come from the Sandwell PCT catchment area, with a further 25% from Heart of Birmingham. Birmingham East and North PCT and South Birmingham PCT are the next largest commissioners, accounting for 14% of our admissions.



"Sandwell and West Birmingham Hospitals NHS Trust provides a wide range of acute healthcare services to the population of Sandwell & Western Birmingham"

2.2 - Towards 2010

"Its purpose is to improve health outcomes by providing healthcare in modern facilities closer to people's homes"

The 'Towards 2010' programme is the partnership of SWBH, Heart of Birmingham teaching PCT, Sandwell PCT and Birmingham and Sandwell local authorities. Its purpose is to improve health outcomes by providing healthcare in modern facilities closer to people's homes. Plans include a new acute hospital in Smethwick, as well as community facilities in Sandwell and Birmingham that will provide outpatients, diagnostics, day-care procedures and intermediate care. The Birmingham Treatment Centre on the City Hospital site is planned to remain as part of future health configurations, as is the Emergency Services Centre at Sandwell and Rowley Regis Community Hospital). Planning for the new Acute Hospital is progressing well with outline planning permission submitted to Sandwell Council whilst work on the outline business case continues. This partnership represents one of the Trust's key strengths for ensuring the achievement of its objectives.

'Getting ready for 2010' is associated with a set of interim reconfigurations which the Trust consulted on and is progressing with. This includes new neo-natal units at both Sandwell and City hospital sites, a centralised pathology department (bringing together all pathology disciplines onto one site complemented by 'hot labs'), the creation of a paediatric assessment unit (PAU) at City hospital and the concentration of all inpatient beds at Sandwell for children expected to stay over 23 hours. The Trust's consultation process also included planned changes in the delivery of inpatient emergency surgery. Following the Secretary of State's approval of the Independent Review Panel recommendations, the Trust is moving forward with changes aimed at concentrating inpatient emergency surgery at Sandwell General Hospital. Importantly, these changes do not affect the full functioning of the existing two A&E departments.

The Towards 2010 programme concerns the wider 'whole health economy' changes involving PCT partners in modernising primary care and converting existing acute hospital sites to community hospitals that provide a full range of high tech diagnostic, outpatient and operating capacity along with complimentary services consistent with emerging Department of Health reforms (e.g. Care Closer to Home). This latter area contains one of the most significant influential factors for the Trust's strategic direction. This, along with the five national priorities contained in the operating framework i.e., cleanliness, access to services, improving health and reducing inequalities, patient satisfaction and emergency preparedness informs our 2008/09 objectives. In pursuing our vision and values, the Trust must take account of this framework as well as emerging trends such as practice based commissioning, a reduction in outpatient follow-up activity, admission avoidance initiatives, developing packages of care and improving diagnostics.

2.3 - Foundation Trust Status

The Trust consulted on its plans to become a Foundation Trust in the latter part of 2007/08 and received a positive response from the public, staff and wider stakeholder body. Comments were received on a range of issues such as the Trust's vision and values, age of members, voluntary and community involvement, balance and size of the Council of Governors and the geographical area covered by Trust constituencies.

The Trust is working with the Strategic Health Authority in preparing its Integrated Business Plan. It is intended that the plan is approved for submission to the SHA during 2008/09 followed by the necessary due diligence reviews by the Department of Health and MONITOR in determining whether the Trust can be licensed as an FT. The earliest this process could be complete is April 2009.

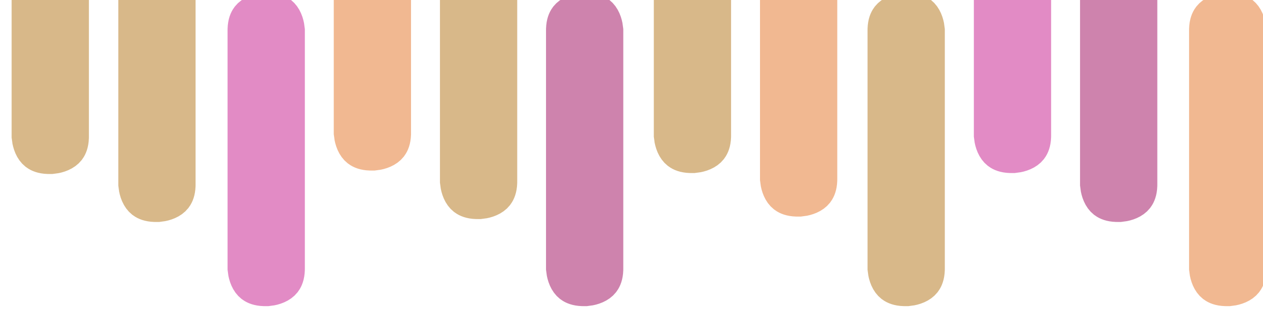
3.0 - Service Performance 2007/ 08

3.1 Overview

The purpose of the Trust is laid down in statute. Its activities are however guided by the national frameworks for delivery of care complete with inspection regimes and achievement of specific targets such as waiting times.2007/08 saw further expansion of the patient choice initiative to provide free choice of provider for elective hospital treatment. It was also key year of transition in the process of system reform within the NHS with many of the major changes due to take full effect in 2008/9.

The four key national priorities for 2007-08 were:

- **18 Weeks Referral to Treatment:** 85% for admitted patients and 90% non-admitted by March 2008. Trust currently at 90.6% admitted and 95.5% non-admitted.
- **MRSA and Hospital Acquired Infection:** Hit existing MRSA targets: c. 3 cases per month for SWBH for 07/08. Set local C Difficile targets: aim to maintain current low rates.
- **Health In equalities:** PCT focus on "best buy" interventions and mortality reduction targets.
- **Financial Health:** NHS to be in balance by end of 2006/07 and deliver £250m surplus in 2007/8.



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

During the year we:

continued to improve our productivity:

- our average length of stay has reduced from 5.7 days in 2006/7 to 5.0 days at December 2007; the proportion of our planned work undertaken as day case or short stay has increased from 88% in 2006/7 to 92% at January 2008; our outpatient new to review rate has reduced from 2.9 in 2006/7 to 2.7 at January 2008.

made progress with our plans for service reconfiguration:

- delivered paediatric reconfiguration concentrating inpatient beds in refurbished accommodation at Sandwell and developing a 24 hour PAU at City Hospital; completing the redevelopment of the neo-natal unit at Sandwell and started the redevelopment of new facilities at City
- started the redevelopment of facilities for pathology at City
- secured Secretary of State's approval for our plans for surgical reconfiguration following a review by the IRP.

successfully delivered our financial plan:

- delivered a £13m cost improvement programme
- delivered a £6.5m surplus to contribute to our financial recovery.

continued to develop our clinical services

- investing in improved cleaning regimes, retaining low c diff rates and reducing MRSA cases by 28.8% compared with 2006/7;
- appointing a fourth consultant gynae-oncologist and a senior lecturer to support full implementation of the best practice guidance;
- achieving Colorectal Cancer Screening Centre status;
- reconfiguring vascular surgery services and introducing new treatments e.g. Endovascular Stents; Sclerotherapy for treatment of varicose veins;

- introducing more direct access services including – one stop minor ops, "FLASH" Flexible Alternative Surgical Help, one stop carpel tunnel service
- developing EAU/Acute Physician working arrangements.

continued to prepare for longer-term future

- progressed the OBC for the new acute hospital;
- piloting the new models of care in "exemplar" services including diabetes, dermatology, urgent care and intermediate care
- introducing new single IT system for the Trust;
- launching our application for NHS Foundation Trust status.

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

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

The table below contains a summary of the corporate objectives for 2007/08 with a "traffic light" indication of their achievement.

1	**Continue the Trust's Financial Recovery**	
a	Deliver in-year financial balance	Green
b	Deliver a Cost Improvement Programme of at least £13m	Green
c	Make progress with addressing the historic deficit of £13.5m	Green
d	Improve on Healthcheck "Use of Resources" assessment	Green
2	**Continue to Improve Access to our Services**	
a	Achieve 18 week referral to treatment milestones by March 2008	Green
b	Achieve SHA milestones for max. Outpatient (5 weeks), diagnostic (6 weeks) and Inpatient (11 weeks) waits	Green
c	Continue to achieve national access targets in A&E and Cancer	Green
d	Achieve target for GUM	Yellow
3	**Deliver Proposed Service Configuration Changes**	
a	Complete public consultation and decision making process	Green
b	Deliver changes in paediatrics, neo-natal, surgery and pathology in line with implementation plans following consultation	Green

4	**Develop Services that demonstrate "2010" Approach in Action**
a	With Sandwell PCT develop "2010" community beds at Rowley Regis and with HoBtPCT at City
b	With HoB and Sandwell PCTs develop approaches to urgent care at City and Sandwell
c	Develop community-based outpatients in Diabetes
d	Launch new Renal partnership between SWBH, HoB and UHBT
5	**Make progress towards the new hospital through "Towards 2010"**
a	Submit the Outline Business Case for the new hospital
6	**Improve our Productivity**
a	Increase proportion of surgery done as day case and minimal stay
b	Increase theatre utilization
c	Reduce pre-operative elective length of stay
d	Reduce acute hospital length of stay
7	**Continue to Improve the Quality of our Services**
a	Meet the Healthcare Commission's standards for 2007/08 set through the Annual Healthcheck
b	Continue to reduce MRSA and healthcare associated infections
c	Undertake a comprehensive review of nurse staffing and develop an action plan to ensure appropriate staffing levels
d	Continue to improve standards of hospital cleanliness
e	Continue work on nursing standards (Essence of Care)
8	**Respond to Changes in Medical Workforce**
a	Introduce improvements to medical workforce management
b	Successfully implement Modernising Medical Careers
c	Implement Hospital at Night arrangements at City and Sandwell
9	**Improve our Effectiveness as an Organisation**
a	Launch an application for Foundation Trust status
b	Implement Electronic Staff Record
c	Gain benefits from new PAS and other systems introduced in 06/07 and 07/08
d	Launch an organisation-wide service improvement programme

3.2 Annual Healthcheck 2006/07 Performance Ratings

The Trust's most recent ratings in the Healthcare Commission's Annual Healthcheck we expect further improvements in the 2007/08 ratings summarised in the table below. The ratings for 2007/8 will be published in the autumn of 2008.

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

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

3.3 Patient Access Targets

The table below identifies the Trust performance against all national patient access targets as at 31 March 2008.

Patient Access Targets 2007/08	National Target	Trust Performance		Comments
Inpatient maximum waiting Time	26 weeks	17 weeks	✓	Only 61 patients > 9 weeks
Outpatient maximum waiting time	13 weeks	10 weeks	✓	Only 97 patients > 9 weeks
Admitted RTT Milestone	85%	90.6%	✓	
Non-Admitted RTT Milestone	90%	95.5%	✓	
Cancer 2 week wait from GP referral to appointment with specialist (% seen) appointment with specialist (% seen)	=> 98%	99.9%	✓	
All Cancers: one month diagnosis (decision to treat) to treatment	=> 97%	99.9%	✓	
All Cancers: two month GP urgent referral to treatment	=> 94%	99.7%	✓	
A&E waits (% seen in less than 4 hours)	=> 98%	98.9%	✓	Includes HoBtPCT minor injuries activity
Patients receiving thrombolysis within 60 minutes of calling for professional help	=> 68%	N/A	✓	The Trust uses primary angioplasty instead of Thrombolysis for heart attacks - for more advanced treatment
Patients waiting for longer than 3 months for revascularisation	0%	0%	✓	
Waiting times for rapid access chest pain clinic	=> 98%	99.6%	✓	
Waiting times for MRI and CT Scans	13 weeks	7 weeks	✓	Only 15 patients > 6 weeks

3.4 Patient Activity 2007/08

	2007/08	2006/07
Inpatient Elective	13,395	13,887
Inpatient non-elective	66,738	65,076
Day cases	46,304	45,831
Outpatients	493,054	498,419
A&E attendances	224,896	231,934
Births	6,054	5,788
Referrals	(projected) 149,321	138,580

This table summarises patient activity in 2007/08 and 2006/07

3.5 Management of Resources

The Trust commenced the year with a planned surplus of £4,500,000. A revised forecast of £6,500,000 was presented to the Board in September 2007. The additional surplus allowed the Trust to expedite loan repayments to the Department of Health during the year and in turn reduce the level of surplus required in 2008/09 to £2,500,000. The original planned surplus concluded the five year recovery period for the Trust and enabled it to declare that it met its statutory duty to breakeven taking one year with another. The extended breakeven period (5 years) was granted by the Strategic Health Authority thus allowing the Trust to repay all deficits built up in previous years. The key success factor in this 'turn around' was the organisation's ability to achieve its cost improvement targets. The programme was managed on a line by line basis as delivered by front line staff, clinicians and managers within overall resources of £348,475,000. The resultant productivity gains built upon the success seen in 2006/07 when a surplus of £3,399,000 was delivered.

By concentrating on changes that improve processes, the Trust was able to secure savings without compromising patient care. This theme of 'working smarter' continues in the Trust with initiatives such as the 'productive ward programme' and ensuring that front line staff are supported by making use of available technologies.

The process of managing risk follows an integrated approach where potential barriers to the achievement of corporate objectives are identified at the time of setting objectives with risk mitigation strategies agreed. The assurance framework is used throughout the year to monitor any weaknesses in either the controls used to mitigate risk or in the assurance to the Trust Board that controls are in place and working. A detailed description of the control environment and the handling of risk can be found in the statement on internal control.

The table below provides summarised income and expenditure information. Reference to 'asset impairment' refers to the discontinuation of on-site laundry provision and the assets previously employed. The significant rise in non-pay expenditure reflects yearend dedicated resources received for patient environment initiatives and deep-cleaning. Expenditure has also increased significantly as the Trust now accounts for high cost oncology drugs where previously another acute Trust provided this clinical supply and received the commensurate income from commissioners.

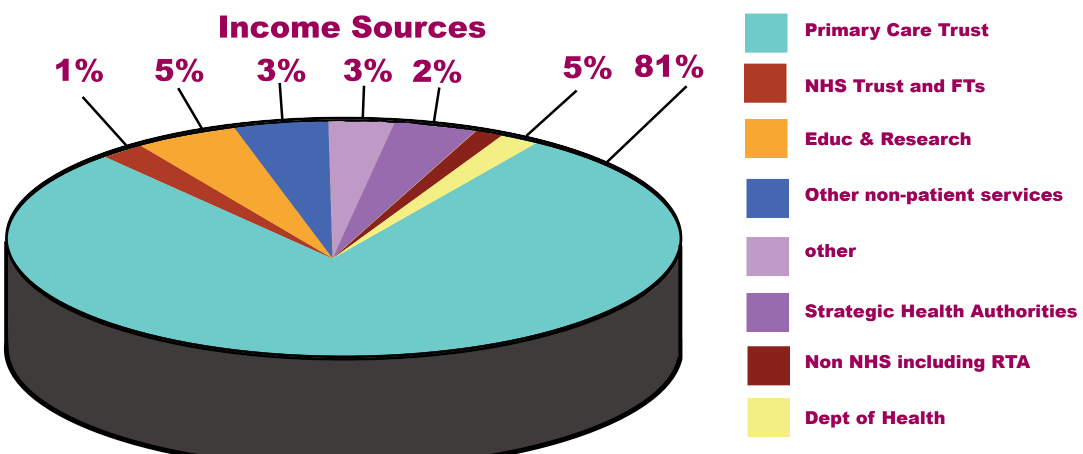
Actual Results £000s	2007/08	2006/07	% Change
Healthcare Income	309,745	289,019	7.17%
Other Income	38,730	38,517	0.55%
Total Income	348,475	327,536	6.39%
Pay Expenditure	219,686	220,244	-0.25%
Non Pay Expenditure	95,645	81,151	17.86%
Asset Impairment	3,346		
Depreciation & Dividends	23,274	22,742	2.34%
Total Expenditure	341,951	324,137	5.50%
Surplus (Deficit)	6,524	3,399	
%age of turnover	1.87%	1.04%	

3.6 Income from Commissioners and other sources

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

The main components of the Trust's c.£348.5m income are shown below. As can be seen in the pie chart, over 80% of the Trust's resources flow directly from Primary Care Trusts. The increase from the Department of Health (when compared with 06/07) relates to the market forces factor payment (local wage cost variations) and the Trust's entitlement to transitional gains under PbR (payment by results).

Sources of Income £000s	07/08	06/07
Strategic Health Authorities	5,690	2,876
NHS Trusts and FTs	1,182	4,284
Dept of Health	18,499	15,977
Primary Care Trusts	280,959	263,111
Non NHS including RTA	3,415	2,771
Education & Research	17,956	20,582
Other non-patient services	9,383	8,060
Other	11,391	9,875
Total Income	348,475	327,536



As in the previous year, the financial strategy focused on increasing productivity and improving cost control whilst ensuring all patient care activity and quality targets were met. The productivity gains revealed themselves in a number of areas especially via the reduction in average length of stay. One factor influencing this is the amount of surgical interventions that have moved from an inpatient setting to daycase care. The average length of stay in 2005/06 was 6.4 days, 5.7 days in 2006/07 and finished 2007/08 at 5.0 days.

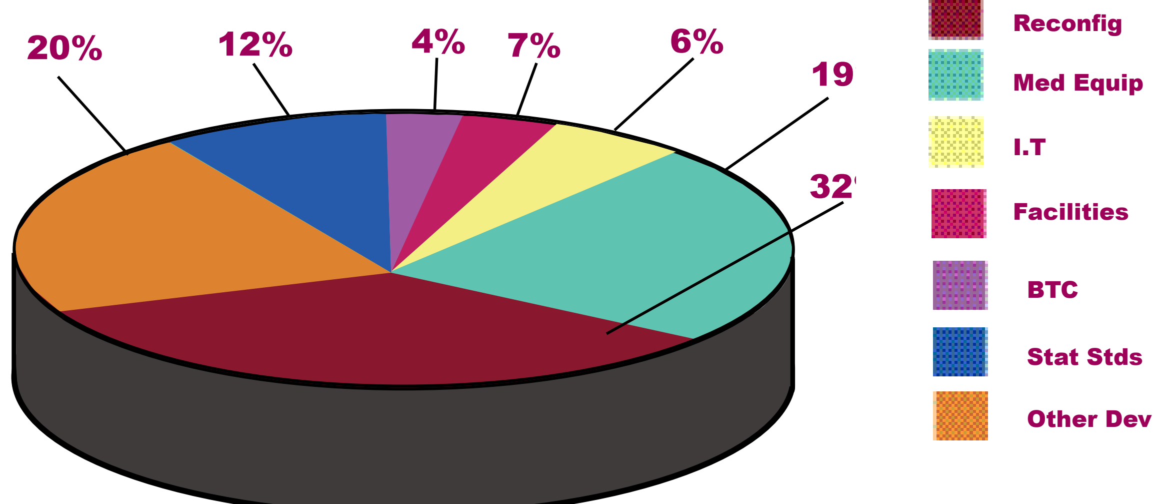
Waiting times for diagnostic tests, outpatients and inpatients continue to reduce leading to better patient experience. Bed occupancy remains near to 90% with daycase rates at about 77%. The differential between income per spell (admission) and cost per spell remains positive. Despite these results the Trust has retained the infrastructure that supports the sound management of resources especially the detailed monitoring of operational performance showing the level of staff employed, costs of using bank and agency workers and the return from capital investment. Staffing represents the largest element of the Trust's cost base hence the importance of ongoing monitoring and management. The accounts highlight some of the changes in the workforce as per note 6.2 to the accounts.

Average number of persons employed	Total	2007/08 Permanently Employer	Other	2006/07
	Number	Number	Number	Number
Medical and dental	748	735	13	814
Ambulance Staff	0	0	0	0
Administration and estates	1,295	1,233	62	1,341
Healthcare assistants and other support staff	557	533	24	564
Nursing, midwifery and health visiting staff	2,534	2,505	29	2,542
Nursing, midwifery and health visiting learners	0	0	0	0
Scientific, therapeutic and technical staff	878	869	9	903
Social care staff	0	0	0	0
Other	0	0	0	0
Total	**6,012**	**5,875**	**137**	**6,167**

Note: the reduction in medical staff relates to the discontinuation of hosting arrangements for pathology SpRs

3.7 Use of Capital Resources

The Trust's capital programme saw almost 1/3rd of total resources spent on 'reconfiguration' projects. This included neo-natal units at each main hospital site, pathology co-location and paediatric developments. These initiatives support the 2010 programme and will offer a significantly enhanced level of care to our patients. Other investment concentrated on modernising medical equipment as well as meeting the statutory standards associated with fire and security risks.



3.8 Information Governance

The Trust takes the protection of patient data very seriously and has a range of controls in place. There was however an incident of lost patient data owing to the theft of laptop. This involved approximately 262 records of child health assessments (excluding addresses). This incidence was reported to the SHA As part of strengthening information governance, the Trust has recently recruited an information governance manager to ensure that systems adhere to the current set of Information Commissioner and NHS guidance. This is to include the implementation of national software for the encryption of laptop devices.

Date of Incident	Nature of Incident	Nature of data involved	Number of people potentially affected	Notification Steps
Dec-07	Theft of a laptop at the home of a doctor containing lecture based research records	Patient names and dates of birth ('looked after children' under the care of the local authority) No addresses were disclosed.	262	Notifed SHA as required
Further action on information risk	Additional guidance on the handling and protection of data has been provided to all computer users. The Trust also undertook a planned review of its data flows and as a result modified certain processes in order to remove identified risks. An incidence review was conducted leading to system improvements.			

3.9 Clinical Governance

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

During the year, the Clinical Negligence Scheme for Trusts (CNST) was replaced by the NHS Litigation Authority Risk Management Standard which undertook a fundamental review of the assessment process. As a result, the Trust started at Level One for its assessment in January, achieving a score of 49 out of 50. Assessment for Level Two will take place in January 2009.

3.10 Risks and Risk Management

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

- the key risks to delivery of our objectives for the financial year;
- an assessment of the impact of the risk;
- the controls that we have in place to manage those risks;
- the assurances including external assurances available to support the Board in managing these risks.

The Assurance Framework is presented to the Trust Board and progress on managing the issues identified in the framework is reported to the Board regularly, alongside progress on the corporate objectives.

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

3.11 Health and Safety

HSE audited the Trust's management of work-related stress and sickness absence and found an encouraging appreciation of both issues at senior level with some weakness in policies, risk assessment and staff awareness; an action plan is in progress to address these issues. The Trust launched its revitalised health & safety consultation body, Health, Safety & Welfare Council with more focussed objectives and enhanced management co-operation. Moving & Handling incidents continue to decline, further evidence of effective risk management. Staff Survey findings consolidated previous years' improvements with respect to health & safety: 2% reduction in health & safety incidents, 26% reduction in moving & handling incidents, 30% reduction in violence against staff.

3.12 Equality and Diversity

The Trust's Race, Gender and Disability Equality Schemes were amalgamated into a Single Equality Scheme during 2007-08. The revised scheme contains the Trust's response to the statutory general and specific duties enshrined in the Equality Act (2006), the Disability Discrimination Act (2005) and the Race Relations (Amendment) Act (2000). It also embraces other equal opportunities legislation including, religion, age and sexual orientation and is due to be received by the Trust Board in July 2008.

3.13 The Trust as an Employer

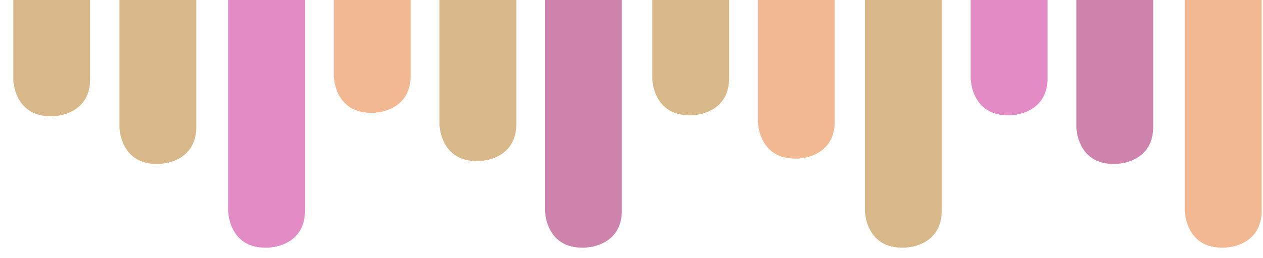
Trust staff can access a range of benefits. These include support for parents through nursery provision for young children, a childcare voucher scheme for parents to save money on their childcare and discounts on holiday playschemes. As part of the Improving Working Lives initiative, the Trust supports staff with Carer responsibilities through the Right to Request Flexible Working, Carers Leave entitlements and a Carers Handbook. The Trust has launched an Employment Charter and Code of Conduct for staff and managers and is committed to pursuing equality and valuing the diversity of its staff. Sandwell and Birmingham are two of the UK's most culturally diverse areas and the Trust regularly reviews its equal opportunities practices, policies, and training in the light of new legislation.

The Trust has launched 'Listening into Action' - a programme of staff engagement designed to change the culture of management within the Trust.

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

The development of our existing and future workforce will be critical to the Trust's future success, and to support this transformation the Workforce Directorate will lead a wide range of initiatives, the most important of which are:

- Improving workforce planning capacity and capability
- Increasing the operational functionality of the Electronic Staff Record
- Designing and commissioning a development programme to support the introduction of clinical assistant practitioners
- Significantly improving staff engagement and the way that change happens by expanding "Listening into Action"
- Ensuring that all staff are equipped with the right knowledge and skills to undertake their duties by using the Knowledge and Skills Framework (KSF) and its associated activities
- Managing the workforce change aspects of transferring service delivery from the hospital



3.14 Connecting for Health

The Trust began migration to the National System for IT Solutions in October 2007. An enormous amount of work went into planning for the new system which delivers a single IT system for patient data across the Trust. The initial transfer was not without its complications and work took place to implement a data quality programme following the migration. All the issues have now been resolved and a strategy is being implemented to bring the remaining systems on line and continue to roll out the Electronic Patient Record.

3.15 Environmental Performance

The Trust has continued to improve its environmental performance, maintain statutory compliance, demonstrate social responsibility and improve sustainable development whilst ensuring value for money. The Trust is pro-actively reducing energy consumption with a number of initiatives including improved thermal insulation, heating controls, steam distribution, refrigeration and high efficiency lighting. The Environmental Assessment Tool (NEAT) used to measure an organisation's environmental compliance has recently been replaced with a new measurement system, BREEAM (Building Research Establishment Environmental Assessment Management). Whilst the Trust is not yet required to undertake an assessment using the new system, it is fully expected to achieve a favourable outcome to reflect the 'very good' score achieved under the previous method. The Trust is a member of the recently formed NHS Good Corporate Citizen Group, established to share and promote good practise relating to environmental issues, particularly the improvement in sustainable development. In addition, the Trust continues to address many areas of environmental concern including reduction of disposals to land, emissions to air and management of discharges. All new building projects embrace the requirements of energy performance, sustainable development and environmental responsibility, demonstrating an ongoing commitment to environmental management and the reduction of carbon emissions.

3.16 Emergency preparedness

The Trust has a major incident plan for each of its hospitals that is fully compliant with the requirements of the NHS Emergency Planning Guidance 2005 and all associated guidance and subsequent and revised guidance. It also has an Influenza Pandemic Contingency Plan, Hospital Evacuation Plan and Business Continuity Plan. Plans are signed off by the Operational Management Board which is a sub-committee of the Trust Board and are monitored by an Emergency Preparedness and Contingency Planning Group that meets monthly. Plans are available on the Trust's intranet site and in each of the Trust and hospital control rooms. The plans take into account a wide variety of scenarios and numerous potential impacts on the operations of the Trust. The policies are regularly reviewed and regular major incident exercises are conducted on each site.

In March 2007, the Trust appointed Andrew Dunn to the role of Health Emergency Planning Officer. Andrew's role is to ensure that robust plans are in place for major incidents. He was previously the Health Emergency Planning Manager for all acute Trusts in Birmingham and the Black Country and brings a wealth of experience to the role.

3.17 Partnership working

The Trust is an active member of the Local Strategic Partnerships for Sandwell and Birmingham, regularly attending forums and events. We also work closely with the acute Trust PPI Forum and the local PCT PPI Forums. The PPI Forums were abolished by statute from 1st April 2008 and will be replaced by new organisations called LINks that cover Health and Social Care in each local authority. Until these have been fully established, the Trust Board has committed to supporting the PPI Forum to continue its role to represent the views of patients and the public. The Trust also works in partnership with other acute Trusts to provide some services and there are many other examples of partnership working with local NHS and non-NHS organisations, the largest of these is the Towards 2010 partnership.

3.18 Research and development

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

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

4.0 PREPARING FOR 2008/09

"In 2008 we are planning the next stages of the development of our organisation and the services we provide"

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

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

The Operating Framework for the NHS in England 2008/9 was published in December 2007 setting a three-year direction and the national context and priorities for the NHS for 2008-09. The framework introduces a set of "vital signs" for measuring local performance and aims to set a small number of national priorities, identify areas where local action is required but where there can be flexibility of approach and provide an opportunity for PCTs to select their own priorities and local targets.

The framework sets five national priorities for 2008/9

- Cleanliness and healthcare-associated infections. Two targets are set: maintaining MRSA infections at less than half the number in 2003/4 and a 30% reduction nationally in rates of clostridium difficile by 2011 from 2007/8 levels. Organisations are required to implement the forthcoming HCAI and Cleanliness Strategy and to introduce MRSA screening for elective cases in 2008/9 and for emergencies within the next three years.

- Improving access. Two areas are identified: 18 week referral to treatment waits and access to primary care. The December 2008 target that no patient should have to wait more than 18 weeks from referral to treatment unless clinically appropriate or they chose to do so is restated. The Framework sets out an intention to move to a patient-reported measure for the achievement of this target.

- Improving health and reducing inequalities. PCTs are required to focus on four areas:
  - cancer – implementation of the Cancer Reform Strategy including extended cancer waiting time targets;
  - stroke – implementation of the national Stroke Strategy;
  - children – continuing to improve children's health and well-being;
  - maternity – delivering the Maternity Matters Strategy.

- Experience, satisfaction and engagement. NHS organisations are expected to understand and respond to patient and staff satisfaction and to improve staff and patient and public engagement in the local health service.

- Emergency preparedness. All NHS organisations are expected to ensure that they are ready to respond to emergencies including pandemic flu or dangerous incidents. Plans to respond to a flu pandemic must be in place by December 2008.

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

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

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

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

- a 5.5% increase in revenue allocations for PCTs;
- allocations for one year only at this stage with all PCTs receiving the same percentage uplift pending a review of the weighted capitation formula. Allocations for 2009/10 and 20010/11 are expected in summer 2008;
- 10% increase in capital allocations for PCTs in 2008/9. As in 2007/8 NHS Trusts are expected to raise capital from internally generated cash or from interest bearing loans;
- the publication of the detailed tariff for 2008/9 as part of the final Payment by Results package. The tariff has a 2.3% uplift for 2008/9 taking account of a national 3% efficiency requirement.

4.2 Commissioner Expectations

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

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

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

In addition to national priorities HOB and Sandwell PCT's both identified local priorities to concentrate on conditions most important to their population including hear disease, cancer and diabetes.

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

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

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

4.2 Vital signs indicators

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

These include:

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

4.3 Trust Vision

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

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

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

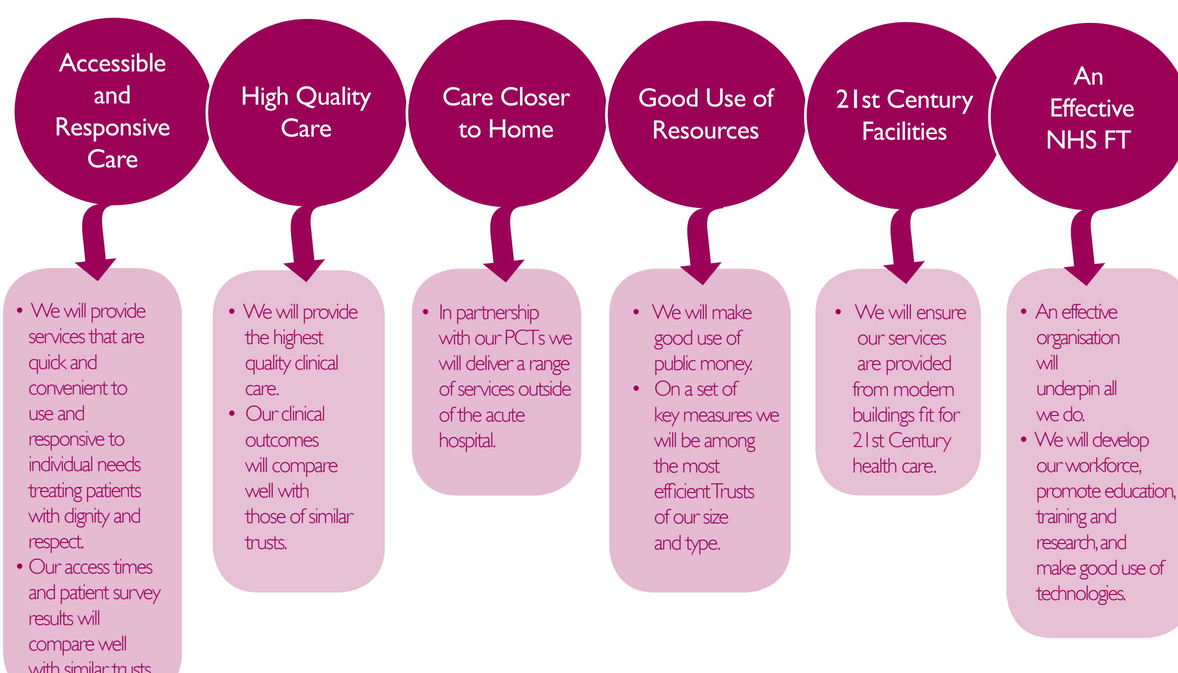
We will be...	What this will mean for our patients, relatives carers and out staff.
Caring and Compassionate	• We care for patients, their carers and relatives as they want us to. • We treat all our patients with dignity and respect.
Accessible and Responsive	• Our services are accessible to all. • We identify and respond to the diverse needs of the patients and communities that we serve. • We involve patients in decisions about their care.
Professional and Knowledgeable	• We demonstrate high levels of competence and professionalism in all we do. • We provide safe, high-quality services. • We pursue opportunities for innovation in the way we provide services.
Open and accountable	• We are open about what we do. • We are accountable to patients and local people for the decisions we take and the services we provide.

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

4.4 OBJECTIVES FOR 2008/09 AND BEYOND

Over recent months, in the context of the vision, the Trust Board has reviewed the Trust's long-term strategic objectives in preparation for a Foundation Trust application. This has resulted in a revised set of strategic objectives that develop those included in the Trust's Strategic Direction published in 2007.

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



5.0 Summary Financial Statements 2007/08

On the following pages, you will find a summary of the Trust's financial results taken from our full annual accounts. If you would like to see these in full, then you can obtain a copy free of charge by writing to:

Robert White, Director of Finance & Performance Management, Sandwell & West Birmingham Hospitals NHS Trust, City Hospital, Dudley Road, Birmingham, B18 7QH or telephone 0121 507 4871.

Income and Expenditure Account for the Year Ended 31 March 2008		
	2007/08	2006/07
	£000	£000
Income from activities	309,745	289,019
Other operating income	38,730	38,517
Operating expenses	(334,190)	(315,827)
Operating Surplus/(Deficit)	14,285	11,709
Profit/(loss) on disposal of fixed assets	(101)	(114)
Surplus/(Deficit) Before Interest	14,184	11,595
Interest receivable	1,644	803
Interest payable	(422)	(12)
Other finance costs - unwinding of discount	(51)	(39)
Surplus/(Deficit) for the Financial Year	15,355	12,347
Public Dividend Capital dividends payable	(8,831)	(8,948)
Retained Surplus/(Deficit) for the Year	6,524	3,399

Balance Sheet as at 31 March 2008		
	2007/08	**2006/07**
	£000	£000
Fixed Assets		
Intangible assets	373	509
Tangible assets	274,392	261,058
Investments	0	0
	274,765	261,567
Current Assets		
Stocks and work in progress	3,649	3,601
Debtors	19,508	20,974
Investments	0	0
Cash at bank and in hand	8,285	987
	31,442	25,562
Creditors: Amounts falling due within one year	**(29,672)**	**(25,693)**
Net Current Assets/(Liabilities)	**1,770**	**(131)**
Total Assets Less Current Liabilities	**276,535**	**261,436**
Creditors: Amounts falling due after more than one year	0	(4,500)
Provisions for Liabilities and Charges	(5,571)	(5,229)
Total Assets Employed	**270,964**	**251,707**
Financed by:		
Taxpayers' Equity		
Financed by:		
Public dividend capital	162,296	168,412
Revaluation reserve	83,147	70,841
Donated asset reserve	2,669	2,923
Government grant reserve	2,163	2,075
Other reserves*	9,058	9,058
Income and expenditure reserve	11,631	(1,602)
Total Taxpayers' Equity	**270,964**	**251,707**

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 March 2008		
	2007/08	2006/07
	£000	£000
Operating Activities		
Net cash inflow/(outflow) from operating activities	41,589	30,872
Returns on Investments and servicing of finance:		
Interest received	1,603	762
Interest paid	(428)	0
Interest element of finance leases	0	0
Net cash inflow/(outflow) from returns on investments and servicing of finance	**1,175**	**762**
Capital Expenditure		
(Payments) to acquire tangible fixed assets	(14,107)	(11,875)
Receipts from sale of tangible fixed assets	164	0
(Payments) to acquire intangible assets	(76)	(60)
Receipts from sale of intangible assets	0	0
(Payments to acquire)/receipts from sale of fixed asset investments	0	0
Net cash inflow/(outflow) from capital expenditure	**(14,019)**	**(11,935)**
DIVIDENDS PAID	**(8,831)**	**(8,948)**
Net cash inflow/(outflow) before management of liquid resources and financing	**19,914**	**10,751**
Management of liquid resources		
(Purchase) of investments with DH	0	-
(Purchase) of other current asset investments	0	0
Sale of investments with DH	0	0
Sale of other current asset investments	0	0
Net cash inflow/(outflow) from management of liquid resources	0	0
Net cash inflow/(outflow) before financing	19,914	10,751
FINANCING		
Public dividend capital received	0	5,769
Public dividend capital repaid (not previously accrued)	(6,116)	(25,451)

Continued - CASH FLOW STATEMENT FOR THE YEAR ENDED 31 March 2008		
Loans received from DH	0	9,000
Other loans received	0	0
Loans repaid to DH	6,500	-
Other loans repaid	0	0
Other capital receipts		
Capital element of finance lease rental payments	0	0
Cash transferred (to)/from other NHS bodies	0	0
Net cash inflow/(outflow) from financing	**(12,616)**	**(10,682)**
Increase/(decrease) in cash	**7,298**	**69**

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 March 2008	2007/08 £000	2006/07 £000
Surplus/(deficit) for the financial year before dividend payments	15,355	12,347
Fixed asset impairment losses	0	(4,669)
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	19,302	17,581
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	72	991
Total gains and losses recognised in the financial year	34,729	26,250

Management Costs (£000's)	2007/08	0%	2006/07	0%
Management Costs	10,737	3.25	9,947	3.25
Income	330,064		305,621	

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

Retirements due to ill-health

During 2007/08 there were 12 (2006/07, 10) early retirements from the NHS Trust on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £424,448 (2006/07, £459,771). The cost of these ill-health retirements will be borne by the NHS Business Services Authority-Pensions Division.

Better payment practice code

	2007/08 Number	£000s	2006/07 Number	£000s
Total Non-NHS trade invoices paid in the year	94,262	89,262	86,667	71,353
Total Non-NHS trade invoice paid within target	63,154	58,662	59,731	51,449
Percentage of Non-NHS trade invoices paid within target	67%	66%	69%	72%
Total NHS trade invoices paid in the year	2,246	17,262	2,457	18,569
Total NHS trade invoices paid within target	1,346	12,380	1,260	8,599
Percentage of NHS trade invoices paid within target	60%	72%	51%	46%

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.

NHS Bodies are permitted to adjust the measure of performance for any invoices which are considered to be disputed. Sandwell & West Birmingham Hospitals does not collect this information and the performance figures above cannot, therefore, be amended to reflect this adjustment.

The Late Payment of Commercial Debts (Interest) Act 1998

The Trust incurred no charges under this legislation during 2007/08 (£Nil 2006/07)

Profit/(Loss) on Disposal of Fixed Assets rofit/(loss) on the disposal of fixed assets is made up as follows:	2007/08 £000	2006/07 £000
Profit on disposal of fixed asset investments	0	0
(Loss) on disposal of fixed asset investments	0	0
Profit on disposal of intangible fixed assets	0	0
(Loss) on disposal of intangible fixed assets	0	0
Profit on disposal of land and buildings	0	0
(Loss) on disposal of land and buildings	0	0
Profits on disposal of plant and equipment	0	0
(Loss) on disposal of plant and equipment	(101)	(114)

Interest Payable		
	2007/08	2006/07
	£000	£000
Finance leases	**0**	0
Late payment of commercial debt	**0**	0
Loans	**422**	12
Other	**0**	0
- these costs pertain to the original 2006/07 SoS loan	**422**	12

Accounting Policies

The financial statements of the Trust have been prepared in accordance with the 2007/08 NHS Trusts Manual for Accounts issued by the Department of Health.

Application of some accounting policies requires an exercise of judgement. Provision is included in the accounts for legal or constructive obligations that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation. Estimates are, wherever possible, based on professional advice or information, primarily from the NHS Litigation Authority and the NHS Pensions Agency. There have been no changes to the basis of calculation of provisions in 2007/08.

Resources not recorded on the Balance Sheet

The majority of the Trust's financial and physical resources are recorded on the balance sheet at 31st March 2008, although this clearly excludes its major resource – the c. 6,000 staff it employs. As it is funded through the Private Finance Initiative (PFI), the Birmingham Treatment Centre is not shown on the Trust's balance sheet. This is a major physical resource from which a substantial proportion of day case, out-patient and diagnostic services are provided on the City site.

6. Remuneration Report for the Financial Year Ending 31 March 2008

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-Officer Members (Non-Executive Directors). As at 31st March 2008, these were:

- Sue Davis (Chair)
- Isobel Bartram
- Cllr Bill Thomas
- Roger Trotman
- Professor Jonathan Michie
- Dr Sarinder Sahota
- Gianjeet Hunjan

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.

Changes in Non Executive Directors include Richard Griffiths who left the Trust on 31/05/07 as did Professor Alasdair Geddes on 30/06/07. Dr Sarinder Sahota joined the Trust on 01/08/07 with Gainjeet Hunjan joining 16/08/07 as new Non Executive Directors. Executive Director changes include: Pauline Werhun, Director of Nursing retired 30/06/07 and was replaced by Rachel Overfield who joined 20/08/07 and Dr Hugh Bradby, Medical Director who retired 29/02/08, as replaced by Mr. Donal O'Donoghue on 01/03/08.

The pension information (on page No.55) contains entries for Executive Directors only, as Non-Executive Director's pay is not pensionable.

Cash Equivalent

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 pensionable 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 figures shown in the pensions benefits table 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 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.

Salaries and Allowances of Senior Managers						
Name and Title	2007-08			2006-07		
	Salary (bands of £5000)	Other Remuneration* (bands of £5000)	Benefits in Kind (rounded to the nearest £100)	Salary (bands of £5000)	Other Remuneration* (bands of £5000)	Benefits in Kind (rounded to the nearest £100)
Sue Davis, Chair	20-25	0	0	15-20	0	0
Isobel Bartram, Non Executive Director	5-10	0	0	5-10	0	0
Alistair Geddes, Non Executive Director	0-5	0	0	5-10	0	0
Richard Griffiths, Non Executive Director	0-5	0	0	5-10	0	0
Roger Trotman, Non Executive Director	5-10	0	0	5-10	0	0
Jonathan Michie, Non Executive Director	5-10	0	0	0-5	0	0
Bill Thomas, Non-Executive Director	5-10	0	0	5-10	0	0
Gianjeet Hunjan, Non Executive Director	0-5	0	0	0	0	0
Sarinder Singh Sahota, Non Executive Director	0-5	0	0	0	0	0
John Adler, Chief Executive	140-145	0	0	135-140	0	0
Robert White, Director of Finance	120-125	0	0	115-120	0	0
Pauline Werhun, Director of Nursing	30-35	0	0	90-95	0	0
Rachel Stevens, Chief Nurse	55-60	0	0	0	0	0
Hugh Bradby, Medical Director	40-45	110-115	0	45-50	120-125	0
Donal O'Donoghue, Medical Director	10-15	0	0	0	0	0
Richard Kirby, Director of Strategy	90-95	0	0	90-95	0	0

* Other pay includes an amount related to nationally determined awards.

Pension Benefits

Name and title	Real increase in pension at age 60	Lump sum at aged 60 related to real increase in pension	Total accrued pension at age 60 at 31 March 2008	Lump sum at aged 60 related to accrued pension at 31 March 2008	Cash Equivalent Transfer Value at 31 March 2008	Cash Equivalent Transfer Value at 31 March 2007	Real Increase in Cash Equivalent Transfer Value	Employers Contribu-tion 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
Sue Davis, Chair	0	0	0	0	0	0	0	0
Isobel Bartram, Non Executive Director	0	0	0	0	0	0	0	0
Alistair Geddes, Non Executive Director	0	0	0	0	0	0	0	0
Richard Griffiths, Non Executive Director	0	0	0	0	0	0	0	0
Roger Trotman, Non Executive Director	0	0	0	0	0	0	0	0
Jonathan Michie, Non Executive Director	0	0	0	0	0	0	0	0
Bill Thomas, Non-Executive Director	0	0	0	0	0	0	0	0
Gianjeet Hunjan, Non Executive Director	0	0	0	0	0	0	0	0
Sarinder Singh Sahota, Non Executive Director	0	0	0	0	0	0	0	0
John Adler, Chief Executive	0-2.5	0-2.5	40-45	120-125	556	495	34	0
Robert White, Director of Finance	0-2.5	5-7.5	20-25	65-70	299	261	22	0
Pauline Werhun, Director of Nursing *	-	-	-	-	-	593	-	0
Rachel Stevens, Chief Nurse	0-2.5	0-2.5	25-30	85-90	370	319	29	0
Hugh Bradby, Medical Director *	-	-	-	-	-	1,222	-	0
Donal O'Donoghue, Medical Director								0
Richard Kirkby, Director of Strategy	0-2.5	2.5-5	15-20	45-50	151	130	12	0

* Retired during the financial year.

7.0 Audit

The Trust's external auditor is KPMG LLP. The cost of work undertaken by the auditor in 2007/08 was £218,000 (excluding the audit of the charitable funds accounts). The auditor has also performed a piece of non-audit work in respect of Board Development. The fee for this work was £46,000 and was undertaken following a competitive procurement exercise conducted by the Trust.

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 auditors are aware of that information .

The members of the Audit Committee are Gianjeet Hunjun (Chair), Roger Trotman, Isobel Bartrum, Cllr Bill Thomas, Derek Alderson and Sarinder Sahota.

Register of member's interests

Name	Interest Declared
Sue Davis CBE	• Director – West Midlands Constitutional Convention • Director – RegenWM • Non-Executive Director – Administrative Justice and Tribunals Council
Non-officer Members	
Isobel Bartram	None
Gianjeet Hunjan (commenced: 16.8.07)	• Governor at Ferndale Primary School • LEA Governor at Oldbury College of Sport • Member of GMB Trade Union • Member of Managers in Partnership/UNISON • Treasurer for Ferndale Primary School Parents Association
Cllr. Bill Thomas	• Leader of Sandwell Council • Elected Member - Sandwell Council • Director – RegenCo • Director – Brandhall Labour Club Ltd • Non-Executive Director – Birmingham International Airport
Dr. Sarinder Singh Sahota OBE (commenced: 1.8.07)	• Vice Chair West Midlands Regional Assembly Ltd • Deputy Chair West Midlands Business Council Ltd • Trustee Acorns Hospice • Director Sahota Enterprises Ltd • Director Sahota Properties Ltd • Member – University of Birmingham Governing Council • Chair – NW Skills Academy

Name	Interest Declared
Roger Trotman	• Non-Executive Director – Stephens Gaskets Ltd • Non-Executive Director – Tufnol Industries Trustees Ltd • Member of the West Midlands Regional Assembly Ltd • Member of the West Midlands Regional Assembly Ltd – Regional Health Partnership • Member of the West Midland Business Council • Member of the Advantage West Midlands – Regional Finance Forum • Non Executive Director of Artistic Ministries
Prof Derek Alderson (commenced: 1.4.08)	None
Officer Members	
John Adler	None
Donal O'Donoghue (commenced: 1.3.08)	Limited medico-legal work
Richard Kirby	• Trustee – Birmingham South West Circuit Methodist Church • Trustee – Selly Oak Methodist Church
Rachel Stevens (commenced: 20.8.07)	None
Robert White	Directorship of Midtech clg
Associate Members	
Tim Atack	None
Kam Dhami	None
Colin Holden	None
Graham Seager	None
Trust Secretary	
Simon Grainger-Payne	Company Secretary – Maple 262 Ltd.
Former Board Members	
Prof. Alasdair Geddes (employment ceased: 0.6.07)	None
Richard Griffiths (employment ceased: 1.5.07)	President of West Midlands Regional for Amicus
Prof. Jonathan Michie (employment ceased: 1.3.08)	• Director - Mutuo • Director - Association of Business Schools
Pauline Werhun (employment ceased: 0.6.07)	None
Dr. Hugh Bradby (ceased directorship: 15.2.08)	• Limited private practice work predominantly at the Priory Hospital Birmingham • Director - Harborne Golf Club Ltd
Matthew Dodd (ceased directorship: 1.5.07)	None

Principles for Remedy

IN OCTOBER 2007 six 'Principles for Remedy' were drawn up by the government for NHS bodies to adopt as part of a widespread change to the way complaints are handled nationally.

The six principles are: getting it right, being customer focused, being open and accountable, acting fairly and proportionately, putting things right, and seeking continuous improvement.

The Trust was chosen to pilot a new system run by the Department of Health for handling health and social care complaints – a system that is due to come into effect in April 2009. The Trust is committed to adopting the six principles and has already developed a 'Being Open' policy which underlines the Trust's approach to improving patient safety by developing better communication between healthcare professionals and patients.

The Trust has also revised its policy on the handling of complaints, setting out individual roles and responsibilities and timescales for complaints to be resolved. The 12 objectives of the policy cover the six principles for remedy including making the process easily understood and accessible; ensuring lessons are learned from previous complaints; ensuring all complaints are treated seriously, sympathetically and within set timescales; and ensuring all complaints are fairly investigated in an open way, with an honest response being given to the complainant.

Further work is ongoing in preparation for the full implementation of the new arrangements in April 2009.

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

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

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

______________ Date ______________ Chief Executive

STATEMENT ON INTERNAL CONTROL 2007/08

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

1. Scope of responsibility

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

1.2 In my role as Chief Executive of the Trust I fulfil my own responsibilities as its Accountable Officer in close association with the Chief Executive and senior officers of the West Midlands Strategic HA and the Chief Executives of the local Primary Care Trusts. Governance and risk issues are regularly discussed at a variety of Health Economy wide for a, including formal review meetings with the Strategic HA and monthly meetings of Chief Executives.

2. The purpose of the system of internal control

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

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

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

2.2 The system of internal control has been in place in Sandwell and West Birmingham Hospitals NHS Trust for the year ended 31 March 2008 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

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

3.2 The Risk Strategy states that all staff will have access to risk management information, advice, instruction and training. The level of training varies to meet local and individual needs and will be assessed as part of the annual formal staff appraisal process.

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

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

4. The risk and control framework

4.1 The Board approved Risk Management Strategy includes the following:

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

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

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

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

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

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

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

The Auditor's weighted opinion gives consideration to specific audit reviews where 'significant assurance' or 'limited assurance' has been assigned. For example, the Assurance Framework (AF) identifies the risks to the Trust's strategic and corporate objectives, the key controls in place to manage these risks and the level of assurance with regard to the effectiveness of the controls. The framework identifies any gaps in both the controls and the assurances that the controls are effective. The Internal Auditor gave an opinion of 'significant assurance' on the controls surrounding the implementation of the Trust's AF.

4.4 Other areas receiving 'significant assurance' include, financial ledger, reporting and budgetary control, treasury management, stores, accounting for capital projects, payment by results, information governance and theatre utilisation. Areas attracting an opinion of 'limited assurance' included payroll & expenses (largely systems and process improvements), Non-pay expenditure (improvements required in the receipting process), Health & Social Care Standards (this review resulted in medium risk level recommendations for improving evidence gathering of clinical and cost effectiveness as well as accessible and responsive care), the 18 week referral to treatment RTT milestone (note: RTT targets met with audit recognition of progress made, improvements needed to assist management in day to day control), HAI (Healthcare Acquired Infections as linked to targeted reviews of hygiene and compliance thereof. Improvements commenced involving PEAT visit feedback, advisory notices and monthly and weekly monitoring), Equality and Diversity and Absence Management. Improvement initiatives in the area of Equality and Diversity include a Board approved single equality scheme and the identification of resources within the new-year plan necessary to train staff as well as anticipating and responding to E&D issues as they arise via established structures.

4.5 The Trust's Governance Board provides additional assurance to the organisation regarding the way in which risks to information are being managed and controlled. To this end, during January and February of 2008, the Trust reviewed confidential data flows and modified processes in mitigation of identified risks. This is an ongoing process as part of IGAP (information governance assessment process). An IGA (information governance audit) was completed during the year via use of the Information Governance Toolkit which reported an improvement over 2006/07.

4.6 The Trust's Public and Patient Involvement Strategy (PPI) facilitates the input of the Trust's Patient Forum to the annual business planning round. The publicly held Trust Board meetings cover the full gamut of clinical, corporate and business risk and discuss and monitor the delivery of corporate objectives and the detail of the Assurance Framework. The Trust Chair encourages as wide a range of public contributions in such discussions as possible from attendees. The Trust Board has held specific meetings with various public groups on specific issues of policy.

4.7 In support of the 'Towards 2010' Programme, and service reconfiguration proposals, the Trust has met frequently with the Joint Local Authority Overview and Scrutiny Committees in Birmingham and Sandwell. The risk associated with this project and wider Trust objectives is assessed in the context of external influences from patients, public, ministers and the DoH and wider societal interests.

4.8 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 time scales detailed in the Regulations.

5. Review of effectiveness

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

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

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

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

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

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

(d) Patient and Public Involvement Committee - the PPIC provides various stakeholders with the opportunity to bring issues to the attention of Trust Board members. In future, a patient experience group will undertake this role as part of wider work on patient experience, quality & diversity matters.

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

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

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

5.6 Specific reviews have been undertaken by Internal Audit, External Audit, CNST (Clinical Negligence Scheme for Trusts) and in respect of RPST (Risk Pooling Scheme for Trusts) as well as various external bodies.

5.7 In the Trust's Core Standards declaration for 2007/08, three standards were declared as unmet. The first standard (C4b) concerns safe systems for managing risk associated with the acquisition and use of medical devices. As this standard was not met in the previous financial year an improvement plan was implemented and achieved by 30 June 2007. However, it was self-assessed as non-compliant in 2007/08 owing to the period during the year when non-compliance remained (i.e. April to June 2007). The second standard (C7e) concerns the equality and diversity agenda and was declared as non-compliant owing to improvements needed in the training (and evidencing of training) of staff in undertaking equality impact assessments. An improvement plan is in place to achieve compliance in 2008/09. The final standard (C8b) involves the annual staff appraisal process whereby both the rate of formal appraisal and the recording of completed appraisals requires improvement. Again a corporate wide improvement plan is in place to ensure compliance in 2008/09.

6. Significant Control Issue

6.1 The Trust reported a single incident of lost patient data residing on a portable computing device to the SHA. This involved approximately 262 records of child health assessments (excluding addresses). The Trust's annual report discloses further information on the nature of the data loss. As part of strengthening information governance, additional guidance on the handling and protection of data has been provided to all computer users. The Trust also undertook a planned review of its data flows and as a result modified certain processes in order to remove identified risks. An incident review was conducted leading to system improvements.

Signed ______________________ Chief Executive (On behalf of the board)

Date ______________________

Annual Independent Auditor's Statement to the Board of Directors of Sandwell and West Birmingham Hospitals NHS Trust

We have examined the summary financial statement which comprises the income and expenditure account, balance sheet, statement of total recognised gains and losses and cash flow statement.

This report is made solely to the Board of Directors of Sandwell and West Birmingham Hospitals NHS Trust in respect of Sandwell and West Birmingham Hospitals NHS Trust as a body, in accordance with Section 2 of the Audit Commission Act 1998. Our audit work has been undertaken so that we might state to the Board of Directors of Sandwell and West Birmingham Hospitals NHS Trust, as a body, those matters which 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 toanyone other than Sandwell and West Birmingham Hospitals NHS Trust and the Board of Directors of Sandwell and West Birmingham Hospitals NHS Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of directors and auditors

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 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our audit 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 2008. We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements (20 June 2008) and the date of this statement.

KPMG LLP

2 Cornwall Street, Birmingham

28 August 2008

08

Useful information

You can find a wealth of information about the Trust on our website: www.swbh.nhs.uk. Alternatively you can email the Communications Department on: staff.communications@swbh.nhs.uk.

The Trust deals with more than one request per week, responding to each within a 20 day time frame. You can also use the Freedom of Information Act. Subjects vary from infection control to staffing or performance queries. Most of the requests in the last year have been from media organisations or opposition political parties.

For details on how to make a request under the Freedom of Information Act, please email **foi.requests@swbh.nhs.uk** or write to Freedom of Information at the Trust address which you can find on page 68.

LIST OF CLINICAL SPECIALTIES AND SERVICES

	CITY HOSPITAL	SANDWELL HOSPITAL	ROWLEY REGIS
Accident and emergency	✺	✺	
Anaesthetics	✺	✺	
Audiology	✺	✺	✺
Breast services	✺	✺	
Cardiology	✺	✺	✺
Cardiac rehabilitation	✺	✺	
Chemical pathology	✺	✺	✺
Chest medicine	✺	✺	
Chiropody	✺	✺	✺
Clinical haematology	✺	✺	✺
Clinical toxicology	✺		
Colorectal services	✺	✺	
Continuing care			✺
Critical care/ITU	✺	✺	
Dermatology	✺	✺	
Diabetology	✺	✺	✺
Dietetics	✺	✺	
Elderly day care	✺	✺	✺
Endocrinology	✺	✺	
ECG direct access	✺	✺	

	CITY HOSPITAL	SANDWELL HOSPITAL	ROWLEY REGIS
ENT	✺	✺	✺
Gastroenterology	✺	✺	✺
General haematology	✺	✺	
General medicine	✺	✺	
General surgery	✺	✺	
GU medicine		✺	
Geriatric medicine	✺	✺	✺
Gynaecology	✺	✺	
Haemoglobinopathy	✺		
Haematological oncology	✺	✺	
HDU (High Dependency Unit)	✺	✺	
Imaging	✺	✺	✺
Infection control services	✺	✺	✺
Interventional radiology	✺	✺	
Lymphodema	✺		
National Poisons Information Service	✺		
Neonatal	✺	✺	
Nephrology	✺	✺	
Neurology	✺	✺	
Neurophysiology	✺	✺	

Continued list overleaf

	CITY HOSPITAL	SANDWELL HOSPITAL	ROWLEY REGIS
Neuro-rehab	✱	✱	
Obstetrics	✱	✱	
Occupational therapy	✱	✱	✱
Oncology	✱	✱	
Ophthalmology	✱	✱	✱
Oral maxillofacial surgery	✱		
Orthotics	✱	✱	✱
Orthoptics	✱	✱	✱
Paediatrics	✱	✱	
Pain management	✱	✱	
Physiotherapy	✱	✱	✱
Plastic surgery	✱	✱	
Psychosexual	✱		
Rehabilitationn	✱	✱	✱
Respiratory/lung function	✱	✱	
Respite care			✱
Rheumatology	✱	✱	✱
Speech therapy	✱	✱	✱
Stroke unit	✱	✱	
Thoracic medicine	✱	✱	✱
Trauma and orthopaedics	✱	✱	✱
Urgent GP services	✱	✱	✱
Urodynamics	✱		
Urology	✱	✱	
Vascular surgery	✱	✱	

This list reflects services for which we have contracts for activity. It may not therefor be a comprehensive list of every service offered within the trust.

For example, therapy services such as Physiotherapy take place at all sites but at Sandwell/ Rowley there will be SLAs with the PCTs who employ staff . At City these staff are employed by the Trust and we have some direct access arrangements.

Directions and further information

Road Visit our website at **www.swbh.nhs.uk,** click on 'Visitor Information' and 'How to Find us'.

Public Centro Hotline **0121 200 2700**
Transport National Rail Hotline:
0845 748 4950.

City Hospital

Dudley Road
Birmingham
West Midlands
B18 7QH
Tel 0121 554 3801

City Hospital is situated on the Dudley Road. The main patient and visitor car parks can be accessed off Western Road.

Getting here by public transport
Bus 11A, 11C, 66, 66A, 80, 81, 82, 83, 87, 88.
Metro Jewellery Quarter.
Rail Birmingham New Street.

Sandwell Hospital

Lyndon
West Bromwich
West Midlands
B71 4HJ
Tel 0121 553 1831

Rowley Regis Hospital

Moor Lane
Rowley Regis
West Midlands
B65 8DA
Tel 0121 553 1831

Sandwell Hospital is situated in Lyndon off the A4031 All Saints Way.The main patient and visitor car parks can be acessed off Hallam Street.

Getting here by public transport

Bus 404, 404A, 404E, 405, 405A, 406H, 407H, 410, 451.
Metro West Bromwich Central.
Rail Sandwell and Dudley.

Rowley Regis Hospital is situated in Moor Lane, close to Rowley Regis Crematorium.The patient and visitor car park is accessed via the main entrance in Moor Lane.

Getting here by public transport

Bus 127, 238, 258 and 404A.
Rail Rowley Regis.

Parking

There is no change for the first 20 minutes parking which enables patients to be picked up and Hospitals parking charges are £2 for hour to the maximum of £10 for a stay over eight hours. Concessions are available for frequent visitors and patients receiving certain some or all travel costs. Parking at Rowley Regis costs 50p for up to six hours, £10 for over six hours.

Getting Involved

If you would like to get involved with the Trust, either through joining one of the local Patient and Public Involvement Forums, in one of the PPI user groups, on a patient information reading panel or would like to receive regular information about the Trust, write to:

Communications Department,
City Hospital,
Dudley Road,
Birmingham B18 7QH
Tel: 0121 507 5303

TRUST BOARD EXECUTIVE MANAGEMENT TEAM	
Chief Executive	John Adler
Medical Director	Donal O' Donoghue
Director of Finance and performance	Robert White
Chief Nurse	Rachel Stevens
Director of Strategy	Richard Kirby
Chief Operating Officer	Tim Attack
Deputy Chief Operating Officer	Matthew Dodd
Director of Workforce	Colin Holden
Director of Estates/ New Hospital Project Director	Graham Seager
Director of Governance	Kam Dhami
Head of Communications	Jessamy Kingshorn
TRUST BOARD NON-EXECUTIVE MEMBERS	
Chair	Sue Davis CBE
Vice Chair	Roger Trotman
Non-Executive Director	Dr Sarinder Singh Sahota
Non-Executive Director	Gianjeet Hunjan
Non-Executive Director	Isobel Bartram
Non-Executive Director	CLLR Bill Thomas CBE
Non-Executive Director	Prof Derek Alderson

Sandwell and West Birmingham Hospitals NHS
NHS Trust

A Teaching Trust of The University of Birmingham

Incorporating City, Sandwell and Rowley Regis Hospitals

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www.swbh.nhs.uk