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Annual Review 2009

Caring • Accessible • Professional • Open • Engaging •

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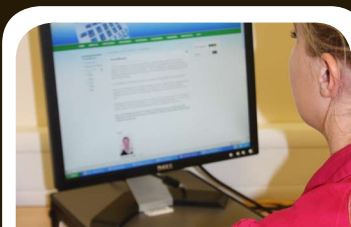
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Welcome from the Chair and Chief Executive

This year has been one of the most challenging and exciting for many years. We have made tremendous steps forward in our performance and the patient experience, our infection rates are at a record low and our patient survey results show that patients are happier with our services than ever before.

- We have made significant progress in developing our services in a number of important areas.
 - A major new approach to staff engagement to address the issues facing the Trust. The “Listening into Action” (LiA) programme we have begun involves staff (and more recently patients) in identifying and delivering changes in key areas to improve the services we provide.
 - Significant progress in delivering our long-term strategy through the Right Care, Right Here Programme (formerly Towards 2010 Programme) including securing approval from the Trust Board and NHS West Midlands to the Outline Business Case for the new acute hospital and working with PCTs to deliver a wider range of services closer to home.
 - We have continued to maintain low waiting times for our services including achieving the national NHS 18 week referral to treatment target, whilst sustaining financial stability by delivering our planned surplus of £2.5m and treating more patients than in previous years.
 - We have maintained our strong approach to infection control with further reductions in cases of MRSA and C Difficile and continued investment in ward cleaning and environmental improvements.
 - We improved our ratings in the Healthcare Commission Annual Health check achieving “good” for both quality of services and use of resources. This level of progress is a significant achievement on the part of all of the staff of the organisation.
- One of the things that has most impressed us this year has been the enthusiasm of local people to get involved with the Trust. Even though we are not yet a Foundation Trust, our membership stands at over 7,000 and we had an unprecedented 800 people registering to come to our AGM.
- In all, more than 2,500 members have come to a range of events and taken part in surveys over the last 12 months, and we have even been shortlisted for a national award for the way we are engaging with our members.

Having a programme of activities that is initiated by members themselves is part of the success, but it has become very apparent that people living in Sandwell and the heart of Birmingham have a real passion about their local health services.

Now we need to work more closely with local people to continue the improvements we have made over the last few years and make sure that the care they receive at our hospitals is amongst the best in the country.

We'd like to thank those patients and local people that have got involved over the last year, for your support and input. We'd also like to thank the staff, who have given everything we have asked of them and have made some significant and important improvements to our services.

Next year is going to present an even greater challenge but we are sure our staff will rise to it with the same dedication they have shown this year.



Sue Davis,
CBE, Chair



John Adler,
Chief Executive



Note from the Editor

Welcome to our 2008/09 Trust review. This year we've asked members of the public to tell us what they would like to see in this annual review and 159 people have given

Three quarters of responders told us you would like to see more on our future plans and our performance and finances, although nearly 60% of you would still like to read human interest stories and 45% would like to find out about national policy.

The magazine format has proved the most popular style, and we have structured it in chapters that match our strategic objectives. Following your feedback, we have included more about our future plans, performance and finances throughout the report.

The report is available in summary form and online. Translations are available

in British Sign Language, audio, and other languages on request and the full audited accounts are also available on request.

I hope you find this report successfully captures what has been happening at Sandwell and West Birmingham hospitals and gives you a flavour of what we are planning for the future. I would appreciate it if you could take a few minutes to complete the survey we have enclosed and return it to the freepost address.

Many thanks

Jessamy Kinghorn
Head of Communications
and Engagement

Our Vision

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.

Our Values

OUR VALUES

WHAT THIS MEANS

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 & 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 & 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.

Engaging & Empowering

- We value the experience and knowledge of all our staff and listen to their ideas.
- We work together across boundaries to provide the very best care.
- We provide an environment in which staff can flourish and grow.

Our Strategic Objectives

The first part of this annual review has been set out to give you some examples of how we are working to meet our strategic objectives.

Accessible and Responsive Care

We will provide services that are quick and convenient to use and responsive to individual needs treating patients with dignity and respect.

Our access times and patient survey results will be amongst the best of Trusts of our size and type.

High Quality Care

We will provide the highest quality clinical care.

Our clinical outcomes will be amongst the best of Trusts of our size and type.

Patients and frontline staff will be fully engaged in improving our services.

Care closer to home

In partnership with our PCTs, we will deliver a range of services outside of the acute hospital.

Good use of Resources

We will make good use of public money.

On a set of key measures we will be among the most efficient Trusts of our size and type.

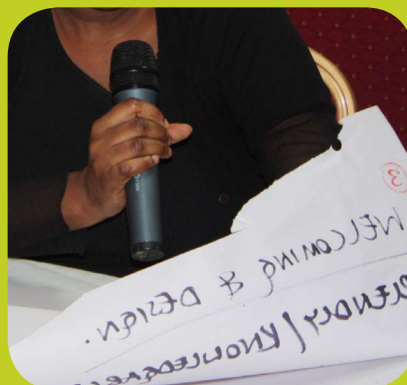
21st Century facilities

We will ensure our services are provided from modern buildings fit for 21st Century health care.

An Effective NHS FT

An effective organisation will underpin all we do.

We will develop our workforce, promote education, training and research, and make good use of technologies.



Chapter One

Accessible and Responsive Care

We are working to ensure our services are quick and convenient to use, responsive to individual needs, that we treat patients with dignity and respect and that our access times and patient survey results compare well with other trusts.

GUM Clinic waiting times

THE Trust's Genito-Urinary Medicine services have been praised by the Director of Public Health at Sandwell Primary Care Trust.

In March this year, Dr John Middleton wrote to the Dartmouth Clinic to commend the work being done to improve performance. Since June 2008, the Trust has offered 100% of patients an appointment within 48 hours, compared to 80% for the year 2007/08. In his letter, Dr Middleton said it was one of the best rates in the UK.

The target of patients seen within the 48 hour timescale has also increased, with 86% of patients being seen in January 2009, compared

to 56% in May 2008.

Tyrone Roberts, Matron in Gynaecology, puts this success down to improved access to services. "There are clinics every day but the team also set up walk-in clinics every afternoon and two evening clinics: one at the Dartmouth Clinic, and another one at the Lyng Health Centre in Oldbury," he explained.

"We also stopped closing at lunchtimes and phones are manned from 9am to 5pm," he added. The Trust has also seen a drop in people not attending appointments from 16% in April 2008 to just 4% in January 2009.

Patient experience



Major work is underway to improve the experience of patients at City, Sandwell and Rowley Regis hospitals. Whether it's the ward environment, hospital food, refreshments for visitors or the attitude of staff, staff are working hard to try and make the Trust a better place for patients.

A cool way to help patients

Blue beakers are now in use on wards across the Trust to indicate patients who may need help with drinking.

In the same way that patients with a red tray may need supervision or extra time to eat their meals, patients with a blue beaker may also experience difficulty in drinking and may need some help, support or encouragement.

Nouvelle cuisine

A new a-la-carte menu with more than 20 different choices each mealtime has been introduced across the Trust. The food is served by ward housekeepers from new heated food trolleys to ensure a first class service. With volunteer assistants helping during protected mealtimes, nurses are able to spend more time with the patients who need their help.

It'll cost'a coffee

In a bid to improve the choice available for staff, patients and visitors, Costa Coffee has opened in the Birmingham Treatment Centre.

Hot on its heels is a refurbished and improved café and welcome desk in the main entrance at City Hospital and a new coffee shop and cash point machine in the main entrance at Sandwell. Rowley is not missing out either. The café opening times have been extended and with the Trust's new a-la-carte menu being cooked in the kitchens, there's also a better range of food on offer in the café.

Breakfast club at Rowley

Stroke patients at Rowley are enjoying breakfast in style thanks to a new project to help their rehabilitation.

Staff have set up a Breakfast Club where patients are invited into McCarthy Ward's day room to sit down to breakfast rather than having it served to them in bed. The Club, which has a hotel rather than hospital feel, is proving successful in helping boost patients' mobility and social skills.

Clinical Nurse Practitioner Dee Totty said: "The Club is helping to get the patients into the routine of daily living so they are more prepared for life when they go back home or to nursing homes.

Instead of sitting in their beds, their brains are getting stimulation as they are able to interact with other patients and take part in activities."

Happy staff = happy patients

A major project (Optimal Ward) is underway to improve the way the wards run and improve the quality of patient care. It uses LiA (Listening into Action) which is an innovative method of staff engagement proving to be a very effective way of communicating with frontline staff and using their ideas to drive improvements in services to patients. In May 2009 there were 13 wards taking part of the scheme with more wards joining the project every month.

It's put a smile on the face of D16

D16 is one of the first four wards involved in the Optimal Wards Project. The ward has 25 beds, usually all full, and provides acute care for the elderly. It usually has no more than four or five nurses on a shift, and the work is demanding.

Before the LiA project began staff morale had been low, but 24 people came to the initial staff conversation and there was a real mood for change.

One of the benefits was that it didn't only involve staff from D16, but a whole range of people who work with the ward. As a result of appreciating the pressure the ward works under there has been a real change in the way wards now work together to make sure that the most dependent patients don't all end up on the same ward.

There are also improvements planned to the ward environment and a wish list of new equipment is in the pipeline.

Going for gold

A programme of ward reviews is underway along with the development of a Ward Accreditation Scheme when wards will be able to achieve Bronze, Silver or Gold status, depending on their scores. Patient satisfaction surveys, sickness absence, infection rates and a range of other information will form part of the review.

Chapter One

Responding to our patients

We continually listen to our patients and make improvements to their experience where we can. Whether it is improving patient access to Chiropody services to ensure patients' nail care needs are met, or introducing measures to better support grieving parents, we want our patients to tell us what is most important to them.

Improving the patient experience will continue to be a high priority for the Trust and you can expect to see more of these initiatives over the coming year. Improved notice boards, a review of patient information and the introduction of ward based surveys will be among the next things to put in place and we will also be looking at new ways to tell patients and local people what we are doing in response to their comments and piloting a service-led suggestion scheme in our stroke service.

Patient satisfaction with the trust is at an all time high, according to the results of the 2008 national inpatient survey.

The survey, published by the Care Quality Commission, reveals that patients put the trust in the top 20% of trusts in England for 'operations and procedures' and 'leaving hospital', two of the ten overall categories.

Patients at Sandwell Hospital, City Hospital in Birmingham, and Rowley Regis Hospital rated the trust as one of the best in the country for pain relief, explanations about operations or procedures – before and after the procedure, written information on leaving hospital and explanations about the purpose of medications.

Chief Nurse Rachel Overfield said; "The survey results are very encouraging and reflect some of the work we have been doing to improve patients' experiences. A lot more work has taken



Satisfaction at all time high

place since the survey was carried out and we hope to see even more improvements next year."

Amongst a large number of other areas where the trust had made significant improvements from 2007, 12% more patients described the ward as 'very clean', 9% more said the bathroom was 'very clean', 10% more patients said they saw doctors always washing their hands between patients, and 9% more said the same about nurses. Amongst other areas of improvement were the meal service and explanations about what was happening from staff – an area that was already rated very high.

In all, 22 questions saw significant improvements and only two showed a worse position than 2007. The main challenge for the trust is around mixed sex accommodation. "This is particularly difficult for us because of the age and design of many of our buildings," explained Rachel Overfield. "Our long term plan is for a state-of-the-art new hospital where mixed sex accommodation won't be an issue. However, we are working hard to ensure we can make improvements to our current facilities and plan to tackle as much of the problem as we can during this year." These results are incorporated into our Patient Experience Action Plan. They can be found on the Care Quality Commission website – www.cqc.org.uk/patientsurveyinpatient2008.cfm.

Patients have their say about A&E



THE 2008 national A&E survey showed the Trust is in the top 20% of Trusts when it comes to staff explaining clearly the purpose of medications patients are to take home.

But the Trust didn't do so well when it came to patients' perceptions of waiting times (despite having some of the shortest waiting times in the region), the information given to patients in A&E about their condition, doctors or nurses talking in front of patients as if they weren't there, and patients feeling bothered by other patients.

The managers and clinicians in charge of both A&E departments at City and Sandwell Hospitals will be using the findings from the survey to help them improve their services.

Parents have their say

In 2008 we ran our own survey of parents of 718 children who had been inpatients at our hospitals.

It was the biggest response the Trust has ever had to a survey. Over half the children were under four years old, with the largest proportion from Tipton. Most were fairly positive about their experience and the environment, with less than 10% rating them poorly.

Following the recent reconfiguration of paediatric services, less than 10% said they had been transferred but most said the transfer had gone smoothly and they had been given the information they needed.

Communication, staff attitude and information were the subjects praised most by relatives by a significant margin. Two thirds made special mention of the staff, including nurses and doctors, frequently describing them as 'helpful,' 'friendly,' 'caring' and 'welcoming.'

There was also some evidence of poor staff attitude and we are responding to some of the less positive comments by reviewing the parents' accommodation to ensure more mums and dads have beds to stay with children and we're continuing to reduce waiting times.

[The results of all these surveys are on our website.](#)

The views of our patients, along with Complaints and PALS data, are reported to a Patient Experience Group which reports to the Trust Board.

Concerns and Complaints

There was a significant increase in complaints received by the Trust in 2008/09 – from 697 in the previous year, to 791, although complaints did start to reduce in the last part of the year. The most significant increases were in delayed and cancelled appointments. 32% of complaints were upheld, with 39% partially upheld. 2% are still being considered.

General enquiries dominated the issues recorded by the Patient Advice and Liaison Service, with a number of concerns that turned into complaints.

The PALS team works with other staff to resolve as many of the concerns raised as possible. For example:

- Complaints were received about members of the public smoking in front of the doors leading to Sandwell Outpatients. Estates installed a sign directing people to a smoking shelter and removed the bin in which cigarette ends were being left.
- There were no drinking facilities for patients attending physio/stroke rehabilitation appointments so a water cooler was installed.
- Size and font of correspondence caused a problem to a visually impaired patient so improvements have been made and a review is taking place across the trust to ensure consistency.

Chapter One

Compliments

Compliments are always appreciated by our staff, who work hard to ensure patients have the best possible experience at our hospitals.

The number of patients who have a poor experience or complain is very low compared to the number of patients we treat and many patients and relatives send thank you letters direct to the wards or departments where they have been cared for.

We can't always count every single letter or compliment we receive, but we do know that in 2008/09 over 2,585 people took the trouble to write thank you letters to the Trust.

Customer Care Promises

Patients, carers and staff have welcomed the introduction of a set of Customer Care Promises for the Trust.

The nine promises have been devised by a group of front-line staff as the result of a Listening into Action project on Customer Care.

During April (2009), staff across all three hospitals were asked to comment via the staff newspaper and team brief where it was a key discussion topic. 96% of staff said the promises were a good idea, with around two-thirds saying they would make a difference to how we work in the Trust.

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

Local people were also asked to comment, with around 250 responding. There was overwhelming support for the promises and those who had been patients at the Trust gave some encouraging feedback on how we are measuring up against them.

The idea is to agree a set of standards for the way that all staff should treat their 'customers' – whether patients, carers, visitors or staff in other departments or from other organisations.

Over the next year, we are planning a series of initiatives to integrate these promises into the culture of the Trust and monitor how well we are doing.

HERE ARE OUR PROMISES

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

Chapter Two

High Quality Care

We are working to ensure the highest possible clinical care and that our clinical outcomes compare well, or better than other Trusts. We are ensuring patients and frontline staff are fully engaged in service developments.

Infection Control Team Scoop £150,000 award prize



Rebecca Evans (left) with Nick Baker, Deputy Computer Manager, Microbiology and Beryl Oppenheim

The Infection Control Team at Sandwell and West Birmingham Hospitals NHS Trust were recognised as “best in class” and beat off competition from other hospital trusts in the West Midlands to receive a top accolade in London.

The award ceremony recognised and celebrated nominees from across the NHS and industry who have made significant contributions towards the development or adoption of healthcare associated infection technologies over the past 12 months.

Strategic Health Authorities from around the UK were invited to nominate a Trust within their region which they thought had excelled and performed the best in regards to infection prevention.

Peter Blythin, Director of Nursing & Workforce at NHS West Midlands, said: “We were delighted to be given the opportunity to nominate one of our Trusts for this award.

“We were asked to put forward a Trust that had excelled in turning around its infection rates or was ‘best in class’ in infection prevention.

Sandwell and West Birmingham Hospitals NHS Trust is one of the most improved Trusts in the region, being well ahead of their targets for cutting rates of both C.diff and MRSA.

“We are very excited about the new technology that will be implemented in the Trust with this prize. We hope to work closely with the Trust to ensure that learning from this technology can be applied in other organisations.”

A delighted Beryl Oppenheim, Director of Infection Prevention and Control said: “While continuing to highlight the vital importance of good clinical practice and basic hygiene, our Trust has also invested significantly in new technologies over the past year to fight infections successfully and effectively.

“We have invested in the Sterinis “robots” which use hydrogen peroxide to help to decontaminate ward areas, and are implementing the rollout of rapid MRSA screening technology, which gives a result in less than 70 minutes.

“We have also invested in a system which allows us to disinfect laundry which is washed in our hospitals and have purchased equipment which enables us to swab surfaces and measure the effectiveness of our cleaning processes.

“We are very honoured West Midlands Strategic Health Authority has recognised our efforts and are delighted to receive the £150,000 prize money that will help Sandwell and West Birmingham Hospitals NHS Trust continue its fight against infections.”

Chapter Two

Surgical Reconfiguration

The Surgical Assessment Unit (SAU) based above the Medical Assessment Unit at City Hospital, is fully functional and running smoothly.

The newly refurbished unit provides patients with rapid access to a consultant and diagnostics tests and is one of two 24 hour A&E and Surgical/ Emergency Assessment Units at the Trust with the other based at Sandwell Hospital.

Sandwell Hospital also houses a single Inpatient Emergency General Surgical Unit on Lyndon 2 ward. All adults arriving at City needing an inpatient stay longer than 24 hours or an operation requiring a general anaesthetic will be transferred by the Trust in a dedicated ambulance to the unit at Sandwell Hospital.

Towards the latter part of 2009, the service will see a greater integration of nursing, theatre and medical staff across the two acute hospital sites. Trauma and Orthopaedic inpatient services will also see major changes this year. This will involve a new Orthopaedic Trauma Unit in Sandwell Hospital's Lyndon and Newton 3 wards, which will support the centralisation of inpatient trauma.

Voluntary inpatient orthopaedics will be centralised on the Orthopaedic Elective Unit, D26 ward at City Hospital. Patients needing long term post operative rehabilitation will be transferred closer to home, either to an appropriate intermediate care facility, such as Priory 3 based at Sandwell Hospital or D47 ward at City.

Following these changes outpatients, day case patients and short stay surgery will continue to be provided on both acute sites.

Maternity Services in the Spotlight

SUBSTANTIAL changes have been taking place in our maternity services that have been successful in improving the experience of local pregnant women.

New neonatal facilities and refurbished delivery rooms are just some of the changes, as well as more midwives, improved training and the appointment of a new Clinical Director Paul Bosio and Head of Midwifery Elaine Newell.

We had been making some improvements for some time but following the 2007 Maternity Survey and the Healthcare Commission report in January 2008 which rated the maternity services as 'weak,' we brought in external advice which we responded to immediately, and appointed a new clinical director to look at the service very honestly and in great detail.

A lot of attention and resources have gone into improving the quality of care we provide for pregnant women and their babies and we have seen substantial reductions in serious incidents, post partum haemorrhages and in caesarean section rates which are now lower than the national average.

Our long term plans for maternity involve the creation of a single, state-of-the-art, consultant led maternity unit and midwifery led birthing centre within the new hospital we plan to open in 2015.

However, our current priority is to continue our efforts to ensure a safe and high quality service for local women and their babies before the new hospital opens.

In order to make sure we can continue making improvements at both our hospitals, we need to consider a number of options which include where and how we provide our services over the next few years.

Experts at the Royal College of Obstetricians and Gynaecologists have recommended we reconfigure our services, and we will consider their recommendation as part of our review, but any decision to reconfigure would be subject to external review and public consultation. Our main concern is to ensure we continue to improve our services, and staff are working hard to provide a safe and high quality service for local women and their babies.

For more information log onto the Trust's website – www.swbh.nhs.uk.



Paul Bosio and Elaine Newell

Plans for the future

A review of the current configuration of the service is underway but no decision to reconfigure has been made. This review is likely to be completed over the summer of 2009.

Plans for developing a midwifery led unit on one of the hospital sites are underway as part of offering women more choice in childbirth. This unit would allow low-risk women to give birth in a purpose-built, low-tech, home from home environment rather than the much more clinical delivery suite. The outcome of the configuration review is not likely to affect the Trust plans for this unit.

Work is going on to support refugees, teenage mums and dads, and to improve the arts in hospitals. Our consultant midwife is also improving the range of holistic and therapeutic support available to women.

New consultant appointments mean the Trust will be able to increase the range of antenatal clinics it provides – including specialist maternal and foetal medicine clinics.



24/7 Care for stroke patients

HUGE strides have been made in Stroke Services this year towards providing 24 hour a day emergency care for patients.

A full 24/7 service was introduced at Sandwell Hospital in early summer, and recruitment and training is under way to enable the same service to be provided at City Hospital.

Many stroke patients can make a complete recovery if clot busting drugs are administered quickly, within three hours of the onset of symptoms of the stroke - a treatment called thrombolysis.

Any potential stroke patient is seen by a registrar, a doctor trained to quickly identify stroke symptoms. The patient then receives a prompt CT scan, at any time of the day, in order to determine the best treatment.

Work has also been done to ensure there are always spare beds available on the specialist Stroke units at City and Sandwell so patients get the best possible care from specially trained staff.

The man leading the work, together with senior manager Philip Thomas-Hands, is Deputy Medical Director Deva Situnayake, who has a real passion for improving Stroke services as both his parents suffered strokes.

Patients have also been involved from the beginning. Some were filmed talking about their experiences and this is being used as a training aid for staff. Changes are also being made to the information given to patients so they better understand the treatment they can expect.

Chapter Two

Paediatric Services

Following successful reconfiguration in 2007, inpatient wards for paediatrics are now at Sandwell Hospital and there is a 12 bedded paediatric assessment unit at City Hospital open 24 hours, 7 days a week for children who need to stay in hospital for less than 23 hours.

All the areas within Children's Services were upgraded as part of the reconfiguration and offer a much more family friendly environment. The improvements include a parents room on each ward and single sex bathroom facilities for the children. The Adolescent Unit has its own facilities including a recreation room.

A dedicated ambulance service transports children from City's Paediatric Assessment Unit (PAU) to Sandwell's inpatient unit if a patient needs care for

longer than 23 hours. On average one child per day is transferred between the two hospital sites.

Outpatient clinics and day case episodes e.g. children that have to have numerous blood tests and have to stay in hospital for a whole day are still carried out at both Sandwell and City Hospitals. The majority of day case surgery for children is carried out in the Birmingham Treatment Centre.

The Children's Community Service team continue to support early discharge by providing home visits for both West Birmingham and Sandwell patients. The Trust's Children's Service is working closely with colleagues from the local Primary Care Trusts (Heart of Birmingham and Sandwell) to develop and agree a strategic model of care for the future to provide care closer to home for children.

The University of Birmingham currently are carrying out an external evaluation of the Trust's paediatric services. The team led by Doctor Joan Durose is interviewing parents, patients and staff to form an evaluation of how the reconfiguration of the services has gone.

Region first for sight-saving treatment

The Birmingham and Midland Eye Centre (BMEC) has the region's first and only fast track Muscular Degeneration service.

The service, which treats patients with wet age-related macular degeneration (AMD), the leading cause of poor sight in the over 60's according to the Royal National Institute for the Blind (RNIB), started in BMEC's Out Patients Department in 2005.

In 2007, the Trust introduced the latest advancements in treating the sight impairing disease. A course of injections (known as Lucentis) administered in the patient's eye, is very effective in treating wet AMD.

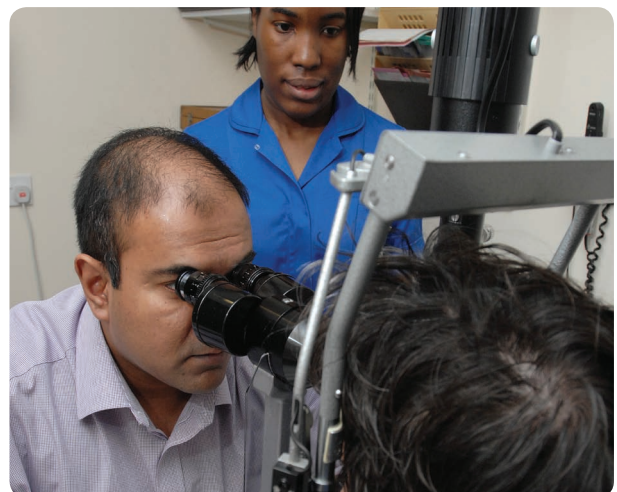
Patients referred to BMEC with age-related muscular degeneration are seen within 48 hours of their referral.

The service has developed, even with the National Institute for Health and Clinical Excellence (NICE) ruling in August 2008 that Lucentis should be provided locally for patients.

Despite this, the Birmingham and Midland Eye Centre, continues to see patients within and outside our Primary Care Trust (PCT) area.

Jackie Cooper, Ophthalmology Divisional General Manager explains: "The service has not only proved successful with patients, GPs and Optometrists within our remit but also further afield as Dudley and Wolverhampton.

"Patients are willing to travel further for first-class treatment."



Improvements in Diabetes services



DIABETES experts at Sandwell and West Birmingham Hospitals NHS Trust have teamed up with healthcare professionals from Sandwell PCT to help supplement their treatment through education.

In April 2008, hospital and community teams joined up to form 'Sandwell Diabetes Care', a unit of specialist nurses working together to deliver large-scale structured education for people with diabetes, while providing more specialist care in the most appropriate setting.

Dr Pete Davies, Community Consultant in Diabetes and Endocrinology, explained: "Our specialist team is there to support Sandwell people living with diabetes and their primary care teams to achieve better health outcomes."

The partnership also produces a newsletter for patients and a website, www.sandwelldiabetes.nhs.uk, which went live in November 2008, coinciding with World Diabetes Day. It offers information about patient education courses and training events run by Sandwell Diabetes Care.

For more information about training contact Dr Davies on 0121 507 3908 or email peter.davies@swbh.nhs.uk.

Rheumatology Services

RHEUMATOLOGY services at the Trust are expanding into the community, enabling patients to benefit from consultant-led clinics closer to home.

In addition to a City Hospital service, patients can now take advantage of the clinics offered at the Ashfurlong Clinic in Sutton Coldfield, the Apollo Centre in Kingstanding and Aston Health Centre.

"It is an exciting time in rheumatology because we are taking services out into the community, which means a better service for patients. The Ashfurlong Centre is a prime example of how a community rheumatology service works," explained Sue Butler, Senior Nurse for Rheumatology.

"Devolving clinics into the community fits in with the 'right care, right here' ethos of the Trust and we intend to continue this work under the guidance of our academic fellows," she added.

In March 2009 the Rheumatology Department set up a patient support group to help assess the success of services and feedback has been overwhelmingly positive.

Listening into Action aims to deliver better care

THIS year saw a big change in the way the Trust engages with its staff.

There is a large body of evidence to show staff who feel really engaged with the organisation they work for deliver a higher quality of care in the NHS. In April 2008 the Trust introduced Listening into Action [LiA] as a new way of engaging with staff, putting the ideas of frontline staff at the centre of how the Trust improves care for patients.

Chapter Two

The idea has been driven by the Chief Executive, John Adler, who made it clear from the outset that he wanted LiA to be a fundamental change in the way the Trust is run. In April LiA began with five 'staff conversations' at which 350 staff were asked three questions:

What was getting in the way of their working as they would like?

What would make them feel proud to work here?

What would be their top 3 priorities for action?

Staff were invited at random to represent a cross-section of the Trust's 6,000 plus staff. These events were made to feel very different to normal engagement work in the NHS. They were held off-site, and were high energy, with music and staff writing their responses onto paper table cloths so no ideas were lost.

The feedback from these events was incredibly positive, with an amazing 98% of staff rating them as either good, very good or excellent. Staff said they felt:

As if my opinion counts.

Empowered. I feel I matter and it makes a difference.

Proud that this has been thought up by my Trust.

Another important feature of LiA is that actions follow very quickly. A number of 'quick wins' were identified, which included:

A hotline and email was set up for staff to identify their top 10 eyesores, which were then tidied up.

More spaces were added to the staff car park.

New name badges were introduced for all staff.

A number of LiA projects were started, both corporate projects and in wards and

departments, to deal with those issues raised by staff.

Since April there are over 50 projects running across the Trust and over 2,000 staff have been directly involved in LiA in its first 12 months.

One of the most exciting developments has been to see this style of engagement extended to patients.

An LiA event was held for stroke patients to talk about their experience of care from the Trust. Some patients were filmed and the film shown to staff at their LiA event.

Staff found it a powerful experience to hear patients talking in such a candid way about their treatment and it has really given a momentum to the resulting work, which has been making an immediate impact on the quality of stroke care provided by the Trust.

In the Birmingham and Midlands Eye Centre, patients have been actively involved in designing new patient literature and in planned improvements to the reception area.

Another innovation which has arisen from LiA has been the creation of a set of customer care promises for staff. These were tested on Foundation Trust members and staff and were well received, and are now being rolled out across the Trust.

The results of this year's staff survey which, for the first time, was sent to every member of staff in the Trust and returned by 3,200, showed LiA is already beginning to make an impact on the levels of staff engagement.

81% had heard of Listening into Action.

Those who felt senior managers encouraged staff to suggest new ideas for improving services – up 14%;

Those who think patients are the Trust's top priority – up 10%;

Those who felt senior managers involve staff in important decisions – up 8%.

Listening into Action projects include 13 wards, elective access unit, medical assessment unit, maternity, imaging, breast screening, theatres, stroke care, medical records, pharmacy, audiology, dermatology, ophthalmology, cancer services, paediatrics, histopathology, planned admissions, elective access, estates, information management and technology, outpatients (Sandwell and Rowley), phlebotomy, physiotherapy, facilities, eye theatres, haematology, occupational health, neurophysiology, immunology and critical care.

Many of these are well established but others are just starting. All will continue throughout 2009/10. Planned events for staff and patients include paediatrics, planned admissions, neurophysiology and haematology. More wards are also expected to adopt the LiA approach.

Mortality Rates

Calculated by an independent research company called Dr Foster, Hospital Standardised Mortality Ratios (HSMR) are figures which indicate whether the death rate at a particular hospital is higher or lower than you would expect. However, information gathering of this sort can sometimes be inaccurate or imprecise because of the many factors that have to be considered.

More information on HSMR is available through the website www.drfoosterhealth.co.uk.

The HSMR compares the expected rate of death in a hospital with the actual rate of death. The calculation is done by looking at patients with diagnoses that most commonly result in death, to work out how often on average, across the whole country, they survive their stay in hospital and how often they die.

This is done by taking into account their age, their illness and whether they live in a deprived area. This provides the information to work out how many patients are expected to die at each hospital.

It is then compared with the number of patients that actually die. If the two numbers are the same the hospital gets a score of 100. If the number of deaths is ten per cent less than expected they get a score of 90. If it is ten per cent higher than expected, they score 110.

Looking at figures for the last three financial years,

Sandwell and West Birmingham Hospitals NHS Trust had the lowest HSMR at 101.81 of neighbouring acute trusts, which was in line with what would be expected for the trust.

In July 2008, the Trust's Governance and Risk Management Board identified a need for improving the review process of in-hospital mortality, so a steering group was set up to review every single death that occurs in our hospitals. In September 2008 the Trust applied to join a pilot project run by the Strategic Health Authority for a thorough review of hospital mortality. The results are expected soon.

Cardiovascular Sciences



Professor Lip (right) performs primary angioplasty

City hospital is the base for a research centre which is making great progress in identifying risk factors and treatments for heart disease and stroke. Led by Prof GYH Lip (who is Professor of Cardiovascular Medicine at the University of Birmingham; and Visiting Professor of Vascular Sciences at the University of Aston) the Centre has an international profile, with major impacts on common heart problems such as atrial fibrillation (AF), hypertension and heart failure.

AF is the commonest heart rhythm disorder and individuals aged over 40 have a 1 in 4 lifetime risk of developing AF. AF can be a forerunner to stroke, and research from this unit has improved ways to identify patients with highest stroke risk which has been adopted into NICE guidelines.

Chapter Two

Furthermore, the unit has focused research on improving patient uptake of anticoagulation for stroke prevention, as well as predicting bleeding risks whilst on anticoagulation.

Hypertension research from the unit has provided new information on the choice of drug treatments for managing hypertension. They have also highlighted the dangers of certain blood pressure drug use during the treatment of hypertension in pregnancy. Their input into epidemiological studies has provided new insights into the contribution of salt intake and nutrients (animal vs vegetable protein) to the development of high blood pressure. In heart failure, the unit is conducting the world's largest screening project for heart failure in a multi-ethnic community. The research has established the safety of exercise rehabilitation for mobile heart failure patients, on top of standard heart failure specialist nurse care.

The centre has also published research which has substantially increased understanding of the mechanisms of thrombosis and atherosclerosis. Prof Lip has had major input into NICE guidelines, as well as international guidelines for heart disease management published by the European Society of Cardiology and the American College of Chest Physicians.

Our Future Plans (2009/10)

Although we have achieved much in recent years, there is still much to do to achieve our long-term vision and strategic objectives. Our plans for the next 12 months (2009/10) include a series of major developments to ensure that we continue to make progress in improving the range and quality of services that we can provide for local people.

Some of the most significant developments for the year ahead include:

- A major programme of work to improve standards of privacy and dignity on our wards with the aim of ensuring that men and women only share facilities if there is a clear clinical reason for doing so (e.g. a need for critical care or other very specialist service).
- Improvements in our services for patients with stroke that aims to improve access to CT scans for patients admitted to the hospital following stroke, improve the availability of thrombolytic treatment for stroke and increase the amount of time in which patients are cared for by specialist teams in dedicated stroke units.
- Improvements in our maternity services including plans to develop at least one midwife-led birth centre in the Trust, deliver our Integrated Development Plan for maternity services and undertake a review of the longer-term options for the future of our service.
- We plan to continue to expand the range of outpatient and diagnostic services that we can provide from local centres outside our two main acute hospitals. This includes exploring options to expand the services we provide from Aston Health Centre and Rowley Regis Hospital. We will also launch the next stage in our consultant-led community eye service for South Birmingham.
- We will continue to invest in ensuring that we provide services from appropriate facilities in the run-up to the planned new acute hospital. In 2009/10 this will include investment in replacing the MRI scanner at City Hospital with a more up to date, powerful model increasing the range of scans that we can undertake and upgrading other accommodation at City.

Alongside these particular developments we will continue to roll-out our innovative approach to staff engagement "Listening into Action" through which increasing numbers of staff are directly involved in designing their services for the future, and we will continue to work with our PCT partners to progress plans for the new acute hospital and new community hospitals/treatment centres through the "Right Care, Right Here" Programme.

Chapter Three

Care Closer to Home

We are working in partnership with our commissioning PCTs to provide more care in locations outside our hospitals.

Right Care, Right Here for local people

THE Towards 2010 Programme has a new name. From April 2009 it became known as the Right Care, Right Here Programme. The decision by the Partnership Board followed considerable work to get the new brand right and ensure it accurately reflects what the Programme is trying to do.

Right Care, Right Here, as the new brand for the Programme, has been extensively tested with staff, stakeholders and patient groups. Feedback clearly supported the adoption of the new brand. The new Programme brand was launched at a Staff Engagement Event on April 3rd 2009.

Over 150 frontline staff from seven partner organisations, including PCTs, mental health trusts and local authorities, attended to give their views on the work of the newly formed Strategic Models of Care Steering (SMOCS) groups.

These groups have the responsibility of putting together clinical pathways for how care will work in a new environment after the proposed new hospital is built in Smethwick, due to open in 2015. The views of frontline staff will help provide a background for their work.

At this event Doug Round, Right Care, Right Here Executive Chair, said: "The Right Care, Right Here Programme has a unique, whole health

economy Partnership approach. More services will be provided in community settings, closer to where people live. This will deliver the 'Right Care, Right Here' for local people".

Right Care, Right Here is an ambitious programme of work designed to change and improve health and social care services across Sandwell and the heart of Birmingham.

The purpose of the programme is:

- Bringing care closer into people's local communities;
- Providing high quality care in high quality places;
- Making Sandwell and the heart of Birmingham healthier places to live and work.

Plans include the building of a state-of-the-art new acute hospital in Smethwick and five community hospitals in Sandwell and the heart of Birmingham. Over half of all outpatient appointments traditionally provided in City or Sandwell hospitals will be carried out in the community hospitals or health centres.

Chapter Three

Community Clinics

Rowley Regis Hospital is a pilot site for testing some of the ideas we have about how the community hospitals will run. During 2008/09 there were 7,884 occupied bed days at Rowley that were testing the new models, the equivalent of a full 22 bed ward for the whole year. Other schemes to test the models include a ward in Sheldon block at City Hospital. In total 16,858 occupied bed days were used during the year to test community inpatient models.

We are piloting more outpatient clinics in community settings for a number of services, including dermatology, ENT, diabetes, gynaecology and paediatrics. Every month more patients have their appointments without needing to visit an acute hospital. During 2008/09, 46,489 outpatient appointments took place in these pilot schemes. Venues for these clinics included Oldbury, West

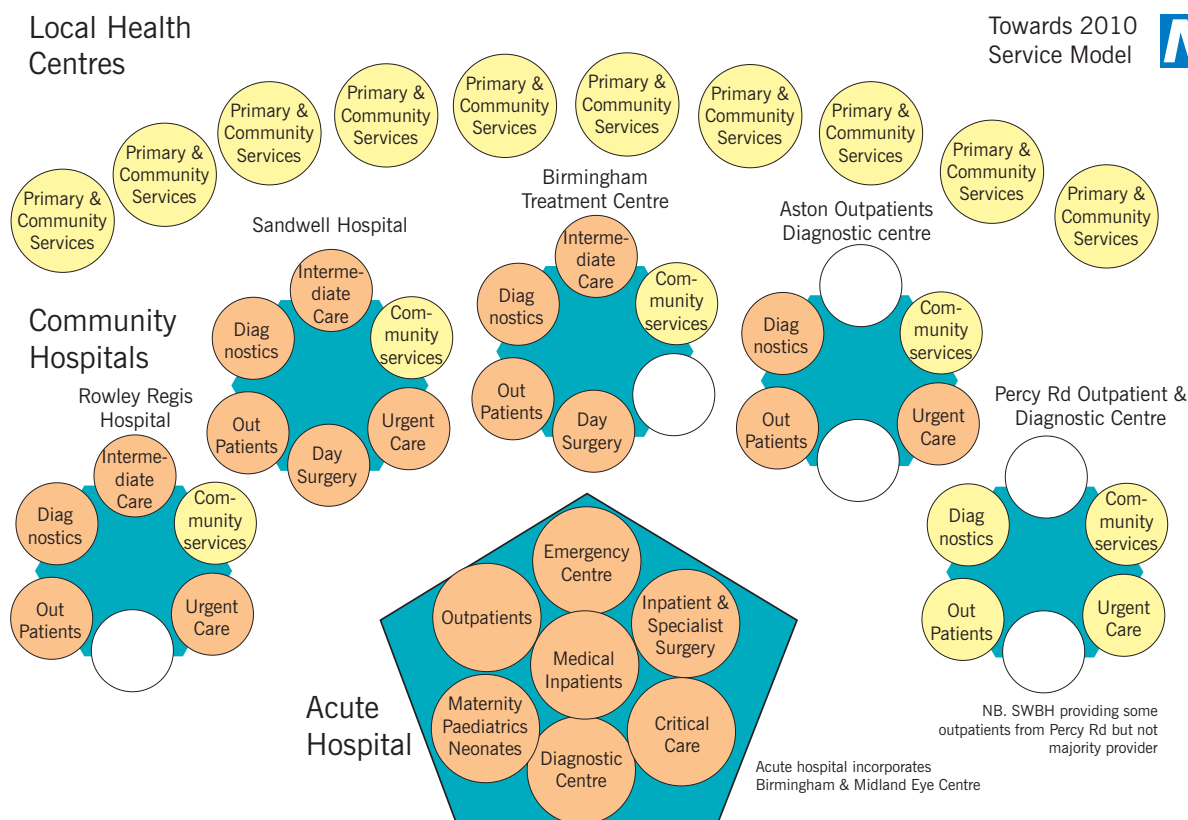
Bromwich, Tipton, Rowley, Aston, Soho, Tower Hill and Boldmere and Neptune Health Centres. Urgent care centres are now running alongside the A&E departments at City and Sandwell hospitals. Between them they treated 36,867 patients during 2008/09. When the new hospital is built, these will run on the current Sandwell Hospital site and in locations in Birmingham. These will treat people with minor illnesses and injuries whilst major injuries and severe illnesses will go to the A&E department at the new hospital in Grove Lane in Smethwick.

We expect to see an increase in the amount of patients being cared for in these schemes.

More detail on where Right Care, Right Here services is provided below:

LOCAL HEALTH CENTRE

There will be a large number of local health centres in Sandwell and the heart of Birmingham providing primary and community services.



Consultant-led Community Eye Clinic



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

The regional centre for eye care, which is a part of Sandwell and West Birmingham Hospitals NHS Trust, has opened the second of four specialist consultant-led ophthalmology community clinics, after clinching the sought after South Birmingham Primary Care Trust (PCT) tender in November last year.

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

Sandwell and West Birmingham Hospitals NHS Trust secured the tender after already showing the capacity to offer such a service, with the Lordswood pilot in full swing due to unprecedented GP demand. The fact that the Birmingham and Midland Eye Centre is internationally renowned for the work they do also added to the bid.

“After getting the go-ahead, we had the task of setting up the first clinic in two months, which was the Greenridge Clinic launched in January of

this year”, explains Liz Towell, Project Manager of Sandwell and West Birmingham Hospitals NHS Trust.

The community clinics, which are patient-focused, will see consultants going into a community location rather than patients having to visit the hospital.

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

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

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

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

Patients wanting to access the service can do so through their GP or optometrist. The service will be available Monday – Friday from 9am-5pm with an evening clinic at Lordswood Medical Centre on Thursdays, lasting until 6.30pm. The Lyng Health Centre in West Bromwich also offers an Ophthalmology service to residents in Sandwell.

Sandwell and West Birmingham Hospitals NHS Trust hope to roll out a further two more clinics, one in Selly Oak and another in Northfield later in the year.

Chapter Three

Transformation of Ear Care

The beginning of March saw the launch of the new 'Ear care community clinics,' which marked the transformation of patient care as we know it.

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

The six month pilot aims to treat ENT patients with conditions which can not be treated in GP surgeries such as, chronic external ear infections, persistent ear wax removals, micro-suction and ear dressings.

The service, which is a part of the 'Right Care, Right Here' programme and is facilitated by Trust, requires GP's to refer patients to the clinics, where they will be seen by a specialist ENT nurse at their own convenience. Although patients do not need to make an appointment to be seen, they will need a referral form on attending the clinic.

"The new clinics will be better for patients as they are able to access a service closer to home with the same facilities used in hospitals. There are also shorter waiting times for treatments," says Martin Whitehouse, Clinical Nurse Specialist and Lead at the Aston ear clinic.

The specialist nurses at the clinics will receive clinical supervision from Mr Uday Kale, ENT Consultant. However, if successful it is envisaged that this service will become increasingly primary care led with more community locations across the region.

Currently, the service will be based at Aston Health Centre on Mondays and Rowley Regis Hospital on Fridays. Both clinics will be available from 2pm-4pm.



Two pints of milk and a quick blood test

IF you've ever had a blood test you'll know that it is a fairly simple and straightforward process, rarely taking longer than a few minutes. So why should you have to go to a hospital or GP surgery to have it done?

Well, thanks to Sandwell and West Bromwich Hospitals NHS trust, now you don't. In fact all you have to do is pop into the Asda Superstore at Great Bridge, where a senior hospital phlebotomist will take your blood sample and dispatch it back to the hospital for the results to be available on the same day.

With over 38,000 blood tests being taken by the Trust every month, it makes sense that more locations are offered to provide patients a greater choice of where to attend.

Phlebotomy Manager, Sukvinder Atkar explained: "The Americans have been offering this kind of service for about five years, and it has proved very popular in the states.

We thought it was a natural step forward for us to expand our service, and provide a greater choice of location for patients who don't wish to come into hospital, find a parking space and then have to queue for what is such a quick procedure.

“Already we have seen a wide range of patients who visit us before they buy their groceries, and the feedback is very positive. We have a blood collection service which operates three times a day, taking the blood back to the lab for immediate testing and results are returned to patients GPs very quickly.”

The service is currently open between 7am and 3pm on Thursdays only, and there is capacity to test 90 patients in that time. If demand grows then there is a possibility that the service will expand to offer five days a week.

Under future plans there is flexibility to provide an out of hours, and weekend service.



Community Midwives Programme

Plans for Maternity care is to provide midwife services in community settings:

- Site midwives available in Community Centres and Children Centres.
- Mums will be able to have an initial scan, blood tests and ante natal and post natal care in these centres
- Mums will also benefit from midwives and health visitors working more closely together.

These plans are all part of the Trust's 'Right Care, Right Here' programme.

Community Paediatric Services

The Community Children's Nursing Team (CCN) is a team of trained nurses who provide care for children who need specialist nursing care but do not need to come into hospital.

The team provide specialist nursing care, advice, support and teaching to enable families to care for their child at home so disruption to family life is minimal.

The CCN team work closely with consultant paediatricians, general practitioners, health visitors, dieticians, physiotherapists, speech and language therapists, social workers and other professional and voluntary groups.

The Trust's Community Children's Nurses are part of a wider community team consisting of the Children's Palliative Care Team, Children's Continuing Care Team, Children's Diabetes Team and the Children's Continence Team. The team includes nurses who work within Sandwell Special schools.

Two Paediatric Consultants at the Trust hold clinics at Orchard Primary School and Meadows Secondary School where a lot of unwell children attend so that a child's daily routine is not disrupted and to make the Trust's Paediatric services more accessible for children and their parents.

Paediatric nurses make home visits Monday to Friday between 8am-4pm, excluding bank holidays, and 8.30am-4.00pm on Saturday's. You can also pick up the phone if you need advice until 6pm Monday to Friday.

Please feel free to contact the Community Children's Nursing Team on 0121 507 2633 for more information about the service and how it may benefit you and your child's care.

Chapter Three

Musculoskeletal Clinics

More than 18,000 patients were seen in new musculoskeletal clinics in community locations and treated in community hospital beds in Sandwell and Birmingham during 2008/09.

Pilot schemes to move orthopaedic beds, orthopaedic outpatients, rheumatology outpatients and pain management out of City and Sandwell hospitals to locations closer to where people live, have performed very well with more patients than expected being treated in community settings.

The schemes are part of the 'Right care Right here' programme. A lot of work has taken place with clinicians, patients and managers to develop the musculoskeletal services.

The aim is to change both the way healthcare professionals provide care and the way patients receive care. Within musculoskeletal orthopaedics, new referral routes and a new approach to triage have been adopted which are reducing hospital stays and allowing more patients to be treated closer to where they live.

Within Rheumatology, the hospital team are expanding into primary care, working more closely with other specialties such as orthopaedics, developing skills and monitoring patients earlier in their disease.

Developing new roles for staff, education and training, information for patients, improving the referral process, and closer involvement of all healthcare professionals linked to the care of these patients will be important to ensure the success of future musculoskeletal services.

Transport



Transport users' representatives in Sandwell and the Heart of Birmingham are working with the 'Right Care, Right Here' Programme and transport bosses to develop a transport and access strategy.

Making sure people have good, safe and convenient access to the new and upgraded facilities being planned as part of the programme, including the proposed New Hospital for Grove Lane, Smethwick and the new community hospitals and primary care centres is a key priority.

Transport was the most frequently raised issue during the public consultation on the proposed changes in 2007. Right Care, Right Here and its local transport partners, Centro and National Express, are committed to developing appropriate and effective public transport systems to meet the needs of local people in the Sandwell and Heart of Birmingham areas.

It is essential that in designing the new hospitals and health facilities, access for bus services is made as easy as possible and that the bus stops are placed at the heart of the developments making the services simple for the public to use.

Already improvements to two local services, the 208 and 224 have been made, which has seen the routes being changed to include stops at Rowley Regis Hospital. These services are provided by Choice Travel and Black Diamond Bus Company.

Detailed planning work on the strategy has now begun and will be shared with local communities to make sure that the planned changes meet the needs of local people.

John Cope, a local resident and member of the Sandwell Patient Experience Forum, Agewell and a member of the 'Right Care Right Here' Transport

Group said: "It is great that we can now get to health' services on our doorstep without a long walk and wait in Blackheath. We are neighbourhoods of older people living on the side of a big hill and until now many had to use taxis or private cars; these improvements mean we are now more independent and just 5 minutes from consultants and blood tests. I would like to thank all involved for improving and funding these vital services"

Les Williams, the 'Right Care, Right Here' Programme Director, added: "I am delighted that we are able to involve local residents to make sure all of our new facilities are easy to get to on public transport. As John says we have managed to secure extra bus services to Rowley Regis Hospital and we are committed to consulting with the public about how we can improve services to all new and existing facilities".

Chapter Four

Good Use of Resources

We are working to make good use of public money and to perform well against a set of performance measures.



Finance and Performance

2008/09 has been a very successful year for the Trust. We delivered a £11m cost improvement programme whilst achieving a £2.5m surplus, continuing to improve our performance and raise the standard of care.

We met national targets and standards and reduced MRSA bacteraemia rates by two thirds and C.Difficile rates by 40 per cent on the previous year, putting our rates amongst the lowest of any acute trust in the country. We improved our ratings in the Annual Health Check, and introduced a major new approach to staff engagement.

Further details of our performance and our achievements against the ambitious set of corporate objectives we set ourselves, can be found in the operating and financial review on page 41.

Chapter Four

Finance

| | 2008/09 target | 2008/09 actual |
|----------------------|----------------|-----------------|
| End of year position | £2.5m surplus | £2.547m surplus |

Infection control

| | 2007/08 target | 2008/09 target | 2008/09 actual |
|--------------------------------------|----------------|----------------|----------------|
| Total MRSA bacteraemia | 43 | 33 | 15 |
| Total C.Difficile | 355 | 301 | 207 |
| Out of a total number of inpatients: | 80,133 | 80,133 | 82,266 |

Annual Health check 2007/08

| Area | 2005/06 Rating | 2006/07 Rating | 2007/08 Rating |
|---------------------|----------------|----------------|----------------|
| Quality of services | Fair | Good | Good |
| Use of resources | Weak | Fair | Good |

A dramatic fall in infection rates was one of the main features of the Trust's performance figures for 2008/9.

The main performance figures were:

Infection Control

(Data is for 12 months)

C Diff – 207 cases compared with 355 cases for entire year 2007/08.

MRSA – 15 cases compared with 43 cases for entire year 2007/08.

(Data is for 12 months)

A&E 4 hour waiting times

Despite winter pressures which caused problems across the NHS this year, with more people needing to be admitted to hospital, the Trust hit its target for at least 98% of patients spending four hours or less in Accident & Emergency from arrival to admission, transfer or discharge.

98.14% of patients spent 4 hours or less from arrival to admission, transfer or discharge.

Cancer waiting times

(Data is for the first 10 months of the year)

99.3% of patients were seen by a specialist within two weeks when urgently referred by their GP.

100% of patients commenced treatment within a month of diagnosis of cancer.

99% of patients commenced treatment within two months of urgent referral.

Cancelled operations

(Data is for the first 11 months of the year)

1% of elective operations were cancelled by the hospital on the day of admission for non-clinical reasons. All of these patients were offered another binding date within 28 days of cancellation.

GU Medicine waiting times

(Data is for the first 11 months of the year)

98.1% of patients were offered an appointment within 48 hours of contacting the Genito Urinary Medicine Service. 80.6% of patients were seen within 48 hours of contacting the Genito Urinary Medicine Service.

Inpatient waiting times

(Based upon end of February waiting list report)

Less than 5% patients were waiting more than 10 weeks for hospital admission. None were waiting more than 17 weeks.

Outpatient waiting times

(Based upon end of February waiting list report)

95% of patients were waiting less than 8 weeks for an initial outpatient appointment from referral.

18 weeks referral to treatment time

(Data is for the first 11 months of the year)

93.4% of patients needing admission were treated within 18 weeks of referral

96.3% of patients not needing admission were treated within 18 weeks of referral

Patient attendances

During 2008/09 we had:

| | |
|---------|----------------------------------|
| 50,668 | Day cases |
| 13,089 | Elective (planned) inpatients |
| 69,177 | Emergency inpatients |
| 153,774 | New outpatient appointments |
| 374,833 | Review outpatient appointments |
| 228,603 | A&E attendances |
| 22,830 | Rehabilitation occupied bed days |
| 8,806 | Neonatal occupied bed days |
| 6,100 | Births |
| 176,318 | Referrals |

106,772 people attended City Hospital's A&E department during the year, with 84,370 at Sandwell and 30,801 at the Birmingham and Midland Eye Centre.

Our staff have been working hard to improve the quality of our services, improve the patient experience and develop new ways of providing the care our patients need and want. In addition to some of the developments featured in this report, some highlights from 2008/09 from around the Trust are below:

Critical Care had no MRSA bacteraemia from April 2008 (critical care is typically one of the most infection prone specialties)

Pain Management introduced a level 2 triage clinic in Sandwell in December and in HOB in January

£1m investment in upgrading the interventional radiology suite at City

Appointment of three new matrons

Appointment of several new consultants in specialties across the Trust, including our first dedicated A&E consultant in ophthalmology

Increased number of lap cholectomies carried out as minimal day surgery

Development of a locally based Bowel Function service

Introduction of a 'Hot' Gall Bladder removal surgery at Sandwell

Introduction of a one-stop Bunion service

Introduction of a one-stop Shoulder clinic

Reductions in waiting times in orthotics to maximum 6 weeks for new referrals

Increase in the number of people coming in on their day of surgery (rather than the day before) from 70% to 85%

Reductions in the average length of time patients were spending in hospital in many specialties

Caring for our environment



THE day-to-day running of three hospitals inevitably consumes large quantities of energy but behind the scenes the Trust is working hard to reduce its carbon footprint.

It has signed up to the Carbon Trust's NHS Carbon Reduction Programme, an initiative that helps identify carbon reduction opportunities, and it has also become a member of the NHS Good Corporate Citizen Group. The group has established a 'self-assessment model', which focuses on environmental improvement in areas ranging from transport to employment and skills.

So far, the Trust has been able to cut energy consumption with better building and pipe work insulation, improved heating controls and steam distribution systems and energy-saving refrigeration controls and lighting.

A £429,000 grant from the Department of Health has made further energy-saving schemes possible, such as expansion of the centralised building management system – a computerised system that controls environmental temperatures – and the replacement of boiler house pumps.

Chapter Four

The Trust includes information and analysis about its environmental footprint and although much of the work happens hidden away in the hospital, there are clues that improvements are being made.

“Every public building over 1,000 square feet has to indicate its energy efficiency with Display Energy Certificates adjacent to the main entrance of the main entrance of all buildings. These are based on energy consumption and indicate how well each building is managed and operated,” explained Phil Foley, Deputy Head of Estates.

Running alongside improvements in energy consumption is the Trust’s waste management policy, introduced to supplement statutory Waste Electrical and Electronic Regulations and Hazardous Waste Regulations.

Mr Foley said: “We will be undertaking a voluntary assessment of its existing sites and aspire to a ‘good’ rating, whilst the new hospital development has undergone a mandatory assessment and attained an excellent rating.

“The long-term strategic plan will be to achieve full compliance with environmental, sustainability and carbon reduction standards in the new hospital.”

The Trust also plans to introduce ‘energy champions’ for all wards and departments to assist in further reducing energy consumption and waste.

Under the Civil Contingencies Act 2004 and Health Emergency Planning Guidelines 2005 the Trust; as a category 1 responder, must have in place and regularly test its major incident and business continuity plans.

To this end in March 2008, the Trust appointed a professional full time Emergency Planning Officer Andrew Dunn to assist in fulfilling its requirements for good practice and preparedness.

Prior to joining the Trust, Andrew was Health Emergency Planning Manager for the Birmingham and Black Country Health Economy, leading emergency preparedness for all Acute and Primary Care Trusts within the Birmingham and Black Country area, based with West Midlands Ambulance Service and part of the first response arrangements for capacity and major incident management.

Andrew was Regional Chair of the West Midlands Conurbation Local Resilience Forum Training and Exercising Sub Group and sat on the Local Resilience Forum for the West Midlands Conurbation. As an advisor to the Department of Health on the use of information technology to enhance a major incident response, Andrew is also currently an advisor on emergency planning to Chase Farm and Barnet NHS Trust in London. And, is a module leader and lecturer on the new Department of Health-sponsored Masters degree in health command and control validated by Manchester Metropolitan University.

The Trust’s emergency planning function supports the Trust contingencies planning committee and the emergency planning officer acts as Deputy Chair in the absence of Matthew Dodd - the Deputy Chief operating officer, and Exec Lead for Emergency Planning. Clinical Lead is Colin Holburn, Sandwell Accident and Emergency Lead Consultant.

Major Incident Preparation



Colin Holbourn and Andrew Dunn

In October a revamped Pandemic planning group was re-launched meeting monthly and responsible for taking forward contingency plans specifically for Pandemic-related issues. Good progress has been made on the flu planning agenda and we continue to manage our contingencies stock pile and begin addressing the likelihood and impact of pandemic with staff and our partner organisations.

To support the implementation of the new plans and to examine the needs to enhance existing plans, a calendar of events, exercises and training sessions were organised. These ranged in size from 1 to 1 discussions to full scale live casualty exercises.

Two table top exercises 'Vengeance' and 'Trident' were held in April and December 2008 and involved a range of participants including the executive team, senior managers and clinical staff, supported by Birmingham Resilience Team, Fire and Police and simulated media. Whilst live exercises 'Deep Freeze' and 'Phoenix' in November 2008 and January 2009 held at Rowley Regis and Sandwell respectively involved multi-agencies and large scale live casualties and tested the Trust's evacuation and decontamination procedures.

Furthermore, a communications exercise - 'Rocket' was run by the Emergency Planning Officer on behalf of the Trust's communications team with live media input and West Midlands Police and Fire service involvement. This exercise was designed to address the specific communications need of the Trust in the event of a major terrorist attack in the centre of Birmingham.

The Trust also took part in Exercise Green Star (DEFRA ,DfT, Home Office and COBRA) working with Government departments to produce a national radiological terrorism exercise for the UK which was run simultaneously in Durham, Birmingham and the South West.

Our future plans

Major improvements to quality are at the heart of Trust plans for 2009/10.

As part of the Local Delivery Plan agreed with commissioners, the Trust has agreed to a Commissioning for Quality and Innovation (CQUIN) Scheme that includes quality objectives in the following areas:

- Reducing the Trust's caesarean section rate;
- Improving the percentage of patients with fractured neck of femur operated on within 48 hours of admission;
- Improving the management of stroke patients including time to CT scan after admission; introducing routine arrangements for monitoring patient satisfaction;
- Increasing the numbers of patients who smoke referred to stop smoking services before elective operations;
- Improving the quality of coding for the source of outpatient referrals.
- Full achievement of the targets included within the CQUIN Scheme will result in a payment to the Trust equivalent to 0.5% uplift on tariff income (£1.6m).

In addition to these targets, we have agreed a Local Delivery Plan with our commissioners which brings additional investment into Stroke and Maternity services.

Chapter Five

21st Century Facilities

We are working to ensure our services are provided from modern buildings fit for 21st Century health care.

New Hospital for Sandwell and West Birmingham

People who live in Sandwell & the Heart of Birmingham tend to have worse health than in many other parts of England. Some health care buildings in the area are very old and were not designed specifically for their current use.

As a result major changes to health and social care are being planned to deliver an ambitious redevelopment of local health services. These plans have the backing of the West Midlands Strategic Health Authority and the proposals are now viewed as a national priority scheme by the Department of Health.

The Right Care, Right Here programme (formally towards 2010) includes investment of £700 million in new facilities, making it the largest investment programme in the UK in both the acute and community sectors.

Included within this programme is a brand new state-of-the-art acute hospital which has outline planning permission and is planned to open in 2015. The programme is being developed by Sandwell and West Birmingham Hospitals NHS Trust, the Heart of Birmingham and Sandwell Primary Care Trusts working with Birmingham City Council, Sandwell Metropolitan Borough Council, Birmingham & Solihull Mental Health NHS Trust and Sandwell Mental Health NHS &



Artist's impression of what the new hospital will look like.

Social Care Trust.

Why build a new hospital?

City Hospital opened in the 19th century as a workhouse. It became a hospital before penicillin was discovered or the NHS was formed. Much of City Hospital remains unchanged since then, with ward designs inspired by Florence Nightingale.

Whilst the main block at Sandwell Hospital is newer, several of the buildings were also once an old workhouse and constructed many years ago. With advances in treatments and greater understanding about how infections can be controlled, and prevented, neither City nor Sandwell hospitals can continue providing modern healthcare in the 21st century with their existing facilities.

The Plans

The new hospital will have 723 beds and provide acute hospital care for the most poorly patients in Sandwell and the heart of Birmingham. It will also have maternity, neonatal, children's inpatient facilities and a range of outpatient and diagnostic facilities. In addition, five community hospitals will be developed in West Bromwich (on the existing Sandwell Hospital site), Rowley Regis, Winson Green (the Birmingham Treatment Centre), Aston and Perry Barr. These will include a range of outpatient, day surgery, intermediate care, community services, urgent care and diagnostic facilities.

Other hospital outpatient clinics and health services will take place in health centres around the area, closer to where people live. Most people will go to community hospitals or health centres, and around 85% of planned operations will be carried out as a day case rather than inpatient procedure.

Land

The Trust is planning to buy the land off Grove Lane in Smethwick. This land is part of a larger section of land that Sandwell Metropolitan Borough Council plans to regenerate through its Smethwick Area Action Plan. To build the hospital, teaching building and car parks, we need to buy 6.76 hectares (16.70 acres) of the brownfield site which incorporates all land bordered by London Street, Heath Street, Grove Lane, Grove Street and the Cape Arm Canal in Smethwick.

Next steps

The major milestones for the Trust in 2009/10 are the approval of the Outline Business Case and acquiring the land. By 2010 the requirements for companies interested in building the hospital should be finalised. These requirements will ensure that companies make proposals and come up with designs that support the design vision and the feedback that clinical staff, patients and local people have given during 2008 and 2009. We are also starting to think about how we will involve staff, patients, local people and stakeholders in choosing a name for the new hospital.

£9 million spent on improved services



THE Trust spent nearly £9 million last year on improvements to its facilities.

The biggest schemes were the creation of a £3.8 million NeoNatal Unit on the ground floor of the management centre at City Hospital and the £3.3 million transformation of two former children's wards at City into labs for Histology and Cytology.

In October 2008 a state-of-the-art interventional radiology theatre suite, which cost £1 million, opened at City Hospital. Interventional radiology is a rapidly growing area of medicine, which often replaces open surgical procedures. Operations are generally easier for the patient because there are no large incisions, less risk and less pain and recovery times are shorter.

In July a new Muslim prayer room was opened at City, at a cost of £100,000. Members of the local Muslim community attended the opening of the Wudu and Salat room, which is used by both staff and visitors.

And £250,000 has been spent improving security on all three sites, including access controls to all wards and an upgrade of the Trust's security CCTV systems from VHS to digital recording.

Chapter Five

Refurbished labour ward at City Hospital

'Your birth in our home' is the message from City Hospital as it opened its doors in August 2008 to a newly refurbished Integrated Birth Centre in the Maternity Unit.

All the rooms in the delivery suite have been refurbished into flower themed rooms thanks to the hardwork and generosity of Kathryn Gutteridge, Consultant Midwife in the Maternity Unit.

The delivery suites are named Bluebell, Poppy, Rose and Lavender with the décor relating to each flower giving the rooms a less clinical feel. There is also a water birth room which conjures feelings of the sea with the calming colours and the water related décor and there is also a 'Home from Home' corner that is a relaxing environment for new parents and visitors to use to take a break. These simple touches from the flower print cushions and throws to the artwork and pressed flowers around the room are so effective and really make the rooms less clinical and more homely.

Kathryn said: "Giving birth is a celebration and I want every woman who comes through our door to have a great experience on the day they will remember for the rest of their lives. Many women choose to have a natural birth and these newly refurbished suites help women to fulfil their potential in a relaxed environment. When you walk into the rooms you don't automatically see a bed, which means women are inclined to be more active in labour which can ease pain and can make them less lethargic. It has also led to a boost in staff morale as my staff are now proud of their working environment and this great spirit is then passed onto the women we care for."

Funding for this newly refurbished birth centre came from Kathryn's consultation work that she is paid by the National Body of Clinical Excellence (NICE) group plus donations from the complementary therapy treatments she offers to staff at City and Sandwell Hospitals. Thanks to Kathryn's generosity, the Birth Centre is a truly wonderful place for any woman to give birth in and these small personal touches really give it a homely and welcoming feel.



Birth rooms in refurbished labour ward



£5.6 million Investment in Neonatal Units

Over the last two years £5.6 million has been invested in Neonatal Care in the Trust.

£1.2 million was invested in refurbishing the neonatal unit at Sandwell Hospital in October 2007. The unit has eight specialist cots, a new comfortable breast feeding room for mothers to express milk and two transitional care rooms with ensuite facilities to allow mothers to spend time with their babies before they are discharged home.



Other new additions include a family waiting area and play area for younger children and new offices for doctors and consultants.

More recently in November 2008 a £3.8 million neonatal unit opened at City Hospital. Babies born 26 weeks and over are cared for in the new unit which offers a brighter, more modern environment with brand new state of the art ventilators and incubators designed for the specific needs of very premature neonates.

There are 29 cots currently available on the neonatal unit at City, with room to expand if required in the future.

Cheryl Walne Neonatal Services Matron said: "The new unit is fantastically equipped, which allows improved ways of working for staff and ensures the neonates, along with their families have a better experience".

The unit is decorated in shades that give the unit a calming feel with vibrant coloured animals on the walls to give the unit a less clinical feel. There are better facilities for the family, with rooms for parents to stay overnight to be closer to their extremely sick baby.

The new unit also allows for better infection control measures as modern materials have been used to build it, making it easier to maintain high standards of cleanliness.

New MRI scanner and 2009/10 capital programme

A new MRI scanner at City Hospital is on the cards after the Trust Board agreed to spend more than £2.5million on the scheme during 2009/10.

The new '1.5 Tesla' scanner will replace a less powerful, ten-year-old scanner on the site and is expected to increase the amount of scans that can be carried out, and have the option of undertaking more complex work.

The investment is part of nearly £20m put aside for capital developments over the year.

Money is also planned to be spent on improving

the clinical bed space at Sandwell Hospital, modifying and improving the Medical Assessment Unit at City Hospital, finishing the urgent care centre at City, a major upgrade to ward D16 and significant investment in medical equipment.

Investments are also being planned to support the delivery of care closer to home, including equipment for community ophthalmology clinics, and x-ray facilities for outpatients and diagnostic clinics being developed in Aston.

A significant part of the capital plan will be put towards the purchase of land at Grove Lane that the Trust plans to use to build its new hospital.

Chapter Five



“Changes in phlebotomy services, transport and IT links has also improved the services we offer GPs.”

Ian Barnes, National Lead for Pathology officially opened the new labs in May in an event, to celebrate the investment in Pathology the Trust has made and to recognise the department’s hard work in what was a very big change for all.

Rob Ashley went on to say: “The staff have worked extremely hard to make the move and changes run smoothly and successfully, and not only will staff benefit from the changes to their working environment so to will patients and GPs from the newly improved service the Trust now offers.”

£3.3 million Pathology investment



As part of the Trust’s reconfiguration programme £3.3 million has been spent on transferring all of Histopathology and Microbiology to City site.

Two wards at City have been transformed into state of the art labs for Histology and Cytology. The majority of Haematology and Biochemistry have also been transferred from Sandwell to City site, leaving a mini-lab open 24 hours a day at Sandwell.

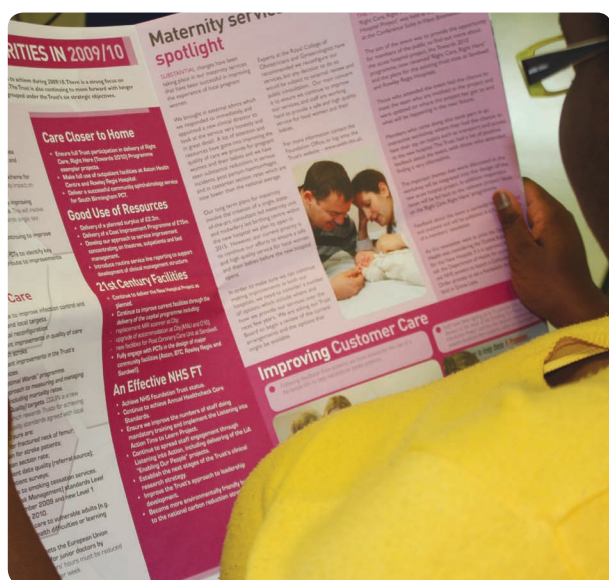
Rob Ashley, Pathology Divisional Manager, enthused: “There have been big changes in Pathology over the last year with the opening of these two new labs and the expansion of the department. The reconfiguration has generated both efficiency and financial savings in line with the national Pathology Modernisation programme.”

Chapter Six

An Effective Foundation Trust

We are developing our workforce, promoting education, training and research, and making good use of technologies to help ensure that an effective organisation will underpin all we do.

Foundation Trust application



Becoming an NHS Foundation Trust is a key part of the Trust's strategy for the future. Following the end of public consultation on our plans for Foundation status in April 2008, we made changes to our plans to reflect the views of local people. The most significant changes were in the allocation of public and partner Governors and the future name of the Trust.

Having decided how the new organisation will be governed, we have been recruiting members, preparing our application and ensuring the organisation is ready to operate as an NHS

Foundation Trust. In common with other trusts putting in applications, we have been asked to undertake some further technical financial modelling before progressing to the next stage of the application process.

This is because the Foundation Trust regulator, Monitor, issued new guidance in 2009 which needs to be incorporated into our plans. The work involves re-running our long-term financial model to incorporate 2009/10 financial agreements, revised future efficiency requirements, revised future growth forecasts, new accounting standards which impact particularly on financial models involving private finance (PFI), and our end of year financial figures for 2008/09.

Our application should be submitted to the Department of Health and then to Monitor later this year when we will be able to hold elections to the Council of Governors. We have been holding sessions for people interested in becoming a Governor and will be running more sessions in the summer as well as featuring the role of the Governors in a future newsletter.

Chapter Six

Members' activities

Patient and public engagement is at the heart of our application to become a Foundation Trust and our membership strategy has been designed to place the Trust at the heart of the local community.

The membership has been one of our biggest successes with over 7,000 members recruited in one year.

Over the last year we have held coffee and cake events at Rowley Regis Hospital and seminars in topics selected by members, including allergy, infection control, patient experience, stroke, branding and CPR. Many of these events have been over-subscribed and we have had to put people on waiting lists.

NHS 60 celebration events for staff, patients, local people and members were a big hit, with exhibitions of old medical equipment, an old ambulance, staff dressed in nurses uniforms through the decades, children's entertainment and plenty of fun and games. The celebrations culminated in a performance of the NHS story 'From Cradle to Grave' which toured the country. More than 400 members have been involved

in developing our customer care promises and helping plan this annual report and several hundred have taken part in workshops about our planned new hospital – on subjects including toilet facilities, waiting areas, arts, communication, transport, public space and civic pride.

More than 100 members have asked to help with patient surveys with similar numbers forming reading groups and volunteering. 80 members are setting up a patient and public forum while we are looking at how we can involve more than 40 members with fundraising and another 50 in the performing arts and other practical areas.

In total, more than 2,500 members have come to a range of events and taken part in surveys over the last 12 months.



Annual General Meeting

An overwhelming response from the public meant the Trust held two Annual General Meetings in 2008 to accommodate all those who wanted to come.

After 800 people said they wanted to come to our AGM, a 'repeat' event was arranged and video links were arranged into two overflow rooms on each night.

Many were members of the proposed Foundation Trust who sat alongside staff to hear how the Trust had performed, what its plans were, and hear presentations about the allergy service and work to improve the patient experience.

Those who attended were treated to a meal which showcased the Trust's new a-la-carte menu which was introduced earlier this year across City, Sandwell

and Rowley Regis hospitals.

Chair Sue Davis said: "We were delighted with the response from the public especially all our Foundation members. The two evenings were a great success and the feedback we got from the people who attended has been very positive. The feedback suggests that people especially liked the talks from Dr Jonathan North, who gave us an insight into allergies, and Rachel Stevens, Chief Nurse, and two matrons from the Trust, who talked about how the 'Patient Experience' is being improved."

Almost everyone who attended the event said they would come to a similar event again with the highest satisfaction levels the Trust had ever received for a public event.

Learning and Development



THE rate of staff receiving personal development reviews (PDRs) at Sandwell and West Birmingham Hospitals NHS Trust is the third best in the country.

An average of 82% of the Trust's staff have received PDRs, which means more employees are being given the chance to discuss training opportunities to further their professional development.

Over the last year, almost 3,500 people were granted study leave to pursue training in both clinical and non-clinical areas, including NVQs in healthcare and administration, while healthcare assistants are now being supported through foundation degrees to enable them to take on an assistant practitioner's role in the future.

Other opportunities included customer service training for frontline staff, further training for security staff and research into clinical disciplines. Leadership and management development was a focus for ward and department managers.

A 'skills audit' has also been introduced. 65% of staff returned the questionnaire, which was used to evaluate the qualifications held by employees at the Trust.

Further developments include the 'Routeways project,' a partnership initiative with Sandwell PCT and Sandwell Metropolitan Borough Council to help local people get into employment. The scheme has successfully resulted in the recruitment of nine healthcare assistants.

Staff Awards 2008

The Trust's finest were invited to attend a prestigious Staff Awards evening last November.

The second annual Staff Awards evening took place at West Bromwich Albion Football Club, where all 155 guests were treated to a three course dinner, with music provided by 'The Corridors' a band led by ex-Trust consultant, Mr Bob Sychal.

The guests were also in for a treat as Colin Buchanan, better known as Peter Pascoe from the hit crime series 'Dalziel and Pascoe' joined the celebrations and helped hand out the awards.

The evening was held to recognise and highlight the contribution individuals and teams are making within the Trust. They also recognised the commitment, dedication and success of the staff in the following six categories:

Tina Walsh, a domestic at City Hospital received the Employee of the Year accolade; Team of the Year was Priory 3, a Rehabilitation Assessment Unit at Sandwell Hospital. The Excellence in Customer Service award was won by Rowley Regis Hospital Reception Team. Sue Wilson, Deputy Director of Patient and Elective Access received the Outstanding Leadership award and People's Champion award was received by D43 Stroke Rehabilitation ward at City Hospital. Matron Kathy Collins in Critical Care at Sandwell Hospital who has worked at the Trust for over thirty years also received a Lifetime Achievement award.

One of the members of the Rowley Regis Main Reception, Chris Mallaber had this to say: "We are proud to have won 'Excellence in Customer Care 2008'. Our department is very large and offers a 24/7 service, for everyone to be recognised as providing the same quality of service is quite an achievement.

"It was a great celebratory evening and a boost to morale."

Chapter Six



Lifetime Achievement Award winner Kathy Collins with Trust Vice-Chair Roger Trotman and Colin Buchanan.



Priory 3 staff celebrate with their award.



Rowley Regis reception staff with Trust Vice-Chair Roger Trotman and Colin Buchanan.

National Programme for IT

The Trust's Connecting for Health (CfH) Programme's aim is to deliver sustained improvements and benefits to health care professionals in their delivery of patient care through modern enabling technologies as part of the National Programme for IT (NPfIT).

2007/08 saw the first major stage of this process with the delivery of single IT systems across the Trust to give a foundation on which to deliver more integrated care. In 2008/09 significant progress has been made with the deployment of clinical solutions, as follows:

- Trust-wide roll out of electronic requesting of tests and investigations in both outpatient and inpatient settings. Further extension of electronic requesting to support, for example ECGs and other investigations. Further functionality also rolled out to ensure progress towards an Electronic Patient Record is maintained.
- Implementation of an electronic discharge summary at the City site, with plans to roll this out to Sandwell and Rowley Regis sites, as well as extend this to incorporate full clinical coding at discharge.
- Electronic alerting to support Infection Control for MRSA, C-Diff, TB etc.
- Implementation of a Maternity information system with pilot deployments in the Community.
- Implementation of a new clinical A&E system at Sandwell, which will also replace the City A&E system.

- Further extension of the clinical letter system is in progress to incorporate Sandwell and Rowley Regis sites and to load historical letters. A new web-based clinical letter system is also in development.

- Development of a clinical data warehouse (CDA) which supports the storage and retrieval of a comprehensive clinical information database.

In 2009/10 the focus will be on starting to create a PaperLite environment with the aim of replacing the paper medical record for all current patients over time. In addition, further work will commence on real-time bed management, further implementation of Theatre Management functionality and pilot implementations of electronic prescribing.

GP Homepage

GP Homepage is a web based page which has been developed to allow practice staff to view the trusts Clinical Data Archive. They can only view information about the patients registered with the practice. The site is password protected and use is monitored by the trust.

By sharing this information patients should find there is much less duplication of tests and a more coordinated approach to their care. Practices can view Clinical letters, Alerts, Pathology and Radiology Results, TTO/Discharge Summaries, ECG Reports and other Cardiology Results, Endoscopy Reports, Waiting Lists and Referrals. It also enables the practice to track patients from their list that have been to Accident & Emergency, are currently in hospital or have been discharged in the last Two days.

There are currently 377 practice staff using GP Homepage regularly, to see which patients registered at a specific GP practice are in hospital, which patients have recently been discharged, letters written by the consultants following treatment and test results, among other things. Sandwell GP Practices are currently being targeted to increase coverage.

Future plans will extend the availability of clinical results eg Neurophysiology clinical documents as we progress a PaperLite strategy, as well as having new pages available, such as a Choose & Book page to improve and facilitate communications with GPs.

Enabling Our People

Improving learning and development opportunities for staff is one of a number of Trust-wide priorities for the coming year.

At a Listening into Action staff engagement event called 'Enabling Our People', 'time to learn' was one of seven Trust-wide themes that were looked at in a bid to create a more effective organisation.

Among the ideas which came out was a Learning passport, which would help with planning time for training, creating an online database from which equipment could be ordered quickly, thank you cards for staff and changes to Team Brief. Plans are now being made to see if it is possible to take these forward, along with initiatives from each of the projects:

- 1. Customer care**
- 2. Trust-wide communications**
- 3. Leading through engagement**
- 4. Time to learn**
- 5. Valuing our staff**
- 6. Harnessing good ideas**
- 7. Equipment fit for the job**

Customer care promises, new name badges, a 'Kwik Kit', an online database from which equipment could be ordered quickly, thank you cards for staff and changes to Team Brief are amongst the other ideas that are being implemented this year.

Chapter Seven

Operating and Financial Review

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



- [City Hospital in Birmingham](#)
- [Sandwell General Hospital in West Bromwich](#)
- [Rowley Regis Community Hospital in Rowley Regis](#)

| Site | Type | Size |
|---------------------------|-----------|-------------|
| City Hospital | Acute | c. 570 beds |
| Sandwell General Hospital | Acute | c. 430 beds |
| Rowley Regis Hospital | Community | c. 50 beds |

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

- [The Birmingham Treatment Centre](#)

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

- [The Birmingham and Midland Eye Centre](#)
- [Pan-Birmingham Gynae-Oncology Centre](#)
- [The Birmingham Skin Centre](#)

Sandwell General Hospital and City Hospital are busy acute hospitals with full A&E services on both sites.

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

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

About the Trust

- [The Trust's MRSA and C.Difficile figures are amongst the lowest in England.](#)
- [Waiting lists are amongst the shortest in the West Midlands.](#)
- [Patient satisfaction is amongst the best in the West Midlands.](#)
- [We serve a local population of between 500,000 and 600,000 people.](#)
- [We are located at the centre of the West Midlands and serve some of the most diverse and economically deprived communities in the UK.](#)
- [The Trust's income for 2008/09 was around £359m.](#)
- [We employ around 6,000 staff, which makes it one of the largest employers in the area.](#)
- [The total number of patient contacts we have each year is around 800,000.](#)
- [Ophthalmology is the Trust's biggest specialty, treating 40% more patients than any other specialty. Other large specialties include Trauma and Orthopaedics, General Surgery, Obstetrics, Dermatology and Gynaecology.](#)
- [We admitted 133,000 patients for treatment during 2008/09.](#)
- [49.9% of our funding for 2009/10 is from Sandwell PCT; 26.9% from Heart of Birmingham teaching PCT; 6.5% from Birmingham East and North PCT; 4.8% from South Birmingham PCT and 12.2% from other Primary Care Trusts.](#)

Chapter Seven

A map showing the main hospitals is below:

List of Services

| Service | Site | | |
|--|--|---|---|
| | City | Sandwell | Rowley |
| Women's & Children's Paediatrics Obstetrics Neo-Natal Gynaecology Gynae-Oncology Genito-Urinary Medicine | OP & PAU IP & OP Level 2 unit IP / DC & OP IP / DC & OP (tertiary centre) | OP & IP wards IP & OP Level 1 unit IP / DC & OP OP OP | OP |
| Surgery General Surgery (Breast, UGI, colorectal) Trauma & Orthopaedics Vascular Surgery Urology Plastic Surgery Ophthalmology Ear Nose & Throat Oral Surgery | IP / DC & OP IP / DC & OP IP / DC & OP IP / DC & OP IP / DC & OP IP / DC & OP (tertiary centre) IP / DC & OP DC & OP | IP / DC & OP IP / DC & OP DC & OP DC & OP IP / DC & OP DC & OP OP OP | OP IP (Rehab) & OP OP OP OP |
| Medicine Emergency Medicine General Medicine / IP & OP Care of the Elderly Cardiology Stroke Respiratory Renal Diabetes Rheumatology Neurology Gastroenterology Dermatology Haematology / Oncology Oncology | A&E & MAU IP & OP IP/ DC & OP Stroke unit IP/ DC & OP IP & OP IP & OP IP & OPOP IP & OP IP / DC & OP IP / DC & OP OP OP chemotherapy | A&E & EAU IP/ DC & OP Stroke unit IP/ DC & OP IP & OP IP & OP IP & OP IP & OP IP / DC & OP IP / DC & OP Level 2 IP unit & OP OP chemotherapy | IP & OP OP OP OP OP OP OP |
| Clinical Support Anaesthetics & Critical Care Imaging Pathology Therapies | Critical Care Unit & Anaesthetics Full range of imaging Main laboratories for Trust Full range of therapies | Critical Care Unit & Anaesthetics Full range of imaging Mini laboratories -emergency Full range of therapies | Some range of imaging Range of therapies |

Key

IP = inpatient admissions DC = day case and short stay admissions (under 23hrs) OP = outpatients

Chapter Seven

Board of Directors

Trust Board Non Executive Directors

| | |
|------------------------|--------------------------|
| Chair | Sue Davis, CBE |
| Vice-Chair | Roger Trotman |
| Non-Executive Director | Dr Sarindar Singh Sahota |
| Non-Executive Director | Gianjeet Hunjan |
| Non-Executive Director | Isobel Bartram |
| Non-Executive Director | Professor Derek Alderson |
| Non-Executive Director | Parveen Aktar |

Trust Board Executive Management Team

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

'Right Care Right Here'

'Right Care, Right Here' (RCRH) was previously known as the Towards 2010 programme. Sandwell and West Birmingham Hospitals NHS Trust is a major partner in the programme, which aims to improve health and social care in Sandwell and the heart of Birmingham. The programme sets the strategic direction for the local health economy. A significant amount of work has gone into planning for the Right Care, Right Here programme from an operational, workforce and financial point of view. These plans culminated in the Trust's OBC (outline business case) for its part of the programme, and continue to inform its long term financial strategy and planning. More is said regarding RCRH within the main body of the annual report (page 21).

NHS Foundation Trust status

Following public consultation at the start of 2008, we have been developing plans to become an NHS Foundation Trust and recruiting members to get involved. More details are described on page 37 of this report. The Foundation Trust Regulator, Monitor, has issued new guidance about financial forecasts and we are re-running our long term financial model to incorporate this guidance before submitting our application later in the year. Elections to the Council of Governors will take place once the Department of Health has approved our application and it has been received by Monitor. We expect these will still take place during the 2009/10 financial year.

Emergency Preparedness

The Trust has robust plans for responding in the event of a major incident or in the event of a flu pandemic. These plans have been repeatedly tested and improved during 2008/09. The Trust met its 2008/09 corporate objective to 'ensure effective emergency preparedness.' For more information, see the feature on page 30.

Research

Aside from being the largest provider of acute patient services in the Midlands, Sandwell and West Birmingham Hospitals NHS Trust also has a substantial research portfolio and hosts several academic departments. The most notable of these are:

Cancer - We are collaborating in or running many trials, including an epidemiological study of oesophageal cancer, several trials of drugs for bladder cancer, bowel cancer, breast cancer, and leukaemia, and studies of the role of iron in bowel cancer. The Regional Gynaecological Cancer Service at City Hospital is very active in research towards better treatments of women's cancers and is a major contributor to important clinical trials.

Cardiovascular disease - The Cardiology Department has made a huge contribution to research over the years. The focus on heart failure, heart rhythm disturbance (notably atrial fibrillation) and high blood pressure has led to a series of projects funded by the NHS Research Programme, the British Heart Foundation, and others, in which the Trust plays a pivotal role.

Diagnostic approaches - The Biochemistry Department has pioneered major advances in techniques for identifying patients at risk from treatment with the drug azathioprine, and we now test many hundreds of patients throughout the NHS in England.

Drug treatment and other therapies - The Department of Neurology at City Hospital is collaborating with the University of Birmingham Clinical Trials Unit in running the largest ever programme of clinical trials studying the cost-effectiveness of treatments for Parkinson's disease. Reviews of the adverse effects of drugs, and of toxicology at City Hospital, include the monitoring of adverse effects of blood pressure treatments, and work for the Health Protection Agency on poisons.

Gynaecological Oncology - The department is currently undertaking a number of scientific projects and is involved in a research collaboration with the West Midlands cancer intelligence unit, investigating the incidence of gynaecological cancer to help identify inequalities of health care to target interventions to 'at risk' populations.

Inflammatory disease - The Department of Rheumatology is at the forefront of research into the causes and treatment of the crippling diseases rheumatoid arthritis and systemic lupus erythematosus ('lupus'). It has also contributed to fundamental research into the causes of inflammation in arthritis, and has been awarded the title of LUPUS UK Centre of Excellence.

Ophthalmology - The Academic Unit at the Birmingham and Midland Eye Centre has made substantial contributions to the understanding and treatment of inflammatory diseases affecting the eye. Its research is focused on different aspects of 'Inflammatory Mechanisms in the Ocular Environment.'

Education

We have long been a provider of both undergraduate and postgraduate medical education. Our hospitals are part of the University of Birmingham Medical School Teaching Programme and are responsible for training three hundred medical students. Many of the medical students trained here return for further training as junior doctors.

Postgraduate education has an excellent reputation in the provision of training for junior doctors. Training is provided for both foundation programmes and specialty training across a wide range of specialities. Over 350 doctors per year are trained in the Trust.

Chapter Seven

The quality of training has been consistently rated as 'excellent' following visits from both the West Midlands Workforce Deanery and from the Royal Colleges. Medical Training is directed at Trust level by the Postgraduate Tutors, and is given a high priority.

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

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

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

We have been a longstanding host of NHS Graduate Management Training Scheme trainees in Finance, HR and General Management, facilitating trainees in their first experience of managing at a senior level within the NHS as part of this prestigious programme.

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 play schemes. As part of the Improving Working Lives initiative, the Trust supports staff with carer responsibilities through the Right to Request Flexible Working, Carers Leave Entitlements and a Carers Handbook. There is also an Employment Charter and Code of Conduct for staff and managers.

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

Significant focus has gone into staff development and engagement over the year and it will continue to be a major theme for the Trust. One of the greatest achievements has been achieving record numbers of Personal Development Reviews (PDRs) which resulted in the Trust having the third largest proportion of staff with PDRs of any acute trust in England, according to the 2008 staff survey.

Another significant achievement has been 'Listening into Action' - a programme of staff engagement launched in May 2008 and designed to change the culture of management within the Trust. Over 2,000 staff were directly involved with the programme in the first six months and it is becoming embedded as the way to engage staff in running the organisation. This approach has been shortlisted for a Health and Social Care Award. For more information please see the feature on page 17 .

The next few years are crucial in the build up to the major changes to our services planned within the Right Care Right Here programme. 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 success. To support this transformation, an updated Workforce Strategy has been launched and the Workforce Directorate is leading a wide range of initiatives. These include:

- 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 through "Listening into Action"
- Ensuring that all staff are equipped with the right knowledge and skills to undertake their duties by using the Knowledge and Skills Framework (KSF) and its associated activities
- Managing the workforce change aspects of transferring service delivery from the hospital into community settings

Equality and Diversity

Sandwell and West Birmingham Hospitals is committed to valuing the diversity of its patients and staff. The Trust has launched a new Single Equality Scheme which reflects the Trust's values and sets out how we will make a real and positive difference to the lives of all the people and communities affected by what we do. This includes meeting our obligations under current equality legislation. We have also produced a toolkit to help support staff in their Equality and Diversity duties.

We have appointed a new Head of Equality and Diversity to ensure the Scheme is working throughout the Trust, and established a steering group with sub-groups in independent living, patient experience, workforce monitoring and service and policy assessment.

An internal audit in 2008 reported that these were moves in the right direction and noted that we have been actively improving access for disabled patients.

We are working to ensure we have applied the Equality Impact Assessment tool across all existing policies, processes and services, improve take-up of equality and diversity training and improve the recording of patient equality and diversity related information on the Trust's systems.

Visitors to our sites will have noticed improvements in signage, particularly outside the buildings and in the hospital grounds. Work continues to improve internal signs.

Future plans also include further research to examine the recruitment pattern of Asian / Asian British applicants, analysis of access to external training and re-launching our BME, Disabled and LGBT networks.

Workforce figures are available on page 59

More information on equality and diversity can be found on the Trust's website. www.swbh.nhs.uk

Interpreting

The Trust provides an interpreting service to patients whose first language is not English. There is also a telephone interpreting line when an interpreter cannot be present in the hospital.

The top ten languages requested by patients at the Trust has not changed in the last year with Punjabi still the most commonly requested language. There were 6,299 requests for Punjabi interpreters in 2008/09, which was four and a half times the number of requests for Urdu, the next most commonly requested language.

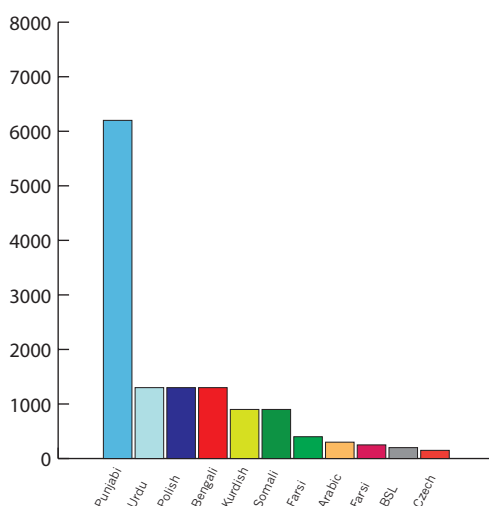
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In the Trust's 'league table' of interpreter requests, Tigranian has climbed the most places and is now the 15th most popular language. Requests for Hindi have dropped the most significantly and Hindi and Albanian have been replaced by Tigranian and Romanian within the 20 most requested languages.

Russian, Cantonese and Vietnamese have also become more popular in the last year.

There are interesting differences between divisions and specialties. For example, the most commonly requested languages by midwifery staff are: Punjabi, Polish, Kurdish, Portuguese and Somali.

Most frequently requested languages by patients 2008/09



Information Governance and Data Protection

The Trust takes the protection of patient data very seriously and has a range of controls in place. There were no serious untoward incidents notified in 2008/09 involving the loss of data or confidentiality breaches.

Information Technology

SMS text messages to remind patients about appointments are one of a number of technical solutions being developed to support the delivery of high quality healthcare at the Trust. Pilot schemes will run in Diabetology, Ophthalmology and Paediatrics over the summer of 2009 as the Trust tries to reduce the number of patients who fail to attend their appointment.

The Trust is a major champion of information technology and has a range of initiatives in place to take advantage of IT solutions. Extensive work has taken place during 2008/09 to migrate to new IT systems as part of the National Programme for IT and in developing other schemes in response to local needs.

Plans underway include improvements to IT support in theatres, real time bed management, new facilities to improve the quality of and improve access to clinical letters and improved access to systems for community and community clinics.

Partnership working

The Trust works closely with its commissioners, other provider organisations, the strategic health authority, local authorities, carers and other local organisations and is an active member of the Local Strategic Partnerships for Sandwell and Birmingham.

The most significant work with partners is in relation to the Right Care Right Here programme where the Trust and its two main commissioners share a long-term strategy with the involvement of the two mental health trusts and two local authorities. Through Right Care Right Here, the Trust is involved in work with organisations such as Advantage West Midlands in developing plans for the new hospital and the regeneration of Grove Lane in Smethwick. The Trust is also working in partnership with Centro and National Express to improve public transport access to existing and new healthcare facilities.

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

PPI Forums were abolished by statute in April 2008 and replaced with Local Involvement Networks (LINKS). Rather than having one forum per healthcare organisation, the LINKS cover health and social care across a local authority area. The Trust continued to support the acute Trust PPI Forum until the LINKS were established and is now in the process of setting up a patient and carers forum and starting work with the new LINKS organisations in Sandwell and Birmingham. Members of the former acute trust and PCT PPI Forums joined other members of the public on monthly Patient Environment Action Team inspections to report on the cleanliness of the hospitals.

Environmental Matters

The Trust continues to improve its environmental performance and is developing plans for the new hospital that ensure the hospital is as energy efficient and environmentally friendly as possible. See page 28 for more details of our environmental initiatives.

Improving the environmental sustainability of the Trust's operations by responding to the national carbon reduction strategy is one of the corporate objectives for 2009/10

Performance during 2008/09

The 2008/09 financial year was a successful one both from an operational and financial point of view. As part of this OFR (Operational and Financial Review), confirmation of the Trust's performance against national targets and planned levels of patient activity is disclosed.

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As part of its financial performance, the Trust delivered a surplus of £2,547,000 in line with a planned surplus of £2,500,000 as at 31 March 2009. This is the third successive year of favourable surplus results and builds on existing financial stability. The balance (£2.5m) of the Trust's working capital loan was paid off during 2008/09.

Aside from the duty to break even (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 and this was not exceeded)
- 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)

The Trust continued to invest in cleaning capacity and infection control measures

(including a significant increase in pre-admission screening) as part of its financial plan in 2008/09 and this will have contributed to the improving position. The infection control team lead by the Director of Infection Control and Prevention has received national recognition for its efforts to introduce new and innovative approaches to the management of infection control whilst also concentrating on fundamental measures such as hand hygiene and environmental decontamination following any outbreaks. Funds were also utilised towards meeting the 18 week target by December 2008 whereby 90% of admitted patients and 95% of non-admitted patients (i.e. those treated within outpatient and other clinic settings) complete their outpatient, diagnostic and treatment phase within an 18 week timeframe.

Service Performance 2008/09

The table on the next page identifies the Trust performance against all national patient access targets as at 31 March 2009. Although the outside limit of waiting times remains at 26 weeks, the Trust's focus remained on the need to treat the vast majority of patients within 18 weeks.

| Patient Access Targets 2008 / 2009 | National Target | Trust Performance | Comments |
|--|--------------------|----------------------|--|
| Inpatient Maximum Waiting Time | 26 weeks | 17 weeks | Only 69 (1.7%) patients waiting over 9 weeks at end of March 2009 |
| Outpatient Maximum Waiting Time | 13 weeks | 12 weeks | Only 138 (2.3%) patients waiting over 9 weeks at end of March 2009 |
| Referral to Treatment Time – Admitted Patients | Over 90% | 98.6% | Refers to % patients who commenced treatment within 18 weeks of referral |
| Referral to Treatment Time – Non Admitted Patients | Over 98% | 98.8% | Refers to % patients who commenced treatment within 18 weeks of referral |
| Cancer 2-week wait from GP referral to appointment with specialist (April – December 2008) | Over 98%* | 99.6% | % seen |
| Cancer 2-week wait from GP referral to appointment with specialist (January – March 2009) | Over 93%* | 96% | % seen – Note change to target definition |
| All Cancers: One month diagnosis (decision to treat) to treatment (April – December 2008) | Over 98%* | 100% | % seen |
| All Cancers: One month diagnosis (decision to treat) to treatment (January – March 2009) | Over 98%* | 100% | % seen – Note change to target definition |
| All Cancers: Two months GP referral to treatment (April – December 2008) | Over 95%* | 99.9% | % seen |
| All Cancers: Two months GP referral to treatment (January – March 2009) | Over 86%* | 93% | % seen – Note change to target definition |
| Accident & Emergency Waits (less than 4 hours) | Over 98% | 98.16% | % seen. Trust performance includes HOBtPCT Walk-In Centre activity. |
| Patients Waiting for longer than 3 months for revascularisation | 0% | 0% | |
| Waiting Times for Rapid Access Chest Pain Clinic | Over 98% | 100% | % seen within 2-weeks urgent GP referral |
| Waiting Times for Diagnostic Investigations / Procedures | 13 weeks* | 6 weeks | 26 patients waiting over 6 weeks at end of March 2009 |
| *Indicative | | | |

Patient Activity 2008/09

The table below summarises patient activity in 2008/09 and 2007/08. The most significant area of increased activity was within outpatients as consistent with the rise in referrals.

| | 2008/ 2009 | 2007/2008 |
|------------------------|--------------------|-----------|
| Inpatient Elective | 13106 | 13395 |
| Inpatient Non-Elective | 68996 | 66738 |
| Day Cases | 50873 | 46304 |
| Outpatients | 527790 | 493054 |
| A&E Attendances | 221941 | 224896 |
| Referrals | 175850 (projected) | 151755 |

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Annual Objectives 2008/09

The Trust set 25 annual objectives for 2008/9. The table below contains a summary of our corporate objectives for 2008/09 with a “traffic light” indication of their achievement.

| Strategic Objective | Annual Objective | R / A/ G Rating |
|--|---|-----------------|
| 1. Accessible and Responsive Care | 1.1 Continue to achieve national and local access targets. | |
| | 1.2 Successfully deliver our Patient Experience Action Plan. | |
| | 1.3 Develop and begin to deliver a Single Equality Scheme | |
| 2. High Quality Care | 2.1 Continue to reduce hospital infection rates | |
| | 2.2. Develop our patient safety culture and systems | |
| | 2.3 Develop and deliver the Maternity Development Plan | |
| | 2.4 Deliver improvements in the quality of nursing care | |
| | 2.5 Deliver interim service reconfigurations | |
| | 2.6 Take on Sandwell / Walsall breast screening service | |
| | 2.7 Deliver improvements in cancer and stroke | |
| | 2.8 Agree plan to ensure European Working Time Directive compliance | |
| 3. Care Closer to Home | 3.1 Deliver new models of care through exemplar projects | |
| | 3.2 Deliver community-based dermatology service for Birmingham East and North | |
| 4. Good Use of Resources | 4.1 Deliver financial plan including £2.5m surplus | |
| | 4.2 Improve productivity through Day Case rates and Length Of Stay | |
| | 4.3 Deliver service improvement programme | |
| 5. 21st Century Facilities | 5.1 Produce and secure agreement to new hospital OBC | |
| | 5.2 Deliver land acquisition strategy | |
| 6. An Effective NHS FT | 6.1 Achieve Healthcare Commission Healthcheck standards | |
| | 6.2 Ensure staff receive appraisals and mandatory training | |
| | 6.3 Achieve NHS FT status | |
| | 6.4 Improve clinical administration and communications | |
| | 6.5 Develop marketing and business development activity | |
| | 6.6 Improve staff engagement through Listening into Action | |
| | 6.7 Ensure effective emergency preparedness | |

Information about our objectives that were not fully met is below:

Information about our objectives that were not fully met appears below:

3.2 Deliver community-based dermatology service for Birmingham East and North (BEN)

The Trust successfully launched a range of community-based dermatology clinics in BEN and feedback from patients and GP's has been good. A number of consultant vacancies have however delayed full implementation of our plans for this service.

4.2 Improve productivity through Day Case rates and Length Of Stay

We have seen significant increases in day case rates and large reductions in the length of stay over the last few years. Our average hospital length of stay during 2008/09 remained better than average at just 5 days but we were not able to reduce it to reach our ambitious target of 4.5 days. 79% of operations were carried out as day cases, which was below our target of 80%, although this is a significant improvement on the previous year.

5.1 Produce and secure agreement to the new hospital OBC

The new hospital OBC was approved by the Strategic Health Authority and has been submitted to the Department of Health as planned. However, the Department of Health has not finished reviewing the OBC so is not yet in a position to give its agreement.

5.2 Deliver land acquisition strategy

The timetable for land acquisition was revised after setting this objective. We have talked to as many of the owners of land in Grove Lane as we have been able to trace and have started a process of voluntary acquisition. Once the Outline Business Case for the new hospital is approved by the Department of Health, we will seek permission from the Secretary of Health to launch a Compulsory Purchase Order which will set a formal process to complete the purchase of the land.

6.1 Achieve HC Healthcheck standards

Despite making continued progress towards fully meeting all the core standards in the Annual Healthcheck, we have declared non-compliance with a small number in our self-declaration.

6.2 Ensure staff receive appraisals and mandatory training

We have made good progress on appraisals with record numbers of staff having received personal development reviews in 2008/09. National staff survey results put the trust amongst the top three acute trusts in England for the number of appraisals carried out. Investment in systems and trainers is planned in 2009/10 to improve mandatory training.

6.3 Achieve NHS FT status

Changes to guidelines for trusts applying to become NHS Foundation Trusts mean that we have some more work to do around our long-term financial modelling before we can submit our application. We have completed our Integrated Business Plan and our membership recruitment and engagement is proving very successful.

Annual Health check 2007/08

The Trust's ratings in the Healthcare Commission's Annual Health check (Oct 2008) are included in the table on the next page. The ratings reflect the Trust's ability to maintain its quality of care, whilst continuing to improve the way in which it manages its resources.

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

The ratings are based on performance from April 2007 to March 2008. The Trust was also rated as 'Excellent' for performance on New National Targets and 'Fully Met' its Existing National Targets. The Trust's self-declaration of its Core Standards was 'Almost Met.'

Financial Performance

All of the Trust's operating divisions delivered either a balanced or surplus budget position by 31 March 2009. This very strong performance enabled the Trust to slightly exceed its surplus target as agreed with the Strategic Health Authority (£2,547,000 vs £2,500,000). A cost improvement programme of £11,079,292 was delivered in full meeting the required government efficiency gains.

The 2008/09 financial year fell within the 1st year of the government's 3 year CSR plan (Comprehensive Spending Review) notable for its above inflation health spending. As part of its future plans, the Trust is preparing for reduced allocations expected to be reflected within the PBR (Payment By Results) national tariff prices for individual patient treatments as well as funding streams for locally agreed tariff services, education and training levies.

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

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

The table on the next page provides summarised income and expenditure information. The percentage change in income shows a 3.06% rise although this is slightly understated as it includes approximately £2m of PCT funding in respect of the asset impairment. The increase in pay spend reflects the investment made in achieving reduced waiting times together with the stepped programmes in deep cleaning and control of infection measures. Nonpay expenditure fell slightly and the depreciation and interest associated with the cost of the land, buildings and equipment increased slightly.

| Actual Results £000s | 2008/ 2009 | 2007/2008 | % |
|--------------------------|------------|-----------|--------|
| Healthcare Income | 323,035 | 309,745 | 4.29% |
| Other Income | 36,126 | 38,730 | -6.72% |
| Total Income | 359,161 | 348,475 | 3.06% |
| Pay Expenditure | 238,675 | 219,686 | 8.64% |
| Nonpay Expenditure | 94,000 | 95,645 | -1.72% |
| Asset Impairment | 0 | 3,346 | |
| Depreciation & Dividends | 24,642 | 24,344 | 1.22% |
| Interest & other | -703 | -1070 | |
| Total Expenditure | 356,614 | 341,951 | 4.11% |
| Surplus/(Deficit) | 2,547 | 6,524 | |
| %age of turnover | 0.71% | 1.87% | |

Income from Commissioners and other sources

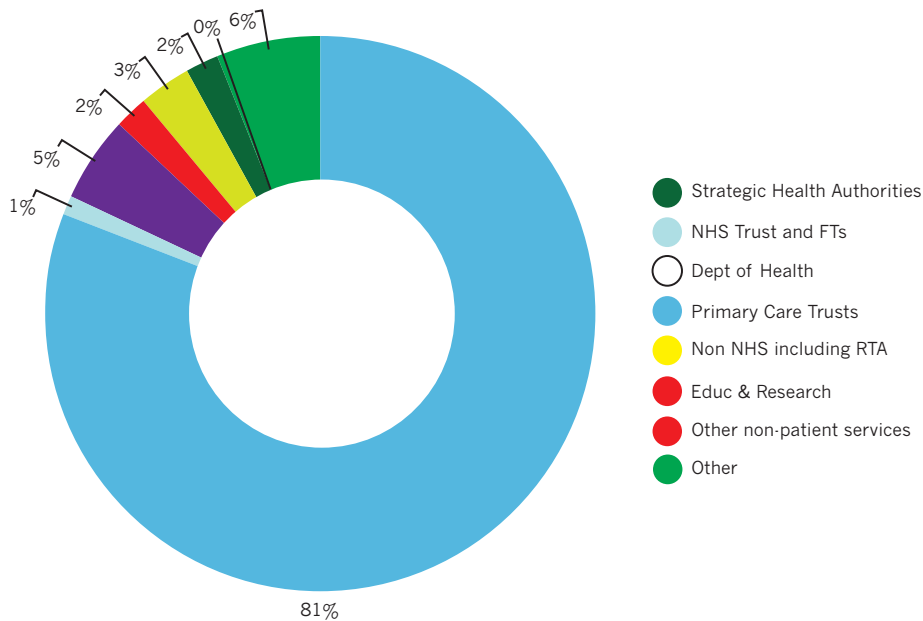
The Trust receives the majority of its income from Primary Care Trusts as the table below shows. The Trust carried out a number of procedures and additional treatments above the level planned by the PCTs which gave rise to additional income. This additional income was however offset by the costs associated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

The main components of the Trust's c.£359.1m income are shown below. As can be seen in the pie chart on the next page, over 80% of the Trust's resources flow directly from Primary Care Trusts. Modest increases were seen in most categories and the apparent fall in 'other non-patients services' reflects a recategorisation into income from PCTs for high cost ophthalmology drug treatment.

| Sources of Income £000s | 08/09 | 07/08 |
|------------------------------|---------|---------|
| Strategic Health Authorities | 5,996 | 5,690 |
| NHS Trusts and FTs | 895 | 1,182 |
| Dept of Health | 21,223 | 18,499 |
| Primary Care Trusts | 292,701 | 280,959 |
| Non NHS including RTA | 3,071 | 3,415 |
| Educ & Research | 18,365 | 17,956 |
| Other non-patient services | 6,959 | 9,383 |
| Other | 9,951 | 11,391 |
| Total Income | 359,161 | 348,475 |

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Income Sources



Waiting times for diagnostic tests, outpatients and inpatients continue to reduce leading to better patient experience. Within diagnostic areas there were very few patients (<20) waiting more than 6 weeks in two modalities. Bed occupancy remains near to 90% with day case rates have increased slightly from 77% to 79%. As in the previous year, the financial strategy focused on increasing productivity and improving cost control whilst ensuring all patient care activity and quality targets were met. The productivity gains revealed themselves in a number of areas especially via the sustained reduction in average length of stay which has remained low at 5.0 days from a high of 6.4 days just 3 years ago.

The differential between income per spell (admission) and cost per spell remains positive. As part of its performance management framework, the Trust has retained the infrastructure that supports the sound management of resources especially the detailed monitoring of operational performance showing the level of staff employed, costs of using bank and agency workers and the return from capital investment. Staffing represents the largest element of the Trust's cost base hence the importance of ongoing monitoring and management. The accounts highlight some of the changes in the workforce as per note 6.2 to the accounts.

6.2 Average number of persons employed

| | 2008/09 | | | 2007/08 |
|---|---------|----------------------|--------|---------|
| | Total | Permanently Employed | Other | |
| | Number | Number | Number | Number |
| Medical and dental | 773 | 755 | 18 | 748 |
| Ambulance staff | 0 | 0 | 0 | 0 |
| Administration and estates | 1,377 | 1,321 | 56 | 1,295 |
| Healthcare assistants and other support staff | 621 | 531 | 90 | 557 |
| Nursing, midwifery and health visiting staff | 2,543 | 2,522 | 21 | 2,534 |
| Nursing, midwifery and health visiting learners | 0 | 0 | 0 | 0 |
| Scientific, therapeutic and technical staff | 921 | 913 | 8 | 878 |
| Social care staff | 0 | 0 | 0 | 0 |
| Other | 0 | 0 | 0 | 0 |
| Total | 6,235 | 6,042 | 193 | 6,012 |

Sickness Absence

The Trust closely monitors sickness absence of its staff and has seen significant improvements in some areas having the highest absence rates. Short term sickness for 2008/09 was 1.23%, slightly ahead of target. Long term sickness absence for the same period was 3.19%, marginally behind target. Overall sickness absence has improved compared with the previous year.

| 2008/09 | 2007/08 |
|---------|---------|
| 4.60% | 4.78% |

Workforce Demographics

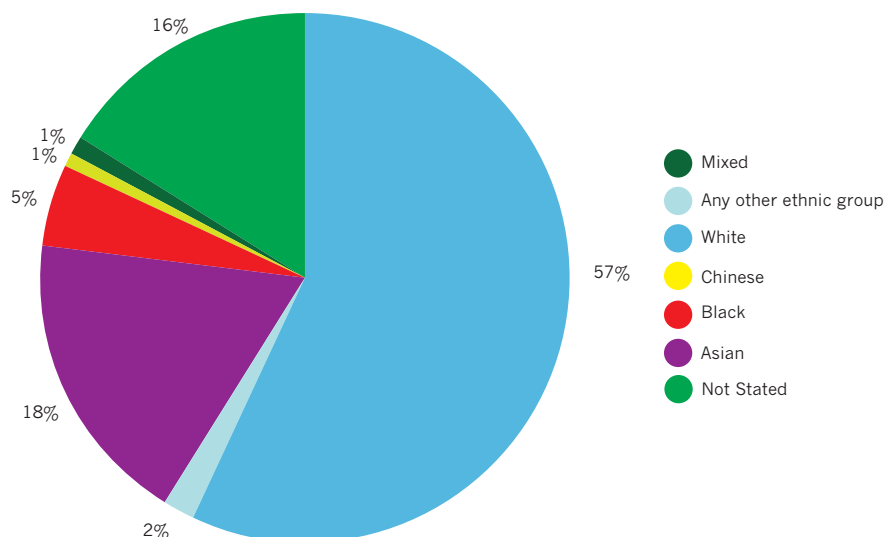
Workforce demographics are monitored in the context of the local population. We aim to have a high quality workforce that reflects the demographics of the patients we treat. Information about the ethnic origin of our staff is set out in the tables on the next page. Notably, a large proportion of our staff do not declare their ethnicity. A workforce monitoring group will be undertaking further work during 2009/10.

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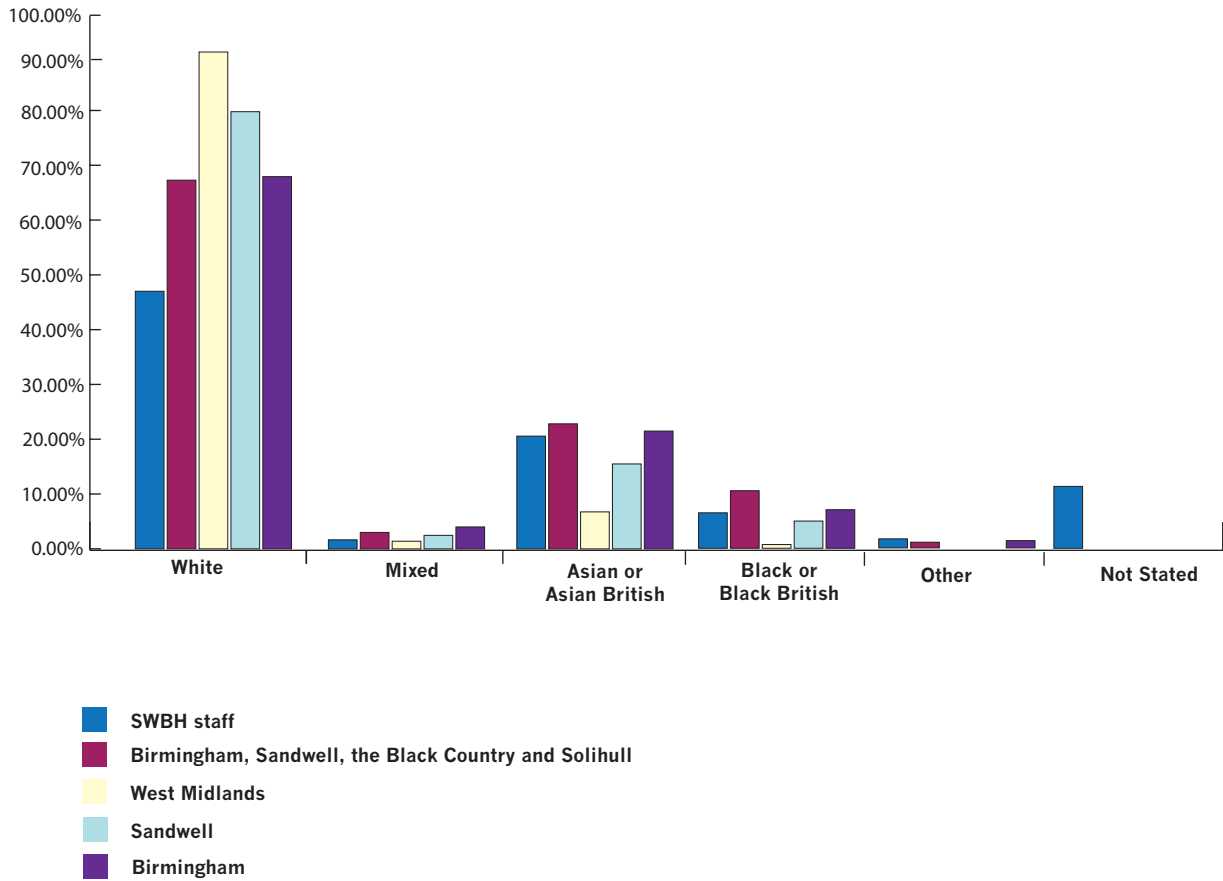
Ethnicity

| | |
|---|---------|
| Any Other Ethnic Group | 1.76% |
| Asian or Asian British - Any other Asian background | 3.54% |
| Asian or Asian British - Bangladeshi | 0.55% |
| Asian or Asian British - Indian | 11.32% |
| Asian or Asian British - Pakistani | 2.84% |
| Black or Black British - African | 1.15% |
| Black or Black British - Any other Black background | 0.60% |
| Black or Black British - Caribbean | 3.30% |
| Chinese | 0.64% |
| Mixed - Any other mixed background | 0.32% |
| Mixed - Black & White | 0.01% |
| Mixed - White & Asian | 0.23% |
| Mixed - White & Black African | 0.09% |
| Mixed - White & Black Caribbean | 0.48% |
| Not Stated | 15.55% |
| White - Any other White background | 1.30% |
| White - British | 55.52% |
| White - Irish | 0.79% |
| Grand Total | 100.00% |

Ethnic group of staff



Ethnic group of staff compared to local population



Disability Equality Scheme

The Trust has a Disability Equality Scheme that was approved by the Trust Board in June 2007. It sets out how we plan to meet our duty to actively promote and improve our services and employment opportunities for people who have a disability or impairment. As a significant local employer and provider of health care we are in a unique position to be able to break down real or perceived barriers to employment or access to services and therefore to ensure improved outcomes for individuals.

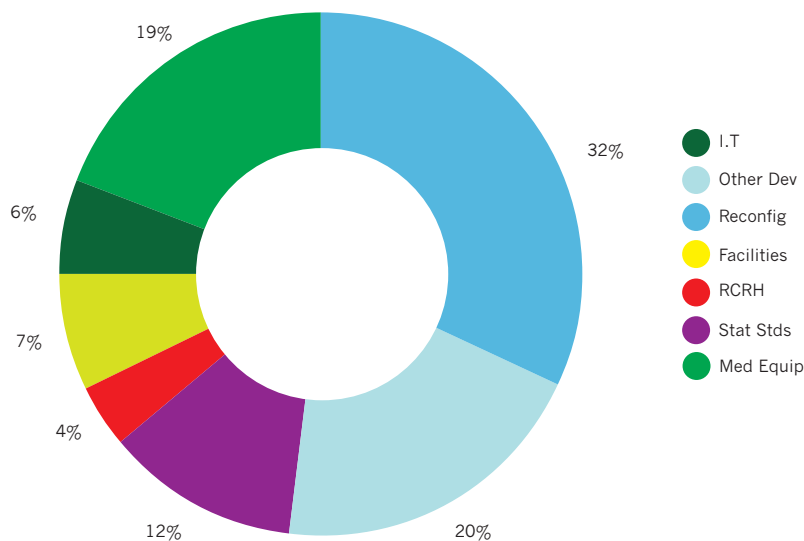
Use of Capital Resources

Once again the Trust's capital programme saw almost a third of total resources spent on 'reconfiguration' projects as it completed work to the new neo-natal units, pathology buildings and enabling work in preparation for surgical reconfiguration. Reference in the table to 'RCRH' refers to the Right Care, Right Here programme and specifically work to create the Urgent Care Centre co-located with the A&E department at City Hospital.

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Other RCRH expenditure includes the setup of community clinics as work moves closer to patients. A considerable element of the programme was devoted to statutory standards including over £0.5m for automated blood tracking equipment as part of new patient safety regulations. Facilities includes minor works and schemes such as security enhancements for staff and patients as well as minor works and modifications.

Capital Spend £15.4m



Summary Financial Statements 2008/09

On the following pages you will find a summary of the Trust's financial statements, taken from our full annual accounts. If you would like to see these in full, you can obtain a copy free of charge by downloading them from our website www.swbh.nhs.uk, or by writing to:

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

Income and Expenditure Account for the Year Ended 31 March 2009

| | 2008/09 | 2007/08 |
|---|-----------|-----------|
| | £000 | £000 |
| Income from activities | 323,035 | 309,745 |
| Other operating income | 36,126 | 38,730 |
| Operating expenses | (348,059) | (334,190) |
| Operating Surplus/(Deficit) | 11,102 | 14,285 |
| Profit/(loss) on disposal of fixed assets | (190) | (101) |
| Surplus/(Deficit) Before Interest | 10,912 | 14,184 |
| Interest receivable | 1,048 | 1,644 |
| Interest payable | (104) | (422) |
| Other finance costs - unwinding of discount | (51) | (51) |
| Surplus/(Deficit) for the Financial Year | 11,805 | 15,355 |
| Public Dividend Capital dividends payable | (9,258) | (8,831) |
| Retained Surplus/(Deficit) for the Year | 2,547 | 6,524 |

Balance Sheet as at 31 March 2009

| | 2008/09 | 2007/08 |
|---|----------|----------|
| | £000 | £000 |
| Fixed Assets | | |
| Intangible assets | 547 | 373 |
| Tangible assets | 255,007 | 274,392 |
| Investments | 0 | 0 |
| | 255,554 | 274,765 |
| Current Assets | | |
| Stocks and work in progress | 3,295 | 3,649 |
| Debtors | 20,347 | 20,549 |
| Investments | 0 | 0 |
| Cash at bank and in hand | 8,752 | 8,285 |
| | 32,394 | 32,483 |
| Creditors: Amounts falling due within one year | (27,421) | (29,672) |
| Net Current Assets/(Liabilities) | 4,973 | 2,811 |
| Total Assets Less Current Liabilities | 260,527 | 277,576 |
| Creditors: Amounts falling due after more than one year | 0 | 0 |
| Provisions for Liabilities and Charges | (7,633) | (5,571) |
| Total Assets Employed | 252,894 | 272,005 |
| Financed by: | | |
| Taxpayers' Equity | | |
| Public dividend capital | 160,231 | 162,296 |
| Revaluation reserve | 60,699 | 83,147 |
| Donated asset reserve | 2,531 | 2,669 |
| Government grant reserve | 1,985 | 2,163 |
| Other reserves* | 9,058 | 9,058 |
| Income and expenditure reserve | 18,390 | 12,672 |
| Total Taxpayers' Equity | 252,894 | 272,005 |

Chapter Seven

CASH FLOW STATEMENT FOR THE YEAR ENDED

| 31 March 2009 | 2008/09 | 2007/08 |
|--|----------|----------|
| | £000 | £000 |
| OPERATING ACTIVITIES | | |
| Net cash inflow/(outflow) from operating activities | 29,242 | 41,589 |
| RETURNS ON INVESTMENTS AND SERVICING OF FINANCE: | | |
| Interest received | 1,174 | 1,603 |
| Interest paid | (110) | (428) |
| Interest element of finance leases | 0 | 0 |
| Net cash inflow/(outflow) from returns on investments and servicing of finance | 1,064 | 1,175 |
| CAPITAL EXPENDITURE | | |
| (Payments) to acquire tangible fixed assets | (15,679) | (14,107) |
| Receipts from sale of tangible fixed assets | 21 | 164 |
| (Payments) to acquire intangible assets | (358) | (76) |
| 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 | (16,016) | (14,019) |
| DIVIDENDS PAID | (9,258) | (8,831) |
| Net cash inflow/(outflow) before management of liquid resources and financing | 5,032 | 19,914 |
| MANAGEMENT OF LIQUID RESOURCES | | |
| (Purchase) of investments with DH | 0 | 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 | 5,032 | 19,914 |
| FINANCING | | |
| Public dividend capital received | 0 | 0 |
| Public dividend capital repaid (not previously accrued) | (2,065) | (6,116) |
| Loans received from DH | 0 | 0 |
| Other loans received | 0 | 0 |
| Loans repaid to DH | (2,500) | (6,500) |
| Other loans repaid | 0 | 0 |
| Other capital receipts | 0 | 0 |
| Capital element of finance lease rental payments | 0 | 0 |
| Cash transferred (to)/from other NHS bodies | 0 | 0 |
| Net cash inflow/(outflow) from financing | (4,565) | (12,616) |
| Increase/(decrease) in cash | 467 | 7,298 |

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED

| | 2008/09 | 2007/08 |
|--|----------------|---------------|
| 31 March 2009 | £000 | £000 |
| Surplus/(deficit) for the financial year before dividend payments | 11,805 | 15,355 |
| Fixed asset impairment losses | 0 | 0 |
| Unrealised surplus/(deficit) on fixed asset revaluations/indexation | 19,361 | 19,302 |
| Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets | 306 | 72 |
| Defined benefit scheme actuarial gains/(losses) | 0 | 0 |
| Additions/(reductions) in "other reserves" | 0 | 0 |
| Total recognised gains and losses for the financial year | (7,250) | 34,729 |
| Prior period adjustment | 0 | 0 |
| Total gains and losses recognised in the financial year | (7,250) | 34,729 |

| Management Costs | 08/09 | % | 07/08 | % |
|-------------------------|---------|-------|---------|-------|
| Mgt Costs | 11,235 | 3.30% | 10,737 | 3.25% |
| Prior period adjustment | 340,761 | | 330,064 | |

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

Retirements due to ill-health

During 2008/09 there were 14 early retirements from the NHS Trust agreed on the grounds of ill-health 14 (there were 12 in 2007/08). The estimated additional pension liabilities of these ill-health retirements will be £1,176,000 (2007/08: £424,000). The cost of these ill-health retirements will be borne by the NHS Business Services Authority – Pension Division.

Chapter Seven

Better payment practice code

| | 08/09 | | 07/08 | |
|---|--------|--------|--------|--------|
| | number | £000s | number | £000s |
| Total Non-NHS trade invoices paid in the year | 99,384 | 94,545 | 94,262 | 89,262 |
| Total Non NHS trade invoices paid within target | 67,667 | 63,019 | 63,154 | 58,662 |
| Percentage of Non-NHS Trade invoices paid within target | 68% | 67% | 67% | 66% |
| Total NHS trade invoices paid in the year | 2,179 | 18,412 | 2,246 | 17,262 |
| Total NHS trade invoices paid within target | 1,092 | 13,055 | 1,346 | 12,380 |
| Percentage of NHS trade invoices paid within target | 50% | 71% | 60% | 72% |

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 2008/09 (£Nil 2007/08)

Other Gains/Losses

Other gains and losses 2008/09 2007/08

| | 2008/09 | 2007/08 |
|---|---------|---------|
| | £000 | £000 |
| Gain on disposal of fixed asset investments | 0 | 0 |
| (Loss) on disposal of fixed asset investments | 0 | 0 |
| Gain on disposal of intangible fixed assets | 0 | 0 |
| (Loss) on disposal of intangible fixed assets | 0 | 0 |
| Gain on disposal of land and buildings | 0 | 0 |
| (Loss) on disposal of land and buildings | 0 | 0 |
| Gains on disposal of plant and equipment | 0 | 0 |
| (Loss) on disposal of plant and equipment | 190 | 101 |
| Gain/(loss) on foreign exchange | 0 | 0 |
| Change in fair value of financial assets carried at fair value through profit and loss | 0 | 0 |
| Change in fair value of financial liabilities carried at fair value through profit and loss | 0 | 0 |
| Recycling of gain/(loss) from equity on disposal of financial assets held for sale | 0 | 0 |
| | (190) | (101) |

Finance Costs & Interest Receivable

| | 2008/09 | 2007/08 |
|----------------------------------|---------|---------|
| | £000 | £000 |
| Finance Costs | | |
| Finance leases | 0 | 0 |
| Late payment of commercial debt | 0 | 0 |
| Loans | 104 | 0 |
| Bank loans and overdrafts | 0 | 0 |
| Other interest and finance costs | 0 | 0 |
| TOTAL | 104 | 0 |
| Interest Receivable | | |
| Bank accounts | 1048 | 0 |
| Impaired financial assets | 0 | 0 |
| Other financial assets | 0 | 0 |
| TOTAL | 1048 | 0 |

Accounting Policies

The Secretary of State for Health has directed that the financial statements of NHS Trusts shall meet the accounting requirements of the NHS Trust Manual for Accounts which shall be agreed with HM Treasury. The accounting policies contained in that manual follow UK generally accepted accounting practice and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to the NHS. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

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 2009, although this clearly excludes its major resource – the c. 6200 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. With the introduction of IFRS (International Financial Reporting Standards) from 1st April 2009, the BTC will be included within the asset values reported in the balance sheet.

Chapter Seven

Remuneration Report for the Financial Year Ending 31 March 2009

Accounting Policies

The Trust has a Remuneration and Terms of Service Committee, whose role is to advise the Board about appropriate remuneration and terms of service for the Chief Executive and other Executive Directors. Membership of the Committee is comprised of the Trust's Chair and all Non-Office Members (Non-Executive Directors). As at 31st March 2009, these were:

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

Remuneration for the Trust's executive Directors is set by reference to job scope, personal responsibility and performance, and taking into account comparison with remuneration levels for similar posts, both within the National Health Service and the local economy. Whilst performance is taken into account in setting and reviewing remuneration, there are currently no arrangements in place for 'performance related pay'. The granting of annual inflationary increases are considered and determined by the remuneration committee on an annual basis.

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

Changes in Board composition include: Councillor William (Bill) Thomas ceased to be a Non Executive Director on 30th November 2008. Professor Derek Alderson was appointed a Non Executive Director on 3rd April 2008 and Ms Parveen Akhtar on 4th December 2008. Richard Kirby was appointed Chief Operating Officer on 1st January 2009. Prior to this he held the position of Director of Strategy. As of 1st January 2009, the Chief Operating Officer role is one of five voting Executive Director positions. Remuneration in 2007/08 is disclosed for comparative purposes and shows part year salary for Ms Pauline Werhun who retired on 30th June 2007. She was replaced in that same financial year by Ms Rachel Overfield on 20th August 2007. Also in the previous financial year, Mr Donal O'Donoghue was appointed on 1st March 2008 replacing Dr Hugh Bradby who retired on 29th February 2008.

Salaries and Allowances of Senior Managers

| Name and Title | 2008-09 | | | 2007-08 | | |
|---|-----------------------|-----------------------|-----------------------------|-----------------------|-----------------------|-----------------------------|
| | Salary | Other Remuneration | Benefits in Kind | Salary | Other Remuneration | Benefits in Kind |
| | (bands of £5000) £000 | (bands of £5000) £000 | Rounded to the nearest £100 | (bands of £5000) £000 | (bands of £5000) £000 | Rounded to the nearest £100 |
| Sue Davis, Chair | 20-25 | 0 | 0 | 20-25 | 0 | 0 |
| Isobel Bartram, Non Executive Director | 5-10 | 0 | 0 | 5-10 | 0 | 0 |
| Roger Trotman, Non Executive Director | 5-10 | 0 | 0 | 5-10 | 0 | 0 |
| Bill Thomas, Non-Executive Director | 0-5 | 0 | 0 | 5-10 | 0 | 0 |
| Gianjeet Hunjan, Non Executive Director | 5-10 | 0 | 0 | 0-5 | 0 | 0 |
| Sarindar Singh Sahota, Non Executive Director | 5-10 | 0 | 0 | 0-5 | 0 | 0 |
| Derek Alderson, Non Executive Director | 5-10 | 0 | 0 | 0 | 0 | 0 |
| Parveen Akhtar, Non Executive Director | 0-5 | 0 | 0 | 0 | 0 | 0 |
| John Adler, Chief Executive | 145-150 | 0 | 0 | 140-145 | 0 | 0 |
| Robert White, Director of Finance | 125-130 | 0 | 0 | 120-125 | 0 | 0 |
| Rachel Overfield, Chief Nurse | 100-105 | 0 | 0 | 55-60 | 0 | 0 |
| Pauline Werhun, Director of Nursing | 0 | 0 | 0 | 20-25 | 0 | 0 |
| Donal O'Donoghue, Medical Director | 150-155 | 0 | 0 | 10-15 | 0 | 0 |
| Hugh Bradby, Medical Director | 0 | 0 | 0 | 40-45 | 110-115 | 0 |
| Richard Kirby, Chief Operating Officer | 95-100 | 0 | 0 | 90-95 | 0 | 0 |

The pension information in the table below only contains entries for Executive Directors as Non Executive Directors do not receive pensionable remuneration.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pensions payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figure and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETV's are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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Real Increase in CETV

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

| Pension Benefits | | | | | | | | |
|---|------------------------------------|---|--|---|---|---|---|---|
| Name and title | Real increase in pension at age 60 | Lump sum at aged 60 related to real increase in pension | Total accrued pension at age 60 at 31 March 2009 | Lump sum at aged 60 related to accrued pension at 31 March 2009 | Cash Equivalent Transfer Value at 31 March 2009 | Cash Equivalent Transfer Value at 31 March 2008 | Real Increase in Cash Equivalent Transfer Value | Employers Contribution to Stakeholder Pension |
| | (bands of £2500) £000 | (bands of £2500) £000 | (bands of £5000) £000 | (bands of £5000) £000 | £000 | £000 | £000 | To nearest £100 |
| Sue Davis, Chair | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Isobel Bartram, Non Executive Director | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Roger Trotman, 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 |
| Sarindar Singh Sahota, Non Executive Director | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Derek Alderson, Non Executive Director | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Parveen Akhtar, Non Executive Director | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| John Adler, Chief Executive | 0-2.5 | 5-7.5 | 40-45 | 130-135 | 760 | 556 | 189 | 0 |
| Robert White, Director of Finance | 0-2.5 | 5-7.5 | 20-25 | 70-76 | 419 | 299 | 113 | 0 |
| Rachel Overfield, Chief Nurse | 2.5-5 | 10-12.5 | 30-35 | 100-105 | 541 | 370 | 162 | 0 |
| Donal O'Donoghue, Medical Director | 0-2.5 | 5-7.5 | 15-20 | 140-145 | 866 | 448 | 406 | 0 |
| Richard Kirby, Chief Operating Officer | 0-2.5 | 5-7.5 | 15-20 | 50-55 | 213 | 151 | 59 | 0 |

Audit

The Trust's external auditor is KPMG LLP. The cost of work undertaken by the auditor in 2008/09 was £237,959. The auditor has also performed a piece of non-audit work in respect of Board Development. The fee for this work was £46,000. The work commenced in 2007/08 following a competitive procurement exercise and £40,000 was billed in 2008/09.

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 be 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 at 31 March 2009 are Gianjeet Hunjan (Chair), Roger Trotman, Isobel Bartram, Sarindar Singh Sahota, Parveen Akhtar and Professor Derek Alderson.

Register of Members' Interests

| Name | Interests Declared |
|--|--|
| Trust Chair | |
| Sue Davis CBE | <ul style="list-style-type: none"> • Chair – Cruse Bereavement Care, Sandwell • Director – West Midlands Constitutional Convention • Director – RegenWM • Non-Executive Director – Administrative Justice and Tribunals Council |
| Non-officer Members | |
| Roger Trotman | <ul style="list-style-type: none"> • Non-Executive Director – Stephens Gaskets Ltd • Non-Executive Director – Tufnol Industries Trustees Ltd • Member of the West Midlands Regional Assembly 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 |
| Isobel Bartram | None |
| Gianjeet Hunjan | <ul style="list-style-type: none"> • Non Executive Director – Business Link West Midlands • Governor at Great Barr and Hamstead Children's Centre • Governor at Ferndale Primary School • LEA Governor at Oldbury College of Sport • Member of GMB Trade Union • Member of Managers in Partnership/UNISON • Treasurer for Ferndale Primary School Parents Association |
| Dr. Sarindar Singh Sahota OBE | <ul style="list-style-type: none"> • Vice Chair West Midlands Regional Assembly Ltd • Deputy Chair West Midlands Business Council Ltd • Trustee Acorns Hospice • Director Sahota Enterprises Ltd • Director Sahota Properties Ltd • Member – University of Birmingham Governing Council • Chair – NW Skills Academy |
| Prof Derek Alderson (commenced: 1.4.08) | None |
| Parveen Akhtar (commenced 1.12.08) | Board member – Fry Housing Association |

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

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| Name | Interests Declared |
|---|--|
| Office Members | |
| John Adler | None |
| Donal O'Donoghue | Limited medico-legal work |
| Richard Kirby | <ul style="list-style-type: none"> • Trustee – Birmingham South West Circuit Methodist Church • Trustee – Selly Oak Methodist Church |
| Rachel Overfield | None |
| Robert White | Directorship of Midtech clg |
| Associate Members | |
| Kam Dhami | None |
| Colin Holden | None |
| Graham Seager | None |
| Trust Secretary | |
| Simon Grainger-Payne | Company Secretary – Maple 262 Ltd. |
| Recently Left | |
| Cllr. Bill Thomas Non Officer Member (terminated office 30.11.08) | <ul style="list-style-type: none"> • Leader of Sandwell Council • Elected Member - Sandwell Council • Director – RegenCo • Director – Brandhall Labour Club Ltd • Non-Executive Director – Birmingham International Airport |
| Tim Atack Associate Member (terminated employment 21.11.08) | <ul style="list-style-type: none"> • None |

Governance and Risk

Clinical Governance

In order to ensure patients receive the highest possible quality of care, Trust procedures are under continuous review and development. This process of clinical governance is central to our commitment to improve care for patients. It ensures the Trust measures and improves the quality of its clinical services in order to provide the best possible care. The Trust currently holds Level 1 status for the NHSLA Risk Management Standards covering both general and maternity services. Plans are in place to achieve level 2 in the near future.

Risks and Risk Management

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

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

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

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

[More detail on the Trust's approach to risk management can be found in the Statement of Internal Control on page 78.](#)

Principles for Remedy

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

Good practice means:

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

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

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

Chapter Seven

Planning for 2009/10

Our planning for 2009/10 has been based on our assessment of the national and local context within which we operate. It takes account of the need to continue to make progress with the implementation of our local health economy shared service strategy, Right Care Right Here.

National Context

The Operating Framework for the NHS in England 2009/10 (December 2008) set the national priorities, financial assumptions and national planning process for the year ahead.

| Five National Priorities | Other Service Priorities |
|--|--|
| <p>Five main national priorities not changed from 2008/9.</p> <ul style="list-style-type: none">• Infection control: achieving trajectories introducing MRSA screening.• Improving access: maintaining 18 weeks, extending direct booking.• Improving health / reducing inequalities: four key areas of cancer, stroke, maternity and children.• Patient experience: improving engagement and satisfaction.• Emergency preparedness: major incident planning / preparedness. | <p>Local priorities agreed by PCTs reflecting national strategies for:</p> <ul style="list-style-type: none">- Alcohol- Dementia- End of life care- Mental health- Military personnel, their families and veterans - Mixed-sex accommodation- Vulnerable adults- People with learning disabilities <p>Infrastructure for improving quality in three domains:</p> <ul style="list-style-type: none">- Safety- Effectiveness- Patient experience |

Financial context

The financial context for the NHS set out in the Operating Framework reflects the increasingly challenging national economic climate.

| Financial Assumptions | |
|---|---|
| <ul style="list-style-type: none">• PCT allocations<ul style="list-style-type: none">- Allocations published for 2009/10 and 2010/11- 5.5% average PCT increase in 2009/10- Two year increase for England = 11.3%. Sandwell = 11.3%. HoB = 10.6%.• Adopting IFRS accounting standards bringing PFI on to balance sheets.• Expectation of “very substantial efficiency savings” from the NHS by 2010/11. | <ul style="list-style-type: none">• Significant changes to Payment by Results<ul style="list-style-type: none">- HRG4 introduced includes new short stay elective tariff and wider range of outpatient with procedure tariffs.- Change to Market Forces Factor funding calculation.- Tariff uplift of only 1.7% including 3% efficiency assumption- Further 0.5% available through local Commissioning for Quality & Innovation (CQUIN) agreements in return for quality improvements. |

Our challenge in planning for 2009/10 is to maintain high performance on national targets whilst continuing to deliver improvements in the key clinical areas of stroke, maternity, cancer and children and improving our patient experience whilst dealing with changed financial assumptions.

Local Context

The local context for our planning for 2009/10 remains the Right Care Right Here programme with its aim of delivering a major redevelopment of local health and social care services including a new acute hospital, the shift of care closer to home and significant investment in primary and community services.

The Trust's main commissioners, Sandwell PCT and Heart of Birmingham Teaching PCT have reviewed their local objectives in the light of World Class Commissioning. Their focus is on population and public health issues.

| | |
|--|--|
| <p>Sandwell PCT</p> <p>World Class Commissioning priorities</p> | <p>Heart of Birmingham tPCT</p> <p>New mission statement "Eliminating</p> |
| <ul style="list-style-type: none"> - improving maternity & antenatal care - young people's health - tackling harm caused by alcohol - improving mental health - community diabetes services - long-term neurological conditions - cancer - cardiovascular disease - services for older people - CQUIN priorities | <p>health injustice for richer, longer lives". World Class Commissioning priorities:</p> <ul style="list-style-type: none"> - infant mortality - teenage conceptions - smoking cessation - CHD cholesterol control - breast cancer screening uptake - delayed transfers of care - end of life care - patient experience <p>Focus on "deadly trio" of heart failure, kidney disease and diabetes and action to reduce high cardio-vascular mortality rates.</p> |

Annual Objectives 2009/10

In order to ensure continued progress towards our six strategic objectives the Trust has set 32 objectives for 2009/10. These objectives, the measures we will use to judge our success and the lead director and divisions responsible are set out in the table below.

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| Strategic Objective | | Annual Objective 2009/10 |
|-----------------------------------|------|--|
| 1. Accessible and Responsive Care | 1.1 | Ensure continued achievement of national access targets (A&E, cancer, inpatient, outpatient and diagnostics and GUM). |
| | 1.2 | Deliver commitments in Single Equality Scheme for 2009/10. |
| | 1.3 | Improve patient privacy and dignity by increasing compliance with single sex accommodation standards. |
| | 1.4 | Continue to improve communication with patients about their care. |
| | 1.5 | Work with Sandwell and HoBTPCTs to identify key hospital actions that will contribute to improvements in public health. |
| 2. High Quality Care | 2.1 | Ensure continued improvement in infection control and achievement of national and local targets. |
| | 2.2 | Complete implementation of surgical reconfiguration. |
| | 2.3 | Deliver significant improvements in quality of care for patients with stroke / TIA. |
| | 2.4 | Deliver significant improvements in the Trust's maternity services. |
| | 2.5 | Deliver the Trust's "Optimal Wards" programme. |
| | 2.6 | Develop the Trust's approach to measuring and managing clinical quality. |
| | 2.7 | Deliver CQUIN (quality) targets: time to surgery for fractured neck of femur; access to CT scan for stroke patients; reduced caesarean section rate;1.5 improved outpatient data quality (referral source); introduction of patient surveys; referral of patients to smoking cessation services. |
| | 2.8 | 2.7Achieve NHSLA standards Level 2 (general) by December 2009 and new Level 1 (maternity) by March 2010. |
| | 2.9 | Improve the quality of care provided to vulnerable adults (e.g. patients with mental health difficulties or learning disabilities). |
| | 2.10 | Ensure the Trust fully meets the European Working Time Directive standards for junior doctors by August 2009. |
| 3. Care Closer to Home | 3.1 | Ensure full Trust participation in delivery of Towards 2010 Programme exemplar projects. |
| | 3.2 | Make full use of outpatient facilities in Aston Health Centre, Rowley Regis Hospital. |
| | 3.3 | Deliver successful community ophthalmology service for South Birmingham PCT. |

| | | |
|----------------------------|-----|---|
| 4. Good Use of Resources | 4.1 | Delivery of planned surplus of £2,269,000 |
| | 4.2 | Delivery of Cost Improvement Programme of £15m. |
| | 4.3 | Develop approach to service improvement concentrating on theatres, outpatients and bed management |
| | 4.4 | Introduce routine service line reporting to support development of clinical management structure. |
| 5. 21st Century Facilities | 5.1 | Continue to deliver New Hospital Project as planned. |
| | 5.2 | Continue to improve current facilities through the delivery of the capital programme including: - replacement MRI scanner at City - upgrade of accommodation at City (MAU and D16) - new facilities for PCCU at Sandwell |
| | 5.3 | Fully engage with PCTs in design of major community facilities (Aston, BTC, Rowley Regis and Sandwell). |
| 6. An Effective NHS FT | 6.1 | Achieve NHS FT status |
| | 6.2 | Continue to achieve Annual Health check Core Standards |
| | 6.3 | Deliver improved uptake of mandatory training through the LiA "Time to Learn" project. |
| | 6.4 | Continue to spread staff engagement through Listening into Action including delivery of the LiA "Enabling Our People" projects. |
| | 6.5 | Establish the next stages of the Trust's clinical research strategy. |
| | 6.6 | Improve the Trust's approach to leadership development. |
| | 6.7 | Improve the environmental sustainability of the Trust's operations by responding to the national carbon reduction strategy. |

Chapter Seven

Future plans

Our plan includes developments in the following services.

- Improving emergency surgical services. We will complete the changes in surgical configuration agreed in 2007/8 including investment in additional support for emergency theatres at Sandwell.
- Maternity. We plan to invest in our maternity services to continue to improve the quality of our hospital-based maternity services as well as working with PCTs to improve the quality of our community-based midwifery services.
- Stroke Services. Working with Sandwell and HoB PCTs we will develop our plans to meet the standards for stroke services set out in the local specification. This will include improving access to thrombolysis for patients with stroke.
- Ophthalmology. We are investing in additional consultants in ophthalmology to respond to rising demand and opportunities to develop new services including establishing a community service in South Birmingham.
- Infection Control. We will maintain existing levels of investment in cleaning and infection control and introduce MRSA screening for elective as well as emergency patients. Our plans are designed to ensure that we deliver our agreed infection control targets.

CQUIN quality targets

In addition to these investments and as part of the LDP agreed with commissioners the Trust has agreed to a Commissioning for Quality and Innovation (CQUIN) Scheme that includes quality objectives in the following areas:

- Reducing the Trust's caesarean section rate;
- Improving the percentage of patients with fractured neck of femur operated on within 48 hours of admission;
- Improving the management of stroke patients including time to CT scan after admission;
- Introducing routine arrangements for monitoring patient satisfaction;
- Increasing the numbers of patients who smoke referred to stop smoking services before elective operations;
- Improving the quality of coding for the source of outpatient referrals.

Full achievement of the targets included within the CQUIN Scheme will result in a payment to the Trust equivalent to 0.5% uplift on tariff income (£1.6m).

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

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

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

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

Signed Chief Executive

Date

Chapter Eight

Statement on Internal Control 2008/09

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

1 Scope of responsibility

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

1.2 In my role as Chief Executive of the Trust I fulfil my own responsibilities as its Accountable Officer in close association with the Chief Executive and senior officers of the West Midlands Strategic Health Authority and the Chief Executives of the local Primary Care Trusts. Governance and risk issues are regularly discussed at a variety of Health Economy wide forums, including formal review meetings with the Strategic Health Authority 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 2009 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. Additionally, an annual training session in risk management and incident reporting is delivered to the Trust Management Board, which comprises the Executive Team, Divisional Managers and Directors, and other key senior operational managers.

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

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

4. The risk and control framework

4.1 The Board approved Risk Management Strategy includes the following:

- (a) Details of the aims and objectives for risk management in the organisation.
- (b) A description of the relationships between various corporate committees.
- (c) The identification of the roles and responsibilities of all members of the organisation with regard to risk management, including accountability and reporting structures.
- (d) The promotion of risk management as an integral part of the philosophy, practices and business plans of the organisation.
- (e) A description of the whole risk management process and requirement for all risks to be recorded, when identified, in a risk register and prioritised using a standard scoring methodology.

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

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

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

An annual report is produced to identify frequency of Information Security Incidents. This report is used to identify particular information security issues so that appropriate action can be taken to reduce the risk impact or likelihood of reoccurrence.

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

4.4 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. It is the Internal Auditor's view that the Trust has an Assurance Framework in place that links its objectives through to principal risks, controls and assurances. The design and construction of the Assurance Framework is deemed to be compliant with Department of Health guidance and the Auditor's testing, by sample, has confirmed that the controls on which the Trust relies are in place and that it has received satisfactory levels of assurance on the operation of those controls. The Internal Auditor gave an opinion of 'significant assurance' on the controls surrounding the implementation of the Trust's Assurance Framework.

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

4.6 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.

4.7 In support of the Right Care, Right Here Programme (previously known as 'Towards 2010') 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 The Trust is not fully compliant with the Core Standards for Better Health. In the Trust's Core Standards declaration for 2008/09, four standards were declared as unmet. Non-compliance with standard C20b relates specifically to mixed sex accommodation requirements, while non-compliance with C2 refers to training of staff in child protection. Improvement plans have been developed to ensure compliance with these standards is achieved: C20b will be met by 31 December 2009 and while in-year non-compliance with C2 is to be declared, measures have been put into place to ensure that compliance was achieved from 1 April 2009. Action plans for the standards against which the Trust reported non-compliance in 2007/08 (C7e and C8b) have been achieved. Compliance with C7e and C8b was achieved in July 2008 and August 2008 respectively. Despite this and because full-year compliance has not been achieved, they must be declared as 'not met' in 2008/09.

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

4.10 Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

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 and the NHS Litigation Authority, clinical auditors, accreditation bodies and peer reviews.

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

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

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

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

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

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

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

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

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

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

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

Signed  Chief Executive (On behalf of the board)

Date 11.09.09

Chapter Nine

Independent Auditors' Statement Auditors Opinion

Chapter Ten

Useful Information

You can find a wealth of information about the Trust on our website: **www.swbh.nhs.uk**, or alternatively you can email the communications team on **communications@swbh.nhs.uk**:

For more copies of this report or other publications, please contact the communications department:

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

You can also use the Freedom of Information Act. The Trust deals with approximately 20 FOI requests every month, on subjects such as infection rates, performance or staffing. Many of our requests come from the media or opposition political parties,

For details on how to make an FOI request please email foi.requests@swbh.nhs.uk or check out our website under the 'About Us' tab, Freedom of Information,

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

Our services

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

Chapter Ten

How to find us

Sandwell General



Lyndon
West Bromwich,
West Midlands,
B71 4HJ
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 accessed 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.

City



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.

Rowley Regis



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

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.

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

Public Centro Hotline 0121 200 2700

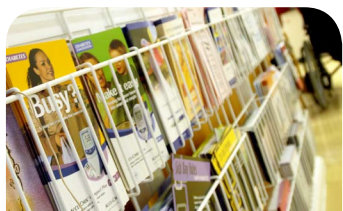
National Rail Hotline 0845 748 4950

Parking

There is no charge for the first 20 minutes parking which enables patients to be dropped off and picked up for free. Charges are £2 for the first hour then 50p each hour up to 8 hours and £10 for 8-24 hours. Tokens for regular visitors are sold in packs of 10 for £10 which means each visit will only cost £1 regardless of length of stay.

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

Sandwell and West Birmingham Hospitals **NHS**
NHS Trust



NEWS



FEATURES



UPDATES



FUTURE

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