

TrustReview

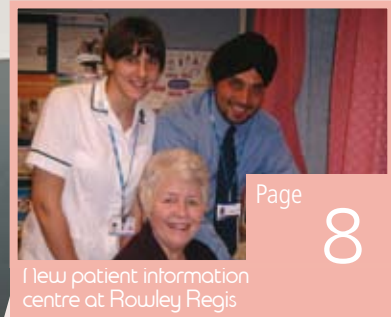
2005/06 Annual Report

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Welcome

to our Annual Report for 2005/06

Chair
Sue Davis CBE



I am joining the Trust (in June 2006) at a period of significant change, both for this Trust, and for health care in the whole of the local area.

I hope the coming year will see us building up much stronger links and alliances with other NHS organisations, in Sandwell and West Birmingham, and in the wider region. Coming from a Primary Care background, I believe it is essential that all parts of the NHS work closely together with the shared aim of improving the health, and health care, of local people. That is even more important in areas like ours where health outcomes are currently so much poorer than elsewhere in the country.

At the same time, within the Trust, we need to ensure that all of the internal changes we make are aligned with the plans of our PCT commissioners, and are aimed at giving the best possible treatment and care to our patients.

I am very much looking forward to meeting staff, patients and partners in the coming months, and to playing my part in ensuring that this Trust provides excellent services to everyone in the area who needs them.

Sue Davis
Chairman



Chief Executive
John Adler

2005/06 was a year of significant achievements for the Trust. Amongst the most important were:

- Reducing waiting times for inpatients and outpatients - the bulk of our patients now wait no more than three/four months for surgery and 11 weeks for an outpatient appointment. These are some of the lowest waiting times in the country.
- Speeding up the time taken to see and treat patients in A&E. During the year almost 98% of patients were dealt with within four hours of their arrival, a transformation of our service compared to just a few years ago.
- Dramatically improving our cancer services, speeding up the time from referral to treatment and developing new specialist centres to treat haematological and gynaecological cancers.
- Improving our diagnostic services, slashing waits for non urgent CT and MRI scans to a maximum of eight weeks.
- Opening the new £18m Sandwell Emergency Services Centre on time and on budget.
- Opening the new £35m Birmingham Treatment Centre.
- Stabilising the Trust's finances and achieving a £10m cost reduction programme.

During 2006/07 we are continuing to improve our services on a number of fronts. We are focusing particularly on further strengthening the Trust's finances so that we have a strong basis for future development through the Towards 2010 Programme.

None of what we achieved last year could have happened without the dedication and commitment of our staff and volunteers and I would like to take this opportunity to thank them for all their efforts.

John Adler
Chief Executive

Introduction

Sandwell and West Birmingham Hospitals NHS Trust has a budget of over £300 million, employs almost 7,500 staff and serves a population of around 500,000.

The Trust is run by the Trust Board which includes the Chair, Chief Executive, Executive Directors and currently five Non Executive Directors.

The majority of Board members including the Chief Executive have been in post since the Trust was created on 1st April 2002. Najma Hafeez, who fulfilled the role of Chair throughout 2005/06 has stepped down and a new Chair, Mrs Sue Davis, has been appointed and commenced on 1st June 2006. Cllr Bill Thomas was Acting Chair for the Trust during April and May 2006.

Two new Executive Directors have been appointed during the financial year. Mr Richard Kirby was appointed as Director of Strategy and Development on a secondment basis in April 2005, a position which became a permanent post on 1st November 2005. Mr Robert White was appointed as Director of Finance and Performance for the Trust on 31st October 2005. Both positions were recruited to following the previous postholders leaving the Trust.

All Executive Directors are appointed on a substantive basis in line with NHS guidelines and Trust terms and conditions of employment. They all have a six month notice period. Non executive directors are appointed by The NHS Appointments Commission in conjunction with the Trust's Chair.

The Trust achieved all of its corporate objectives for 2005/06, with the exception of ensuring financial balance.

Objectives for the coming year are founded on the principles set out in the NHS Plan - investing in and reforming our services with new ways of working, reducing waiting times and improving our hospitals. More recent Government papers such as Creating a Patient-Led NHS, also play a key role in helping the Trust set its plan for the coming years.

The objectives for 2006/07 are designed to reflect the context within which the Trust is operating and the priorities that need to be addressed in the next 12 months.

The Trust has six main priorities for the year ahead, which are to:

- Deliver the Financial Recovery Plan.
- Reduce MRSA.
- Continue to deliver on national access targets.
- Undertake transition planning for Towards 2010.
- Meet the Healthcare Commission's 'Healthcheck' standards.
- Deliver the Towards 2010 Outline Business Case.

Objectives

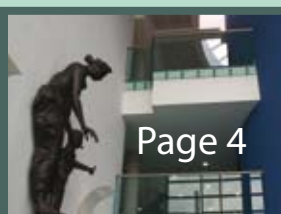
The Trust's strategic priorities from 2006/07 are to:

- **Make better use of our resources**
We will ensure that the Trust makes the best use of the resources available to stabilise our financial position and provide a secure base for future development.
- **Develop our secondary care services**
We will develop our ambulatory and diagnostic services, continue to deliver on national access targets and develop our more specialist secondary care services.
- **Deliver care closer to home**
We will work with primary care to deliver services as close to people's homes as possible.
- **Respond to our patients**
We will seek to understand what our patients think about our services. We will seek to ensure services respond to patient needs including the needs of the diverse communities that we serve.
- **Improve quality and standards of care**
We will continue to work to improve the quality of care we provide including addressing issues of infection control, the patient environment and privacy and dignity.
- **Develop 21st Century facilities**
We will work with our local partners to make a success of plans to redevelop local health services through the Towards 2010 programme.
- **Promote teaching and research**
We will continue to promote teaching, education and research as part of our services, especially where this helps improve the future quality of care that we can provide.
- **Improve effectiveness as an organisation**
We will work to improve our effectiveness as an organisation through improved governance, HR and IT systems and through the achievement of NHS Foundation Trust status.

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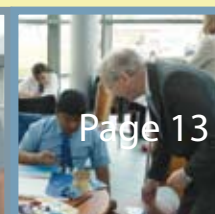
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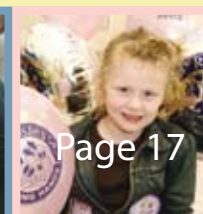
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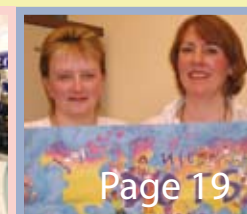
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State of the Art

FACT FILE:

- Since opening in
- November 2005 the
- centre has seen in excess
- of 30,000 medical and
- surgical outpatients and
- operated on over 1,500
- surgical patients.



The £35 million Birmingham Treatment Centre (BTC), based on the City Hospital site opened to patients on Monday 28th November. Members of the public, patients, staff, local GPs, stakeholders and PCT staff were given the opportunity to have a sneak preview of the new hospital prior to its opening during an open day which took place on Tuesday 22nd November.

The state of the art BTC boasts three floors of the latest outpatient, diagnostic and day case facilities. The centre offers a new approach to meeting the needs of the local health economy. It has new models of care, new protocols for referrals and reduces the length of stay needed for surgical patients, outpatient appointments, diagnostic and day surgical procedures.

Six operating theatres are being used at the new centre which provides day surgery and has a maximum of 23 hours stay for patients. The ground floor houses a dedicated oncology centre, a breast screening unit, paediatric outpatients' department and ENT/audiology. Patients visiting the oncology unit will also be given the opportunity to use a new garden that has been created on the lower floor of the Birmingham Treatment Centre. There is also a computerised information centre where people can find out more about medical conditions.

The first floor includes outpatient clinics, a clinical investigation unit together with x-ray and ultrasound facilities.

One of the main benefits to patients is that they can see a consultant and then have their tests done on the same day, in the same place, thereby improving the patient experience. Previously patients would be required to make another appointment and return on a different day to have their tests, and then make another appointment to receive results.

Other services available in the stunning new centre include imaging facilities including plain film and ultrasound, minor procedures theatre and phlebotomy services.

The full range of outpatient services will be based in the BTC, with the exception of trauma and orthopaedics, rheumatology, dermatology and ophthalmology.

The BTC offers a major opportunity not only to provide patient services to the local population from a 21st Century facility, but also to begin to practice some new approaches to outpatient and diagnostic services that the Towards 2010 Programme has been developing. The Trust has therefore established a Joint Board with representation from Heart of Birmingham PCT and the Sandwell PCTs as well as from the Trust to enable us to take this work forward in the months ahead.



Treatment Centre Opens its Doors

Royalty Takes a Walk Through the New Treatment Centre

The Queen's cousin, HRH the Duke of Gloucester, officially opened the Birmingham Treatment Centre on the 24th May.

The Duke, who is deeply interested in architecture, was welcomed to the BTC by the Trust's new Chair Sue Davis and Chief Executive, John Adler. On arrival he met with key employees who had been involved in the development of the building, including the BTC Manager, Cheryl Hudson and Clinical Lead Mr Hamish Brown. HRH then received a tour of the day surgery facilities, meeting with staff and patients, whilst witnessing the state of the art design of the hospital.

The Duke met with a group of 20 artistically talented and gifted schoolchildren from Holly Lodge School, Smethwick. The children have been working on a visual project to record their impressions of the BTC, in terms of space, image, relationship to its surrounding environment and its impact on the people it serves. They are producing canvases which will be permanently hung in the state-of-the-art building as a record of the centre's early days.

Sue Davis welcomed HRH the Duke of Gloucester saying she was pleased to have the opportunity to showcase the achievements of the BTC. Sue said:

"We are very proud of this building and what it represents. Patients are seen quickly, during the day and can return home as soon as possible. The BTC has gone from strength to strength since opening in November and has already seen 140,000 consultations and 12,000 surgical procedures."

Sue also added that the paintings from Holly Lodge School would serve as an excellent reminder of the day and the work that the children had put into their project.

The Duke unveiled a plaque, which will be displayed within the central atrium of the BTC, to commemorate the day. He said:

"It is with great pleasure that I have come to Birmingham, to play a small part in this splendid hospital. As an ex-architect I am delighted to see the processes that have been undertaken and to see how different parts of the hospital have come together to benefit patients and improve their hospital experiences. I would like to congratulate all who played a role in this process. It must be very rewarding to see the fruits of their labours."

John Adler concluded the opening ceremony by thanking the Duke of Gloucester for officially opening the BTC. He said:

"It is always daunting organising a royal visit – and even more so when it is someone with expertise in architecture! It was interesting to hear HRH's comments and insights into the design of the building. We are very proud of the BTC and look forward to many developments to come."



The Trust has two accident and emergency departments - based at Sandwell and City Hospitals.

Like many inner city departments we have a significant ethnically diverse population and we cover areas that have problems with high unemployment and social deprivation that impact upon people's health.

Sandwell Hospital's A & E

The Emergency Services Centre at Sandwell Hospital opened in April 2005 replacing the previous department which was completely destroyed by a fire in 2002.

Last year the department saw 88,000 patients - 15% of whom were admitted for further

treatment, of whom 21% were children.

The department has some of the most up-to-date facilities and has recently developed closer working with local Primary Care Trusts, with the out of hours GP service now based in A & E. We have also developed a closer working relationship with Cardiology and now have 12 hour a day service provision for Primary Cardiac Intervention for angiogram and angioplasty for acute myocardial infarctions (heart attacks).

City Hospital's A & E

The A & E department sees around 110,000 patients a year - with approximately one fifth being admitted to hospital. Whilst GP referrals come via A & E to the Medical and Surgical Assessment Units, the majority of patients

requiring admission self-present to the department.

The department has undergone extensive refurbishment in recent years and has an excellent level of accommodation and facilities. We have also developed the role of the Emergency Nurse Practitioner and this group of specially trained nurses currently see, assess, examine, treat, diagnose and discharge or refer approximately 10% of all A & E attendances.

Both departments have resuscitation areas, major and minor cubicles, 24 hour dedicated x-ray facilities and paediatric areas that include waiting and play areas.

Targets

In 2006, the Trust's A & E departments treated 98.2% of patients within the national target to see patients within four hours.

Towards 2010

The Trust is developing its long-term strategy in conjunction with primary care partners through the Towards 2010 Programme. Consultation on the 'Towards 2010' proposals was postponed in the Spring in order to take account of the outcome of a national review of PFI schemes. This review has set new rules for approving PFI schemes.

The 'Towards 2010' service model remains the right one for the future of our services:

- redeveloped single acute hospital site;
- outpatients, diagnostics and day surgery delivered in a range of community locations;
- significant improvements in hospital productivity through increased day case rates and reduced length of stay.
- significant development of new preventative services in primary care and provision of care for people with long-term conditions.

This shift of care closer to home with a new acute hospital focusing on what it does best will require major changes in the way services are delivered. The Trust is working with PCT partners to agree the best way in which to deliver these changes and we expect to be consulting on new proposals towards the end of 2006.

Medium-Term Strategy

'Towards 2010', therefore, still represents the long-term strategy for the Trust. Given the time taken to deliver major capital developments, however, it is likely that there will need to be changes to the way in which services are provided across our hospital sites in the period between now and 2014 (expected completion for new developments).

The Trust has been reviewing its services and the possible options open to us. Even assuming some significant early shifts of care towards community locations, it will not be possible in the short-term to move straight to a model of care in which acute services are all based on one site. The Trust therefore needs to identify new ways of providing sustainable clinical services across two acute hospital sites for the medium-term in advance of the development of the new hospital.

To start this exercise, the Trust has identified a number of priority areas for work on future service configuration over the next few months. These were considered by the Trust Board at its May meeting and are:

- Paediatrics: aiming to develop proposals for a single inpatient unit likely to be at Sandwell Hospital due to the accommodation available, the proximity of City to the Children's Hospital and the need to continue to support maternity on both sites;

- Neonatal Services: developing proposals for a single Level 2 neonatal service at City Hospital.
- Surgical Services: developing proposals for reconfiguration of surgical specialties seeking to make better use of our resources. This could be done by concentrating as much emergency activity as possible at Sandwell and as much elective work as possible at City.
- Pathology: developing proposals for changes to pathology configuration to ensure best use of available resources. This will focus initially on microbiology and histopathology.
- Rowley Regis Hospital: working with the Sandwell PCTs to identify how to make the best possible use of the facilities available at Rowley Regis Hospital.

The Board has asked for proposals for changes arising from these projects to be prepared for public consultation due to start later this year and a structure to be in place to deliver the changes.

Time...



For a Cuppa!

On Friday 30th September staff from across the Trust tucked into coffee and cakes as part of the World's biggest coffee morning, with proceeds going to Macmillan Cancer Relief.

Toddlers from City Hospital's Little Saints Day Nursery munched their way through a selection of home made cakes, raising £72.73 towards the fund.

The Learning and Development Department hosted a mini road show in conjunction with the event, where staff were invited to have a cup of coffee and get clued up on the latest courses open to them. The department managed to raise £85 on the day. Breast Care Nurses at City got involved with a raffle, of which first prize was a pamper and coffee hamper! Big thanks go out to all staff who joined in and helped raise money for the worthy cause.

Macmillan Colorectal Clinical Nurse Specialists from the Trust also held coffee mornings at the Days Inn in West Bromwich. This was supported by Braun Medical and attended by colorectal patients and friends. A total of £228 was raised.



18 month old Billee Bailey tucks into a selection of cakes

Inspirational Nurses

Lead The Way to Advanced Healthcare



Phil Barrett, Investors in People Co-ordinator, Dr Beverly Malone, General Secretary of the Royal College of Nursing and Linda Randall, Chair for the RCN Sandwell Branch

The Trust and the RCN Sandwell Branch worked in partnership to present 'Nursing – Be Inspired' a conference examining the ever changing roles in the nursing profession in light of modern day approaches to healthcare.

On Monday 1st August Dr Beverly Malone, General Secretary of the Royal College of Nursing, took part in an exciting debate which asked the question: should nurses competently skilled to perform surgery be allowed to do so?

With a view of past and present roles, hospital staff, RCN members and nursing staff from across the West Midlands were asked to take a look into the future and explore the possibilities of the nursing profession. Discussions between Jenny Simpson, Surgical Care Practitioner and David Ellis, Consultant Surgeon proved very interesting. The audience was asked to vote whether 'nurses competently skilled to perform surgery be allowed to do so' - it was an extremely close vote (almost 50/50) with a few extra votes going against the nurses.

Linda Randall, Chairman of the RCN Sandwell Branch said:

"The day was extremely electrifying from the moment Dr Malone arrived to her leaving, everyone who wanted to say a word or even shake hands with Dr Malone had the opportunity, she was so warm and affectionate to everyone present, one could not help but be inspired on her departure".

Dr Malone ended the conference with a positive and motivational speech, encouraging staff to continue developing their skills, asking colleagues to stand up and be proud once again to call themselves nurses.

She said: "It was a positive day, with impressive dedication from staff, now is the time for nursing to develop even further".

From 4th April 2005 fresh fruit has been provided free for all who attend Outpatients on the City site.



Caroline Rennalls and Kiran Ludhera promote the free fruit at City Hospital

This initiative aims to promote fruit as a natural ready made source of nutrients as part of the 'five a day' national health education campaign.

The uptake of fruit by patients has been excellent, with many patients expressing how surprised and delighted they are to see the free fruit on offer.

Bananas!



Patient Information

Rowley Regis MP, Sylvia Heal opened an impressive new Patient Information Centre at Rowley Regis Hospital on Friday 20th February. The new centre, which provides confidential healthcare information in a number of different formats, is aimed at patients who want to have a better understanding of their illness and treatment, or any other aspect of the health service.

The Patient Information Centre will provide detailed information on health, social care, health promotion and details of local and national support groups and helplines. This event marks a new era for patients and carers, who want to have a better understanding of disease conditions and treatments, as well as other supporting information about their NHS care.

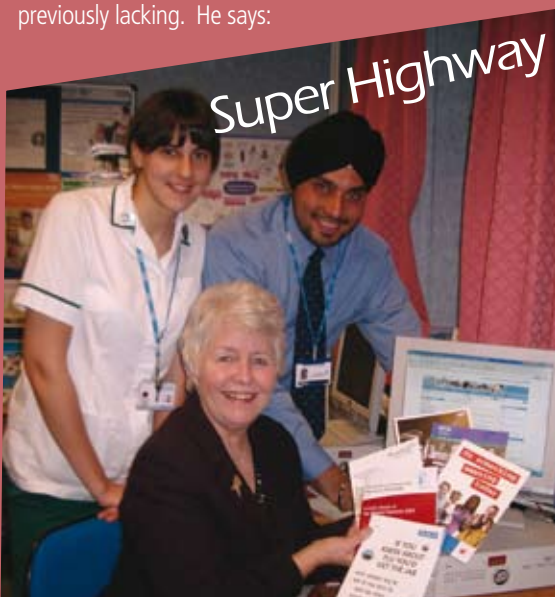
Kuldeep Singh, Patient Information Co-ordinator at Sandwell and West Birmingham Hospitals Trust feels that the new centre provides a much needed service that was previously lacking. He says:

"Patients' expectations from the health service have dramatically changed over the years. We know from local, national and international surveys that patients now want more information about their health conditions, benefits and risks involved and how they will be treated. Patients and their families need access to reliable information sources to enable them to make informed choices about their care".

With the opening of the new centre, Rowley Regis Hospital now has a specific information point where patients can go with their information needs. The volunteers who work in the centre will be trained to help patients and carers access the evidence-based information from various trusted sources, including hospital information leaflets, internet websites and other references.

The communication equipment and display aids used at the centre have been generously funded by the Sandwell League of Friends and a number of private donations. Sandwell League of Friends will also be providing funds to make the information available at this centre more accessible to disadvantaged sections of society and improve information sharing among the different Patient Information Centres. This will include use of up-to-date communication and internet technologies including induction hearing loop systems, webcams and software to speech-enable website content.

Work is going on to open similar Patient Information Centres at City and Sandwell Hospitals.



Occupational Therapist, Aneka Bedi and Patient Information Co-ordinator, Kuldeep Singh show Sylvia Heal around the new patient information centre.

Sandwell and West Birmingham Hospitals NHS Trust

Think Pink

Creative juices were flowing at Rowley Regis Hospital in advance of Breast Cancer Awareness Day. Lorraine Green, Lynda Jones and Maureen Butler had arranged for patients at the day hospital to make the symbolic pink bows known to represent breast cancer awareness to go on sale at the hospital's reception desk.

The pink ribbons were on sale throughout the hospital for £1 each and an impressive £68 was raised. All proceeds were donated to Breast Cancer Awareness.

Staff throughout the Trust raised money for Breast Cancer Awareness by wearing an item of pink clothing on Friday 28th October.



Staff at City Hospital's Breast Unit were tickled pink raising £318



FACT FILE:

The Trust employs 7,479 staff
City Hospital: 4,452
Sandwell Hospital: 2,840
Rowley Regis Hospital: 187



FACT FILE:

6,023 babies were born in the Trust's hospitals throughout the year.
City Hospital: 3,456
Sandwell Hospital: 2,567

World Radiography Day

To celebrate World Radiography Day on Tuesday 8th November, the x-ray department at Sandwell held an open day for members of the public to view the equipment that hospital staff use on a daily basis.

Visitors were invited to find out more about the latest imaging technology, see an x-ray room, the barium suite, CT or ultrasound, and children were encouraged to bring along their favourite toy to be x-rayed. Chief Executive, John Adler had a comprehensive tour of the department and was very impressed with the organisation that had gone into the day.

Lead Superintendent Radiographer, Sarah West explained:

"We put on the open day to mark World Radiography Day which is an event organised by The College and Society of Radiographers. Sponsored by Kodak internationally, the event aims to raise the profile of radiography, and possibly even attract new talent into the profession.

"We judged the event here at Sandwell a great success and were very pleased with the turn out."

Archbishop

Dr John Sentamu, the former Bishop of Birmingham, who was recently enthroned as Archbishop of York, visited City Hospital's Sickle Cell and Thalassaemia (SCaT) Centre on 19th October.

The Archbishop, who was welcomed by the Sickle Cell and Thalassaemia team together with John Adler and Najma Hafeez, has a special interest in sickle cell disease and thalassaemia as he is Chair of the National Haemoglobinopathy Screening Committee. He also met with SCaT patients, OSCAR (Organisation for Sickle Cell Anemia Research) Sandwell and the Midland Sickle Cell Thalassaemia Society during his time at the hospital.

The Haemoglobinopathy service offered at the Centre is at the forefront of delivering care to patients with sickle cell disease or thalassaemia. The Centre was established after a review of services in the late 90s which highlighted a gap in the provision of care for these two patient groups and, in July 2000, the SCaT Centre was opened.

The team have implemented handheld treatment cards for patients, which carry information about analgesia and help to fast-track the patients through A&E. Responses from patients following the implementation of these cards have been positive, and the patient experience has improved. The team have also introduced a dedicated pain management programme, which incorporates a multidisciplinary approach to managing sickle cell pain by helping patients to develop or enhance coping strategies.

Makes a Visit



Dr John Sentamu speaks to patients, family and friends about the centre



John Adler left, talking to Superintendent Radiographer, Anne Ball



Pudsey

Suheil (left) and younger brother Raza Mehmood help Pudsey

Race for Life

As a much loved colleague within Occupational Health had been suffering from cancer for some months, it was decided that a group of staff would take part in the Race for Life last year.

It was a way of doing something positive for a worthy organisation and the team from the Human Resources Department successfully completed the 5km run (or walk!!) on Sunday 5th June 2005 at Sandwell Valley Country Park.

The team raised a total of £960 for Cancer Research UK, and those people that took part would like to thank members of the Trust for their generosity in sponsoring this commendable event.



Staff get hot and bothered for a good cause
Sandwell and West Birmingham Hospitals NHS Trust

NHS Plan

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The Trust is continuing to work towards achieving the NHS Plan – investing in and reforming our services with new ways of working, reducing waiting times and improving our hospitals. There are many examples of our commitment to the plan in this Annual Report.

Partnership Working

The Trust is an active member of the Local Strategic Partnerships for Sandwell and Birmingham, regularly attending forums and events. A current example of our partnership is the Towards 2010 project.

FACT FILE:

MATERNITY FIGURES

Busiest Month for Births

City Hospital : October
Sandwell Hospital : August

Quietest Month for Births

City Hospital : February
Sandwell Hospital : February



Returns for Another Year

Staff and patients attending the James Brindley School at City Hospital raised £1,443 in aid of Children in Need in November by selling 'home made' Pudsey bear names badges to staff and patients. Staff across both City and Sandwell Hospitals could be seen wearing their Pudsey name badges during the week of 14th-18th November, with this being the fifth year in a row that the school have produced and sold the badges.

Children and parents on the paediatric wards at City Hospital helped staff to make the badges by laminating the images, cutting them out and attaching safety pins.

Linda Freakley, Education Ward Manager at the James Brindley School praised the children who had worked so hard in making the badges. She said

"We have involved as many children as possible in making these badges and they have made a tremendous effort.

Staff have been very generous in their donations and everyone has pulled together to make sure that the badges have been sold across the Trust."

Linda also commended the hard work of Suheil Mehmood, aged 10, who she has classed as her 'Children in Need Champion'. Linda says

"Suheil has been an absolute star all week. He has helped to make the badges, he has iced cakes, decorated bags and has accompanied staff throughout the wards selling cakes and badges. He has worked very hard and Suheil can be proud of the amount that he has helped raise."

Super Sleuths

Take on the BTC

Yorkshire came to Birmingham in the latest action packed episode of Dalziel and Pascoe, as the crime solving duo enlisted the help of our very own Capital Projects Manager Paul Scott, in the bid to solve their latest case.

With help from the BBC, the Birmingham Treatment Centre was transformed into a small Yorkshire Hospital named 'New Wetherton', complete with eight wards, A&E and Outpatients department.

Actors Warren Clarke and Colin Buchanan aka Dalziel and Pascoe, found themselves standing in the newly built Birmingham Treatment Centre, as they filmed scenes for next this year's series. Shots were also taken in City Hospital's Mortuary, complete with a gruesome body!

Paul, who is a big fan of the show, was more than happy to assist both cast and crew in order to ensure filming went smoothly.

Paul said:

"It was great to see them filming, but it was surprising just how much effort was needed to produce one scene! Seeing a film crew camped out in front of the BTC was very surreal! It will be interesting to see the end result on the screen."

Books to Iraq

City Hospital Pharmacists Anthony Cox and Natalie Lewis started a project to help Iraqi pharmacists, providing access to resources such as books and journals that they would otherwise not be able to obtain.

Books to Iraq was created by Iraqi and UK pharmacists in order to help raise funds for the supply of new academic textbooks to the eight Schools of Pharmacy within Iraq. The aim was to support Iraqi Pharmacy educators and students, and by their efforts, the nation of Iraq.

For further information please visit <http://www.bookstoiraq.org.uk>



City Pharmacists Natalie Lewis and Anthony Cox display books donated to Iraqi pharmacists.



St Luke's Lay Minister Valerie Cope presents a cheque for £557 to Rowley Regis Matron Paula Maskell

Let's Pray

Benson Headley, Free Church Chaplain at Rowley Regis Hospital, has achieved a first for the hospital by arranging a full day of prayer, which took place on 2nd February from 9am – 9pm in the hospital's committee room.

The ecumenical group 'Churches Together in Cradley Heath and Old Hill' decided to hold a collective event where people from a range of denominations could meet and pray together.

The group also presented a cheque for £557 to Matron Paula Mascall, following a fundraising event that took place before Christmas. The funds were dedicated to helping stroke patients at Rowley Regis Hospital.

The following churches took part in the event: St. Luke's Anglican Church, Cradley Heath, Lawrence Lane Methodist Church, Salvation Army, Our Lady of Lourdes Roman Catholic Church, Four Ways Baptist Church, Macefield Mission Church, St. James Church Wesleyan Reformed Church and the Holy Trinity Anglican Church, Old Hill.





Top Marks for Trust Nurseries

Little Saints Day Nursery, Rowley Regis Day Nursery and Sandwell Day Nursery, received their Ofsted reports in 2005 which assessed the quality and standard of day care in accordance with national standards for children aged three to four.

All three nurseries have received excellent reports which praise the high level of early years' education offered across the sites.

	Little Saints Day Nursery City Hospital	Rowley Regis Day Nursery	Sandwell Day Nursery Lyndon
Personal, social and emotional development	Very good	Very good	Very good
Communication, language and literacy	Very good	Very good	Very good
Mathematical development	Generally good	Generally good	Very good
Knowledge and understanding of the world	Very good	Generally good	Very good
Physical development	Very good	Very good	Very good
Creative development	Very good	Very good	Very good
Appropriate spiritual, moral, social and cultural development	Yes	Yes	Yes

City Hospital's James Brindley School received a glowing report from their 2005 Ofsted inspection.

The inspectors said the school was a great place to learn and that children are given a first-class education. James Brindley staff were commended for the way they organise the school and for enabling children to enjoy learning. It was also noted how the team work effectively with hospital staff.

The inspecting team also found that the vast majority of children enjoyed the lessons and activities that the school set up and that parents really appreciate the school and what it does for the children.

Real Nappies

When new mum Gail Preece was deciding on what kind of nappies to choose for her first born baby Chloe, she was very interested in trying the REAL thing.

So in stepped Midwifery Matron Margaret Bradley who presented Chloe's mum and dad with a starter pack of real nappies valued at over £300, courtesy of Birmingham City Council.

Margaret commented:

"It really is an environmentally sound decision to make, as every day in the UK, eight million disposable nappies are thrown away, and most of these go to landfill sites. It is estimated that by the time a baby is potty trained most parents have completed between four to six thousand nappy changes. It really does put individual environmental contributions into context when you consider figures like this."



Baby Chloe sports her first real nappy

Patient and Public Involvement

There are a number of Patient and Public Involvement (PPI) activities taking place at any one time within the organisation. However, over the last 12 months a number of specific areas have made new developments to benefit our patients.

Stroke Services patient stories have been analysed and will inform workshops that have been established to identify priorities and service improvements that can be taken forward in 2006.

A Facilities Directorate Service User Group commenced in November 2005. The group identified car parking and the Trust's review of car parking charges as their first topic. In addition, members of this group participate in PEAT (Patient Environment & Action Team) inspections, which are aimed at identifying areas in the hospital which are in need of improvement.

Cancer Services have completed a peer review and patient survey, with the results being used to develop an action plan.

Trauma & Orthopaedics will be using a patient survey to ascertain the differences perceived by patients, clinicians and

managers regarding the Orthopaedic pre-admission service at City Hospital. The survey will be solely concerned with patients undergoing total knee and hip replacement.

The Trust's Imaging department has implemented an antenatal survey to assess the effectiveness of the screening process and the information currently provided for patients who may need amniocentesis tests.

Therapies at Sandwell General Hospital are developing a PPI programme to inform their service redesign programme. In particular they are looking to identify why members of the BME community tend not to access these services.

The Maternity Services Liaison Committee and the Labour Ward Forum are looking at ways to improve recruitment of lay members who can inform service improvements

There is a requirement for all PPI activity to demonstrate how it has contributed to the Trust's objectives and regular updates are given to the Trust Board, which is open to members of the public to attend.

PPI Forum

The Trust's PPI Forum is established to work with the Trust to improve services and work with the Head of PPI to develop a work schedule. To date the Forum has reviewed and visited the following services:

- The preparation of patient meals
- The opening of the Birmingham Treatment Centre
- Patient journeys at City Hospital's Medical Assessment Unit
- In partnership with Agewell and University of Wolverhampton the Forum conducted a car parking survey on both City Hospital and Sandwell General Hospital sites. The results were presented to the Trust Board

FACT FILE:

MATERNITY FIGURES

Heaviest Baby

City Hospital = 5.180kg (11 lbs)
Sandwell Hospital = 5.620kg (12 lbs)

Lightest Baby

City Hospital 500gms (1 lb, 1 oz)
Sandwell Hospital = 1.040 kg
(2 lb, 3 oz)



Service Champion Awards

Four hospital services have been named winners of a prestigious new award celebrating excellence...

The winners were among 13 entries battling out to demonstrate how services could be improved through patient involvement.

Each entry had to demonstrate how the involvement of patients and the public had prompted the service change.

City Hospital's Critical Care Unit was picked out by a panel of judges for developing a Nurse-led long-term follow up service. Patients' personal experiences and suggestions are used in feedback to improve future practice.

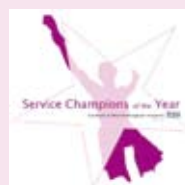
A pictorial and animated CD-Rom developed by the Trust's Infection Control Service, also won the Service Champions Award. The CD is available on the Patient Line TVs at patient bedsides with simple information on how good hygiene can help prevent and reduce cross infection.

The Specialist midwifery, and public health team has introduced a new care pathway to change the way babies born to mothers with the Hepatitis B virus are cared

for. They've had a massive 100% success rate, immunizing babies in time to prevent liver cancer and cirrhosis and standardizing a letter to GPs and health practitioners to ensure the babies receive appropriate follow up care.

The only dedicated headache clinic to operate in the West Midlands has also scooped one of the awards. Open to all local GPs, it has reduced waiting times for headache patients and offers specialist advice and follow up. The launch of the service followed a specific complaint received last summer and a survey is being developed to ensure it continues to meet patient needs.

All four winners were presented with their awards at the Trust's Annual General Meeting in September. They were also given prizes sponsored by local companies including tickets for local tourist attractions and theatres. The awards scheme is also running in 2006, and patients have been able to nominate service developments for the awards



Clinical Governance

In order to ensure patients receive the highest possible quality of care, Trust procedures are under continuous review. 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 complies with the Department of Health's framework for reporting on clinical governance.

BIRMINGHAM BECOMES CENTRE OF EXCELLENCE FOR THE TREATMENT OF LUPUS

Birmingham was accredited the first centre of excellence for the treatment of Lupus at a ceremony on October 12th 2005. The award, given by the UK's leading Lupus charity recognises more than 15 years of high quality medical care in the city.

The first clinic was established in the Department of Rheumatology at the University of Birmingham in 1989. Now 16 years later, clinics are offered at City Hospital serving more than 500 patients.



Major Incidents do Happen

A major incident is defined as a situation that arises with little or no warning, which can cause or threaten death, injury or serious disruption to normal life for more people than the emergency services would normally expect to deal with.

Major incidents can and will involve a wide number of staff, not just those who work in a clinical post or have a specific major incident role. As we will never know the nature of an incident or when it will occur, all staff need to be aware of the policies that are in place and what their potential roles could be.

Under the Civil Contingencies Act 2004 the Trust, as a Category One responder, has a legal responsibility to plan for and respond to emergencies, including planning for the rapid return to normal functioning of the hospital. This also includes a legal responsibility to co-operate with other Category One organisations such as the police and ambulance service.

The major incident plans for both City and Sandwell Hospital have recently been updated and staff

familiarised with the new major incident plan for their site.

The Trust's plans have been developed in line with national requirements, developed through the SWBH emergency planning group, DGM representatives and involvement from other organisations such as local PCTs, the SHA and local Councils.

The Trust has a legal obligation to test major incident plans by involving front line and managerial staff in exercises that ensure plans are robust. Every six months we perform an unannounced test of the communication flow (to determine how long it takes the necessary personnel to report to the control room) and a table top exercise takes place every year. We are legally required to perform a live test every three years. Sandwell Hospital's plans were tested during March 2006 when a hypothetical terrorist attack was staged.

The live exercise, 'Emergotrain', gave an opportunity to test the major incident plan and review and change it if necessary. It also gave an insight into how different departments would work together in the event of a major incident. A similar 'Emergotrain' exercise took place at City Hospital in June 2006.

The Trust is currently updating its major incident plans for specific scenarios such as bomb threats, heat waves and hospital evacuations.



Chief Executive John Adler and past Chairman Najma Hafeez

A New Chapter

Najma Hafeez's term of office as Chairman came to an end on 31st March. Najma, who had been the Chair at SWBH since 2002, stepped down to concentrate on her management consultancy business.

Najma said:

"It has been a privilege to have served as Chairman for the Trust for the past four years (but not always a pleasure due to the enormous challenges we face!) I am very proud to have been involved in the merger, to see the opening of the Birmingham Treatment Centre and I am very excited about the forthcoming 2010 developments.

I am very proud of the immense dedication and hard work of our staff to meet the huge challenge of Government targets. Most importantly I would like to give a big thank you to our staff for the excellent services provided to our patients and the reputation of excellent that our staff have developed for this Trust.

I would also like to thank the Trust Board – John Adler and the Executive Team, together with my colleagues the Non Executive Directors who have dedicated their energies to ensuring the smooth running of our essential services.

I wish my successor and the Board the very best and I look forward to seeing all the current developments come to fruition. I will miss many people and my good wishes will always be with everyone in the Trust, especially the fantastic staff we are lucky to have. Thank you and all the best."



Annual Christmas Decoration Competitions

REPs babies are born

Meeting Secretary of State for Health John Reid

Equality and Diversity Group

Diabetes Centre

Pull the Other One!

Walsall strong man, Gary Whitehouse, raised a staggering £1,780 in aid of the Diabetes Centre at Sandwell, by pulling a 7.5 ton lorry 20 metres. Gary, who completed the challenge in just 35 seconds, presented a cheque to Sister Noreen Barker on 10th October.

Gary, who undertakes a 'vehicle pull' each year, says:

"My cousin was treated at the Centre and I was inspired to give something back as a way of saying thank you. I like to be able to use my strength for good causes and help people less fortunate than myself. My challenge next year is to pull a nine ton fire engine to help children with cancer. I'd like to thank Aspros-Transport for the loan of the lorry, my gym, and my family and friends for all their support – and sponsorship!"

The money raised will be used to purchase equipment and provide extra training to nurses working within the Diabetes Centre.



Strong man Gary Whitehouse gives Sister Noreen Baker a lift!

Trust Wins Top NHS Award

Sandwell and West Birmingham Hospitals Trust beat off strong competition from around the UK to scoop a top prize in the 2005 Health Service Journal (HSJ) Awards.

Dr Liz Hughes, Clinical Tutor, Yvonne Elbro, Head of Business and Information and Pip Maskell, Director of Learning and Development were presented with the award in November at a special ceremony at the London Hilton Hotel, Park Lane in the presence of Secretary of State for Health, Patricia Hewitt.

The awards were judged by a prestigious panel of prominent health service figures, led by NHS chief executive Sir Nigel Crisp.

The honour recognises the Trust's outstanding work in Skills Development - specifically, new standards in doctors' training that take in general management skills. A collaborative initiative, the trust incorporated accredited personal and professional management training into junior doctors' programmes. The learning and assessment infrastructures devised for the programme can be transferred and repeated throughout the NHS and offer considerable value for money benefits.

Patricia Hewitt, Secretary of State for Health, said:

"Throughout the NHS we have outstanding clinicians, healthcare professionals and managers, constantly striving to

improve what they do for the benefit of patients. Since becoming health secretary I have been constantly impressed by the effort going into service innovation up and down the country. Sandwell and West Birmingham Hospitals Trust has proved themselves to be right at the forefront of the transformation taking place in the health service and they fully deserve this award."

Nick Edwards, editor of HSJ, added:

"Sandwell and West Birmingham Hospitals Trust is helping to lead the way in implementing new ideas and ways of working in the health service, and it has beaten off very stiff competition to win this accolade. Its work has made a real difference to the standard of healthcare provided to patients."



Rory Bremner, Dr Elizabeth Hughes and Pip Maskell at the ceremony

FACT FILE:

TRUST STAFF RECEIVE MEDALS FOR GULF WAR EFFORTS

On 10th December Birmingham's very own TA Medical Unit 202 (Midlands) Field Hospital held a medals and awards ceremony at its headquarters in Kings Heath. This was in recognition of all officers and soldiers who were mobilised to serve on operations in Iraq during the initial Gulf War in March 2003.

Four members of Sandwell and West Birmingham Hospitals NHS Trust were amongst the 130 officers and soldiers of the unit who were on parade to receive their medals. They were presented by Brigadier SC Howe CBE L/RAMC who is the Commander of the unit's higher formation Headquarters 2 Medical Brigade based in York.



Choose

& Book



Choose and Book allows patients to book an appointment with their preferred hospital.

SWBH's Choose and Book system went live for pilot sites in September and fully live since November 2005, and since then its use has been expanding at a great pace. The City Hospital contact centre receives over 10 000 calls per month, with the Sandwell contact centre taking over 8,500 calls per month. At the end of March 2006, 12% of all SWBH's referrals came through the Choose and Book system.

The Trust has been keen to support GPs in delivering Choose and Book and our Directory of Service contains over 250 services, each with a comprehensive list of keywords for conditions treated and procedures performed – this will support the GP to select the most appropriate service for the patient.

The Call Centre Staff at both City and Sandwell Hospital have been on the frontline of the new national initiative Choose and Book (CaB) system. With their hard work we are one of the top Trusts in the country with the highest number of GP referrals sent through the system and we are still in the pilot stage!

To get to this stage we have developed a Directory of Services (DoS), whereby all consultants have provided us with key words for conditions treated and procedures performed. This will allow the GP to search the DoS and select the appropriate clinic to refer his/her patient to.

We felt it was important to make sure the system worked and with the support of the PCT leads and five GP practices we have tested the system. The first stage was to test the system, making sure the GP could search and select from the DoS and that we could receive the referral letter using the CaB system.

There are many advantages to the CaB system:

- Patients are referred much quicker
- The appointment is negotiated with the patient
- The referral is electronic - always accessible
- The referrals are typed – reduces illegible handwriting
- DoS advertises our services keeping the GP informed of any changes

We have some challenges to face in the future, but if they are tackled in the way the Staff in the Call Centres have handled them so far, it should not be a problem.



Mind, Body and...

The Post Graduate Centre played host to the much anticipated 'Mind, Body and Soul' conference, focusing on the world of health care and how professionals can be supported in the demanding work that they do.

The Matrons' Network in the Midlands organised their first ever holistic conference on Tuesday 1st November for health care professionals in the region. Chris Beasley, Chief Nursing Officer for England, addressed the conference

with a 'Caring for Staff' speech. The purpose of the conference was to look proactively at how individuals manage to balance their home and work lives, how they can aspire to achieve their goals, learn how to manage stress and develop mechanisms to deal with difficult situations.

Staff were invited to attend the conference and encouraged to take part in therapy sessions on the day, which included facials, head massages, foot massages and even salsasis classes!

...Soul

Rosie's



Jessica Ballentine shows her support

Helping Hands

More than £1,000 was raised by staff at City hospital in a tribute to a teenager stabbed to death four years ago.

Staff and volunteers collected £1,173.24 during a special fundraising day dedicated to 16 year old Rosie Ross on what would have been her 20th birthday. Rosie was killed while sunbathing in Centenary Square in Birmingham in May 2001.

A&E staff who had battled in vain to save her life joined Rosie's parents Karen and Sean, Capital Projects Manager Paul Scott, and other staff who had been touched by the tragedy to raise money for a charity set up in her memory.

The charity, 'Rosie's Helping Hands' has raised more than £120,000 since 2001. City Hospital has directly benefited by receiving £42,000 to buy life saving equipment for A&E and Theatres after Rosie's parents wanted to 'give something back to the hospital that tried so hard to save her life.' The money raised during 'Rosie's Day' will help the charity continue its good work.

Rosie's mum Karen said,

"This is a remarkable amount and we are very touched and extremely pleased with the wonderful support that we and Rosie's charity have received from City Hospital - you are all wonderful people."

A portable ultrasound scanner bought with money donated by the charity is well used at the hospital and enables some patients to be treated at the bedside – saving valuable theatre costs and resources.

Compliments and Complaints

The Trust is proud of its achievements in the continued drive towards improving the quality of care provided to the local population. Like any large organization, feedback from the users of our services serves an important purpose in enabling the Trust to address any concerns and make improvements wherever possible. This also helps staff to continue their work around the ongoing development of patient centred services.

During 2005/06 the Trust received 728 complaints, compared with 689 complaints in 2004/05. The target time for responding to complaints is 20 working days and this was achieved in 77.2% of cases, compared with 76.6% in 2004/05.

The main category of complaint was clinical treatment.

170 informal complaints were reported in the year, compared to 139 in the previous year.

In August 2004 the Healthcare Commission took over responsibility for considering independent review requests. If complainants remain dissatisfied with the Trust's response, they have two months to contact the Commission and ask for an independent review. At 31st March 2006, 70 complaints had been referred to the Commission, dealing with complaints from 2004/05 and 2005/06.

Some of the complaints result in improvements in the Trust. A list of actions will be included in the Complaints Annual Report.

During 2005/6, 4537 thank you letters were registered, praising the care and commitment given by our staff.

SWBH - One of the Best Trusts in the Country for Nurses to Work!

We are proud to report that Sandwell and West Birmingham Hospitals Trust has been ranked as one of the best organisations in the UK for nurses to work.

The top 100 organisations were compiled by Nursing Times, following analysis of questionnaires returned by Trust employees. Nursing Times reported to have received a huge number of entries from both the NHS and independent sector, spread across acute, primary and mental health care.

Nurses described the Trust as being 'like a family'. They said they feel valued and supported and are able to express frank opinions to senior staff without feeling awkward. Our nurses feel that praise is given when due, and innovation is published widely within the Trust. Nurses also feel able to run services without 'too much interference'.



Prospective medical students gain practical work experience at Sandwell and West Birmingham Hospitals NHS Trust

Looking to the Future

A Youth Volunteers Scheme has been introduced across the Trust, following the large number of enquiries the Voluntary Services Department receive for placements from 6th form students hoping to pursue medical careers.

16 young people with medical aspirations attended an induction day last December as their first experience of this innovative scheme. With the onset of colder weather, it was decided to focus the students' efforts in line with the Department of Health's hypothermia awareness scheme, 'Keep Warm, Keep Well'. Following training sessions, the young people began to spend time on the wards of the hospitals, talking to patients and their carers, and supplying information where appropriate.

As well as hypothermia awareness, the students are undertaking tutorials in topics such as the NHS, PPI/PALS awareness, cultural awareness, CV writing and personal development.

Young people wishing to obtain a place to study medicine at university are expected to have had volunteer experience in a healthcare setting prior to their application. We hope that placements with us will provide our students with valuable insights into the world of medicine and support for their applications to medical school.

Climbing High!



Dr Bill Thomson, Consultant Physicist at City Hospital, recently returned from an expedition to the remote Tien Shan mountain range in Kyrgystan, where he summited five unclimbed peaks of 5000m.

Bill explained:

"The peaks are technically only about mid-grade Alpine but it's the remoteness of the area and the fact that no-one has been there before that gives a special feel to them. The Tien Shan range is vast and stunningly beautiful and only opened up to climbers about 12 years ago. It's interesting that there are still such unclimbed areas that can still be accessed"

Fred Comes 'Home' to City

96 year old Fred Bicknell chose the grounds of City Hospital as his last resting place because he always said his time here as an Assistant Chef was the happiest of his life.

Learning his trade on the front lines in France, Fred vowed on leaving the army to find a role where he could serve people and make them happy, which is when he came to work as assistant chef at the Summerfield/Dudley Road Hospital as it was named then.

Director of Nursing Pauline Werhun met Fred's family when they travelled up to the hospital to scatter his ashes on ground outside maternity. Pauline and her husband provided a rose tree to mark the spot, and Fred's daughter commented: "In his later years all Fred would talk about were the happy times he had in the kitchens of the hospital. He was 80 when he finally gave up work, but still carried on doing odd jobs around the garden.

"The rose tree that you so thoughtfully planted for Fred is the most appropriate thing you could have done as this will spring into life and give others the pleasure of its flowers."



Mrs Bicknell (Fred's Widow)
and Director of Nursing, Midwifery and Therapies Pauline Werhun

Finger Fun

City Hospitals very own 'Little Saints' hosted their first, much awaited summer fete, complete with tombola, crafts, raffles, bric-a-brac, cakes, games and much much more!

On Saturday 24th September the toddlers invited staff, patients and members of the public to join them for some summer fun. Entertainment took place in the nursery and surrounding garden.

A total of £1230.17 was raised, which will be used to purchase new toys and equipment for the children.

Alison Fielder, Nursery Manager said:

"It was a great day for all. This was the first year we have held a fete and received a very good response from all. The staff worked exceptionally hard and it's great to see the children having fun"

Special thanks goes to the following people who helped make the day a success. Miss Lily's Flower Shop, The Botanical Gardens, McDonalds, Asda, Tesco, The Birmingham Rep, Hippodrome, Sea Life Centre, Cadbury World, The Wing Wah restaurant in Oldbury, Think Tank, The Tower Ballroom, West Midlands Safari Park, Symphony Hall, Sainsbury's, Severn Valley Railway, John Lewis, Twycross Zoo, Perry Barr Greyhound Stadium and Chiquitos Mexican restaurant.



3 year old Lauren Cooper and
Deputy Manager Lisa Hewitt get painting

What Our Patients Say...

The Trust's third annual inpatients' survey was undertaken during 2005/06 with the results being made available to all staff and Patient and Public Involvement (PPI) representatives in March 2006.

At 63% the Trust's survey response rate was higher than the national average. The results demonstrated that in most areas the patient's experience remains very similar to that detailed in the 2004 survey. However some very relevant areas of improvement were noted, which include:

- More patients being given a choice of admission date
- 10% more patients experienced on the 4hr wait for A&E admissions
- More patients reported doctors providing understandable answers to their questions
- More patients are informed about possible side effects of the medication they take home and what danger signals to look for.

Areas for further improvement are cleaning standards and involvement of patients in decisions about their treatment.

A Service Improvement Plan has been developed to respond to the areas identified as being in need of improvement. The plan will be evaluated every quarter for progress.

Do you want to get involved?

We believe that our patients and/or carers are in the best position to inform us on what improvements should be made to the Trust's hospitals. Would like to help us? Or would you like more information about how to get involved? There are a number of ways you may get involved:

- Become a member of a service or condition specific group
- Complete the Trust's suggestion slip 'Have Your Say'
- Contact the PALS service
- Attend 'one off' focus group meetings
- Send us a letter or email.

If you would like to become involved in PPI activities, please contact Jessamy Kinghorn, Head of Patient & Public Involvement on 0121 507 5303 or email: jessamy.kinghorn@swbh.nhs.uk Alternatively you can write to Jessamy at the City Hospital address.

Capital Improvements

The Critical Care Unit and the mortuary at Sandwell Hospital have been given a facelift.

An investment of £1.87m has been spent on updating and refurbishing Sandwell's 16 bed Critical Care Services ward. The aim of the project was to create an improved environment for patient care and a new open plan layout gives staff a better vision of patients from a central nurse base. Overnight facilities for relatives have also been improved.

Work is currently underway on the development of a new forensic mortuary at the hospital, which is expected to be completed by October 2006. The new facility will have an increased storage capacity and has an investment of £3.2m.

Both of these schemes have been funded by Capital Investment funds.

FACT FILE:

MOTHER AND CHILD

The impressive John Bridgeman sculpture that is sited on the wall of the Birmingham Treatment Centre reception originally had its home outdoors. Standing in front of the City Hospital, the statue resided there for many years before coming in from the cold to take up its new position.

The sculpture, which depicts a mother and child came to City Hospital in 1968



Trust Achieves Practice Plus!



Improving Working Lives

The Trust has been awarded Improving Working Lives (IWL) Practice Plus status. The award recognises the Trust's commitment to improving the working environment for all its staff.

A recent Improving Working Lives (IWL) audit identified many positive examples of good practice in place across the Trust. In spite of the current financial climate the validators found strong evidence that the Trust was supporting staff and developing networks or initiatives such as diversity groups, that retention rates were strong, and that there were a wide range of benefits in place such as Occupational Health services, nursery provision, the on-site gym, and availability of complementary therapies. They also felt that the Trust did well in keeping staff informed of developments and that there is an established learning culture.

Future reviews on whether the Trust continues to improve working lives will be undertaken annually, so it doesn't stop here. We can learn from the process we have gone through with IWL, and build this into our plans for the future. The way we work together and involve staff more in decisions is critical if we are to take advantage of the opportunities that 2010 provides us with to improve the health care of the communities we serve - this is only the beginning.

Agenda For Change

Agenda for Change is a Government initiative to ensure fair terms and conditions for all NHS staff. Working with Trade Union colleagues the Trust has reviewed all staff job descriptions and assimilated staff onto the new Agenda for Change terms and conditions. The majority of staff are now being paid according to their new pay band.

We are now in a position to look at the next phases of the Agenda for Change initiative, which include KSF (Knowledge and Skills Framework) and benefits realisation.

KSF

KSF is an integral part of Agenda for Change. It defines and describes the knowledge and skills staff need to apply in their work in order to deliver quality services and provides a single, consistent, comprehensive and explicit framework on which to base the review and personal development process (PDR) for all staff. Whilst it is the job evaluation process that determines the pay band, which uses job descriptions and person specifications as its base, it is the KSF Outline and associated development review process that lie at the heart of the career and pay progression.

There is an expectation that individuals will progress through the pay points on a pay band by applying the necessary knowledge and skills to the demands of the post. Staff will need to keep portfolios of evidence to support their review. It is only at gateways, or if concerns have been raised about significant weaknesses in undertaking the current role, that the outcome of a review might lead to deferment of pay progression.

Benefits Realisation

We are required to show the benefits of AfC to the Trust, some of which are immediate and others more long term. Amongst the immediate has been the setting up of consistent current job descriptions in electronic form, increased partnership working and many managers looking at the skill mix in their areas and addressing future staffing issues. These issues include whether it is better to recruit people at entry level and train them or to recruit fully trained candidates - part of this process has been to re-think jobs both in terms of career development and importantly the needs of the patient and/or service.

The expected benefits for patients include:

- More patients being treated more quickly because pay reform will help deliver shorter waiting times as staff develop new roles.
- Improved access over seven days and out of hours because staff are encouraged to work flexibly.
- Shorter care pathways and fewer adverse incidents because staff will be encouraged to work in teams to break down barriers.
- Opportunities for new roles to support qualified staff thereby reducing the need for several health care workers to deal with the same care issues with patients.

Staff Opinion Survey

An action plan has been developed to show how the Trust intends to improve the working life of its employees over the next year.

The plan is based on the findings of the NHS National Staff Opinion Survey 2005, which was published by the Healthcare Commission, focusing on issues raised by our staff.

60% of the 850 staff surveyed responded, which is a great improvement on the 49% response rate last year and higher than the national average.

Many positive comments were received in the survey including the amount of team working, the incident reporting system, support from front line managers and work colleagues.

However staff also highlighted areas which could be improved upon and the action plan aims to demonstrate ways that improvements can be achieved.

Whilst the number of violent incidents taking place against staff has fallen, violence in the workplace remained a key issue in the 2005 staff survey. The Trust is committed to challenging violent behaviour and a special constable scheme is also in operation.

The survey revealed that only half of all staff received an appraisal last year, which needs to be vastly improved upon.

The effect of stress on staff was another key issue raised by the survey. Stress is a very real issue that affects individuals in different ways. Some people react positively to stress whereas others feel that they simply cannot cope. We are aware that stress in people's personal lives can also impact on working situations. The Trust's counselling service, bdma is available for any member of staff who would like to receive professional and confidential counselling.

It is difficult for the action plan to alleviate problems caused by what some see as staff shortages. However, when any changes are being made, the Trust will ensure that the right amount of staff with the right skills are available to care properly for our patients on every ward. Any changes will be made with a view to the Trust becoming more efficient and productive.

You can access the full NHS National Staff Survey through the Healthcare Commission's website at: <http://www.healthcarecommission.org.uk/staffsurveys/>



List Of Clinical Specialities and Services

Below is a list of services provided at our three hospital sites

Clinical Speciality/Service	City Hospital	Sandwell Hospital	Rowley Regis Hospital
Accident and Emergency	X	X	
Anaesthetics	X	X	
Audiology	X	X	X
Breast Services	X	X	
Cardiology	X	X	X
Cardiac Rehabilitation	X	X	
Chemical Pathology	X	X	X
Chest Medicine	X	X	
Chiropody	X	X	X
Clinical Haematology	X	X	X
Clinical Toxicology	X		
Colorectal Services	X	X	
Continuing Care			X
Critical Care/ITU	X	X	
Dermatology	X	X	
Diabetology	X	X	X
Dietetics	X	X	
Elderly Day Care	X	X	X
Endocrinology	X	X	
ECG Direct Access	X	X	
ENT	X	X	X
Gastroenterology	X	X	X
General Haematology	X	X	
General Medicine	X	X	
General Surgery	X	X	
G.U. Medicine		X	
Geriatric Medicine	X	X	X
Gynaecology	X	X	
Gynaecology	X		
Haemoglobinopathy	X	X	
Haematological Oncology		X	
HDU (High Dependency Unit)	X	X	
Imaging	X	X	X
Infection Control Services	X	X	
Interventional Radiology	X		
Lymphoedema	X	X	
National Poisons Information Service	X		
Neonatal	X	X	
Nephrology	X	X	
Neurology	X	X	
Neurophysiology	X	X	
Neuro-rehab	X	X	
Obstetrics	X	X	X
Occupational Therapy	X	X	
Oncology	X	X	
Ophthalmology	X	X	
Oral Maxillofacial Surgery	X	X	X
Orthotics	X	X	X
Orthoptics	X	X	
Paediatrics	X	X	
Pain Management	X	X	X
Physiotherapy	X	X	
Plastic Surgery	X	X	
Psycho Sexual	X	X	X
Rehabilitation	X	X	X
Respiratory/Lung Function	X	X	X
Respite Care		X	X
Rheumatology	X	X	X
Speech Therapy	X	X	
Stroke Unit	X	X	X
Thoracic Medicine	X	X	X
Trauma and Orthopaedics	X	X	X
Urgent GP Services	X	X	
Urodynamics	X		
Urology	X	X	
Vascular Surgery	X	X	

Do You Need a PAL?

The Patient Advice and Liaison Service (PALS) was introduced in every NHS Trust in 2002. The service provides support to patients, carers and relatives, representing their views and resolving local concerns quickly by working in partnership with Trust staff and other agencies.

PALS is a friendly, accessible and confidential service for people who would like information, who have any concerns or would like to comment about any aspect of the services provided by Sandwell and West Birmingham Hospitals NHS Trust, Oldbury & Smethwick PCT, Wednesbury & West Bromwich PCT and Rowley Regis & Tipton PCT. How to contact PALS:

Sandwell and Rowley Regis Hospitals
0121 607 3369

City Hospital
0121 507 5836
Email: pals@swbh.nhs.uk

Opening hours:
Monday Friday:
10.00 - 4.00 p.m.

Patient Services

Patients at City, Sandwell and Rowley Regis hospitals have access to a wide range of facilities and information.

- Multiple patient information leaflets
- Videos and audio cassettes
- Information centres at each hospital
- Patient line system
- Patient support groups
- Patient advice and liaison service (PALS)
- Diverse cultural community groups
- Religious Worship facilities
- Disability facilities
- Mini cam loop systems
- Hairdressing salon
- Library service
- Patient befriending PALS support service
- Bereavement rooms
- Cancer information centres
- Proactive voluntary organizations
- Patient advocacy service
- Interpreting services
- Cultural dietary needs specific menus
- Bereavement support team multi faith ministers

Operating & Financial Review for 2005/2006

The Trust delivered all of the key national access targets including cancer, A&E and inpatient and outpatient waiting times in what proved to be another difficult year from a financial perspective. From a developmental point of view the Birmingham Treatment Centre, which provides a state-of the-art facility for outpatients, diagnostics and day case surgery at City Hospital, had its official opening and work progressed on the plans for new hospital facilities as part of the Towards 2010 project.

The Trust commenced the year with a planned deficit of £5.1m. A subsequent forecast £6m deficit was agreed with the Strategic Health Authority (SHA) principally driven by unforeseen energy cost rises affecting all large hospitals. By the end of the year the Trust delivered a position of £5.7m in-year deficit. Positively, this included delivery of a significant cost improvement programme. The cost improvement plan formed part of a wider recovery plan involving the Trust and Primary Care Trusts (PCTs) as pressures exist across the Health Economy. The Birmingham and Black Country SHA required that Trusts and PCTs operate an extended system of Payment by Results during 2005/06 which went beyond the national scope of elective care to also include emergency activity. 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 reported deficit creates further pressure on the Trust in meeting its statutory duty to breakeven over a 3 year period and in exceptional circumstances, over 5 (as interpreted by NHS guidelines). The Trust performed better where its secondary duties are concerned as it:

- managed within a preset external financing limit (a mechanism that controls the level of cash it can expend).
- met the CRL (capital resource limit which places an upper limit on the level of new equipment and buildings expenditure)
- Achieved a capital cost absorption rate of 3.5% (The Trust is required to pay a dividend of 3.5% to the DoH based on the value of our fixed assets—buildings & equipment. This is achieved by generating an operating surplus)
- Improved its compliance with the Better Payment Practice Code (The Trust has not met the target where 95% of valid trade creditor invoices should be paid within 30 days of receipt. It did however increase this to 54% in 2005/06 up from 28% in 2004/05.)

During 2005/06 a revised recovery plan for 2006/07 and beyond was prepared in order to build on the progress achieved during the year. The main commissioners (Sandwell PCTs and Heart of Birmingham PCT) are generally supportive of the plan. The Sandwell PCTs experienced their own financial pressures in 2005/06 and consequently have financial recovery plans linked to reducing reliance on hospital care for some types of patients. The Sandwell PCTs and Heart of Birmingham tPCT provide the majority of the Trust's healthcare income. Consequently collaborative efforts were made to manage within the deficit control totals set by the SHAh.

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

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

The Director of Finance, Sandwell and West Birmingham Hospitals NHS Trust, City Hospital, Dudley Road, Birmingham B18 7QH or telephone 0121 507 4970.

The Trust provides general acute and tertiary services from its three hospital sites. It undertakes undergraduate and postgraduate training across a number of healthcare disciplines along with a portfolio of research and development activities.

Sandwell General Hospital and City Hospital are busy acute hospitals providing many specialist services and a full range of emergency services, including Accident & Emergency at both sites. Rowley Regis Community Hospital was opened in 1994 and provides continuing care, rehabilitation and respite care.

It also has a range of outpatient and diagnostic facilities. Relevant addresses appear at the back of this Annual Report.

Policy and Environmental Influences

The purpose of the Trust is laid down in statute. Its activities are however, guided by the national frameworks for delivery of care complete with inspection regimes and achievement of specific targets, e.g. waiting times.

The strategic context of this delivery is set out below and captures the environmental influences which shape overall objectives.

<p>National</p> <p>System reform within the NHS including:</p> <ul style="list-style-type: none"> - the introduction of patient choice from January 2006 - the continued roll-out of payment by results - the development of practice-based commissioning - requirements to get ready for NHS Foundation Trust status - an increasing role for the independent sector in the provision of NHS care <p>The recent white paper "Our Health, Our Care, Our Say" emphasising the provision of healthcare outside hospitals and the development of new models of care.</p> <p>Changes to the national inspection and regulation regime for NHS Trusts, most importantly the development of the Annual Healthcheck by the Healthcare Commission.</p> <p>The next stage of national access targets including, most importantly the 18 week total wait target by 2008.</p> <p>Ensuring benefits realisation of other major national initiatives including pay modernisation and Connecting for Health.</p> <p>Developing the Integrated Service Improvement Plan as a vehicle for planning across the local health economy.</p>

<p>Local</p> <p>The 'Towards 2010 Programme' proposals for a major redevelopment of local health services.</p> <p>The Trust's existing financial plans, financial recovery plan and the actions arising from them.</p> <p>The outcome of work by McKinsey (supported by the Strategic Health Authority) to benchmark the productivity of the Trust against our peer group.</p> <p>The Trust's other existing action plans including:</p> <ul style="list-style-type: none"> - Getting Ready for 2010 Action Plan - the Annual Healthcheck action plan - IWL Practice Plus action plan - Infection control plans <p>Primary care trust plans to develop local alternatives to acute hospital care.</p> <p>Maximising the potential and the capacity of the Birmingham Treatment Centre.</p>

These policy and other environmental influences shape the way the Trust sets its future strategic priorities.

Strategic Priorities 2005 - 2010

The work that the Trust undertook during 2005/6 on medium-term strategy as part of the "Getting Ready for 2010" process identified a set of strategic priorities for the organisation. These have been further developed as part of planning for 2006/7 and are set out in the boxes below.

<p>1. Make Better Use of Our Resources</p> <p>We will ensure that the Trust makes the best use of the resources available to stabilise our financial position and provide a secure base for future development.</p>	<p>2. Develop Our Secondary Care Services</p> <p>We will develop our ambulatory and diagnostic services, continue to deliver on national access targets and develop our more specialist secondary care services.</p>
<p>3. Deliver Care Closer to Home</p> <p>We will work with primary care to deliver services as close to people's homes as possible.</p>	<p>4. Respond to Our Patients</p> <p>We will seek to understand what our patients think about our services. We will seek to ensure services respond to patient needs including the needs of the diverse communities we serve.</p>
<p>5. Improve Quality and Standards of Care</p> <p>We will continue to work to improve the quality of care we provide including addressing issues of infection control, the patient environment and privacy and dignity.</p>	<p>6. Develop 21st Century Facilities</p> <p>We will work with our local partners to make a success of plans to redevelop local health services through the Towards 2010 Programme.</p>
<p>7. Promote Teaching and Research</p> <p>We will continue to promote teaching, education and research as part of our services especially where this helps improve the future quality of care that we can provide.</p>	<p>8. Improve Effectiveness as an Organisation</p> <p>We will work to improve our effectiveness as an organisation through improved governance, HR and IT systems and through the achievement of NHS FT status.</p>

The context of these guiding strategies and its response to more immediate operational targets enable the Trust's overall performance to be judged.

Operational Performance – Healthcare Activity and Corporate Objectives

During 2005/06, the Trust:

- delivered all of the key national access targets including cancer, A&E and inpatient and outpatient waiting times;
- continued planning for the development of the new acute hospital through the Towards 2010 programme;
- opened the BTC to provide a state-of-the-art facility for outpatients, diagnostics and day case surgery at City Hospital.

Last year the Trust identified four main priorities:

1. Deliver the financial recovery plan;
2. Continue to deliver on national targets and initiatives;
3. Prepare for NHS system reform;
4. Develop Towards 2010.

<p>Delivery the financial recovery plan</p>	<ul style="list-style-type: none"> The plan for 2005/06 was to improve the financial position through the delivery of Fit for the Future and the Financial Recovery Plan. Although a great deal was achieved, at the end of the year the deficit was £626k more than the planned deficit of (£5.1m), mainly as a result of higher energy costs. Financial recovery will continue to be the central focus for the Trust in 2006/07.
<p>Continue to deliver on national targets and initiatives:</p>	<ul style="list-style-type: none"> In relation to the Healthcare Commission's first Annual Health Check, each Trust is required to assess their compliance against 44 Core Standards. At the end of the year the Trust declared compliance with 36 standards for the entire year, 7 for part of the year and one as 'not met' in 2005/06. Compliance with this last standard is expected to be achieved by 30th June 2006. Despite a record number of admissions/medical emergencies the Trust met all of its key access targets and all new cancer targets. Further detail is given below. In March 2006 the Trust was awarded Improving Working Lives Practice Plus status which recognises best employment practice. The target reduction in MRSA infection rates set for the Trust (2005/06) has not been achieved: <ul style="list-style-type: none"> - MRSA Bacteraemia – 106 - DoH Target – 66 However, a new Infection Control Executive Team has been established and the delivery programme for the Department of Health's "Saving Lives" campaign will be launched in 2006.
<p>Prepare for NHS system reform:</p>	<ul style="list-style-type: none"> The Trust continued to deliver the requirements for Connecting for Health (formerly NPfIT) in spite of delays at pilot sites. This included a range of preparatory work, project planning for PAS/A&E, Maternity and Theatre Systems and iCM re-launch. The Trust prepared for the introduction of Patient Choice in December 2005 and has continued to improve engagement with primary care, improve our patient information and ensure the implementation of Choose and Book. A lead for GP liaison work within the Trust has been appointed and a regular GP newsletter re-launched. E-communication with GPs has also been improved. Choose & Book targets have been met.

<p>Prepare for NHS system reform:</p>	<ul style="list-style-type: none"> In order to develop the governance, committee structure and controls assurance of the organisation in preparation for future Foundation Trust status, the Trust underwent a pilot NHS FT Development Programme during summer 2005. This diagnostic exercise identified issues that needed to be addressed and an action plan for FT status is now being progressed.
<p>Develop Towards 2010:</p>	<ul style="list-style-type: none"> The new Birmingham Treatment Centre opened its doors to patients on 28th November 2005. A Joint Management Board has been established between the Trust, HoB and Sandwell PCTs and the 2010 Agency to oversee the operation of the BTC. Longer term planning is underway to ensure maximum benefit is derived from the facility. The work of the Towards 2010 Programme has continued throughout the year. Due to a national review of PFI schemes there has been a delay to the public consultation on the proposed options for future services which will now take place in 2006/07. However, in the meantime the Trust has reviewed its vision and clinical services strategy in order to establish a short to medium-term strategic framework that prepares services for the transition to proposed 2010 models of care. This has been set out in more detail in the Getting Ready for 2010 section above. A Service Improvement Plan was produced which identified a number of priority areas for change and improvement to the patient experience. This included stroke services, respiratory services and admission and discharge processes across the Trust as well as quality improvements and other divisional initiatives. These plans have been implemented or progressed throughout the year and will continue to be built upon in 2006/07.

Service Performance 2005/06

The table below identifies the Trust performance against all national patient access targets as at 31 March 2006.

Patient Access Targets 2005/2006			
	National Target	Trust Performance	Comments
Inpatient waiting time	6 months	6 months	400 fewer patients waiting than corresponding date 2005. Only 424 patients waiting 4 – 6 months.
Outpatient maximum waiting time	3 months	3 months	Only 150 patients waiting in excess of 9 weeks and less than 13 weeks
Cancer 2-week wait from GP referral to appointment with specialist (% seen)	98%	99.8%	
All Cancers: One month diagnosis (decision to treat) to treatment	98%	99.8%	
All Cancers: Two month GP urgent referral to treatment	98%	100%	
Accident / Emergency waits (% seen in less than 4 hours)	98%	98.2%	
Patients receiving thrombolysis within 60 minutes of calling for professional help	68%	74.6%	
Patients waiting longer than three months for revascularisation	0%	0%	
Waiting times for rapid access chest pain clinic	10%	99.8%	
Waiting times for MRI and CT scans	18 weeks	13 weeks	Only 1 patient waiting between 8 – 13 weeks

Patient Activity 2005/06

The table below summarises patient activity in 2005/06 and shows the increase over activity in 2004/05.

	2005/06	2004/05
Inpatient Elective	14,146	13,481
Inpatient Non-elective	59,313	54,492
Day Cases	44,109	42,172
Outpatients	476,394	452,651
A&E attendances	226,778	211,292
Patient Referrals	142,718	136,630

Financial Performance

The Trust commenced the year with a planned deficit of £5.1m. A subsequent forecast £6m deficit was agreed with the Strategic Health Authority (SHA) principally driven by unforeseen energy cost rises affecting all large hospitals. By the end of the year the Trust delivered a position of £5.7m in-year deficit. Positively, this included delivery of a significant cost improvement programme. The cost improvement plan formed part of a wider recovery plan involving the Trust and Primary Care Trusts (PCTs) as pressures exist across the Health Economy.

Budget v. Actual 2005/06	Plan £000's	Actual £000's	Variance £000's	%age
Healthcare Income	263,287	271,030	7,743	
Other Income	41,269	42,358	1,089	
Total Income	304,556	313,388	8,832	2.9%
Pay Expenditure	218,470	222,758	4,288	
Nonpay Expenditure	70,110	75,104	4,994	
Depreciation & Dividends	21,075	21,252	177	
Rounding	1	(1)		
Total Expenditure	309,656	319,114	9,458	3.1%
Surplus/(Deficit)	(5,100)	(5,726)	(626)	
%age variance	(1.7%)	(1.8%)		

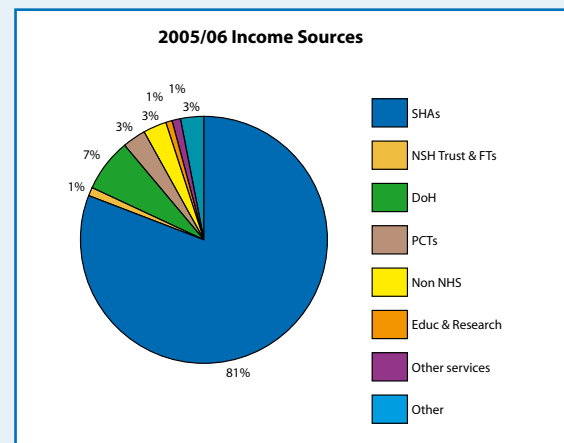
As the table above shows, actual income exceeded plan by 2.9% with costs exceeding plan by 3.1%. The planned deficit approximates 1.7% of total budget with the actual deficit exceeding income sources by 1.8%.

Income from Commissioners and other sources

The Birmingham and Black Country SHA required that Trusts and PCTs operate an extended system of Payment by Results during 2005/06 which went beyond the national scope of elective care to also include emergency activity. 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.£311m are shown below. As can be seen in the pie chart below, over 80% of the Trust's resources come directly from Primary Care Trusts. The increase from the Department of Health (when compared with 04/05) relates to the market forces factor payment (local wage cost variations) previously paid by PCTs.

Our income sources	05/06 000's	04/05 000's
Strategic Health Authorities	3056	2630
NHS Trusts and FTs	3864	3351
Dept of Health	8423	490
Primary Care Trusts	253949	230792
Non NHS including RTA	1738	1672
Educ & Research	22436	21718
Other non-patient services	9903	13099
Other	10019	8157
Total Income	313388	281909



Specific Performance - Financial Targets

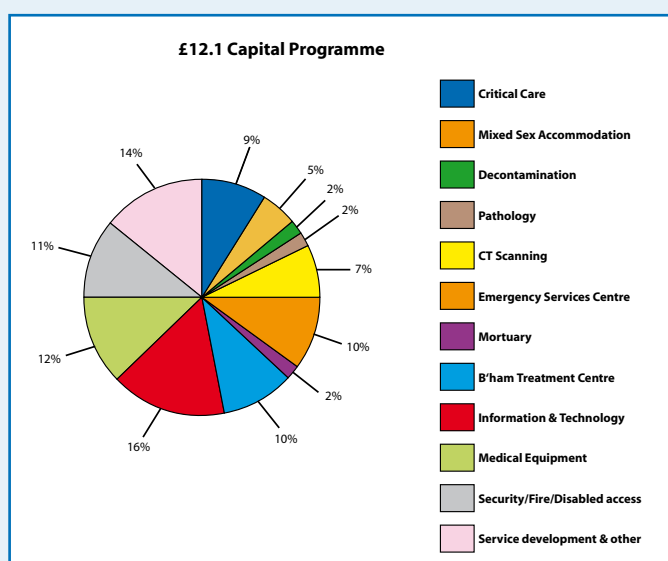
The reported deficit creates further pressure on the Trust in meeting its statutory duty to breakeven over a 3 year period and in exceptional circumstances, over 5 (as interpreted by NHS guidelines). The Trust performed better where its secondary duties are concerned as it

- managed within a preset external financing limit (a mechanism that controls the level of cash it can expend).
- met the CRL (capital resource limit which places an upper limit on the level of new equipment and buildings expenditure).
- Achieved a capital cost absorption rate of 3.5% (The Trust is required to pay a dividend of 3.5% to the DoH based on the value of our fixed assets (buildings & equipment). This is achieved by generating an operating surplus).
- Improved its compliance with the Better Payment Practice Code (The Trust has not met the target where 95% of valid trade creditor invoices should be paid within 30 days of receipt. It did however increase this to 54% in 2005/06 up from 28% in 2004/05).

During 2005/06 a revised recovery plan for 2006/07 and beyond was prepared in order to build on the progress achieved during the year. The main commissioners (Sandwell PCTs and Heart of Birmingham PCT) are generally supportive of the plan. The Sandwell PCTs experienced their own financial pressures in 2005/06 and consequently have financial recovery plans linked to reducing reliance on hospital care for some types of patients. The Sandwell PCTs and Heart of Birmingham tPCT form the majority of the Trusts Healthcare income. Consequently collaborative efforts were made to manage within the deficit control totals set by the SHA.

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

The capital programme is a key resource of funding to enable modernisation and ensure that our services are delivered in a safe and well maintained environment. The chart below provides an indication of the areas of investment the Trust pursued in 2005/06.



Developing a new Financial Strategy

During 2005/06 a significant amount of work continued with our partner organisations in the Local Health Economy (LHE) on the development of a shared financial strategy as part of Getting Ready for 2010. There was a need for the financial assumptions and plans of each organisation relating to shifts in activity to be consistent and the relative baseline positions of each organisation understood.

The Trust has experienced financial pressures which commenced in 2003/04. There are a number of reasons for this ranging from the financial impact of the arson attack at Sandwell Hospital to the outcome of national pay reforms. Expenditure on activity related clinical costs and premium rate working in a bid to meet patient access targets also influenced the outcome. These factors led the Trust to introduce a financial recovery plan, the central part of which was the 'Fit for the Future' savings plan. In addition during the year the Trust was the subject of a series of external financial reviews instigated by the DoH, the SHA (as part of the LDP assurance process) and the Trust itself.

A Local Health Economy Financial Recovery Plan was developed in an effort to repay cumulative deficits over an acceptable period.

Principles of the Plan:

- The Acute Trust and PCTs to continue to plan to achieve all non financial targets in the Recovery Plan period.
- The Plan, where supported by the SHA, allowed the provision of transitional funding transfers, loans and/or grants between constituent bodies within the Local Health Economy, to secure in-year I&E and cash flow balance as appropriate.

- The Plan would endeavour to promote the aims and objectives of the wider 'Towards 2010' strategy and where possible will seek to promote such plans as the means of restoring financial balance.
- The Plan would seek to promote and reward improved efficiency.
- To promote the development of SWBH as a Foundation Trust and to secure for the LHE any resultant financial and other benefits.

The assumptions contained within the August 2005 Recovery Plan have been partly overtaken by changes in a new national financial strategy. The 2006/07 Operating Framework expects Trusts to submit finance and activity information within a framework of planned I&E balance. The Trust is required to contribute 1% of turnover towards the repayment of the 2005/06 deficit and there is a revised system for repayable financial assistance rather than transitional support. The repayable assistance also attracts interest expense.

As a consequence, a revised 5 year Recovery Plan for the Trust has been developed. The plan seeks to recover the Trust's cumulative deficit. The timing of the repayment of this debt is however, under review.

The effective and efficient use of resources forms the cornerstone and a number of changes were instigated in 2005/06 which saw some reductions in staffing levels as note 6.2 to the annual accounts shows.

	2005/06			2004/05
	Total	Permanently Employed	Other	Number
Medical and dental	811	799	12	800
Ambulance staff	0	0	0	0
Administration and estates	1,493	1,455	38	1,501
Healthcare assistants and other support staff	756	743	13	845
Nursing, midwifery and health visiting staff	2,462	2,435	27	2,409
Nursing, midwifery and health visiting learners	93	93	0	97
Scientific, therapeutic and technical staff	946	936	10	975
Social care staff	0	0	0	0
Other	0	0	0	0
Total	6,561	6,461	100	6,627

Key to the success of the recovery plan is the management of risks which could affect delivery. The principal risks to the organisation are managed as part of the assurance framework which combines all aspects of governance and controls. The Risk Management Committee is key to the timely and robust identification of risks together with mitigation plans which are submitted and monitored. The main component of the recovery plan is the cost improvement programme. The CIP is managed by a Financial Recovery Board and overseen by the Finance & Performance Committee which reports directly to the Trust Board.

Annual Healthcheck 2005/06

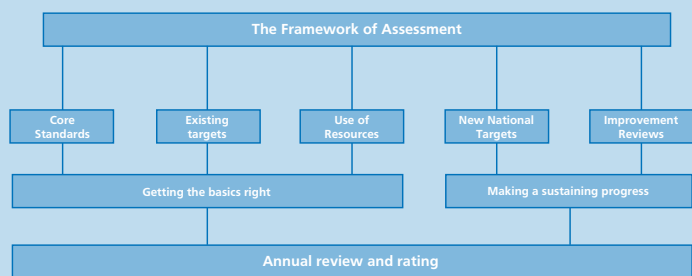
The Healthcare Commission has a responsibility for carrying out assessments of the performance of each NHS organisation.

The Trust was awarded 2 stars during 2005 for its performance in respect of the 2004/05 financial year. On 1st April 2005 the Healthcare Commission launched a new approach to assessing and reporting called the Annual Health Check. This system is based upon measuring performance with a framework of national standards and targets set by the government.

The Annual Health Check has replaced the former 'Star Ratings' assessment system and looks at a much broader range of issues than the targets set previously.

The system of assessment comprises several components to be assessed and reported on separately. These components will be brought together for each Trust's annual performance rating. This is represented in the 'Framework of Assessment' presented below.

This OFR has been prepared in accordance with the NHS Trust's Manual for Accounts 2005/06 as directed by the Secretary of State.



The Healthcare Commission will publish an overall annual performance rating for 2005/2006 for each organisation, consisting of two summary elements, quality and use of resources. The quality element of the annual performance rating will be derived from all of the components of the annual health check, except for the use of resources component. Use of resources will form a separate element of the rating for 2005/2006 to assess how effectively an organisation manages its financial resources. Both the quality and use of resources elements of the annual performance rating will be given a score on the scale: excellent, good, fair, weak. The final performance rating will be published in October of each year, starting in October 2006.

Emergency Preparedness:

The Trust has a major incidents plan that is fully compliant with the requirements of 'Handling Major Incidents: An Operational Doctrine' and all associated guidance and with any subsequent or revised guidance.

Sandwell & West Birmingham Hospitals NHS Trust - Summary Financial Statements 2005/06

Income & Expenditure Account for the year ended 31 March 2006

	2005/06 £000	2004/05 £000
Income from activities	271,030	238,935
Other operating income	42,358	42,974
Operating expenses	(310,998)	(282,487)
Operating Surplus (Deficit)	2,390	(578)
Profit (loss) on disposal of fixed assets	(9)	(55)
Surplus (Deficit) Before Interest	2,381	(633)
Interest receivable	397	270
Interest payable	0	0
Other finance costs -	(34)	(47)
Unwinding of discount		
Other finance costs -	(141)	0
Change in discount rate on provisions		
Surplus (Deficit) for the Financial year	2,603	(410)
Public Dividend Capital dividends payable	(8,329)	(7,319)
Retained Surplus (Deficit) for the year	(5,726)	(7,729)

Balance Sheet as at 31 March 2006

	31 March 2006 £000	31 March 2005 £000
Fixed Assets		
Intangible assets	649	609
Tangible assets	250,063	244,275
Investments	0	0
	250,712	244,884
Current Assets		
Stocks and work in progress	3,528	2,494
Debtors	24,920	26,742
Investments	0	0
Cash at bank and in hand	918	717
	29,366	29,953
Creditors: Amounts falling due within one year	(21,276)	(26,880)
Net Current Assets (Liabilities)	8,090	3,073
Total Assets Less Current Liabilities	258,802	247,957
Creditors: Amounts falling due within one year	0	0
Provisions for liabilities and charges	(4,203)	(4,426)
Total Assets Employed	254,599	243,531
Financed by:		
Taxpayers' Equity		
Public dividend capital	188,094	176,873
Revaluation reserve	61,824	59,225
Donated asset reserve	3,200	3,527
Government grant reserve	1,121	641
Other reserves	9,058	9,058
Income and expenditure reserve	(8,698)	(5,793)
Total Taxpayers' Equity	254,599	243,531

Sandwell & West Birmingham Hospitals NHS Trust - Summary Financial Statements 2005/06

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 March 2006			STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 March 2006		
	2005/06 £000	2004/05 £000		2005/06 £000	2004/05 £000
Operating Activities					
Net cash inflow(outflow) from operating activities	11,210	8,992			
Returns on investments and servicing of finance:					
Interest received	368	275	Surplus (deficit) for the financial year before dividend payments	2,603	(410)
Interest paid	0	0	Fixed asset impairment losses	0	0
Interest element of finance leases	0	0	Unrealised surplus/(deficit) on fixed asset revaluations/indexation	5,503	26,322
Net cash inflow (outflow) from returns on investments and servicing of finance	368	275	Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	591	1,665
CAPITAL EXPENDITURE			Defined benefit scheme actuarial gains/(losses)	0	0
(Payments) to acquire tangible fixed assets	(14,433)	(23,156)	Additions/(reductions) in "other reserves"	0	0
Receipts from sale of tangible fixed assets	360	0	Total recognised gains and losses for the financial year	8,697	27,577
(Payments) to acquire intangible assets	(196)	(191)	Prior period adjustment	0	0
Receipts from sale of intangible assets	0	0	Total gains and losses recognised in the financial year	8,697	27,577
(Payments) to acquire receipts from sale of fixed asset investments	0	0			
Net cash inflow/(outflow) from capital expenditure	(14,269)	(23,347)			
DIVIDENDS PAID	(8,329)	(7,319)			
Net cash inflow/(outflow) before management of liquid resources and financing	(11,020)	(21,399)			
MANAGEMENT OF LIQUID RESOURCES					
(Purchase) of current asset investments	0	0			
Sale of current asset investments	0	0			
Net cash inflow/(outflow) from management of liquid resources	0	0			
Net cash inflow/(outflow) before financing	(11,020)	(21,399)			
FINANCING					
Public dividend capital received	21,713	21,405			
Public dividend capital repaid (not previously accrued)	(10,492)	0			
Public dividend capital repaid (accrued in prior period)	0	0			
Loans received	0	0			
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	11,221	21,405			
Increase/(decrease) in cash	201	6			

REMUNERATION REPORT

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 Chairman and all Non-Executive Directors - at 31st March 2006, these were:

Najma Hafeez (Chairman)
Isobel Bartrum
Professor Alistair Geddes
Richard Griffiths
Roger Trotman
Doug Carroll

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".

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.

Employee benefits

There were no employee benefits paid in 2005/2006 (nil in 2004/2005).

Management costs

	2005/06		2004/05	
	£000	%	£000	%
Management costs	10,389	3.60	9,260	3.65
Income	288,266		254,003	

Management costs are defined as those on the management costs website at www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSManagementCosts/fs/en.

Retirements due to ill-health

During 2005/06 (prior year 2004/05) there were 18 (32) early retirements from the Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £1,202,629 (£2,142,816). The cost of these ill-health retirements will be borne by the NHS Pensions Agency.

Better Payment Practice Code

Better Payment Practice Code - measure of compliance

	2005/06 Number	2005/06 £000	2004/05 Number	2004/05 £000
Total Non NHS trade invoices paid in the year	95,040	71,057	95,770	79,643
Total Non NHS trade invoices paid within target	51,457	40,062	27,133	28,643
Percentage of NHS trade invoices paid within target	54%	56%	28%	36%
Total NHS trade invoices paid in the year	2,148	16,265	2,664	18,523
Total NHS trade invoices paid within target	536	5,824	977	7,294
Percentage of NHS trade invoices paid within target	25%	36%	37%	39%

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

The Late Payment of Commercial Debts (Interest) Act 1998

The Trust has not made any payments required by the Late Payment of Commercial Debts (Interest) Act 1998 in 2005/06 (Nil in 2004/05).

Profit/(Loss) on Disposal of Fixed Assets

Profit/loss on the disposal of fixed assets is made up as follows:

	2005/06 £000	2004/05 £000
Profit on disposal of land and buildings	0	0
Loss on disposal of land and buildings	0	(41)
Loss on disposal of plant and equipment	(9)	(14)
	<hr/>	<hr/>
	(9)	(55)

Interest Payable

The Trust has not paid any interest during 2005/06 (Nil in 2004/05).

Statutory Financial Statements

A copy of the Trust's full audited Statutory Financial Statements can be obtained from the Director of Finance and Performance at City Hospital, Dudley Road, Birmingham, B18 7QH. A nominal charge may be made for this.

Audit

The Trust’s external auditor is PricewaterhouseCoopers LLP. The cost of work undertaken by the auditor in 2005/2006 was £233,000. All of the work undertaken by the auditor can be classified as “audit services” and comprises £147,000 in respect of statutory accounts and associated activities and £86,000 related to work undertaken in support of Department of Health national assessments on use of resources. The external auditor did not undertake any work in 2005/2006 specifically commissioned by the Trust.

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

The members of the Audit Committee are Richard Griffiths (chair), Roger Trotman, Isobel Bartram, Professor Alasdair Geddes and Cllr Bill Thomas.

Directors’ Interests

Introduction

The Trust’s Standing Orders and the NHS Code of Accountability require all Directors of the Trust, both Executive and Non Executive, to declare interests which are relevant and material to the NHS Board of which they are a Director.

The Register of Interests

The declarations form a Register of Interests, which is available to the public. The details contained within the Register are reviewed annually.

Name	Interests Declared
Trust Chair	
Sue Davis	<ul style="list-style-type: none"> •Director – West Midlands Constitutional Convention •Director - Local Authorities Mutual Investment Trust •Director - Meeting Point Trust Ltd •Director – RegenWM •Member – GMB Trade Union •Elected Member – Telford & Wrekin Borough Council •Elected Member – Great Dawley Parish Council •Non-Executive Director – Council on Tribunals
Non-Executive Directors	
Isobel Bartram	None
Prof. Doug Carroll	None
Prof. Alasdair Geddes	None
Richard Griffiths	None
Cllr. Bill Thomas	<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
Roger Trotman	<ul style="list-style-type: none"> •Non-Executive Director – Stephens Gaskets Ltd •Non-Executive Director – SJ Feasey & Co Ltd •Non-Executive Director – Tufnol Industries Trustees Ltd •Member of the West Midlands Regional Assembly
Executive Directors	
John Adler	None
Dr Hugh Bradby	<ul style="list-style-type: none"> •Limited private practice work predominantly at the Priory Hospital Birmingham •Director - Harborne Golf Club Ltd
Richard Kirby	Trustee – Birmingham South West Circuit Methodist Church
Pauline Werhun	None
Robert White	None
Tim Atack	None
Kam Dhami	None
Matthew Dodd	None
Colin Holden	None
Graham Seager	None
Former Chair	
Najma Hafeez	Director of Russell Associates

The salaries and allowances of senior managers cover both pensionable and non pensionable amounts. Paul Assinder, Director of Finance left the Trust in August 2005 and was replaced by Robert White. Peter Ryan ceased to be a Medical Director in July 2005. Lorene Read, Director of Development, left the Trust in June 2005 and was replaced by Richard Kirby. Benefits in kind relate to lump sum payments in respect of travel expenses.

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

Cash Equivalent Transfer Values

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

Real Increase in CETV

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

Salaries and Allowances of Senior Managers

Name and title	Salary (bands of £5000 of £000)	Other Remuneration (bands of £5000 of £000)	Benefits in kind Rounded to the nearest £100
Najma Hafeez, Chairman	20-25	0	0
Isobel Bartram, Non-Executive Director	5-10	0	0
Alistair Geddes, Non-Executive Director	5-10	0	0
Richard Griffiths, Non-Executive Director	5-10	0	0
Roger Trotman, Non-Executive Director	5-10	0	0
Doug Carroll, Non-Executive Director	5-10	0	0
Bill Thomas, Non-Executive Director	5-10	0	0
John Adler, Chief Executive	135-140	0	0
Paul Assinder, Director of Finance	45-50	0	0
Pauline Werhun, Director of Nursing	85-90	0	0
Lorene Read, Director of Development	15-20	0	0
Hugh Bradby, Medical Director	15-20	145-150	0
Peter Ryan, Medical Director	0-5	40-45	0
Robert White, Director of Finance	50-55	0	0
Richard Kirby, Director of Strategy	85-90	0	0

Pension Benefits

Name and title	Cash Equivalent Transfer Value at 31 March 2006 £000	Cash Equivalent Transfer Value at 31 March 2005 £000	Real Increase in Cash Equivalent Transfer Value £000	Employer's Contribution to Stakeholder Pension £000
Najma Hafeez, Chairman	0	0	0	0
Isobel Bartram, Non-Executive Director	0	0	0	0
Alistair Geddes, Non-Executive Director	0	0	0	0
Richard Griffiths, Non-Executive Director	0	0	0	0
Roger Trotman, Non-Executive Director	0	0	0	0
Doug Carroll, Non-Executive Director	0	0	0	0
Bill Thomas, Non-Executive Director	0	0	0	0
John Adler, Chief Executive	458	410	27	0
Paul Assinder, Director of Finance	472	427	10	0
Pauline Werhun, Director of Nursing	557	505	28	0
Lorene Read, Director of Development	336	301	4	0
Hugh Bradby, Medical Director	1,111	995	64	0
Peter Ryan, Medical Director	727	596	81	0
Robert White, Director of Finance	213	0	40	0
Richard Kirby, Director of Strategy	116	0	23	0

Statement of Directors' Responsibility ³² in Respect of Internal Control

1. Scope of Responsibility

• 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.

• 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 Birmingham and Black Country Strategic HA and the Chief Executives of the local Primary Care Trusts. Governance and risk issues are regularly discussed at a variety of Health Economy wide fora, including formal review meetings with the Strategic HA and monthly meetings of Chief Executives.

2. The purpose of the system of internal control

• 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.

• The system of internal control has been in place in Sandwell and West Birmingham Hospitals NHS Trust for the year ended 31 March 2006 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

• 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.

• 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.

• 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.

• 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

• 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.

• The risk management process is an integral part of a good management practice and the aim is to ensure it becomes part 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.

• 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.

Whilst recognising some progress in the development of the Assurance Framework AF, the Internal Auditor gave an opinion of limited assurance on the controls surrounding the implementation of the Trust's AF. Its implementation and operation in providing a comprehensive means of managing risks in relation to the organisation's objectives need to be improved. Consequently, an action plan has been produced to address gaps and weaknesses. For 2006/07, the AF has been reworked to align more closely with the Trust's corporate objectives and the key risks to their achievement. In future the assurance framework will be further refined to include a mapping of key elements such as risks, controls and assurances in order to fully embed the framework in all areas of the Trust.

• Key issues arising from the Internal Auditor's Annual Report and opinion on the effectiveness of the system of internal control are listed below together with details of the Trust's planned action to strengthen control. It is important to note that the Auditor's opinion occurs in the context of 'significant assurance' assigned to the areas of ward staffing, stores, ordering and receipting, financial ledger, reporting and budgetary control as well as treasury management.

a) Financial & Other Business Activities - Internal Audit has given limited assurance in respect of certain other control systems, namely payroll and expenses, non-pay expenditure, income and debtors and charitable funds. Action plans to address identified issues are agreed between relevant managers and auditors and their delivery is reviewed by the Audit Committee.

b) Health and Social Care Standards - no formal programme for planning and prioritising maintenance is in place, concerns have been identified over the physical security controls in some areas and more work is required in relation to the security strategy action plan presented to the Trust Board in February 2004.

The Trust has enhanced its system of planning and prioritising maintenance. Its risk management process has identified risks associated with some security issues within the Trust. Improvements requiring affordable capital expenditure have been prioritised. Implementation of the schemes is planned for 2006/07.

(c) Information Governance - Limited assurance has been given that the arrangements currently in place provide for compliance in the three areas reviewed - Information Quality Assurance, Information Security and Information Governance Management. However, the Trust is rated 'green' for the NHS Information Governance Standard that incorporates elements of the above requirements. Action Plans have been developed for all standards and progress is monitored by the Information Governance Group. External monitoring is undertaken by the NHS and SHA CfH project teams to ensure the successful implementation of the NPfIT Systems (due to go live February/March 2007).

(d) Payment by Results - A number of weaknesses have been identified in relation to the controls surrounding the complete and accurate coding of patient activity for the purposes of PbR. During 2005/06 significant improvements have been made in the accurate coding of clinical activity to ensure that the Trust is being appropriately funded. The Trust has plans to build on improving systems and strengthening partnership working with PCTs to ensure clinical information is accurately coded.

(e) Risk Management - The full range of risks are not being identified by Divisions and risk registers are not being fully maintained and updated.

The Trust will continue to develop a comprehensive risk register, to hold details of risks at all levels throughout the organisation. This includes the residual risk score that incorporates the impact of mitigating actions. Where required, additional training will be provided in the use of the register to ensure effective reporting and action planning to reduce risks.

(f) Other opinions – the Internal Auditor also provided an opinion of ‘limited assurance’ in the areas of waiting list management, European Working Time Directive compliance, theatre utilisation and prescription charges.

• The External Auditors Local Evaluation (ALE) assesses how well NHS organisations manage and use their financial resources. The ALE assessments form the ‘Use of Resources’ assessment within the Healthcare Commission’s annual health check. ALE has been developed to enable auditors to make scored judgements on five key areas:

- Financial reporting;
- Financial management
- Financial standing;
- Internal control and
- Value for money.

The requirement for the external auditor to give an opinion on the Trust’s ‘Use of Resources’ is occurring for the first time in 2005/06. The external auditor has concluded that, having regard to the criteria for NHS bodies specified by the Audit Commission and published in July 2005, in all significant respects, that the Trust has not made proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2006, insofar as it failed to meet the following criteria:

- The Trust has put in place arrangements to maintain a sound system of internal control;
- The Trust has put in place arrangements to manage and improve value for money;
- The body has put in place arrangements for management of its asset base;
- The Trust has put in place a medium-term financial strategy, budgets and a capital programme that are soundly based and designed to deliver its strategic priorities; and
- The Trust has put in place arrangements to ensure that its spending matches its available resources

Actions are in place to address these weaknesses as part of a revised Assurance Framework for 2006/07 and strengthening of internal control processes. An updated Financial Recovery Plan which aims to restore the Trust to financial balance within statutory time limits has been submitted to the Strategic Health Authority. The requirement to breakeven is of vital importance to future ALE assessments as the existence of deficits can lead to an overall score of 1 irrespective of positive performance on other indicators. For example, the external auditor concluded that a score of 2 is given in each of:

- Internal control and
- Value for money

However, across all 5 key areas it is expected that an overall score of 1 will be determined.

• The Trust’s Public and Patient Involvement Strategy (PPI) facilitates the input of the Trust’s Patient Forum to the annual business planning round. As part of its ongoing commitment to staff and public involvement in decision making the Trust holds all of its Board meetings in public. Such meetings will cover the full gamut of clinical, corporate and business risk and discuss and monitor the delivery of corporate objectives and the detail of the Assurance Framework. The Trust Chair encourages as wide a range of public contributions in such discussions as possible from attendees. The Trust Board has held specific meetings with various public groups on specific issues of policy, for example with the local Muslim community.

• In support of the ‘Towards 2010’ Programme; Financial Recovery Plan and service reconfiguration proposals, the Trust has met frequently with the Joint Local Authority Overview and Scrutiny Committees in Birmingham and Sandwell.

5. Review of effectiveness

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

• 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, Risk Management Committee, Governance Board, Health and Safety Committee and the Adverse Incidents, Complaints and Litigation Committee. A plan to address weaknesses and ensure continuous improvement of the system is in place.

• The Trust Board is responsible for reviewing the effectiveness of internal control and the Board is supported in this by the corporate committees listed 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) Risk Management Committee – the RMC receives regular reports from departments and divisions in respect of material risks, stratified by severity. Those identified as potentially significant risk (i.e. ‘red’ risks) are scrutinised and where appropriate placed on to the Trust’s corporate Risk Register. Progress in implementing the mitigation plans is monitored.

(d) Nursing, Midwifery & Therapies Committee - this committee provides a forum for issues and concerns to be raised, considered and discussed by the relevant professionals and Directors.

(e) Patient and Public Involvement Committee - the PPIC provides various stakeholders with the opportunity to bring issues to the attention of Trust Board members.

(f) Governance Board - ensures that risk management and control processes are integrated with other key governance and committee activities, e.g. it receives reports from the Drugs & Therapeutics Committee, the Infection Control Committee.

(g) Adverse Incidents, Complaints and Litigation Committee - this committee monitors progress in implementing action plans developed in response to all major (‘red’) incidents and complaints and formally approves action plans.

(h) Health & Safety Committee – monitors health & safety risks facing the Trust.

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

• 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.

• Specific reviews have been undertaken by External Audit, CNST, RPST and the HSE as well as various external bodies. A number of peer reviews have also been undertaken during the year.

6. Significant Control Issue

• The Trust’s performance overall has once again been strong in respect of the delivery of patient care and meeting quality standards. However, the Trust failed to achieve the key performance target of financial balance in 2005-06 although this was in the context of a Strategic Health Authority (SHA) agreed deficit plan. The agreed plan included a deficit of £5.1m whereas actual performance was £5.7m. The cumulative deficit at 31st March 2006 is £15.1m or £13.5m net of central government RAB (Resource Accounting & Budgeting) adjustments.

• The Trust Board has produced a Financial Recovery Plan, which has been submitted to the Strategic Health Authority. Performance against this plan has been monitored internally by the Trust Board and Finance and Performance Management Committee and externally by the SHA. Moreover, the Trust Board has significantly increased its financial and business risk monitoring and assurance reporting for 2006-07.

Signed  Chief Executive

(On behalf of the board)

Date 6th July 2006

Independent Auditors' Report to Sandwell and West Birmingham Hospitals NHS Trust on the Summary Financial Statements

We have examined the summary financial statements for the year ended 31 March 2006 which comprise the Income and Expenditure Account, the Balance Sheet, the Statement of Total Recognised Gains and Losses, the Cashflow Statement and the related notes. We have also audited the information in the Trust's Remuneration Report that is described as having been audited.

This report, including the opinion, has been prepared for and only for the Board of the Sandwell and West Birmingham Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission. We do not, in giving this opinion, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report, including the Remuneration Report. Our responsibility is to audit the part of the Remuneration Report to be audited and to report to you our opinion on the consistency of the summary financial statements within the Annual Report with the statutory financial statements. We also read the other information contained in the Annual Report and consider whether it is consistent with the audited summary financial statements. This other information comprises only the Foreword by the Chairman and Chief Executive, the Operating and Financial Review and the un-audited part of the Remuneration Report. We consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements. Our responsibilities do not extend to any other information.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board.

Opinion

In our opinion:

- The summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2006; and
- the part of the Remuneration Report to be audited has been properly prepared in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England.



PricewaterhouseCoopers LLP
Cornwall Court
19 Cornwall Street
Birmingham
B3 2DT
1 September 2006

Sandwell & West Birmingham Hospitals NHS Trust



Summary of Financial Statements

Equal Opportunities

Sandwell and West Birmingham Hospitals NHS Trust is committed to making the best use of the widest possible range of talents available amongst its employees. High performance through the development of people is essential in achieving our aim to provide high quality patient care.

Equality of Opportunity is an essential component of good management practice, in addition to being legally required, socially desirable and morally right.



Where To Find Us...



City Hospital

Dudley Road Birmingham B18 7QH 0121 554 3801

By Road:

- Whether traveling from the M1, M40, M42 or M69, follow the signs to the M6.
- Leave the M6 at Junction 6 (Spaghetti Junction) then take the A38 Aston Expressway.
- Follow the signs to Birmingham Central.
- Off the Expressway take the 2nd exit, follow the signs to the Convention Centre.
- At the roundabout take the 3rd exit.
- Carry straight on through four sets of traffic lights to a roundabout.
- Straight on at the roundabout along a dual carriageway to a 2nd roundabout.
- Carry straight on at the roundabout and continue along the dual carriageway, past signs for the Jewellery Quarter.
- At the roundabout turn right onto Dudley Road.
- Continue up the hill, through the traffic lights and City Hospital is on the right.



Who We Are...

Members of the Trust's current management team (as of Sept 2006)

Chief Executive	John Adler
Medical Director	Dr Hugh Bradby
Director of Finance & Performance	Robert White
Director of Nursing, Midwifery and Therapies	Pauline Werhun CBE
Hospital Director (City) & Director of I,M&T	Tim Attack
Hospital Director (Sandwell)	Matthew Dodd
Director of Strategy	Richard Kirby
Director of Human Resources	Colin Holden
Director of Facilities	Graham Seager
Director of Governance Development	Kam Dhami
Head of Communications and PPI	Jessamy Kinghorn

Non Executive Members of the current Trust Board (as of Sept 2006)

Chair	Sue Davis CBE
Non Executive Director	Isobel Bartram
Non Executive Director	Professor Alasdair Geddes CBE
Non Executive Director	Richard Griffiths
Non Executive Director	Roger Trotman
Non Executive Director	CLr Bill Thomas MBE



Sandwell Hospital

Lyndon West Bromwich B71 4HJ 0121 553 1831

By Road:

- From M5 (junction 1) and A41.
- Join the A4031 to Walsall – All Saints Way.
- Turn right into Lyndon Way.
- The main entrance to the hospital is on the left.



Rowley Regis Hospital

Moor Lane Rowley Regis B65 8DA 0121 607 3465

By Road:

- From M5 (junction 2) and A4123.
- Join the A4034 to Halesowen.
- At roundabout join B4171 to Dudley. At roundabout join B4171 to Dudley.
- Turn left into Siviters Lane.
- Continue down Ross and turn right to Powke Lane to the traffic lights at the bottom of the hill.
- At the bottom of Powke Lane take the 4th exit at the roundabout to Moor Lane, the Hospital is on the right.

Photo credit Adrian Burrows



Happy Birthday REPS Children

City Hospital baby Isabelle Priest and musician Trish Keenan join in the 1st birthday celebrations at Birmingham Rep.

Sixty babies born at City and Sandwell Hospitals celebrated their 1st birthday in the spotlight at Birmingham Repertory Theatre on 12th October, with a party in true theatrical style including a puppet show, music and of course birthday cake!

The party was held to celebrate the first anniversary of the project, REP's Children, and the 1st birthdays of children who are part of the project. REP's Children was launched in October 2004 giving babies born at City and Sandwell Hospitals free theatre experiences for them and their families for the first 10 years of their lives. Around 250 families signed up to be part of REP's Children and over the last year have enjoyed, Open House, a show especially created for them plus performances of The Snowman and The Witches.

Proud mum, Tracey Dixon, says of the scheme:

"We've come to all the events the REP have provided for the babies; get-togethers, coffee mornings, and of course theatre. It has enabled me to meet other mums but I think perhaps the most significant difference it has made is that now we are a family of regular theatre goes!"

We're Off to See the Wizard

Birmingham REP Theatre has further extended its generosity to the Trust by donating 50 free tickets for poorly children to see the Christmas performance of The Wizard of Oz. The tickets have been offered as prizes for a colouring competition held on the children's wards at Sandwell and City Hospitals and six tickets are the 1st prize for the child to produce the best 'clean your hands' poster campaign.

