



University Hospital **NHS**
Birmingham
NHS Trust

University Hospital Birmingham NHS Trust

Annual Report

2002
2003

University Hospital Birmingham NHS Trust

Annual Report

University Hospital Birmingham NHS Trust runs two hospitals, the Queen Elizabeth and Selly Oak which are situated 1.5 miles apart in South Birmingham.

It has 6,000 employees and provides traditional district general services for the adult population of South Birmingham and specialist treatments for the people of the West Midlands and beyond.

More than 550,000 patients attend its two hospitals for treatment every year – ranging from a simple outpatient appointment to a heart transplant.

It is the leading teaching hospital in the West Midlands and has strong teaching and research links with the Universities of Birmingham and Central England and other academic institutions.

It hosts the Royal Centre for Defence Medicine.

University Hospital Birmingham NHS Trust
Annual Report

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UHB Annual Report 2002–2003

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1

John Charlton
Chairman

Chairman's Vision

Once again University Hospital Birmingham NHS Trust has had a busy and successful year.

We've faced some difficult challenges but we've risen to them and the services we provide for our patients have continued to improve.

We know there are many challenges ahead but I believe University Hospital Birmingham NHS Trust is facing an exciting future. As I write this vision, our Trust stands on the verge of several important developments which will be key to our future success.

The main challenge is our new

hospital. By the end of this year we will have selected our preferred private sector partner to build the new University Hospital Birmingham – the city's first new general hospital for 70 years. Our new hospital will be a civic landmark, a building to be proud of. We believe that as well as providing the most modern and high-tech equipment and facilities the hospital environment should also contribute to the health and well being of its patients. That's why we will make sure we make the most of our heritage, when the final plans are drawn up.

We are also committed to including art as an integral part of the design of the hospital and its surroundings. The pedestrian plaza, which will stretch from University station to the hospital's front door, will contain inspiring and uplifting sculptures while inside we hope to run continuous exhibitions and displays. As well as being an extraordinary building, the new hospital will bring many other benefits to Birmingham. It will make a major contribution to the regeneration of this part of the city. During construction more than 1,000 jobs will be created, many for local people.

Once the new hospital is built we will vacate the Selly Oak site, freeing it for development and regeneration.

We hope to contribute to the regeneration of Birmingham in other ways too. We would like to see the development of a medi-park with the university, ensuring first-rate research in this part of the city. We also want to explore the possibility of establishing research institutes into many aspects of medicine.

There has been on-going debate about NHS Foundation Trusts. As a three-star Trust we are eligible to be in the first wave of this movement to

bring more local involvement and democracy into the running of the health service. We are currently consulting with our patients, public, staff and stakeholders to give them the opportunity to shape our thinking.

If the Trust Board approves, we would submit our formal application to become an NHS Foundation Trust in December.

Over the next 12 months we will continue to reduce the amount of time people wait for treatment, whether it is for an outpatient appointment, inpatient operation or in A&E.

We will develop our workforce and improve their working lives with the aim of becoming the Trust people want to work in. We know that demographic changes will make it harder for us to recruit the staff we need so we have already established innovative training schemes with local colleges so that we can grow our own recruits and provide local jobs for local people.

Once again the Trust has been generously supported by the UHB Charities and I would like to publicly record my thanks for their support.

I would also like to record my thanks to my colleagues on the Trust Board, the volunteers who give their time to the Trust and to the staff who have worked tirelessly and professionally to provide services for our patients.

A handwritten signature in black ink, appearing to read 'John Charlton'. The signature is written in a cursive, slightly slanted style.

John Charlton
August 2003



Mark Britnell
Chief Executive

Chief Executive's Reflection

University Hospital Birmingham goes from strength to strength.

The last year has been a momentous one for everyone connected with University Hospital Birmingham NHS Trust.

Our achievements have been many but a few really stand out. Foremost of these must be the confirmation of our status as one of the best performing hospitals in the UK. This summer we were delighted to be awarded three stars under the Government's performance rating system for the second year in a row. This is a tremendous achievement for the Trust and every member of staff.

We recorded the second highest total scores under the scheme of any three-star teaching hospital Trust, which means the staff at the Queen Elizabeth and Selly Oak hospitals have achieved consistently high levels of performance in delivering services to patients.

It is a clear recognition of the effort, hard work and skill that all the Trust staff have put in over the last year. I am delighted to see how much we have improved our performance.

The clinical work and patient care that goes on here is excellent and we have some of the most committed and skilful staff in the whole of the NHS.

Over the last 12 months we have launched a number of creative and innovative solutions to reduce long waiting lists and improve the experience of patients and these have had a noticeable impact on our performance.

However, we must not be complacent: there is still a lot we can do better and there is always room for improvement.

We outperformed most of our targets during the year. We treated more than 90,000 inpatients, eight per cent more than expected and nearly 364,000 outpatients – one per cent more than expected. Despite treating

Our year in figures

† All patients in plastic surgery.
We have agreed developments with our commissioners to ensure we have no over-nine month waiters by March 2004

Patient totals		Patients waiting	
Inpatient waiting list	4,640	9+ months †	130
		12+ months	0
Inpatient activity (8% more than expected)	90,275	Heart patients waiting 9+ months	0
Outpatient attendees (1% more than expected)	363,832	Daycase patients waiting 6+ months	0
A&E patients	72,457	Outpatients waiting 6+ months	0

more patients we kept our waiting times low. At the end of the year there was nobody waiting more than 12 months for treatment, no heart patients waiting more than nine months, no outpatient waiting more than 13 weeks and no day case patients waiting more than six months. This is a truly impressive record which means that the people of Birmingham have some of the shortest waiting times for healthcare in the UK.

Our other achievements are recorded in detail on the following pages but some deserve to be highlighted here:

95% of patients had a maximum two week wait to be seen by a consultant following referral for urgent cancer assessment

Over 90% of patients had a maximum four-hour wait in A&E from arrival to admission, transfer or discharge following treatment in the last week of March 2003.

This target has been consistently maintained since.

Fewer than 1% of operations were cancelled on the day for non-clinical reasons

Our 'did not attend rates' were reduced to 10%

We balanced our finances for the seventh successive year

We delivered our capital programme on time and within budget

The Commission for Health Improvement (CHI) praised us for the level of commitment and skill of our staff and our models of clinical leadership.

We achieved Improving Working Lives practice status

We selected the final two potential partners for our new hospital

We performed 1,000 angioplasties in a year on heart patients for the first time

We opened a new Breast Unit in Birmingham Women's Hospital

We sent the first non-military health team from the UK to support the armed forces in Bosnia.

We have benefited from having a strong set of objectives which set out our strategic vision. They provide the framework in which we operate and our achievements against them are noted on the following pages.

In summary, we have done well this year and improved the services we offer our patients. We need to continue to build on this, as we know there are things we can improve still further to give the people of Birmingham the best healthcare in the country.

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To deliver and develop excellent patient care, reducing delays and improving patient environments





For the second year in a row, the Trust was awarded three stars under the Government's performance rating scheme.



The Trust was in the top band of performance in all areas – clinical, patient and capacity & capability.

Performance fell into the highest band for eight indicators – waiting time for Thrombolysis treatment, cancelled operations, day case booking, privacy and dignity, thirteen-week outpatient waits, waiting times for Rapid Access Chest Pain Clinic, Consultant Appraisal & Information Governance.

Only one area fell into the lowest band – emergency readmission to hospital following discharge.

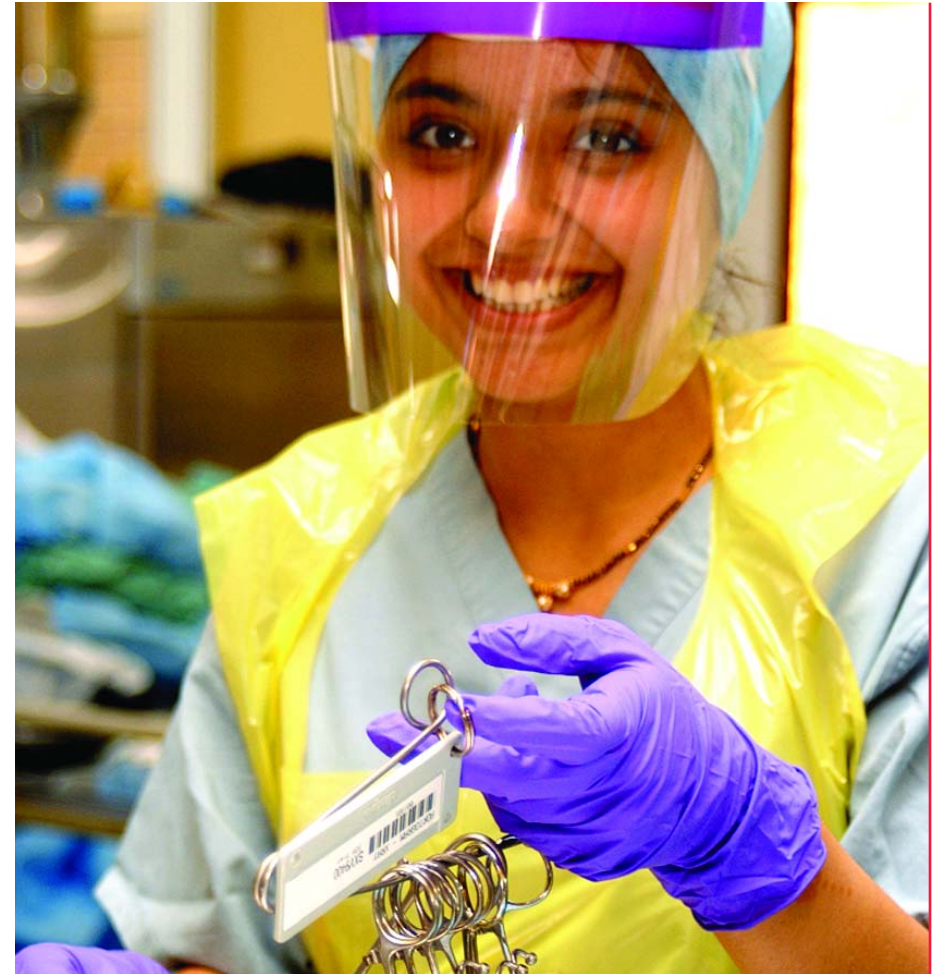
“We know we’ve had a problem in

this area,” said Mark Britnell. “We’re already working hard to reduce re-admission rates and it’s clearly something we will have to improve.

“We’ve done really well to score in the highest band in so many areas and next year I hope we will score even higher and won’t fall into the lowest category in any area.”

The three-star rating also reflects the good reports from the Trust’s recent CHI and Improving Working Lives inspections.

Scores achieved are recorded in tables on the following pages.



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For detailed information on how the figures were calculated, visit CHI's website at www.chi.nhs.uk

The Trust achieved all nine of its key targets:

- A&E emergency admission waits (12 hours)
- Cancelled operations not admitted within 28 days
- Financial management
- Hospital cleanliness
- Improving Working Lives
- Number of inpatients waiting longer than the standard
- Number of outpatients waiting longer than the standard
- Total time in A&E
- Two week cancer waits

UHB CHI Performance Ratings 2003-04

Key Targets	
A&E emergency admission waits (12 hours)	3
Cancelled operations not admitted within 28 days	3
Financial management	3
Hospital cleanliness	3
Improving Working Lives	3
Number of inpatients waiting longer than the standard	3
Number of outpatients waiting longer than the standard	3
Total time in A&E	3
Two week cancer waits	3

UHB CHI Performance Ratings 2003–04

Legend	
Significantly below average	1
Below average	2
Average	3
Above average	4
Significantly above average	5
Not applicable	N/A
Data not available	A
Data not provided	B

Clinical Negligence	4	A&E emergency admission waits (4 hours)	3	Privacy & dignity	5
Deaths within 30 days of a heart bypass operation	3	Better hospital food	3	Six month inpatient waits	4
Deaths within 30 days of selected surgical procedures	3	Breast cancer treatment	2	Thirteen week outpatient waits	5
Emergency readmission to hospital following discharge	1	Cancelled operations	5	Total inpatient waits	4
Emergency readmission to hospital following discharge for children	N/A	Day case booking	5	Waiting times for Rapid Access Chest Pain Clinic	5
Emergency readmission to hospital following treatment for a fractured hip	3	Delayed transfers of care	3	Consultant appraisal	5
Emergency readmission to hospital following treatment for a stroke	3	Nine month heart operation waits	2	Data quality	4
Infection control procedures	3	OP A&E survey		Fire, Health & Safety	3
Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia improvement score	4	Access & waiting	3	Information Governance	5
Thrombolysis treatment time	5	Better information, more choice	3	Junior doctors' hours	3
		Building relationships	3	Sickness absence rate	3
		Clean, comfortable, friendly place to be	3	Staff opinion survey	4
		Safe, high quality, co-ordinated care	3		
		Paediatric outpatient did not attend rates	N/A		
		Patient complaints procedure	4		

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Advancing Cardiac Care

Health Minister John Hutton, officially opened the Trust's cardiac critical care unit during NHS week in July. The unit has the potential to treat 33 intensive and high dependency patients and enabled the number of cardiac operations performed by the Trust to rise from 12 to more than 30 per week.

Cardiologists at the Queen Elizabeth Hospital completed more than 1,000 angioplasties in 12 months, cutting waiting lists from 14 to four months. A total of 1,005 operations took place during the year

compared to just under 700 the previous year and 496 in the year to April 2001. Each operation takes around 40 minutes and involves a team of people including a consultant, registrar, nurse, technician and radiographer. Most of the operations involved placing a small wire tube known as a stent inside the coronary artery and extending it by blowing up a balloon. Once the stent is extended, blood is able to travel more freely within the artery.

QED anniversary

The Quick and Early Diagnosis unit celebrated its tenth anniversary. The

Trust was the first in the UK to pioneer the idea of rapid diagnosis.

Charity begins at home

UHB Charities gave the trust nearly £2 million to improve services. The money was invested in the new bone marrow transplant unit, x-ray equipment, staff internet cafés, a Muslim prayer room, the new rheumatology centre, the new Ambulance entrance at the QE and many other areas.

Emergency Care

The Accident and Emergency team met the NHS Plan challenge of admit-



ting or treating and discharging 90% of patients within four hours of their arrival during the last week in March – the week that was under scrutiny nationally. In addition, waiting times were steadily reduced during the year and the average wait for a non-urgent patient is now two hours. No one waited on a trolley for more than 8 hours.

The Trust was selected to be a first wave site for the NHS emergency collaborative project. The project will reduce waits and delays and improve patient and carer experience of emergency care. Groups were set up to



look at minor injuries, and patients requiring medical or surgical admission. One improvement was the introduction of *See and Treat* for patients with minor injuries. Traditionally patients would arrive at A&E, register, be triaged (prioritised) by a trained nurse and then wait to see a doctor. Under *See and Treat* the patient registers as before but is then called immediately to see a doctor for assessment before passing them to the ‘see and treat’ nurse who treats them. Early results showed that patients were waiting an average of 15 minutes to be seen and only spending one



hour in the A&E department.

Successful planning helped ensure the Trust coped with additional emergency pressure over the winter. Additional beds were opened around the Trust and in the community to cope with extra medical admissions, more day case treatment was undertaken and extra nursing, medical and support staff were brought in at weekends.

Empowering our patients

Patients were given a more tangible role in the running of the Trust when its divisional patient councils were

established. Each council includes patients and carers, and they are able to influence decisions and developments.

Great advances were made in enabling patients to book their own appointments. A booking office has been opened in the outpatients department in Selly Oak, at which patients from certain specialities can book planned procedures. The patients are able to negotiate a date which suits them with the booking clerk before they leave the hospital after their outpatient appointment. This is a vast improvement on the old

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booking procedure which involved patients having to wait for the details of their appointment to be posted to them.

To date, most patients who have benefited from the new booking system have been daycases but it will be extended to all elective admissions.

The Trust wants all patients to be able to negotiate their admission and outpatient appointments by 2005. UHB has already beaten the target of 80% set in the NHS Plan for daycase patients booking their own appointments with more than nine out of ten patients able to do so.

Breast Care move

Julie Walters opened the Trust's new £1 million breast unit. The Oscar-nominated star of the *Harry Potter* films met staff and patients during her visit to the new unit which is based in Birmingham Women's Hospital.

She was shown around the state-of-the-art facilities and spent time talking to guests. UHB Charities, which raises funds for the hospital, donated £1m for the unit.

The new facilities will enable 20,000 women a year to be treated with the latest high tech equipment in comfortable surroundings.



Two patient groups – the ABC (After Breast Care) support group and Ladies Fighting Breast Cancer raised money to supply couches and dressing trolleys. The unit has the only prone biopsy table in the West Midlands. It allows for a much more accurate pre-operative diagnosis and is more comfortable for patients than conventional biopsy methods.

A new approach to donation

An innovative new approach to approaching relatives about organ donation helped the Trust increase the number of transplants carried out –



bucking the national trend.

The number of transplants rose by 21% after transplant co-ordinators teamed up with the doctors responsible for approaching relatives about organ donation in intensive care.

The scheme, called ‘collaborative requesting’, has been so successful there are now plans to extend it throughout the UK.

£3m home for ENT

Birmingham band UB40 opened the new £3 million Ear Nose and Throat outpatients department at the QE in April. The unit treats 13,000 patients



a year from all over the West Midlands.

New service for renal patients

Rock star Noddy Holder opened the QE’s new acute renal care facility. The four-bedded unit, which is one of the first of its type in the country, provides high dependency care for kidney patients including those recovering from transplants.

The UHB PALS service

A Patient Advocacy and Liaison Service was introduced to provide patients, relatives and carers with



on-the-spot advice, help and support. PALS acts independently when handling patient and family concerns, liaising with staff and guiding patients and families through the services available. It can also refer patients and families to specific local or national support agencies.

Care on the front line

Contingency plans were put in place to ensure UHB’s standard of care was not compromised when numbers of military staff were called to duty in the Gulf. The Trust and the Ministry of Defence have worked together

since the Royal Centre for Defence Medicine was established in Selly Oak. Contingency plans have always existed for military staff called up for training exercises or potential conflict around the world.

Around 100 military doctors, nurses and other clinical staff treat both civilian and military patients on many wards throughout the Trust.

Military patients and their families who need treatment in the UK are brought back from overseas and treated in the Trust’s two hospitals. The Department of Health and the Ministry of Defence had robust plans

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to ensure the call up of military medics and the treatment of military casualties had minimum impact on NHS patients. Casualties from Iraq were treated at NHS hospitals across the UK including Selly Oak and the Queen Elizabeth. The Trust also treated Iraqi civilian casualties.

Reconfiguration of Medicine

All medical services were concentrated on the Selly Oak site in August 2002. The move enabled the Trust to improve the quality of its care for medical patients, ensured appropriate training for junior doctors and formed



part of the overall migration plan for the new hospital which will see all services moved to one site.

Endoscopy technology

A camera inside a 'pill' the size of an antibiotic is being used to photograph inside patients' stomachs at Selly Oak hospital. Known as a 'capsule endoscopy', the tiny device takes two pictures per second as it travels through the patient. Used instead of the traditional endoscopy, which is a tube that patients have to swallow, the capsule is taken with a sip of water. It takes up to 50,000 pic-



tures over a period of eight hours. It is covered in a plastic coating to ensure it doesn't break and is passed normally out of the body. The pictures taken are relayed to sensors attached externally and stored in a portable recorder worn around the patient's waist. The recording is then transferred to a computer for the results to be studied.

Chef's specials for patients

Patients are now benefiting from the 'chef's special' menus devised by Loyd Grossman. They're also able to take advantage of the 24-hour snack box service.



Arts boost for cancer care

The cancer centre received £158,000 for its arts development programme. The money came from the Regional Arts Council and donations including one from the UHB Charities. It will be used to fund a three-year arts programme which will enhance the quality of the cancer centre environment for patients, staff and visitors. It will also support stronger community and cultural networks. The Cancer Centre has developed partnerships with the Birmingham Royal Ballet, the City of Birmingham Symphony Orchestra, the Ikon



Gallery, UCE's School of Jewellery, the South Asian Artists Association (SAMPAD), Craftspace Touring and the St Mary's and John Taylor hospices.

City of Birmingham Symphony Orchestra harpist, Robert Johnston gave the first of a planned series of concerts in the outpatient area of the cancer centre. His programme of music was appreciated by patients, visitors and staff.

The South Asian Palliative Care Awareness Arts Project produced a short film to help raise awareness of cancer and palliative care. The project

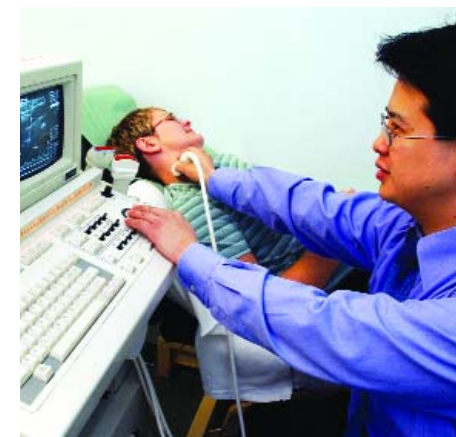
is funded by the New Opportunities Fund.

Exchanging ideas in Dermatology

A team of doctors from Germany treated patients at the Trust under a successful initiative to reduce dermatology waiting times.

The consultants visited the Trust for six weeks in November and December and cut the department's waiting list by more than 1,000.

The number of outpatients waiting more than 13 weeks for dermatology services was reduced from nearly 500 to just eight.



Liver Unit & CCU merge

A new combined liver and general critical care unit was opened at the Queen Elizabeth Hospital in November. It has 16 intensive and high dependency beds.

Heart & Lung team expand

The heart and lung transplant team received £207,000 to help it expand. The money was used to fund a consultant chest physician, a consultant cardiologist and radiography and administrative support.

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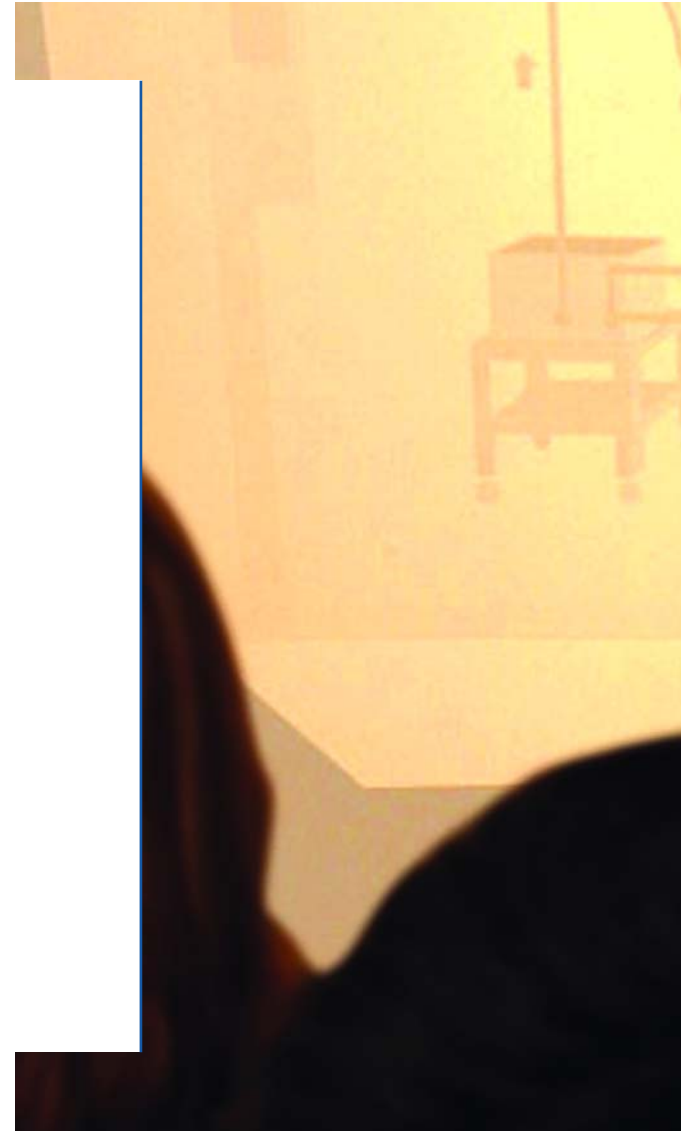
Prince's Trust at UHB

Young volunteers from the Prince's Trust turned the rooftop garden at the Queen Elizabeth Hospital into an oasis for cancer patients. The garden provides a calm and relaxing environment for patients being treated in the cancer centre. Staff in the centre asked the Prince's Trust to help provide more greenery and features for the garden which was first developed three years ago. A team of nine volunteers aged between 16 and 25 raised £1,000 to buy plants and flowers to brighten up the garden. They also installed a water feature and a gazebo.



Cancer Centre Christmas

The Cancer Centre's annual Christmas decoration competition was judged by television personality, Matthew Kelly.





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Developing our workforce
& improving their working lives

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UHB is one of Birmingham's largest employers. Its budget is larger than that of many local authorities.

But UHB aims for more than first-class healthcare.

The Trust wants to use its assets for the benefit of the communities it serves: regional, city and local.

The Trust is growing in employment terms and wants as many of its jobs as possible to go to local people.

It is not often understood that the Trust provides for a huge range of occupations: scientists, technicians, ancillary workers, construction workers, accountants, clerical and administrative staff as well as doctors and nurses. The New Hospital offers the potential for 2,000 construction jobs over the next 4 years. The Trust has already started through a project funded by the European Social Fund to train unemployed local people so they have the best chance of jobs in



the NHS or elsewhere; and with the development of a special relationship and partnership with Shenley Court School, one of the largest secondary schools in Birmingham.

Diversity at UHB

We are particularly concerned to address issues of diversity. This is core business for our Trust.

It is vital if we are to have a well motivated workforce, reflective of the communities we serve, recruit the new staff we need and provide appropriate and sensitive patient care.

A Diversity Strategy was approved

by the Board in March and is now being actively implemented. One of our key proposals is for a Multi-Faith Centre to celebrate and connect the diversity of faiths in Birmingham.

Recognising and celebrating diversity is essential to providing first class healthcare through the most appropriate and sensitive patient care, retaining a well-motivated workforce and successfully recruiting new staff.

Staff were surveyed on their awareness of diversity and a training programme was introduced to relate diversity to the day-to-day activities of staff.



The Trust held its first Diversity conference in July.

It was chaired by non-executive director, Jenny Douglas and attended by more than 70 managers and trade union representatives.

UHB is a major hospital Trust serving a range of communities, both geographical and cultural.

New Technology

UHB has the potential to significantly improve prosperity for the city and the West Midlands as a region. Experience elsewhere has shown what a force for growth medical technology



can be. The Trust is determined to be a key player in the A38 High Technology Corridor and to work positively with key partners: the City Council, Universities & Colleges; Learning & Skills Council; Government Office for the West Midlands and Advantage West Midlands, the Regional Development Agency.

The Royal Centre for Defence Medicine at Selly Oak and the creation of clinical/academic Centres of Excellence, through both existing services and the New Hospital, offer real opportunities.

Commitment to the Disabled

The Trust was once again successfully accredited this year with the Employment Service's *Positive about Disabled Employment Two Tick Symbol*. The symbol shows the Trust's commitment to both potential new recruits who have a disability and to existing employees, who during the course of their employment may develop a disability.

The Trust has a strong track record in successfully assisting staff to remain in employment following illness or injury and this may take the form of job or workplace adjustments and/or



redeployments to other roles.

Promoting Healthy Living

A new smoking policy was successfully introduced during the year. Smoking is now only allowed in specially designated shelters. As a result of the policy the amount of litter around the site has been reduced and patients, visitors and staff no longer have to walk through a wall of smoke caused by people smoking outside hospital entrances. As part of the policy the Trust introduced the country's first talking signs. These signs direct smokers to nearby shelters.

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The National Cycling Strategy gave the Trust a grant to run a cycle hire scheme for staff travelling between the two hospital sites.

Valuing our staff

During the year a major new award for examples of good customer care was introduced. The Chairman's Award singles out individual, teams and departments who have shown outstanding customer care. Nominations come from patients, visitors and fellow members of staff.

The winners of the first award were specialist pain nurses Sue Clothier and



Helen Cottrell. In second place was porter Rod Parkes and third was Consultant Sally Bradley.

The Chief Executive and Chairman introduced a series of 'thank you' lunches for staff with more than five years service to the Trust.

Prayer Room

A Muslim prayer room was opened at the Queen Elizabeth Hospital in March. It is open 24 hours a day and provides a quiet place where staff, patients and relatives can pray. It also acts as a focal point for multi-faith activities, such as prayers for peace.



Communications in the Trust

An audit of the Trust's internal communications during the year identified a number of areas for improvement. As a result of the survey a formal Trust-wide team brief is being introduced, a network of informal communicators – *the gossips* – has been established and all managers have been given a Good Communications Guide to help them communicate.

An internet café was opened at the Queen Elizabeth Hospital enabling staff without ready access to a computer to access e-mails and the internet.



Supporting Staff at Work & Home

Two emergency childcare placements were established within Selly Oak Hospital's nursery. They are for children aged between 6 months and 8-years-old and can be used by any member of staff whose normal childcare arrangements fail. They can also be used by night staff called into the trust to attend daytime courses.

A Carer Support pack was introduced for members of staff with responsibility of caring for others. The pack lists what financial benefits are available and how to claim them and a directory of external organisa-

tions which offer support.

In addition, staff carers can use the Trust's confidential staff support service and are eligible for special leave.

Listening to our Staff

The Trust has a number of well established formal consultation forums that are used to consult with staff. These range from the Joint Negotiating and Consultation Committee and Staff Relations Committee, a sub-committee of the Trust Board, to local divisional consultation forums.



The Trust and its staff side organisations have recently finalised a new Partnership Agreement in conjunction with the TUC Partnership Institute.

The success of the agreement will lay the foundations for successful and long-lasting partnership working between Management and the staff side.

In addition to the formal consultation mechanisms the Trust communicates and involves its staff via a number of media including Trust e-mail, the monthly staff newspaper *News Focus* and the Chief Executive's Hotline.



The Staff Survey

Since the last staff survey the Trust has:

- Conducted a review of car parking provision and is currently undertaking a Transport survey to access both current usage and potential future options.
- Developed a Trust-wide Learning and Education Strategy and Action plan to compliment the excellent professional development networks already in place.

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Relaunched the Trust Anti-Bullying and Harassment Contact Officers Scheme

Provided additional Violence and Aggression training courses for staff.

Established a Zero Tolerance Group which has developed both Telephone Verbal Abuse Guidelines and a Selly Oak Hospital 'Lock-down' policy, whereby we can protect patients, visitors and staff from violent and aggressive individuals.

Trained a network of 15 clinical staff to act as clinical incident debriefing officers to assist staff to



deal with stressful situations
Agreed and is implementing a Withholding Treatment policy to protect staff from persistently violent and abusive patients

Three-star bonus for staff

Staff were asked how the bonus for receiving three stars should be spent. They decided it should be split between a small bonus for every member of staff and additional equipment.

Beating car crime

Car parks across the Trust were awarded 14 secured car park awards



by the Association of Chief Police Officers. Since managed car parks were introduced car crime has fallen dramatically.

Training boost

The Trust teamed up with Bournville College to train new medical secretaries. The Trust, in partnership with Walsgrave Hospital in Coventry and South Staffordshire Mental Health Trust received more than £1 million from the EU's European Social Fund to train local unemployed people into health and social care jobs.



World Cup tension!

During the football World Cup, giant screens were erected in the restaurants of both hospitals to enable staff and visitors to follow the competition.

Invaluable volunteers

More than 400 people work in a voluntary capacity within the trust. The majority work as part of the Women's Royal Voluntary Service although there are many other independent groups of volunteers including the Home from Hospital Service and The Leagues of Friends of both

Selly Oak and the Queen Elizabeth Hospitals. They work in all areas of the Trust running tea bars, providing a welcoming service, arranging flowers, reading to patients, organising the patients' library and fundraising.

Each volunteer gives around four hours of their time to the trust every week – which adds up to 80,000 hours for the Trust.





Assuring and improving the quality and reliability of our services

The Trust takes all aspects of governance seriously, seeing it as the driving force behind quality assurance and improvement.

It has a strong clinical governance team under the leadership of the Director of Clinical Governance and Clinical Service Development, Dr Charles Bruce.

The Clinical Governance team encompasses risk management and complaints and is answerable to a committee of the Trust Board which is chaired by John Charlton.

There is a clinical governance facilitator in each division whose remit is to support clinical governance activity at divisional level. They also provide a valuable link with complaints.

CHI Inspection

During the year the Trust was inspected by the Commission for Health Improvement (CHI). The Commission is responsible for carry-



ing our routine reviews into standards of clinical governance – the quality of care provided by a hospital – in every NHS Trust in England and Wales.

The Trust took this as an opportunity to test existing systems for quality assurance and improvement.

In preparation for the review, fact-finding questionnaires were submitted to CHI, members of staff were interviewed by the CHI team, and several specialities completed self-assessments.

Commendations

Following the review, University Hospital Birmingham was told its staff

are enthusiastic, loyal and committed to patient care, service development and improvement.

The Trust was commended for its clinical specialties which were described as patient-centred and operationally-focused. CHI found many examples of patient and public involvement in the planning and development of services, and highlighted the way the Trust involves patients in the cancer collaborative, stroke and renal services.

In the report leadership of the Trust is described as vigorous, dynamic and responsive. The Trust Board is well-



respected and has the ability to lead change and development. A high number of clinical staff and professional leaders at divisional and unit level actively participate in the management of the trust.

CHI was particularly impressed by the high priority placed on achieving targets.

Staff felt there was a fair and just culture within the organisation. Most staff feel supported and respected in their roles and have good opportunities for training and development. CHI noted that UHB is particularly committed to supporting its staff and

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was impressed by the range of staff services on offer.

CHI reported on a commendable communications programme including the Chief Executive's telephone Hotline and monthly open forums. Staff said they get an immediate response when they contact the Hotline and improvements have occurred as a result.

Other areas of good practice highlighted by CHI include the direct booking programme, the production of a patient's bedside directory, Braille information signs, talking signs and smoking shelters.

The Trust was commended for its commitment to excellence in clinical care, teaching and research and its local, national and international links. The report also praised the Trust's sensitivity and responsiveness to its population and its programmes to engage black and ethnic communities, as well as the production of ethnically sensitive menus and diets. CHI highlighted the employment of a multilingual Asian transplant coordinator, dedicated to coordinating the needs of Asian transplant patients.

The Trust is developing an innovative clinical governance framework



across the organisation as well as clinical quality improvement programmes. There is a clear sense of direction and focus on key issues.

CHI praised the Trust's prioritising of clinical governance, risk management and infection control and the way it reduced its MRSA rates, set up local infection control groups and revised its hand washing procedures.

Areas for Improvement

CHI also highlighted areas for improvement, particularly the patient environment. It acknowledged the hospital buildings were old and



difficult to maintain and welcomed the plans for a new hospital to open in 2008 but said more should be done in the short term.

It also said the Trust should invest in more children's nurses in the Accident & Emergency department.

Dealing with Complaints

During the year the Trust received 375 complaints, a drop of 113 over the previous 12 months. This drop is due, at least in part, to closer the successful introduction of the Patient Advice and Liaison Service (PALS) which has enabled issues to be dealt

with before becoming a formal complaint. It is quite usual for complainants to have more than one concern, thus during the year 804 complaints were investigated. Of these, 95% were acknowledged within two days and 84% received a full response within the national standard of 20 working days. This compares favourably with the previous year when 89% were acknowledged within two days and 55% received a full response within 20 days.

Communication and the information given to patients and their relatives was the largest source of complaints



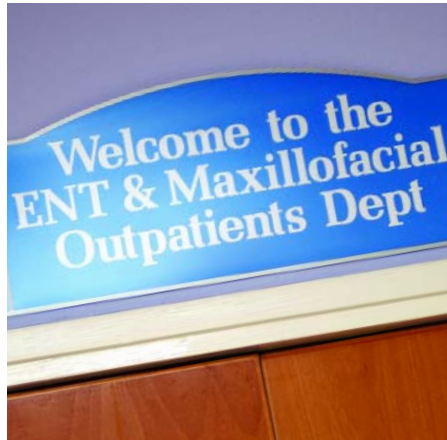
(18%), followed by medical treatment (14%) and nursing treatment (12%).

We try to resolve complaints locally but if a complainant it still dissatisfied they may request an independent review. In 2002-03 there were 13 requests for an independent review. Of these only two went forward to the independent review panel hearing, three were referred back to the Trust for further local resolution, one case was withdrawn by relatives, one was closed as the relatives are now claiming compensation, three were rejected and three are awaiting the convenor's decision.

One independent review panel was held during the year. The Trust will action its recommendations as soon as they are made.

The Health Service Ombudsman investigated one complaint against the Trust. Although he didn't uphold the complaint he was concerned about shortcomings in the Trust's discharge procedures and recommended the Trust to have discharge notes and a plan for handing patients back to their communities or referring hospitals. The discharge policy is now being updated to take on the Ombudsman's concerns.

3



Learning from mistakes

The Trust believes it is important to learn from its mistakes and to take action to ensure that mistakes are not repeated. Over the last 12 months the Trust introduced the following:

- Extra signposting for ENT Outpatients
- Longer consultations for Cancer Patients
- And, it is developing its plans for electronic prescribing in neurosciences



The Clinical Negligence Scheme

The Trust was successful in achieving Level 1 in the Clinical Negligence Scheme for Trusts (CNST) in October 2002 and level 2 of the scheme in July 2003. CNST is a risk-pooling scheme designed to ensure NHS Trusts have robust risk management systems in place.

Incident Management

New incident report forms were introduced throughout the Trust. The new forms seek to improve the communication of follow up actions through all stages of the reporting system.

Root Cause training

During the year, Root Cause Analysis training was undertaken for key personnel. The training was undertaken in collaboration with South Birmingham Primary Care Trust, Dudley Group of Hospitals NHS Trust, West Midlands Ambulance Trust and South Birmingham Mental Health NHS Trust following a successful joint bid to the workforce confederation.

It aims to help the Trust understand the root causes of incidents so that they can be prevented in the future.



4

To develop a new district general hospital for South Birmingham and tertiary services for the West Midlands

4

The New Hospital will be one of the most advanced in Europe and will be a landmark building of which the people of Birmingham can be proud.

The new hospital is due to open in 2008. It will replace the Queen Elizabeth and Selly Oak Hospitals. With more than 1,200 beds it will be one of the largest hospitals in the country and Birmingham's first new general hospital for 70 years.

The new hospital has been planned for many years but we are now just months away from selecting our preferred partner and working on the final designs and details.

Staff, patients and the public have been involved throughout the planning process.

The new hospital will be an internationally recognised centre of excellence providing modern and dependable acute adult healthcare. It will be a focus for world-class education, training and research. Internally the buildings will be dynamic, able to respond to ever changing patient



needs and functionally for purpose. The interior design and artworks will be used to create a therapeutic environment that is conducive to the provision of quality healthcare.

Our plans for the New Hospital

It will deliver –

- Better facilities for patients
- A new Royal Centre for Defence Medicine in partnership with the Ministry of Defence

- A new clinical science centre within the acute hospital in conjunction with the University of Birmingham

- Improved car parking and cycling routes to the main site

- An improved road layout that will allow better access

Within the hospital more patients will have their own single rooms with en-suite facilities or they will be in four bedded rooms. This will provide much more privacy and dignity than is currently available in our old and inflexible buildings.



It will have the latest high tech diagnostic and imaging equipment.

The hospital will –

- Provide a centre of excellence for patient care
- Contribute to the wider community's plans for the regeneration of South Birmingham
- Create a focus for world class teaching, training and research
- Create a therapeutic and flexible environment from which high-quality care will be provided

- Work with all partners in Birmingham's whole healthcare economy to provide an integrated model of care
- Make most efficient use of resources

Consultation and Planning

Work progressed throughout the year on the new hospital development.

By March 2003 the number of bidders had been whittled down to two and the final partner is due to be selected in December.



Both bidders – Consort Healthcare and Catalyst Healthcare – have spent many months producing imaginative and innovative ideas for the new hospital. These ideas have been tested by staff and members of the public.

Involving our staff

More than 1,000 staff visited exhibitions staged by Consort and Catalyst and were able to give them valuable feedback on the strengths and weaknesses of each proposal.

Members of staff from all disciplines took part in the first Future Search Conference.

It was the first time staff from all levels and disciplines had been able to come together to discuss how changes can be made to ensure success for the future. Ideas from the Future Search Conference have been passed onto the new hospital development team.

5

To improve our skills and knowledge through teaching and research endeavour



It has been a productive year for research and development.

A total of 195 new studies were registered and grant income for research increased from £9.7 million in 2001 to £12.1 million in 2002. The increase in grant income was mainly from major national research and charitable bodies.

In 2002 researchers from University Hospital Birmingham published 554 papers, a slight increase over the previous year.

The quality of research has been maintained and the research and development team has maintained a high profile to encourage research amongst nurses and other non-medical healthcare professionals.

Research across specialities

The largest areas for research during the year were cancer, heart and vascular diseases and inflammation and infection. The majority of proj-



ects were funded externally by major charitable and national bodies including the Medical Research Council, the Wellcome Trust, Cancer Research UK, the Department of Health, the European Commission, the British Heart Foundation and the Arthritis Research Council.

In addition many clinicians undertook research supported by their individual trust funds.

This source of sponsorship represents a significant and important source of funding for pre-protocol activity, which, if successful, will form the basis for future applications for

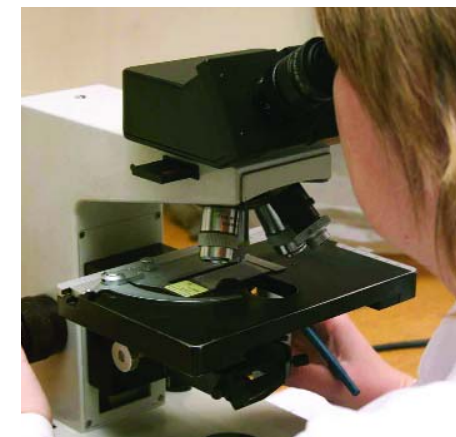
national funding.

The areas which attracted the most grant income were cancer, genetic and molecular research and inflammation and infection.

Establishing links for research

The University of Birmingham remains the most important academic partner. We recognize that both have different pressures and constraints and believe joint planning and implementation at all levels is essential to improve the quality of research.

Although the University of Birmingham remains the major



academic partner, the Trust is keen to promote its successful links with other local universities.

These links supplement the links between the Trust's collaborators and researchers in universities in the UK, Europe, North America and throughout the world.

The Wellcome Trust at UHB

The Wellcome Trust Clinical Research Facility, an established joint venture between University Hospital Birmingham NHS Trust, the Wellcome Trust and the University of Birmingham, attracted more patient

5



research with 4,155 patient attendances in 2002-03 compared with 1,970 in the previous year.

The Facility continues to foster development of clinical and translational research through its Scientific Advisory Committee.

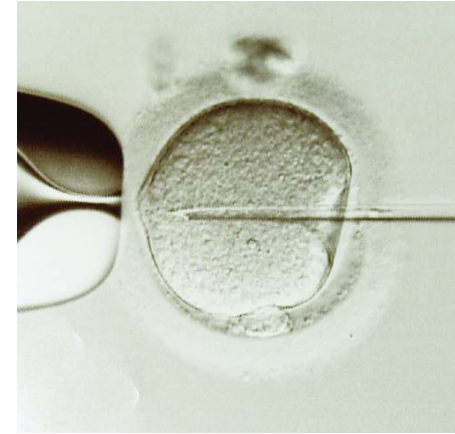
With 69 studies being conducted in the Facility (of which 18 have been completed), new areas of research undertaken during the year are pregnancy studies, in collaboration with Birmingham Women's Hospital, and studies in the fields of gastroenterology, haematology and hepatobiliary surgery under the supervision of



researchers from UHB NHS Trust, East Birmingham and Wolverhampton NHS Trusts.

During the year, the Facility has developed its gene therapy service, mainly with applications in cancer at present, and now undertakes studies using viruses approved by the Trust's Gene Modification Safety Committee as vectors for Gene Therapy, these are: adenovirus, retrovirus and herpes simplex virus.

In collaboration with the Trust's cardiology department, the Facility is expanding its cardiology portfolio and is now able to undertake 3-D



echo imaging, only one of two such services in the West Midlands.

The Facility has also developed a DNA Banking service, which provides researchers the opportunity to develop methodology in DNA extraction and lymphocyte isolation for research into vasculitis.

The research and development team is working with the PALS Service to increase the amount of patient participation in research.

Plans to identify and support intellectual property rights within the Trust are progressing well.



High-impact Chief Nurse Conference!

The Trust's first Chief Nurse conference saw a packed house, rousing music and inspiring speakers.

Nurses and therapists were given the opportunity to learn about new ways to motivate themselves and inspire others in the workplace.

UHB Annual Health Lecture

An annual health lecture has been introduced by the Trust in conjunction with UHB Charities. The first speaker was Rabbi Julia Neuberger, Chief Executive of The King's Fund.

Nurses in Research

Every nurse at UHB has been asked what research projects they have been involved in. Nurses undertake research for a variety of reasons including specific projects and education courses.

Research projects undertaken during the year include an examination of the changes in kidney structure in renal transplant patients, the feasibility of a burns outreach service, trials for treating Parkinson's disease and studies looking at how to reduce needlestick injuries.



Setting standards in IT

All staff were given the opportunity to undertake the European Computer Driving Licence (ECDL) course. ECDL has been recognised by the NHS nationally as the IT reference standard.

It is designed to give people the basic skills necessary to feel confident using a computer and to ensure all staff have the same basic set of skills regardless of their role or base.

Bereavement Research

The Wellcome Trust funded research undertaken by the Trust's bereavement care manager, Dawn Chaplin. The research will greatly benefit the bereaved relatives of Jewish, Muslim and Christian patients. It aims to understand in detail what families go through from the moment their relative is diagnosed, through treatment and the process of bereavement.

Dawn hopes to understand the cultural and religious needs of families. The results of her research will be used to help future professionals and

5



carers understand the needs of bereaved families.

Worldwide Learning

The Trust's exchange programme with Flinders Medical Centre in Australia was cemented with the first visit to the trust by a team from Australia.

Training for All

The Trust joined a consortium with Royal Wolverhampton Trust and South Birmingham Primary Care Trust to protect the intellectual property rights of the organisation and its



staff. The consortium, Centech, aims to help any member of staff make the most of any innovative idea they have.

Administration and Clerical staff were able to attend an effective minute taking course thanks to funding from the Birmingham and Black Country Workforce Confederation. The course was run by Bournville College and was fully booked.

Work-related training for students

The Trust teamed up with Shenley Court Specialist Arts College to develop work-related learning.

The partnership agreement will help students to make informed career choices by providing work placements and the chance to talk to hospital staff.

Real contexts are being provided for coursework which gives the students a link between their school-work and potential future careers. The course aims to help people realise their skill potential.

It is accredited by the University of Central England and funded by the Workforce Development Confederation.



Community initiatives at UHB

The vocational department has built strong links with Jobcentre Plus and now offers work experience, programmes and training for locally unemployed people on the Government's New Deal Scheme.

The initiative has highlighted the opportunities available within the health service and aims to make the Trust's recruitment process more accessible to the local community.





To use our
financial resources wisely



The Trust finished the year with a surplus of £33,000 on a total income budget of £293 million.

This is the eighth year in succession that the Trust has achieved a surplus position.

Generating a surplus satisfies one of the Trust's statutory duties, namely to achieve a balance of income and expenditure.

The other duties met for the eighth successive year were:

- the borrowing limit (EFL)
- payment of 97% of bills within 30 days
- the required capital cost absorption rate



Spending at UHB

During the year £12m was spent on capital schemes including the completion of the Neurosciences Development and the Combined Liver and General ITU.

These schemes enhance current service provision and enable the introduction of new models of care.



Plans for our Financial Future

The 2003/04 financial year will be challenging both in terms of managing costs and meeting targets and expectations.

The Trust's 2003/04 annual plan includes financial break-even and this depends on achieving its cost improvement programme, which is similar to last year's target.

It is however no less challenging or imperative for continuing the sound financial results of previous years.

Financial Performance

The Trust's break-even performance for 2002/2003 is as follows:

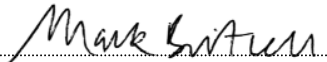
	<u>1997-1998</u>	<u>1998-1999</u>	<u>1999-2000</u>	<u>2000-2001</u>	<u>2001-2002</u>	<u>2002-2003</u>
	£000	£000	£000	£000	£000	£000
Turnover	179,104	190,046	205,032	228,410	258,460	290,263
Retained surplus for year	10	17	23	30	39	33

Statement of the Chief Executive's Responsibilities as Accountable Officer of the Trust

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust.

The relevant responsibilities for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officers' Memorandum issued by the Department of Health.

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


.....
Chief Executive

22nd July 2003
.....
Date

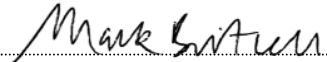
Statement of Directors' Responsibilities in respect of the Accounts

The directors are required under the National Health Services Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure of the Trust for that period. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.


directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirement outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board:


.....
Chief Executive

22nd July 2003
.....
Date

The


.....
Director of Finance

22nd July 2003
.....
Date

Summary Financial Statements

Income & Expenditure account for
the year ended 31st March 2003

	2002/03 £000	2001/02 £000
Total Income	290,263	258,460
Operating expenses	(280,700)	(249,377)
Operating Surplus	9,563	9,083
Loss on disposal of fixed assets	(52)	(119)
Interest received	365	422
Other finance costs	(4)	(78)
Surplus for the financial year	9,872	9,308
Public Dividend Capital dividends paid	(9,839)	(9,269)
Retained surplus for the financial year	33	39

The financial statements on pages 38–43 are only a summary of the information contained within the Trust's full annual accounts upon which the auditors, KPMG have issued an unqualified opinion. The full accounts are available on request from the Finance Director.

Trusts are required to pay an annual dividend to the Department of Health equal to 6% of the estimated average Government funds invested in the hospitals. These dividends are effectively financing costs.

Trusts are required to achieve financial balance year on year, *ie* maintain expenditure at or below the level of their income.
UHB achieved this target in 2002–03 with a surplus of £33,000 which has been taken to reserves.



Summary Financial Statements

Balance Sheet as at
31st March 2003

	2002/03 £000	2001/02 £000
Fixed Assets	198,414	168,313
Current Assets		
Total Current Assets	29,396	23,466
Creditors: amounts falling due within one year	(30,852)	(25,708)
Net Current Assets	(1,456)	(2,242)
Total assets less current liabilities	196,958	166,071
Provisions for liabilities and charges	(1,406)	(1,207)
Total Assets Employed	195,552	164,864
Financed by Capital and Reserves	195,552	164,864

This is the net value of all the assets used in the running of the hospitals comprising mainly buildings, land and equipment.

Statement of Total recognised gains and losses for the year ending 31st March 2003

	2002/03 £000	2001/02 £000
Surplus for the financial year before dividend payments	9,872	9,308
Unrealised surplus on fixed asset revaluations/indexation	23,868	5,228
Net increase in the donated asset reserve	3,424	906
Total gains and losses recognised in the financial year	37,164	15,442

This statement shows all the gains and losses of the Trust during 2001–02, including those which are not required to be shown in the Income and Expenditure Account.

The unrealised surplus on fixed asset revaluations/indexation has increased by £18.64m. The majority of this increase is attributable to the change in indexation applied to the fixed assets of the trust. The Trust has to apply indexation to its fixed asset base each year to reflect the current value of its assets.

Cash Flow Statement for the year ended 31st March 2003

	2002/03 £000	2001/02 £000
Cash inflow from operating activities	21,725	15,976
Returns on Investments and Servicing of Finance	374	420
Capital expenditure	(17,242)	(10,640)
Dividends Paid	(9,839)	(9,269)
Net cash outflow before financing	(4,982)	(3,513)
Financing	4,982	3,513
Increase/decrease in cash	0	0

The Trust is set an External Financing Limit (EFL) each year, which defines how much it can borrow and how much cash it can hold. UHB has achieved its EFL every year to date and this statement shows in very general terms the various cash flows in 2001–02.

Related Party Transactions

University Hospital Birmingham NHS Trust is a body corporate established by order of the Secretary of State for Health.

Dr N Richards, a renal consultant and Divisional Director, is medical advisor to Fresenius Medical Care Renal Services Ltd., who provide a support service to the trust for renal dialysis. The Trust paid a total of £4,325,250 in 2002/03 for this service.

During the year none of the Board members or members of the key management staff or parties related to them has undertaken any material transactions with University Hospital Birmingham NHS Trust.

Renal Consultant

Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
£	£	£	£
4,324,712	0	538	0

Birmingham & Black Country
 Birmingham Childrens NHS Trust
 Birmingham Heartlands NHS Trust
 Birmingham Womens Healthcare NHS Trust
 Bio Products Laboratory
 Burntwood, Lichfield and Tamworth
 Calderdale and Huddersfield NHS Trust
 Coventry & Warwick Consortium
 Dudley Beacon & Castle PCT
 Dudley South PCT
 Dyfed Powys Health Authority
 Eastern Birmingham PCT
 Good Hope Hospital NHS Trust
 Heart Of Birmingham PCT
 Herefordshire PCT
 Mersey Regional Ambulance Service Trust
 National Blood Authority
 North Birmingham PCT
 North Staffordshire Hospital NHS Trust

North Wales Health Authority
 North Warwickshire PCT
 Oldbury & Smethwick PCT
 Prescription Pricing Authority
 Redditch & Bromsgrove PCT
 Royal Orthopaedic Hospital
 Royal Wolverhampton Hospital NHS Trust
 Sandwell & West Birmingham NHS Trust
 Shropshire County PCT
 Solihull PCT
 South Birmingham Mental Health
 South Birmingham PCT
 South Worcestershire PCT
 Walsall PCT
 Warwickshire Ambulance Service
 Welsh Ambulance Service NHS Trust
 West Midlands Ambulance Service Trust
 Wyre Forest PCT

The Department of Health is regarded as a related party.

During the year University Hospital Birmingham NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed left.

The Trust has had a number of material transactions with other Government Departments and other central and local Government bodies.

The Trust has also received revenue and capital payments from UHB Charities. The Chairman of the Trust is one of the Trustees of the Charity.

Salary and Pension Entitlements of Senior Managers

The benefits in kind relate solely to the provision of lease cars.

All directors were in post at 1st April 2002.

	Age	Salary (bands of £5000)	Other Remuneration (bands of £5000)	Golden hello / compensation for loss of office	Benefits in kind	Real increase in pension at age 60 (bands of £2500)	Total accrued pension at age 60 (bands of £5000)
		£000	£000	£000	£000	£000	£000
EXECUTIVE DIRECTORS							
Mark Britnell Chief Executive	37	140–145	0	0	6		
Peter Shanahan Director of Finance & Deputy Chief Executive	38	100–105	0	0	5		
Melvyn Morris New Hospital Project Director	†	95–100	0	0	0		
Charles Bruce Director of Clinical Governance & Clinical Service Development	41	80–85	0	0	2		
Dame Catherine Elcoat Chief Nursing Officer	49	85–90	0	0	6		
Julie Moore Director of Operations	†	90–95	0	0	0		
Bernard Scully Director of Human Resources	†	90–95	0	0	0		
Professor William Littler Medical Director	60	65–70	*	0	0		
Andrew Hine, Director of Policy, Planning & Performance Management	35	80–85	0	0	0		
NON EXECUTIVE DIRECTORS							
John Charlton Chairman	62	20–25	0	0	0	N/A	N/A
Mr T Huq Non-Executive Director	63	5–10	0	0	0	N/A	N/A
Mrs M Thomas Non-Executive Director	58	5–10	0	0	0	N/A	N/A
The Rt. Reverend M Santer Non-Executive Director	66	5–10	0	0	0	N/A	N/A
Professor D Westbury Non-Executive Director	60	5–10	0	0	0	N/A	N/A
Mrs S J Douglas Non-Executive Director	†	5–10	0	0	0	N/A	N/A

† Some directors have exercised their right to withhold information



Summary Financial Statements

Better Payment Practice Code –
measure of compliance

	Number	£000
Total bills paid in the year	112,860	129,927
Total bills paid within target	110,018	126,030
Percentage of bills paid within target	97.48%	97.00%

The Better Payment Practice Code requires the Trust to aim to pay all valid invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

Management costs

	2002–03 £000	2001–02 £000
Management costs	10,566	9,917
Income	280,069	249,592
Percentage of Trust income	3.7%	3.8%

2001–02 income has been amended to remove the income received from other NHS bodies in respect of service level agreements in accordance with guidance issued by the Department of Health.
The figure previously reported was £258,460.

Statement on Managers' Pay

Senior managers were awarded a pay increase within the recommended managers' pay envelope of 3.6%.



PULL TO REMOVE WINDOW IN EMERGENCY



Caring for the Community



About the Trust

The Trust Board

A Trust Board consisting of Executive (full time) and Non-Executive (part-time) members under the Chairmanship of John Charlton, governs the Trust.

The Trust Board meets once a month (usually at 4pm on the third Thursday of every month) in the Post Graduate Medical Centre at the Queen Elizabeth Hospital.

The meetings are open to the public and Trust Board agendas and other papers are published on the Trust's website:

www.uhb.nhs.uk



John Charlton
Chairman

Declared interests:

Trustee of the University Hospital Birmingham Charities
Trustee of the Royal Orthopaedic Hospital Charity
Member of the British Fluoridation Society

John.Charlton@uhb.nhs.uk



Mark Britnell
Chief Executive

Appointed January 2001.

This is a permanent, full-time appointment and subject to a six month notice period.

Declared interests:

Director of Future Hospital Network Project Company, part of the NHS Confederation

Mark.Britnell@uhb.nhs.uk



Dr Charles Bruce
Director of Clinical Governance & Clinical Service Development

Appointed in 2001.

This is a permanent, full-time appointment and subject to a six month notice period.

Declared interests:

none

Charles.Bruce@uhb.nhs.uk



Jenny Douglas
Non-Executive Director

Declared interests:
none

Jenny.Douglas@uhb.nhs.uk



Dame Catherine Elcoat DBE
Executive Chief Nurse

Appointed in 2001.
This is a permanent, full-time appointment and subject to a six month notice period.
Declared interests:

- Updating a nursing textbook in collaboration with Hollister Inc. who provide products to the NHS (unpaid)
- Member NHS Independent Reconfiguration Panel.

Catherine.Elcoat@uhb.nhs.uk



Andrew Hine
Director of Policy, Planning
and Performance Management

Appointed in 2002.
This is a permanent, full-time appointment and subject to a six month notice period.

Declared interests:
none

Andrew.Hine@uhb.nhs.uk



Tony Huq MBE
Non-Executive Director

Declared interests:
Chairman,
Management Committee,
Bangladesh Centre

Tony.Huq@uhb.nhs.uk



Professor William Littler
Executive Medical Director

Appointed in 2001.
This is a permanent, full-time appointment and subject to a six month notice period.

Declared interests:
Trustee of the Birmingham District Nursing Charitable Trust

William.Littler@uhb.nhs.uk



Julie Moore
Executive Director of Operations

Appointed in 2001.
This is a permanent, full-time appointment and subject to a six month notice period.

Declared interests:
none

Julie.Moore@uhb.nhs.uk



Mel Morris
Birmingham New Hospitals
Project Director

Appointed to current post in 2001.
This is a permanent, full-time appointment and subject to a six month notice period.

Declared interests:
none

Mel.Morris@uhb.nhs.uk



The Rt Rev Mark Santer
Non-Executive Director

Declared interests:
Member NHS Independent Reconfiguration Panel.

Mark.Santer@uhb.nhs.uk



Bernard Scully
Director of Human Resources

Appointed in 2001.

This is a permanent, full-time appointment and subject to a six month notice period.

Declared interests:
none

Bernard.Scully@uhb.nhs.uk



Peter Shanahan
Executive Director of Finance
and Deputy Chief Executive

Appointed in 1999.

This is a permanent, full-time appointment and subject to a six month notice period.

Declared interests:
none

Peter.Shanahan@uhb.nhs.uk



Mary Thomas
Non-Executive Director

Declared interest:
Proprietor Health Issues
Consultancy

Mary.Thomas@uhb.nhs.uk



Professor David Westbury
Non-Executive Director

Declared interests:
Non-Executive Director,
Birmingham Research and
Development Board, the wholly
owned research park company of
the University of Birmingham
(unpaid)

WestburyDR@bham.ac.uk

Audit Committee

The Directors who served on the Trust's Audit Committee during 2002–03 were

Jenny Douglas
Tony Huq
The Rt Rev Mark Santer (chair)
Mary Thomas
Professor David Westbury

Remuneration Committee

The Directors who served on the Trust's Remuneration Committee during 2002–03 were:

John Charlton (chair)
Tony Huq
The Rt Rev Mark Santer
Mary Thomas
Professor David Westbury

Statement of Directors' Responsibility in respect of Internal Control

The Board is accountable for internal control. As Accountable Officer, and Chief Executive Officer of this Board, I have the responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's objectives, and for reviewing its effectiveness.

The system of internal control is designed to manage rather than eliminate the risk of failure to achieve these objectives, it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing risk management process designed to identify the principal risks to the achievement of the organisations objectives; to evaluate the nature and extent of those risks and to manage them efficiently, effectively and economically. The system of internal control is underpinned by compliance with the requirements of the core Controls Assurance standards:

Governance
Financial Management
Risk Management

The assurance framework is still being finalised and will be fully embedded during 2003/04 to provide the necessary evidence of an effective system of internal control. However I have received significant assurances from our internal auditors that the organisation generally has a sound system of internal control to meet the overall objectives.

The actions taken so far include:

The organisation has undertaken a self-assessment exercise against the core Controls Assurance standards (Governance, Financial Management and Risk Management). The overall scores have been independently assessed by our internal auditors who confirmed the assessments as follows:

Financial Management	94% compliant
Governance	95% compliant
Risk Management	82% compliant

In addition the risk management standard has also been externally assessed by Willis and the Trust has been granted level one for the Risk Pooling Scheme for Trusts. The external score was 80%.

The organisation has in place arrangements to monitor, as part of its risk identification and management processes, compliance with other key standards, including relevant Controls Assurance standards covering areas of potentially significant organisational risk.

In addition to the actions outlined above, in the coming year this organisation will;

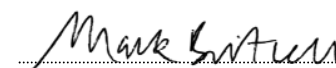
Introduce risk awareness training for key staff
Quarter 2

Fully risk-assess the corporate objectives and produce an action plan to manage the identified risks. This will have full board participation and both internal and external audit will be involved. A day has been identified to commence this process
Quarter 2

Complete and update the overall Trust risk register
Quarter 4

As Accountable Officer, I also have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control has taken account of the work of the executive management team within the organisation who have responsibility for the development and maintenance of the internal framework, and of the internal auditors. I have also taken account of comments made by the external auditors and other review bodies in their reports.

On behalf of the board:


Chief Executive

22nd July 2003

Date

Statement of Directors' Responsibilities in respect of the Accounts

The Board is accountable for internal control. As Accountable Officer, and Chief Executive Officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's objectives, and for reviewing its effectiveness.

The system of internal control is designed to manage rather than eliminate the risk of failure to achieve these objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing risk management process designed to identify the principal risks to the achievement of the organisation's objectives; to evaluate the nature and extent of those risks; and to manage them efficiently, effectively and economically. The system of internal control is underpinned by compliance with the requirements of the core Controls Assurance standards:

Governance
Financial Management
Risk Management

As Accountable Officer, I also have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control has taken account of the work of the executive management team within the organisation who have responsibility for the development and maintenance

of the internal control framework, and of the internal auditors. I have also taken account of comments made by external auditors and other review bodies in their reports.

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Fully risk assess the corporate objectives and produce an action plan to manage the identified risks. This will have full board participation and both internal and external audit will be involved. A day has been identified to commence this process.

Complete and update the overall Trust risk register.


.....
Chief Executive

22nd July 2003
.....
Date

How to find our hospitals

By Train

The Queen Elizabeth Hospital is a few minutes walk from University station. Selly Oak Hospital is a few minutes walk from Selly Oak station.

Car Parking

There are large visitors' car parks on both sites (although finding a space at peak times can be difficult). A charge is made for car parking.

From Birmingham City Centre

Follow A38 Bromsgrove (Bristol Road). After leaving the City Centre continue along the dual carriageway.

Queen Elizabeth Hospital

As the dual carriageway ends turn right into Edgbaston Park Road following signs for the Queen Elizabeth Medical Centre. Take the next left into Pritchatts Road, go straight over the mini-roundabout, then turn left at the crossroads into Somerset Road. At the island turn left into Metchley Park Road and the QE Hospital will be found on the left.

Selly Oak Hospital

You will pass the University of Birmingham on the right and shortly afterwards reach Selly Oak. After a further half a mile you will pass under a railway bridge. Move into the left hand lane (Halfords on right). At the second set of traffic lights turn left into Oak Tree Lane, following signs for Selly Oak Hospital.

From M5 Motorway

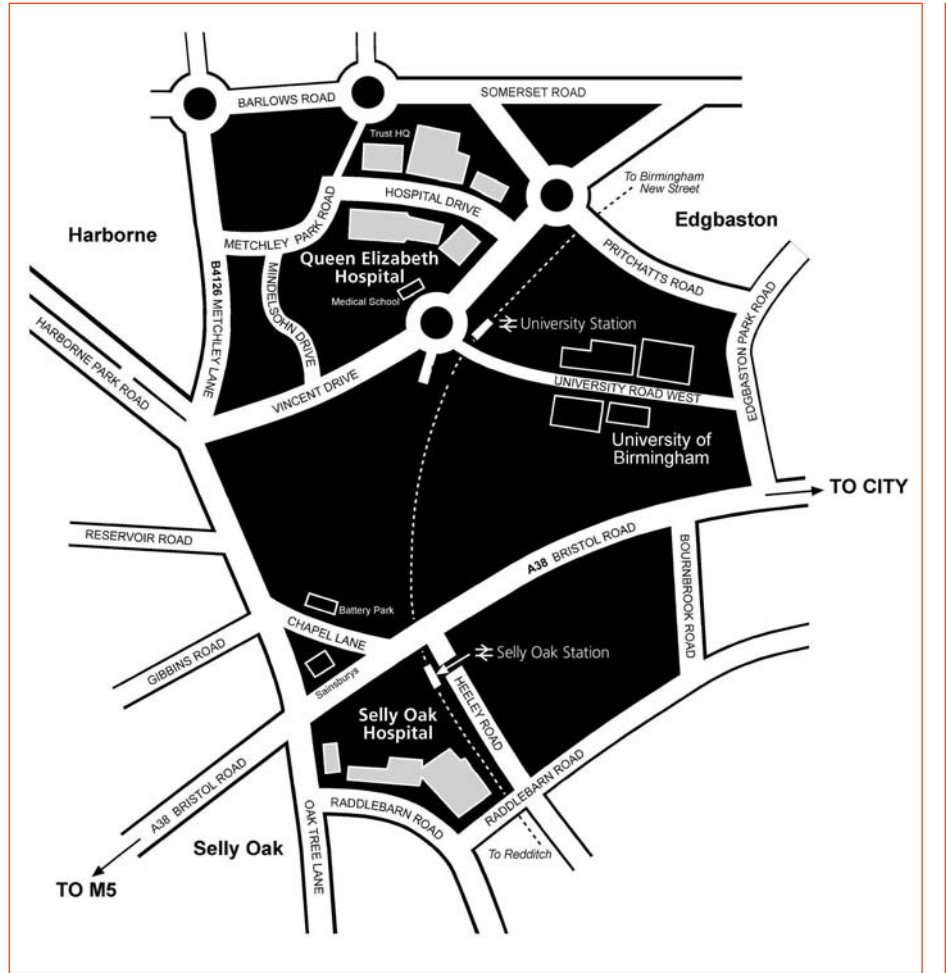
For both hospitals leave the M5 at junction 4 and follow the A38 into Birmingham for 6.75 miles after which you will encounter a major set of traffic lights.

Queen Elizabeth Hospital

Turn left following the A4040 to Harborne and passing a Sainsbury's store on your right. After a mile bear right following the B4129 to Edgbaston/QE Medical Centre. You will see a public house on your left and should turn first left into Metchley Lane then right into Metchley Park Road, signposted QE Medical Centre.

Selly Oak Hospital

There is no right turn from Bristol Road (A38) into Oak Tree Lane, therefore turn left following the A4040 before turning immediately right after the Sainsbury's store into Chapel Lane. Turn right at the traffic lights to get back onto the A38. At the next lights turn left into Oak Tree Lane and then left again into Raddlebarn Road. The hospital is situated 200 metres on the left.



Trust Headquarters

PO Box 9557
Main Drive
Queen Elizabeth Medical Centre
Birmingham B15 2PR
0121 432 3232

www.uhb.nhs.uk

Selly Oak Hospital

Raddlebarn Road, Selly Oak
Birmingham B29 6JD
0121 627 1627

Queen Elizabeth Hospital

Queen Elizabeth Medical Centre
Birmingham B15 2TH
0121 472 1311

To donate to the UHB Charities
please contact:

Peter Fletcher

Director of Philanthropy
UHB Charities
PO Box 11396
Norton Court
Metchley Park Road
Edgbaston
Birmingham B15 2TH

A large-print PDF version of the
Annual Plan can be downloaded
from:

www.uhb.nhs.uk/annualreport.htm