APPENDIX

University Hospital Birmingham NHS
NHS Foundation Trust

Annual Plan

2008-2009

Draft version 1.2

CONTENTS

Introduction

The University Hospital Birmingham was approved as a Foundation Trust in July 2004. The year ahead will be our fourth complete year as a Foundation Trust and this plan sets out what we plan to achieve. The Annual Plan also outlines performance over the past year and sets out the priorities for the coming year. It also identifies the key risks to the delivery of the Plan and how we are addressing those risks.

1 Past year's performance

1.1 Chief Executive's Summary of the Year

Welcome to the Annual Plan of the University Hospital Birmingham NHS Foundation Trust for the year 2008/09. Last year was my first full year as Chief Executive and I have been immensely proud of the enormous dedication and effort our staff, our Governors, and our members have put into making 2007/08 another very successful year for the Trust.

We have met or exceeded some very challenging targets. Over 98% of patients have been treated, admitted, or discharged from A&E within 4 hours throughout the year; we have met our cancer waiting time targets and sustained some of the lowest in-patient and out-patient waiting times in the NHS. We have also achieved dramatic reductions in diagnostic waiting times, and have made significant progress towards achieving the challenging 18 week referral to treatment target.

Once again, we end the year in a very strong financial position However, strong financial management has not come at the expense of clinical quality and patient experience, and the Trust continues to perform well against all national and local quality measures.

The Healthcare Commission performance ratings for 2006/07 were published in October 2007. UHBFT scored "good" for service quality and "excellent" for use of resources. We narrowly missed out on "excellent" for service quality, but were still placed as one of the highest performing in the West Midlands and nationally.

During the year the Board of Directors and Board of Governors worked to develop a vision, purpose and values for the Trust. Our vision is to provide The Best in Care in everything that we do. This vision, purpose and values will guide our future priorities and plans.

Construction of the new hospital and mental health facilities is progressing rapidly and will provide a superb environment for patients and staff.

I am particularly pleased that the staff survey was, again, an excellent result, showing significantly higher than average levels of staff satisfaction. A high proportion of staff said that they were proud to work for the Trust.

While we can be very proud of our achievements last year, we acknowledge that more needs to be done in specific areas. In particular our key focus has been and will remain our fight to reduce infection rates. The Trust met its target for reducing Clostridium difficile infections with an overall reduction of 13%. The Trust's MRSA bacteraemia rate reduced by 23%, however, the target reduction for 2007/08 was missed. [These figures will need to be confirmed once final figures are known]

I am very clear that going forward our first priority will be to improve our infection rates and this will be key to the objectives set out for the coming year.

The Trust has faced a significant challenge over the last 12 months in its efforts to care for the military personnel who are being treated at our hospitals following injuries sustained in Iraq and Afghanistan. During this time Selly Oak Hospital has received high profile media coverage. Often this coverage has been ill-informed and has placed an unnecessary burden on both our military and civilian staff.

Despite these challenging times, the Trust has continued to work closely with the Ministry of Defence to ensure that military personnel receive the best possible care that recognises their specific needs, at all times. This was recognised in the Defence Select Committee report into medical care of the armed forces (February 2008), in which the care provided by UHB was described as “world class”.

During the year we worked to develop the skills and role of the Board of Governors and also to develop relationships with key stakeholders such as our local PCTs and Birmingham University.

Last year we also made substantive appointments to the Chief Operating Officer and Chief Nurse posts. I am confident that we now have a strong senior team who are confident in facing the challenges of the future.

Finally, thank you again to everyone who has contributed to the success of the last year.

Julie Moore
Chief Executive

1.2 Summary of financial performance 2007/08

The Trust is forecasting a net income and expenditure surplus of £12.2m for the 2007/08 financial year. As shown in table 1 below, this position is ahead of the planned surplus of £5.7m before exceptional items that was included in the 2007/08 Annual Plan. This reflects a combination of additional healthcare income and strong control of costs including delivery of additional efficiency savings to prepare for the future increase in costs associated with the New Hospital. Commentary on the key income and expenditure variances is included below the Table.

It had been intended when the plan was compiled that the Trust would recognise a provision in its 2007/08 accounts, as an exceptional item, for the unavoidable transition costs associated with moving into and making operational the New Hospital. However, in agreement with the Trust's external auditors this approach has changed and these costs will not be recognised in 2007/08. This does not impact on cashflow or the Trust's operating performance for 2007/08.

Table 1 – UHBFT Summarised Income and Expenditure 2007/08 *[projected]*

£ million	**07/08 plan**	**07/08 projected outturn***
Income	411.6	419.6
Expenditure	-391.0	-392.2
EBITDA	**20.6**	**27.4**
Depreciation	-8.0	-9.5
Dividend	-7.7	-7.7
Interest	0.8	2.0
I&E (before exceptionals)	**5.7**	**12.2**
Exceptional Items	-5.7	0.0
Net I&E	**0.0**	**12.2**
EBITDA Margin (%)	**5.00**	**6.53**

* At Month 10

More detailed financial narrative including income and expenditure variances, balance sheet analysis and cashflow movements will be completed when the actual yearend outturn figures are available.

1.3 Review of Other Major Financial or Non-Financial Issues

Operational Issues

Infection control has been the Trust's highest priority over the last year. We reduced MRSA rates by around 23% [final figure will need to be confirmed] and Clostridium difficile by around 13% [final figures will need to be confirmed]. However, we have to make more progress and make it faster.

In 2007/08 we invested significant additional resources in cleaning, isolation facilities, audit, awareness campaigns and training in infection control. We also appointed a new Director for Infection Control and Prevention.

During the year we received a visit from the Healthcare Commission to audit our compliance with the national Hygiene Code. The Commission decided that we were complaint with the Code. We also received two visits and reports from the Department of Health Cleaner Hospitals team. The learning from these visits has been incorporated into revised action plans to reduce infections further

The results of the 2006/07 patient survey were received in August 2007. The survey showed progress compared with the previous year, but also showed that there were areas for improvement, and these are being addressed. We are developing plans for more frequent and detailed surveying of patient opinions.

The Trust is now focusing significant activity and effort to ensure that all clinical services are appropriately reviewed and transformed to enable the most efficient and patient focussed operation of the new hospital.

Operational efficiency has been a major priority for 2007/08 and will continue to be a priority for the Trust in 2008/09. The Trust has established a programme utilising LEAN methodology to review selected services, and this project has enabled us to remove all non value added steps. We have already seen great benefits of this approach in pilot areas during 2007/08, including Theatres and Outpatient areas, and we expect to expand the scope of these projects to achieve greater improvements in operational performance across the Organisation.

New Hospital

Progress on the construction of the New Hospital remains strong. All contractual obligations have, to date, been delivered and the Trust continues to monitor progress against them. Robust arrangements are in place for ensuring that the Trust continues to meet its contractual obligations and is fully prepared for the move to new facilities commencing in 2010. The new mental health facilities are currently scheduled to open in May 2008, five weeks ahead of schedule.

Work has begun to identify the future use of the Selly Oak site and on master planning for the Queen Elizabeth site

Research and Development

As the main teaching Trust within the West Midlands region, UHBFT, together with the University of Birmingham launched the Birmingham Clinical Research Academy in December 2007. This will establish a world-class medical, technology research and training academy in the city.

We have also recently appointed a director of Research and Development. This individual has been tasked to secure additional funding for research projects and ensure the breadth and quality of the research output grows.

Social Responsibility

Over the last year UHBFT has continued to place emphasis on its wider social responsibility and regeneration roles. We undertook a self assessment of Corporate Social responsibility using the Sustainable Development Commission's toolkit and concluded that overall the Trust was performing well in this area, with the new hospital in particular, acting as a catalyst for increasing local employment, reducing energy consumption and furthering the use of less polluting products.

The Trust has continued to play an active role in the wider life of Birmingham. In 2007 we became a Champion of Marketing Birmingham and a Patron of the Birmingham Chamber of Commerce.

We also took steps to identify systematically key partners and stakeholders both in healthcare and in broader fields and as a result have put in place a programme to strengthen key relationships.

The construction of the Learning Hub was delayed because the lead contractor became insolvent. However, a new contractor ahs been appointed and completion is planned for July 2008.

Future business plans

2.1 Strategic Overview

In order to ensure it remains at the forefront of clinical care and delivers customer focus and choice, the Trust recognises it must continue to innovate and develop services.

The Trust has performed well over the last year, and delivered a high standard of care whilst maintaining a strong financial position and delivering on targets. A key priority for the coming year will be consolidation of this strong position and focussing on the areas where we have not achieved the high levels of performance expected. Infection control will be the single biggest priority in this regard.

The competitive position fo the Trust remains strong. Relationships with Commissioners and other key stakeholders are generally very good. Activity in 2007/08 rose, partly as a result of reducing waiting times to meet the 18 week referral to treatment target.

The new national model contract introduces some risks in relation to income, creating the possibility of the Trust being fined for not achieving certain targets.

In addition the Trust's planning for 2008/09 is set within the context of:

- Feedback and the views of local patient, staff, and community-led priorities of the Board of Governors and Divisional Patient Councils.
- The October 2007 Comprehensive Spending Review
- The new national standards, targets, and performance assessment framework proposed by the Healthcare Commission for 2008/09.
- Specific guidance detailed through the national planning framework and the 2008-09 NHS Operating Framework published in November 2007.
- The recently published West Midlands SHA strategic framework document - Investing for Health
- The interim Darzi report

The existing Strategic aims for the Trust are:

1. **Always put the needs and care of patients first.**
2. **Maintain our reputation and position at the leading edge of performance and quality.**
3. **Enhance our reputation for excellent financial management.**
4. **Provide an outstanding environment for the future.**
5. **Be an employer of choice.**
6. **Educate and train the healthcare staff of the future.**
7. **Research and develop healthcare services of the future.**
8. **Be a community asset for Birmingham and beyond.**

These strategic aims have been used as the basis for the UHB 3-year plan and underpin our approach to service development.[These are likely to be reviewed by the Board of Directors in April].

2.2 Service Development Plans

This section highlights a number of key developments planned for 2008/09.

The Trust is not planning material changes to mandatory services through any of the areas of service development; however there are plans to expand services into the community setting. This is in partnership with local PCTs. The Trust expects to comply with schedule 4, private patients' income (PPI) cap.

Achieving ever higher levels of clinical safety and quality

Infection Prevention and Control will remain our biggest challenge and highest priority. A comprehensive action plan and work programme has been established. In 2008/09 we will focus on auditing adherence to policies, in particular line care and management, cleaning standards, hand hygiene and implementation of the high impact interventions.

The Trust will further improve how it measures clinical quality. This work will feed into the development of Service Line Management, to provide a detailed analysis of all specialties. A clinical Quality monitoring group has been established and through 2008/09 the remit of this group will be refined to further improve the level assurance the Board has in relation to clinical quality. This work will include more detailed trend analysis – bringing outcomes data together information on incidents, SUIs and complaints at a speciality level.

We are making further improvements to our Prescribing systems to reduce the risk of errors, this will involve the refinement of the current system, and the development of automated processes, including bar code scanning, to ensure errors don't take place.

Improving patient/user experience and GP satisfaction

The Trust will undertake regular monitoring of patient satisfaction, to ensure that all aspects of patient care is delivered at the highest levels. A key aim is to provide more detailed patient feedback at more local levels within the Trust.

Through advances in information technology the Trust will further develop the service quality it provides to GPs. Clinical correspondence will be delivered more quickly. . The Trust will further develop the features available on the GP web page, to enable advanced access to test results and other selected information.

The Trust plans to develop many aspects of its patient administration functions, including delivering improvements to the outpatient booking process; reducing outpatient cancellations; and deliver improvements to data quality. These changes, and others will ensure that UHBFT patient administration will be patient focused, and improve operational efficiency. This is particularly relevant to the Trusts plans to achieve the 18 week RTT targets.

Clinical Service Redesign

The New Hospital will begin operating during 2010/11. In readiness for this time a significant work programme has been developed to ensure all clinical areas and non clinical functions are reviewed, configured and redesigned as required to ensure the optimal functioning of the New Hospital. This work programme includes:

- Establishing the location and number of beds for all specialties in the New Hospital, and agreeing common working practices in readiness for co-location in the New Hospital
- Workforce reviews to ensure staffing is consistent with the requirement of the New Hospital
- Delivering the improvements to the patient administration functions. This will be important in the New Hospital, where assumptions have been made, for significant reductions in paper notes for example.
- Increasing the amount of work done on an ambulatory care basis

Achieving the 18 weeks referral to treatment target

A significant challenge for 2008/09 will remain the achievement of the 18 week referral to treatment target. The Trust will agree trajectories and volumes to achieve the 18 week target milestones during 2008/09 with its co-ordinating commissioner. A large amount of work in underway in all specialities to ensure we achieve the target. Activity will also increase as we deliver the required reduction in waiting times. Service developments have been received by selected specialities setting out plans and resource requirements to ensure the target is achieved.

Further work is ongoing in the Organisation to ensure all patient pathways are efficient and all non value adding steps are removed. Primarily this is being undertaken through LEAN reviews and change programmes. This will not only result is a more streamlined process to support the delivery of the 18 week target, but more significantly a smoother patient pathway and experience.

Development of service line management and marketing plans

The Trust will establish a system to report key performance measures at a specialty level during 2008/09. Following this work marketing paln s will be developed for individual specialties.

Development of a Commercial Services Directorate

The Trust has recently appointed a Commercial Services Director and is in a position to quickly evaluate a number of other commercial possibilities in 2008/09. These possibilities include the commercial development of our Sterile Fluids Manufacturing Unit, our leading-edge and locally developed electronic prescribing and requesting system (PICs), and the automation of our pharmacy and laboratory services. Furthermore the Trust will evaluate a number of clinical service developments for commercial potential.

We will continue to develop the necessary commercial expertise within the new corporate function so that we can achieve the maximum commercial advantage from projects. This will not only support the financial health of the organisation but enable us to develop our services for the benefit of all patients.

Community based services

A key theme for 2008/09 will be the development of community based services and closer working with PCT partners. The Trust has developed a community services model of care as part of the Clinical thinking behind the New Hospital, and the development of suitable services in the community setting will support delivery of this strategy.

In addition the Trust plans to evaluate a range of opportunities to be a provider of community based services. This is in response to the developments in primary care, including the tendering of selected provider services. Examples of this approach would include the recently successful bid the Trust made to run a PCT based Orthopaedic assessment and treatment service.

We will be considering the potential for community based as part of the wider planning work for the New Hospital and develop relevant strategies for specialities where a community model is a realistic option.

Clinical Research and Development

The Clinical Research Academy will focus on bringing significant clinical trials and research studies to Birmingham. As the leading academic medical centre in the West Midlands Research and Development will be a key priority area for UHBFT over the next year and beyond. Specifically in 2008/09 we will be focusing on the following key priorities:

- The establishment of closer formal and informal links with academic partners, primarily to include the University of Birmingham but also including other Universites and other NHS Trusts.
- The development of a new R&D strategy and management infrastructure, in response to opportunities presented in *Best Research for Health*.
- Strengthening our research profile in a range of specialities including Diabetes and Renal.
- Further developing world class Leukaemia research in the new West Midlands Leukaemia Centre.
- To establish an environment and infrastructure within the Trust that facilitates high quality research.

New Hospital Issues

The new hospital project remains a key focus for the Trust. In 2008/09 priorities will be to:

- Deliver the Clinical redesign programme linked to the New Hospital Project

- Keep under review activity, capacity and affordability assumptions for the New Hospital..
- Develop site master planning for the future use of both the Trust sites
- Continue to manage the contractor and ensure no delays, either on the part of the Trust or its partners
- Commence the major equipment procurement programme

2.3 Operating resources required to deliver service developments 2008/09 – 2010/11

2.4 Investment and Disposal Strategy

2.5 Financing and Working Capital Strategy

2.6 Summary of Key Assumptions

The four sections above (2.3 - 2.6) contain the narrative detail which informs the completed financial templates that are sent to Monitor as part of the Annual Plan submission. At the present time it is not possible to complete these sections for the following reasons:

1. Monitor has not yet issued the financial templates and planning guidance for 2008/09 (these are typically released around the start of April).
2. The Trust's financial planning process is currently at an iterative stage (see below) and the final plan (budget) for 2008/09 which underpins the Monitor Annual Plan will not be put before the Board of Directors for approval until 24 April 2008.
3. The Capital Programme for 2008/09 has yet to be approved.

As stated above the detailed financial planning for 2008/09 is currently in an iterative state, and considerable uncertainty exists in a number of areas. However, an initial financial planning outlook paper was presented to the Board of Directors on 28 February 2008. This set outs a range of income projections between £438.2m and £446.0m and a range of expenditure estimates between £421.0m and £423.9m based on best, medium and worst case scenarios. A risk weighted average position was calculated taking account of the relative likelihood of the different outcomes for each component of the income and expenditure estimates. This resulted in an initial risk weighted average planning position for 2008/09 as follows:

Income	£441.4m
Expenditure	(£423.3m)
Projected Surplus	**£18.1m**

This initial planning position for 2008/09 represents an improvement of £5.9m against the forecast 2007/08 outturn of £12.2m surplus. It is slightly ahead of the trajectory set out in the 10 year Financial Plan presented regularly to the Audit Committee which had previously projected a surplus of £17.1m for 2008/09. It is important for the Trust to

achieve a surplus of this magnitude over the next 2 years to offset the stepped increase in running costs that will be incurred when the new hospital opens. At this point it is likely that the Trust will return to a position where it generates only a small operating surplus.

Included within the draft expenditure estimate above are incremental increases in the following areas:

- Pay inflation and other trust-wide costs (£8.9m)
- Non-pay inflation (£4.2m)
- Targeted Investment Decisions (£7.0m) – inc. an additional £1.5m for Infection Control
- Activity related costs (£2.0m)
- Other unavoidable pressures (£2.3m)

These increases are offset by the pay and prices uplift included within the 2008/09 National Tariff, specific Development funding from commissioners and internally generated efficiency savings. For 2008/09 there is a national requirement to deliver 3.0% efficiency saving and the Trust has identified a requirement to deliver a further 1.5% to set against future New Hospital costs. Therefore the total efficiency requirement for 2008/09 is 4.5% resulting in a total cost improvement programme of £11.5m.

Work is currently ongoing to refine the income and expenditure estimates. As set out above, a final financial plan for 2008/09 will be presented to the Board of Directors in April and this will inform the first year of the rolling 3 year Monitor Annual Plan for 2008/09.

3 Risk analysis

3.1 Governance Risk

3.1.1 Commentary on Governance Risk Rating

Governance risks have not yet been discussed by the Board of Directors and therefore this section has not yet been completed. However significant risks to governance ratings could include:

Meeting the MRSA target for 2008/09
Meeting the Clostridium difficile target for 2008/09
Meeting the thrombolysis target for 2008/09

3.1.2 Significant Risks

Legality of Constitution: There are no significant risks relating to the legality of University Hospital Birmingham NHS Foundation Trust's Constitution.

Representative Membership – maintaining size and ensuring that membership is representative of the communities we serve. The Trust continues to focus on developing a representative membership. For 2008/09 the Trust plan to review the complete membership and ensure all members of the Trust are provided with relevant opportunities to participate effectively in the Trusts business.

Board Assurance – ensuring that principles of best practice are followed. During 2007/08 the Board reviewed its committee structure and agreed that it should be simplified and that only two Board Committees should continue. These are the Executive Appointments and Remuneration Committee and the Audit Committee. The Audit Committee addresses all aspects of assurance to the Board.

In addition to these standing Committees the Board has established an Investment Committee to scrutinise and make recommendations and investment, and a number of Task and Finish group to address specific issues. Two examples are an Infection Control and Site Master Planning Task and Finish groups.

Co-operation with Other Agencies – We do not forecast any significant risks relating to co-operation with partner organisations.

Clinical Quality Self-assessment – Achieving and maintaining a 'good' or 'excellent' rating. The Trust is not under a Healthcare Commission investigation or any other external investigation of significance to our Terms of Authorisation.

The Directors wish to state the following risks relating to compliance with existing and new national targets.

3.2 Mandatory Services Risk

3.2.1 Commentary on Mandatory Services Risk Rating.

The Trust is required to provide mandatory services as set out in the Terms of Authorisation. Our self assessment gives us a Green (low risk) rating.

Negotiations with Commissioners and the Trust's own plans have not resulted in any significant change for 2007/08 and no requirement to put in place the procedure to vary Terms of Authorisation for Mandatory Services.

3.3 Financial Risk – This complete section is to be updated as part of the overall financial planning process for 2008/09

3.3.1 Commentary on the Financial Risk Rating

3.3.2 Significant Financial Risks

3.4 Risk of any other non-compliance with Terms of Authorisation

3.4.1 Commentary on other non-compliance risks

3.4.2 New Hospital Risks

4 Declarations and self certification

4.1 Board Statements

[The following is a standard wording issued by Monitor that will be considered by the Board of Directors before submitting the Annual Plan.]

The Board of Directors of University Hospital Birmingham Foundation Trust confirms that the following statements are true:

4.1.1 Clinical Quality

- The Board is satisfied that, to the best of its knowledge and using it own processes (supported by the Healthcare Commission metrics and including any further metrics it chooses to adopt), its NHS foundation trust has and will keep in place effective arrangement for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

4.1.2 Service Performance

- The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) and national core standards, and a commitment to comply with all known targets going forwards.

4.1.3 Risk Management Processes

- Issues and concerns raised by external audit and external assessment groups (including reports for NHS Litigation Authority assessments) have been addressed and resolved. Where any issues or concerns are outstanding, the Board is confident that there are appropriate action plans in place to address the issues in a timely manner;
- All recommendations to the Board from the audit committee are implemented in a timely and robust manner and to the satisfaction of the body concerned; necessary planning, performance management and risk management processes are in place to deliver the annual plan;
- A Statement of Internal Control ("SIC") is in place, and the NHS Foundation Trust is compliant with the risk management and assurance framework requirements that support the SIC pursuant to the most up to date guidance from HM Treasury and
- All key risks to compliance with the authorisation have been identified and addressed.

4.1.4 Compliance with Authorisation

- The Board will ensure that the NHS foundation trust remains compliant with the authorisation and relevant legislation at all times;

- The Board has considered all likely future risks to compliance with the authorisation, the level of severity and likelihood of a breach occurring and the plans for mitigation of these risks; and
- The Board has considered appropriate evidence to review these risks and has put in place action plans to address them where required to ensure continued compliance with the authorisation.

4.1.5 Board Roles, Structures, and Capacity

- The Board maintains its register of interests, and can specifically confirm that there are no material conflicts of interest in the Board;
- The Board is satisfied that all directors are appropriately qualified to discharge their functions effectively, including setting strategy, monitoring and managing performance, and ensuring management capacity and capability;
- The selection process and training programs in place ensure that the non-executive directors have appropriate experience and skills;
- The management team have the capability and experience necessary to deliver the annual plan; and
- The management structure in place is adequate to deliver the annual plan objectives for the next three years.

4.1.6 Hygiene Code

- The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the *Code of Practice for the Prevention and Control of Healthcare Associated Infections* (including the Hygiene Code).

5 Membership

5.1 Membership report

Table 8 – Membership Size and Movements

	Patient	Public	Staff
New Members	6	28	8
Leavers	1698	4114	75

Public Members	Last Year (Planned)	Last Year (Actual)	Next Year (Estimated)
At Year Start (April 1)		55920	
New Members		28	
Members Leaving		4114	
At Year End (15th January)		51834	
Minimum number of members required under schedule 1			

Staff Members	Last Year (Planned)	Last Year (Actual)	Next Year (Estimated)
At Year Start (April 1)		7054	
New Members		8	
Members Leaving		75	
At Year End (15th January)		6987	
Minimum number of members required under schedule 1			

Patient Members	Last Year (Planned)	Last Year (Actual)	Next Year (Estimated)
At Year Start (April 1)		23888	
New Members		6	
Members Leaving		1698	
At Year End (15th January)		22196	
Minimum number of members required under schedule 1			

5.1.2 Analysis of Current Membership

During 2007/08 UHB made a deliberate decision to assess, review and analyse its membership rather than concentrating on retention and recruitment of members. It had been a foundation trust for three years and felt membership and the trust's strategy need to be refreshed following the comprehensive Members' Strategy that was conducted in 2006/07. Following the publication of the Members' Survey research a Task & Finish Group including patient, public, staff and stakeholder governors was set up to review the survey findings, establish the role of a member and develop its future Membership Strategy.

UHB's Membership Strategy was approved by the Trust's Board of Directors in September 2007. The strategy contained two key components. It outlined the role of a member and the strategy for growing membership - both representatively and in numbers - ensuring that the membership was effective and active, as well as being value for money.

Before any recruitment campaigns could be undertaken UHB needed to ensure that it was starting with a robust, accurate database of active members. This is being achieved by contacting the whole membership on three occasions asking them to fill in a data capture form and asking them to confirm if they wish to continue to be a member of UHB.

Any member who does not reply to any of the three contacts will be regarded as a non-active member of the Trust. The third and final data capture exercise is due to close on March 30, 2008. The data will then be analysed along with the responses from the previous two contacts, and regular cleansing exercises, to produce a robust, accurate and active database from which the ongoing retention and recruitment process can begin.

5.2 Membership Commentary

Table 9 – Constituencies

Constituency	Total at 15/01/08	%	% change from previous year
Public	51,834	63.98	-7.30
Patient	22,196	27.40	-7.08
Staff	6,987	8.62	-0.50
Total Membership	81,017	100%	-6.72

The figures above illustrate there has been an overall decline in membership during 2007/8 of 5,845 members or 6.7%. The decline in membership is due mainly to deceased and 'gone-away' members being removed from the database.

5.2.2 Future membership

The 'new' database of active members will be produced by the end of April 2008. The next stage in the membership strategy will be to analyse how representative it is of the population UHB serves. If there are areas to address a series of recruitment campaigns will be launched to ensure the membership is representative. Once a representative membership is achieved then a series of annual recruitment campaigns will be implemented to retain and increase numbers of active members for the Trust.

5.2.3 Election of Governors

Boundary Changes

Under the 2005 boundary changes determined by the Boundary Commission, the number of parliamentary constituencies within Birmingham reduced from 11 to 10 in May 2007.

Previously, 13 public Governors were elected by the membership from the Parliamentary Constituencies in Birmingham. This was increased to 14, by a resolution of the Board of Governors made on 22 March 2007, to take account of these changes to the Parliamentary Constituency boundaries.

Elections

The Trust held elections for all patient, public, and staff Governor posts, commencing on 8 May 2007, in accordance with the election rules, as stated in the constitution.

6 Financial projections

The financial projections which are submitted in a separate spreadsheet include income and expenditure, balance sheet and cashflow. The Annual Risk Assessment is also sent as a separate spreadsheet.

7 Supporting Schedules

7.1 Schedule 2: Mandatory goods and services

[These are submitted to Monitor in separate spreadsheets as Schedules 2, 2a and 2b.]

7.2 Schedule 3: Mandatory Education and Training Services

[This is submitted to Monitor in a separate spreadsheet as Schedule 3]