### **AGENDA**

## **Trust Board – Public Session**

Venue Churchvale/Hollyoak Rooms, Sandwell Hospital Date 2 October 2014; 1330h

Members attendir	ng		In attendance
Mr R Samuda	(RSM)	[Chairman]	Mr M Hoare (MH) [Non-Executive Director]
Ms C Robinson	(CRO)	[Vice Chair]	Miss K Dhami (KD) [Director of Governance]
Dr S Sahota OBE	(SS)	[Non-Executive Director]	Mrs R Bhamber (RBH) [Director of Organisational Development]
Mrs G Hunjan	(GH)	[Non-Executive Director]	Mrs C Rickards (CR) [Trust Convenor]
Ms O Dutton	(OD)	[Non-Executive Director]	
Mr H Kang	(HK)	[Non-Executive Director]	Guests
Dr P Gill	(PG)	[Non-Executive Director]	Patients for patient story
Mr T Lewis	(TL)	[Chief Executive]	Dr S Dhillon
Mr C Ovington	(CO)	[Chief Nurse]	
Miss R Barlow	(RBA)	[Chief Operating Officer]	
Mr T Waite	(TW)	[Director of Finance]	Secretariat
Dr R Stedman	(RST)	[Medical Director]	Mr S Grainger-Lloyd (SGL) [Trust Secretary]

Time	Item	Title	Reference Number	Lead
1330h	1	Apologies Apologies have been received from Harjinder Kang	Verbal	SG-L
	2	Declaration of interests  To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting	Verbal	SG-L
	3	Minutes of the previous meeting  To approve the minutes of the meeting held on 4 September 2014 a true and accurate records of discussions	SWBTB (9/14) 158	Chair
	4	Update on actions arising from previous meetings	SWBTB (9/14) 158 (a)	SG-L
	4.1	Update on risks associated with bedside procedures	Verbal	RST
	5	Questions from members of the public	Verbal	Public
1345h	6	Patient story	Presentation	со
1405h	7	Chair's opening comments and Chief Executive's report	SWBTB (10/14) 160 SWBTB (10/14) 160(a- b)	RSM/ TL
	8	Francis Report Action Plan – Mid Year Review	SWBTB (10/14) 161 SWBTB (10/14) 161(a)	KD
		MATTERS FOR DISCUSSION AND APPRO	OVAL	
1415h	9	Research & Development plan 2014-2017	SWBTB (10/14) 162 SWBTB (10/14) 162 (a)	RST

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SWBTB (10/14) 159

			SWBTB (10/14	r) 100						
1430h 1	10	Cancer Services Update	SWBTB (10/14) 163 SWBTB (10/14) 163 (a)	TL						
1440h 1	11	Learning plan 2014-2017	SWBTB (10/14) 164 SWBTB (10/14) 164 (a)	KD						
1455h 1	12	Corporate integrated performance dashboard	SWBTB (10/14) 165 SWBTB (10/14) 165 (a)	TW						
1510h 1	13	Financial performance – Month 5	SWBTB (10/14) 166 SWBTB (10/14) 166 (a)	TW						
1520h 1	14	Trust Risk Register update								
1	14.1	Update on actions agreed at previous meetings	SWBTB (10/14) 167	KD						
1	14.2	New considerations	SWBTB (10/14) 167 (a- b)							
1	14.3	Risk assessment around industrial action	SWBTB (10/14) 168	RBA						
1530h 1	15	Trust's equality plan	SWBTB (10/14) 169 SWBTB (10/14) 169 (a- d)	СО						
	16	Care for patients with learning difficulties	Presentation	со						
1545h 1		PRESENTATION								
1545h 1		PRESENTATION								
	17	PRESENTATION Audiology	Presentation	RB						
	17		Presentation	RB						
1600h 1	17 18	Audiology	Presentation SWBFI (8/14) 049	RB CRO/ TW						
1600h 1		UPDATES FROM THE COMMITTEES  Update from the meeting of the Finance & Investment Committee on 26 September 2014 and minutes of the		CRO/						
1600h 1 1615h 1	18	UPDATES FROM THE COMMITTEES  Update from the meeting of the Finance & Investment Committee on 26 September 2014 and minutes of the meeting held on 29 August 2014  Update from the meeting of the Quality & Safety Committee held on 26 September 2014 and minutes of the	SWBFI (8/14) 049	CRO/ TW						
1600h 1  1615h 1	18	Update from the meeting of the Finance & Investment Committee on 26 September 2014 and minutes of the meeting held on 29 August 2014  Update from the meeting of the Quality & Safety Committee held on 26 September 2014 and minutes of the meeting held on 29 August 2014  Update from the meeting of the Workforce & OD Committee held on 26 September 2014 and minutes of the	SWBFI (8/14) 049 SWBQS (8/14) 062	CRO/ TW  OD/ CO  HK/						
1600h 1  1615h 1  2	18 19 20	Update from the meeting of the Finance & Investment Committee on 26 September 2014 and minutes of the meeting held on 29 August 2014  Update from the meeting of the Quality & Safety Committee held on 26 September 2014 and minutes of the meeting held on 29 August 2014  Update from the meeting of the Workforce & OD Committee held on 26 September 2014 and minutes of the meeting held on 26 September 2014 and minutes of the meeting held on 27 June 2014  Update from the meeting of the Public Health, Community Development and Equalities Committee held on 29 September 2014 and minutes of the meeting held on 29	SWBFI (8/14) 049  SWBQS (8/14) 062  SWBWO (6/14) 052	CRO/ TW  OD/ CO  HK/ RBH  RSM/						
1600h 1  1615h 1  2	18 19 20 21	UPDATES FROM THE COMMITTEES  Update from the meeting of the Finance & Investment Committee on 26 September 2014 and minutes of the meeting held on 29 August 2014  Update from the meeting of the Quality & Safety Committee held on 26 September 2014 and minutes of the meeting held on 29 August 2014  Update from the meeting of the Workforce & OD Committee held on 26 September 2014 and minutes of the meeting held on 27 June 2014  Update from the meeting of the Public Health, Community Development and Equalities Committee held on 29 September 2014 and minutes of the meeting held on 29 May 2014	SWBFI (8/14) 049  SWBQS (8/14) 062  SWBWO (6/14) 052  SWBPH (5/14) 012	CRO/ TW  OD/ CO  HK/ RBH  RSM/ TL						
1600h 1  1615h 1  2  2	18 19 20 21	Update from the meeting of the Finance & Investment Committee on 26 September 2014 and minutes of the meeting held on 29 August 2014  Update from the meeting of the Quality & Safety Committee held on 26 September 2014 and minutes of the meeting held on 29 August 2014  Update from the meeting of the Workforce & OD Committee held on 26 September 2014 and minutes of the meeting held on 27 June 2014  Update from the meeting of the Public Health, Community Development and Equalities Committee held on 29 September 2014 and minutes of the meeting held on 29 May 2014  Any other business	SWBFI (8/14) 049  SWBQS (8/14) 062  SWBWO (6/14) 052  SWBPH (5/14) 012	CRO/ TW  OD/ CO  HK/ RBH  RSM/ TL						
1600h 1  1615h 1  2  2  1625h 2	18 19 20 21	Update from the meeting of the Finance & Investment Committee on 26 September 2014 and minutes of the meeting held on 29 August 2014  Update from the meeting of the Quality & Safety Committee held on 26 September 2014 and minutes of the meeting held on 29 August 2014  Update from the meeting of the Workforce & OD Committee held on 26 September 2014 and minutes of the meeting held on 26 September 2014 and minutes of the meeting held on 27 June 2014  Update from the meeting of the Public Health, Community Development and Equalities Committee held on 29 September 2014 and minutes of the meeting held on 29 May 2014  Any other business  MATTERS FOR INFORMATION	SWBFI (8/14) 049  SWBQS (8/14) 062  SWBWO (6/14) 052  SWBPH (5/14) 012  Verbal	CRO/ TW  OD/ CO  HK/ RBH  RSM/ TL						

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SWBTB (10/14) 159

26	Nurse staffing levels	SWBTB (10/14) 174 SWBTB (10/14) 174 (a)				
27	Details of next meeting					
	The next public Trust Board will be held on 26 November 2014 at <b>1330h</b> in Hospital	n the Anne Gibson Boardroom, City				

2 Version 1.0

#### **MINUTES**

## Trust Board (Public Session) - Version 0.1

<u>Venue</u> Anne Gibson Boardroom, City Hospital <u>Date</u> 4 September 2014

**Secretariat Present** In Attendance Mr Richard Samuda [Chair] Mr Mike Hoare Mr Simon Grainger-Lloyd Dr Sarindar Sahota OBE Miss Kam Dhami Mrs Chris Rickards Mrs Gianjeet Hunjan Mr Harjinder Kang Dr Paramjit Gill Guests Ms Olwen Dutton Patient for patient story Mr Toby Lewis Mrs Elaine Newell Mr Colin Ovington Ms Eileen Rees Miss Rachel Barlow **Rev Ann Stevenson** Dr Roger Stedman

**Observers** 

Mrs Alison Dailly
Ms Ruth Wilkin

Minutes	Paper Reference
1 Apologies for absence	Verbal
Apologies for absence were received from Ms Robinson. Mr Samuda welcomed Ms Wilkin and Mrs Dailly who had recently joined the Trust as Executive members and were present to observe the meeting.	
2 Declaration of Interests	
It was reported that Mr Lewis had declared that he had been appointed as Chairman of Partnership Board of West Midlands Clinical Research Network.	
3 Minutes of the previous meeting	SWBTB (8/14) 136
The minutes of the Trust Board meeting held on 7 <sup>th</sup> August 2014 were presented	

for consideration and approval.	
Mr Lewis suggested that the discussion around complaints turnaround had resulted in confirmation being sought that the Board members had sufficient knowledge of the quantitative and qualitative outcomes of the complaints information.	
It was also suggested that although the minute around acute oncology was accurate, there was a need to reflect the wider discussion around cancer services that had taken place.	
Mr Lewis reported that the minutes needed to reflect that in terms of infection control there were a list of matters that needed to be completed as part of the work, but these would be handled on a prioritisation basis.	
Mr Grainger-Lloyd was asked to amend the minutes accordingly.	
ACTION: Mr Grainger-Lloyd to amend the minutes of the previous meeting in line with the suggestions made by Mr Lewis	
4 Update on Actions arising from Previous Meetings	SWBTB (8/14) 136 (a)
The Board received the updated actions log.	
It was noted that there were no actions outstanding or requiring escalation to the Board for resolution.	
It was noted that the Healthwatch report had been received recently, however a factual accuracy check needed to be made. Mr Ovington drew out a number of highlights from the report. He added that the actions and response to the recommendations needed to be considered and reported back when and where relevant.	
4.1 Theatre capital works	Verbal
Miss Barlow reported that the capital works at both City and Sandwell sites were underway, with those at City Hospital being concluded by end of November and those at Sandwell Hospital concluding by the end of the financial year.	
Mr Ovington reported that a CCG visit to theatres had been undertaken, which provided a view consistent with the Trust's own concerning the issues that needed to be addressed.	
5 Questions from members of the public	Verbal
Mr Hodgetts asked whether a check was made as to who was deployed into the community to handle patients in this environment. Mr Lewis advised that a check was made as to the types of staff used in the community by both the Trust and the CCG and in the case of discharge of patients into community settings a process was in place which ensured teams followed through and identified 'failed'	

discharges where relevant. Mr Lewis advised that the matter needed to be considered on a speciality and service level and he noted that there was a need to brand and advertise the community based services as the move to deliver care away from the acute setting advanced. Mr Hodgetts underlined the need to check that the delivery of care was as good in the community as in the hospital environment. Mr Lewis offered to prepare a note for Healthwatch to outline the process and provide examples where this checking process was in place. Mr Hodgetts reported that there was a feeling that patients did not feel consulted as part of reconfiguration such as Cardiology. Mr Lewis reminded Mr Hodgetts of the discussion at the last Board meeting where following the discussions with the 'Right Care, Right Here' Partnership Board and the Overview and Scrutiny Committee there would be a period of consultation with the public, after which the service changes could be made. **ACTION:** Mr Lewis to prepare a note for Healthwatch, outlining the process for quality assuring the standards of care in the community 6 Presentation Patient story The Board heard the story of a patient who had been treated by the Trust's maternity unit. A number of shortfalls in the episode of care were outlined from the patient's perspective. The Chairman thanked the patient for her candid story. Ms Dutton shared her own experience of birth and agreed that patient-centred care was paramount. She asked the patient whether she had experienced a difference between the midwife-led care and the care delivered by medical staff. The patient advised that the midwives had provided more respectful and supportive behaviour as opposed to the obstetricians. It was noted that the medical staff insisted on reiterating discussions and decisions that had been previously taken. Dr Stedman highlighted that obstetrics was a very specialist skill and noted that there was a need to have excellent communication skills as part of the role and asked how the experience could be improved in this respect, particularly in discussing the risks with the patient. The patient advised that the conversations that she had experienced had been blunt and had not quantified the risks of issues occurring. She suggested that the patients needed to be given sufficient space to make decisions. Mr Lewis noted that the patient was very knowledgeable and he asked what had happened after the patient had left the care of the Trust. The patient advised that there had been little follow up when she had left the Trust's care. The patient was thanked for her illuminating story. 7 Chair's opening comments and Chief Executive's report including an SWBTB (8/14) 118 update on NHS Mutual briefing

The Chairman reported that he had chaired the Staff Awards process and there had been a significant increase in the number of nominations received. He also

reported that he had been part of the process to award long service awards. Dr Sahota was noted to have arranged meetings to the local mosque which had been successful. It was noted that this community and other ethic communities would be involved in the design and vision exercises for the Midland Met project. Mr Lewis asked the Board to note the overview of NHS mutuals. It was reported that medical secretary for had been run over previous weeks and it was highlighted that there was a challenge to ensure middle management were engaged in the discussions. Mr Lewis reported that the Midland Met project was running to time and the Pre Qualification Questionnaire stage had been concluded successfully. It was reported that the 'Ten out of Ten' initiative was of paramount importance and would be given due priority. The CQC was reported to have visited as part of a recent health economy safeguarding review and the informal feedback on the Trust was reported to be broadly positive, with some improvements noted to be needed in parts of health visiting and emergency care service. Ms Dutton suggested that the recent Rotherham publicity needed to be considered and it was agreed that this needed to be brought back to a future meeting. Ms Dutton noted the importance of the 'Patient Knows Best' work. **ACTION:** Mr Grainger-Lloyd to schedule a discussion around the Rotherham safeguarding issues at a future Board meeting 8 Notification of chairman's action to approve capital works on D47 SWBTB (9/14) 140 The Chairman advised that a chairman's action had been taken to commence capital works on ward D47. Mr Waite advised that a value for money assessment had been undertaken in this respect. 9 **Progress with strengthening consent process** SWBTB (9/14) 141 SWBTB (9/14) 141 (a) Mr Lewis highlighted that his paper proposed to address the Board's discomfort with the current consent process which had been expressed at the July meeting of the Board. It was reported that the proposal covered Stage 1 consent particularly and the plans for further parts of the process, a matter which would be clearly addressed by October. The second element of the work proposed a consequences regime should an employee not comply with the letter of the process. Dr Sahota asked why the written confirmation that the individual would comply with the process was included in the third as opposed to the initial stage. Mr Lewis suggested that a single incident was likely not to be deliberate and therefore it was appropriate to seek this confirmation only when repeated noncompliance or an unwillingness to conform was evident.

Ms Dutton suggested that should the proposal be issued in short order, a note explaining the reasons for the measures should also be issued with it. She also encouraged the Executive to recognise the support needed to introduce the arrangements. Mr Lewis suggested that the interplay with anaesthetist responsibilities needed to be given further consideration. Dr Stedman noted that it was impossible to divorce surgical and anaesthetic risk discussions, although it was not custom and practice to seek separate consent for each. He noted that consideration needed to be given to building the arrangements into patient information. Mr Lewis suggested that there needed to be an effort to build on existing practices to improve them in this respect. He underlined that patients were not being operated on without consent at present, but the issue reflected the manner in which consent was obtained and the need to meet the associated legal duties. The Board was asked to note the plans covered planned procedures.

Ms Dutton asked how this applied to patients undergoing outpatient appointments and procedures. Dr Stedman advised that the new arrangements did not cover these patients and that consent processes for direct access patients would be handled separately.

Dr Stedman advised that consent was a process, which was noted to concern imparting information and not the process to obtain the patient's signature.

**ACTION:** 

Mr Grainger-Lloyd to schedule an update on the process for strengthening consent processes into the Board meeting planned for November 2014

#### 10 Year of Outpatients overview

SWBTB (9/14) 142 SWBTB (9/14) 142 (a)

Miss Barlow drew the Board's attention to the correction of an error in the paper, and specifically in the > 6 weeks outpatient waits slide, where the actual figure was 36% rather than 22% as stated.

It was noted that there were frustrations caused by the current booking system. An 18-week delivery plan by speciality level was reported to be underway, which aimed to reduce waiting times significantly.

The number of cancelled outpatient appointments was reported to be high at present and a series of initiatives was reported to be planned to address this. Mr Hoare asked what measures would be introduced as a priority and was advised that roll out of partial booking was planned and the use of SMS messaging would also be introduced. It was also reported that an assessment of those patients not attending (DNA) was undertaken to identify the risk of this. It was reported that notification of GPs should a DNA occur was happening. Mrs Hunjan asked whether the text messages were effective and was advised that this was the case with c. 2% fewer instances of patients not arriving for appointments as a result.

Miss Barlow reported that there was to be greater emphasis on 'cashing up' clinics more expeditiously.

Dr Stedman noted that the aspiration was for 98% of patients to rate the outpatient service as good or excellent, however at present patients were not asked to rate the service. Mr Lewis noted that there was a suspicion that some patients other than those using the outpatient service were rating the service and therefore the position may be slightly worse than reported.

Dr Sahota asked how dissatisfaction was followed up as part of the survey. Miss Barlow reported that this feedback was built into an improvement plans.

It was reported that the changes, such as electronic tracking of referrals, including in real time and introduction of speech recognition would be implemented shortly. Standardised letters were reported to be being introduced over Quarter 3 and Quarter 4. It was noted that the feedback from the medical secretaries forum was also being fed into the changes.

Dr Stedman noted that any one of the IT-related changes planned would deliver a significant improvement, so the plans were ambitious.

Mr Kang noted that there needed to be improvements in making people feel welcome. Miss Barlow reported that patients would be written to prior to arrival, acknowledging receipt of referral and improvements in the reception experience was also planned, including navigation advice where needed. Ms Dutton noted the potential to use volunteers as part of the work.

Dr Gill suggested that it would be useful to provide GPs with a summary of treatment should a patient be treated in Accident & Emergency. Mr Lewis gave an overview of the measures that would address this.

Miss Barlow was thanked for her presentation.

#### 11 Corporate integrated dashboard

SWBTB (9/14) 143 SWBTB (9/14) 143 (a)

Mr Waite noted that there had been a reduction in the Trust's caesarean rate. Stroke care performance was reported to have improved in terms of patients receiving thrombolysis. It was noted that there had been three 52-week breaches. Sickness absence was reported to be slightly elevated, an indicator which Mr Waite highlighted needed to be monitored in the light of the planned workforce review.

Performance against the emergency care target was noted to be less than satisfactory, impacted significantly by delayed transfers of care.

The lag in the availability of mortality information was noted and therefore it was suggested that some of the assurances that mortality levels were not a cause for concern were lacking. Dr Stedman reported in this respect however, that the mortality review system provided a current view of patient deaths and so any anomalous spikes in mortality would be detected. Mr Lewis suggested that there was a need to include the number of deaths within the report to highlight any trends. Ms Dutton noted that the review processes had improved the position. Mr

Lewis reported that a target mortality reduction rate would be set and the measures to achieve this would be considered shortly. It was noted that the Trust was not an outlier in terms of mortality, however a crude mortality position would be provided in future.

Dr Sahota noted the increase in staff sickness and asked what work was being undertaken to investigate the position. Mr Lewis reported that a discussion would be held at the forthcoming Workforce & OD Committee around the 50 hot spot areas. It was highlighted that the impact of the workforce review on sickness absence was unclear at present. Mr Kang noted that monthly variation could be expected, however he was under the impression that on a long term basis the rate was reducing.

Miss Barlow reported that the end of August emergency care performance was 94.83% and therefore there was a challenge with meeting the quarterly target. It was noted that the high level of delayed transfers of care were a particular influence on this position and the response by Social Services could not provide full assurance that the issue would be resolved satisfactorily, nothwithstanding the commitment to introduce 7 day working. On a positive note, a joint assessment team had been arranged which would be introduced shortly which would give good effect at Sandwell. It was reported that there was a shortfall of capacity to handle the assessments in Birmingham. Mr Lewis confirmed that the delayed transfers of care was an issue in Birmingham but also noted that the delivery of accident and emergency care from City Hospital was also not acceptable. It was reported that the Council's performance report showed a mismatch with the position experienced by the Trust. It was noted that the most appropriate solution needed to be the attention to individual patients, whose individual requirements needed to be assessed, rather than the macro solutions proposed. It was suggested that the plans to introduce fining arrangements needed to be reconsidered. Miss Barlow reported that recruitment into the emergency departments was going well overall and that team development was needed to achieve best effect. It was noted that nurse staffing was good, although further attention was needed at City Hospital to deliver improvements.

Mr Lewis noted that there had been a reduction in cancelled operations and if cancelled operations in Ophthalmology were addressed this would deliver an even greater impact. Miss Barlow reported that the majority of these were avoidable, give that they reflected poor scheduling or administration errors. It was noted that there was clear focus on this at present, which would deliver an improvement and the handling of the emergency work would be better planned using evenings where possible. A trajectory for improvement was noted to have been set.

ACTION: Mr Waite to arrange for a crude mortality rate to be included in

future versions of the integrated performance report

# 12 System resilience plan SWBTB (9/14) 144 SWBTB (9/14) 144 (a) SWBTB (9/14) 144 (b)

Miss Barlow asked the Board to consider the plan, which was noted to relate to the work being undertaken to improve emergency care and also concerned diagnostic care and 18-week wait improvements. Mr Lewis noted that there was clarity as to how the associated winter funding would be used internally.	
The Board was asked to note the plan and the Trust's commitment to its responsibilities as part of the systems resilience plans, however the plan could not been signed off until all the partner organisations plans were shown to be effective in aggregate, which at present they did not.	
13 Financial performance – Month 4	SWBTB (9/14) 145 SWBTB (9/14) 145 (a)
Mr Waite reported that the Trust had achieved an in month balanced positon, however the year to date the position remained adverse. It was reported that the position represented an improved level of financial stability rather than a shift in performance. The actions to address the position were reported to be being considered in the private session.	
In terms of capital spend, it was reported that the Trust remained behind plan at present, although a revision to the prioritisation would assist with addressing this, including the capitalisation proposals as part of the Midland Met project.	
14 Trust risk register update	SWBTB (9/14) 146
14.1 Update on actions agreed at the last meeting	SWBTB (9/14) 146 (a)
Miss Dhami presented the updated Trust Risk Register, noting that there were no new risks that were presented for addition. The risks which were red pre and post mitigation were highlighted to concern workforce change, in addition to the HDU care in Paediatrics. Mr Ovington reported that this risk reflected a potential for a child to need high dependency care and that the position was mitigated by balancing the staff between non-HDU environment and the HDU. On this basis, it was suggested that the risk scoring might need to be amended. Mr Lewis advised that he understood that the positon could not be fully mitigated and that the matter would be discussed at the next meeting of the Risk Management Committee and the Board.	
Ms Dutton commented on the accuracy of the assessment against the delayed transfers of care. It was agreed that the position was overly optimistic.	
Mr Lewis noted that the term 'acute' in terms of oncology needed to be removed.	
14.2 New considerations	
There were no need	
ACTION: Miss Dhami to amend the risk register in line with comments made by the Board	

Miss Dhami presented the complaints update, an early version of which it was noted had been considered at the recent meeting of the Quality & Safety Committee.

It was reported that 209 complaints had been received in Quarter 1 and there was likelihood that there would be a larger number received in Quarter 2. In comparison to other organisations, it was reported that the Trust was on par overall, however there was a significant different position to some other organisations locally.

Also of concern was reported to be the timeliness of responses, with the target response time of 30 days not being met at present. It was noted that weekly reporting and an escalation process was in place and the Group Directors were being approached where needed.

The effectiveness of the devolved model was reported to be being evaluated.

The profile of complainants was noted with the majority being received in respect of white British and black afrocarribean. It was noted that the reasons for the complaints mainly concerned outpatients, emergency care services and clinical care. Mr Kang asked if the information had been normalised against the patient attendances. It was reported that an analysis of complaints, population served and attendances needed to be made. In terms of the language issues complained about, it was suggested that many reflected that the provision of communication support was not always consistent for patients staying with the Trust for a significant stay.

Satisfaction survey response rates for complaints was noted to be poorer than desired and therefore work was being undertaken to improve this, including considering inviting complainants back to review the changes made as a result of their feedback.

It was noted that the majority of complaints were upheld or partially upheld. Ms Dutton suggested that this should be publicised as it showed that complaints were real learning events.

Mrs Hunjan asked what the breakdown of complaints was for neighbouring Trusts. She was advised that the breakdown by category of complaints was similar to the profile of the Trust.

The Chairman asked whether complaints made to GPs about the care were picked up. He was advised that this was the case via a GP enquiry and alerts system.

Mr Lewis suggested that the stories showing where improvements had been made were important to show patients the value of complaining. Miss Barlow asked how the Groups were made aware of the information. Miss Dhami reported that the Groups receive high level information but further work was

planned to show the learning and improvements made.	
16 Service presentation - Chaplaincy	Presentation
The Chairman welcomed Rev Ann Stevenson to the meeting who presented an overview of the Trust's chaplaincy services.	
Dr Sahota noted the wide offerings provided by the service and noted that the use of volunteers as part of the work of the Chaplaincy was important.	
Mr Kang asked what publicity was carried out to alert patients to the chaplaincy services. He was advised that there was an entry in the patient handbook, a calendar of events and a ward walkabouts was undertaken.	
Dr Gill asked what happened if the attendance of the chaplain was requested for a home death. Rev Stevenson advised that this request would be met if possible and dependent on the relationship with the patient, however patients were also encouraged to seek support from their local minister.	
It was reported that a bank chaplain visited Rowley Regis Hospital on a weekly basis. It was noted that the Leasowes Intermediate Care facility was not covered by the service and that this would need to be addressed.	
Miss Barlow highlighted the value in the perspective of the chaplains in the changes and feedback processes, however she noted that the views were not sought robustly. Mrs Rickards agreed that the service was important however it was not publicised adequately.	
Rev Stevenson was thanked for her continued work and for the wide portfolio of events which she oversaw in her role.	
17 Update from the meeting of Finance & Investment Committee held on 29 August 2014 and minutes from the meeting held on 25 July 2014	SWBFI (7/14) 042
Mr Samuda presented an overview of the key discussions from the Finance & Investment Committee held on 29 August 2014.	
It was reported that at the September meeting, the focus would be on procurement and some work would be done to look at Lucentis. It was highlighted that there was an opportunity for colleagues to contribute to the procurement strategy. The Chairman reported that a weekly conference call to discuss the financial position would be implemented imminently.	
18 Update from the meeting of the Quality & Safety Committee held on 29 August 2014 and minutes from the meeting held on 25 July 2014	SWBQS (7/14) 045
Ms Dutton presented an overview of the key discussions from the Finance & Investment Committee held on 29 August 2014.	
It was reported that a medically-focussed patient story would be presented at a	

future Board meeting. Readmission rates were reported to be scheduled for discussion at the next meeting.	
19 Update from the meeting of the Configuration Committee held on 3 September 2014 and minutes from the meeting held on 31 July 2014	SWBCC (6/14) 028
Mr Samuda presented an overview of the key discussions from the Configuration Committee held on 3 September 2014. It was reported that the Pre Qualification Questionnaire for the Midland Met project had concluded.	
20 Any Other Business	Verbal
Dr Sahota advised that the Charitable Funds Committee had met and that the annual accounts and associated documents had been approved and signed. It was agreed that at the AGM a stall for charitable funds needed to be arranged.	
Matters for Information	
<ul> <li>The Board received the following for information:         <ul> <li>Midland Metropolitan Hospital Project: Monitoring Report</li> </ul> </li> <li>Foundation Trust Application Programme: Monitoring Report</li> <li>Chief Inspector's visit – preparation plan</li> <li>Nurse staffing levels</li> </ul>	SWBTB (9/14) 148 SWBTB (9/14) 149 SWBTB (9/14) 150 SWBTB (9/14) 151 SWBTB (9/14) 151 (a) SWBTB (9/14) 151 (b)
Details of the next meeting	Verbal
The next public session of the Trust Board meeting was noted to be scheduled to start at 1330h on $2^{\rm nd}$ October 2014 and would be held in the Churchvale/Hollyoak Rooms, Sandwell Hospital.	
Signed:	
Name:	

Date: .....

#### Next Meeting: 2 October 2014, Churchvale/Hollyoak Rooms @ Sandwell Hospital

#### Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

#### 4 September 2014, Anne Gibson Boardroom @ City Hospital

Mr R Samuda (RSM), Dr S Sahota (SS), Mrs G Hunjan (GH), Mr H Kang (HK), Dr Paramjit Gill (PG), Ms O Dutton (OD), Mr T Lewis (TL), Miss R Barlow (RB), Mr T Waite (TW), Mr C Ovington (CO), Dr R Stedman (RST) Members present:

In Attendance: Miss K Dhami (KD), Mr M Hoare (MH), Mrs C Rickards (CR), Mrs A Dailly (AD), Ms R Wilkin (RW)

**Apologies:** Ms C Robinson (CRO)

Mr Simon Grainger-Lloyd (SGL) Secretariat:

#### Last Updated: 8 September 2014

Reference	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status
	Chair's opening							
	comments and			Arrange for the Board to be appraised of the				Y
	Chief Executive's	SMOTE (5 (4 4) 075		Trust's capacity to handle patients with			Included on the agenda of the October meeting	
SWBTBACT.289	report	SWBTB (6/14) 075	05-Jun-14	learning difficulties at a future meeting	SGL	04/09/14	of the Trust Board	
	Financial			Present a benchmarked position concerning				V
	performance –	SWBTB (8/14) 126		seven day working at the October meeting			Deferred for discussion at the November 14	
SWBTBACT.317	Month 3	SWBTB (8/14) 126 (a)	07-Aug-14	of the Board	RB	02/10/2014	meeting	
	Chair's opening comments and							
	Chief Executive's			Present the revised research & development			Included on the agenda of the October meeting	( G )
SWBTBACT.290	report	SWBTB (6/14) 075	05-Jun-14	strategy to the Board in October	RST	02/10/14	of the Trust Board	
71131371011230		(0, 2.1, 0.10	05 34.1 1 1	strategy to the Board in October		02/10/11	or the Trace Board	
	Never Event in			Oversee a review of the risks associated with				( G )
	Medicine &			bedside procedures, with specific reference			Included as a matter arising on the agenda of the	
SWBTBACT.301	Emergency Care	Presentation	03-Jul-14	to the possibility of a Never Event	RST	30/09/14	October meeting of the Trust Board	
				Establish a task and finish group to identify				G
	Never Events	SWBTB (7/14) 099		additional controls and sources of assurance			Included on the agenda of the November	
SWBTBACT.303	controls assurance	SWBTB (7/14) 099 (a)	03-Jul-14	around Never Event prevention	KD	06/11/14	meeting of the Trust Board	
				Present an update on the future of acute				
	Trust risk register	SWBTB (8/14) 127		Oncology at the October meeting of the			Included as an update on the agenda of the	( G )
SWBTBACT.318	update	SWBTB (8/14) 127 (a)	07-Aug-14	Board	TL	02/10/2014	October 14 meeting	
	·						-	
	Questions from			Prepare a note for Healthwatch, outlining				G
	members of the			the process for quality assuring the				
SWBTBACT.323	public	Verbal	04-Sep-14	standards of care in the community	TL	02/10/2014		

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Chair's opening comments and Chief Executive's report including an update on NHS Mutual briefing	SWBTB (8/14) 118	04-Sep-14	Schedule a discussion around the Rotherham safeguarding issues at a future Board meeting	\$G-L	06/11/2014		G
Progress with strengthening consent process	SWBTB (9/14) 141 SWBTB (9/14) 141 (a)	04-Sep-14	Schedule an update on the process for strengthening consent processes into the Board meeting planned for November 2014	SG-L	06/11/2014		G
Corporate integrated	SWBTB (9/14) 143 SWBTB (9/14) 143 (a)		Arrange for a crude mortality rate to be included in future versions of the integrated performance report				G
Trust risk register update	SWBTB (9/14) 146 SWBTB (9/14) 146 (a)		Amend the risk register in line with	KD			В
Minutes of the previous meeting	SWBTB (8/14) 136	04-Sep-14	Amend the minutes of the previous meeting in line with the suggestions made by Mr Lewis	SG-L			В
Chair's opening comments and CEO update	SWBTB (7/14) 098	03-Jul-14	Check on the timing for the receipt of the Healthwatch visit report	со	11/07/14	Report now received	В
Never Events controls assurance	SWBTB (7/14) 099 SWBTB (7/14) 099 (a)	03-Jul-14	Develop an approach to ensuring consent procedures are robust, including consequences that would be implemented in the case of non-compliance	RST	15/08/14	Included as an update on the agenda of the September 14 meeting	В
Nurse staffing levels	SWBTB (7/14) 107 SWBTB (7/14) 107 (a)	03-Jul-14	Present the various data sources for nurse staffing at a future Board informal session	CO	15/08/2014	Included as an update on the agenda of the September 14 meeting	В
Patient story and iCares presentation story	Presentation	07-Aug-14	Include the arrangements for interfacing with GPs as part of the EPR discussions at the Board meeting in September	RST	04/09/2014	Included as an update on the agenda of the September 14 meeting	В
Chair's opening comments and Chief Executive's report	SWBTB (8/14) 118	07-Aug-14	Present an overview of the proposals for 'mutual status' for NHS trusts at the September Board meeting	TL	04/09/2014	Provided as an annexe to the CEO report in September 2014	В
Chair's opening comments and Chief Executive's report	SWBTB (8/14) 118	07-Aug-14	Circulate a briefing note concerning the strengthened arrangements for consent prior to the next Board meeting	TL	04/09/2014	Included as an update on the agenda of the September 14 meeting	В
	comments and Chief Executive's report including an update on NHS Mutual briefing  Progress with strengthening consent process  Corporate integrated dashboard  Trust risk register update  Minutes of the previous meeting  Chair's opening comments and CEO update  Never Events controls assurance  Nurse staffing levels  Patient story and iCares presentation story  Chair's opening comments and Chief Executive's report  Chair's opening comments and Chief Executive's report	comments and Chief Executive's report including an update on NHS Mutual briefing SWBTB (8/14) 118  Progress with strengthening consent process SWBTB (9/14) 141 (a)  Corporate integrated dashboard SWBTB (9/14) 143 (a)  Trust risk register update SWBTB (9/14) 146 (a)  Trust risk register update SWBTB (9/14) 146 (a)  Minutes of the previous meeting SWBTB (8/14) 136  Chair's opening comments and CEO update SWBTB (7/14) 098  Never Events controls assurance SWBTB (7/14) 099 (a)  Never Events controls assurance SWBTB (7/14) 107 (a)  Patient story and iCares presentation story Presentation  Chair's opening comments and Chief Executive's report SWBTB (8/14) 118  Chair's opening comments and Chief Executive's report SWBTB (8/14) 118	comments and Chief Executive's report including an update on NHS Mutual briefing SWBTB (8/14) 118 04-Sep-14  Progress with strengthening consent process SWBTB (9/14) 141 (a) 04-Sep-14  Corporate integrated dashboard SWBTB (9/14) 143 (a) 04-Sep-14  Trust risk register update SWBTB (9/14) 146 (a) 04-Sep-14  Minutes of the previous meeting SWBTB (8/14) 136 04-Sep-14  Chair's opening comments and CEO update SWBTB (7/14) 099 (a) 03-Jul-14  Never Events SWBTB (7/14) 099 (a) 03-Jul-14  Never Events SWBTB (7/14) 107 (a) 03-Jul-14  Patient story and iCares presentation story Presentation Presentation  Chair's opening comments and Chief Executive's report SWBTB (8/14) 118 07-Aug-14  Chair's opening comments and Chief Executive's report SWBTB (8/14) 118 07-Aug-14	comments and Chief Executive's report including an update on NHS Mutual briefing SWBTB (8/14) 118 04-Sep-14 Schedule a discussion around the Rotherham safeguarding issues at a future Board meeting Schedule an update on the process for Include in further versions of the integrated of Schedule an update on the process for Include the skill of November 2014  Arrange for a crude mortality rate to be included in further versions of the integrated performance report.  Amend the risk register in line with comments made by the Board  Amend the minutes of the previous meeting in line with the suggestions made by Mr Lewis  Chair's opening  Comments and Chief SWBTB (7/14) 107 (a) 03-Jul-14 Healthwatch visit report  Chair's opening  Comments and Chief SWBTB (8/14) 118 07-Aug-14 Schedule an update on the process for Norsent the Schedule and Process for Norsent Schedule and Process for Norsent Schedule and	comments and Chief Executive's report including an update on NHS Mutual briefing SWBTB (8/14) 118 04-Sep-14 Schedule a discussion around the Rotherham safeguarding issues at a future Board meeting SWBTB (9/14) 141 SWBTB (9/14) 143 SWBTB (9/14) 143 SWBTB (9/14) 143 SWBTB (9/14) 143 SWBTB (9/14) 145 (a) 04-Sep-14 Arrange for a crude mortality rate to be included in future versions of the integrated dashboard SWBTB (9/14) 146 (a) 04-Sep-14 Amend the risk register in line with comments made by the Board KD SWBTB (9/14) 146 (a) Amend the risk register in line with comments made by the Board KD SWBTB (9/14) 146 (a) 04-Sep-14 Amend the risk register in line with comments made by the Board KD SWBTB (9/14) 146 (a) 04-Sep-14 Ewis SWBTB (9/14) 196 O4-Sep-14 Ewis SWBTB (9/14) 197 SWBTB (9/14) 199 O3-Jul-14 Ewis SWBTB (9/14) 197 SWBTB (7/14) 197 SWBTB (7/14	comments and Chief security's report including an update on NHS Mutual briefing SWBTB (8/14) 118    O4-Sep-14    Schedule a discussion around the Rotherham safeguarding issues at a future Board meeting   SG-L    O6/11/2014    Schedule an update on the process for strengthening consent processes into the Board meeting consent processes into the SWBTB (9/14) 141    SWBTB (9/14) 141    SWBTB (9/14) 143    Corporate integrated dashboard    SWBTB (9/14) 143    SWBTB (9/14) 143    SWBTB (9/14) 146    Corporate integrated dashboard    SWBTB (9/14) 146    SWBTB (9/14) 146    SWBTB (9/14) 146    Corporate integrated brief in future versions of the integrated performance report    Trust risk register update    Minutes of the previous meeting in line with the suggestions made by the Board    Chair's opening comments and CEO update    SWBTB (8/14) 136    Check on the timing for the receipt of the Healthwatch wist report    Develop an approach to ensuring consent procedures are robust, including consequences that would be implemented in the case of non-compliance    SWBTB (7/14) 099    SWBTB (7/14) 099    SWBTB (7/14) 107    Nurse stoffing levels    SWBTB (7/14) 107    Nurse stoffing levels    SWBTB (7/14) 107    Nurse stoffing levels    SWBTB (7/14) 107    SWBTB (7/14) 107    Present the various data sources for nurse    SWBTB (7/14) 107    Nurse stoffing levels    SWBTB (7/14) 107    Nurse stoffing levels    SWBTB (8/14) 118    O7-Aug-14    Chair's opening    Comments and Chief    SWBTB (8/14) 118    O7-Aug-14    Chair's opening    Comments and Chief    SWBTB (8/14) 118    O7-Aug-14    Chair's opening    Comments and Chief    SWBTB (8/14) 118    O7-Aug-14    Chair's opening    Comments and Chief    SWBTB (7/14) 107    SWBTB (7/14) 107    O7-Aug-14    Chair's opening    Comments and Chief    SWBTB (8/14) 118    O7-Aug-14    Chair's opening    Comments and Chief    SWBTB (8/14) 118    O7-Aug-14    Chair's opening    Comments	comments and Chief Executive's report including an update on NhrS Mutual briefling an update on NhrS Mutual briefling SWBTB (8/14) 118 O4-Sep-14 Schedule an update on the process for strengthening consent process into the disparation of the process for strengthening consent process into the disparation of the performance report and the performance report of the included in future versions of the integrated displayability (9/14) 141 O4-Sep-14 SWBTB (9/14) 143 O4-Sep-14 SWBTB (9/14) 146 O4-Sep-14 SWBTB (

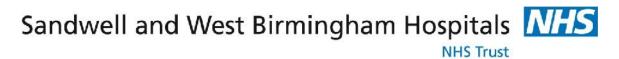
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SWBTBACT.312	Corporate integrated dashboard	SWBTB (8/14) 120 SWBTB (8/14) 120 (a)	07-Aug-14	Investigate and update Mr Lewis concerning unplanned reattendance rates	RB		Verbal update provided as part of consideration of the integrated performance report	В
SWBTBACT.313	System resilience: elective and non- elective care planning and	SWBTB (8/14) 121 SWBTB (8/14) 121 (a)	07-Aug-14	Present the System Resilience Plan at the next meeting	RB	04/09/2014	Included as an update on the agenda of the September 14 meeting	В
SWBTBACT.319	Trust risk register update	SWBTB (8/14) 127 SWBTB (8/14) 127 (a)	07-Aug-14	Present an update on the work to address the maternity risks at the next meeting	KD	, ,	Included within the risk register update considered by the Board in September 2014	В
SWBTBACT.320	Infection control annual report	SWBTB (8/14) 128 SWBTB (8/14) 128 (a)	07-Aug-14	Provide an update on the work to improve the theatres environment at the next meeting	RB		Included as a matter arising on the agenda of the September Board meeting	В

#### KEY:

R	Action highly likely to not be completed as planned or not delivered to agreed timescale.
A	Action potentially will not delivered to original timetable or timing for delivery of action has had to be renegotiated more than once.
Y	Slight delay to delivery of action expected or timing for delivery of action has had to be renegotiated once.
G	Action that is scheduled for completion in the future and there is evidence that work is progressing as planned towards the date set
В	Action that has been completed since the last meeting

**ACTIONS** 



#### REPORT TO THE PUBLIC TRUST BOARD

#### Chief Executive's Report - October 2014

The Board meeting sees the formal launch of our flu vaccination programme. In 2013-14 this was a major success for the Trust. This year is a transitional one as we try to make better use of in-house staff to vaccinate their peers and less use of bank and agency vaccinators. We will be relentless over the next twelve weeks in sharing a message about safety and effective care, both for patients and staff. Deployment coincides with our work on Making Every Contact Count – brief health advice which is the centrepiece of our Public Health Plan.

In August we met many of our goals, but not all. We continued to deliver and sustain safety improvements in areas like VTE assessment and MRSA screening, which, as we described at the Annual General Meeting, have improved substantially over the last twelve months. We met cancer wait, diagnostic wait and elective care standards; things we routinely assume but which are not now met across much of the NHS. And we made a small step towards improved expenditure control, as we saw agency costs fall to their best level for six months and our paybill overall reduce. We have begun and almost completed our workforce reviews and it is welcome to see the impact now of the controls we put in place at the start of July.

#### 1. Our patients

Work continues to make sure we hear from the people we serve. It is encouraging to see an upward trend in response rates and positive views in monthly survey work through friends and family; and this month we have seen the publication of both the national cancer and national emergency care studies. Both show very modest improvement. In today's Board papers we return after two quarters to the eight goals we established with the outcome of the Mid Staffs enquiry by Robert Francis. Although external reporting on this seems to have ceased, we should continue against our overarching goal to outperform the rest of the West Midlands for patient satisfaction. It is clear from our own, very large, outpatient study, and the stories reported to the Board on community services that there is a high measure of satisfaction with these 'points of care'. Our focus needs to be on acute inpatient services, where we have a low detractor rate, but do not achieve the very highest ratings from some people we look after. That is why Ten Out Of Ten is so important. We are looking for consistency and continuity of care. By the end of this fiscal year we will have deployed the programme across our bed base, and we need to make sure that our supervisory ward leaders are able to take the steps necessary to make delivery a routine part of how we work. In implementing this work over the next four months, at the same time as changing nurse staffing patterns, we will need to ensure that we remove audit activity from our senior nursing cadre, and put more time back at the care-face, if we are to achieve what we intend. In the midst of these 'big' changes we have smaller factors to consider - the deployment this autumn of patient wifi and the changes to our food offer, with the switch to a single full hot meal on our wards each evening.

There remains intense frustration among our teams and leaders about the emergency care waiting time position. We met the standard Trustwide in April but have now had five months, to post, of missing the minimum standard that we set ourselves. We are sustaining cuts in very long waits and in ambulance handover times. Our four hour performance at Sandwell is in practice impacted solely by bed flow, which is driven by rising orthopaedic trauma issues, and delayed transfers of care. The former issue will be helped by a new emergency surgery model which kicks in from early October to try and deliver not only consistent NCEPOD compliance/<24 hour NOF turnaround but also the 48 hour maximum wait standard which we introduced last year. The new leadership of surgery A are fully focused on ensuring equal emphasis for emergency surgery alongside elective wait time standards. The situation on the City site is more complex. With or without beds, with or without growing DTOC figures, we are not consistently succeeding. The executive continue to consider with others what further work is required to return to the brief success of a few months ago. Data analysis seems to suggest that twilight difficulties lie at the heart of the problem.

The Board considers again today our Learning Model. Although we can evidence changes as a result of complaints, our consistently high incident reporting, and other data points, and although we can see success in some new controls arising from Never Events, we do not have a single overarching approach to ensuring cross organisational learning. The clinical leadership executive has put considerable time into discussing this over recent months. From October our new whole Trust governance half days start (the first is on 14/10) when all planned care activity should cease. This undoubtedly provides the 'time to learn'. We now need to ensure that the clarity of learning points is available from our various corporate nods and that we have a system for ensuring that we learn from local success as well as weakness. From October CLE will devote time each month to what the three key points of learning are from local governance systems, and this will be distilled ready for each GHD from November onwards. Briefing on this will take place through Hot Topics in October.

#### 2. Our workforce

During the last few weeks we have been notified of our success in the Health Education West Midlands awards. Our apprenticeship project, and our apprentices, are all through to the final of the competition at a time of real emphasis on these issues from all parties. This emphasis on the future workforce is vitally important to us, if we are to foster a culture of learning Trust-wide, beyond traditional nodes of success such as medical education. I continue to chair the Trust's Education and Learning Committee and we will review our overall Education plan in November. Within that we need to find the right balance between developing individuals fully within their existing professional competence, and ensuring that we are open to developing people across our organisation. The Group Training Plans for 2015-16 must speak not just to training in someone's current role, but using the opportunity to develop individuals into new roles.

The last few weeks have seen intensive work to develop workforce changes for 2015-16, some of which will be delivered sooner, as we work to balance on pay budget to target from April

2015. This requires continued agency control, a shift to bank, elimination of WLIs as a route to deliver 18 weeks, and implementation of the workforce wte changes contained in our consultation document. Committees of the Board were able last week to discuss how the Board will play its part in ensuring safety and fairnesses as we consult genuinely across the organisation. It should be clear to most employees from early October that they are not affected personally by the changes and by the end of November we should be clear whether we have been unable to find redeployment opportunities for displaced individuals. A second, much smaller, consultation will be telegraphed for early spring. The list of departments affected by that will be specified.

The key to safety for our workforce, and to a degree for our patients, in the change process will be the skilful implementation of change. Support projects for managers are being put in place, both on a formal footing around skills and training, and in terms of peer support. Our PI programme in coming weeks will ensure that we have small scale data available to track local implementation and adverse consequence. We will need to be open where projects get stuck, but also very open about successes, as we look to alter our implementation culture to one that is rapid and reflective rather than cumbersome and planning heavy. The systematic collection of ideas from local teams about paybill changes during the consultation will also be an important indication of the growing maturity we need as we try and harness the considerable skills and energy among our 7500 people.

#### 3. Our partners

It is clear now that over the next twelve months there will be significant change around us in the commissioning landscape. NHS England have signalled both a major move to cocommissioning with CCGs and fundamental changes in how specialised commissioning will operate. The latter has seen 2014-15 operate with a planned budget gap and an ambition to change that position in 2015-16. The Trust draws around 10% of its income from specialised commissioning (albeit that figure is inflated by pass through drug costs) and so the changing landscape represents a material risk to stability. Our long term financial model foresees neither growth nor loss in this area.

We discuss the Better Care Fund in more detail in the private Board. The recently imposed 3.5% non-elective admissions cut proposed within that document creates a major gap between commissioner and provider plans. It is clear from the pan-regional review of these plans that the gap between our assumptions and those of partners are far less than elsewhere in the system, but nonetheless, we will face a major challenge in agreeing contracts for 2015-16. We will seek from commissioners specific underpinning funding for retaining capacity associated with admission-diversion failure. Without that the Board will need to decide in December, whether to assume commissioners plans succeed (and remove what marginal cost can be defrayed) or retain capacity and set (at best) a revised budget plan for 2015-16 which is statutory breakeven. The latter is of course a breach of the approval conditions for the Midland Met Hospital, so the need for the Right Care, Right Here partnership to reframe itself in light of the BCF is all to apparent.

At the last meeting we agreed investment for intermediate care estate in Sheldon. We have now signed a contract for service commencement on December 8<sup>th</sup>. This will run through to

the end of April 2015. Clearly we would hope that the investment in intermediate care signalled in both authorities' Better Care Funds permit ongoing use of this valuable facility. The initial contract will be delivered with Midland Heart.

#### 4. Our regulators

Healthwatch have submitted to us their first look and view report in May. A reply has now been posted (attached at annex A). There is much to learn from this initial visit, in terms of process and pace. No surprising outcomes came from the review, and in many ways our Ten Out Of Ten work anticipates the outcomes around nutrition and help with care.

The outcome of the August CQC Safeguarding Review for Sandwell has been chased. This week a similar review for Birmingham commences. Discussions with the wider CQC team about the upshot of these reviews and how they can be considered in concert with our main Trust review (Oct-December) continue.

The CQC have meanwhile published revised guidance on their visits, effective October 1. Our Trust will, we think, be the first assessed under this new regime. Our visit commences on site on October 14<sup>th</sup>, and will be led by Karen Proctor, Director of Nursing and Quality at Kent Community Health.

#### 5. Hot Topics and wider middle management feedback

Over the course of September, I have undertaken a series of thirteen open staff meetings — Time 2 Talk. These were organised in July, with an eye to Midland Met and 2020. In practice CQC and workforce reviews have taken up the majority of the airtime. I issued a summary Q&A to employees on 25/09/14 which is attached at annex B. I plan to re-run the exercise in February, although inevitably during October and November we will undertake sessions as required to support the workforce review.

Hot Topics in September was devoted to the CQC, as it was in August. Around two-thirds of respondents felt that the CQC should rate the Trust's care as good, the balance suggested that we require improvement. One outstanding and no special measures votes were recorded. Meanwhile, September sees Your Voice reach its one year anniversary. This is the largest, we believe, poll of NHS employees undertaken by a single organisation monthly anywhere in the NHS. WE will present an overview of twelve months data to the next Trust Board meeting, where we can reflect on any key issues we want to cover through this mechanism in the next twelve months.

Toby Lewis, Chief Executive

September 25<sup>th</sup> 2014

# Sandwell and West Birmingham Hospitals **NHS**



**NHS Trust** 

ACTION PLAN - To address concerns following Enter and View visit undertaken by Health Watch Sandwell

LEAD:	
DATE LAST UPDATE:	

	COMMENT		ACTIONS PLANNED	HOW MEASURED	LEAD	TARGET DATE
Recommendation 1- Staff ensuring that the red tray system is working effectively and that all patients in need of support are properly assisted.	Our expectation is that the meal service is overseen by meal time co-ordinators whose sole task is to ensure the environment is suitable for patients to have their meal, that they offer any	a.	Ensure Nutritional status of all patients is properly assessed upon their admission to the ward and that those in need of assistance are clearly marked on the bed plan	Audit of red tray system through PPMT audit	Matron	Monthly activity
	assistance required and that the substance of the meal is appropriate too. We measure success of this through planned protected meal time audits	b.	Ensure meal time co-ordinators have attended nutrition awareness sessions and understand the usage of red tray and how to assist patients and when to involve carer	Through annual clinical MOT	Matron	Monthly activity
Recommendation 2 Patients should be involved in all aspects of their care and be able to recognise that this is being done.	All patients undergo comprehensive assessment of their care needs upon admission, ideally in the company of their carer. Plans of care are mutually	a.	Ensure welcome pack is given to each patient on admission by admitting nurse and that this is discussed with patient and carer	Quality Audit	Ward Sister	Monthly activity
Where this is difficult their families and carers should be properly consulted.	their carer. Plans of care are mutually agreed depending upon the team of the assessment. This assessment will also include confirming the patients	b.	Ensure regular listening events are held with carers and patients	Output of the event	Ward sister	23.09.14
	preferred form of address. In addition welcome packs are in place at every bed space and patients and carers are encouraged to read them. Matrons and ward sisters ensure they are visible and available at visiting times to proactively engage discussion with carers.	C.	Reinforce the availability of interpreters for patients / carers i.e. communication issues	Quality audit	Matron	30.09.14

Action Plan Page 1 of 2

	COMMENT		ACTIONS PLANNED	HOW MEASURED	LEAD	TARGET DATE
Recommendation 3 There needs to be a process for assessing the dependency of patients	The trust introduced an activity dependency score in 2012. Based on AUKUH but is designed to suit ward	a.	Reminder to staff to display BRAD scores	Establish Audit	Ward sister	20.09.14
on individual wards and appropriate staffing provided	areas the Bed Ratio Activity Dependency score is measured easily and enables Nurses to allocate patients according to their needs. The whole process is re-in forced through e-roster used in all adult wards to produce the required nurses per shift. There is a staffing escalation policy in place for the escalation of unplanned staff shortages which is maintained by each Group's Director of Nursing.	b.	Ensure staff are familiar and using escalation policy	Establish audit	Matron	30.09.14

Action Plan Page 2 of 2

#### **Time to Talk Open Sessions - Feedback**

During September, we have held a series of open meetings to answer questions from colleagues. Around 350 colleagues have attended to date (nearly 5% of our staff base). In an effort to try and provide detail for many other staff, here are a selection of issues raised and answers given.

The sessions seemed successful so we will re-run them in February 2015. In the meantime, some further sessions on workforce changes are being scheduled.

The meetings covered issues <u>raised by attendees</u>, which were broadly in four groups:

- 1. Care Quality Commission visit and process
- 2. Midland Metropolitan Hospital and other sites
- 3. Safety and workforce changes, and therefore money
- 4. Other including R&D, training and development etc.

#### **CQC AND MIDLAND MET**

#### Why are the Care Quality Commission coming to inspect us in October?

The Care Quality Commission (CQC) has a new inspection regime for hospitals called the Chief Inspector of Hospitals (CIH) visit. They will be visiting Sandwell & West Birmingham Hospitals NHS Trust between 13 and 17 October 2014. They are not coming because of any concerns or failings. In fact, it is the opposite. They are coming because we score well on the intelligent monitoring systems that they use to monitor Trust performance.

A team of 50 inspectors will visit the Trust and they will assess whether our services in the community, at Rowley Regis, Leasowes, at City Hospital and at Sandwell Hospital are safe, effective, caring, responsive to people's needs and well-led. We will receive a rating for the services they look at by site as well as an overall rating (Outstanding, Good, Requires Improvement or Special Measures). We recently used our Hot Topics system to get feedback on the rating most staff felt we should receive. 70% voted for good, 29% for requires improvement, 1% for outstanding and none for special measures. Of course, that is only one crowd, but it probably sums up a general mood. We expect to receive our CQC rating results in early December.

#### Can I speak to the Care Quality Commission?

Of course. You may come across the inspectors as they do their visit and we will be publishing a timetable of their visit as soon as we receive it. The inspectors may ask you questions and you should feel free to talk to them openly and honestly, demonstrating where we do things well and of course where we could do things better. Contained in September payslips is a note from the CQC explaining directly how to contact them.

The CQC will also be holding a number of staff forum meetings that you are welcome to attend. They will happen on the 15<sup>th</sup> and 16<sup>th</sup> of October. Further details will be published shortly.

#### What do you expect the inspectors to find?

The best of what we do at the Trust is fantastic. We need to make sure that is our standard Trustwide. We will be very open with the inspectors about where we think we have excellence and where we need to make changes. We hope the inspection creates no surprises. With our incident reporting system (which is reviewed every morning by the executive), our risk registers (monitored every month by a combined team of professionals), and our investment in hot spot areas like acute oncology, health visiting and critical care outreach, we ought not to be missing issues.

#### I heard the announcement about Midland Met, will this really happen?

The progress to build the new Midland Metropolitan Hospital on Grove Lane in Smethwick had the support of the Chancellor of the Exchequer during the summer as he visited Rowley Regis. This is a big step forward in the development programme and again confirms the building programme which we anticipate completing in 2018. We are currently working with the bidding consortia as part of the procurement process. We expect to be building in 2016. That means that in 2015 we have to meet the conditions set by government around quality of care, workforce change, finance, and partner support. Those conditions are our own plans: Our long term financial and workforce plan; our safety strategy; and our ongoing work on Right Care, Right Here. In other words, success is now in our hands.

#### What happens to our other sites?

We keep them. BTC and BMEC stay. We re-develop Sheldon predominantly for intermediate care and rehabilitation services. During 2015-16 we expect to complete the move of services into Rowley Regis. Leasowes remains a key part of our palliative care and our intermediate care service. And there are big changes too at Sandwell: It will have a large urgent care centre, intermediate care beds, be a key base for outpatients, education and research. Most corporate services will relocate to that site over the next five years, with Trust HQ having moved there in April 2014.

The key step for us though is making sure that our home-based services, like heart failure support, our school based services, like our Beacon therapies team, and our community based teams, are as visible to local people, as our hospitals and buildings. That is a big change in the mindset. During 2015 we will develop some ideas around that, simple messages that everybody who works for us could have to hand when someone walks into clinic and says – is this safe or what is going to happen to service x or y? (thank you to our outpatient nursing team at SGH who suggested this!)

#### **WORKFORCE REVIEWS**

#### Why are we having workforce reviews?

The reality of the NHS' financial position is that if we treat the same number of patients every year for the next five years we receive 1.5% less funding each year. 7.5% of £430m of income is a big change over five years. During that period we know that drug costs will go up, pay awards will happen, and supply costs will go up. The gap between that income and rising expenditure is around £125 million over the next five years. That figure also includes some money to invest in care, safety, and technology.

Two-thirds of our costs are pay so it is inevitable that making the significant savings we require means changing our workforce cost; our paybill. We have made a decision to look at our workforce

model over the next two years (2014-2016) to ensure that we have safe care and have sound money. We did this after a period of a year when proposals for change had not come forward from teams. The Board concluded in August, and announced in Hot Topics, that we would therefore take a whole Trust approach. That is what we are doing.

#### Will people be made redundant?

We hope not. I can't promise that there won't be any redundancies but I want to assure you that we are fighting for jobs. That might sound like a contradiction but we know that we spend £25m every year on agency staff, 11% of our staff leave us each year and a sickness rate of 4.5%. On all these measures we need to change. However, that won't give us all the savings we require.

We are absolutely determined to support people to be redeployed into other roles. Where that means additional training (that could take up to a year) we will put that in place. Managers will be supporting affected staff through redeployment and actively helping them to secure another job within the Trust. Where that is not possible we will look to partner organisations – mainly other NHS organisations in the local area – to find alternatives.

These reviews are hard and difficult for all involved. We are running them in an open and transparent way and progressing at a pace so that people are aware whether they are or are not affected in a timely fashion. That pace also means that we can take a little more time to get the implementation right.

#### What is the process for workforce reviews?

During September, each clinical group and corporate directorate has met with the executive to work through ideas. They were never secret but since mid-September managers have been actively encouraged to talk them through locally, exactly as we did in the Medical Secretary Forums in recent weeks.

We aim to publish a formal consultation document in early October that sets out each department's proposals. From this date we will be consulting with Trade Unions and staff for 45 days on whether the proposals are clear and how we implement them.

This is a genuine consultation process. I fully expect that some of these proposals will be changed because people come up with better or different ideas. Colleagues should be active in talking to managers about the proposals and consider whether there are any alternative solutions.

The proposals will be assessed primarily for safety, how the schemes will be implemented and whether they will make the savings required. The big question is how smaller teams will work safely. That is what we all need convincing of as we go through the consultation.

People whose roles are 'at risk of redundancy' will receive that information in writing and wherever possible, face to face. Affected posts will be put into so-called pools and there will be a selection process to appoint people to the relevant jobs. Following this process, managers will work with people who have not been appointed to a post to seek alternative employment within the Trust. More details on the process will be published in October and we expect the process to conclude in November.

#### Will a general election make a difference?

We would of course be very grateful of additional funding for the NHS. That may or may not happen in the future, however, I believe that additional resources could help our financial position in some way but certainly will not be at the scale that we require – so maybe £125m drops to £110m: Good news, but still major change needed. Remember all NHS organisations face this. We cannot simply hope it will go away, if we do that we will end up making rushed decisions. But the decisions we make now must be with an eye to the long term.

#### Will this be a continual cycle of reviews?

No, part of the point of doing this now is not just to manage 2014 but to tackle 2015-16 too. We will return to the pay plans in 2016-17 and beyond. But as we examine ideas now where there is a chance to make larger decisions for that longer term we will take it.

#### I'm concerned about safe staffing - will these staffing proposals make us unsafe?

We are all concerned to make sure what we do is safe. That is why proposals are risk assessed by the Chief Nurse and Medical Director. It also why we are consulting so publicly. And why our executive and Board will be so involved in the weeks ahead. But of course we can have a safe idea and implement it badly. So from November we will use performance indictors to track and red flag the impact of changes, so those changes can be amended, adjusted or withdrawn. Please put your ideas forward and raise concerns. Concerns will not be counted by number or rank, but by the quality of the argument.

#### How can we improve overnight staffing levels?

We are changing ward establishments to allow additional numbers of qualified nursing overnight. When we look at the national guidance on safe staffing we know that night-time can be a concern, but during the day in some areas there are more qualified nurses than the guidance suggests. Whilst this is only guidance, I am clear that we need to do some adjustments between daytime and night-time staffing and we need to support the relevant teams to do this. That is a good example of why the money matters – so that we can make investment choices locally.

Some colleagues have raised concerns about safe staffing overnight. Our latest investment in the critical care outreach team will help improve our current services during the night. We are planning to reduce the use of agency staff – one way of doing this is to increase the bank rate and this increase will be implemented during October. In September we launched our new arrangements for Focussed Care plans (often referred to as specialing). We will be cohorting so we have one extra HCA for more than a single patient. Professional judgement will of course be supported where there is need to care for individual patients on a 1:1 basis but these decisions will be carefully reviewed to help us reduce our costs whilst ensuring that time to care is protected in the right circumstances.

I am working closely with Sandwell Metropolitan Borough Council and Birmingham City Council to address the very real issue of delayed transfers of care, where we have patients who are ready to be discharged but who don't have the support in place at home or in the community at the right time.

#### What happens if we do not sort out the money?

Initially not much happens. We will still get paid at the end of the month and patients still need treating. But gradually what happens is that decisions get slower and resources get tighter. Then we get outside experts to come and tell us what we already knew. A plan for change is written which sounds nicer and easier than making difficult decisions ourselves. That usually does not help much and a few years on, we end up making those same decisions anyway. The people who know this place are us. The people best placed to balance risks are us. Let's not waste a lot of money hoping someone else can tell us something new. Let's get on and make the changes we all know can both improve safety and make this a better place to work.

#### **OTHER**

#### Are we still planning to become a Foundation Trust?

Yes, the process for Foundation Trust status is ongoing and we on the pipeline set out by Monitor. The CQC visit will make a difference to our pace, as will the general election.

#### What is the plan for Research and Development?

We want to improve trial recruitment. In fact we want to treble it over three years. Our R&D Plan 2014-2017 goes to the Board in October. Our main base for R&D in 2018 will be at Sandwell, with support hubs at other sites including Midland Met. R&D, and education, are of equal importance in running directorates and groups. Part of the greatness of SWBH is the diversity of the population we serve, that is, among other things, a great research base.

#### Do we have a long term vision?

I think we do. Right Care Right Here is not about buildings. It is about integrated care. We have consulted earlier this year on what this means and we have adopted as a Board the National Voices definition that many patients have contributed to. Now our job, as we develop a formal 2020 Vision document due out later this autumn, is to be clear with examples of what will be different for patients then and what will stay the same because it works. Neetu Sharma is working through with clinical groups what that document should say. In parallel our 20 Integrated Care Pioneers will be selected who we hope will become services that local people recognise as clearly as they recognise the location of our sites.

That vision has to be relevant to all of us but not be so general that it is just vague. In a big organisation that is a challenge. But actually care integration is not about location, it is about coordination and control of outcomes by our patients and their carers. There is no part of care where that is not deeply relevant.

# Sandwell and West Birmingham Hospitals MHS

NHS Trust

#### **TRUST BOARD**

DOCUMENT TITLE:	Response to the Francis Report
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Kam Dhami, Director of Governance
DATE OF MEETING:	2 October 2014

#### **EXECUTIVE SUMMARY:**

In December 2013 the Board 'signed off' the Trust's response to the recommendations made following the Francis Inquiry and associated reviews. The actions arising were themed into eight categories mirroring chapters in the Francis Report, each one having a clear aim and overall achievement measure.

Work to implement actions is on-going, with progress reported and monitored at various Board and Executive fora.

The attached paper provides a mid-year update on the following four themes:

- Effective complaints handling
- Accurate, useful and relevant information
- Medical education and training
- · Compassionate, caring and committed nursing

#### REPORT RECOMMENDATION:

The Board is asked to note and discuss the progress made.

#### **ACTION REQUIRED** (*Indicate with 'x' the purpose that applies*):

The receiving body is asked to receive, consider and:

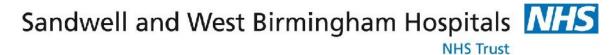
Accept	Approve the recommendatio	n	Discuss	
	X			
KEY AREAS OF IMPACT (Indicate	with 'x' all those that apply):			
Financial	Environmental		Communications & Media	Χ
Business and market share	Legal & Policy	Х	Patient Experience	Х
Clinical	Equality and Diversity		Workforce	
Comments:				

#### ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:

Supports the Trust's plans to improve quality & safety

#### **PREVIOUS CONSIDERATION:**

The Trust Board has discussed the outcome of the Francis Inquiry on a number of occasions, including at the formal Board meetings in February 2013 and September 2013. The Board also received a further response to the Francis Inquiry & associated national reports at the meeting of the Board held in October & November 2013.



# Response to the Francis Report 2014-15 mid-year update

September 2014



Effective complaints handling

Aim Measure Current Position

All feedback from patients, whether it is concerns voiced on the ward at the time, or complaints made once they are back home, will make a difference. These will be taken seriously and lessons learned.

Linked complaint figures are reduced by 75% or more, and complaints raised with the Trust are responded to within 30 days consistently across our services. Staff report high levels of awareness of learning from complaints through Your Voice

Linked or reopened cases have not shown a marked reduction – 35% from January 2014. However only 15% of those in August 2014 were returned because some original issues were not addressed. 20% of complaints closed in August 2014 were within 30 days of receipt.

#### What we said we would do

- Introduce a devolved model of complaints investigation and management.
- Publish the main issues patients complain about and what we are doing about them.
- Publish themes, trends about compliments, concerns and complaints.
- Inform individual complainants what we have learned and what we will do differently as a result of their complaint.
- Proactively share details of complaints (suitably anonymised) with external stakeholders.

#### What we have already done

- A devolved model of complaints handling was introduced on 4 November 2013 and is now fully operational.
- Lessons learned and changes made as a direct result of feedback received from complaints are included within the complaint response or at the complaint resolution meetings held.
- A database of 'lessons learned' has been developed to so that this can be shared widely.
- The quarterly complaints report has been refreshed, with a greater focus on changes arising from complaints and emerging themes trends.
- An interim measure for capturing compliments and departmentally resolved complaints has been formulated.

#### What will be achieved by year end

- Contact will be made with complainants after they have received their final response to provide progress on the changes we committed to make.
- We will publicise changes made to services and care pathways to both staff and public.
- Complainants will be invited to meet with us and share their complaint handling experience so that we can make further improvements.
- We aim to reduce the number of patients who return because we have not responded to all of their queries or they dispute our version of the investigation findings.
- Except where complex cases require extended investigation, complaints will be consistently responded to within the 30 working day target.

Accurate, useful and relevant information

Aim	Measure	Current Position
Ensuring a culture where the quality of data is viewed as important by all staff providing as well as those using data with a known framework and assurance systems in place for delivering accuracy	Using the RAG rating system applied to each KPI within the IQPF report, ensure that the system of assurance and improvement of data quality delivers not less than an annual 25% reduction in red RAG rated	We have a kitemark system adopted by the Board with CCG support in place. We have begun to publicise data more routinely Trustwide. But we have yet to set firm goals for DQ improvement at an indicator level and will now do so.

What we said we would do	What we have already done	What will be achieved by year end
<ul> <li>Replace the current quality performance reports with an integrated report.</li> <li>Develop a system to provide an assessment of data quality so that the reader can understand whether weaknesses exist in terms of the robustness of the source and consistency.</li> <li>Undertake rolling systematic audits of data quality, with various factors taken into account when ranking data quality.</li> <li>Improve systems which provide effective real time information on the performance of each service, consultant, teams in relation to mortality, morbidity, outcome and patient satisfaction.</li> <li>Make available to stakeholders in as near "real-time" as possible, results and analysis of patient feedback.</li> </ul>	<ul> <li>This has been done and provides Group and directorate level analysis as well as Trustwide views. A revised finance report will be integrated into that single document after Baker Tilly report.</li> <li>Completed our initial DQ audits across national indicators including IM metrics. This has led to data collection changes in diagnostics, 18 weeks, theatres and ED.</li> <li>Committed to a single organisational taxonomy in which data will be analysable at team, directorate, group and Trust level. We have further work to do now to chase that ambition down and make it real.</li> <li>The basis for real time feedback on patient views is to be the new connect. That product has now been delayed by more than 9 months.</li> </ul>	<ol> <li>A single group level report will go to the Board which includes remedial actions where we have deviation.</li> <li>We will have set a 2015-16 trajectory for performance improvement on DQ at metric level</li> <li>Directorate level performance data will appear on our High Visibility screens routinely each month</li> <li>An internal audit report will have considered the validity and processes applied to our basic quality and safety data and confirmed a route to automation of that data</li> <li>The new connect product will be in place with patient feedback on its front page!</li> </ol>

Medical education and training

Aim	Measure	Current Position
Hearing the voice of doctors in training at every level of the organisation for improving the learning from complaints and incidents, ensuring they have the knowledge, skills and attitudes that equip them as champions for safety throughout their career.	Junior doctors report high engagement scores at JEST feedback. Involvement of junior doctors in the safety management of patients including – increased reporting of incidents, increased involvement in investigations, table top reviews and trust governance meetings. Engagement with safety processes such as the WHO check list and VTE assessment. Junior Doctors as vocal champions for patient safety – appointment of 'Chief Resident	Trainee recommender index: aggregate score 91.4%.  Specialty JEST: 147 completed 139 yes to recommend the post – 95.6%  Foundation at SGH: 182 completed 164 yes to recommend the post – 90.1%  Foundationat City: 204 completed 184 yes to recommend the post – 90.2%

What we said we would do	What we have already done	What will be achieved by year end
<ul> <li>Encourage openness on the part of medical trainees in relation to raising concerns and provide protection from any adverse consequences.</li> </ul>	We hold regular junior doctor's forums – which take place monthly and alternate between the two hospitals. These are led by the clinical tutors and are attended by the Medical Director	We will have advertised and appointed to the role of Chief Resident.  We will make available a number of places on the 'New Consultants Leadership Development
<ul> <li>Junior doctors to routinely participate in the Trust's mortality and morbidity reviews.</li> <li>Develop new ways in which to tap into the latent energy of junior doctors</li> </ul>	We have involved junior doctors in the design and implementation of the 'Last Year of Life' audit. Junior doctors are routinely involved in specialty M&M meetings  We have developed a role description for the 'Chief Resident' and have had approval in principal from Health Education West Midlands for the post to be part time training or OOPE	Program' for very senior trainees

Compassionate, caring and committed nursing

Patients can be confident of receiving the highest quality, knowledge based care, delivered consistently with compassion by caring and competent nurses.

National inpatient survey reports high levels of patient confidence in our nursing staff – improvements of 10%+ on base - and complaints associated with nursing staff attitude or communication are halved over two years

Measure

Current Position
In 2013/14 7% of complaints received related to nursing attitude and 0.9% to nursing communication.
Data for quarter 1 of 2014/15 shows that of the complaints received about nurses 5% related to the attitude and 1.4% to communication.

#### What we said we would do

- Patients will know who is caring for them through assignment of a key nurse who will co-ordinate care.
- Participate in the 'Care Makers' campaign to embed the 6 Cs in practice.
- Further embedding QUEST (an on-line competency framework) and expansion of clinical MOT.
- Introduce a process of sharing information with patients and carers on staff on duty, per shift and by grade.
- Strengthen the nurse recruitment process to incorporate a more values based assessment.
- Develop ways to harness the loyalty and innovation of student nurses, so they become ambassadors for their hospital and for promoting innovative nursing practice.
- Ward nursing leaders are visible and accessible to patients and carers out-of-hours.
- Ensure nursing care provided consistently meets minimum quality standards.

#### What we have already done

- Every patient is assessed on admission by a registered nurse and this nurse remains as their key worker throughout their stay.
- The number of Care makers in the Trust increased from 24 to 48 with an ambition to achieve at least 66 by the end of the year to align with 66 years of the NHS
- QUEST is now firmly embedded into the competency programme and is a requirement to be achieved before nurses can apply for their hospital badge/The number of Clinical MOT sessions has doubled as a consequence of relocating the clinical team
- Eroster is available throughout the Trust and this allows sight
  of the staff on duty by the hour. In addition each ward
  displays the breakdown of staff on duty for all to see
- The first value based recruitment event took place in May for THE recruitment of newly qualified staff nurses and was very successful. The second event will take place in October where 70 soon to qualify nurses will be interviewed in this fashion.
- AA global Trigger tool has been developed and piloted to provide assurance about care being delivered but also to identify areas that may need careful monitoring for signs of deterioration
- We have developed a safety tool 10/10 checklist which will shortly be launched
- The Focussed Care policy has been reviewed and reintroduced with special attention on the care needs of patients with Dementia and the best way to assess risk and manage it.

#### What will be achieved by year end

- The Care Makers number will increase to 66
- QUEST will be enhanced to include Children's services
- The review of the Nurse establishment will be complete and rostering will be re-tuned to account for this.
- The Global Trigger tool pilot will be complete and rolled out throughout the Trust
- The Companions in Care will be in place to support the needs of appropriate patients
- 4 Carer/Patients engagement events will have been held seek their views on how we are doing
- A values based recruitment approach will be used for HCA recruitment.
- Confidence in Care boards will have been redesigned to reflect the Quality message s from the wards
- Staffing levels will be available on the system
- 10/10 will be rolled out throughout the Trust and be embedded as usual practice.

# Sandwell and West Birmingham Hospitals

NHS Trust

#### **TRUST BOARD**

DOCUMENT TITLE:	Research & Development 3 Year Plan
SPONSOR (EXECUTIVE DIRECTOR):	Dr Roger Stedman
AUTHOR:	Professor Karim Raza, Director of R&D
DATE OF MEETING:	Thursday 2 <sup>nd</sup> October 2014

#### **EXECUTIVE SUMMARY:**

This paper presents the three year plan for Research and Development for the Trust. The plan outlines 9 high level objectives with the overarching aim to position the Trust as one of the leading research active Trusts in the Midlands by 2017:

- **Objective 1** To increase the number of patients taking part in clinical trials from 2000 per year to 6000
- Objective 2 To increase the areas of internationally recognised research by two
- **Objective 3** To increase the number of research portfolios in disease areas previously not research active by five.
- **Objective 4** To increase the number of NIHR portfolio adopted studies conducted by Nurses, Allied Health care Professionals or Clinical Scientists by three
- **Objective 5** To translate research into better and safer care through collaboration with the CLAHRC WM to implement evidence based health care in three new domains
- **Objective 6** To align our portfolio with the Trust's vision to become renowned as the best integrated care organisation in the NHS by developing research at the interface between Primary, Secondary and Community healthcare
- **Objective 7** To align our aims with our strategic academic partners, in particular the University of Birmingham, through the appointment of at least two additional joint academic posts
- **Objective 8** To make patients aware of R&D, empower them to influence it and give them the opportunity to volunteer to take part from the point of first contact with the organisation.
- **Objective 9** To ensure good research and financial governance of R&D to support its growth through both NIHR, commercial and charitable funding

#### **REPORT RECOMMENDATION:**

The receiving body is asked	d to re	eceive, consider and:		
Accept		Approve the recommendation	Discuss	
X			X	
KEY AREAS OF IMPACT (Ind	dicate v	vith 'x' all those that apply):		
Financial		Environmental	Communications & Media	Х
Business and market share	Х	Legal & Policy	Patient Experience	Х
Clinical	Х	Equality and Diversity	Workforce	

### ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:

Safe High Quality Care Accessible and Responsive Care Care Closer to Home An Effective Organisation

### PREVIOUS CONSIDERATION:

Clinical Leadership Executive

### SWBTB (10/14) 162(a)

The Sandwell and West Birmingham Hospitals NHS Trust Research and Development Plan: 2014-2017

Statements of partner support <mark>To be</mark>	added: ? David Adams (University of Birmingham) and Jeremy Kirk (CRN)	
РНОТО		
NAME JOB TITLE		
		РНОТО
		NAME JOB TITLE

### The 2014-17 Plan: Main deliverables:

### **OBJECTIVE 1**

**Objective: To increase the** *number of patients* **recruited to clinical studies** adopted onto the National Institute for Health Research (NIHR) portfolio from ca 2,000 patients per year to 6,000 patients per year by April 2017.

**Delivery deadline:** April 2017 **Expert lead:** Prof Karim Raza

Responsible board member: Dr Roger Stedman

### **OBJECTIVE 2**

**Objective:** To increase the *internationally recognised excellence* of our research portfolio. Specifically we will develop an additional two areas of research excellence.

**Delivery deadline:** April 2016 (for 1<sup>st</sup> area) and April 2017 (for 2<sup>nd</sup> area)

Expert lead: Prof Karim Raza

Responsible board member: Rachel Barlow

### **OBJECTIVE 3**

**Objective:** To increase the *breadth* of our clinical research portfolio. Specifically we will develop a **new research portfolio** in at least **five disease areas** where research activity was absent / modest between 2011 -2014.

**Delivery deadline:** April 2015 (for 1<sup>st</sup> area), April 2016 (for 2<sup>nd</sup> and 3<sup>rd</sup> areas), April 2017 (for 4<sup>th</sup> and 5<sup>th</sup> areas).

Expert lead: Prof Karim Raza

Responsible board member: Dr Roger Stedman

### **OBJECTIVE 4**

Objective: To increase the *range of health care professionals* contributing to our clinical research portfolio. Specifically we will promote the involvement of Nurses and Allied Health Professionals (AHPs) in research, ensuring that at least three NIHR portfolio adopted studies are led at SWBH by Nurses / AHPs.

**Delivery deadline:** April 2016 (for 1<sup>st</sup> and 2<sup>nd</sup> studies), April 2017 (for 3<sup>rd</sup> study).

Expert lead: Prof Karim Raza

**Responsible board member:** Colin Ovington

### **OBJECTIVE 5**

**Objective: To translate research into** *better and safer clinical care.* Specifically we will work with the CLAHRC-WM (Collaborations for Leadership in Applied Health Research West Midlands) to develop innovative ways of implementing evidence based health care in at least new three domains.

**Delivery deadline:** August 2016

Expert lead: Prof Karim Raza

Responsible board member: Rachel Barlow

### **OBJECTIVE 6**

Objective: To align R&D with the Trust's vision of being renowned as the best integrated care organisation in the NHS. Specifically we will develop a new forum with representation from primary and secondary care within which we can develop a strategy for research at the primary / secondary care interface.

Delivery deadline: April 2015

Expert lead: Prof Karim Raza

Responsible board member: Dr Paramjit Gill and Dr Roger Stedman

### **OBJECTIVE 7**

**Objective:** To align R&D with the strategic aims of our academic partner organisations. Specifically we will develop our links with our partner Universities to develop at least **two** new joint positions to support Objective 2 (Promoting internationally recognised excellence in clinical research).

**Delivery deadline:** August 2015 (1<sup>st</sup> appointment) and August 2016 (2<sup>nd</sup> appointment).

Expert lead: Prof Karim Raza

Responsible board member: Toby Lewis

### **OBJECTIVE 8**

**Objective:** To make patients aware of R&D and empower them to influence it. Specifically we will: (i) Develop a consistent approach to the branding of the Trust's R&D activities. (ii) Develop the R&D website and the effective use of social media. (iii) Expose patients to R&D from the time of their initial contact with the organisation with a focus on electronic check in desks with 70% of all outpatients being asked if they would be interested in taking part in research. (iv) Ensure patient representation in decision making processes via patient representation on the R&D committee.

**Delivery deadline:** August 2015 for all objectives

**Expert lead:** Prof Karim Raza

Responsible board member: Ruth Wilkins

### **OBJECTIVE 9**

**Objective:** To ensuring rigorous governance processes and necessary infrastructure. Specifically (i) The Research Management team will ensure that all research studies are reviewed and set up in accordance with national time lines and delivery of studies is performance managed to ensure adherence to national recommendations. (ii) We will have increased annual income generated from commercial research and though IP management from £400,000 to £1,000,000.

**Delivery deadline:** Income target of £500,000 (April 2015), £700,000 (April 2016) and £1,000,000 (April 2017).

Expert lead: Dr Jocelyn Bell

Responsible board member: Dr Roger Stedman

### **Expert contributors – Why does it matter?**



Research is important because our patients deserve to be treated in an organisation that is moving the frontiers of medicine and healthcare.

**Dr Roger Stedman, Medical Director** 



Improving the quantity, quality and impact of clinical research is important – our patients want it and the NHS needs it. In achieving this we will help increase the standards of the care provided to patients at our Trust and more widely across the NHS.

Professor Karim Raza, Director of Research & Development



**Dr Paramjit Gill, Non-Executive Director** 



Research underpins all clinical care, demonstrating learning from evidence and promoting innovative practice for the benefit of patients.

Dr Jocelyn Bell, Head of Research & Development

### 1. Why Research and Development matters

Research is integral to our ambition to continually improve the safety and quality of the care we provide to our patients.

A strong culture of research at Sandwell and West Birmingham Hospitals matters to us because:

- It matters to our patients. Extensive research has shown that patients believe it is important for the NHS to carry out clinical research with the vast majority wanting to be treated in a hospital where research takes place.
- It allows us develop and deliver more effective ways of looking after our patients.
- It matters to our staff. Encouraging and facilitating our clinical staff to ask questions, to develop research strategies to address them and to contribute to local, regional, national and international research studies will allow our healthcare workforce to develop to its full potential. A culture of research in any NHS organisation empowers its staff to think critically and facilitates innovation.
- It allows for income generation through innovation to support the development of research capability and the translation of research findings into improvements in patient care.
- It matters to the NHS. The Government is committed to the promotion and conduct of research as a core NHS role, recognising that this is an integral component of its strategy to "improve the health and wealth of the nation".

In becoming an organisation recognised as delivering the highest quality health research, and in developing our unique R&D portfolio, we will:

- Meet our patients' expectations that they are cared for in an environment where research is at the centre of improving the safety and quality of their healthcare.
- Attract patients who want to be looked after in such an environment.
- Attract the highest calibre of staff to work in our organisation.
- Attract investment from commercial and non-commercial organisations to underpin growth and development.

### 2. How this fits with our strategic objectives: a priority

Delivering safe high quality care is at the centre of everything we do. Making care safer and of higher quality is the critical objective of the research we undertake and is why the R&D plan is so important.

There some areas in which research at SWBH is already of the highest standard and where our work has influenced approaches to disease management at both national and international levels. We want to grow those areas. But we also want to increase the breadth of our research, empowering the full spectrum of health care staff to deliver research and to give all our patients the opportunity to take part in research. In doing, so we will make ourselves truly responsive to our patients' needs.

The Trust serves a large and ethnically mixed population and has excellent links into the community, where the care of many patients with chronic longer term condition is increasing focussed. This population and these links put us in a privileged position to develop a diverse and innovative research programme.

High quality research requires considerable resource. We already have the two most important elements of that resource—committed and enthusiastic staff and patients who are keen to work with us. We will continue to develop our resource recognising that the success of R&D plan will be facilitated by the success of all the Trust's plan, for example the IT plan. To deliver to our full potential we will, however, need to engage more actively and strategically with our partner organisations. The Universities in the West Midlands are some of the best in the country and our local enterprise are some of the most innovative. We will develop our links with them, ensuring that our plan complements that of important local and regional initiatives such as the Institute for Translational Medicine, under the direction of Birmingham Health Partners, and the West Midlands Academic Health Sciences Network.

We begin from a strong position. Three years is not long but it is long enough to position ourselves as an organisation with a unique focus which delivers outstanding clinical research and contributes as a critical stakeholder to translational biomedical research in the West Midlands.



### Safe, High Quality Care

We will provide the highest quality clinical care. We will achieve the goals for safety, clinical effectiveness and patient experience set out in our quality strategy

Rationale This is the minimum patients are entitled to and come to expect.



### Accessible and Responsive

We will provide services that are quick and convenient to use and responsive to individual needs. They will be accessible to all ages and demographics. Patients will be fully involved in their design

Rationale: Our market make services more accessible

assessment shows that we need to and responsive to meet the demands of our patients and commissioners and to maintain our position. Services that meet the needs of individual patients are likely to result in improved health outcomes



### Care Closer to Home

Working in partnership with primary and social care we will deliver an increasing range of seamless and integrated services across hospital and community settings

help achieve our

objective to build

a new, smaller

hospital

Rationale: Funding We need to provide a wider range of community based treatment and prevention services to ensure a sustainable health economy and to



### Good use of resources

We will make good use of public money

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

Rationale: constraints mean that we have to increase our efficiency very considerably



### 21st Century Infastructure

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

Rationale: A significant proportion of our estate is sub optimal. Areas of the estate do not fully meet patient needs and expectations and does not support an effective use of workforce



### An effective organisation

An engaged and effective NHS organisation will underpin all we do. We will become a Foundation Trust at the earliest opportunity. We will develop our workforce. promote education, training and research, and make good use of technologies We will make the most effective use of technology to drive improvements in quality and efficiency

Rationale Effective governance and excellent staff engagement is at the heart of a successful organisation. Becoming a Foundation Trust will help achieve these aims

### 3. Current excellence in Clinical Research at Sandwell and West Birmingham Hospitals NHS Trust

The Trust has a long and proud track record of excellence in clinical research. The following examples give a flavour of our ability to attract significant research grant funding, and to develop new products and approaches to clinical management that have improved the quality of life of many of our patients.

Our Cardiologists have developed risk scores for stroke (CHA2DS2-VASc) and bleeding (HAS-BLED) specifically for use in atrial fibrillation, providing clinicians with simple tools to assess stroke and bleeding risk and allowing them to identify and counsel patients, thereby improving clinical practice and patient safety. This, amongst other achievements, led to the 'BMJ Group Cardiovascular Team of the Year' award in 2013. These 2 risk scores are recommended within the 2014 NICE guidelines for atrial fibrillation.

Our Rheumatologists have been awarded the Arthritis Research UK Centre of Excellence in the Pathogenesis of Rheumatoid Arthritis (RA), and lead a European Union consortium funded at €5.7M to develop strategies to predict and prevent the development of RA in those at risk. They have identified that the earliest phase of joint inflammation in those destined to develop RA is characterized by a distinct pattern of inflammation, a finding which has significant implications for the approaches to the treatment of early disease.

Our Neurologists have recently published, in *The Lancet*, the largest drug study in Parkinson's disease ever conducted. It shows that levodopa therapy leads to better patient-rated quality of life than dopamine agonists and MAOB inhibitors and will lead to changes in clinical practice at an international level.

Our Ophthalmologists have been developing a synthetic flowable dressing to prevent scarring of the cornea, currently a leading cause of worldwide blindness, and a tool to measure conjunctival scarring. In addition they have made important discoveries regarding the roles that cell of the immune system play in conditions causing inflammation at the front and the back of the eye. Excellence in these areas was central to SWBH being awarded the status of National Centre of Excellence for Beçhet's Disease.

Our Gynaecological Oncologists have developed new approaches to diagnostic testing in patients with gynaecological cancer and have been commissioned by the National Institute for Health and Care Excellence to develop and deliver a study to investigate approaches to the treatment of ovarian cancer.

### 4. The 2014-17 Plan: Main deliverables - now and then

	Now	2017
OBJECTIVE 1: Increasing clinical research activity	In 2013-14, 2,071 patients were recruited from SWBH into clinical studies on the NIHR (National Institute for Health Research) research portfolio	The central objective of the R&D plan is to bring about an increase in recruitment achieving 6,000 patients recruited to NIHR portfolio adopted studies by April 2017.  The increase will be incremental as follows: 2,500 patients in year 2014-15, 4,000 patients in year 2015-16 and 6,000 patients per year by April 2017.  This step change in recruitment will be facilitated by achieving the objectives 2 – 9.
OBJECTIVE 2: Promoting national and international excellence and leadership in clinical research	Researchers at SWBH lead internationally recognised research programmes in several disease areas including:  • Atrial fibrillation • Gynaecological malignancies • Inflammatory eye disease • Parkinson's disease • Rheumatoid arthritis • Systemic lupus erythematosus  Research carried out at SWBH has:  • Led to significant advances in our understanding of disease mechanisms. Enhanced our ability to	We will continue to support and develop our areas of research excellence.  We will expand our portfolio of research by developing at least two disease areas in which we are national / international leaders.  Potential disease areas where we currently have considerable clinical strength and an existing research portfolio which could be developed further include:  Behçet's disease Gastroenterological diseases / GI surgical diseases  Research excellence and leadership will be evidenced by:  Publication of original data in at least four peer reviewed publications in speciality or general medical / surgical journals  Ability to attract grant income as evidenced by the award of at least one grant from an NIHR partner organisation  Invitation to present data at a national / international meeting

	<ul> <li>predict, prevent and treat common diseases associated with major health burdens.</li> <li>Informed national and international guidelines on disease management.</li> </ul>	
OBJECTIVE 3: Increasing the breadth of our clinical research portfolio	Our research portfolio has breadth as well as depth. In addition to disease areas where we are recognised as leaders in the field, we actively contribute to nationally and internationally recognised research across all clinical directorates with active research programmes in areas including:  Dermatology Diabetes Gastroenterology Haematology Metabolic medicine Oncology Paediatrics Reproductive health Stroke	<ul> <li>It is our vision that all patients looked after at the Trust are given the opportunity to take part in clinical research.</li> <li>We will have raised the profile of research amongst Trust staff using a number of strategies including:</li> <li>Regular promotion of R&amp;D activity in Trust publications including Heartbeat and Innovation and via Social media including Twitter</li> <li>The institution of a regular forum for current and potential Principal Investigators to meet and discuss best practice and the potential for collaborative opportunities.</li> <li>We will have worked with clinical groups to develop research in areas of currently limited activity. Specifically we will have developed a new research portfolio in at least five disease areas where research activity was absent / modest between 2011 -2014.</li> <li>For areas where research activity was previously absent we will aim to recruit on average 50 patients per year to portfolio adopted studies.</li> <li>For areas where research activity was previously modest (on average less than 50 patients recruited per year), we will aim to treble annual recruitment to portfolio adopted studies.</li> </ul>
OBJECTIVE 4: Increasing the range of health care professionals	Our research portfolio is led predominantly by doctors. There are however several examples of Nurses and Allied Health Professionals (AHPs) conducting research as part of educational projects e.g. MSc projects	We will have promoted the research leadership by Nurses and Allied Health Professionals (AHPs), ensuring that at least three NIHR portfolio adopted studies are led at SWBH by Nurses / AHPs.

contributing to our clinical research portfolio	and PhD training Fellowships.	
OBJECTIVE 5: Translating research into better and safer clinical care	The National Institute for Health and Clinical Excellence works to facilitate the implementation of evidence based healthcare throughout the NHS and Governance systems at the Trust ensure that guidelines are integrated into clinical care. We have worked with CLAHRC-WM (Collaborations for Leadership in Applied Health Research – West Midlands) to improve the quality of care we provide in relation to our Readmissions project and our 10 out of 10 safety in healthcare project	In addition to our current approaches, we will continue to work with the CLAHRC-WM to institute changes in clinical practice at the Trust in at least 3 clinical domains. This will improve the quality and safety of the care that we provide to our patients.
OBJECTIVE 6: Aligning with the Trust's strategy	Several of our current research themes align with the Trust's objective of delivering 'care closer to home' through an integrated service across hospital,	The Trust's vision is to be renowned as the best integrated care organisation in the NHS provides an ideal environment within which to strengthen a research programme operating at the interface between secondary care and, for example, primary care and social care.
	intermediate care and community settings.	Research themes operating at these interfaces will be supported through close engagement between researchers at the Trust and local partner groupings and organisations.
		We will have developed a new forum with representation from primary and secondary care within we can develop strategy for research at the primary / secondary care interface.
		We will host research programmes to:
		Understand the earliest phases of disease and to facilitate appropriate referral to

OBJECTIVE 7: Aligning with the strategic aims of our academic partner organisations	Many researchers at SWBH have very close links with local academic organisations, in particular the University of Birmingham and Aston University. The Trust currently hosts sixteen Clinical Professors in:  Ophthalmology (5) Rheumatology (3) Cardiology (2) Pharmacology and Toxicology (2) Pharmacology and Gynaecology (2) Neurology (1) Metabolic Medicine (1) These links have enabled the development of outstanding translational research programmes capitalising on the clinical strengths of SWBH and the scientific strength of its associated universities.	<ul> <li>Secondary care.</li> <li>Develop strategies for integrated care for patients with long term conditions including diabetes, heart failure and arthritis.</li> <li>We will continue to support our longstanding and highly successful academic links with the University of Birmingham and Aston University.</li> <li>The establishment of the West Midlands Academic Health Sciences Network (AHSN) in 2013 brings together providers of NHS services, with academia and industry at a regional level increasing our ability to interact with relevant partners organisations through a focus on priorities and themes of the West Midlands AHSN, including:</li> <li>Long Term Conditions</li> <li>Digital Care</li> <li>Integrated Health</li> <li>Specifically we will have developed our links with our local academic partner organistions by developing at least two new joint positions to support Aim 2 (Promoting national and international excellence in clinical research).</li> </ul>
OBJECTIVE 8:  Making patients aware of R&D and empowering them to influence it	We carry out our research to benefit our patients and can only do our research with our patients' support.  Many of our research groups actively involve patients in the development, delivery and dissemination of research and individual examples of excellence in	<ul> <li>We will increase the visibility of R&amp;D and the research opportunities within it so patients are aware of studies they may be able to participate in.</li> <li>We will have developed:</li> <li>A consistent approach to the branding of the Trust's R&amp;D activities</li> <li>A strategy to exposing patients to R&amp;D from the time of their initial contact with the organisation with a focus on electronic check-in desks. Through this we will develop a database of patients interested in taking party in research studies.</li> </ul>

### Patient and Public Involvement have • Our R&D website and the effective use of social media been recognised at a national level. We will have involved patient representatives in decision making processes, allowing the patient voice to help shape the direction of R&D and approaches to its delivery. In particular we will work with the Trust's 'patient panels' to ensure patient representation on the R&D committee. We will continue to ensure that our research is carried out to conform to the **OBJECTIVE 9:** R&D activities at the Trust are supported by a Research Management and requirements of the Research Governance Framework and the highest standards of Ensuring Good Clinical Practice and that we meet the delivery requirements of the National Governance team, and dedicated rigorous Research Nurses, Clinical Trials Institute for Health Research. governance Practitioners and Data Coordinators. We will ensure that changing requirements of research governance and management processes and These teams work to ensure that including those introduced by the Health Research Authority and the EU (e.g. the new necessary infrastructure regulations for Clinical Trials) are integrated into our working systems in an efficient and approvals for clinical studies take place in a timely fashion and that the research transparent manner. process follows appropriate governance The Research Management team will ensure that research studies are reviewed and set standards. up in accordance with national time lines and delivery of studies is performance managed to ensure adherence to national recommendations. The development of our R&D portfolio will be supported by an expansion in core members of the Research Management and Governance team and the Research Delivery team. This will be facilitated by income generated through: • Increased NIHR portfolio research • Increased commercial research • The effective management of intellectual property generated by researchers at the Trust Specifically we will increase the annual income which supports R&D, and that is generated from research grants, commercial research and IP management, from £400,000 to £1,000,000.

### 5. Governing the plan:

The Trust is structured across seven clinical groups, supported by seven corporate directorates. Each of those, and the clinical directorates beneath them, are led by clinicians and professional managers. For this plan to be delivered, the subject experts who have contributed ideas to this campaign will be joined by the people who manage and delivery services across the Trust.

The Quality and Safety Committee: Chaired by Olwen Dutton, Non-Exec Director

The Q&S committee will receive an annual report from the R&D committee on behalf of the Board on progress against this plan

The Clinical Leadership Executive: Chaired by Toby Lewis, Chief Executive

CLE is the principle strategic and accountability forum. The R&D committee will report its proceedings to CLE alternate monthly.

The Research and Development Committee: Chaired by Dr Roger Stedman, Medical Director

The Director of R&D, Head of R&D, Director of Governance and representatives of all Clinical Groups sit on this committee which meets every two months to review R&D activity against Key Performance Indicators within the R&D Plan. Data on the numbers of patients recruited to studies and income generation are carefully scrutinised and corrective action taken where necessary.

The Investigators' Forum: Chaired by Prof Karim Raza, Director of R&D

This group meets every three months to update Principal Investigators on performance in relation to the R&D plan, share best practice, understand problems at a 'grass roots' level and identify solutions.

### **TRUST BOARD**

DOCUMENT TITLE:	Organisational Learning Plan
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Kam Dhami, Director of Governance
DATE OF MEETING:	23 September 2014

### **EXECUTIVE SUMMARY:**

Organisational learning has been agreed as one of the areas where a three year delivery plan is required to support the development of our 2020 vision and our integration intentions.

A draft plan for improving our learning culture is being put forward for consideration and comment.

### **REPORT RECOMMENDATION:**

The Board is asked to discuss and provide feedback on the draft plan.

### **ACTION REQUIRED** (*Indicate with 'x' the purpose that applies*):

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
		✓
KEY AREAS OF IMPACT (Indicate with '	x' all those that apply):	

KEY AREAS OF IMPACT (Indicate with 'x' all those that apply):						
Financial		Environmental		Communications & Media		
Business and market share		Legal & Policy		Patient Experience	✓	
Clinical	1	Equality and		Workforce	1	
Cirrical	•	Diversity			•	

Comments:

### ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:

One of the 3-year delivery plans to support our 6 year '2020' plan. 'An engaged effective organisation'

### **PREVIOUS CONSIDERATION:**

Proposed approach previously presented and discussed at CLE in June and September and the Board in July 2014.

### Sandwell and West Birmingham Hospitals NHS Trust

### **Organisational Learning Plan 2014-17**

### 1. Introduction

- 1.1 Organisational learning is positive and proactive and should be at the heart of everything we do at Sandwell and West Birmingham Hospitals NHS Trust (the Trust). This first organisational learning plan builds on improvements and achievements made by the Trust in safety and quality of care that patients have received over the last few years. The Trust needs to further embed learning by refining quality and governance processes and to continuously improve, ensuring our service are operating at a high standard that we, our patients, service users and commissioners would expect as a high priority.
- 1.2 This means that we must make a transition from learning in silos to sharing learning and embedding a range of methods, behaviours and values at all levels of the organisation. We will build on our foundations to create a culture of continuous learning whilst embedding quality improvements. Our goal is to become an organisation in which all staff and teams understand their role in learning whilst delivering the quality and safety agenda and working towards that learning culture as part of their working practice.

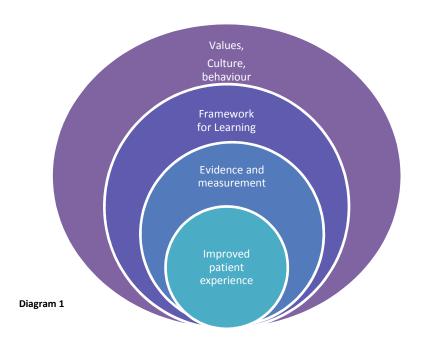
### 2. Scope

- 2.1 The Learning Plan will focus on embedding a culture of learning, innovation and continuous improvement through the values adopted by staff in the Trust and supported by the use of tools to embed sustainable cultural change.
- 2.2 The Trust will promote an open learning culture where incidents, complaints and other learning events are investigated thoroughly to determine root causes and action where appropriate to improve services as a result.
- 2.3 The arrangements for organisational learning will be fully integrated within the Trust vision, values, behavioural competency framework, staff development programmes, training and governance arrangements.
- 2.4 Learning is everyone's responsibility and should form part of an organisational learning process. Therefore a structure will be in place for 'learning' discussed and communicated at all levels of the organisation and for it to be taken into account in all decision making.
- 2.5 As a result of improving key aspects of organisational learning the Trust will see an improved patient and service user experience and improved quality and safety borne out by improved performance indicators, demonstrating that learning has made a difference to the outcome.

2.6 Organisational learning helps avoid a decline when mistakes are recognised early and avoided in the future. Improved quality, innovations and better understanding of the quality agenda itself and the increased ability to manage change are important outcomes for a learning structure.

### 3. Our vision for organisational learning

- 3.1 Learning from mistakes, shared information and experience equals less mistakes and more positive outcomes for patients and service users.
- 3.2 For Sandwell and West Birmingham Hospitals NHS Trust to be recognised by its staff and stakeholders as a true learning organisation and which has a culture that promotes learning from its mistakes, excellence and innovation whilst striving for continuous improvement in outcomes for users and patients. This will be inextricably linked to the overall Trust vision, values and priorities; improving patient care and user experience and outcomes, person and patient centred, releasing ambition, driving innovation, forging relationships, delivering value and valuing achievement (as in the diagram below)



### 4. What is a learning organisation

- 4.1 Healthcare organisations can improve the patient experience by enhancing their capabilities for organisational learning.
- 4.2 A learning organisation is an organisation that facilitates the learning of its staff and teams to continuously improve itself. It creates opportunities for information and knowledge to flow through review, investigations, performance appraisals, simulation and benchmarking. Learning also takes place when external auditors, commissioners and patient's report their observations, insights and experiences.

- 4.3 The organisation should actively seek out hidden deficiencies such as incorrect procedures, pressures on resources and dysfunctional backup systems which often lie in wait for a trigger. Safety and quality are enhanced by finding these deficiencies as they often surface as 'near misses'. Experimenting with better ways of working, creating the culture for errors to be discussed, encouraging supportive feedback and building effective relationships and make connections between action and reflection is an enabler to learning. This provides the opportunity to form a sense of shared purpose, inspiring individuals and teams and the organisation to achieve a high standard of care. A supporting infrastructure that includes information systems, triangulation of information, training programmes, meetings and coaching orientated managers will enhance a 'learning' organisation. Senior managers should articulate a compelling vision of a learning culture that helps stakeholders to see investments in organisational learning as supportive of a common goal.
- 4.4 A common goal and 'shared vision' is important for motivating staff and teams to learn as this creates a focus and energy for learning. Often the most successful learning builds on individual learning at all levels of the organisation, whilst the contribution of 'team learning' enables shared knowledge, understanding, innovation and greater problem solving.

### **Characteristics of a Learning Organisation:**

- Fair blame culture
- Supportive, overt environment
- Shared vision, staff pulling in the same direction
- Processes are deliberate and conscious
- Benchmarking to understand the working environment
- Commitment to education, training, knowledge transfer, and share best practice.
- Strive for continuous improvement
- Teamwork and networking

### 5. 'Learning Exchange'

The organisation currently learns in many ways both individually and as teams, this may be by supervision, reflective practice, personal diaries, pilots, simulations, debriefs, patient stories, audit, dashboards etc. or development programmes. There are many ways in which we currently learn as part of the 'learning exchange' model with new methods that may be adopted.



### **Benefits**

The main benefits are:

- Better link resources to patient and service user needs, improving patient experience
- Improve the organisational reputation by learning from mistakes
- Learn faster and increase the effectiveness of improvements and change
- Improve quality outcomes at all levels
- Improve levels of innovation and competitiveness
- Being better positioned to respond to external pressures

### 6. Shared Learning

Learning, outcomes and thematic reviews will take place across the Trust and the results shared at all levels of the organisation through reporting structures, meetings, inspections and walkabouts. The information will also be shared externally with commissioners, agencies and networks.

### 7. Aims of the Organisational Learning Plan

The main aims of the Organisational Learning Plan are to:

## 7.1 Transform the culture of the organisation so that 'organisational learning' becomes central to all activities within the Trust.

- Improve patient experience encouraging openness and learning when things go wrong
- Making learning everyone's business
- Encourage a 'can do' culture
- Continuously strive for improvement
- Transform the culture to one that promotes innovation and behavioural change
- Recognise that learning is not just about formal training opportunities but about maximising the learning that can occur from everyday practices.
- Share learning
- Exhaust all learning opportunities for feedback, positive or negative.

# 7.2 Provide leadership and management which inspires, directs and drives organisational learning.

- Allow people the freedom to act, make decisions and take risks where appropriate.
- Provide a 'safe' environment that enables staff to develop new ideas and new ways
  of working, where errors can be used constructively to promote learning.
- Promote the vision of the Trust and provide clear direction
- Manage unacceptable behaviours promptly
- Value achievement and satisfaction
- Encourage leadership development supports embedding learning

# 7.3 Develop the culture and values whereby learning is shared across organisations and networks, for the organisation to remain healthy it is vital that we learn from our success and mistakes and disseminate innovation and excellence.

- Become an organisation that does not repeat its mistakes
- Learning is not just about when things go wrong but then they go right
- To act on key pieces of work that will make a significant difference
- Act on service changes to improve quality and make a difference
- Network to learn from successes and mistakes

# 7.4 Develop the Trust infrastructure where learning is captured by systems, processes and methods

- Adapt systems and processes to provide evidence that learning is taking place
- Triangulate information from complaints, incidents, audits, inspections and patient feedback and other performance indicators to identify key service issues and organisational themes.
- Adopt the 'Learning Framework' (diagram 3)

### 7.5 Adopt 'learning' from the Francis Report 2013 (and subsequently commissioned reviews)

 Management of incidents and complaints is effective and that learning has been effectively implemented

- Openness, transparency and candour is evident. Where harm has been caused to a
  patient that the patient / carer is informed and given support whether or not the
  patient / carer asked for information.
- Enabling concerns, complaints, whistleblowing to be raised freely and without fear
- To develop and share ever improving means of measuring and understanding performance, reports and feedback whilst evidencing that learning is happening so that mistakes are not repeated.

### 8. Framework for learning

Clinical directorates and corporate functions will introduce and embed a framework for learning (diagram below) into the governance structure to link learning, themes and outcomes from all areas in the Trust, for example investigations, recommendations, external reports, audits, patient and staff surveys.

	FRAMEWORK Learning / Themes / Outcomes							
¥	Patient safety incidents, including, SIRIs	Complaints	Whistleblowing	Claims	Patient / Staff feedback	Specialist specific	Audits, reviews / recommendations	External reports / public enquiries

Diagram 3 – Sources of information that staff can learn from

### 9. Deliverables

In 2014/15 the Trust will introduce and embed a framework into governance structures to link learning themes and outcomes from all areas in the Trust (diagram 3). This will allow proper reflection on findings from investigations / audits etc. in order to develop and implement new ways of working or improved processes / systems to prevent recurrence of the untoward incident or improve the service provided by the Trust. The deliverables listed below will enable this to be achieved.

In subsequent years, with the framework embedded, the focus will turn to more care specific deliverables where evidence suggests that learning is not taking place, i.e. recurrent incidents, repeat complaints etc. The emphasis will be on activities to share and implement learning across the Trust, from teams who have been successful and from regional and local initiatives which are reviewing good practice and developing evidence based guidance and targeted outcomes.

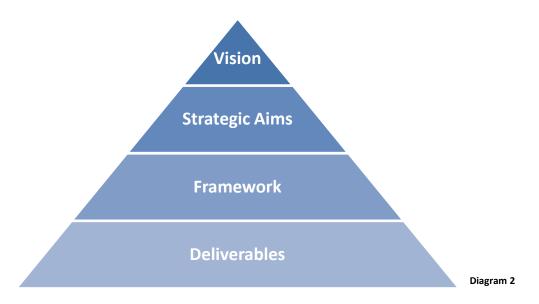
### 2014/15 Main deliverables

- 9.1 For every complaint, incident, serious incident, claim and other event,
  - The investigation will include an explicit requirement to identify learning;
  - Where there has been some failing in the care or service provided actions aimed at ensuring lessons are learned will be identified;
  - Notable practice that comes to light during the investigation will be celebrated and communicated;
  - Learning will be captured and shared within the area the event occurred and more widely across the Trust, in a timely manner;
  - The most effective communication channels will be deployed to cascade learning to staff. This will also be publicised externally to patients, relatives, visitors and stakeholders;
  - There will be an explicit requirement for learning in one area to be adopted in all other relevant areas across the organisation.
  - The changes in practice or service improvement introduced will be revisited after a reasonable period of time to check that the lessons learned have been embraced.
  - Investigations into repeat events will involve a check on whether the lessons learned were properly implemented.
- 9.2 Implement thematic reviews across the Trust and share the results at all levels of the organisation through reporting structures, meetings and walkabouts.
- 9.3 Develop and implement a learning and improvement matrix to promote cross organisational learning.
- 9.4 Develop processes at all levels that are action focused and encourage behavioural change, drive improvements and share best practice, including tools and training.
- 9.5 Embed learning in organisational development and leadership programmes.
- 9.6 Formalise and develop the 'learning exchange' to embed the learning across the organisation, networks and stakeholders (diagram 2).
- 9.7 Promote a culture to make learning everyone's business
- 9.8 Implement a measurement tool to assess the maturity of the organisation and methods in place to evidence that learning is happening.

9.9 Make positive changes as a result of learning.

### 10. Implementation of the Plan

The Clinical Leadership Executive will monitor delivery of the Organisational Learning Plan and report to the Quality and Safety Committee.



### 11. Communications

The Organisational Learning Plan will be circulated to staff via the Trust's established communication mechanisms. It will also be shared with key partners and stakeholders.

The document will be available for download on the Trust website so that patients and members of the public can access it.

### 12. Measuring success

The Trust will implement a measurement tool to assess the maturity of the organisation and methods in place to evidence that learning is happening. Also thematic reviews will provide evidence that learning resulting in changing practice will reduce repetitive themes.

September 2014

# Sandwell and West Birmingham Hospitals **NHS**



### **TRUST BOARD**

DOCUMENT TITLE:	Integrated Quality, Performance and Finance Report		
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite, Director of Finance and Performance Mgt		
AUTHOR:	Gary Smith, Head of Performance Management (acting)/ Mike Harding.		
DATE OF MEETING:	2 <sup>nd</sup> October 2014		

### **EXECUTIVE SUMMARY:**

The report is designed to inform the Trust Board of the summary performance of the Trust for the period April - Aug 2014.

### REPORT RECOMMENDATION:

The Trust Board is asked to consider the content of this report and its associated commentary.

### **ACTION REQUIRED** (*Indicate with 'x' the purpose that applies*):

The receiving body is asked to receive, consider and:

Accept		Approve the recommendation		Discuss	
				x	
KEY AREAS OF IMPACT (Inc	dicate w	ith 'x' all those that apply):			
Financial	х	Environmental	Х	Communications & Media	Х
Business and market share	х	Legal & Policy	х	Patient Experience	Х
Clinical	х	Equality and Diversity		Workforce	Х
Commonte					

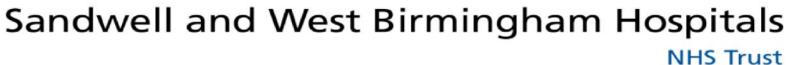
### Comments:

### ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:

Accessible and Responsive Care, High Quality Care and Good Use of Resources. National targets and Infection Control. Internal Control and Value for Money

### PREVIOUS CONSIDERATION:

Operational Management Committee, Performance Management Committee, Clinical Leadership Executive and Quality & Safety Committee.





# **Integrated Quality and Performance Report**

August 2014

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11

Emergency Care & Patient Flow

### At A Glance

#### Infection Control

The number of cases of C Diff reported during the month was 4, 3 of which were at Sandwell, and 1 at City. The number of cases for the month exceeds the monthly trajectory of 3, but overall numbers to date (13) remain within the trajectory of 16. There were no cases of MRSA Bacteraemia reported during the month. The incidence of MSSA and E. Coli, both expressed per 100,000 bed days are within TDA identified operational thresholds.

Both Elective and Non-Elective MRSA Screening performance continues to meet operational thresholds, although variation remains at Group and Clinical Directorate level.

#### Stroke Care & Cardiology

Stroke Care - performance against the range of stroke care related indicators is contained within the main body of this report. The main features to highlight are a decrease (decline) in the proportion of patients receiving thrombolysis within 60 minutes of admission to 77.8%. The data for patients receiving swallowing assessments reported as 93.8% during July has been subject to validation and revised to 100%. Performance for August and the year to date is 100%. The proportion of patients admitted to an Acute Stroke Unit within 4 hours has improved to 81.1%, although less than the operational threshold of 90.0% and an improvement to 100% from 98.1% in those patients receiving a CT Scan within 24 hours of presentation.

### **Emergency Care**

The Trust did not meet the 4-hour ED wait target during August with performance of 94.83% for the month. Current (as of 23 September) projected performance for September is 91.6% and for Quarter 2 is 93.7%. Year to date performance is 93.9%.

Delayed Transfers of Care further increased during the month to 4.4% (3.8% year to date).

The proportion of patients admitted with a Fractured Neck of Femur who received an operation within 24 hours of admission during August was 67.86%. Year to date performance is 61.54%.

#### **Harm Free Care**

Overall Harm Free Care as assessed through the NHS Safety Thermometer indicates a level of Harm Free Care (94.4%) slightly below the operational performance threshold.

The number of Falls reported during the month of August were 52, a reduction from 65 the previous month. Included within this number are falls with a serious injury, which increased to 5 from 1 during July.

Overall compliance with the WHO Safe Surgery Checklist (% patients where all 3 sections complete) reduced to 92.97% during August. The data includes both ORMIS (99.81% compliant (4155 of 4163 patients)) and Non-ORMIS (64.13% compliant (633 of 987 patients)) areas.

There were 6 Open CAS Alerts reported at the end of August, however none were overdue at the end of the reporting period.

### **Cancer Care**

The Trust continues to meet, for month (July) and year to date all high level Cancer Treatment targets, and continues to compare well against national data.

2 Groups failed to meet 93.0% operational threshold for the 2-week maximum cancer wait; Medicine (91.9%) and Surgery B (88.4%).

### Referral To Treatment

All high level RTT thresholds were met during the month of August. Variable performance by Group is indicated in the body of this report.

Data for August indicates 2 patients (both T&O) were waiting in excess of 52 weeks on the Incomplete RTT pathway at the end of the month, whilst 2 patients commenced treatment (1 T&O and 1 General Surgery) beyond 52 weeks on the Non-Admitted pathway.

11 treatment functions failed the respective RTT pathway performance thresholds for the month of August.

Acute diagnostic waits in excess of 6 weeks remain below the maximum 1% threshold at 0.51%.

#### Obstetrics

The overall Caesarean Section rate (24.8%) for August remained below the operational threshold of 25.0%, with the year to date rate reducing to 25.9%. During the month the rate comprised 7.1% Elective and 17.0% Non Elective.

Data for Puerperal Sepsis and other puerperal infections is included in the report, aligned to CQC definitions.

### Patient Experience - MSA & Complaints

There were no mixed sex accommodation breaches reported during the month of August.

The FFT Response Rate within ED remains stable at c.16 / 17%, but remains beneath the operational threshold of 20.0%.

### Staff

PDR overall compliance as at the end of August fell further to 82.4%, having reduced month on month from April (94.61%). The range by Group is 78 - 92% and by Directorate 58 - 97%.

Mandatory Training compliance reduced slightly at the end of August to 84.4% overall. The range by Group is 78 - 94% and by Directorate 73 - 99%.

Sickness Absence during August is reported as 4.48% (range 3.8 - 5.7%), a decrease from 4.75% during July. Absence for the for the 12-month cumulative period is 4.40%.

### Mortality & Readmissions

The Trust's HSMR for the most recent 12-month cumulative period is 83.5, which remains beneath that of the SHA Peer. The City site HSMR remains beneath lower statistical confidence limits (68.4), with the Sandwell site HSMR (97.2), within statistical confidence limits.

Mortality rates for weekday and weekend, low risk diagnoses and CQC diagnosis groups are within or beneath statistical confidence limits.

During the most recent month for which complete data is available (June) the overall Trust performance for review of deaths within 42 days increased to 88%, remaining above the improvement trajectory.

The Crude Mortality Rate expressed as a % (Deaths / Spells) by month and 12-month cumulative period is now included in the report.

#### **Patient Experience - Cancelled Operations**

Cancelled Operatons remain at 0.9% during the month of August with a total of 39 SitRep declared late cancellations during the period. Of the 39 cancellations, there were 16 in Surgery A and 14 in Surgery B.

There were no breaches of the 28-day late cancelled operation guarantee during the month and no patients were subject to a second or subsequent operation being cancelled.

#### CQUIN

Q1 submissions have been made to the Midlands and East Specialised Commissioning Group for the SWBH specialist CQUINs and to the CCG for a Q1 report on the rest of the CQUINs. The Specialist Commissioning has signed off Q1 with no querie. The CCG are looking at the Q1 submission and will respond shortly.

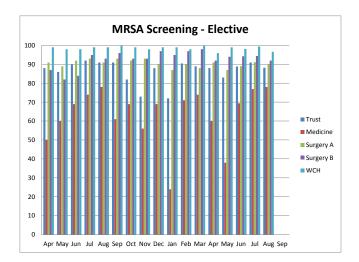
There are 2 schemes which are not currently on track; the FFT Inpatient Response Rate reduced to 32% during August, which is beneath an end of year (March) target of 40%, there is also concern regarding the Medication and Falls CQUIN as the implementation programme is behind. Many schemes were to establish a base line Q1 so input is required from the leads to agree an improvement trajectory.

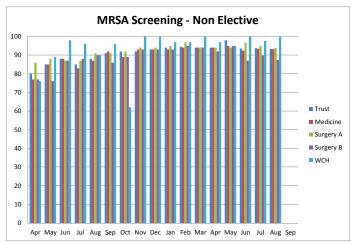
Two task and finish groups have been held recently. There will be others to follow.

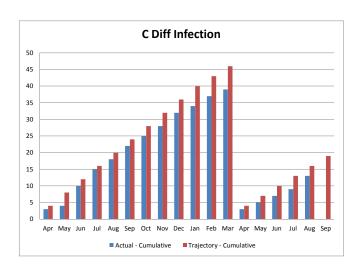
### **Patient Safety - Infection Control**

Data	Data	PAF	Indicator	Traje	ctory
Source	Quality	PAF	indicator	Year	Month
			1	1	
4		•d••	C. Difficile	37	3
4		•d•	MRSA Bacteraemia	0	0
4			MSSA Bacteraemia (rate per 100,000 bed days)	<9.42	<9.42
				•	•
4			E Coli Bacteraemia (rate per 100,000 bed days)	<94.9	<94.9
					•
3			MRSA Screening - Elective	80	80
			•		
3			MRSA Screening - Non Elective	80	80

Previous Months Trend (since April 2013)   A   M   J   J   A   S   O   N   D   J   F   M   A   M   J   J   A   S	Data Period		Month	Year To Date	Trend	Next Month	3 Mont
	Aug-14	2 2 0 0	4	13	•	•	•
	Aug-14	0 0 0 0	0	0	•	•	•
	Aug-14		0.0	3.7	•	•	•
	Aug-14		18.4	18.2	•	•	•
	Aug-14	78 90 92 97	88.2		•	•	•
	Aug-14	93 94 87 100	93.3		•	•	•



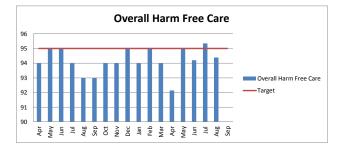


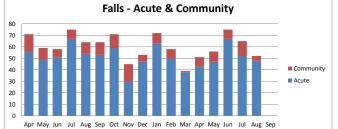


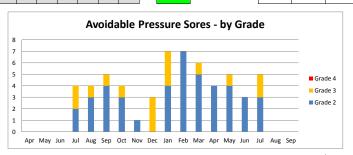
### **Patient Safety - Harm Free Care**

Data	Data	PAF	Indicator	Traj	ectory					Prev							e A			)			
Source	Quality	FAF	mulcator	Year	Month	1	A N	١,	J	Α	S	0	N	D	J	F	М	Α	M	J	J	Α	
8		•d	Patient Safety Thermometer - Overall Harm Free Care (%)	=>95	=>95	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
8			Falls	804	67	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
9			Falls with a serious injury	0	0	:	3 3	4	•	•	1	6	2	6	2	1	2	1	4	4	1	5	
8			Grade 2,3 or 4 Pressure Ulcers (avoidable)	0	0	1	14 1	6 1	3 4	4	5	4	1	2	7	8	7	4	5	3	5		
3	0	•d•	Venous Thromboembolism (VTE) Assessments	95	95	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	ĺ
3			WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete)	98	98	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
3			WHO Safer Surgery - 3 sections and brief (% lists where complete)	95	95	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
3			WHO Safer Surgery - Audit - 3 sections, brief and debrief (% lists where complete)	85	85	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Ī
9		•d•	Never Events	0	0	•	•	1		1	•	•	2	•	2	•	•	•	•	•	•	•	
9		•d	Medication Errors causing serious harm	0	0	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
9		•d•	Serious Incidents	0	0	(	0 5	; a	10	7	5	1	4	0	2	0	1	3	2	2	2	2	
9			Open Central Alert System (CAS) Alerts			5	5 5	; 3	6	6	8	7	6	9	9	8	11	9	5	7	5	6	
9		•d	Open Central Alert System (CAS) Alerts beyond deadline date	0	0	Г													1	1	1	0	ſ

			-	Prev	ious	Мо	nth	s Tre	end	(sin	ce /	Apri	1 20	13)					Data					G	oup					Year To	T	Next	
Α	M	J			S	0		D			M		A   A		J	J	A S	3	Period	1	И	Α	В	W	Р	ı	С	CO	Month	Date	Trend	Month	3 Months
•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		Aug-14										94.4		•		
•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		Aug-14	4	14	3	0	1	0	0	4		52	299	•		
3	3	4	•	•	1	6	2	6	2	1	2	1	4	. 4	1	1	5		Aug-14		4	0	0	0		0	1		5	15	•		
14	16	13	4	4	5	4	1	2	7	8	7		5	. 3	3	5			Jul-14		3	0	0	0			2		5	17	•		
•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		Aug-14	9	99	98	97	89					96.82		•		
•	•	•	•	•	•	•	•	•	•	•	•	•	•		•	•	•		Aug-14	87	7.5	96.7	94.5	99.6		0.0			92.97		•		
•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		Aug-14	1	00	100	100	100		83.0	3		99.4		•		
•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		Aug-14	1	00	99.4	99.6	100		54.2	2		98.1		•		
•	•	1	•	1	•	•	2	•	2	•	•	•	•	•	•	•	•		Aug-14		0	0	0	0	0	0	0		0	0	•		
•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		Aug-14		0	0	0	0	0	0	0		0	0	•		
0	5	3	10	7	5	1	4	0	2	0	1	3	2	: 2	2	2	2		Aug-14		1	0	0	0	0	0	1		2	11	•		
5	5	3	6	6	8	7	6	9	9	8	11	1 9	5	7	7	5	6		Aug-14										6		•		
													1	. 1	ı	1	0		Aug-14										0		•		

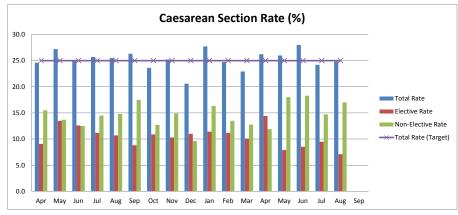


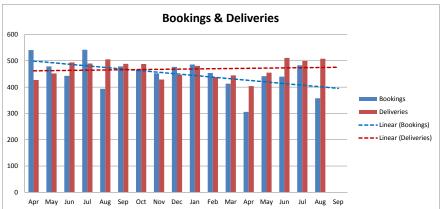




### **Patient Safety - Obstetrics**

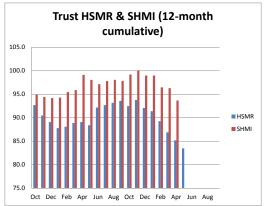
Data	Data	PAF	Indicator	Trajec								d (since						ita	Month	1	Year To	-	Trend	Next	3 Months
Source	Quality			Year	Month	Α	M J	J	S	O N	D .	JF	M A	M J	JJ	AS	Pei	iod		J	Date	L		Month	-
3			Caesarean Section Rate - Total (%)	=<25.0	=<25.0	•	•	•	•	• •	•	•	•	•	•	•	Aug	<b>j-14</b>	24.8		25.9		•		
3		•	Caesarean Section Rate - Elective (%)			9	14 13	11 1	1 13	11 10	11 1	2 11	10 10	8 9	10	7	Aug	<b>j-14</b>	7.1		8.6				
3		•	Caesarean Section Rate - Non Elective (%)			16	14 13	15 1	5 16	13 15	10 1	6 14	13 16	18 18	8 15	17	Aug	<b>j-14</b>	17.0		16.8				
2		•d	Maternal Deaths	0	0	•	• •	•	•	•	•	•	•	•	•	•	Aug	<b>j-14</b>	0		0		•		
3			Post Partum Haemorrhage (>2000ml)	48	4	•	•	•	•	•	•	•	•	•	•	•	Aug	<b>j-14</b>	1		3		•		
3			Admissions to Neonatal Intensive Care (%)	=<10.0	=<10.0	•	•	•	•	• •	•	•	•	•	•	•	Aug	<b>j-14</b>	1.77		3.24		•		
12			Adjusted Perinatal Mortality Rate (per 1000 babies)	<8.0	<8.0	•	• •	•	•	• •	•	•	• •	•	•	•	Aug	<b>j-14</b>	9.7				•		
12			Early Booking Assessment (<12 + 6 weeks) (%) - SWBH Specific	=>90.0	=>90.0	•	• •	•	•	• •	•	•	•	•	•	•	Aug	<b>j-14</b>	77.37				•		
12			Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=>90.0	=>90.0	•	• •	•	•	•	•	•	•	•	•	•	Aug	<b>j</b> -14	136				•		
2			Breast Feeding Initiation (Quarterly) (%)	=>77.0	=>77.0		•		•	•		•		•			Jur	ı-14	76.12		76.12		•		
2		•	Puerperal Sepsis and other puerperal infections (variation 1) (%)			4.2	7.0 2.3	5.1 4	3 2.4	1.9 1.9	3.4	3 2.3	0.7	3 1.8 2.	.6 1.8	0.9	Aug	<b>j</b> -14	0.9		1.9				
2		•	Puerperal Sepsis and other puerperal infections (variation 2) (%)			1.5	1.9 0.6	1.7 1.	4 1.3	1.0 0.5	1.4	0.2 1.6	0.5	5 1.8 1.	.6 1.6	0.7	Aug	<b>j</b> -14	0.7		1.4				
2		•	Puerperal Sepsis and other puerperal infections (variation 3) (%)			0.5	0.9 0.0	0.9 0.	6 0.9	0.2 0.2	0.5	0.2	0.0	8 0.7 0.	.4 0.4	0.2	Aug	<b>j-14</b>	0.2		0.5				

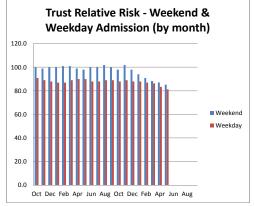




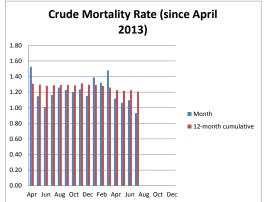
### **Clinical Effectiveness - Mortality & Readmissions**

Data Source	Data Quality	PAF	Indicator	Trajecto Year N	ory Month	Previous Months Trend (since April 2013)   A   M   J   J   A   S   O   N   D   J   F   M   A   M   J   J   A   S	Data Period	Group	Month	Year To Date	Trend Next Month 3 Months
5		•C•	Hospital Standardised Mortality Rate - Overall (12-month cumulative)	Below E Upper CI Up	Below pper CI	89 88 92 93 93 94 93 94 92 91 89 87 85 84	May-14			83.5	•
5		•C•	Hospital Standardised Mortality Rate - Weekday (12-month cumulative)	Below E Upper CI Up	Below pper CI	90 90 88 88 89 89 89 88 89 88 88 88 81	May-14			81.3	•
5		•C•	Hospital Standardised Mortality Rate - Weekend (12-month cumulative)	Below E Upper CI Up	Below pper CI	99 98 100 100 102 100 98 102 98 94 91 88 87 85	May-14			85.2	•
6		•C•	Summary Hospital-level Mortality Index (12-month cumulative)		Below pper CI	99 98 97 98 98 98 99 100 99 99 97 96 94	Apr-14			93.7	•
5		•C•	Deaths in Low Risk Diagnosis Groups		Below pper CI		May-14		96.2		•
3			Mortality Reviews within 42 working days	100 =	=>86.0		Jun-14	89 90 100	88		•
3			Crude In-Hospital Mortality Rate (%) (Deaths / Spells) (by Month)			1.5   1.2   1.0   1.2   1.3   1.2   1.2   1.2   1.4   1.3   1.5   1.1   1.1   1.1   0.9	Jul-14		0.93		
3			Crude In-Hospital Mortality Rate (%) (Deaths / Spells) (12-month cumulative)			13 13 13 13 13 13 13 13 13 13 13 13 13 1	Jul-14		1.21		
5		•C•	Emergency Readmissions (within 30 days) - Overall (%) (12-month cumulative)			9.1 8.9 8.9 9.1	Apr13 - Mar14			9.1	
5		•	Emergency Readmissions (within 30 days) - Following Initial Elective Admission (%) (12-month cumulative)			4.1 4.2 4.1 4.0	Apr13 - Mar14			4.0	
5		•	Emergency Readmissions (within 30 days) - Following Initial Non Elective Admission (%) (12-month cumul.)	=<10.9 =	=<10.9	13.7 13.3 13.4 13.6	Apr13 - Mar14			13.6	•



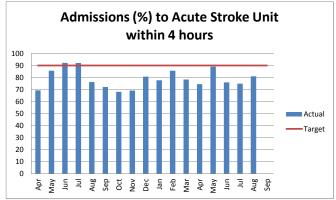


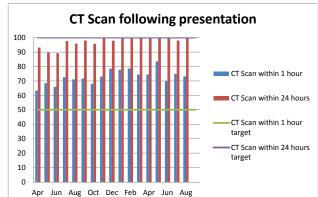


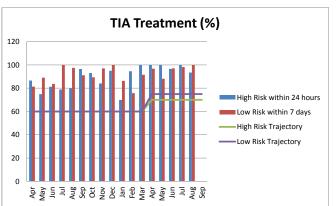


# Clinical Effectiveness - Stroke Care & Cardiology

Data	Data	PAF	Indicator	Trajectory	Previous Months Trend (since April 2013)	Data	Month	Year To	Trend Next 3 Months
Source	Quality	FAF	indicator	Year Month	A M J J A S O N D J F M A M J J A S	Period	WOITH	Date	Month S Months
3			Pts spending >90% stay on Acute Stroke Unit (%)	=>90.0 =>90.0		Aug-14	88.9	89.2	•
3			Pts admitted to Acute Stroke Unit within 4 hrs (%)	=>90.0 =>90.0		Aug-14	81.1	79.1	•
3		•	Pts receiving CT Scan within 1 hr of presentation (%)	=>50.0 =>50.0		Aug-14	73.2	75.0	•
3			Pts receiving CT Scan within 24 hrs of presentation (%)	100 100		Aug-14	100.0	99.6	•
3			Stroke Admission to Thrombolysis Time (% within 60 mins)	=>85.0 =>85.0		Aug-14	77.8	83.3	•
3			Stroke Admissions - Swallowing assessments (<24h) (%)	=>98.0 =>98.0		Aug-14	100.0	100.0	•
3			TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=>70.0 =>70.0		Aug-14	93.6	98.1	•
3			TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=>75.0 =>75.0		Aug-14	100.0	96.3	•
9			Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=>80.0 =>80.0		Jul-14	77 (C) & 75 S)	82.0	•
9			Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=>80.0 =>80.0		Jul-14	86 (C) & 86(S)	90.0	•
9			Rapid Access Chest Pain - seen within 14 days (%)	=>98.0 =>98.0		Aug-14	96.8	97.2	•

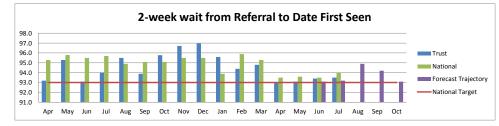


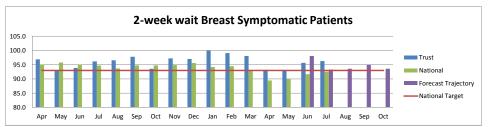


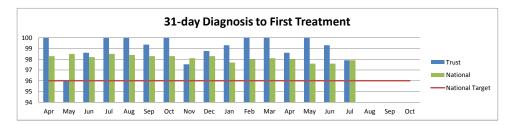


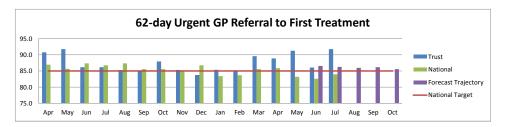
### **Clinical Effectiveness - Cancer Care**

Data Source	Data Quality	PAF Indicator	Trajectory Year Month	Previous Months Trend (since April 2013)  A   M   J   J   A   S   O   N   D   J   F   M   A   M   J   J   A   S	Data Period	Group     Group     Group	Month	Year To Date	Trend Next Month 3 Months
1		2 weeks	=>93.0 =>93.0		Jul-14	91.9 94.8 88.4 95.8	93.5	93.2	•
1		2 weeks (Breast Symptomatic)	=>93.0 =>93.0		Jul-14	96.3	96.3	94.8	•
1		e • 31 Day (diagnosis to treatment)	=>96.0 =>96.0		Jul-14	97 99 100 96	97.9	99.0	•
1		31 Day (second/subsequent treatment - surger	ry) =>94.0 =>94.0		Jul-14		96.7	98.4	•
1		31 Day (second/subsequent treatment - drug)	=>98.0 =>98.0		Jul-14		100	100	•
1		31 Day (second/subsequent treat - radiotherap	ey) =>94.0 =>94.0	n/a	Jul-14				•
1	•	€ • • 62 Day (urgent GP referral to treatment)	=>85.0 =>85.0		Jul-14	97.4 90.4 100 87.0	91.8	89.4	•
1	•	e • 62 Day (referral to treat from screening)	=>90.0 =>90.0		Jul-14	100 100	100	100.0	•
1		62 Day (referral to treat from hosp specialist)	=>90.0 =>90.0		Jul-14	100 100 100	100	98.8	•



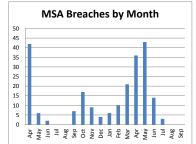


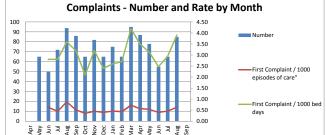


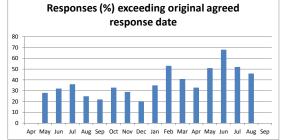


### Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data	Data	545	I	Traje	ectory					Previo	ous Mo	nths Tr	end (s	ince Apı	il 201:	3)			Data			Group			Y	ear To		Next	
Source	Quality	PAF	Indicator	Year	Month	Α	М	J	JA	S	0 1	N D	J.	F	A A	A M	J,	J A S	Period	М	A B	WP	C CO	Month		Date	Trend	Month	3 Months
8	0	•b•	FFT Response Rate - Inpatients	=>30.0	=>30.0	31	1 40	30 3	15 31	19	<b>29</b> 3	1 29	31	34 3	6 36	6 44	45 4	11 32	Aug-14					32.0			•		
8	0	•a•	FFT Score - Inpatients	=>60.0	=>60.0	66	6 66	67 6	i8 <b>37</b>	72	71 7	73	71	75 7	3 74	4 74	70 7	73 76	Aug-14					76.0			•		
8	0	•b•	FFT Response Rate Emergency Department	=>20.0	=>20.0	2.2	2 3.7	9.6	5 5.3	12	21 1	7 15	15	16 1	5 1	5 16	16 1	16 17	Aug-14	16.6				16.6			•		
8	0	•a•	FFT Score - Emergency Department	=>46.0	=>46.0	55	5 49	50 4	9 50	51	46 4	7 44	47	48 4	8 47	7 49	48 4	17 49	Aug-14	49				49.0			•		
13		•a	Mixed Sex Accommodation Breaches	0	0	42	2 6	2	0 0	7	17 9	9 4	6	10 2	1 36	6 43	14	3 0	Aug-14	0	0 0	0 0	0	0		96	•		
9		•	No. of Complaints Received (formal and link)			63	65	50 7	2 94	56	65 5	2 65	75	65 9	5 87	7 78	55 6	85 85	Aug-14	32	19 11	8 1 3	5 6	85		370			
9			No. of Active Complaints in the System (formal and line	k]			302	336 2	72 254	238	201 20	01 190	188	188 21	0 19	245	270 2	19 258	Aug-14	130	39 37	24 2 5	8 13	258					
9		•a	No. of First Formal Complaints received / 1000 bed days					2.8 2	.8 3.6	3.2	2.1 3.	.2 2.4	2.6	2.7 4	2 3.9	5 3.1	2.5 2	1.9 3.9	Aug-14					3.91		3.38			
9			No. of First Formal Complaints received / 1000 episodes of care					0.6	.5 0.9	0.5	0.4 0	.5 0.4	0.5	0.4 0	7 0.0	6 0.5	0.4 0	0.6	Aug-14					0.63		0.60			
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	100	100		97	78 9	97	75	97 9	9 98	97	95 9	9 10	100	100 98	8.5 99	Aug-14	97	100 100	100 100 10	100 100	99			•		
9			No. of responses which have exceeded their original agreed response date (% of total active complaints)	0	0		28	32	16 25	22	33 2	20	35	53 4	1 33	3 51	68 5	52 46	Aug-14	55	33 43	58 50 2	12.5 46	46			•		
9			No. of responses sent out				17	5 1	28 73	78	109 5	9 79	81	58 6	7 11	30	4 1:	38 66	Aug-14	28	15 9	5 0 4	1 4	66					
9			Oldest' complaint currently in system (days)				197	155 1	65 147	150	107 17	74 91	112	118 12	27 10	124	145 1:	27 133	Aug-14	133	99 129	66 46 3	38 99	133					
14		•e•	Access to healthcare for people with Learning Disabilit (full compliance)	Yes	Yes	•	•	•	•	•	•	•	•	•	•	•	•	• •	Aug-14	Υ	YY	YYY	YY	Yes			•		



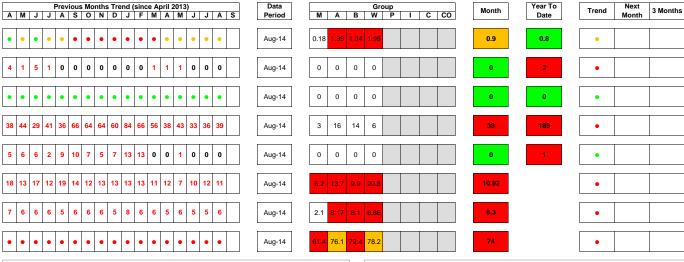




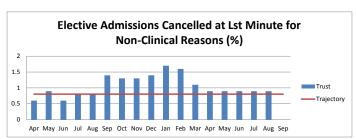


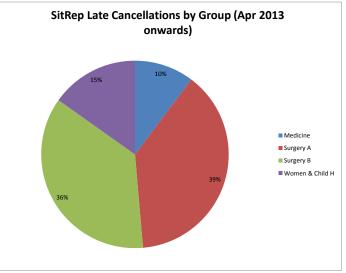
### **Patient Experience - Cancelled Operations**

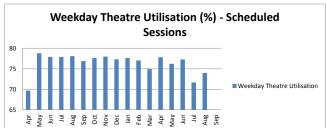
Data	Data	PAF	Indicator	Traje	ctory
Source	Quality	PAF	indicator	Year	Month
					r
2		•	Elective Admissions Cancelled at last minute for non- clinical reasons (%)	=<0.8	=<0.8
					ı
2		• e •	28 day breaches	0	0
2		•e	No. of second or subsequent urgent operations cancelled	0	0
					•
2			Sitrep Declared Late Cancellations	320	27
3			Sitrep Declared Late Cancellations (Pts. >1 occasion)	0	0
3			Multiple Cancellations experienced by same patient (all cancellations) (%)	0	0
					•
3			All Cancellations, with 7 or less days notice (expressed as % overall elective activity)	3.1	3.1
-			•		
3			Weekday Theatre Utilisation (as % of scheduled)	=>85.0	=>85.0





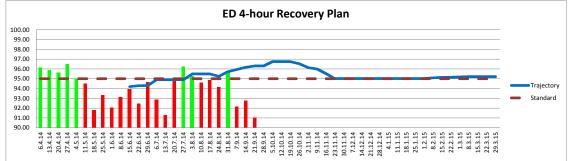




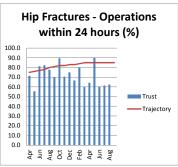


# **Access To Emergency Care & Patient Flow**

Data Source	Data Quality	PAF	Indicator	Trajectory Year Month	Previous Months Trend (since April 2013)  A   M   J   J   A   S   O   N   D   J   F   M   A   M   J   J   A   S	Data Period	Unit S C B	Month	Year To Date	Trend Next Month 3 Months
2		•e••	Emergency Care 4-hour waits (%)	=>95.0 =>95.0		Aug-14	95.6 93.2 98.8	94.83	94.28	•
2			Emergency Care 4-hour breach (numbers)		741 1210 1277 1122 876	Aug-14	301 550 25	876	5226	
2		•e	Emergency Care Trolley Waits >12 hours	0 0	1	Aug-14	0 0 0	0	0	•
3			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	=<15 =<15 mins mins		Aug-14	12 15 13	14	17	•
3			Emergency Care Timeliness - Time to Treatment in Department (median)	=<60 =<60 mins mins		Aug-14	45 54 22	45	50	•
3			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	=<5.0 =<5.0		Aug-14	8.04 7.65 3.95	7.3	6.72	•
3			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	=<5.0 =<5.0		Aug-14	2.63 4.76 1.90	3.52	3.98	•
11			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	0 0	• • • • • • • • • • • • • • • • • • •	Aug-14	21 30	51	576	•
11	<b>Q</b>		WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	0 0		Aug-14	0 1	1	38	•
11	0	•	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	=<0.02 =<0.02		Aug-14	0.00 0.04	0.025	0.18	•
11			WMAS - Emergency Conveyances (total)		3590 5071 3672 4031 3762 3658 3991 3927 4122 4009 3826 4271 4044 4277 4093 4277 4093	Aug-14	1702 2292	3994	20636	
2			Delayed Transfers of Care (Acute) (%)	=<3.5 =<3.5		Aug-14	3.1 6.0	4.4	3.8	•
2			Delayed Transfers of Care (Acute) (Av./Week)	<10 per site <10 per site		Aug-14	6 9	15		•
2			Patient Bed Moves (10pm - 8am) (No.) -ALL		668 751 722 753 697	Aug-14		697	3588	
2			Patient Bed Moves (10pm - 8am) (No.) - exc. Assessment Units		312 331 330 329 337	Aug-14		337	1638	
3			Hip Fractures - Operation < 24 hours of admission (%)	=>85.0 =>85.0		Aug-14		67.9	61.5	•
			FD 4 hours	Pacayary Plan		A! - - -	Pads Month End		Ilia Fusat	uros Operations







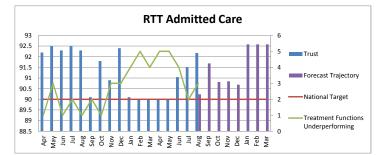
### **Referral To Treatment**

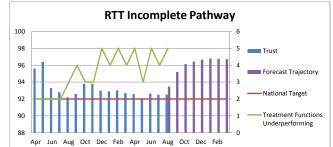
Data	Data	PAF	Indicator	Traje	ctory
Source	Quality	PAF	indicator	Year	Month
			1		
2		•e••	RTT - Admitted Care (18-weeks) (%)	=>90.0	=>90.0
	_				
2		•e••	RTT - Non Admittted Care (18-weeks) (%)	=>95.0	=>95.0
2		•6••	RTT - Incomplete Pathway (18-weeks) (%)	=>92.0	=>92.0
				•	
2		•e	Patients Waiting >52 weeks	0	0
				•	
2			Treatment Functions Underperforming	0	0
				•	
2		•e•	Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0

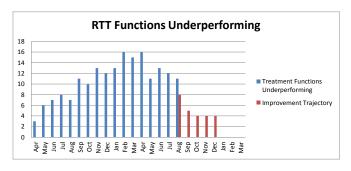
			F	rev	ious	Мо	nths	s Tre	end (	(sind	ce A	pril	201:	3)				Data	
Α	M	J	J	Α	S	0	N	D	J	F	M	Α	M	J	J	Α	S	Period	M
•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		Aug-14	94.2
•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		Aug-14	93.3
•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		Aug-14	91.3
8	28	50	57	29	20	66	36	12	3	1	1	1	2	2	3	4		Aug-14	0
3	6	7	8	7	11	10	13	12	13	16	15	16	11	13	12	11		Aug-14	6
•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		Aug-14	0.8

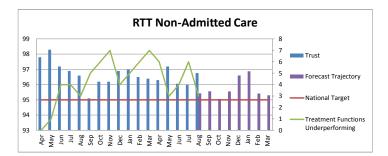
_									
				Grou					Month
ı	M	Α	В	W	Р	ı	С	СО	
ļ	94.2	86.5	91.1	94.9					92.18
_									
ļ	93.3	97.3	97.2	98.5					96.76
	91.3	90.3	94.5	99.0					92.53
	0	4	0	0					4
	6	3	2	0					11
									•
ļ	0.8	0.0	1.8	0.0		0.3			0.51

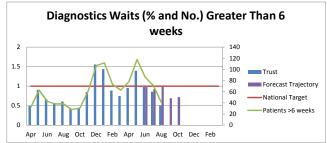
Year To Date	Trend	Next Month	3 Months
	•		
	•		
	•		
	•		
	•		
	•		

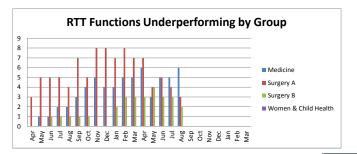












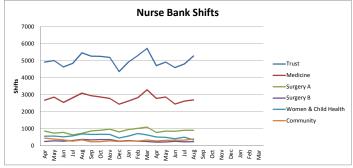
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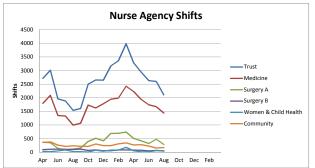
# **Data Completeness**

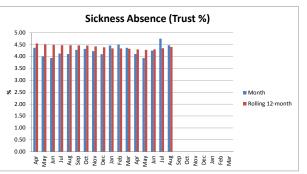
Data	Data	PAF	Indicator		ectory					Previ	ous Mon	ths Tre	end (sin	ce Apri	I 2013)	)			Data			roup		Month	Year To	)	Trend	Next 3 Months
Source	Quality	1.41	maicator	Year	Month	Α	М	J	Α	S	O N	D	J	F M	Α	M	J,	JAS	Period	M A	A B W	PI	C CO	Mondi	Date		IICIIG	Month
14		•	Data Completeness Community Services	=>50.0	=>50.0	•	•	•	•	•	•	•	•	•	•	•	•	• •	Aug-14				>50	>50			•	
2		•	Percentage SUS Records for AE with valid entries in mandatory fields	=>99.0	=>99.0	•	•	•	•	•	•	•	•	•	•	•	•		Jun-14					99.32	99.32		•	
2		•	Percentage SUS Records for IP care with valid entries in mandatory fields	=>99.0	=>99.0	•	•	•	•	•	• •	•	•	• •	•	•	•		Jun-14					99.44	99.43		•	
2		•	Percentage SUS Records for OP care with valid entries in mandatory fields	=>99.0	=>99.0	•	•	•	•	•	•	•	•	•	•	•	•		Jun-14					99.53	99.53		•	
2			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=>99.0	=>99.0	99.3	99.3	99.2 99	2 99.1	99.1	99.1 98.9	99.2	98.9	8.9 98.	7 98.7	97.0	95.6 95	5.4 95.2	Aug-14					95.2	96.4		•	
2			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=>99.0	=>99.0	99.7	99.8	99.7 99	7 99.7	99.7	99.7	99.7	99.7	9.6 99.5	5 99.5	99.5	99.5	9.5 99.4	Aug-14					99.4	99.5		•	
2			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=>95.0	=>95.0	97.8	97.3	97.4 97	2 97.4	97.3	97.5 97.2	97.1	97.6	6.8 95.9	9 96.3	95.8	96.3 96	6.1 96.1	Aug-14					96.1	96.1		•	
2			Ethnicity Coding - percentage of inpatients with recorded response	=>90.0	=>90.0	•	•	•	•	•	• •	•	•	•	•	•	•	• •	Aug-14					91.8	92.37		•	
2		•b•	Data Quality of Trust Returns to the HSCIC (provided by TDA)	=>96.0	=>96.0								94.9	4.9 95.	0 95.0	95.0			May-14					95.0			•	
2			Maternity - Percentage of invalid fields completed in SUS submission	=<15.0	=<15.0	•	•	•	•	•	•	•	•	•	•	•	•	• •	Aug-14					39.61	31.35		•	

### Staff

Data Source	Data Quality	PAF	Indicator	Trajectory Year Month	Previous Months Trend (since April 2013)   A   M   J   J   A   S   O   N   D   J   F   M   A   M   J   J   A   S	Data Period	Group     Group     Group	Month	Year To Date	Trend Next Month 3 Months
7	0	•b	WTE - Actual versus Plan (FTE)		312 456 465 458 511 610 643 626 572 541 567 567 531 558 580 584 626	Aug-14	166 71.4 31.9 81.1 29.3 22.1 61.8 162	626		
3	0	•b•	PDRs - 12 month rolling	=>95.0 =>95.0		Aug-14	83 83 91 90 90 82 88 78		83.72	•
7	0	•b	Medical Appraisal and Revalidation	=>95.0 =>95.0		Aug-14	86.8     79.8     87.1     78.1     100     96.7     100		85.0	•
3	$\bigcirc$	•b	Sickness Absence	=<3.15 =<3.15		Aug-14	5.1   5.7   3.3   5.7   4.3   4.7   4.4   4.4	4.48	4.40	•
3	0		Mandatory Training	=>95.0 =>95.0		Aug-14	77.8         81.2         83.1         83.3         93.8         90.7         90.2         90.1		84.4	•
3	0	•	Mandatory Training - Health & Safety (% staff)	=>75.0 =>75.0		Aug-14	92.2     92.9     92.3     95.4     99.4     99     99.5     98.3		95.6	•
7		•b•	Staff Turnover (rolling 12 months) (%)	=<10.0		Aug-14		12.22	12.04	•
7			New Investigations in Month		4 5 8 9 1 4 3 1 4 2 4 5 1 4 6 5 2	Aug-14	1 0 0 0 0 0 1	2		
7			Vacancy Time to Fill (weeks)		15 19 18 18 18 18 18 17 18 20 18 19 19 20 19 18 19	Aug-14		18		
7		•	Professional Registration Lapses	0 0	3 0 0 1 0 4 7 0 0 0 0 0 0 0 0 0 0	Aug-14	0 0 0 0 0 0 0	0	0	•
7	<b>O</b>		Qualified Nursing Variance (FIMS) (FTE)		26 108 138 143 181 236 177 199 210 163 162 162 161 169 173 177 201	Aug-14		201	201	
10			Nurse Bank Fill Rate		72 77 75 77 78 76 75 76 71 73 75 76 76 82 82 80 77	Aug-14		76.7	78.9	
10			Nurse Bank Use (shifts)	46980 3915		Aug-14	2963 907 234 346 2 2 401 175	5277	24393	•
10			Nurse Agency Use (shifts)	0 0		Aug-14	1440 285 43 54 0 97 176 12	2600	11456	•
10			Admin & Clerical Bank Use (shifts)	0 0		Aug-14	707 274 222 93 571 114 263 3949	6193	25001	•
10			Admin & Clerical Agency Use (shifts)	0 0		Aug-14	21 0 46 0 0 0 0 65	132	541	•
15			Your Voice - Response Rate		19.8 18.2	Aug-14	9 11 17 12 31 33 32 24			
15	0		Your Voice - Overall Score		3.63 3.68	Aug-14	3.76 3.57 3.52 3.65 3.74 3.73 3.88 3.6			







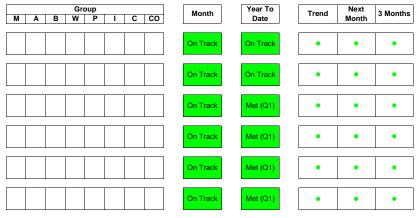
# CQUIN (I)

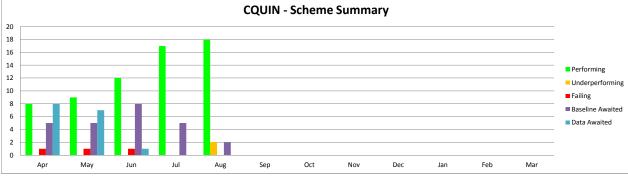
Data Source	Data Quality	PAF Indicator	Trajectory Year Month	Previous Months Trend	Data Period	Group     Group     Group	Month	Year To Date	Trend Next Month	3 Months
8		FFT - Implementation of Staff FFT	Implement by end July		Aug-14		On Track	On Track	•	•
8		FFT - Early Implementation of Patient FFT in OP / DC Departments	Implement by end Oct		Aug-14		may be a delay	may be a delay	•	•
8		FFT - Increase and / or Maintain Response Rate in ED areas	>Q1 rate	15 16 16 16 17	Aug-14		On Track	On Track	•	•
8		FFT - Increase and / or Maintain Response Rate in IP areas	>Q1 rate	36 44 45 41 32	Aug-14		On Track	On Track	•	•
8		FFT - IP Response Rate (March 2015 target 40%) - replaces Reduce Negative Responses	40	• • • 32	Aug-14		Not On Track	Not On Track	•	•
8		NHS Safety Thermometer - Reduction in Prevalance of Pressure Ulcers	50% reduction	•	Jun-14		On Track	On Track	•	•
8		Dementia - Find, Assess and Refer	=>90 =>90	• • • •	Aug-14		2 of 3 met	2 of 3 met	•	•
8		Dementia - Clinical Leadership and Staff Training			Aug-14		On Track	On Track	•	•
8		Dementia - Supporting Carers of People with Dementia	Monthly Monthly Audit Audit		Aug-14		On Track	On Track	•	•
9		Learning From Safeguarding Concerns	Quarterly report to Board	•	Jun-14		On Track	On Track	•	•
2		Quality of Outpatient and Discharge Letters	Trust/CCG to agree assess. criteria	• • •	Aug-14		On Track	On Track	•	•
4		Sepsis - Use of Sepsis Care Bundles	Informed by base data	• • •	Aug-14		On Track	On Track	•	•
8		Pain Relief - Use of Pain Care Bundles	Informed by base data	• • •	Aug-14		On Track	On Track	•	•
9		Medication and Falls	Informed by base data	• • •	Aug-14		actions in place	actions in place	•	•
9		Serious Untoward Incidents (Never Events)	Informed by base data	•	Jun-14		On Track	On Track	• •	•
14		Community Therapies - Effective Referral Management	Informed by base data	• • •	Aug-14		On Track	On Track	•	•

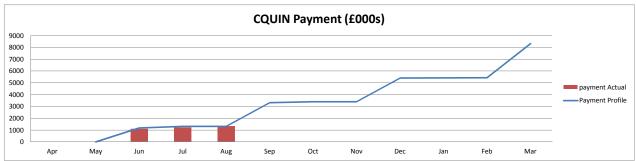
# **CQUIN (II) and summary**

Data	Data	PAF	Indicator	Traje	ectory
Source	Quality	FAF	indicator	Year	Month
14			Community Therapies - Community Dietetics	Informed b	y base
12			Maternity - Low Risk Births		ly audit / n plan
16			Bechet's Disease		Quarterly
17			HIV Home Delivery Medicines (% patients receiving)	70	
17			Retinopathy of Prematurity Screening (%)	95	
17			Timely Administration of TPN for preterm infants	95	

Data				end	s Tre	onth	s M	viou	Pre			
Period	M	F	J	D	N	0	S	Α	J	J	М	A
Aug-14								•	•		•	
May-14											•	•
Aug-14								•	•	1)	et (Q	M
Aug-14								•	•	1)	et (Q	M
Aug-14								•	•	1)	et (Q	M
Aug-14								•	•	1)	et (Q	M







The Trust is contracted to deliver a total of 22 CQUIN schemes during 2014 / 2015. 9 schemes are nationally mandated, a further 9 have been agreed locally, with the remaining 4 identified by the West

Midlands Specialised Commissioners. The collective financial value of the schemes is c.£8.3m.

In summary, no schemes are currently classified as failing, 17 are performing and baseline data is awaited for the remaining 5.

Of note is that national definitions / requirements have been amended for 2 schemes; the FFT scheme to reduce Negative Responses has been replaced by the requirement to deliver an Inpatient FFT response rate of 40% during March 2015, which the Trust is currently delivering and the second scheme, Dementia - Find, Assess and Refer, no longer requires the 90% threshold for each parameter to be met for each month in the quarter, performance will now be assessed as an aggregate across the quarter. During July, 100% compliance was achieved for each parameter of the scheme.

A confirm and challenge meeting was held with a number of scheme leads on 13 August 2014. A further meeting with those unable to attend, and with some of those who did, for a further update is to be convened.

#### **External Assessment Frameworks**

#### TRUST DEVELOPMENT AUTHORITY (TDA) ACCOUNTABILITY FRAMEWORK - SUMMARY Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar QUALITY SCORE Initial Score Override Rules Applied Revised Score No Yes Yes Yes Yes Indicators Not Achieving TDA Standard RTT >52weeks RTT >52weeks RTT >52weeks RTT >52weeks RTT >52weeks ED 4-hours ED 4-hours ED 4-hours 28 day canc. Ops 28 day canc. Ops Diagnostic Waits DTOC DTOC ED 4-hours Initial Score No No No Override Rules Applied Revised Score Indicators Not Achieving TDA Standard Initial Score No No Override Rules Applied Revised Score Indicators Not Achieving TDA Standard Pt. Safety Incidents Open CAS Alerts Open CAS Alerts Open CAS Alerts Open CAS Alerts Harm Free Care Caring Initial Score Override Rules Applied Revised Score No No 5 No 5 No Indicators Not Achieving TDA Standard MSA Breaches MSA Breaches MSA Breaches MSA Breaches Well Led Initial Score Override Rules Applied No No 3 No No No Revised Score Indicators Not Achieving TDA Standard ED FFT Resp. Rate DQ Returns to HSCIC Temp. Staff Costs Temp. Staff Costs Temp. Staff Costs Temp. Staff Costs Temp. Staff Costs

AMBER

AMBER

#### Override Rules

INANCE SCORE

Metric	Override Rule	Domain	Domain Score Affected	Max Domain Score Achievable	Quality Score Affected	Max Quality Score Achievable
RTT - Admitted	Below 90%	Responsiveness	Yes	3	Yes	3
Accident & Emergency	Between 92% and 95%	Responsiveness	Yes	3	Yes	3
Accident & Emergency	Below 92%	Responsiveness	Yes	2	Yes	2
Cancer 62-day Standard	Below 85%	Responsiveness	Yes	3	Yes	3
HSMR or SHMI	High Outlier for 1 Quarter	Effectiveness	Yes	3	No	n/a
HSMR or SHMI	High Outlier for 1 Quarter	Effectiveness	Yes	2	No	n/a
HSMR or SHMI	High Outlier for 2 Quarters or more	Effectiveness	Yes	2	Yes	3
HSMR or SHMI	High Outlier for 1 Year or more	Effectiveness	Yes	2	Yes	2
HSMR and / or SHMI	High Outlier for 2 Years	Effectiveness	Yes	1	Yes	1

AMBER

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AMBER

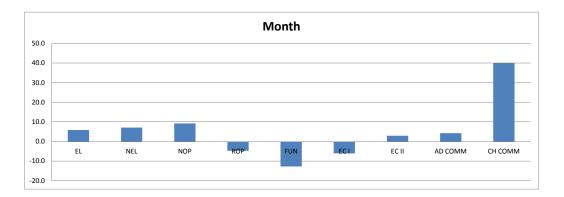
#### MONITOR RISK ASSESSMENT FRAMEWORK - SUMMARY

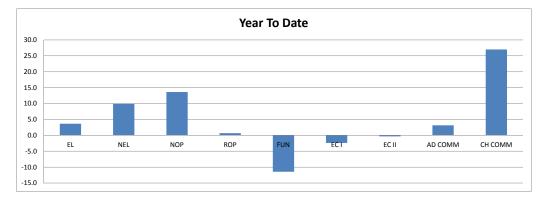
MUNITUR RISK ASSESSMENT FRAMEWORK - SUMMARY												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Indicators Achieving Monitor Standard	15	14	14	14	14							
Budicators Not Achieving Monitor Standard	0	1	1	1	1							
		ED 4-hours	ED 4-hours	ED 4-hours	ED 4-hours							
GOVERNANCE RATING	0.0	1.0	1.0	1.0	1.0							

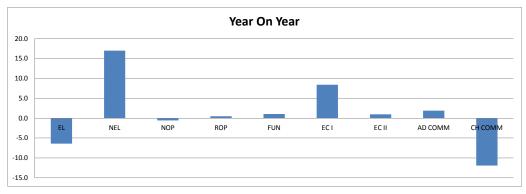
PLEASE NOTE:

For both Frameworks - Performance is project where data is not available for the period of assessment (e.g. RTT and Cancer)

### **Activity Summary**







Activity - Variance expressed as a percentage between actual activity and planned (contracted) activity is reflected for the month and year to date in the graphs opposite. Additionally, there is a year on year comparison of current year with previous year for the corresponding period of time.

High level Elective activity is ahead of plan for the month by 5.9% and 3.7% for the year to date. Non-Elective activity during the month is 7.1% greater than plan, is 9.9% higher for the year to date, and 17.0% higher than the corresponding period last year. New outpatient attendance numbers are ahead of plan by 13.7% for the year to date. With OP Review attendances 0.7% above plan for the year to date, the Follow-Up to New OP Ratio for the period to date is 2.24, compared with a plan derived from contracted activity of 2.53. Type I Emergency Care activity for the month is 6.10% down on plan, and is 2.3% less than plan for the year to date. although remains in excess of activity delivered for the corresponding period last year, by 8.4%, due to the inclusion within plan of GP Triage Activity. Type II activity is essentially on plan for the month and year to date. Adult Community and Child Community activity exceeds plans for the year to date by 3.2% and 27.0% respectively, although the latter is 11.9% less than the corresponding period last year, due to the transfer of School Health Nursing to another provider.

# **Finance Summary**

Data Data	DAE	Indicator	Traje	ctory	Previous Months Trend (data from July 13)	Data	Group	Manth	Year To	Trond	Next	2 Mantha
Source Quality	PAF	Indicator	Year	Month	J A S O N D J F M A M J J A S	Period	M A B W P I C CO	Month	Date	Trend	Month	3 Months
18	•f	Bottom Line Income & Expenditure position - Forecast compared to plan £m	£0.0			Aug-14		£0.0		•	•	•
18	•f	Bottom Line Income & Expenditure position - Year to Date Actual compared to plan £m	£0.0	£0.0		Aug-14	-1.8     -0.7     -0.8     -0.5     0.2     -0.6     0.2     -0.3		-£0.7	•	•	•
18	•f	Actual efficiency recurring / non-recurring compared to plan - Year to Date actual compared to plan	£0.0	£0.0		Aug-14	-0.5   -0.3   -0.2   -0.3   -0.2   -0.3   -0.2   -0.1		-£2.2	•	•	•
18	•f	Actual efficiency recurring / non-recurring compared to plan - Forecast compared to plan	£0.0			Aug-14	-1.1   -0.9   -1.2   -1.1   -0.9   -0.6   -0.4   -0.8		-£7.0	•	•	•
18	•f	Forecast underlying surplus / deficit compared to plan	£0.0			Aug-14			-£0.1	•	•	•
18	•f	Forecast year end charge to capital resource limit	£21.3		• • • • •	Aug-14		£19.1		•	•	•
18	•f	Is the Trust forecasting permanent PDC for liquidity purposes?	No			Aug-14		No		•	•	•
18	•b	Temporary costs and overtime as % total paybill	2.6%	2.6%		Aug-14	10.3% 4.0% 2.0% 1.5% 0.0% 2.1% 2.2% 1.1%	3.8%	4.3%	•	•	•
18		Continuity of Service Risk Rating - Year to Date	2.5			Aug-14			3.0	•	•	•

#### Contractual Requirements - Operational Standards (OS) / National Quality Requirements (NQR)

Data Data Quality OS / NQR Indicator	Threshold	QUARTER 1 (£0005)  M A B W P I C CO ALL	JULY (£000s)  M A B W P I C CO ALL	AUGUST (£000s)  M A B W P I C CO ALL	SEPTEMBER (£000s)	YEAR TO DATE (E000s)  M A B W P I C CO ALL
2 OS RTT Admitted Care (£400 per breach by specialty)	=>90.0%	0.0 94.8 10.4 0.0 105.2	0.0 23.2 2.4 0.0 25.6	1.6 18.0 2.0 0.0 21.6	0.0	1.6 136.0 14.8 0.0 152.4
2 Os RTT Non-Admitted Care (£100 per breach by specialty)	=>95.0%	12.9 6.4 0.0 0.0 19.3	5.5 1.4 0.8 0.0 7.7	4.4 0.0 0.0 0.0 4.4	0.0	228 7.8 0.8 0.0 31.4
2 OS RTT Incomplete Pathway (£100 per breach by specialty)	=>92.0%	38.5 76.4 22.0 0.0 136.9	17.4 23.7 9.7 0.0 50.8	18.7 23.5 9.3 0.0 51.5	0.0	74.6 123.6 41.0 0.0 239.2
2 Diagnostic Waits (£200 per breach)	=>99.0%	0.0 5.4 0.0 0.0 1.4 6.8	0.0 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0	0.0	0.0 5.4 0.0 0.0 1.4 6.8
2 OS ED Waits >4 hours (£200 per breach between 92.0% and 95.0%)	=>95.0%	123.2 0.0 123.2	33.8 0.0 33.8	5.8 0.0 5.8	0.0	162.8 0.0 0.0 162.8
1 Os Cancer Waits (2 weeks, 31 days and 62 days - £200, £1000 and £1000 per breach respectively)	Various	0.0 0.0 0.0 0.0 0.0	Assessed Quarterly	Assessed Quarterly	0.0	0.0 0.0 0.0 0.0 0.0
13 Os Mixed Sex Accommodation Breaches (£250 per day per Service Uder affected)	0	32.8 0.0 0.0 0.0 32.8	0.0 1.3 0.0 0.0 1.3	0.0 0.0 0.0 0.0 0.0	0.0	32.8 1.3 0.0 0.0 34.1
2 Cancelled Operations 28-day (non-payment of rescheduled episode of care)	0	1.8 1.3 0.0 0.0 3.1	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0	1.8 1.3 0.0 0.0 3.1
4 NQR MRSA Bacteraemia (£10,000 per incidence)	0	0.0 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0	0.0	0.0 0.0 0.0 0.0 0.0 0.0
4 NQR C Diff (differential impact if annual target exceeded)	37	0.0 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0	0.0	0.0 0.0 0.0 0.0 0.0
2 RTT Waits >52 weeks Incomplete Pathway (£5,000 per breach)	0	0.0 5.0 5.0 5.0 15.0	0.0 10.0 0.0 0.0 10.0	0.0 10.0 0.0 0.0 10.0	0.0	0.0 25.0 5.0 5.0 35.0
11 NOR WMAS Handovers to ED (£200 per breach 30 - 60 minutes)	0	76.0	29.0	10.2	0.0	115.2
11 NQR WMAS Handovers to ED (£1000 per breach >60 minutes)	0	29.0	8.0	1.0	0.0	38.0
2 NQR ED Trolley Waits >12 hours (£1,000 per breach)	0	0.0	0.0	0.0	0.0	0.0
2 NQR Cancelled Operations - no urgent operation cancelled for second time (£5,000 per breach)	0	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0	0.0 0.0 0.0 0.0 0.0
3 NQR VTE Risk Assessment (£200 per breach)	=>95.0%	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0	0.0 0.0 0.0 0.0 0.0
13 NQR Publication Of Formulary (withholding of 1% of actual monthly contract value for non publication)	0	0.0 0.0	0.0 0.0	0.0 0.0	0.0	0.0 0.0
9 NQR Duty Of Candour (Non-payment for cost of care or £10,000 if cost of care unknown / indeterminate)	0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	0.0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0
2 NQR Completion of valid NHS Number in Acute Commissioning Data Set (£10 per breach)	=>99.0%	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0	0.0 0.0 0.0 0.0 0.0
Nor Completion of valid NHS Number in A&E Commissioning Data Set (£10 per breach)	->95.0%	0.0 0.0	0.0	0.0 0.0	0.0	0.0 0.0 0.0
ALL	]	314.2 189.3 37.4 5.0 0.0 1.4 0.0 0.0 547.3	93.7 59.6 12.9 0.0 0.0 0.0 0.0 0.0 166.2	41.7 51.5 11.3 0.0 0.0 0.0 0.0 0.0 104.5	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	449.6 300.4 61.6 5.0 0.0 1.4 0.0 0.0 818.0
						PAGE 20

### **Contractual Requirements - Local Quality Requirements**

2	Data Data Source Quality Rec	q Indicator	Threshold	QUARTER 1 (£000s)     M A B W P I C CO ALL	JULY (£000s)   M A B W P I C CO ALL	AUGUST (£000s)  M A B W P I C CO ALL		YEAR TO DATE (£000s)           M         A         B         W         P         I         C         CO         ALL
	3 LQR	R Maternity - various (8)	Various	0.0	0.0	0.0	0.0	0.0
S   Column	3 LQR		=>50.0%	0.0	0.0	0.0	0.0	0.0
S	3 LQR		=>90.0%	0.0	0.0	0.0	0.0	0.0
2	3 CQR	R Stroke - CT Scan <1 hr presentation (non payment for any >2 hours if 3 consec. months failure)	=>50.0%	0.0 0.0	0.0 0.0	0.0	0.0	0.0 0.0
10	3 LQR	R Stroke - CT Scan <24 hr presentation (non pay't for any >30 hours if 3 consec. months failure)	100%	0.0 0.0	0.0 0.0	0.0		0.0
3	3 LQR	ED - Time to Initial Assessment <15 mins (£50 per breach between 92.0% and 95.0%)	=>95.0%	44.0 0.0 44.0	14.4 0.0 14.4	7.6	0.0	66.0
2   10   10   10   10   10   10   10	3 LQR	ED - Unplanned Reattendance within 30 days (£50 per breach between 5.00% and 8.00%)	=<5.00%	29.5	18.9 0.0 18.9	16.5 0.0 16.5	0.0	64.9 0.0 64.9
100   100	3 LQR	ED - Left Without Being Seen (lower £23 pay't per pt., & £15 per breach between 5.00% and 8.00%)	=<5.00%	0.0 0.0	0.0 0.0	0.0	0.0	0.0 0.0 0.0
Columbia	2 LQR		<10 per site	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0	0.0 0.0 0.0 0.0 0.0
Col.   Emp. CH/2703, (202703, 202704	2 LQR	Letters for Evictions from Wards (non pay't XS bed days)	100%	0.0	0.0		0.0	0.0 0.0 0.0 0.0 0.0
2   105	2 LQR	Morning Discharges (< m'day) (no conseq. breach, traj. Q1(23%),Q2(27%),Q3(31%),Q4(35%))	Q1 (23%) - Q4 (35%)	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0	0.0 0.0 0.0 0.0 0.0
19   10   10   10   10   10   10   10	2 LQR	BTA (delay in unplanned admiss. to clinically appro. bed) (8 hr(£250),10hr(£500),12hr(£1000)	0	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0	0.0 0.0 0.0 0.0 0.0
10	19 LQR		=>80.0%	6.3	2.1	0.0	0.0	8.4
19   10   10   10   10   10   10   10	2 LQR		100%	0.1	0.1	0.0	0.0	0.2
6 U.S. death (Consec. Fail Egges contract clause) 6-7-0-7 U.S. death (Consec. Fail Egges clause) 6-7-0-7 U.S. death (Consec. Fail Egges clause	19 LQR	Pts. Admit. with MI presc. antiplatelet,statin or b. blocker(non pay for breach if 3 consec. m'ths fail.)	=>98.0%	0.0	0.0	0.0	0.0	0.0
3	8 LQR	R EOL Care (pt's (on SCP) achieving pref. place of death) (Consec. Fail triggers contract clause)	=>75.0%	0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0	0.0	0.0	0.0 0.0 0.0 0.0
	3 LQR	R WHO Safer Surgery Checikist Compliance (3 components) (Consec. Breaches £1000 / month)	98%, 95% and 85%	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0	0.0 0.0 0.0 0.0 0.0
	3 CQR	MRSA Screening (EL and NEL) (£1000 per month after 4 months consecutive breaches)		0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0	0.0 0.0 0.0 0.0 0.0
4 O LQR Appro. Antinicrobial Stewardship (Q1) Reporting (cc. CCG) (£1000 / Other after 2 Cliers breaches)  Assessed Quarterly  Assessed Quarterly  Assessed Quarterly  Assessed Quarterly	4 LQR	Appro. Antimicrobial Stewardship (Q'ly Reporting (cc. CCG) (£1000 / Q'ter after 2 Q'ters breaches)	Submit Report	0.0	Assessed Quarterly	Assessed Quarterly	0.0	0.0
19 CUR PhDATC (pt's achieved target 4.5 m after being set) (non pay't for breach after 3 m/ths fail)  Assessed 6-monthly  Assessed 6-monthly  Assessed 6-monthly  Assessed 6-monthly	19 LQR		=>75.0%	Assessed 6-monthly	Assessed 6-monthly	Assessed 6-monthly	0.0	Assessed 6-monthly
19 CD LQR HBATC (pris receiving written care plan with agreed targets) (ESD per breach)  Assessed 6-monthly  Assessed 6-monthly  Assessed 6-monthly	19 LQR	R HbA1c (pt's receiving written care plan with agreed targets) (£50 per breach)	=>90.0%	Assessed 6-monthly	Assessed 6-monthly	Assessed 6-monthly	0.0	Assessed 6-monthly
2 C LQR Ethnicity Coding (£1000 per month after 2 months (salure)	2 C LQR		=>90.0%	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0	0.0 0.0 0.0 0.0 0.0
		ALL		79.8         0.0         0.0         0.1         0.0         0.0         0.0         0.0         79.9	35.4 0.0 0.0 0.1 0.0 0.0 0.0 0.0 35.5	24.1 0.0 0.0 0.0 0.0 0.0 0.0 0.0 24.1	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	139.3 0.0 0.0 0.2 0.0 0.0 0.0 0.0 139.5

#### Contractual Requirements - CQUIN (CQ)

Data Data Source Quality Req Indicator	Value (£000s)	Threshold	QUARTER 1 (£000s)  M A B W P I C CO ALL	JULY (£000s)  M A B W P I C CO ALL	AUGUST (£000s)  M A B W P I C CO ALL		YEAR TO DATE (£000s)  M A B W P I C CO ALL
8 CQ FFT - Implementation of Staff FFT	125	Implement by end July	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	0.0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0
8 CQ FFT - Early Implementation of Patient FFT in OP / D Departments	67	Implement by end Oct	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	0.0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0
a CQ FFT - Increase and / or Maintain Response Rate in fareas	33.5	>Q1 rate	0.0	0.0	0.0	0.0	0.0
8 CQ FFT - Increase and / or Maintain Response Rate in I	33.5	>Q1 rate	0.0 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0	0.0	0.0 0.0 0.0 0.0 0.0 0.0
8 CQ FFT - IP Response Rate (March 2015 target 40%) - replaces Reduce Negative Responses	167	0	0.0 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0	0.0	0.0 0.0 0.0 0.0 0.0 0.0
8 CQ NHS Safety Thermometer - Reduction in Prevalance Pressure Ulcers	of 42	50% reduction	0.0 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0	0.0	0.0	0.0 0.0 0.0 0.0 0.0 0.0
8 CQ Dementia - Find, Assess and Refer	250	=>90.0%	47.3 15.8 0.0 0.0 63.0	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0	47.3 15.8 0.0 0.0 0.0 63.0
8 CQ Dementia - Clinical Leadership and Staff Training	42	In Place	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0	0.0 0.0 0.0 0.0 0.0 0.0
8 CQ Dementia - Supporting Carers of People with Demer	133	Monthly Audit	0.0 0.0	0.0 0.0	0.0 0.0	0.0	0.0 0.0
9 CQ Learning From Safeguarding Concerns	1332	Q'ly Report to Board	0.0 0.0	Assessed Quarterly	Assessed Quarterly	0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0
2 CQ Quality of Outpatient and Discharge Letters	489	Derived from base	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	0.0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0
4 CQ Sepsis - Use of Sepsis Care Bundles	1237	Derived from base	0.0 0.0 0.0 0.0 0.0	0.0	0.0	0.0	0.0 0.0 0.0 0.0 0.0
8 CQ Pain Relief - Use of Pain Care Bundles	77	Derived from base	0.0 0.0 0.0 0.0 0.0	0.0	0.0	0.0	0.0 0.0 0.0 0.0 0.0
9 CQ Medication and Falls	1237	Derived from base	0.0 0.0 0.0 0.0 0.0 0.0	0.0	0.0	0.0	0.0 0.0 0.0 0.0 0.0 0.0
9 CQ Serious Untoward Incidents (Never Events)	1237	Derived from base	0.0 0.0	Assessed Quarterly	Assessed Quarterly	0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0
14 CQ Community Therapies - Effective Referral Managem	ent 83	Derived from base	0.0	0.0	0.0	0.0	0.0
14 CQ Community Therapies - Community Dietetics	1237	Derived from base	0.0	0.0	0.0	0.0	0.0
12 CQ Maternity - Low Risk Births	70	Q'ly Audit / Action Plan	0.0	0.0	0.0	0.0	0.0
16 CQ Bechet's Disease	109	Quarterly Return	0.0	Assessed Quarterly	Assessed Quarterly	0.0	0.0
17 CQ HIV Home Delivery Medicines (% patients receiving)	109	Derived from base	0.0	Assessed Quarterly	Assessed Quarterly	0.0	0.0
17 CQ Retinopathy of Prematurity Screening (%)	109	Derived from base	0.0	Assessed Quarterly	Assessed Quarterly	0.0	0.0
17 CQ Timely Administration of TPN for preterm infants	109	Derived from base	0.0	Assessed Quarterly	Assessed Quarterly	0.0	0.0
ALL	8328		47.3     15.8     0.0     0.0     0.0     0.0     0.0     0.0     63.0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	47.3     15.8     0.0     0.0     0.0     0.0     0.0     0.0     63.0
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#### Contractual Requirements - Outcome Thermometer (OT) Incentive Scheme

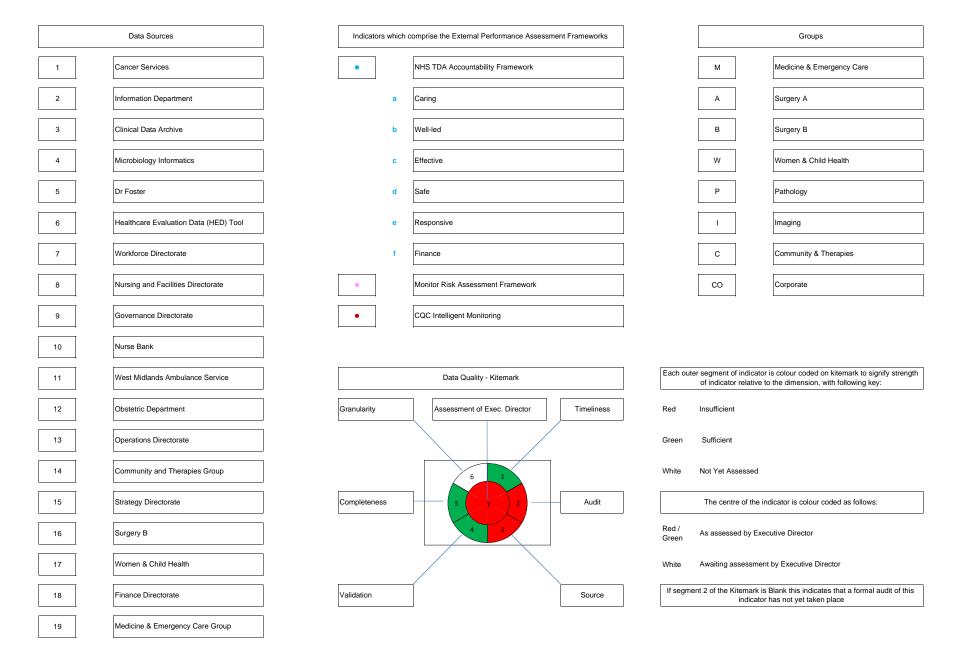
Data Data Source Quality Req Indicator	Value (£000s)	Threshold	QUARTER 1 (£000s)  M A B W P I C CO ALL	QUARTER 2 (£000s)   M   A   B   W   P   I   C   CO   ALL	QUARTER 3 (£000s)   M   A   B   W   P   I   C   CO   ALL	QUARTER 4 (£000s)     M   A   B   W   P   I   C   CO   ALL	YEAR TO DATE (£000s)           M         A         B         W         P         I         C         CO         ALL
2 OT ED Waits >4 hours (=>95.0% each Quarter)	400	=>95.0%	100.0	100.0	0.0	0.0	200.0 0.0 200.0
2 OT RTT Admitted Care (0 failing specialties after Q1)	200	0	na na na 0.0	22.2 22.2 22.2 0.0 66.6	22.2 22.2 22.2 0.0 66.6	0.0	44.4 44.4 44.4 0.0 133.2
2 OT RTT Non-Admitted Care (0 failing specialties after Q1)	200	0	na na na 0.0	66.7	66.7	0.0	133.4 0.0 0.0 0.0 133.4
1 OT Cancer Waits (2 weeks)	400	=>93.0%	0.0 0.0 0.0 0.0 0.0	0.0	0.0	0.0	0.0
19 Urgent & Emergency Care - achieve quarterly milestones in SDIP	100	Yes / No	0.0	0.0	0.0	0.0	0.0
19 OT Lipid Management in OP Clinics - achieve quarterly milestones in SDIP	100	Yes / No	0.0	0.0	0.0	0.0	0.0
2 Community Nursing (Quality & Info Requirements) - achieve quarterly milestones in SDIP	100	Yes / No	0.0	0.0	0.0	0.0	0.0
Dev'ment of Advice & Guidance Service and Map of Medicine - achieve quarterly milestones in SDIP	100	Yes / No	0.0	0.0	0.0	0.0	0.0
2 OT Cardiology - Reduce OP FUN Ratio to West Mids average in Q4 or overall for the year.	57.1	=<1.61	0.0	0.0	0.0	0.0	0.0
2 OT Paediatrics - Reduce OP FUN Ratio to West Mids average in Q4 or overall for the year.	57.1	=<1.64	0.0	0.0	0.0	0.0	0.0
2 Dermatology - Reduce OP FUN Ratio to West Mids average in Q4 or overall for the year.	57.1	=<2.48	14.3	0.0	0.0	0.0	14.3
2 Geriatric Medicine - Reduce OP FUN Ratio to West Mids average in Q4 or overall for the year.	57.1	=<1.76	0.0	0.0	0.0	0.0	0.0
2 OT Rheumatology - Reduce OP FUN Ratio to West Mids average in Q4 or overall for the year.	57.1	=<4.99	14.3	0.0	0.0	0.0	14.3
2 Gastroenterology - Reduce OP FUN Ratio to West Mids average in Q4 or overall for the year.	57.1	=<1.45	14.3	0.0	0.0	0.0	14.3
2 General Medicine - Reduce OP FUN Ratio to West Mids average in Q4 or overall for the year.	57.1	=<2.38	0.0	0.0	0.0	0.0	0.0
9 OT Never Events (reduced incentive available (1 = 85% available, 2 (65), 3 (40), 4 (10), 5 (0)	-2000	0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	0.0	0.0	0.0	0.0
ALL			142.8     0.0     0.0     0.0     0.0     0.0     0.0     0.0     142.8	188.9         22.2         22.2         0.0         0.0         0.0         0.0         0.0         233.3	88.9         22.2         22.2         0.0         0.0         0.0         0.0         0.0         133.3	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	420.6         44.4         44.4         0.0         0.0         0.0         0.0         509.4

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### Contractual Requirements - Price Activity Matrix (PAM)

Data	Data	_		Value		APRIL (£000s)	MAY (£000s)	JUNE (£000s)	JULY (£000s)	YEAR TO DATE (£000s)
Source	Quality	Req	Indicator	(£000s)	Threshold	M A B W P I C CO ALL	M A B W P I C CO ALL	M A B W P I C CO ALL	M A B W P I C CO ALL	M A B W P I C CO ALL
2		PAM	Elective (IP and DC)	52721	Contract Plan	30 62 -33 -6 0 -1 52	-39 -40 -74 -25 1 2 -175	57 53 45 5 1 -1 161	51 -25 32 -32 1 -1 26	99 50 -30 -58 3 -1 64
2		PAM	Non-Elective	82299	Contract Plan	38 -20 6 -24 0	104 1 -36 -24 45	10 -2 -15 46 40	24 66 -4 -27 59	176 46 -49 -29 144
2		PAM	Excess Bed Days	20352	Contract Plan	14 10 -9 -19 -4	50 17 -7 -19 41	10 -2 -5 -22 -19	23 8 -8 -23 0	97 33 -29 -83 18
2		PAM	Accident & Emergency	20352	Contract Plan	-23 -23 -46	8 -33 -25	4 -30 -26	9 -25 -16	-2 -111 -113
2		PAM	Outpatient New	26337	Contract Plan	1 5 -1 -13 -1 0 0 -9	-9 -7 -32 -19 -1 0 0 -68	31 7 13 -4 -1 0 0 46	-10 -6 -5 -15 -1 0 0 -37	13 -1 -25 -51 -4 0 0 -68
2		PAM	Outpatient Review	33208	Contract Plan	14 -15 14 -9 0 0 1 5	-1 -16 -25 -14 -1 0 -1 -58	45 -3 1 -4 1 0 -1 39	7 -7 -12 -8 1 0 -1 -20	65 -41 -22 -35 1 0 -2 -34
2		PAM	Outpatient with Procedure	7336	Contract Plan	-11 23 -35 4 -19	-8 2 -56 -2 -64	-3 19 -47 10 -21	15 20 -56 8 -13	-7 64 <del>-194</del> 20 -117
2		PAM	Outpatient Telephone Conversation	196	Contract Plan	1 0 1	1 0 1	1 0 1	1 0 1	4 0 4
2		PAM	Maternity	14219	Contract Plan	24 24	-10 -10	58.1	129 129	201 201
2		PAM	Occupied Cot Days	6000	Contract Plan	5 5	-3	15.8	-16 -16	2 2
2		PAM	Unbundled Activity	9520	Contract Plan	-6 8 -4 1 0 0 -1	-38 -6 -4 2 0 0 -46	72 -1 0 3 1 0 75	59 -1 1 1 1 0 61	87 0 -7 7 2 0 89
2		PAM	Other Contract Lines	89552	Contract Plan	210 -2 108 15 -6 -27 0 298	-121 -2 173 9 -7 -41 0 11	29 -2 50 -13 4 -10 0 59	229 4 98 -86 -4 -11 0 230	347 -2 429 -75 -13 -89 0 598
2		PAM	Community	36003	Contract Plan	0 0 -4 0 0 -4	0 0 -4 0 0 -4	0 0 0 0 0	0 0 4 0	0 0 -12 0 4 -8
			ALL			268 71 23 -26 -7 -28 1 0 302	-53 -51 -94 -109 -8 -39 -1 0 -355	256 70 12 96 6 -11 -1 0 428	408 59 21 -73 -2 -12 3 0 404	879 149 -38 -112 -11 -90 2 0 779

### Legend



# **Medicine Group**

Indicator	Trajectory Year Month	Previous Months Trend	Data Period	Directorate  EC   AC   SC	Month	Year To Date	Trend Next Month 3 Months
C. Difficile	30 3		Aug-14	0 1 1	2	8	•
MRSA Bacteraemia	0 0		Aug-14	0 0 0	0	0	•
MRSA Screening - Elective (%)	80 80		Aug-14	100 95 49	78.0		•
MRSA Screening - Non Elective (%)	80 80		Aug-14	93 96 95	93.2		•
Falls	0 0	33 40 61 42 44	Aug-14	11 29 4	44	220	•
Falls with a serious injury	0 0	5 2 5 1 1 1 1 2 3 1 4	Aug-14	3 1 0	4	11	•
Grade 3 or 4 Pressure Ulcers (avoidable)	0 0	3 0 0 2 3 3 2 3 3 3	Jul-14		3	11	•
Venous Thromboembolism (VTE) Assessments	=>95.0 =>95.0		Aug-14	99.3 98.8 98.3	98.83		•
WHO Safer Surgery Checklist - Audit 3 sections	=>98.0 =>98.0		Aug-14	100 99.7 81.7	87.5		•
WHO Safer Surgery Checklist - Audit 3 sections and brief	=>95.0 =>95.0		Aug-14	100 100 100	100		•
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=>85.0 =>85.0		Aug-14	100 100 100	100		•
Never Events	0 0		Aug-14	0 0 0	0	0	•
Medication Errors	0 0		Aug-14	0 0 0	0	0	•
Serious Incidents	0 0		Aug-14	1 0 0	1	6	•
Mortality Reviews within 42 working days	100 =>86.0		Jun-14	89 90 90	89		•

Indicator	Trajectory Year Month	Previous Months Trend O N D J F M A M J J A S	Data Period	Directorate EC   AC   SC	Month	Year To Date	Trend Next Month 3 Months
Pts spending >90% stay on Acute Stroke Unit (%)	=>90.0 =>90.0		Aug-14	88.9	88.9	89.2	•
Pts admitted to Acute Stroke Unit within 4 hrs (%)	=>90.0 =>90.0		Aug-14	81.1	81.1	79.1	•
Pts receiving CT Scan within 1 hr of presentation (%)	=>50.0 =>50.0		Aug-14	73.2	73.2	75.0	•
Pts receiving CT Scan within 24 hrs of presentation (%)	100 100		Aug-14	100	100.0	99.6	•
Stroke Admission to Thrombolysis Time (% within 60 mins)	=>85.0 =>85.0		Aug-14	78	77.8	82.1	•
Stroke Admissions - Swallowing assessments (<24h) (%)	=>98.0 =>98.0		Aug-14	100	100.0	100.0	•
TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=>70.0 =>70.0		Aug-14	94	93.6	98.1	•
TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=>75.0 =>75.0		Aug-14	####	100.0	96.3	•
Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=>80.0 =>80.0		Jul-14	76.0	76.0	82.0	•
Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=>80.0 =>80.0		Jul-14	85.7	85.7	90.0	•
Rapid Access Chest Pain - seen within 14 days (%)	=>98.0 =>98.0		Aug-14	96.8	96.8	97.2	•
2 weeks	=>93.0 =>93.0		Jul-14	91.9	91.9		•
31 Day (diagnosis to treatment)	=>96.0 =>96.0		Jul-14	96.7	96.7		•
62 Day (urgent GP referral to treatment)	=>85.0 =>85.0		Jul-14	97.4	97.4		•
Mixed Sex Accommodation Breaches	0 0	5 4 2 3 7 21 36 43 14 0 0	Aug-14	0 0 0	0	93	•
No. of Complaints Received (formal and link)		38 28 28 32	Aug-14		32	126	
No. of Active Complaints in the System (formal and link)		## ## ## ##	Aug-14		130		

			## ## ##	Aug-14		133		
Indicator Y	Traject 'ear	tory Month	Previous Months Trend	Data Period	Directorate EC AC SC	Month	Year To Date	Trend Next Month 3 Months
Elective Admissions Cancelled at last minute for non- clinical reasons	<0.8	=<0.8		Aug-14	0.00 1.48 0.06	0.176		•
28 day breaches	0	0		Aug-14	0 0 0	0	1	•
Sitrep Declared Late Cancellations	0	0	13 2 2 7 7 4 10 2 7 7 3	Aug-14	0 2 1	3	29	•
Weekday Theatre Utilisation (as % of scheduled) =>	>85.0	=>85.0	61	Aug-14	63.7 54.4	61.4		•
Emergency Care 4-hour waits (%) =>	>95.0	=>95.0		Aug-14	95.6 93.2 (c)	94.8	94.3	•
Emergency Care 4-hour breach (numbers)			570 1003 1016 907 736	Aug-14	712 0 24	736	4232	
Emergency Care Trolley Waits >12 hours	0	0		Aug-14	0 (s) 0 (c)	0	0	•
	:<15 nins	=<15 mins		Aug-14	12   15 (s)   (c)	14	17	•
	:<60 nins	=<60 mins		Aug-14	45 54 (s) (c)	45	50	•
Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<5.0	=<5.0		Aug-14	8.04 7.65 (c)	7.3	6.72	•
Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<5.0	=<5.0		Aug-14	2.63 4.76 (s) (c)	3.52	3.98	•
WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	0	0	• • • • • • • • • • • • • • • • • • •	Aug-14	21 30 (s) (c)	51	576	•
WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	0	0	• • • • • • • • • • •	Aug-14	0 1 (c)	1	38	•
WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<0.02	=<0.02		Aug-14	0.00 0.04 (c)	0.03	0.18	•
WMAS - Emergency Conveyances (total)			3991 4122 4009 3826 4271 4044 4227 4033 4278 3994	Aug-14	1702 2292 (s) (c)	3994	20636	

Indicator	Trajectory Year Month	Previous Months Trend	Data Director Period EC AC		Year To Date	Trend Next	13 Months
RTT - Admitted Care (18-weeks) (%)	=>90.0 =>90.0		Aug-14 87.	97.5 <b>94.2</b>		•	
RTT - Non Admitted Care (18-weeks) (%)	=>95.0 =>95.0		Aug-14 94.9	92.3 93.3		•	
RTT - Incomplete Pathway (18-weeks) (%)	=>92.0 =>92.0		Aug-14 86.6	94.1		•	
Patients Waiting >52 weeks	0 0	17 6 4 0 0 0 0 0 0 0 0	Aug-14 0 0	0		•	
Treatment Functions Underperforming	0 0	4 5 4 4 5 5 6 3 5 6	Aug-14 0 3	<b>6</b>		•	
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0 =<1.0		Aug-14 0.0 0.9	0.0		•	
WTE - Actual versus Plan		176 158 165 135 163 163 171 161 157 151 166	Aug-14	166.29			
PDRs - 12 month rolling (%)	=>95.0 =>95.0		Aug-14 84 80	86	84.1	•	
Medical Appraisal and Revalidation	=>95.0 =>95.0		Aug-14 91 82	91	86.8	•	
Sickness Absence (%)	=<3.15 =<3.15		Aug-14 5.67 5.47	3.24	4.20	•	
Mandatory Training (%)	=>95.0 =>95.0		Aug-14 77 79	75	77.8	•	
New Investigations in Month		2 0 0 0 0 1 1 1 1 2 1	Aug-14	1			
Nurse Bank Use	34560 2880		Aug-14	2963	13713	•	
Nurse Agency Use	0 0		Aug-14	1440	8912	•	
Admin & Clerical Bank Use (shifts)	0 0		Aug-14	707	2922	•	
Admin & Clerical Agency Use (shifts)	0 0		Aug-14	21	147	•	
Your Voice - Response Rate (%)		11 8 7 9	Aug-14 7 8	14 9			

 Your Voice - Overall Score
 3.73
 3.68
 3.58
 3.76
 Aug-14
 3.68
 3.81
 3.76

# Surgery A Group

Indicator	Traje	ectory	Γ				Pr	evio	us M	onth	s Tre	end				Data	ſ		Direct	orate		Γ	Month	Year To	Trend	Next	3 Months
indicator	Year	Month		0	N	D	J	F	М	Α	М	J	J	Α	S	Period		Α	В	С	D		WOITH	Date	Heliu	Month	3 WIOTILITS
C. Difficile	7	1		•	•	•	•	•	•	•	•	•	•	•		Aug-14		1	0	1	0		2	5	•		
MRSA Bacteraemia	0	0		•	•	•	•	•	•	•	•	•	•	•		Aug-14		0	0	0	0		0	0	•		
MRSA Screening - Elective	80	80		•	•	•	•	•	•	•	•	•	•	•		Aug-14		97	99	68	23		90.0		•		
MRSA Screening - Non Elective	80	80		•	•	•	•	•	•	•	•	•	•	•		Aug-14		93	95	96	100		93.9		•		
Falls	0	0								9	7	4	8	3		Aug-14		0	1	2	0		3	31	•		
Falls with a serious injury	0	0		1	0	1	1	0	1	0	0	0	0	0	)	Aug-14		0	0	0	0		0	0	•		
Grade 3 or 4 Pressure Ulcers (avoidable)	0	0		1	0	2	0	1	0	1	0	0	0			Jul-14							0	1	•		
Venous Thromboembolism (VTE) Assessments	=>95.0	=>95.0		•	•	•	•	•	•	•	•	•	•	•		Aug-14		99	97	95	100		97.55		•		
WHO Safer Surgery Checklist - Audit 3 sections	=>98.0	=>98.0		•	•	•	•	•	•	•	•	•	•	•		Aug-14		98.2	99.8	89.7	100		96.7		•		
WHO Safer Surgery Checklist - Audit 3 sections and brief	=>95.0	=>95.0		•	•	•	•	•	•	•	•	•	•	•		Aug-14		100	100	100	100		100		•		
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=>85.0	=>85.0		•	•	•	•	•	•	•	•	•	•	•		Aug-14		100	98.3	100	100		99.4		•		
Never Events	0	0		•	1	•	•	•	•	•	•	•	•	•		Aug-14		0	0	0	0		0	0	•		
Medication Errors	0	0		•	•	•	•	•	•	•	•	•	•	•		Aug-14		0	0	0	0		0	0	•		
Serious Incidents	0	0					•	•	•	•	•	•	•	•		Aug-14		0	0	0	0		0	1	•		
Mortality Reviews within 42 working days	100	=>84.0		•	•	•	•	•	•	•	•	•				Jun-14		100	100		88		90.0		•		

Indicator		ctory						/ious						. 1		Data	1			torate		Month	Year To	Trend	Next	3 Months
	Year	Month		1   (	N	D   .	J	F N	1 1	A   I	M	J   ,	J	Α :	3	Period	J	Α	В	C D	l		Date		Month	
2 weeks	=>93.0	=>93.0	•		•	•	•	•	•	•	•	•				Jul-14		93.8		99.0		94.8		•		
2 weeks (Breast Symptomatic)	=>93.0	=>93.0	•			•	•	•		•		•	•			Jul-14		96.3				96.3		•		
31 Day (diagnosis to treatment)	=>96.0	=>96.0	•			•	•	•		•		•	•			Jul-14		97.9		100		98.7		•		
62 Day (urgent GP referral to treatment)	=>85.0	=>85.0	•		•	•	•	•	•	•	•	•				Jul-14		92.0		87.9		90.4		•		
Mixed Sex Accommodation Breaches	0	0	1	2	5	2	3	3 0	)	0	0	0	3	0		Aug-14		0	0	0 0		0	3	•		
No. of Complaints Received (formal and link)										1	2	1 8	3	19		Aug-14						19	50			
No. of Active Complaints in the System (formal and link)										5	0 !	50 3	4	39		Aug-14						39				
Oldest' complaint currently in system (days)										12	24 1	31 1 <sup>-</sup>	18	99		Aug-14						99				
Elective Admissions Cancelled at last minute for non- clinical reasons	=<0.8	=<0.8	•	•	•		•	•		•	•	•		•		Aug-14		1.6	0.3	2.8 0.0		1.35		•		
28 day breaches	0	0	(	) (	0	0	0	0 1		1 (	0	0 (	)	0		Aug-14		0	0	0 0		0	1	•		
Sitrep Declared Late Cancellations	0	0	2	8 3	5 2	25 2	28 3	37 1	8 1	13 1	6	5 (	6	16		Aug-14		7	1	8 0		16	56	•		
Weekday Theatre Utilisation (as % of scheduled)	=>85.0	=>85.0												76		Aug-14		77.7	75.4	71.9 84.1		76.1		•		
Emergency Care 4-hour breach (numbers)									3	81	3	100	<u> </u>	52		Aug-14		21	20	7 4		52	452			
Hip Fractures - Operation < 24 hours of admission (%)	85	85	•		•	•	•	•	•	•	•	•	•	•		Aug-14			67.9			67.9	61.5	•		

Indicator		ctory		Months Tren		Data	Directorate	Month	Year To	Trend	Next 3 Months
maisator	Year	Month	O N D J F I	M A M	J J A S	Period	A B C D	illona.	Date	Trong	Month
RTT - Admittted Care (18-weeks) (%)	=>90.0	=>90.0	• • • •	• •	• • •	Aug-14	93.0 74.4 94.3	86.5		•	
RTT - Non Admitted Care (18-weeks) (%)	=>95.0	=>95.0	• • • •	• •	• • •	Aug-14	98.5 96.9 95.2	97.3		•	
RTT - Incomplete Pathway (18-weeks) (%)	=>92.0	=>92.0	• • • •	• •	• • •	Aug-14	95.9 85.4 90.2	90.3		•	
Patients Waiting >52 weeks	0	0	28 13 3 3 0	0 1 1	0 2 4	Aug-14	1 3 0 0	4		•	
Treatment Functions Underperforming	0	0	5 8 8 7 8	7 7 5	5 4 3	Aug-14	0 2 1 0	3		•	
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0	• • • •	• • •	• • •	Aug-14	0.0 0.0 0.0 0.0	0.0		•	
WTE - Actual versus Plan			70 71 72 88 76 7	6 64 71	77 78 71	Aug-14		71.37			
PDRs - 12 month rolling	=>95.0	=>95.0	• • • •	• •	• • •	Aug-14	85.3 79.6 84.3 86.1		83.2	•	
Medical Appraisal and Revalidation	=>95.0	=>95.0	• • • •	• •	• • •	Aug-14	63.2 85.7 88.9 83.3		79.76	•	
Sickness Absence	=<3.15	=<3.15	• • • •	• •	• • •	Aug-14	6.53 3.78 6.47 4.95	5.72	5.49	•	
Mandatory Training	=>95.0	=>95.0	• • • •	• •	• • •	Aug-14	76 73 87 82		81.2	•	
New Investigations in Month			0 0 2 1 1	1 0 0	0 0 0	Aug-14		0			
Nurse Bank Use	9908	826	• • • •	• •	• • •	Aug-14		907	4339	•	
Nurse Agency Use	0	0	• • • •	• • •	• • •	Aug-14		285	2067	•	
Admin & Clerical Bank Use (shifts)	0	0		•	• • •	Aug-14		274	1088	•	
Admin & Clerical Agency Use (shifts)	0	0		•	• • •	Aug-14		0	0	•	
Your Voice - Response Rate			16 13	12	11	Aug-14	7 12 10 13	11			
Your Voice - Overall Score			3.03 3.55	3.53	3.57	Aug-14	3.51 3.61 3.45 3.7	3.57			

# Surgery B Group

Indicator	Traje	ectory					P	revio	ous N	/lonth	ns Tre	end					Data			irectorate		Month	Year To	Tre	end	Next	
maioatoi	Year	Month	_ (	0	N	D	J	F	М	Α	M	l J	J .	J	Α	S	Period	t	(	) E		month	Date		,,,,,	Mont	h   Cilionino
C. Difficile	0	0	•	•	•	•	•	•	•	•	•	•	•	•	•		Aug-1	4	(	0		0	0	•	•		
MRSA Bacteraemia	0	0		•	•	•	•	•	•	•	•	•		•	•		Aug-1	4	(	0		0	0		•		
MRSA Screening - Elective	80	80		•	•	•	•	•	•	•	•	•	•	•	•		Aug-1	4	9	1 92		92.0			•		
MRSA Screening - Non Elective	80	80	•	•	•	•	•	•	•	•	•	•		•	•		Aug-1	4	8	5 89		87.4		•	•		
Falls	0	0								1	0	0	)	2	0		Aug-1	4	(	0		2	3				
Falls with a serious injury	0	0		0	0	0	0	0	0	0	0	0	)	0	0		Aug-1	4	(	0		0	0		•		
Grade 3 or 4 Pressure Ulcers (avoidable)	0	0	(	0	0	0	0	0	0	0	0	0	)	0			Jul-14	ļ.	(	0		0	0	•	•		
Venous Thromboembolism (VTE) Assessments	=>95.0	=>95.0	•	•	•	•	•	•	•	•	•	•		•	•		Aug-1	4	96	i.9 95.6	5	96.46			•		
WHO Safer Surgery Checklist - Audit 3 sections	=>98.0	=>98.0	•	•	•	•	•	•	•	•	•	•		•	•		Aug-1	4	10	74.8	3	94.5			•		
WHO Safer Surgery Checklist - Audit 3 sections and brief	=>95.0	=>95.0		•	•	•	•	•	•	•	•	•		•	•		Aug-1	4	10	00 100	)	100			•		
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=>85.0	=>85.0		•	•	•	•	•	•	•	•	•		•	•		Aug-1	4	10	00 100	)	99.6			•		
Never Events	0	0		•	1	•	1	•	•	•	•	•		•	•		Aug-1	4	(	0		0	0		•		
Medication Errors	0	0		•	•	•	•	•	•	•	•	•		•	•		Aug-1	4	(	0		0	0		•		
Serious Incidents	0	0					•	•	•	•	•	•		•	•		Aug-1	4	(	0		0	2		•		
Mortality Reviews within 42 working days	=>82.0	=>82.0	•	•	•	•	•	•	•	•	•						Jun-14	4						(			

Indicator	Traje Year	ectory Month	0	)   (	V	D				onth:			Τ,	J	A   S	Data Period	O E	Month	ear To Date	Т	rend	Nex Mon	Months
2 weeks	=>93.0	=>93.0	•			•	•	•	•	•	•	•	•	•		Jul-14	88.4	88.4			•		
31 Day (diagnosis to treatment)	=>96.0	=>96.0	•		•			•	•	•	•	•	•	•		Jul-14	100	100.0			•		
62 Day (urgent GP referral to treatment)	=>85.0	=>85.0		•		•	•	•	•		•	•	•	•		Jul-14	100	100.0			•		
Mixed Sex Accommodation Breaches	0	0		) (	0	0	0	0	0	0	0	0	(	0	0	Aug-14	0 0	0	0		•		
No. of Complaints Received (formal and link)											9	3	1	0 1	1	Aug-14		11	33				
No. of Active Complaints in the System (formal and link)											31	40	3	4 3	37	Aug-14		37					
Oldest' complaint currently in system (days)											11	7 100	) 10	03 1	29	Aug-14		129					
Elective Admissions Cancelled at last minute for non- clinical reasons	=<0.8	=<0.8	•			•	•	•	•	•	•	•			•	Aug-14	1.18 1.63	1.34			•		
28 day breaches	0	0	(	) (	0	0	0	0	0	0	0	0	(	0	0	Aug-14	0 0	0	0		•		
Sitrep Declared Late Cancellations	0	0	1	9 1	4	19	36	15	22	3	22	17	1	6 1	4	Aug-14	8 6	14	72		•		
Weekday Theatre Utilisation (as % of scheduled)	=>85.0	=>85.0												7	72	Aug-14	72.6 71.9	72.4			•		
Emergency Care 4-hour waits (%)	=>95.0	=>95.0	•	•	•	•	•	•	•	•	•	•	•	•	•	Aug-14	98.8	98.8	98.8		•		
Emergency Care 4-hour breach (numbers)										10	15	80	5	5 6	97	Aug-14	25 1	26	144				
Emergency Care Trolley Waits >12 hours	0	0	•	•	•	•	•	•	•	•	•	•	•	•	•	Aug-14	0	0	0		•		
Emergency Care Timeliness - Time to Initial Assessment (95th centile)	=<15 mins	=<15 mins			•	•	•	•	•	•	•	•	•	•	•	Aug-14	13	13	13		•		
Emergency Care Timeliness - Time to Treatment in Department (median)	=<60 mins	=<60 mins			•	•	•	•	•	•	•	•	•	•	•	Aug-14	22	22	21		•		
Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	=<5.0	=<5.0			•	•	•	•	•	•	•	•	•	•	•	Aug-14	3.95	3.95	3.41		•		
Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	=<5.0	=<5.0			•	•	•	•	•	•	•	•	•	•	•	Aug-14	1.90	1.90	1.66		•		

Indicator	Trajecto Year	ory Month	0	N	D	Pr J		s Mon			J	J	A S		Data Period	Dire	ectorate	Month	Year To Date	Trend	Next Month	3 Months
RTT - Admittled Care (18-weeks) (%)	=>90.0	=>90.0	•	•	•	•	•	•	•	•	•	•		]	Aug-14	92.1	5 89.2	91.1		•		
RTT - Non Admittted Care (18-weeks) (%)	=>95.0	=>95.0	•	•	•	•	•	•	•	•	•	•	<u> </u>	]	Aug-14	97.9	95.43	97.2		•		
RTT - Incomplete Pathway (18-weeks) (%)	=>92.0	=>92.0			•	•	•	• •	<u> </u>	•	<u> </u>	•	,	]	Aug-14	96.0	91.2	94.5		•		
				1 T.	 								<u> </u>	] ]								
Patients Waiting >52 weeks	0	0	9	9	2	0	1	1 (	0	1	1	0	)	_	Aug-14	0	0	0		•		
Treatment Functions Underperforming	0	0	1	0	0	2	3	3	3	4	3	3	2		Aug-14	0	2	2		•		
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0	•	•	•	•	•	•	•	•	•	•		]	Aug-14	0.0	1.8	1.8		•		
WTE - Actual versus Plan			31	24	23	27	37	37 2	28	34 3	88	33 3	2		Aug-14			31.91				
PDRs - 12 month rolling	=>95.0	=>95.0	•	•	•	•	•	•	•	•	•	•	•		Aug-14	90.07	94.55		90.6	•		
Medical Appraisal and Revalidation	=>95.0	=>95.0	•	•	•	•	•	•	•	•	•	•	•		Aug-14	88.46	80		87.1	•		
Sickness Absence	=<3.15	=<3.15	•	•	•	•	•	•	•	•	•	•			Aug-14	3.78	2.2	3.27	3.14	•		
Mandatory Training	=>95.0	=>95.0	•	•	•	•	•	•	•	•	•	•	•		Aug-14	81	89		83.1	•		
New Investigations in Month			0	0	0	1	0	0	0	0	0	0	)		Aug-14			0				
Nurse Bank Use	2796	233	•	•	•	•	•	•	•	•	•	•			Aug-14			234	1171	•		
Nurse Agency Use	0	0	•	•	•	•	•	•	•	•	•	•		]	Aug-14			43	324	•		
Admin & Clerical Bank Use (shifts)	0	0								•	•	•		]	Aug-14			222	960	•		
Admin & Clerical Agency Use (shifts)	0	0								•	•	•		]	Aug-14			46	139	•		
Your Voice - Response Rate				17		18		1	9			17			Aug-14	9	33	17				
Your Voice - Overall Score			;	3.66		3.72		3.	73		3	3.52			Aug-14	3.54	3.49	3.52				

# Women & Child Health Group

Indicator	Traje Year	ctory Month	Previous Months Trend	Data Period	Directorate G M P C	Month	Year To Date	Trend Next 3 Months
C Difficulty		-						
C. Difficile	0	0		Aug-14	0 0 0 0	0	0	•
MRSA Bacteraemia	0	0		Aug-14	0 0 0 0	0	0	•
MRSA Screening - Elective	80	80		Aug-14	97	97.0		•
MRSA Screening - Non Elective	80	80		Aug-14	100	100		•
Falls	0	0	0 0 2 0 1	Aug-14	1 0 0 0	1	3	•
Falls with a serious injury	0	0	0 0 0 0 0 0 0 0 0 0 0	Aug-14	0 0 0 0	0	0	•
Grade 3 or 4 Pressure Ulcers (avoidable)	0	0	0 0 0 0 0 0 0 0 0 0	Jul-14		0	0	•
Venous Thromboembolism (VTE) Assessments	=>95.0	=>95.0		Aug-14	96.4 83.3	88.72		•
WHO Safer Surgery Checklist - Audit 3 sections	=>98.0	=>98.0		Aug-14	99.7 99.4	99.6		•
WHO Safer Surgery Checklist - Audit 3 sections and brief	=>95.0	=>95.0		Aug-14	100 100	100		•
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=>85.0	=>85.0		Aug-14	100 100	100		•
Never Events	0	0		Aug-14	0 0 0 0	0	0	•
Medication Errors	0	0		Aug-14	0 0 0 0	0	0	•
Serious Incidents	0	0		Aug-14	0 0 0 0	0	2	•

Indicator	Trajecto Year	ory Month		Data Period	Directorate G M P C	Month	Year To Date	Trend Next Month 3 Months
	1 1				0 1 1		Duto	
Caesarean Section Rate - Total (%)	=<25.0	=<25.0		Aug-14	24.8	24.8	25.9	•
Caesarean Section Rate - Elective (%)			11 10 11 12 11 10 14 8 9 10 7	Aug-14	7.11	7.1	8.6	
Caesarean Section Rate - Non Elective (%)			13 15 10 16 14 13 12 18 18 15 17	Aug-14	17.0	17.0	16.8	
Maternal Deaths	0	0		Aug-14	0	0	0	•
Post Partum Haemorrhage (>2000ml)	48	4		Aug-14	1	1	3	•
Admissions to Neonatal Intensive Care (%)	=<10.0	=<10.0		Aug-14	1.8	1.77	3.24	•
Adjusted Perinatal Mortality Rate (per 1000 babies)	<8.0	<8.0		Aug-14	9.74	9.74		•
Early Booking Assessment (<12 + 6 weeks) (%) - SWBH Specific	=>90.0	=>90.0		Aug-14	77	77.37		•
Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=>90.0	=>90.0		Aug-14	136	136		•
Mortality Reviews within 42 working days	=>80.0	=>80.0		Jun-14	100	100		•
2 weeks	=>93.0	=>93.0		Jul-14	95.8	95.8		•
31 Day (diagnosis to treatment)	=>96.0	=>96.0		Jul-14	96.4	96.4		•
62 Day (urgent GP referral to treatment)	=>85.0	=>85.0		Jul-14	87.0	87.0		•
Mixed Sex Accommodation Breaches	0	0	0 0 0 0 0 0 0 0 0 0 0	Aug-14	0	0	0	•
No. of Complaints Received (formal and link)			4 6 11 8	Aug-14		8	29	
No. of Active Complaints in the System (formal and link)			15 21 21 24	Aug-14		24		
Oldest' complaint currently in system (days)			61 82 52 66	Aug-14		66		

Indicator	Traje	•					ious N						Data		Directorate	Month	Year To	Trend	Next	3 Months
	Year	Month	_ 0	N	D	J	F M	Α	М	J ,	AS	<u> </u>	Period	G	MPC		Date		Month	
Elective Admissions Cancelled at last minute for non- clinical reasons	=<0.8	=<0.8	•	•	•	•	•	•	•	•	•		Aug-14	2.6	6	2.0		•		
28 day breaches	0	0	0	0	0	0	0 0	0	0	0 0	0		Aug-14	0		0	0	•		
Sitrep Declared Late Cancellations	0	0	4	13	14	13	7 12	12	3	4 7	6		Aug-14	6		6	32	•		
Weekday Theatre Utilisation (as % of scheduled)	=>85.0	=>85.0									78		Aug-14	78.	2	78.2	]	•		
Emergency Care 4-hour breach (numbers)								18	14	4 α	5 4		Aug-14	8	0 6 0	14	78			
RTT - Admittted Care (18-weeks) (%)	=>90.0	=>90.0	•	•	•	•	•	•	•	•	•		Aug-14	94.	9	94.9		•		
RTT - Non Admitted Care (18-weeks) (%)	=>95.0	=>95.0	•	•	•	•	•	•	•	•	•		Aug-14	98.	5	98.5		•		
RTT - Incomplete Pathway (18-weeks) (%)	=>92.0	=>92.0	•	•	•	•	•	•	•	•	•		Aug-14	99.	0	99.0	]	•		
Patients Waiting >52 weeks	0	0	4	4	2	0	0 0	0	0	1 1	0		Aug-14	0		0	]	•		
Treatment Functions Underperforming	0	0	0	0	0	0	0 0	0	0	0 0	0		Aug-14	0		0	]	•		
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0	•	•	•	•	•	•	•	•	•		Aug-14	0.0		0.0		•		

Indicator	Trajec Year	ctory Month	O I N	N D	Previous	Months			]	Data Period	Directorate G M P C	Month	Year To Date	Trend	Next Month	3 Months
WTE - Actual versus Plan	Tour		64 39			1 1	58		]	Aug-14		81.08	Bato			
PDRs - 12 month rolling	=>95.0	=>95.0	•	•	• •	• •	•	• • •		Aug-14	92.1 87.8 93.7 88.8		89.7	•		
Medical Appraisal and Revalidation	=>95.0	=>95.0	•	•	• •	• •	•	• • •		Aug-14	60 73.6 100		78.05	•		
Sickness Absence	=<3.15	=<3.15	•	•	• •	• •	•	• • •		Aug-14	3.74 6.39 7.16 5.30	5.71	4.66	•		
Mandatory Training	=>95.0	=>95.0	•	•	• •	• •	•	• • •		Aug-14	88 84 82 89		83.3	•		
New Investigations in Month			1 0	0 0	0 0	0 0	0	0 2 0		Aug-14		0				
Nurse Bank Use	6852	571	•	•	• •	• •	•	• • •		Aug-14		346	2555	•		
Nurse Agency Use	0	0	•	•	• •	• •	•	• • •		Aug-14		54	224	•		
Admin & Clerical Bank Use (shifts)	0	0					•	• • •		Aug-14		93	216	•		
Admin & Clerical Agency Use (shifts)	0	0					•	• • •		Aug-14		0	0	•		
Your Voice - Response Rate			17		11	14		12		Aug-14	17 7 16 16	12				
Your Voice - Overall Score			3.74	3	3.79	3.74		3.65		Aug-14	3.8 3.54 3.42 3.85	3.65				

# **Pathology Group**

Indicator		ectory		s Months Trend	Data	Directorate	Month	Year To	Trend	Next	3 Months
	Year	Month	ONDJF	M A M J J A S	Period	HA HI B M I		Date		Month	
Never Events	0	0	• • • •	• • • • •	Aug-14	0 0 0 0 0	0	0	•		
No. of Complaints Received (formal and link)				0 1 0 1	Aug-14		1	2			
No. of Active Complaints in the System (formal and link)				1 2 1 2	Aug-14		2				
Oldest' complaint currently in system (days)				91 ## 27 46	Aug-14		46				
WTE - Actual versus Plan			31 32 30 37 33	33 30 32 31 32 29	Aug-14		29.31				
PDRs - 12 month rolling	=>95.0	=>95.0	• • • •	• • • • •	Aug-14	93.1     97.6     77.2     96.6     100		90.1	•		
Medical Appraisal and Revalidation	=>95.0	=>95.0	• • • •	• • • • •	Aug-14	100 100 100 100 100		100	•		
Sickness Absence	=<3.15	=<3.15	• • • •	• • • • •	Aug-14	8.23 1.87 1.20 5.58 5.08	4.29	4.01	•		
Mandatory Training	=>95.0	=>95.0	• • • •	• • • • •	Aug-14	94 94 94 93 99		93.8	•		
New Investigations in Month			0 0 0 0 0	0 0 0 0 0 0	Aug-14		0				
Admin & Clerical Bank Use (shifts)	0	0		• • •	Aug-14		571	2317	•		
Admin & Clerical Agency Use (shifts)	0	0		• • •	Aug-14		0	0	•		
Your Voice - Response Rate			17 36	30 31	Aug-14	27 31 25 52 40	31				
Your Voice - Overall Score			3.31 3.6	3.43 3.74	Aug-14	3.61 3.69 3.77 3.69 4.13	3.74				

# **Imaging Group**

Indicator	Trajectory Year Month	Previous Months Trend	Data Period	Directorate DR IR NM BS	Month	Year To Date	Trend Next Month 3 Months
	rear Month	O N D J F M A M J J A S	Period	DR IR NIM BS		Date	WOITH
Never Events	0 0		Aug-14	0 0 0 0	0	0	•
Medication Errors	0 0		Aug-14	0 0 0 0	0	0	•
Pts receiving CT Scan within 1 hr of presentation (%)	=>50.0 =>50.0		Aug-14	73.2	73.2	75.0	•
Pts receiving CT Scan within 24 hrs of presentation (%)	100 100		Aug-14	100	100.0	99.6	•
Mixed Sex Accommodation Breaches	0 0	0 0 0 0 0 0 0 0 0 0 0	Aug-14	0 0 0 0	0	0	•
No. of Complaints Received (formal and link)		4 2 3 3	Aug-14		3	12	
No. of Active Complaints in the System (formal and link)		5 7 8 5	Aug-14		5		
Oldest' complaint currently in system (days)		19 40 59 30	Aug-14		30		
Emergency Care 4-hour breach (numbers)		08 8 1 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Aug-14		34	176	
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0 =<1.0		Aug-14	0.31	0.3		•
WTE - Actual versus Plan		26 20 21 18 28 28 15 13 11 13 22	Aug-14		22.14		
PDRs - 12 month rolling	=>95.0 =>95.0		Aug-14	82   76.9   78.1   82.5		82.0	•
Medical Appraisal and Revalidation	=>95.0 =>95.0		Aug-14	96.4 100		96.7	•
Sickness Absence	=<3.15 =<3.15		Aug-14	3.92 4.55 0.49 2.34	4.73	4.47	•
Mandatory Training	=>95.0 =>95.0		Aug-14	<b>89</b> 90 94 94		90.7	•
New Investigations in Month		0 0 1 0 0 0 0 2 2 0 0	Aug-14		0		
Nurse Bank Use	288 24		Aug-14		2	65	•
Nurse Agency Use	0 0		Aug-14		97	735	•
Admin & Clerical Bank Use (shifts)	0 0		Aug-14		114	466	•
Admin & Clerical Agency Use (shifts)	0 0		Aug-14		0	0	•
Your Voice - Response Rate		30 19 30 33	Aug-14	29 18 43 45	33		
Your Voice - Overall Score		3.73 3.72 3.73 3.73	Aug-14	3.58 4.56 4.17 3.84	3.73		

# **Community & Therapies Group**

	Trajectory		Previous Months Trend	Data	Directorate		Year To	Next O Manufacture
Indicator	Year Mor	th	O N D J F M A M J J A S	Period	AT IB IC	Month	Date	Trend Month 3 Months
MRSA Screening - Elective	80 80			Aug-14		100		•
Falls	0 0		8 9 11 13 4	Aug-14	4	4	45	•
Falls with a serious injury	0 0		0 2 0 0 1	Aug-14	0 1 0	1	3	•
Grade 3 or 4 Pressure Ulcers (avoidable)	0 0		1 2 0 2	Jul-14		2	5	•
Never Events	0 0			Aug-14		0	0	•
Medication Errors	0 0			Aug-14		0	0	•
Serious Incidents	0 0			Aug-14	1 0 0	0	1	•
FFT Response Rate - Wards	>25% >25	%	39 68 43 60 59	Aug-14		59.5	53.8	•
FFT Score - Wards	=>68.0 =>6	3.0	94 100 93 85 83 82 81 95 87 83 91	Aug-14		91	87.4	•
Mixed Sex Accommodation Breaches	0 0		0 0 0 0 0 0 0 0 0 0 0	Aug-14		0	0	•
No. of Complaints Received (formal and link)			3 0 0 5	Aug-14		5	8	
No. of Active Complaints in the System (formal and link)			10 8 3 8	Aug-14		8		
Oldest' complaint currently in system (days)			94 ## 75 38	Aug-14		38		
WTE - Actual versus Plan			55 70 32 34 34 34 27 36 45 45 62	Aug-14		61.81		
PDRs - 12 month rolling	=>95.0 =>9	5.0		Aug-14	95 97 81		88.3	•
Sickness Absence	=<3.15 =<3	15		Aug-14	4.76 2.09 5.63	4.39	3.95	•
Indicator	Trajectory		Previous Months Trend	Data	Directorate	Month	Year To	Trend Next 3 Months

maioato.	Year	Month	O N D J F M A M J J A S	Period	AT IB IC		Date	Month
Mandatory Training	=>95.0	=>95.0		Aug-14	93 92 88		90.2	•
New Investigations in Month			0 0 1 0 1 1 0 0 0 0 0	Aug-14		0		
Nurse Bank Use	5408	451		Aug-14		401	1651	•
Nurse Agency Use	0	0		Aug-14		176	1138	•
Admin & Clerical Bank Use (shifts)	0	0		Aug-14		263	898	•
Admin & Clerical Agency Use (shifts)	0	0		Aug-14		0	0	•
Your Voice - Response Rate			28 18 33 32	Aug-14	44 31 28	32		
Your Voice - Overall Score			3.71 3.75 3.78 3.88	Aug-14	3.76 3.95 3.89	3.88		
DVT numbers	730	>61	30 40 57 53 53 62 87 39 33	Aug-14		33	274	•
Therapy DNA rate OP services (%)	=<9	=<9	11 12 12 16 11 11 11	Aug-14		11	12.0	•
FEES assessment	>100	>8.3	1 7 10 3 4 4	Aug-14		4	28	•
ESD Response time	<48 hrs	<48 hrs		Aug-14				•
STEIS	0	0	2 0 0 1 0 2 1 0 1	Aug-14		1	4	•
Rapid response to AMU, RRTS	<60 mins	<60 mins	77 75 75 75 75 71 72 73	Jul-14		73	73	•
Avoidable weight loss	<20%	<20%	• • • 18 0 8 0 0	Aug-14		0	6.5	•
Green Stream Community Rehab response time for treatment (days)	=<11	=<11	15 11 12 7.9 11 16 16	Aug-14		15.6	12.6	•

# **Corporate Group**

Indicator	Traje Year	ectory Month		Previo	ous Months		Data Period	Directo CEO F W M		Month	Year To Date	Trend	Next Month	3 Months
No. of Complaints Received (formal and link)						8 4 5 6	Aug-14			6	23			
No. of Active Complaints in the System (formal and link)						16 13 12 13	Aug-14			13				
Oldest' complaint currently in system (days)						69 90 77 99	Aug-14			99				
WTE - Actual versus Plan			1	91 215 187 161 16	64 164 149 1	154 162 176 162	Aug-14			161.77				
PDRs - 12 month rolling	=>95.0	=>95.0	•	• • • •	• •	• • •	Aug-14	74 89 82 91	88 76 73		78.2	•		
Medical Appraisal and Revalidation	=>95.0	=>95.0	•	• • • •	• •	• • •	Aug-14	100			100	•		
Sickness Absence	=<3.15	=<3.15	•	• • • •	• •	• • •	Aug-14	2.64 4.13 2.81 3.61	1.30 5.74 3.86	4.42	4.21	•		
Mandatory Training	=>95.0	=>95.0	•	• • • •	• •	• • • •	Aug-14	94 93 96 75	99 90 92		90.1	•		
New Investigations in Month				0 1 0 0 2	2 2 0	1 3 1 0	Aug-14			0				
Nurse Bank Use	1088	91	•	• • • •	• •	• • • •	Aug-14			175	818	•		
Nurse Agency Use	0	0		• • • •	• •	• • •	Aug-14			12	57	•		
Admin & Clerical Bank Use (shifts)	0	0				• • •	Aug-14			3949	16134	•		
Admin & Clerical Agency Use (shifts)	0	0				• • • •	Aug-14			65	255	•		
Your Voice - Response Rate				26	29	24	Aug-14	53 31 27 24	18 22 22	24				
Your Voice - Overall Score				3.56	3.57	3.6	Aug-14	3.77 3.38 3.77 3.50	3.32 3.61 3.59	3.6				

# Sandwell and West Birmingham Hospitals M

**NHS Trust** 

### TRUST BOARD

DOCUMENT TITLE:	Financial Performance Report – P05 August 2014
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite, Director of Finance and Performance Management
AUTHOR:	Chris Archer, Associate Director of Finance - Corporate
DATE OF MEETING:	2 <sup>nd</sup> October 2014

#### **EXECUTIVE SUMMARY:**

#### **Key messages:**

- In month headline slightly better than break-even similar position to July; year to date off plan by
- CIP delivery continues below plan workforce reviews set in train with a view to addressing 2015/16 requirements.
- Reported position moderated by benefit of £1,895k reserves intended for development.
- Forecast remains delivery of £3.4m plan surplus in line with LTFM commitment requires expedient measures to accelerate CIP delivery and significant reliance on reserves and contingencies.
- Capex continues to be modest; review of programme under way to reflect emergent in year schemes consistent with retained estate strategy following Midland Met approval and rephrasing of flexible IM&T spend.
- Cash in line with plan.
- Key risks scale and pace of savings delivery, management of cost pressures and income recovery compromise by shortfall in delivery of operational standards

#### **Key actions:**

- Workforce reviews to identify pay bill and workforce change consistent with the delivery in full of necessary cost reduction for 2014-16 have commenced. This work is underpinned by robust arrangements to assess and assure the impact of any proposals on safety & quality and is the subject of consultation with Trade Unions.
- Secure existing CIP scheme delivery and undertake non-pay reduction targets consistent with 2015/16 delivery.
- Confirm review of nurse establishment levels and implement "specialling" policy.
- Secure service delivery to operational and CQUIN standards to minimise avoidable income losses
- Complete work to confirm capital programme with forward look to 2015/16.

### **Key numbers:**

- Month £55k surplus being £292k adverse to budget; YTD deficit £691k being £1,839k adverse.
- o CIP delivery to date £3,154k being £2.2m adverse to revised plan and £2.9m adverse to TDA plan
- o Forecast surplus £3.4m in line with financial plan.
- Capex YTD £1,629k.
- o Cash at 31 August £38.3m being £730km above plan.
- CoSRR 3 to date as plan; forecast 3 as plan.
- o Capital Resource Limit (CRL) charge forecast at £19.1m being within approved CRL of £21.3m
- External Finance Limit (EFL) charge forecast at £15.1m being consistent with approved EFL.

#### **REPORT RECOMMENDATION:**

The Trust Board is requested to RECEIVE the contents of the report and to require that the Trust takes those actions necessary and safe to achieve key financial targets.

<b>ACTION REQUIRED</b> (Indicate The receiving body is aske					
Accept		Approve the recommendation	n	Discuss	
Х					
KEY AREAS OF IMPACT (Ind	dicate v	vith 'x' all those that apply):			
Financial	Х	Environmental		Communications & Media	
Business and market share		Legal & Policy	х	Patient Experience	
Clinical		Equality and Diversity		Workforce	х
Comments:	•				

### ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:

Good use of Resources

#### **PREVIOUS CONSIDERATION:**

Considered by Performance Management Committee, CLE & Finance & Investment Committee

## Sandwell and West Birmingham Hospitals



**NHS Trust** 

### Financial Performance Report – August 2014 (month 5)

#### **EXECUTIVE SUMMARY**

- For the month of August 2014, the Trust delivered a "bottom line" surplus of £55k being £292k adverse to a flex budget surplus of £347k. The year to date deficit of £691k is £1,839k adverse to flex budget to the end of August.
- The year to date adverse variance consists of £2,178k shortfall against savings targets, £1,895k benefit of release of central reserves leaving a **net underlying overspend of £1,554k** after the benefit of pass through costs funding additional to budget of £1,288k.
- Forecast anticipates that the position will be recovered and the annual surplus target of £3.374m will be met through CIP development and delivery with uncommitted reserves as contingency.
- Actual savings delivery year to date is assessed at £3,154k being £2,178k adverse to trust phased plan [£2.9m adverse vs TDA plan].
- At month end there were 6,863 whole time equivalent (WTE) staff in post (excluding use of agency), 230 below the
  currently planned level. After 224 WTE agency staff, total WTE's were 5 below plan plan. Total pay expenditure
  for the month is £134k lower than July at £24.4m being £558k above plan. Agency spend has dropped by 17% of
  the year to July average and was £918k in August.
- Key risks include scale & pace of savings delivery, management of cost pressures and income recovery compromise
  by shortfall in delivery of operational standards. Work is ongoing locally to secure resilience funding for Winter
  pressures and to achieve referral to treatment time standards.

Measure	Current Period	Year to Date		Thresholds	
			Green	Amber	Red
I&E Surplus Actual v Plan £000	(292)	(1,839)	>= Plan	>=99% of plan	<99% of plan
EBITDA Actual v Plan £000	(290)	(1,841)	>=Plan	>=99% of plan	<99% of plan
Pay Actual v Plan £000	(558)	(2,203)	<=Plan	<1% above plan	>1% above plan
Non Pay Actual v Plan £000	(28)	(985)	<= Plan	<= Plan	>1% above plar
WTEs Actual v Plan	5	(98)	<= Plan	<1% above plan	>1% above plar
Cash (incl Investments) Actual v Plan £000		730	>=Plan	>=95% of plan	<95% of plan

- 31st August cash balance £38.3m is £0.7m ahead of revised cash plan.
- Year to date spend on capital is £1,629k being £1,686k below plan. A further £1.6m of capital orders have been placed.
- On-going review of capex priorities.

	Annual	СР	СР	СР	YTD	YTD	YTD
2014/15 Summary Income & Expenditure	Plan	Plan	Actual	Variance	Plan	Actual	Variance
Performance at August 2014	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Income from Activities	390,668	32,758	33,055	296	162,823	164,199	1,376
Other Income	42,443	3,155	3,154	(1)	17,389	17,361	(28)
Pay Expenses	(284,591)	(23,876)	(24,434)	(558)	(121,156)	(123,359)	(2,203)
Non-Pay Expenses	(124,120)	(9,937)	(9,965)	(28)	(49,147)	(50,132)	(985)
EBITDA	24,400	2,099	1,809	(290)	9,909	8,068	(1,841)
Depreciation	(13,734)	(1,145)	(1,145)	0	(5,722)	(5,722)	0
PDC Dividend	(5,220)	(435)	(435)	0	(2,175)	(2,175)	0
Net Interest Receivable / Payable	(2,150)	(179)	(181)	(2)	(896)	(894)	2
Other Finance Costs / P&L on sale of assets	(150)	(13)	(13)	0	(63)	(63)	0
Net Surplus/(Deficit)	3,146	328	36	(292)	1,053	(786)	(1,839)
IFRIC12/Impairment/Donated Asset Related Adjustments	228	19	19	0	95	95	0
SURPLUS/(DEFICIT) FOR DOH TARGET	3,374	347	55	(292)	1,148	(691)	(1,839)
Surplus / (Deficit) against TDA plan	3,374	309	55	(254)	706	(691)	(1,397)

In year Trust phasing of budgets reflects updated local plans

## Sandwell and West Birmingham Hospitals Miss



**NHS Trust** 

### Financial Performance Report - August 2014

#### **Overall Performance against Plan**

The Trust delivered an actual surplus of £55,000 against a planned surplus of £347,000 in August. It is anticipated that this will be recovered in order to achieve the year end surplus target of £3.374m surplus.

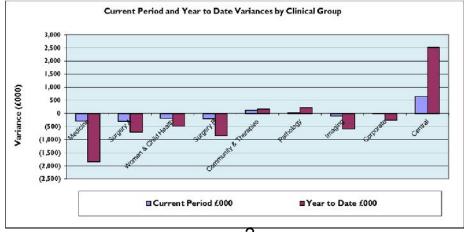
#### **Performance of Clinical Groups / Corporate Areas**

- Medicine pay overspend of £1.6m includes £723k on HCAs and £570k on medical staff. Part of the drugs and cardiology non-pay over spends are offset by additional income.
- Surgery A overspend includes waiting list initiatives and shortfall on savings target delivery.
- Women & Child overspend includes £592k to date on costs of antenatal pathways at other providers.
- Surgery B is over-performing on ophthalmology Lucentis although the capped SWB CCG contract results in a net pressure of £370k to date. Premium rate working continues.
- Imaging premium rate working and saving shortfall.
- Corporate over spending on advisor fees.



Group Variances from Plan (Operating income and expenditure)	Current Period £000	Year to Date £000
Medicine	(289)	(1,846)
Surgery A	(308)	(710)
Women & Child Health	(187)	(487)
Surgery B	(194)	(847)
Community & Therapies	120	162
Pathology	28	220
Imaging	(101)	(596)
Corporate	(14)	(257)
Central	656	2,520

Underlying Group year to date position is £2,178k CIP not delivered and some £1,554k of underlying other overspends having taken account of £1,288k additional income to cover pass through drugs. This is supported by release of unallocated central reserves of £1,895k.



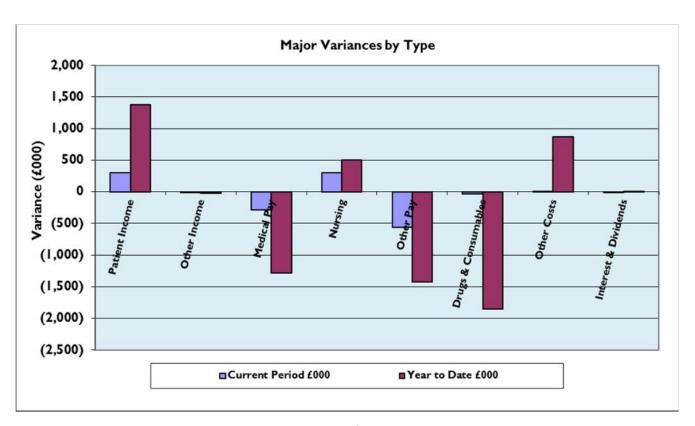
## Sandwell and West Birmingham Hospitals MIS



## Financial Performance Report – August 2014

- Overall headline adverse variance to plan £292k in August, £1,839k year to date.
- Patient income over performed in month due to pass through drugs and devices.
- Medical staff pay in month overspend in Medicine junior doctor agency and premium rate working in Surgery A and B
- Nursing underspends £339k to date in W&CH.
- £1,289k of drugs / consumables overspend to date is pass through recovered through income.
- Other costs includes maternity pathway payments overspend £592k to date and release of unallocated reserves £1895k.

Variance From Plan by Expenditure Type	Current Period £000	Year to Date £000
	(Adv) / Fav	(Adv) / Fav
Patient Income	296	1,376
Other Income	(1)	(28)
Medical Pay	(292)	(1,284)
Nursing	296	502
Other Pay	(562)	(1,421)
Drugs & Consumables	(33)	(1,856)
Other Costs	5	871
Interest & Dividends	(2)	2



## Sandwell and West Birmingham Hospitals Miss

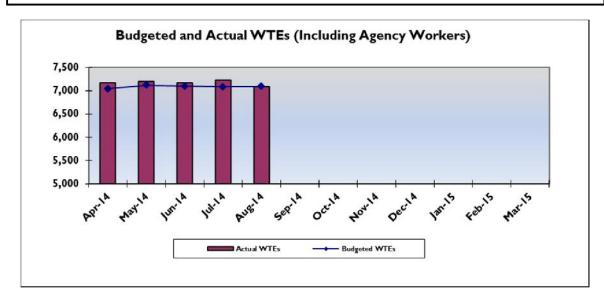


**NHS Trust** 

## Financial Performance Report – August 2014

#### **Paybill & Workforce**

- There were 6,863 WTE in post in August plus an estimated 224 WTE of agency staffing across the month. In total this is 5 WTE below planned establishments.
- Total pay costs (including agency workers) £134k lower than June in month at £24.4m being £558k adverse to budget; year to date £2,203k adverse to budget.
- Principal overspending is for medical staff premium rate working and for healthcare assistants providing enhanced care support to vulnerable patients, as well as savings targets on pay not being
- Gross expenditure for agency staff in month was 17% lower than the average year to date spenidng to July at £918k. The largest area of reduction is qualified nursing staff in Medicine.



An	alysis of Tota	l Pay Costs by	Staff Grou	р				
	Year to Date to August 2014							
		Actual						
	Budget	Substantive	Bank	Agency	Total	Variance		
	£000	£000	£000	£000	£000	£000		
Medical Staffing	32,815	31,897	0	2,202	34,099	(1,284)		
Management	6,491	5,868	0	0	5,868	624		
Administration & Estates	13,234	11,776	967	391	13,133	100		
Healthcare Assistants & Support Staff	13,554	12,291	1,766	383	14,440	(886)		
Nursing and Midwifery	38,343	34,079	1,845	1,918	37,841	502		
Scientific, Therapeutic & Technical	18,662	17,139	0	429	17,568	1,095		
Other Pay / Technical Adjustment	(1,943)	410	0	0	410	(2,353)		
Total Pay Costs	121,156	113,460	4,577	5,322	123,359	(2,203)		





## Financial Performance Report – August 2014

#### **Balance Sheet & External Finance Limit**

- Cash at 31st August £38.3m; decrease of £2.4m over the month and £0.7m higher than plan.
- External Finance Limit (EFL) charge forecast at £15.1m being consistent with approved EFL.

#### **STATEMENT OF FINANCIAL POSITION 2014/15**

	Balance at 31st March 2014	Balance as at 31st August 2014	TDA Planned Balance as at 31st August 2014	Variance to plan as at 31st August 2014	TDA Plan at 31st March 2015
	£000	£000	£000	£000	£000
Non Current Assets			221,982	1,295	
Property, Plant and Equipment Intangible Assets	226,403 886	222,309 886	744	1,293	228,768 562
Trade and Other Receivables	1,011	1,296	700	596	700
Current Assets					
Inventories	3,272	2,805	3,600	(643)	3,600
Trade and Other Receivables	16,177	15,065	8,436	6,800	11,746
Cash and Cash Equivalents	41,808	38,317	37,587	3,214	24,252
Current Liabilities					
Trade and Other Payables	(53,867)	(50,545)	(43,331)	(10,423)	(43,546)
Provisions	(8,036)	(3,751)	(7,654)	3,400	(3,724)
Borrowings	(1,064)	(1,059)	(1,029)	(30)	(1,029)
DH Capital Loan	(2,000)	(2,000)	(2,000)	0	(1,000)
Non Current Liabilities					
Provisions	(2,562)	(2,487)	(3,262)	759	(2,522)
Borrowings	(27,915)	(27,511)	(27,884)	291	(27,884)
DH Capital Loan	(1,000)	(1,000)	(1,000)	0	
	193,113	192,325	186,889	5,401	189,923
Financed By					
Taxpayers Equity					
Public Dividend Capital	161,640	161,640	161,712	(72)	162,211
Retained Earnings reserve	(19,484)	(20,272)	(12,790)	(7,517)	(10,255)
Revaluation Reserve	41,899	41,899	28,909	12,990	28,909
Other Reserves	9,058	9,058	9,058	0	9,058
	193,113	192,325	186,889	5,401	189,923

# Sandwell and West Birmingham Hospitals **NHS**



## Financial Performance Report – August 2014

Aug-14 £000s 20,670 6,364 4,152 34,279 34,279 13,499 9,610 1,487 10,684 196 705 705 705 705 705 706 708 708 708 708 708 708 708 708	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Sep-14 O 21,084 6,417 860 1,755 9 13,740 9 10,000 1,115 6,688 668 668 668 1,17 6,684 1,1	Sep-14 0 21,084 6,417 4 6,417 755 9 34,256 9 9,480 9,4	Sep-14 0 21,084 6,417 4 6,417 755 9 34,256 9 9,480 9,4	Sep-14 0 21,084 6,417 4 6,417 755 9 34,256 9 9,480 9,4	12 MONTH ROLLING FORECAST AT August 201.	12 MONTH ROLLING FORE CAST AT August 2014   12 MONTH ROLLING FORE CAST AT August 2016   12 MONTH ROLLING FORE CAST AT A GOOD   12 MONTH ROLLING FORE CAST AT AUGUST 2016   12 MONTH ROLLING FORE CAST AT A GOOD   12 MONTH ROLLING FORE CAST A GOOD   12 MONTH ROLLING FOR A GOOD   12 MONTH ROLLING FORE CAST A GOOD   12 MONTH ROLLING FO	12 MONTH ROLLING FORE CAST AT August 2014   Sep-14	12 MONTH ROLLING FORECAST AT August 2014   Sep-14   Oct-14   Nov-14   Dec-14   Jan-15   Feb-15   Mar-15   Mar-15   Mar-15   E000s	12 MONTH ROLLING FORECAST AT August 2014   Sap-14   Oct-14   Nov-14   Dec14   21.084   21.0	12 MONTH ROLLING FORECAST AT August 2014   Sep-14   Oct-14   Nov-14   Dec-14   Jan-15   Feb-15   Mar-15   E000s   E0
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**NHS Trust** 

### Financial Performance Report - August 2014

#### **Capital Expenditure & Capital Resource Limit**

- Year to date capital expenditure is £1,629 being £1,686k below plan.
- Capital commitments through orders placed £1.6m.
- Capital Resource Limit (CRL) charge forecast at £19.1m being within approved CRL of £21.3m

#### **Continuity of Service Risk Rating**

Year to rate rating 3 being in line with plan

Memorandum		SIGN	Cu	rrent Month Metr	ics	Fore	cast Outturn Me	trics
Continuity of Services Risk Ratings	Sub		Plan	Actual / Forecast	Variance	Plan	Actual / Forecast	Variance
	Code		(mc 01) <b>£000s</b>	(mc 02) <b>£000s</b>	(mc 03) £000s	(mc 04) <b>£000s</b>	(mc 05) <b>£000s</b>	(mc 06) <b>£000s</b>
Liquidity Ratio (days)								
Working Capital Balance	780	+/-	(7,991)	(3,973)	4,018	(13,301)	(9,986)	3,315
Annual Operating Expenses	790	+/-	169,445	173,491	4,046	405,044	408,411	3,367
Liquidity Ratio Days	800	+/-	(7)	(3)	4	(12)	(9)	3
Liquidity Ratio Metric	810	+/-	2.00	3.00	1.00	2.00	2.00	0.00
Capital Servicing Capacity (times)								
Revenue Available for Debt Service	820	+/-	9,651	8,077	(1,574)	24,842	24,416	(426)
Annual Debt Service	830	+/-	3,555	3,524	(31)	10,532	10,466	(66)
Capital Servicing Capacity (times)	840	+/-	2.7	2.3	(0.4)	2.4	2.3	(0.0)
Capital Servicing Capacity metric	850	+/-	4.00	3.00	(1.00)	3.00	3.00	0.00
Continuity of Services Rating for Trust	860	+/-	3.00	3.00	0.00	2.50	2.50	0.00

#### **Service Level Agreements**

- NHS Commissioner activity and income data for the first four months of the year indicates an activity based over-performance of £762k including pass through drugs and devices; the block arrangement with Sandwell CCG worsens the position by £478k for the first four months. Pass through items of £1,288k are in the position to August.
- Fines notices received to date are within fines cap levels.



## Financial Performance Report – August 2014

#### **Savings Programme**

- Delivery to date is £3,154k which is £2.2m adverse to trust phased plan [£2.9m adverse vs TDA plan].
- £13.6m of in-year savings have been identified (as at 11<sup>th</sup> September) against the annual target of £20.6m. These have a full year effect of £19.2m.
- A programme of work to identify and progress further pay and workforce change consistent with the delivery in full of necessary cost reduction for 2014-16 has commenced. This work is underpinned by robust arrangements to assess and assure the impact of any proposals on safety & quality.
- The forecast profile of savings delivery is shown below together with the original plan against which the TDA continues to monitor the Trust



## Sandwell and West Birmingham Hospitals Miss



### **NHS Trust**

## Financial Performance Report – August 2014

#### **Key risks**

- Identification and delivery of savings at necessary scale and pace; The plan required level of savings runs at £1.6m per month for quarter two; actual savings are running at half that.
- Over spending on pay costs, particularly premium rate staffing. The July reduction in paybill has continued in August. August has seen a reduction in agency spending which has dipped below £1.0m for the first time since February. The detailed programme of work to identify and progress further pay and workforce change consistent with the delivery in full of necessary cost reduction for 2014-16 continues at pace. This may give rise to restructuring costs which exceed sums provided and available.
- Demand risk in respect of SWB CCG contract. The Trust carries demand risk which is giving rise to some cost pressures in areas of additional activity such as Lucentis; there remains limited opportunity to release costs beyond marginal costs in under-performing areas of service.
- Operational standards not met giving rise to contract penalties and fines beyond £2m in plan. Current run rate is consistent with plan but pressures on CQUIN delivery and incentive scheme elements.
- Cost pressures which cannot be absorbed without risk to safety and quality. Includes estimated maternity payments to other providers (pending receipt of invoices) continues to be anticipated as giving rise to a financial pressure which stands at £0.6m for the first five months of the year.

#### **External Focus**

- Health and social care services should have a single, ring-fenced budget with a single local commissioner, according to today's Barker commission report, 'A new settlement for health and social care'. The independent commission, chaired by Dame Kate Barker, called for a new settlement to provide a simpler pathway through the maze of health and social care entitlements. In its final report, the commission said social care should be free for those whose needs are defined as critical, with free or reduced charges offered to other patients as the economy picks up. It called for an increase in the combined health and social care spend to between 11% and 12% by 2025.
- Six years on from the second Carter report recommending consolidation of pathology services, HFMA organised a roundtable discussion between finance directors and pathology service providers to identify what changes are needed and how the reform process can be speeded up. Consolidation was seen as the means of improving service quality, responsiveness and cost-effectiveness. There has been some consolidation, although not everywhere, and in some places the joining up has yet to result in significant service change on the front line.



## Financial Performance Report – August 2014

#### Recommendations

The Finance & Performance Management Committee is asked to:

- i. RECEIVE the contents of the report; and
- ii. REQUIRE & ENDORSE those actions necessary to ensure that the Trust achieves key financial targets.

#### **Tony Waite**

**Director of Finance & Performance Management** 

#### **TRUST BOARD**

DOCUMENT TITLE:	Risk Register Update
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Mariola Smallman, Head of Risk Management
DATE OF MEETING:	2 October 2014

#### **EXECUTIVE SUMMARY:**

The Trust Risk Register is reported to the Board to ensure oversight of the high red risks managed by the Clinical Groups, Corporate Directorates and Corporate Project Teams under the direction of Executive Leads.

This report provides an overview of high (red) risks which have been previously accepted by the Board for inclusion on the Trust Risk Register and includes lead Executive Director updates. In addition Women's and Child Health Clinical Group has provided updates on the 2<sup>nd</sup> theatre team and paediatric HDU risks, which have been previously reported to the Board.

#### **REPORT RECOMMENDATION:**

Accept

- **REVIEW** the Trust Risk Register and updates provided by Executive Directors;
- **CONSIDER** the WCH update on the 2<sup>nd</sup> theatre team and paediatric risks and **AGREE** whether the current approach to the management of these risks is accepted (i.e. the risk is tolerated).

Approve the recommendation

**Discuss** 

#### **ACTION REQUIRED** (*Indicate with 'x' the purpose that applies*):

The receiving body is asked to receive, consider and:

KEY AREAS OF IMPACT (Indicate	with 'x	all those that apply):			
Financial	✓	Environmental	✓	Communications & Media	
Business and market share		Legal & Policy	✓	Patient Experience	<b>✓</b>
Clinical	✓	Equality and Diversity	✓	Workforce	✓

#### Comments:

## ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:

Aligned to BAF, quality and safety agenda and requirement for risk register process as part of external accreditation programmes.

#### **PREVIOUS CONSIDERATION:**

The Board receives regular risk register updates.

# Sandwell and West Birmingham Hospitals NHS Trust

#### **Trust Risk Register**

#### Report to the Trust Board on 2 October 2014

#### 1. EXECUTIVE SUMMARY

- 1.1 This report provides an overview of high (red) risks which have been previously accepted by the Board for inclusion on the Trust Risk Register. The current Trust Risk Register with lead Executive Director updates is at **Appendix A.** As at writing there are no proposed additional or downgraded risks for Trust Board to review. At its previous meeting the Board requested additional updates, which are provided as follows:
  - Women's and Child Health (WCH) risk related to lack of 2<sup>nd</sup> theatre team OOH

    The Clinical Group has provided a briefing outlining the risk, including costs, risks assessment and rationale for existing arrangements in order for the Board to take a decision on any change to the current management of the risk. See Appendix B.
  - WCH risk related to paediatric HDU
     The Clinical Group has reviewed budgets and revised paediatric establishment to further mitigate this risk.
- 1.2 The RMC reviews and reports on high (red) risks to CLE on a monthly basis, including highlighting new risks or changes to existing risks. The CLE will update the Board on existing risks and escalate 'new' risks.
- 1.3 As a reminder, the options available for handling risks are:

Terminate	Cease doing the activity likely to generate the risk
Treat	Reduce the probability or severity of the risk by putting appropriate controls in place
Tolerate	Accept the risk or tolerate the residual risk once treatments have been applied
Transfer	Redefine the responsibility for managing the risk e.g. by contracting out a particular activity.

#### 2. RECOMMENDATION(S)

- 2.1 The Board is recommended to:
  - REVIEW the Trust Risk Register and updates provided by Executive Directors;
  - **CONSIDER** the WCH update on the 2<sup>nd</sup> theatre team and paediatric risks and **AGREE** whether the current approach to the management of these risks is accepted (i.e. the risk is tolerated).

Kam Dhami Director of Governance 24 September 2014

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Reference Number	Source of Risk	Clin Grp / Corp Dir / Corp project		Risk Category	Risk	Likelihood	Severity	Risk Rating (LXS)	Summary of Risk Controls and Treatment Plan	Executive Lead Director	Expected date of completion	Date of Latest Review	Review frequency	Likelihood	Severity	Residual risk rating
1414WARWK03		Chief Executive	Workforce Strategy	Organisational (Strategic)	Insufficient policy levers to ensure effective delivery of Trust workforce plan establishment reduction of 1400 wtes, leading to excess pay costs.	4	5	20	Review of existing policy levers to ensure options are maximised and are executed sufficiently early. Strong governance oversight by the Trust Board. Previous update: A more detailed plan is being developed through CLE workforce committee, led personally by the Chief Executive. Will culminate in review at Board's Workforce and OD committee in September 2014. Update: Detailed plans for 14/15 and 15/16 in development due for implementation during Q3 and Q4 of 2014. Key planning assumptions for 2016 onwards in development.	Chief Executive pending appointment of Director of OD.	Mar-20	Jun-14	bi-monthly	3	5	15
2013HASU01	933	Medicine	Stroke/Admitted Care	Operational	Potential loss of the Hyper Acute Stroke Unit which is subject to an external commissioner led review.	4	4	16	Trust representatives on Strategic Review sub groups; SWBH Stroke Action Team continues to monitor stroke activity and performance on a monthly basis and to develop actions plans for service improvement; Implement action plans to improve data capture and accuracy.  Previous updates: Standard operating procedure agreed and in place for data collection and validation. KPI improving new pathways, e.g., thrombolysis pathways direct from ambulance to CT scanner and strengthened capacity planning to ensure availability of gender specific beds to support timely admission.  Feedback received from Stroke Review Advisory panel to be considered to strengthen position as preferred provider.	Chief Operating Officer	TBC - Commissioner led review	Jun-14	Monthly	4	3	12

									Appendix A: Trust Risk Registe	וטען וכ	31011 4	3 at 2	23 36	pten	ibei,	,
Reference Number	Source of Risk	Clin Grp/Corp Dir/ Corp project	Specialty / Ward / Team	Risk Category	Risk	Likelihooo	Severity	Risk Rating (LxS)	Summary of Risk Controls and Treatment Plan	Executive Lead Director	Expected date of completion	Date of Latest Review	Review frequency	Likelihood	Severity	Residual risk rating
TRR1401COO01	Management review	Corporate Operations		Operational	Lack of assurance of standard process and data quality approach to 18 weeks.	4	4	16	Task and Finish Group established to oversee rapid improvement programme; SOP to be agreed and implemented in March for new processes; Elective access team structure to be reviewed; Central booking process to be strengthened to ensure real time data quality management; IST visit will inform work programme content.  Previous update: New Waiting List Manager recruited and starting in July. Year of Out Patients programme will deliver automation to strengthen real time data. Plans to centralise elective access team in Q2. Data Validation Team still required - funding until end Q2. Perceived knowledge deficit in some services regarding 18 weeks - New Elective Access Manager to assess competency of teams and provide re-training in Q2.	Chief Operating Officer	Jul-14	Jun-14	Jul-14	2	4	8
TRR140100002	Management review	Corporate Operations		Operational	Sustained high Delayed Transfers of Care (DTOC) patients remaining in acute bed capacity.	4	4	16	Joint working through joint discharge teams on both acute sites established; 7 day working pilot; Weekly urgent care call with Chief Executives and Chief accountable officers from LAT, CCG, NTDA, acute Trust and social services includes DTOC review, strategic and operational work; Commissioning plans for 7 day working in 2014 in train.  Previous update: Additional capacity closed end July although DTOC remains high. Plan will remain in place to re-open additional beds if required and triggers are agreed and activated through Operations Centre and authorised by COO or on call Executive Directors. Resilience System Plan (winter) submissions includes additional beds in community and social care — outcome of funding decision to be agreed in July. This will impact on DTOC reduction. Work to establish a Joint Health Social Care assessment and discharge team continues — now in training phase for go live at Sandwell in August and then at City.	Chief Operating Officer	Jun-14	Jun-14	Jul-14	2	4	8

									Appendix A: Trust Risk Regist	ei (vei	i SiUii a	s at	23 36	pten	ibei,	
Reference Number	Source of Risk	Clin Grp/Corp Dir/ Corp project	Specialty / Ward / Team	Risk Category	Risk	Likelihood	Severity	Risk Rating (LxS)	Summary of Risk Controls and Treatment Plan	Executive Lead Director	Expected date of completion	Date of Latest Review	Review frequency	Likelihood	Severity	Residual risk rating
0907SOP15	Inspections: H&S and PEAT	Surgery B	Ophthalmology	Clinical	Risk of Breach of Privacy and Dignity Standard, Information Governance Risk and Infection Control Risk at SGH Outpatient Department as a consequence of poor building design in SGH Ophthalmology OPD. Clean/dirty utility failings cannot be addressed without redevelopment of the area.	5	4	20	Trust Solution fitting in with RCRH required; Compliance with Medical Device and ICOC standards; Service Improvement application to Sandwell OPD; Greater use of Rowley facilities.  Previous update: Rowley Max has been scoped and will be delivered in Year of Out Patients programme on track for completion Q2. Plans for relocation of oral surgery OP to enable ophthalmology to meet privacy and dignity standards in development with intention to complete in Q3.	Chief Operating Officer	31/12/2015	Jun-14	GBM	3	3	9
1103PAE02	Risk Assessment	Women's and Child Health	Paediatrics	Qinical	Children that require but may not receive HDU 1:1 care - due to unpredictable demand, inadequate funding, poor staffing levels. Quality of care compromised for these and non HDU children due to inadequate staffing levels.	4	4	16	IAP submitted for HDU funds secured 12-13 to staff areas. Additional IAP submitted 13-14 for Paediatric Outreach team. Awaiting outcome from November IAP submission.  Previous update: Local escalation process is in place to ensure care is provided to HDU patients. Tracking occurrences to further quantify risk to those non-HDU patients.  Update: Current review of budgets and redeployment of resources.	Chief Operating Officer	TBC	14-nJ	Monthly	3	4	12

Reference Number	Source of Risk	Clin Grp / Corp Dir / Corp project	Specialty/Ward/Team	Risk Category	Risk	Likelihood	Severity	Risk Rating (以S)	Summary of Risk Controls and Treatment Plan	Executive Lead Director	Expected date of completion	Date of Latest Review	Review frequency	Likelihood	Severity	Residual risk rating
1103PAN01	Risk Assessment	Women's and Child Health	Pædiatrics	Clinical	Lack of Tier 4 beds for C&YP with Mental Health problems means that they are admitted to the paediatric ward. There is no specialist medical or nursing mental health team to care for their needs with limited access to in / out of hours CAMHS support. Care for these children is compromised and impacts also on other children and parents.	4	4	16	Bank and agency staff utilised where available. Incidents to be escalated to the Health Forum/SSCB/PAB LA. Monthly report to be developed and reviewed at Paediatric Governance meeting and information provided to risk, Health Forum/SSCB/PAB. Honorary contracts for psychiatrists to be explored.  Previous update: Mental health commissioners report that they are working up enhanced assessment service for children's mental health which intends to reduce numbers of children needing admission. Impact expected in autumn. Confirmed new assessment service and intended benefits will enable review of residual risk. The Trust continues working closely to support this work. Agreed with both adult providers access to mental health bank to support specialist staffing. Guidance on booking process to be agreed in July.  Update: Direct access to agency booking approved by Chief Nurse 11.08.14	Chief Operating Officer	TBC	Jun-14	Monthly	4	4	16
	Oncology Peer Review	Medicine	Scheduled Care	Operational	Oncology Service is currently unable to treat approx. 120 patients a month due to workforce issues.	5	4	20	Previous update: SLA with Royal Wolverhampton Hospital NHS FT to provide consultant AOS – 2 sessions to augment the 2 sessions provided by UHB	Chief Operating Officer	JBC	Jun-14	Monthly	3	4	12
	Oncology Peer Review	Medicine	Scheduled Care	Operational	Trust non-compliant with Oncology Standards.	5	4	20	Previous update: Workforce and service design issues (hot dinics) to be negotiated through enhanced SLA with oncology provider. Meeting scheduled with QE for September. Intention is to agree model of service and agree workforce model and SLA for Q3. Developing nurse led services to see prechemotherapy patients – to mitigate oncology demand issues.	Chief Operating Officer	TBC	Jun-14	Monthly	1	4	4

Reference Number	Source of Risk	Clin Grp / Corp Dir / Corp project	Specialty / Ward / Team	Risk Category	Risk	Likelihood	Severity	Risk Rating (LXS)	Summary of Risk Controls and Treatment Plan	Executive Lead Director	Expected date of completion	Date of Latest Review	Review frequency	Likelihood	Severity	Residual risk rating
	Oncology Peer Review	Medicine	Scheduled Care	Operational	Trust has inconsistent cancer pathways between its sites and mixed visiting oncology MDT attendance patterns.	3	5	15	<b>Previous update:</b> Trust has extended discussions with UHB and executive led cancer futures workshop now scheduled for early September.	Chief Operating Officer	TBC	Jun-14	Monthly	1	5	5

#### Briefing paper – Second Obstetric Theatre

#### Background:

The Maternity unit is currently equipped with 2 dedicated Obstetric theatres which are available for use 24/7. These are typically utilised for the provision of elective caesarean sections (Monday to Friday 8.30 – 1pm) and emergency caesarean sections which may be performed at any time throughout the 24 hour period. In addition, these theatres may also be used for other emergency procedures such as repairs of extensive vaginal tears, manual removal of placenta and examination under anaesthetic. The costs and responsibility for the overall management and provision of theatre staff (anaesthetist, scrub nurse / ODA / ODP) currently lies with Surgery A.

There is currently 1 dedicated maternity emergency theatre team available throughout the 24/7 period. In the event that a second emergency occurs, the theatre team covering main spine emergencies will be called. Response times vary, dependant on the time of the day and on whether the team are engaged in other emergencies elsewhere in the Trust. This model of theatre cover is common across the majority of maternity services, but brings inherent risks in the event that a second emergency occurs and the team are unavailable. This risk has been captured on the maternity risk register for several years but has recently been reviewed in response to a serious incident which occurred in May 2014. The incident involved a lady who sustained a ruptured uterus, necessitating immediate caesarean section. The incident occurred out of hours. At the time of the incident, the first maternity theatre team were already engaged in Obstetric theatre. The on call emergency team were on site but involved in a theatre case on the main spine. There was 37 minute decision to delivery interval. The baby was born in a very poor condition and later died. A number of factors were subsequently identified as having contributed to the delay, one of which was lack of access to a second theatre team. Uterine rupture is a very serious obstetric emergency with a high rate of associated mortality and morbidity for both mothers and babies. Whilst it is not possible to determine with certainty that the delay was a causative factor in the outcome for this baby, it is necessary to reconsider the risks associated with the current model of care.

#### <u>Current service provision:</u>

- 1 dedicated maternity theatre team on site 24/7
- 1 general emergency team on site 13.00 21.00 7 days per week covering the City site (includes provision for maternity if available)
- 1 emergency Team on site weekends and BH 08.00 13.15 covering the City Site (includes provision for maternity if available)
- 21.00 08.00 1 team on call from home covering emergencies on the City site (includes provision for maternity if available). Response time 30 45 minutes.

In the event that the general emergency team is required but unavailable during daytime hours, the duty band 7 for theatre will make every effort to identify available staff to attend (see **Attachment 1**). The on call Consultant for Gynaecology will be called to conduct the surgery if available.

This service model is consistent with services provided at:

• Birmingham Womens Hospital

- Heart of England Foundation Trust
- Worcestershire Acute Services NHS Trust
- New Cross Hospital.
- Walsall Hospital.

#### Assessment of Risk:

#### (See risk assessment – Attachment 2)

The nationally agreed decision to delivery standard for a category 1 caesarean section (immediate threat to the life of mother or baby) is 30 minutes. Whilst the requirement and subsequent unavailability of a second team is a relatively uncommon occurrence, the potential impact with its resulting sequelae – both clinically and financially, is significant.

During the previous 5 years, there has only been 1 known case within SWBH where the inability to open a second theatre has potentially contributed to the death of a baby. It is not possible to quantify negative impact on morbidity due to the lack of available information regarding long term outcomes for babies. There are currently no reports of negative clinical outcomes for mothers. Based on existing risk reports and a review of daily handover reports it is estimated that an inability to secure the services of the second theatre team will occur approximately 8 - 10 times per year. Notwithstanding the significant anxiety that this creates for parents and clinicians alike, it does not always follow that there will be a negative impact on the decision to delivery interval, or that there will be a negative clinical impact.

As part of a revised assessment of risk and a review of the mitigation plan, costings for the provision of a second on site theatre team have been obtained. The resulting expenditure, *exclusive of backfill for compensatory rest* is assessed at £783,786.00k (See **Attachment 3**).

It is clearly necessary to consider the costs which may arise in defending potential claims following death or serious injury in which a delay of this nature is identified as a significant contributory feature. Legal costs in such cases – whilst rare, can amount to many millions of pounds.

The NHS is required to take *reasonable steps* to safeguard and mitigate risks and based on the information provided, the Board are required to determine whether additional investment is considered to be appropriate in this instance. Alternatively the Board may wish to tolerate this risk,

## Pathway for requesting Obstetric Emergency 2<sup>nd</sup>/ On Call theatre team

\* It is essential that the Consultant Obstetrician & Anaethetist are informed when opening a 2<sup>nd</sup> theatre in obstetrics\*

Emergency Theatre Case 1 Emergency Theatre Case 2 Please liaise with Theatre Team Available 24 hours 08:00 - 12:30 Mon - Fri 7 days a week Liaise with Maternity Elective Theatre Team Please liaise with Theatre Team 1 Contact Team below:-Anaesthetist – **Bleep 5617** 12:30 - 21:10Anaesthetic Practitioner (ODA) – Contact switchboard via 2222 & request **Bleep 5618** "Main Theatre Team required in Scrub Practitioner – **Bleep 5621** Maternity for 2<sup>nd</sup> Theatre Case" Please liaise with Theatre Team 1 **AFTER 21:10** Contact switchboard via 2222 & request "THE ON CALL MAIN THEATRE TEAM TO attend Maternity for 2<sup>nd</sup> theatre case"

Please liaise with Theatre Team 1

#### Attachment 2: Ref: 201109DEL30 SWBH NHS Trust - Obstetric RISK ASSESSMENT

GROUP	W & CH		DEPARTMENT	Maternity / Ob	stetric Theatres		
ASSESSOR	Nicola Robinson		ASSESSMENT DATE	15.09.11	REVIEW DATE	29.0	09.11
SCOPE OF	·	otential risk of an adverse outcome for	DATE REVIEWED	21.03.12	DATE REVIEWED	16.1	10.12
ASSESSMENT	theatre team ou	y caused by no on site 2 <sup>nd</sup> obstetric t of hours.	DATE REVIEWED	03.12.13	DATE REVIEWED	20.0	06.14
		ACT	TION PLAN				
ACTION				BY WHEN	BY WHOM	DATE A	CHIEVED
Serious Incident	rious Incident review following an adverse outcome.			31.06.14	Nicola Robinso	n 11.0	06.14
HAZARD	WHO/WHAT COULD BE HARMED / DAMAGED?		XISTING		CURRENT RISK RATING	ADDITIONAL CONTROLS	RESIDUAL RISK RATING

#### Attachment 3:

#### Costing for staffing a second maternity team

Cost Centre	Expense Description	WTE	Cost (£)
City Theatres	Band 6	12.83	£668,884
	Band 2	4.21	£114,901
<b>Grand Total</b>		17.04	£783,786

#### **Notes**

Based on 3.00 wte Band 6s & 1.00 wte Band 2 Cover needed from 13:00 until 08:00 (Mon-Fri) and 24hrs per day Sat & Sun

## Sandwell and West Birmingham Hospitals

NHS Trust

#### **TRUST BOARD**

DOCUMENT TITLE:	Risk Assessment and Business Continuity Planning for Industrial Action planned in October 2014
SPONSOR (EXECUTIVE DIRECTOR):	Chief Operating Officer
AUTHOR:	Deputy Chief Operating Officer
DATE OF MEETING:	2 <sup>nd</sup> October 2014

#### **EXECUTIVE SUMMARY:**

UNISON has announced that its members working in the NHS in England will go on strike on Monday 13<sup>th</sup> October 2014 for four hours, from 07.00 hrs to 11.00 hrs. This will be followed by four days of action short of a strike, on Tuesday 14<sup>th</sup> October to Friday 17<sup>th</sup> October.

The Trust is undertaking a risk assessment across clinical and non-clinical areas to understand the potential impact on services.

Business continuity plans are being developed by all groups to ensure that key functions are able to be maintained during any industrial action

#### **REPORT RECOMMENDATION:**

The Trust Board is recommended to note the actions being taken to deal with the impact of industrial action, which are aimed at maintaining safe clinical services and minimising inconvenience to patients.

#### **ACTION REQUIRED** (Indicate with 'x' the purpose that applies):

The receiving body is asked to receive, consider and:

Accept	X  REAS OF IMPACT (Indicate with 'x' all those that apply): ial X Environmental ss and market share Legal & Policy X Equality and Diversity	Approve the recommendation	Discuss	
X				
KEY AREAS OF IMPACT (In	dicate w	vith 'x' all those that apply):		
Financial	Х	Environmental	Communications & Media	
Business and market share		Legal & Policy	Patient Experience	Χ
Clinical	Х	Equality and Diversity	Workforce	Χ
Comments:	•	,		

#### ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:

Ensuring business continuity

#### **PREVIOUS CONSIDERATION:**

Clinical Leadership Executive

#### Sandwell & West Birmingham Hospitals NHS Trust

## Risk Assessment and Business Continuity Planning for Industrial Action planned in October 2014

#### 1.0 Introduction

During August/September 2014, many NHS trade unions have been balloting their members on whether they wish to take strike action in response to the 2014 pay award. UNISON, which has a significant membership within the Trust, has announced that its members working in the NHS in England will go on strike on Monday 13<sup>th</sup> October 2014 for four hours, from 07.00 hrs to 11.00 hrs. This will be followed by four days of action short of a strike, on Tuesday 14<sup>th</sup> October to Friday 17<sup>th</sup> October. It appears that this action will focus on members making sure they take their breaks.

As further results come through, it is possible that other unions may participate in this industrial action.

#### 2.0 Coordination of Trust Response

A coordination group has been established, led by the Deputy Director of Workforce and the Deputy Chief Operating Officer and composed of representatives from each clinical group as well as Operations, Facilities, Estates and the Capacity Team. The role of this group is to assess the level of risk, ensure that all mitigation and plans are implemented prior to any industrial action, oversee the discussions with staff side regarding levels of service provision and coordinate the Trust response during any industrial action

#### 3.0 Assessment of Potential Impact

In order to understand what the Trust response to a strike or a work to rule may be, a risk assessment has been issued to clinical areas and management teams. Managers have been asked to consider the level of risk in their departments by taking into account the following:

- Whether the department or service they provide is deemed to be lifesaving or core business.
- Whether the service being provided could be stood down and undertaken differently in the event of industrial action.
- Local intelligence regarding the willingness of staff to take industrial action.
- The validity of existing local department and service contingency plans
- The reliance of the department or service on non-contractual hours of work, Bank, Agency.
- How robust local systems are for authorising annual leave, study leave
- The degree to which other absences (e.g. study leave, annual leave, maternity leave) have been factored into plans to manage core services.

These risk analyses will be reviewed by the coordination team with the Clinical and Corporate Groups on 25<sup>th</sup> September. Following this, decisions will be made about the potential impact on elective activity and the contingency arrangements to cover any staff shortages in critical areas that may be at high risk of disruption.

#### 4.0 Business Continuity Preparation

A business continuity plan has already been issued to clinical and corporate groups which identifies key Trust functions and the actions that groups should be taking. In addition to the risk assessment, key actions at this stage include:

• Updating emergency contact details of staff

- Ensuring systems are in place to ensure rapid and effective recording of staff absence/work to rule
- Identification of any transferable skills that staff may have which could be used in the event of industrial action
- Planning to cancel meetings on any day of action and have as many staff as possible available to help with all tasks, in order to ensure that the Trust is able to operate safely (training is being developed for key areas such as some portering and domestic functions)

#### 5.0 Recommendation

The Trust Board is recommended to note the actions being taken to deal with the impact of industrial action which are aimed at maintaining safe clinical services and minimising inconvenience to patients.

## Sandwell and West Birmingham Hospitals WHS



**NHS Trust** 

#### **TRUST BOARD**

DOCUMENT TITLE:	Trust's Equality Plan
SPONSOR (EXECUTIVE DIRECTOR):	Colin Ovington – Chief Nurse
AUTHOR:	Colin Ovington
DATE OF MEETING:	2 <sup>nd</sup> October 2014

#### **EXECUTIVE SUMMARY:**

This is an update report following the August Trust Board Meeting.

- In March 2014 we put in place a programme of self-assessment at Directorate level of the trust in an attempt to provide a detailed understanding of equality and diversity. This has progressed slowly but 50% is now in a position to be externally assessed by the local interest group, with an expectation that the remainder will be ready by the end of November.
- 1.3 The Board recognised the relatively strong gender balance within our senior team, but the absence of colleagues from ethnically diverse backgrounds. Our plans seek to in particular address development within our Top Leader's Cadre – and succession planning in senior positions.
- The plan is shaped around the Equality and Diversity Scheme objectives with an emphasis on those elements that will help the trust achieve alignment with the populations we serve and in addition to achieving compliance with the broader scheme objectives

#### **REPORT RECOMMENDATION:**

The Board is requested to consider and support the objectives described in the plan and in discussion identify if there are any other areas which should be prioritised

**ACTION REQUIRED** (*Indicate with 'x' the purpose that applies*):

The receiving body is asked to receive, consider and:

Accept	PACT (Indicate with 'x' all those that apply):  Environmental Communications & Media	Discuss		
			X	
KEY AREAS OF IMPACT (Indica	te with 'x' all those that apply):			
Financial	Environmental		Communications & Media	
Business and market share	Legal & Policy		Patient Experience	
Clinical	Equality and Diversity	Х	Workforce	
Comments:				

#### ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:

Relates to our Equality and Diversity objectives and BAF

#### **PREVIOUS CONSIDERATION:**

Public Health, Community Development and Equality Committee

# Sandwell and West Birmingham Hospitals NHS Trust

#### **EQUALITY & DIVERSITY PLAN 2014-2017**

### Report to Trust Board on 2<sup>nd</sup> October 2014

#### 1 EXECUTIVE SUMMARY

- 1.1 We discussed equality and diversity at the May Public Health, Community Development and Equality Committee the outline of our plan and received a progress update at the August Board meeting. As a Board we have reiterated repeatedly the need to 'up our game' in this area, notwithstanding a distinctively strong engagement score among BME staff in the national staff survey 2013, and an apparently strong self-assessment from local leaders on our draft EDS2.
- 1.2 In March 2014 we put in place a programme of self-assessment at Directorate level of the trust in an attempt to provide a detailed understanding of equality and diversity. This has progressed more slowly than we wished but 50% are now in a position to be externally assessed by the local interest group, with an expectation that the remainder will be ready by the end of November.
- 1.3 The Board recognised the relatively strong gender balance within our senior team, but the absence of colleagues from ethnically diverse backgrounds. Our plans seek to in particular address development within our Top Leader's Cadre and succession planning in senior positions.
- 1.4 The plan is shaped around the Equality and Diversity Scheme objectives with an emphasis on those elements that will help the trust achieve alignment with the populations we serve and in addition to achieving compliance with the broader scheme objectives
- 1.5 The Board is invited to support the outcomes described at section 2.5 of this paper.

#### **2** EQUALITY AND DIVERSITY SCHEME OBJECTIVES

Building on discussion held by the Board to date we have framed our plans against the four components of the national scheme. That scheme will form a contractual obligation on the NHS in 2015-2016. The *italicised materials* are the things that we will do.

#### 2.1 Better Outcomes

As a trust we are committed to ensuring better health outcomes for all patients. We have a growing portfolio of data that demonstrates progress on this journey. What we need to be undertaking is an analysis against key protected characteristics, triangulated with our outcome data. This will demonstrate to us whether we are having an equitable impact and

whether we need to concentrate efforts in a different way. We know that patient feedback via complaints or surveys does not demonstrate any real variation, this needs to have continuous monitoring as we embrace E&D further. In particular we need to ensure that we are acting to provide an acceptable environment of care for people who are deaf or visually impaired.

This data will be made available monthly to the CLE equality committee.

#### 2.2 Improved patient access and experience

The crucial element is for us to concentrate on actively valuing and supporting diversity, not simply ensuring that we comply with legislative minimum standards. We need to do this without creating any undue preferences, or discrimination or tokenistic gestures. Patients, visitors to the trust and our staff should be able to feel and talk about our inclusiveness in this context

We currently collect data about the patient populations who access our services. The use of outpatient kiosks will be our vehicle to improving patient data from quarter 3 this year. We then need to use this data to explore how people with the protected characteristics access and use our services.

We will agree a specific quarterly audit programme as part of our clinical and internal audit work for 2015-16. Where possible we will secure experts by experience from local groups to audit with us.

#### 2.3 A representative and supported workforce

We have strong trade union representation on E&D, particularly though the Royal College of Nursing and that has given rise to the Cultural Ambassadors programme which started during September. The aim is to ensure fairness in how BME employees are treated in formal processes and to have ambassadors who will act as mentors to affected employees and join panels for formal processes

Our BME ambassadors pilot has now commenced and will run until autumn 2015.

To ensure that we have a full understanding of the diversity of our staff groups we will undertake towards the end of 14-15 a one off ESR data validation, this will help us describe directional changes we need to make in creating a talented workforce for the future.

The CLE education committee is overseeing analysis of training requests and training funds vs ESR protected characteristics data. This will be available in draft at the end of January 2014, in time for our annual Public Sector Equality Duty declaration. This will be compared to our overall by band staff profile.

Our workforce includes those people from our community who volunteer in the Trust, as we develop our voluntary services programme we will actively recruit not just for the values,

skills and attributes they bring but also make due consideration about how we can make best use of their protected characteristics, e.g. cultural variations, language.

<u>Our volunteering plan will reflect the opportunity to reach communities hitherto excluded</u> from employment within the Trust.

In order to ensure that our workforce is able to reflect the characteristics the law protects and our population contains, we will look again to support peer groups in each of the nine characteristics. Presently we have one such group. Learning from past failures, this will be on the basis of supporting enthusiastic individuals with time off, rooms, material, rather than trying to 'corporatise' their work.

By the end of 2015 we expect to have groups covering each characteristic within our organisation.

#### 2.4 Inclusive Leadership

The proportion of band 8 and above senior leaders in the Trust with a protected characteristic rises to closely align to the workforce profile and to local demographics over a three year period. To help achieve this we will ensure that staff at all grades have access to the necessary preparatory training opportunities to help them achieve their career and leadership goals.

A specific programme of peer group mentorship will be put in place during 2014-15.

Finally, we have work to do to give a voice or platform to both individuals in senior roles from traditionally excluded backgrounds, and to issues faced by those with protected characteristics. Bearing that in mind, we will explore how we can:

- On a monthly basis, focus events and communication on specific protected characteristics in our population.
- Ensure much greater visibility within our promotional and staff communications material for the genuine diversity we have in our midst at a senior level

#### 2.5 Measures of Success (to be included in annual plan 2015-16)

- The Trust can demonstrate progress on EDS2 scoring over a two year period, with role-model teams reaching the highest ratings over time and no red rating being judged in 2016-17
- ii. The Trust successful bids for accreditation in this field from relevant bodies (NHS Employers, Stonewall etc)
- iii. Patient feedback demonstrates that we have actively engaged with them and that no complaints are received in relation to discrimination
- iv. Staff with key protected characteristics have access to and receive training to support their career and leadership aspirations. The leadership cadre of the trust mirrors closely the protected characteristics of the population we serve by 2016/17

v. The proportion of band 8 and above senior leaders in the Trust with a protected characteristic rises to closely align to the workforce profile and to local demographics over a three year period.

#### 3 RECOMMENDATION(S)

3.1 The Board are requested to consider and support the objectives described in the plan and in discussion identify if there are any other areas which should be prioritised.

Colin Ovington, Chief Nurse 28<sup>th</sup> September 2014

#### **APPENDICES:**

Appendix 1 – E&D Self Assessment

Appendix 2 – Staff in Post data

Appendix 3 – Patient demographics

Appendix 4 – EDS national goals

			Goal 1				G	Goal 2				Goal 3						Goal 4		
Group	Directorate	Service Area	1.1	1.2	1.3	1.4	1.5	2.1	2.2	2.3	2.4		1 3.	2 3	.3	3.4 3.	5 3.	_	1.1 4.	.2
Corporate	Nursing and Facilities	Corporate Nursing										N/A	N/A				N/A	N/A	N/A	
Corporate	Nursing and Facilities	Facilities																		
Women and Child Health	Community Childrens	Childrens Therapy Services																		
Women and Child Health	Community Childrens	Health Visiting and Family Nurse Partnership																		
Corporate	Workforce	HR and Occupational Health			N/A															
Women and Child Health	Gynaecology, Gynaeoncology and GUM	Gynaecology, Gynaeoncology and GUM			14,77							N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Women and Child Health	Maternity and Perinatal Medicine	Maternity and Perinatal Medicine										14/1	14,71	14,71	14//1	14/71	14,71	14//1	14/71	14//
Women and Child Health	Paediatrics	Paediatrics										N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pathology	Biochemistry	Biochemistry										,	,	,						,
Pathology	Microbiology	Microbiology Infection prevention control																		
Surgery B	ENT and Oral Surgery	Oral Surgery											N/A				N/A	N/A	N/A	N/A
Imaging	Radiology	Radiology																	n/a	· ·
Corporate	Finance	Finance															?	n/a	n/a	
Imaging	Radiology	Radiology															?	n/a	n/a	n/a
Imaging	Breast Services	Breast Services											n/a							
Corporate	Estates	Estates			n/a	n/a														
women and Child Health	Paediatrics	Acute and Community Paediatric Service																		
Pathology	Haematology	Haematology, Blood Transfusion and																1		
		Anticoagulant Services																		
Surgery A	Theatres, vascular and Urology	Wards D21, D25 D6 and CPAU																n/a	n/a	
Surgery A	Anaesthetics & Critical Care	Critical Care Inpatients											n/a					n/a	n/a	
Surgery A	Aneastheticts, Theatres, Critical care,	Aneastheticts, Theatres, Critical care, Urology																		
l .	Urology & Vascular	& Vascular																n/a	n/a	
Pathology	Histopathology	Histopathology																		
Surgery B	Othalmology	Othalmology																		
Surgery A	Trauma and Orthopaedics	Trauma and Elective inpatient Orthopaedic Unit.																		
		Orthotics, fracture clinic and plaster room																		
MDO	Medical Director																			
Chief Executive, Strategy, Governance	Strategy and Organisational Development	L and D																		
Chief Executive, Strategy,	Strategy and Organisational Development	Strategic Planning and Business Development																		
Governance	Communications Communication	Communication Front																		
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Medicine and Emergency Care																				
Imaging	Conditions/Long Term Conditions  Nuclear Medicine	Physic and Nuclear Medicine																		
Imaging Operations	Operations	Medical Records / Elective Access and Outpatients					_													
Operations	Operations	ivieuicai Records / Elective Access and Outpatients																		
Surgery A		Pain Management																		
Pathology	Immunology	Immunology																		
Pathology	Immunology	Phlebotomy																		
Surgery A	Aneastheticts, Theatres, Critical care, Urology & Vascular	Theatres																		
Medicine and Emergency Care	Emergency Medicine, Acute Medicine,	Emergency Care																		
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Diversity (SIP) Scorecard

All Data from ESR, unless stated otherwise. Monthly Figures

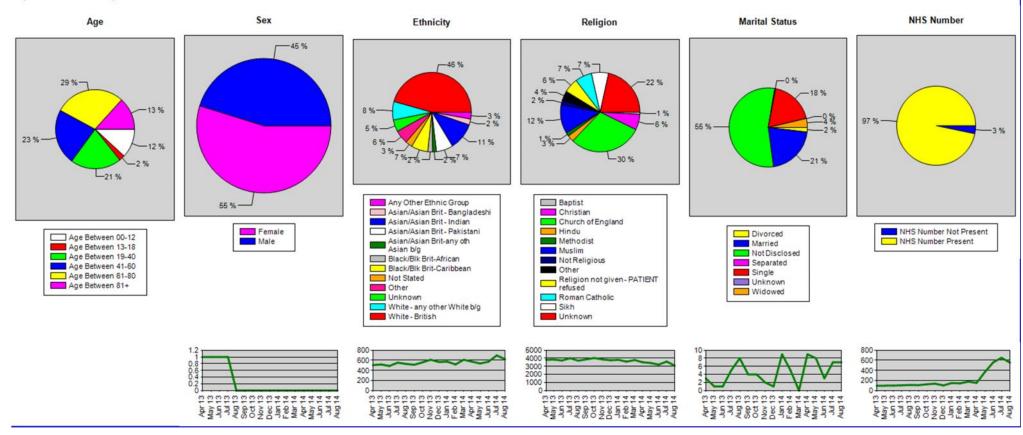
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#### **Equality and Diversity**

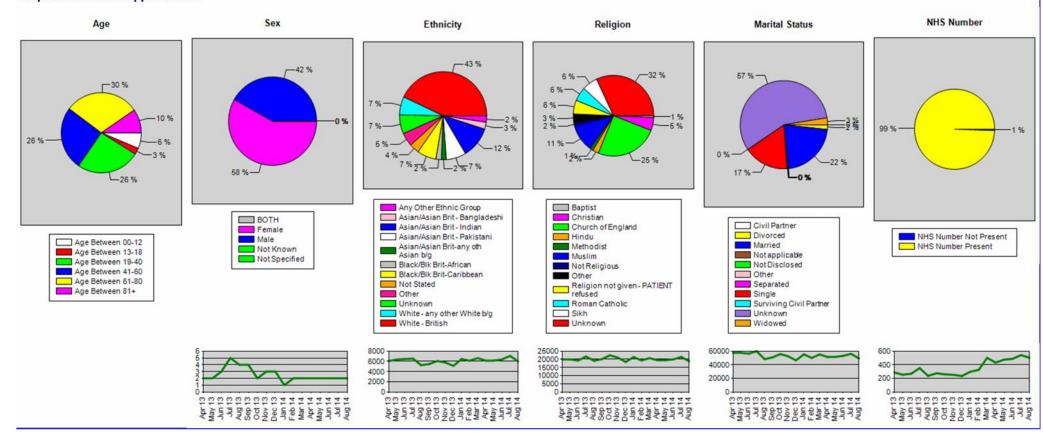
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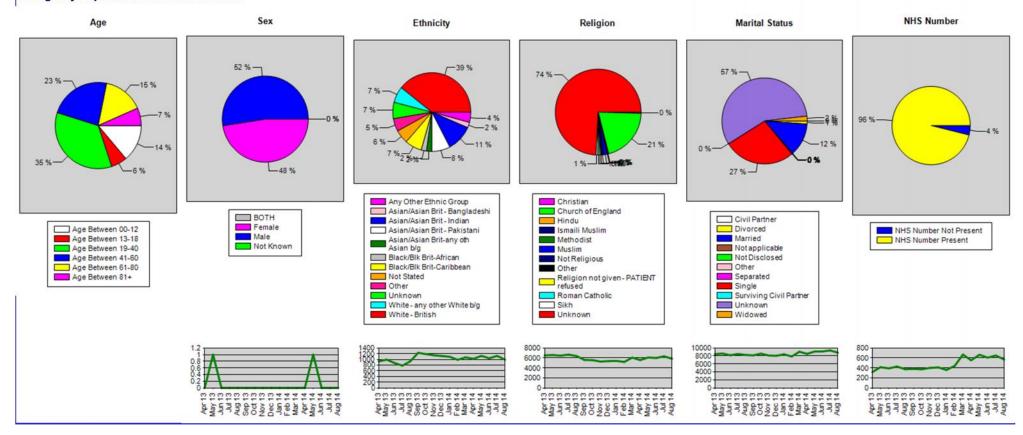
#### Inpatients: 75000 episodes



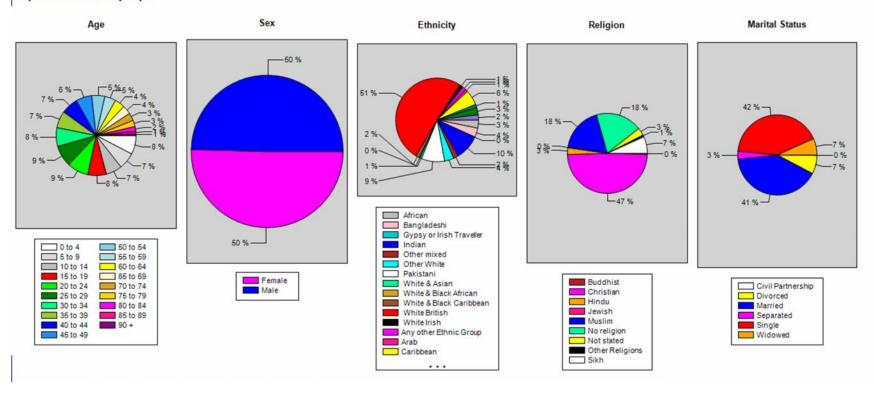
#### Outpatients: 552591 appointments



#### **Emergency Department: 94673 attendances**



#### Population: 743640 people



#### EDS2 Goals and Outcomes

Goal	Narrative :	Outcome
outcomes a i	The NHS should achieve improvements in patient health, public	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities.
	health and patient safety for all, based on comprehensive evidence of needs and results	<ul><li>1.2 Individual people's' health needs are assessed, and met in appropriate and effective ways.</li><li>1.3 Transitions from one service to another, for people on care</li></ul>
		pathways, are made smoothly with everyone well-informed.
		1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.
		1.5 Screening, vaccination and other health promotion services reach and benefit all local communities.
2. Improved patient access and experience	t The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.
t.		2.2 Patients are informed and supported to be as involved as they wish to be in decisions about their care.
		2.3 People report positive experiences of the NHS.
		2.4 People's complaints about services are handled respectfully and efficiently.
3. A representative and supported workforce.	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to their patients' and communities' needs.	3.1 Fair NHS Recruitment and selection processes lead to a more representative workforce at all levels.
		3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.
		3.3 Training and development opportunities are taken up and positively evaluated by all staff.
		3.4 When at work staff are free from abuse, harassment, bullying, violence from any source.
		3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.
		3.6 Staff report positive experiences of their membership of the workforce.
4. Inclusive leadership	NHS organisation should ensure that	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation.
	equality is everyone's business, and everyone is expected	4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.
	to take an active part, supported by the work of specialist equality leaders and champions	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.



#### Finance & Investment Committee - Version 0.1

**Venue** Anne Gibson Boardroom, City Hospital **Date** 29 August 2014; 1300 – 1500h

<u>Present</u> <u>In attendance</u> <u>Secretariat</u>

Mr Richard Samuda Mr Chris Archer Mr Simon Grainger-Lloyd

Mr Tony Waite

Mr Toby Lewis

Minutes	Paper Reference
1 Apologies for Absence	Verbal
Apologies were received from Ms Robinson, Mr Kang and Miss B	arlow.
2 Minutes from the previous meeting	SWBFI (7/14) 042
The minutes of the meeting held on 25 July 2014 were accept accurate record of discussions held.	ed as a true and
AGREEMENT: The minutes of the previous meeting were accept accurate reflection of the discussions held	ted as a true and
3 Matters arising from the previous meetings	SWBFI (7/14) 042 (a)
The Committee considered the actions log and noted that a n had been deferred to the next meeting. It was agreed that strategy would be presented to the Clinical Leadership Executive meeting and the update would focus on the savings to be of procurement process changes.	the procurement ve at the October
It was agreed that the contracts database/forward procurement respect of where the Trust is the purchaser of services should be September meeting. In November it was agreed that the accontracts where the Trust was the provider of a service should was further agreed that the tracking of the delivery of the reducing temporary staffing spend should also be presented at further agreed.	presented at the arrangements for be presented. It trajectories for
It was agreed that actions SWBFCACT.278 – 281 should be conficultive at a future meeting.	onsidered by the

ACTION: Mr Waite to present the procurement strategy at the October

meeting of the Clinical Leadership Executive

ACTION: Mr Waite to present the updated contracts database at the

September meeting

ACTION: Mr Waite to present the database of arrangements where the

Trust was the service provider at the November meeting

ACTION: Mr Waite to present the progress against the trajectories set for

reducing agency spend at each meeting

#### 4 2014/15 Month 4 financial update

SWBFI (8/14) 044 SWBFI (8/14) 044 (a) SWBFI (8/14) 044 (b)

It was reported that a balanced position for the month had been achieved, however the position to date remained adverse against plan. In terms of achievement of the TSP schemes, it was noted that the delivery 'step up' had not been as marked as expected. Agency spend was noted to remain flat and although there had been a reduction in volume, more expensive staff had been used during the period. The outline of the Internal Audit accruals work was reported to be awaited. Mr Lewis reported that the controls for medical staff were in place and there was an expectation that the use of temporary medical staff would reduce from October. Notwithstanding these expectations, it was noted that there was a disappointment that nursing and midwifery staff had not reduced as rapidly as expected.

Mr Lewis asked what spend had been incurred during the last few months overall. He was advised that pay costs were flat, although non-pay expenditure had increased in Month 4, particularly in Medicine and Women & Child Health clinical groups. It was highlighted that reimbursement would be received for high cost drugs. An increase in hotel services costs was also noted. On a separate matter, it was agreed that Miss Barlow should identify a control system to prevent a breach of the cap set for Lucentis work. Mr Archer reported that a reduction in tariff for the Lucentis work had been negotiated during previous year and that alternative drug treatments were being investigated at present. It was agreed that the profitability assessment of the Lucentis should be determined.

Mr Waite highlighted that the profile of patient income was not consistent month on month. It was reported that there was a degree of lag in payments, due to the need to code the work prior to posting.

Mr Lewis asked, taking the other movements into account, where the positive inmonth movements had occurred. Mr Archer highlighted that there had been a variance in income and an improvement in underlying commissioner income. He added that income from antenatal pathways had performed particularly satisfactorily. In the light of these movements, Mr Lewis asked whether there was an expectation that the Trust would exceed its income plan. Mr Waite reported that a £2.6m over recovery of patient income was anticipated. It was agreed that at the October meeting the Committee should consider the forecast patient income and an assessment as to the recoverability of any income over-

performance against plam. Mr Archer reported that there was an expectation of a number of fines within the overall position to the value of c. £2m, although the expected over performance against income remained.

The cash position was reported to be modestly above plan and capital spend was noted to remain slower than planned, although a reprioritisation exercise was underway, including the capital works on ward D47. It was noted that there were some enabling works underway, such as food orderings system. Mr Samuda asked whether the minor works on wards were taken from the capital programme and was advised that this was assigned to the revenue budget. The pipeline for the capital plan was reported to remain under scrutiny. At a Group level, it was noted that the performance management conversations focussed on a prospective view, rather than retrospective. Work was reported to be underway to triangulate the operational and financial positions.

Mr Lewis reported that the savings plan movement April to July was modest and that there was an expectation for the August results to show a position of consistency with the previous months.

In terms of financial reporting, it was noted that there was further opportunity to develop the presentation as part of the Internal Audit work, including run rate and commentary on this.

The detail of the workforce review meetings was given, with conversations planned with each clinical and corporate group. Mr Lewis reported that the meetings considered a target pay bill expenditure. Of the three meetings to date, it was noted that the Medicine & Emergency Care position need to move to a significantly lower paybill per month and the plan to sign off establishments was reported to be envisaged shortly. The anxiety of reaching the target (£5.9m) was reported to be the speed of change and secondly the ability to execute control systems. It was reported that systems needed to be implemented to safeguard the controls.

The Women & Child Health position was noted to be challenging, particularly if the expenditure increases planned could not be controlled sufficiently and therefore there was a possibility of needing to execute alternative measures. It was noted that the economics associated with the antenatal and post natal part of the maternity pathways needed to be explored with commissioners. The Committee was advised that this would not affect the overall cost base however it would stablise it.

Mr Lewis advised that the Trade Unions were engaged with the workforce review plans.

It was noted that a weekly conference call between key members of the Finance & Investment Committee on the financial position was planned which would focus on the delivery of a financial improvement plan, including the agency usage.

Mr Lewis reported that the 2015/16 plans would focus on matters in addition to pay, such as estate rationalisation and procurement, with savings in drugs to a lesser degree. It was noted that the plans excluded at present, the recent announcements from the Secretary of State on matters such as food and car parking.

Recent discuss In terms of 20 April to achiev	the state of the s	
	sions with the TDA relating to the financial position were outlined.	
plan. It was no current finance had been iden part of this wo		
five years, with	orted that the Trust had been transparent in its focus over the next h close attention to improving the position in 2015/16. It was noted of opportunity in corporate areas was less and structural changes without incurring cost.	
ACTION:	Mr Archer to investigate and report back on the variation in hotel services costs	
ACTION:	Miss Barlow to design a mechanism for ensuring that the income cap for Lucentis is not breaches	
ACTION:	Miss Barlow to determine the profitability of Lucentis work	
ACTION:	Mr Waite to present the overperformance against contract position at the next meeting	
ACTION:	Mr Waite to build in 'run rate' into the financial performance commentary	
5 Foreca	st and outlook for 2014/16	SWBFI (8/14) 045 SWBFI (8/14) 045 (a)
	e received and noted the update.	• • •
The Committe		• • •
The Committe  6 Financi  Mr Waite drev	e received and noted the update.	SWBFI (8/14) 045 (a) SWBFI (8/14) 046
The Committe  6 Financi  Mr Waite drev Assurance Fra was variable.	e received and noted the update.  ial risks and BAF  w the Committee's attention to the financial risks within the Board mework. Mr Lewis noted that the quality of the risk descriptions ted that the premitigation severity score against the 18 weeks risk	SWBFI (8/14) 045 (a) SWBFI (8/14) 046
The Committe  6 Financi  Mr Waite drev Assurance Fra was variable.  It was suggest was over state	e received and noted the update.  ial risks and BAF  w the Committee's attention to the financial risks within the Board mework. Mr Lewis noted that the quality of the risk descriptions ted that the premitigation severity score against the 18 weeks risk	SWBFI (8/14) 045 (a) SWBFI (8/14) 046
The Committe  6 Financi  Mr Waite drev Assurance Fra was variable.  It was suggest was over state In terms of th too high.  The IT risk was constitute an clarity on the	e received and noted the update.  ial risks and BAF  w the Committee's attention to the financial risks within the Board mework. Mr Lewis noted that the quality of the risk descriptions ted that the premitigation severity score against the 18 weeks risk ed.	SWBFI (8/14) 045 (a) SWBFI (8/14) 046

23 needed to be recast.	
ACTION: Mr Waite to revise the financial risks within the Board Assurance Framework in line with suggestions at the meeting	
/ Integrated performance report	SWBFI (8/14) 047 SWBFI (8/14) 047 (a)
The Committee received and noted the update.	
X Service Resilience nian 7014/15	SWBFI (8/14) 048 SWBFI (8/14) 048 (a)
The Committee received and noted the update.	
The Committee was given an update on the progress with securing the funding associated with 18 weeks and winter pressures. It was reported that the funding supported the opening of a number of beds within the Trust over the winter. The value of the funds was noted to be c. £1.05m. In terms of the 18 weeks funding, a plan and a basis of counting the activity to recover the £2.5m was reported to have been identified. It was agreed that the Board would receive the Service Resilience Plan at its forthcoming Board meeting.	
ACTION: Miss Barlow to present the service resilience plan to the Board at its meeting on 4 September 2014	
9 Service proposal for Ophthalmology	Hard copy
It was reported that plans were underway to execute the opportunities to deliver efficiencies within Ophthalmology and cataract processes. It was agreed that the service proposal should be circulated.	
10 Matters to highlight to the Board	Verbal
It was suggested that the key message to the Board should be that a scenario, which included a forecast that needed to be improved upon had been identified; a projected income positon was understood and the capital plan needed to be accelerated.  The update circulated earlier providing an explanation of movement in other income from Budget Book to Appual Plan was received and noted.	
income from Budget Book to Annual Plan was received and noted.	Verbal
11 Weeting effectiveness reedback	veivai
It was noted that the meeting had been productive.	
12 Any Other Business	Verbal
It was agreed that there had been a distillation of the outputs of the external advisers and that a weekly conference call had been arranged to discuss the financial recovery position.	

SWBFI (8/14) 049

13	Details of the next meeting	
The next meeting of the Finance and Investment Committee was noted to be scheduled for 26 September 2014 at 0800h at City Hospital.		
<b></b>		
Signed	1:	
Name		
Date:		
2410.		

# Sandwell and West Birmingham Hospitals NHS Trust

#### **Quality and Safety Committee – Version 0.2**

**Venue** Anne Gibson Committee Room, City Hospital **Date** 29 August 2014; 1030h – 1230h

Present In Attendance

Ms O Dutton Mrs D Talbot

Mrs G Hunjan Mr G Smith

Mr R Samuda Ms A Binns

Dr S Sahota OBE

Mr C Ovington

Mr T Waite

Miss K Dhami Secretariat

Miss R Barlow

Dr Stedman Mr S Grainger-Lloyd

Minutes		Paper Reference
1	Apologies for absence	Verbal
No a	apologies for absence were received.	
2	Minutes of the previous meeting	SWBQS (7/14) 045
	minutes of the Quality and Safety Committee meeting held on 25 July 2014 e approved as a true and accurate reflection of discussions held.	
AGR	REEMENT: The minutes of the previous meeting were approved	
3	Matters arising from the previous meeting	SWBQS (7/14) 045 (a)
The	updated actions list was received and noted by the Committee.	
	LONG TERM FOCUS	
4	Patient Experience Priorities 2014-17	SWBQS (8/14) 047 SWBQS (8/14) 047 (a)
Mr	Ovington reported that at the Patient & Staff Experience Committee, the	

patient experience plan to 2017 had been considered, which was noted to include a set of priorities that were currently in draft. He asked the Committee to review and comment on these.

Mrs Hunjan asked what baseline of volunteers was in place and what they would be expected to do. Mr Ovington advised that the current arrangements were not satisfactory given that volunteers were not robustly managed, sufficiently visible or used in the Trust as well as they could be. It was suggested that they could be well used in the organisation for assisting at mealtimes and also within the community. Ms Dutton noted that they would be of increasing importance as Care Act became embedded. Mrs Hunjan suggested that the management of volunteers needed to be more stringent to identify the value added by the individuals. She asked whether champions were in place elsewhere within the region. Mr Ovington advised that this was most likely the case, particularly where they could be used in waiting rooms to ensure patients were taken care of and kept informed. Miss Barlow asked that the objectives concerning 'Waiting Room Monitors' be broadened to reflect the outcome of the workforce review that was currently underway so that the individuals would be used to support a wider set of areas. Dr Sahota suggested that the volunteers needed to be more visible and noted that there was good potential to use them within the Midland Met Hospital. Miss Dhami suggested that there needed to be an overriding objective within the plan which set out very clearly that the patient was to be treated with utter respect and was of the most paramount priority. Ms Dutton added that this needed to link with the need to make a patient's stay as pleasant as possible. Dr Stedman drew from a number of examples externally, which highlighted good practice in terms of customer care and suggested that patients needed to be treated in a similar way where possible and staff were supported with appropriate training and technology. Mr Samuda suggested that specifically, assistance in the car park was needed. Mr Ovington advised that this was in hand around the workforce model changes that were planned.

ACTION: Mr Ovington to refresh the patient experience objectives in line with suggestions made by the Quality & Safety Committee

#### **MEDIUM TERM FOCUS**

# SWBQS (8/14) 048 SWBQS (8/14) 048 (a) Mr Ovington presented the forward plan for the Committee and asked for comments. It was suggested that the plan would be received at each meeting. It was noted that there was an imbalance in 'weight' between some of the meetings and therefore there needed to be some flexibility in terms of timing of the meetings. It was noted that Safeguarding needed to be considered quarterly to meet the requirements of the relevant CQUIN. Miss Dhami advised that she had some comments on frequency of some reports and suggested that annual reports needed to be considered initially at Quality & Safety Committee prior to consideration by the Trust Board. In terms of the quality goals, it was noted that these would be promulgated

through the quality plan and quality account.

It was suggested that quality & safety risks needed to be considered by the Committee.

Mrs Talbot recommended that end of life care needed to be included within the forward plan of the Committee, which was agreed.

Subject to the comments, the Committee approved its forward plan.

**ACTION:** 

Mr Ovington to revise the forward plan for the Quality & Safety Committee in line with suggestions made at the meeting

#### 6 Complaints update

SWBQS (8/14) 049 SWBQS (8/14) 049 (a)

Ms Binns advised that the complaints report being considered by the Committee had been further updated in readiness for consideration at the Trust Board on 4 September 2014.

It was highlighted that there had been an increase in complaints for the same quarter in 2013/14. Timeliness to respond to complaints was noted to have improved, although there was some way to go to meet the internal target. In terms of the ethnicity of patients, it was noted that the majority of complaints were made on behalf of white British and black afro Caribbean groups. Ms Dutton asked that a check was made as to whether the complaints from minority groups were representative of the Trust patients' community. Dr Sahota noted that the ethnicity of patients was not known in all cases.

The subjects that patients were complaining about were noted to be in line with the national picture. It was noted that there were a significant number of complaints concerning treatment at the hospitals' reception. Miss Barlow suggested that themes from administration functions needed to be captured and used as part of implementing new roles across the Trust.

Mrs Hunjan noted that the report was useful and suggested that there may be some lessons from complaints to be used to support the objectives in the patient experience plan.

Ms Binns outlined the position with regard to reopened cases. It was noted that in some cases the Trust offered to meet with complainant, however there was a need to engage with individuals more closely to ensure that complaints could be resolved more swiftly. Ms Dutton asked whether telephone numbers were collected as part of the process to ensure that a good connection with the patient was made. She was advised that this was the case in some instances, but not all, however this was a matter of focus for the team. Mrs Hunjan asked what the uptake of a face to face meeting was and was advised that there was an increasing trend to meet and that largely complainants' concerns were satisfied. It was noted that any matters referred by the Ombusdman would be included in the next report.

It was reported that there was a decrease in the number of contacts with PALS, although the reasons were not fully understood.	
although the reasons were not rully understood.	
Miss Dhami advised that compliments and 'thank yous' would be reflected in the Quarter 2 report.	
Dr Sahota asked what process was in place to capture feedback from patients from more than one Trust. He was advised that Trusts worked together to provide a single response from the lead Trust.	
Ms Dutton asked when there was an expectation that the internal targets would be met. Miss Dhami advised that a trajectory had not been set although there was a weekly focus on the complaints in the system as part of the devolved model. It was agreed that in December a further update would be provided which captured progress and the position statement.	
Mr Samuda noted that it would be good practice for the complainants to be advised when processes had been changed as a result of their feedback. Miss Dhami advised that a trial was underway to report the actions taken back to complainants.	
ACTION: Miss Dhami to present an update on progress with achieving the internal complaints trajectories at the December meeting of the Committee	
7 Common themes from patient stories	Presentation
Mr Ovington presented an overview of the learning so far from patient stories. It was reported that the lessons learned from the stories were discussed in a number	
of nursing fora and were directed into training programmes, such as the Mental Capacity work.	
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Dr Stedman reported that the position was mixed, with positive improvements in terms of hernia repair and varicose veins, however for knee replacements there was further work to do to better understand the position.	
10 Method of tracking quality impact of TSPs on an ongoing basis and revised process for EIA and QIA sign off	SWBQS (8/14) 053 SWBQS (8/14) 053 (a)
Mr Ovington reported that a new process was in place to strengthen the quality impact assessment methodology and monitoring the impact on an ongoing basis by looking at some key performance indicators. Additionally, it was noted that an equality impact assessment was undertaken by an individual expert within the Trust. It was proposed that the new process be undertaken on a sample audit basis.	
Ms Dutton asked how the new process would be implemented. Mr Ovington reported that there was a degree of training for managers to be able to undertaken the assessments. Miss Barlow reported that a safe and full TSP was required and that the process for tracking the completion of the assessments was monitored routinely.	
11 Quality elements of the Board Assurance Framework (BAF)	SWBQS (8/14) 054 SWBQS (8/14) 054 (a)
Miss Dhami noted that at the Audit & Risk Management Committee it had been suggested that the Committees needed to be focussed on the risks that were within the remit of their terms of reference.	
It was agreed that a fuller discussion on the BAF would occur at the next meeting.	
ACTION: Miss Dhami to represent the quality & safety elements Board Assurance Framework at the next meeting	
SHORT TERM FOCUS	
12 Integrated performance dashboard	SWBQS (8/14) 055 SWBQS (8/14) 055 (a)
Mr Waite reported that emergency care performance had dipped in July and was currently lower than desired for August to date. Delayed transfers of care were reported to have increased. It was noted that performance against the stroke care targets was mixed. The Committee agreed that sickness absence needed to be given good focus given the workforce review plans.	
Ms Dutton expressed her concern around the performance against the stroke care target. Miss Barlow offered to validate the data to ensure its accuracy and report back at the Board meeting scheduled for 4 September 2014.	
It was noted that there was significant difference in the performance against the mandatory training target between areas.	
Miss Barlow reported that she would provide a further update against the 52 week	

	OVIDQO (0/14) 002
breaches at the next meeting. It was also agreed that performance against the CQUINs would be presented.	
Dr Sahota noted that at City Hospital, performance against the mortality indicator was lower than required and was at variance to the position at Sandwell Hospital. Dr Stedman noted that the difference did not reflect differences in quality of care between the City and Sandwell Hospital sites. It was noted that the position to some extent reflected coding on end of life care.	
ACTION: Miss Barlow to present an update on 52 week breaches at the next meeting	
ACTION: Mr Ovington to present an overview of performance against the CQUIN targets at the next meeting	
12.1 Cardiology performance and recovery plan update	SWBQS (8/14) 056 SWBQS (8/14) 056 (a) SWBQS (8/14) 056 (b)
Miss Barlow presented an overview of performance against the Cardiology recovery plan, which it was noted presented an improving picture. It was reported that teamworking and leadership was better and that the consultant body was more cohesive. It was agreed that a further report would be produced for the October meeting which provided an overview of the planned external review of the service.	
Mrs Hunjan noted that there was still some way to go to improve performance against some of the indicators, such as vacancy rates.	
It was noted that the closure report would include lessons learned.	
ACTION: Miss Barlow to present a Cardiology recovery update at the October meeting	
12.2 Readmissions	SWBQS (8/14) 057 SWBQS (8/14) 057 (a)
Dr Stedman reported that much work had been underway to improve the readmissions rates. It was noted however, that despite the work, the position remained higher than desired for emergency readmissions in the majority. In terms of acute medicine, a rate of 14% readmissions was reported, compared with a peer rate of 11%. Ms Dutton highlighted the link to the Better Care Fund in relation to readmissions.	
The Committee was advised that a programme management approach had been taken to addressing the position, including a keen focus on developing comprehensive discharge plans and clear linkages between teams to manage patients across a pathway.	
Miss Barlow noted that at a speciality level, the improvement needed was reasonable and discussions would be held shortly with the relevant areas to agree	

a trajectory. It was agreed that this would be considered at the next meeting.	
ACTION: Miss Barlow to present the trajectories for improving readmission rates by speciality at the next meeting	
12.3 Performance against fractured neck of femur target	SWBQS (8/14) 058 SWBQS (8/14) 058 (a)
The Committee received and accepted the update. It was noted that there was good focus on improving the position.	
12.4 Mortality briefing note	SWBQS (8/14) 061 SWBQS (8/14) 061 (a) - SWBQS (8/14) 061 (d)
The Committee received and noted the update. It was noted that there was a likelihood of rebasing the HSMR indicator in due course.	
13 Patient story	Verbal
It was reported that the patient story for the September meeting concerned a patient who had attended the maternity unit.	
Dr Stedman gave an overview of the process by which patients may be treated by different organisations for the same pregnancy episode and in some cases, the need to pay other Trusts for elements of the treatment.	
MATTERS FOR RECIVING AND ACCEPTANCE	
14 Serious incident report	SWBQS (8/14) 059 SWBQS (8/14) 059 (a)
The Committee received and accepted the update.	
15 Clinical audit forward plan: monitoring report	SWBQS (8/14) 060 SWBQS (8/14) 060 (a)
15 Clinical audit forward plan: monitoring report  The Committee received and accepted the update.	• • •
	• • •
The Committee received and accepted the update.	• • •
The Committee received and accepted the update.  OTHER MATTERS	SWBQS (8/14) 060 (a)

#### SWBQS (8/14) 062

Ms Dutton noted that there has workforce review.	ad been recent media interest in the Trust's planned	
17 Meeting effectiveness		Verbal
It was agreed that the meeting	had been productive.	
18 Matters to raise to the	Board	Verbal
It was noted that there were se	everal matters to raise to the Board.	
19 Any other business		Verbal
There was none.		
20 Details of the next mee	eting	Verbal
	of the Quality and Safety Committee was reported to the hin the D29 meeting room, City Hospital.	

Signed	i
Print	
Date	



### Workforce & Organisational Development Committee - Version 0.1

**Venue** D29 (Corporate Suite) Meeting Room, Sandwell **Date** 27 June 2014 at 1330h

Hospital

Members PresentIn attendanceMr H Kang[Chair]Mrs L BarnettMr R SamudaMrs G DeakinMr T LewisMr J Pollitt

Miss R Barlow

Secretariat

Mr S Grainger-Lloyd

Minutes		Paper Reference
1 Apol	ogies	Verbal
Apologies w	ere received from Dr Paramjit Gill and Mr Colin Ovington.	
2 Minu	utes of the previous meetings	SWBWO (3/14) 044
The minute minor amen	s of the meeting held on 28 March 2014 were approved subject to dment.	
AGREEMEN	T: The minutes of the previous meetings were approved	
3 Mat	ters arising from the previous meeting	SWBWO (3/14) 044 (a)
The Committee received and noted the updated actions log.		
Mr Lewis suggested that the interface with the CLE subcommittes around education and workforce needed to be considered in future given that they were now effectively driving the relevant agendas.		
ACTION:	Mr Lewis with Mr Grainger-Lloyd to consider how the work being handled by the Workforce Delivery Committee and Learning, Development & Education Committee may contribute to the agenda of the Workforce & OD Committee	

#### SWBWO (6/14) 050 4 Medical staff revalidation SWBWO (6/14) 050 (a) -SWBWO (6/14) 050 (e) Mr Lewis presented the latest position in terms of medical staff revalidation which showed a positive picture. He advised that there was a degree of discontinuity between the appraisal process for medical staff and non-medical staff and that work was underway to address this. Mr Kang asked how long the revalidation process had been in place, which he was advised was relatively recent, however the wider appraisal process had been in place for many years. It was suggested that a robust approach needed to be taken to pursuing the development needs identified. Mr Kang asked what approach was taken to this at present. Mr Pollitt advised that there was a link to the study programme of the individuals, however the process was not as stringent as it could be. Mr Lewis advised that the system needed to ensure that the generalist skills were maintained in addition to the specialist skill set. He added that the appraisal had no link to pay progression and it was nationally defined as such. A link to the values was reported through the employer-based awards. It was noted that the awards were pensionable and were available for the term of the career and were therefore a motivator for the consultant body. Mr Lewis reported that an equality analysis was being conducted on the awards for 2013/14. Mr Kang asked what the patient input to the scoring was. Mr Lewis advised that it was not clear how the patient feedback systems supported the process at present and therefore much work was underway at present to make the feedback available to the doctors. It was noted that the paper would be presented to the Trust Board in July. SWBWO (6/14) 046 5 Sickness hot spots – Q2 trajectory SWBWO (6/14) 046 (a) Mrs Barnett provided an overview of sickness absence. It was reported that long term sickness (9 months and greater) was being well managed and the short term sickness absence was a current focus. It was highlighted that short term sickness absence was disruptive and a range of actions to address this was summarised. Overall, sickness for May was reported to be 1.31%, however it was highlighted that there were a set of top 50 areas which accounted for three quarters of all sickness absence. It was highlighted that the way in which clear focus was given to this work needed to be agreed. The Committee was asked to note that the disturbed leadership in Imaging and Surgery A appeared to have a link to the sickness absence levels. Mr Lewis noted that work was needed to ensure that staff understood how their work was valued and that consideration should be given to implementing a reward structure for staff who did not take sickness absence. It was noted that not all short term sickness absence was covered by temporary staffing and therefore there was an impact on colleagues who need to pick up the work of absent staff. It was noted that there was a programme of soft skills training in place which provided guidance to managers as to how to have

conversations around sickness absence. Mr Pollitt suggested that areas where there was no relief in budgets might work harder to address sickness absence. Mrs Barnett advised that work with midwives was underway in a targeted way. It was reported that managers were encouraged to use the ESR intelligence.	
It was noted that as a next step, trajectories needed to be set and monitored in future.	
In terms of sickness measures boards, it was noted that the material needed to be regularly refreshed and the agreed application across the Trust was needed. Mr Lewis suggested that this be confined to the hot spots, although Mr Kang suggested that benefits of sharing good performance. It was agreed that trajectories needed to be set for the next meeting.	
ACTION: Mrs Barnett to present the trajectories for reducing sickness absence at the next meeting	
6 Agency controls – Q1 14/15 vs. Q1 13/14	Hard copy
Mr Lewis reported that as of 1 July all nurse agency staff requests would need to be considered and approved by the Chief Nurse and additional waiting list initiatives would be reviewed by the Chief Operating Officer. It was agreed that a forward trajectory of agency spend would be developed, with an expected reduction in agency staff hours worked which would translate into savings. The administrative burden associated with this work was noted. It was highlighted that in some areas there would continue to be a need for use of temporary staff, such as Critical Care. The need to support 'specialling' was highlighted and therefore there were plans to review the approach. It was suggested that the impact of the stringent approach might be realised in August 2014. Mr Lewis advised that it was the ambition to review all vacancies that were not progressed within 8 weeks, in addition to shortening the time to hire process. It was agreed that Mrs Barnett should discuss the recruitment process with the Non Executives who had taken a personal interest in this work.	
ACTION: Miss Barlow to present the trajectories for expected temporary staff usage at the next meeting	
7 Mandatory training changes	SWBWO (6/14) 047 SWBWO (6/14) 047 (a)
Mr Pollitt advised that much work had been undertaken to refine the training needs analysis, including discussions with the subject matter experts. It was reported that amendments included a reduction in the frequency of delivery and considerations around the applicability of the training to the staff groups and the mode of delivery.	
It was reported that the training needs analysis had been reviewed on a line by line basis, with the intention of finalising it by October. Mr Pollitt reported that	

the use of video clips would be considered as part of the refreshed approach.	
Miss Barlow asked whether non-clinical managers should undertake conflict management training. Mr Pollitt advised that this was currently targeted at clinical staff but agreed that this needed to be reconsidered. It was suggested that complaints and risk management training needed to be mandated as part of the health & safety training in the wider sense. 'Breakthough' training was noted to be critical for front line staff in high risk areas. Miss Barlow suggested that this training needed to be given to staff returning to work after incidence of violence from patients. Mr Samuda asked what support was provided to these staff. He was advised that the staff were written to at home, in addition to providing an offer of counselling and legal support. Miss Barlow advised that few staff who had been subject to assault pressed charges.	
Mr Kang asked for an indication of expenditure on mandatory training. He was advised that expense had not been calculated, however in terms of time spent this had reduced in the current plan which would have a financial impact, particularly on covering shifts with temporary staff.	
ACTION: Mr Pollitt to present a further update on changes to Mandatory Training at the next meeting	
8 CRB/DSB processes	SWBWO (6/14) 048 SWBWO (6/14) 048 (a)
Mrs Barnett reported that a rolling CRB check process had been introduced some time ago for staff in defined high risk areas. It was noted that a data validation issue had been identified which was highlighted to be a data inputting issue. It was noted that largely the issue had been resolved, although medical staff DBS rolling checks needed to be fully completed.	
The Committee reviewed a breakdown of checks by staff groups and area.	
It was reported that the rolling programme operated at the discretion of the Trust, rather than as a national requirement. In between March and May, 225 DBS checks had been processed. Of these, no safeguarding concerns were reported to be raised. It was reported that not all of the Trust's staff had been checked. Mr Lewis asked that he be updated on the current position on an organisation-wide basis. He also asked how many of the individuals subject to the three year check had not been checked at all. Mrs Barnett advised that some staff employed prior to 2002 may not have been checked at all as their employment started before the CRB legislation was introduced. Mrs Barnett agreed to brief Mr Lewis further. It was agreed that an update would be provided at a future meeting of the Trust Board.	
ACTION: Mrs Barnett to prepare an update on CRB/DSB in readiness for	

9	JCNC feedback	Verbal
diversit would I on intro highligh	vis reported that the JCNC had received an update on the equality and by programme and a programme for cultural ambassadors joining the Trust be introduced. The Committee had also discussed and reached agreement oducing two year pay protection. Visibility of the workforce savings was need to be needed in due course, which needed to include sharing this with de Unions.	
10	Launch of new appraisal plan	SWBWO (6/14) 049 SWBWO (6/14) 049 (a)
reporte for the	eakin summarised the planned revised approach to appraisal. It was ed that one policy would be adopted for all staff in future, making provision individual differences between medical and other staff. It was reported approach would require 360 degree appraisal for all staff in a supervisory n.	
objectiv betwee individu	noted that the appraisal policy included a requirement for team-related ves. Mr Lewis reported that it was not currently possible to distinguish an achievement of personal objectives, against an underperformance in the ual's area overall. It was noted that the policy attempted to make objective more robust and there was little focus on performance in a technical	
to depa also rep	noted that when the Trust achieved FT status, there might be more room art from the Agenda for Change and link pay increases to appraisal. It was ported that there was a plan to create a link between pay progression and ement of objectives.	
staff we	eakin was asked to bring a report to the next meeting highlighting which ere at the top of their payscales. Mrs Deakin advised that 75% of staff were top of the payscales and therefore it was agreed that a discussion was lat the next meeting to discuss a rewards strategy for these individuals.	
to be ex	is of the implementation, it was suggested that the pilot timescale needed extended. It was also suggested that the 360 degree feedback needed to be sted within 2014/15. It was agreed that these plans needed to be discussed next meeting.	
ACTION	N: Mrs Deakin to present a report presenting the position concerning staff at the top of their payscale and a rewards strategy for these individuals	
ACTION	Mrs Deakin to present an update on the outcome of the appraisals policy pilot at the next meeting and the plans to complete 360 degree feedback within 2014/15	

11 Organisational change policy	Verbal
It was noted that the matter had already been considered.	
12 Expectations for September review of 1300 WTE plan	Hard copy
It was agreed that the item would be discussed at the next meeting.	
ACTION: Mr Lewis to present a report discussing the workforce review at the next meeting	
13 Integrated performance, quality and finance dashboard	SWBWO (6/14) 051 SWBWO (6/14) 051 (a)
The report was received and noted. It was noted that turnover was steadily increasing. It was agreed that this information needed to be represented by Group. It was also agreed that trajectories set needed to be reviewed at the meeting.	
14 Matters to raise to the Board	Verbal
It was agreed that the change in mandatory training and planned appraisal changes should be communicated to the Board.	
15 Meeting effectiveness	Verbal
This item was not discussed.	
16 Any Other Business	Verbal
There was none.	
17 Details of the next meeting	Verbal
The next meeting is to be held on 26 September 2014 at 1330h in the D29 (Corporate Suite) Meeting Room, at City Hospital.	

Signed	
Print	
Date	



# Public Health, Community Development & Equalities Committee – Version 0.1

<u>Venue</u> D29 Meeting Room, City Hospital <u>Date</u> 29 May 2014 at 1400h

Members present In attendance Secretariat

Mr R Samuda [Chair] Dr D Robertson Mr S Grainger-Lloyd

Mrs G Hunjan Mrs C Rickards
Dr S Sahota Mrs L Pascall

Mr T Lewis
Dr R Stedman

Minutes		Paper Reference
1	Apologies	Verbal
Apol	ogies for absence were received from Mr Colin Ovington and Dr Paramjit Gill.	
2	Minutes from the meeting held on 27 February 2014	SWBPH (2/14) 005
	minutes of the last meeting were presented and accepted as a true and rate record of discussions held.	
3	Matters and actions arising from previous meetings	SWBPH (2/14) 005 (a)
It wa	s noted that there were no actions requiring escalation.	
4	Public Health Plan 2014 – 17: objectives and trajectories	Hard copy
4 Public Health Plan 2014 – 17: objectives and trajectories  Mr Lewis advised that an Executive-led Public Health and Community Development Committee was in place. He advised that the Public Health strategy that had been considered at the last meeting included 13 objectives and that for seven of these delivery plans had been developed. It was noted that there was confidence that the majority of the plans could be delivered, with others having been set with an ambitious trajectory. It was noted that by the next meeting there was an expectation that delivery plans would be developed for a number of further objectives. Mr Lewis advised that the 'Making Everyone Count' (MEC) and the		

alcohol ambitions were particularly challenging given the number of conversations needed by consultants and outpatient appointments which were largely unaudited. Dr Robertson advised that the MEC target was a focus for NHS England and that there was sharing of best practice. He advised that thought was being directed into ways of attempting to monitor that this practice was underway and embedded. Mrs Hunjan asked what data could be collected in this respect and what information had been collated to date. Dr Robertson suggested that surveys and an increase in referrals could be measured. He highlighted that the information could not be tracked at an individual patient level however, particularly when individuals were referred to services outside of the Trust. Dr Sahota suggested that it may be effective to use active listening to change behaviours as part of this work.

Dr Sahota suggested that the work needed to bear in mind the plans for the new hospital. Mr Lewis advised that this was included within Objective 12 although the 'goods and services' element needed to be clarified when new procurement models were identified. Dr Sahota advised that he had a contact who could provide input to this work. Residual employment after the new hospital was opened was highlighted to need further consideration.

The Committee was advised that the Public Health Plan would be formally launched at the Leadership Conference on 3 June 2014.

#### 5 Volunteering: timeline to finalise the change

SWBPH (5/14) 007 SWBPH (5/14) 007 (a)

Mrs Pascall provided an overview of the plans the reinvigorate the use of volunteers within the Trust. She provided the background to the current position, where volunteering was handled through the WRVS which had not proved particularly successful. Attention was drawn to the feedback from the 'Hot Topics' meetings which provided ideas for developing the volunteering service from the perspective of the staff. The Committee was updated on a proposal to work with Agewell to introduce a volunteering service initially, which was to be known as 'Edna's Army'.

Mrs Rickards underlined the need to be clear within the role description for the volunteers that their responsibilities did not extend to those of paid staff and that exploitation of the volunteers should be avoided at all costs. Mr Lewis advised that there was no intention of replacing substantive staff with volunteers. He advised however, that the volunteers needed to be part of the team and therefore there may be an overlap to some degree with the work of substantive staff. Mrs Pascall added that there was no intention to recruit a labour force that was an alternative to paid members, but they would supplement and enrich the workforce instead. It was highlighted that volunteers would be used for wayfinding and feeding patients and that there was significant scope for improving the volunteering service.

Mrs Hunjan asked how the Trust compared with other trusts locally in terms of its use of volunteers. She was advised that the Trust fared more poorly than other organisations and that the volunteers could add significant value.

Dr Sahota noted the link between the charitable funds work and volunteering.  It was noted that that the plans needed to bear in mind the demographics of individuals when selecting and recruiting the volunteers. Additionally, it was noted that the lag in time between offering a placement to volunteers to starting work was overly lengthy at present and this need to be addressed. Dr Stedman suggested that the plans need to include previous patients to assist with counselling patients. It was agreed that a starting core of individuals would be identified which would then be expanded to additional individuals such as Dr Stedman suggested.  Mr Lewis suggested that the year two plans needed to include volunteers in the community and the penetration into some of the more difficult to access demographic groups.  6. Equality & diversity  6.1 EDS2 status update  SWBPH (5/14) 008 (a)  Mrs Pascall provided an overview of the progress with completing the EDS returns which assess how the areas were discharging their duties under the equalities legislation. It was noted that around half of returns had been received to date.  Mr Lewis advised that evidence needed to be submitted following the self-assessments that were submitted and work was in progress to gather together the information needed.  Mrs Pascall reported that the local interest group might be used to test the robustness of the evidence and assessment. It was suggested that this group could be expanded to include further individuals who could provide a critical view.  6.2 Emerging Equality & Diversity plan  Mr Lewis asked the Committee to note the proposal around the approach to equality and diversity within the Trust. He highlighted that there was a particular focus on the BME experience as part of this work.  The Committee was advised that there was a link to patient care as part of the equality and diversity work and therefore the Executive lead for this would remain as the Chief Nurse		,
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equality and diversity work and therefore the Executive lead for this would remain	equality and diversity within the Trust. He highlighted that there was a particular	
as the office transc.		
The detail of the plan was discussed, which included the need to collect basic information around patient characteristics for staff and patients. Mr Lewis suggested that the check in kiosks provided an opportunity to garner this information.	information around patient characteristics for staff and patients. Mr Lewis	
It was reported that data on training requests would be collected.	information.	

The Committee was advised that a review of HR policies would be conducted in respect of equality and diversity by Mr Kang.

In terms of active support, there was a need to provide support to the operation of some of the groups and networks, such as LGBT. Some specific leadership development opportunities for individuals in protected groups would also be considered in line with the practice in a number of other trusts. It was noted that a particular focus would be diverted to Afro Caribbean groups.

The need to publicise staff from minority groups in senior positions within the Trust was underlined, however the need to manage the feelings of the individuals across the Trust was also highlighted.

Dr Sahota suggested that there was a need to better publicise events for staff and patients which could assist with the plans. Mr Lewis agreed that attention needed to be given to internal communication and the accessibility of the events for those individuals. Mrs Rickards noted the need for managers to support staff attendance at the events and that the messaging needed to be such that staff did not feel segregated but focussed on understanding the issues to be faced by the groups.

It was agreed that all Board members would need to take responsibility for taking forward the agenda within the Trust and nationally.

## 6.3 'Snowy White Peaks' research SWBPH (5/14) 010 SWBPH (5/14) 010 (a)

The Committee was asked to receive and note the research. It was suggested that an assessment of the Top Leadership Cadre needed to be undertaken in the light of this information.

Dr Stedman noted the need to understand how leaders are developed and selected, including both internal and external factors influencing this.

Dr Sahota suggested that there was a need to ensure that the work was targeted to take into account the influences of the deprivation in the local area.

## ACTION: Mr Lewis to undertake an assessment of the Top Leadership Cadre in the light of the 'Snowy White Peaks of the NHS' work

## 6.4 Current Trust statistics on patient and staff protected characteristics SWBPH (5/14) 011 (a)

The Committee was provided with an overview of the demographics of the Trust's patients, which highlighted that there was a significantly high proportion of individuals treated from ethnic minorities. This was compared to the profile of staff in the Trust. It was noted that there was a difference between the staff and the patient profiles and therefore there was room for improvement to address this.

Mr Lewis suggested that the following information needed to be presented on a

· ·		
contact popula	loyd to arrange for demographics of local population; ation; employees; membership information to be routine basis by the Committee	
7 Community developm	nent – timeline to finalise the change plan	scussion
It was agreed that the discuss	sion would be postponed to the next meeting.	
8 Meeting effectiveness	Ve	erbal
It was agreed that the meetin	ng had been effective.	
9 Matters to raise to th	e Board Ve	erbal
_	ing and the key elements of the equality and diversity at a July meeting an Equality and Diversity proposition pard.	
10 Any other business	Ve	erbal
number of amendments were	draft version of the reporting cycle for 2014/15 and a e suggested. It was noted that it was envisaged that a n would be delivered by November 2014.	
It was agreed that the work space.	of the Committee needed to be shared in the public	
11 Details of the next me	eeting	erbal

Signed	
Print	
Date	

#### **TRUST BOARD**

DOCUMENT TITLE:	Midland Metropolitan Hospital Project- Directors Report
SPONSOR (EXECUTIVE DIRECTOR):	New Hospital Project Director
AUTHOR:	GRAHAM SEAGER
DATE OF MEETING:	October 2014

#### **EXECUTIVE SUMMARY:**

Sandwell and West Birmingham Hospitals NHS

#### Midland Metropolitan Hospital Status Report October 2014

#### Activities Last Period

- Bidder's introductory meetings commenced
- Grove Lane above ground demolition ongoing
- Grove Lane Site investigations ongoing
- ED&AMU review completed and revised schedule of accommodation issued

#### Planned Next Period

- · Complete planned site demolitions
- Complete planned site investigations
- Continue Dialogue process

#### Issues for Resolution/Risks for Next Period

Work with bidders to ensure dialog process is initiated as planned

#### REPORT RECOMMENDATION:

Note the report

**ACTION REQUIRED** (*Indicate with 'x' the purpose that applies*):

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation		Discuss	
X				
KEY AREAS OF IMPACT (Indica	te with 'x' all those that apply):			
Financial	Environmental		Communications & Media	
Business and market share	Legal & Policy		Patient Experience	
Clinical	Equality and Diversity		Workforce	
Comments:				

#### ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:

21<sup>st</sup> Century Facilities

#### **PREVIOUS CONSIDERATION:**

Not previously considered

## Sandwell and West Birmingham Hospitals **NHS**

**TRUST BOARD** 

DOCUMENT TITLE:	Foundation Trust Programme Monitoring Report
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite, Director of Finance & Performance Management
AUTHOR:	Tony Waite, Director of Finance & Performance Management
DATE OF MEETING:	2 October 2014

#### **EXECUTIVE SUMMARY:**

The report gives an update on:

- Activities this period
- · Activities next period
- Issues for resolution and risks in next period

#### **REPORT RECOMMENDATION:**

Accept

To review the planned activities and issues that require resolution as part of the FT Programme

#### **ACTION REQUIRED** (*Indicate with 'x' the purpose that applies*):

The receiving body is asked to receive, consider and:

7.000		Tippi of the footing the first of the first		21333.53	
x					
KEY AREAS OF IMPACT (Ind	licate w	rith 'x' all those that apply):			
Financial	Х	Environmental	Х	Communications & Media	Х
Business and market share	X	Legal & Policy	X	Patient Experience	X
Clinical	X	Equality and Diversity	X	Workforce	X

Approve the recommendation

Comments:

#### ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:

'Becoming an effective organisation' and 'Achieving FT Status'

#### **PREVIOUS CONSIDERATION:**

Routine monthly update



SWBTB (10/14) 172

# **Chief Inspector's Visit**

Are services safe, effective, caring, responsive and well-led?

## **Preparing for Inspection**

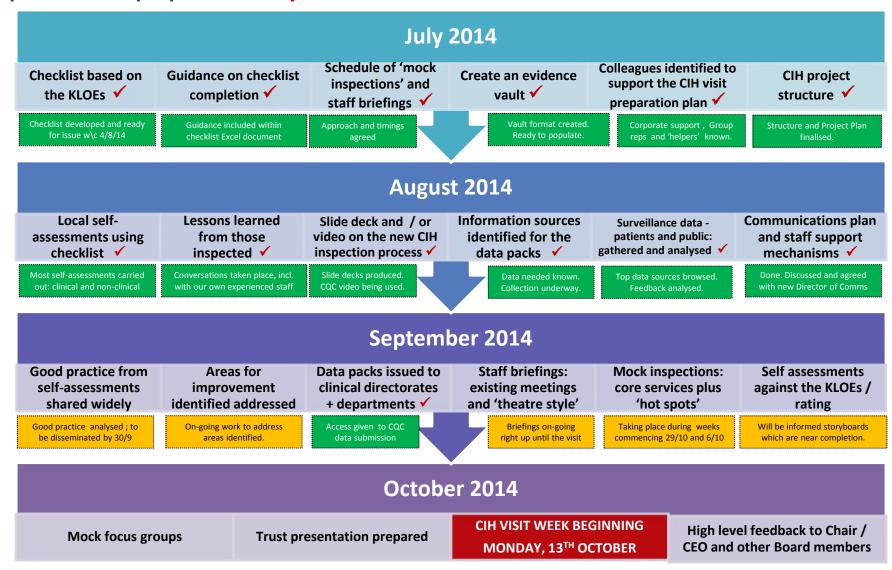
**Trust Board: 2 October 2014** 

Kam Dhami, Director of Governance



Preparations are underway for the Chief Inspector's visit and progress against the project plan is mainly on track. Achievements to date are summarised below.

#### Inspection visit preparation: key deliverables



The size of our organisation and spread of locations where services are provided makes the scale of the task to prepare for the CHI visit in the time available significant. The key to success will be ensuring clear and consistent messages are communicated to staff, managers and leaders regarding our approach to the visit and communicating our assessment of how we are doing and the plans in place to make progress

#### The key deliverables in more detail

July

- Design a checklist that familiarises managers and staff with the '5 Qs' and enables them to self-assess against the KLOEs. Agree scoring / rating approach.
- •Timetable the mock-inspections and staff briefings and agree approach.
- •Create an evidence vault where information at all levels (corporate, group, directorate and local) is available and can be added to
- Assign corporate staff to preparation tasks, seek volunteers (including those who have CIH experience) to help out, particularly with the mock visits,
- Agree the CIH project management structure

August

- •Issue the checklist to every ward / department / service for completion. A series of questions to be answered requiring a straightforward response. Good practice to be noted as well action to be taken to address identified gaps. Directorate and Group Management teams to confirm completion and review responses.
- •Contact to be made with similar organisations that have already been inspected to get some intelligence from their experiences and avoid pitfalls.
- •Agree a communication plan to ensure managers and staff know what the visit is about, what 'our story' is and their role. Produce promotional information [e.g. presentations / videos / screensavers / payslip attachments / Heartbeat) to publicise the visit and help prepare everyone.
- Find out what people are saying about us, (e.g. NHS Choices, local Healthwatch) because the CQC will be doing the same, and take action where required.
- •'Mock-up' the data packs that the CQC will issue to us in advance of the visit so that there are no surprises and we prepare a response if necessary.

September

- •Share across the Trust the good practice made known as part of the self-assessment process, encouraging others to introduce this in their work areas.
- Address any corporate-wide trends and themes identified as part of the self-assessments carried out.
- •Issue the data packs to Clinical Directorates and Corporate Departments, requesting a response to where the quality indicators highlight outliers.
- •Provide an opportunity for staff to find out more about the inspection and have any questions answered. Importantly, this will provide an opportunity to present 'our story' so that there is shared understanding.
- •Undertake announced and unannounced mock-inspections to the core areas that will definitely be visited plus other 'hot spot' areas.
- Carry out self-assessments and 'rate' the core services and Trust.

October

- •Meet with staff and carry out mock focus groups by discipline in line with the CQC's approach. The intention is to provide direction and support to staff to help them prepare for their conversation with the Inspection team.
- Prepare the 30 minute 'scene-setting' presentation to be made by the CEO to the Inspection team at the beginning of their visit.
- Monday, 13th October the CIH Inspection visit begins

The inspection chair selected by the CQC is Karen Proctor, Director of Nursing and Quality at Kent Community Health Trust. Details of the other inspectors will be made available on 14<sup>th</sup> October. A team of 50 is expected. Listening to people's experiences of care and staff providing services is what the team will spend most of their time doing.

## The outline Inspection schedule

Day 1: 13 <sup>th</sup> October	Inspection team arrive in the area and plan their visit.
Day 2: 14 <sup>th</sup> October Briefing and planning day	Introductory session explaining: the scope and purpose of the inspection, who will be involved, how the inspection will be carried out, including the CQC's relevant powers and how they will communicate their findings. This session will also include a presentation by the CEO to the inspection team highlighting the strengths and areas of improvement that the Trust is working on.  Trust staff involved: CEO, Chairman, NED (Quality & Safety), Medical Director, Chief Nurse and Chief Operating Officer  The Inspection team will hold two public listening events in the evening. These are intended for members of the public / carers
	who have experience of the service. No Trust staff will be present.
Days 3–4: 15 <sup>th</sup> – 17 <sup>th</sup> October Announced site visits	<ul> <li>Gathering the views of staff and service users / carers</li> <li>Hold core focus groups with staff</li> <li>Pathway tracking patients through care</li> <li>Reviewing records</li> <li>Reviewing policies and documents</li> <li>Consider the financial robustness – how the management of finances impacts on quality</li> </ul>
Day 5: 17 <sup>th</sup> October (pm)  Closing the visit	Inspection Chair will hold a feedback meeting with the nominated individual (CEO) and Chair to give a high level initial feedback only. <u>Trust staff involved</u> : CEO, Chairman, Chief Nurse and Director of Governance.
Unannounced inspection visits	Usually about 10 days after the main inspection, smaller teams inspecting with a more focused approach to test findings in key areas.
<b>Reporting</b> Draft report written by CQC	Draft report written with service level and trust level ratings: outstanding, good, requires improvement or inadequate. The report will be submitted for peer review, to check for quality and consistency. A national panel, chaired by CQC's Chief Inspector of Hospitals will then review the report. Once approved by the panel, the report will be sent to the CEO for a factual accuracy check. Likely to be December.
Quality Summit following receipt of the final report	Meeting with partners in the local health and social care system. Purpose of the summit is to develop a plan of action (high level action plan) and recommendations based on the Inspection team's findings as set out in the report. The Quality Summit will consider:
	Soon after the Quality Summit the CQC will publish the inspection reports, ratings and data pack on their website. We will publish the same and our action plan on our website.

## Sandwell and West Birmingham Hospitals MES



**NHS Trust** 

#### **TRUST BOARD**

DOCUMENT TITLE:	Safe Nurse Staffing
SPONSOR (EXECUTIVE DIRECTOR):	Colin Ovington – Chief Nurse
AUTHOR:	Colin Ovington – Chief Nurse
DATE OF MEETING:	2 <sup>nd</sup> October 2014

#### **EXECUTIVE SUMMARY:**

This report is an update using the data collected during August 2014.

The data from the national reporting system has been applied to our own expected staffing data to help understand our nurse staffing position.

To check the accuracy of the reported data an audit has been completed on the data before we submitted it. This audit did identify that there were some minor issues which affected the data as it was inputted into the national system, these have been rectified by us before submission and the audits will continue in successive months

#### REPORT RECOMMENDATION:

To publish patient to RN ratio's on our public web site and on NHS Choices on a monthly basis as per national requirement.

To receive an update at the November Trust Board meeting.

#### **ACTION REQUIRED** (*Indicate with 'x' the purpose that applies*):

The receiving hody is asked to receive, consider and:

	Approve the recommendate	Discuss		
			X	
licate w	ith 'x' all those that apply):			
	Environmental		Communications & Media	Х
	Legal & Policy		Patient Experience	Χ
Χ	Equality and Diversity		Workforce	Χ
		licate with 'x' all those that apply):  Environmental  Legal & Policy	Environmental Legal & Policy	X     X

Comments:

#### ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:

Relates to our safety objectives and BAF

#### PREVIOUS CONSIDERATION:

SWBTB (10/14) 173(a)

## Sandwell and West Birmingham Hospitals NHS Trust

#### **SAFE NURSE STAFFING**

#### Report to Trust Board on 2<sup>nd</sup> October 2014

#### 1 EXECUTIVE SUMMARY

- 1.1 This report is an update using the data collected during August 2014.
- 1.2 The data from the national reporting system has been applied to our own expected staffing data to help understand our nurse staffing position.
- 1.3 An internal audit of the data has been completed during this data collection in order to provide reassurance about the accuracy. The auditing process will continue in successive months as we identified a rounding problem with the way data was input into unify.

#### 2 AUGUST POSITION

2.1 Table one is the output data from the national data collection for August 2014 which demonstrates that we achieve higher fill rates against our rota's but closer to the expected levels as per our planned rota's.

Table 1.

		Day	/	Night		
		Average fill		Average		
		rate -	Average	fill rate -	Average	
		registered	fill rate -	registered	fill rate -	
		nurses/mid	care staff	nurses/mid	care staff	
	Site Name	wives (%)	(%)	wives (%)	(%)	
•	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	98.3%	95.6%	118.7%	0.0%	
Aug-14	CITY HOSPITAL	102.5%	106.4%	117.2%	120.0%	
Aug-14	ROWLEY REGIS HOSPITAL	107.9%	103.2%	152.6%	119.8%	
	SANDWELL GENERAL HOSPITAL	103.3%	114.5%	112.5%	143.5%	

The table two demonstrates the expected numbers of registered Nurses and Health Care Support staff we plan to be on our rosters over the 24 hour day. Where there are shortfalls in meeting this requirement or when individual patients require closer attention (focused care) additional staff will be booked on a temporary basis either via our nurse bank or via external agencies if there are no staff available. The fill rate percentage informs us that most of our wards continue to use additional capacity but more wards than in previous months appear to be closer to their planned roster levels.

Table 2

•		ı										
						Darcentage	Percentage				Percentage	
						day time	night time				day time	Dorcontago
				Aftamaan		fill rate	fill rate		Afternoon	Niaht	fill rate	Percentage
				Afternoon	A1: l- 4				Afternoon	_		night time
			Morning	/Evening	Night	during	during	_	/Evening	Shift	during	fill rate
		l		shift RN's	shift RN's	_	August	HCSW	HCSW	HCSW	August	during
Ward		No. Beds		expected	expected		2014	expected	expected	expected		August 2014
D7	City	13	4				152.2	1	1	1	121.6	123.1
D5	City	19	6				152.2	1	1	0		123.1
D11	City	21	3				99.1	3	3	2	100.9	148
D12	City	10	2	2			83.3	1	1	1	134.9	129.8
D15	City	24	4	4	3	130.5	134	3	3	2	139.3	228
D17	City	25	4	4			137.3	3	3	2	114.7	128.5
D26	City	21	3	3	2	90.2	95.9	3	3	2	101.8	100
AMU 1	City	41	10	10	9	105.1	93.9	4	4	3	131.4	101
AMU 2	City	19	5	5	4	89.1	99.1	1	1	1	107.6	90
D43	City	24	4	4	3	109.5	106.5	3	3	2	173.5	127.1
CCU Sandwell	Sandwell	10	3	3	2	120	236.7	0	0	1	109.9	0
PR3	Sandwell	29	5				127.4	4	3	2		135.7
PR4	Sandwell	25	8				105.5	2	2	1	102.8	136.4
PR5	Sandwell	34	6				98.9	4	4	3	114.9	128.3
NT4	Sandwell	28	5					3	3	3	130.9	188.6
LY 4	Sandwell	34	6				104.6	4	4	3		103
	Sandwell	29	5				104.6	4	3	2		
LY5												105.6
N5	Sandwell	15	3					1	0	1	98.4	1237
AMU A	Sandwell	32	8				120.4	4	4	3	114.9	132.7
AMU B	Sandwell	20	4				133.2	4	3	2	98.1	207.6
Elisa Tinsley	RRH	24	4	3	2	106.6	92.5	3	3	3	194.6	111.9
						_	Percentage				Percentage	
			Morning	Afternoon /Evening	Night	day time fill rate during	night time fill rate during	Morning	Afternoon /Evening	Night Shift	day time fill rate during	Percentage night time fill rate
			shift RN's	/Evening shift RN's	shift RN's	fill rate during August	fill rate during August	HCSW	/Evening HCSW	Shift HCSW	fill rate during August	night time fill rate during
Ward		No. Beds	shift RN's	/Evening	_	fill rate during August 2014	fill rate during August 2014	HCSW	/Evening	Shift	fill rate during August 2014	night time fill rate
D21	City	23	shift RN's expected	/Evening shift RN's expected 4	shift RN's expected 2	fill rate during August 2014	fill rate during August 2014	HCSW expected	/Evening HCSW expected 2	Shift HCSW expected	fill rate during August 2014	night time fill rate during August 2014 93.7
			shift RN's expected	/Evening shift RN's expected 4	shift RN's expected 2	fill rate during August 2014 101.2	fill rate during August 2014	HCSW expected	/Evening HCSW	Shift HCSW	fill rate during August 2014	night time fill rate during August 2014
D21	City	23	shift RN's expected	/Evening shift RN's expected 4	shift RN's expected 2	fill rate during August 2014 101.2	fill rate during August 2014 96.6 123.6	HCSW expected	/Evening HCSW expected 2	Shift HCSW expected	fill rate during August 2014	night time fill rate during August 2014 93.7
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D21 D25 SAU D42	City City City	23 19 14	shift RN's expected 4 4	/Evening shift RN's expected 4 4 4	shift RN's expected 2 2 2 2	fill rate during August 2014 101.2 104.6 97.8 86.4	fill rate during August 2014 96.6 123.6 125.2	HCSW expected 2 2	/Evening HCSW expected 2 2	Shift HCSW expected 2 2	fill rate during August 2014 108.3 97 108.6	night time fill rate during August 2014 93.7 133.1
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D21	City City SGH SGH SGH SGH SGH	23 19 14 24 20 20 33 33 33	shift RN's expected  4 4 4 4 6 6 6 Morning shift RN's expected 2 2	/Evening shift RN's expected 4 4 3 3 3 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	shift RN's expected  2 2 2 2 2 2 3 3 3 Night shift RN's expected 2	fill rate during August 2014  101.2 104.6 97.8 86.4 107.7 103.8 107.9 95.9  Percentage day time fill rate during August 2014  Percentage day time fill rate during fill rate during August 2014  Percentage day time fill rate during fill rate during fill rate during fill rate during day time fill rate during	fill rate during August 2014 96.6 123.6 125.2 98.5 101.6 106.9 105.6 101.8 Percentage night time fill rate during August 2014 122.9	HCSW expected  2 2 1 2 3 3 4 4 Morning HCSW expected 2 4	/Evening HCSW expected 2 2 1 2 2 4 4 Afternoon /Evening HCSW expected 2	Shift HCSW expected 2 2 1 1 2 3 3 Night Shift HCSW expected 2 2	fill rate during August 2014 142 108.3 97 108.6 104.7 107 129.1 120.5 Percentage day time fill rate during August 2014 145.5	night time fill rate during August 2014 93.7 133.1 140 99.6 92.1 111.1 137.1 92.5 Percentage night time fill rate during August 2014 153.1
D21 D25 SAU D42 N2 L2 P2 N3 L3 Ward Henderson Leasowes	City City SGH SGH SGH SGH SGH RH RH	23 19 14 24 20 20 33 33 33 No. Beds 24 20	shift RN's expected  4  4  4  4  6  6  Morning shift RN's expected  2  2  Morning shift RN's	/Evening shift RN's expected 4 4 3 3 3 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	shift RN's expected  2 2 2 2 2 3 3 3 Night shift RN's expected 2 1 Night shift RN's expected	fill rate during August 2014  101.2 104.6 97.8 86.4 107.7 103.8 107.9 95.9  Percentage day time fill rate during August 2014  Percentage day time fill rate during August 2014  Percentage day time fill rate during August 2014	fill rate during August 2014  96.6 123.6 125.2 98.5 101.6 106.9 105.6 101.8  Percentage night time fill rate during August 2014  122.9 98.5  Percentage night time fill rate during August 2014	HCSW expected  2 2 1 2 3 3 4 4 Morning HCSW expected 2 4 Morning HCSW	/Evening HCSW expected 2 2 1 2 2 4 4 Afternoon /Evening HCSW expected 2 3 Afternoon /Evening HCSW	Shift HCSW expected 2 2 1 1 2 3 3 Night Shift HCSW expected 2 2 Night Shift HCSW	fill rate during August 2014 142 108.3 97 108.6 104.7 107 129.1 120.5 Percentage day time fill rate during August 2014 145.5 107.6 Percentage day time fill rate during August 2014 145.5 107.6	night time fill rate during August 2014 93.7 133.1 140 199.6 92.1 111.1 137.1 92.5  Percentage night time fill rate during August 2014 153.1 109.4  Percentage night time fill rate fill rate during August 2014
D21 D25 SAU D42 N2 L2 P2 N3 L3 Ward	City City SGH SGH SGH SGH SGH RH RH	23 19 14 24 20 20 33 33 33 No. Beds	shift RN's expected  4 4 4 4 4 6 6 6 6 Morning shift RN's expected 2 2	/Evening shift RN's expected 4 4 3 3 3 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	shift RN's expected  2 2 2 2 2 3 3 Night shift RN's expected 2 1 Night shift RN's expected	fill rate during August 2014  101.2 104.6 97.8 86.4 107.7 103.8 107.9 95.9  Percentage day time fill rate during August 2014  Percentage day time fill rate during August 2014  Percentage day time fill rate during August 2014	fill rate during August 2014 96.6 123.6 125.2 98.5 101.6 106.9 105.6 101.8 Percentage night time fill rate during August 2014 122.9 98.5 Percentage night time fill rate during August 2014 120.9 120.	HCSW expected  2 2 1 2 3 3 4 4 Morning HCSW expected 2 4 Morning HCSW	/Evening HCSW expected 2 2 1 2 2 4 4 Afternoon /Evening HCSW expected 2 3	Shift HCSW expected 2 2 1 1 2 2 3 3 Night Shift HCSW expected 2 2 Night Shift	fill rate during August 2014  142 108.3 97 108.6 104.7 107 129.1 120.5  Percentage day time fill rate during August 2014  Percentage day time fill rate during August 2014  August 2014  Percentage day time fill rate during August 2014	night time fill rate during August 2014 93.7 133.1 140 199.6 92.1 111.1 137.1 92.5  Percentage night time fill rate during August 2014 153.1 109.4

#### 3 CURRENT ISSUES

3.1 The additional controls on the use of temporary nurse staff at the start of August appear to have brought staff fill rates closer towards the expected levels, although there is still work to be done to progress this further.

A specific piece of work to tighten our risk assessment of patients deemed to require additional nursing time has commenced this is being tested and I expect to report at the November Board meeting on progress with the tool.

#### 4 RECOMMENDATION(S)

- 4.1 To publish patient to RN ratio's on our public web site and on NHS Choices on a monthly basis as per national requirement.
- 4.2 To receive an update at the November Trust Board meeting

Colin Ovington

**Chief Nurse** 

24<sup>th</sup> September 2014