

# AGENDA

## Trust Board – Public Session

**Venue** Churchvale/Hollyoak Rooms, Sandwell Hospital      **Date** 4 December 2014; 1330h

### Members attending

Mr R Samuda (RSM) [Chairman]  
 Ms C Robinson (CRO) [Vice Chair]  
 Dr S Sahota OBE (SS) [Non-Executive Director]  
 Mrs G Hunjan (GH) [Non-Executive Director]  
 Ms O Dutton (OD) [Non-Executive Director]  
 Mr H Kang (HK) [Non-Executive Director]  
 Dr P Gill (PG) [Non-Executive Director]  
 Mr T Lewis (TL) [Chief Executive]  
 Mr C Ovington (CO) [Chief Nurse]  
 Miss R Barlow (RBA) [Chief Operating Officer]  
 Mr T Waite (TW) [Director of Finance]  
 Dr R Stedman (RST) [Medical Director]

### In attendance

Mr M Hoare (MH) [Non-Executive Director]  
 Miss K Dhami (KD) [Director of Governance]  
 Ms R Wilkin (RW) [Director of Communications]  
 Mrs C Rickards (CR) [Trust Convenor]

### Guests

Matron Carmel Madden  
 Mrs E Rees  
 Ms J Greenhough  
 Ms L Weigh

### Secretariat

Mr S Grainger-Lloyd (SGL) [Trust Secretary]

Time	Item	Title	Reference Number	Lead
1330h	1	<b>Apologies</b>	Verbal	SG-L
	2	<b>Declaration of interests</b> <i>To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting</i>	Verbal	SG-L
	3	<b>Minutes of the previous meeting</b> <i>To approve the minutes of the meeting held on 6 November 2014 a true and accurate records of discussions</i>	SWBTB (11/14) 199	Chair
	4	<b>Update on actions arising from previous meetings</b>	SWBTB (11/14) 199 (a)	SG-L
	5	<b>Questions from members of the public</b>	Verbal	Public
1345h	6	<b>Patient story</b>	Presentation	CO
1405h	7	<b>Chair's opening comments and Chief Executive's report including update on acute oncology plans</b>	SWBTB (12/14) 202	RSM/ TL
<b>MATTERS FOR DISCUSSION AND APPROVAL</b>				
1415h	8	<b>Never Events controls assurance</b>	SWBTB (12/14) 203 SWBTB (12/14) 203 (a)	KD
1430h	9	<b>Corporate integrated performance dashboard</b>	SWBTB (12/14) 204 SWBTB (12/14) 204 (a)	TW
1445h	10	<b>Emergency Care recovery</b>	SWBTB (12/14) 205 SWBTB (12/14) 205 (a)	RB

1505h	11	Financial performance – Month 7	SWBTB (12/14) 206 SWBTB (12/14) 206 (a)	TW
1520h	12	Trust Risk Register update		
	12.1	Update on actions agreed at previous meetings	SWBTB (12/14) 207 SWBTB (12/14) 207 (a)	KD
	12.2	New considerations		
1530h	13	Workforce update	To follow	TL
	PRESENTATION			
1600h	14	Apprentice work update	Presentation	TL
	UPDATES FROM THE COMMITTEES			
1615h	15	Update from the meeting of the <u>Finance &amp; Investment Committee</u> on 28 November 2014 and minutes of the meeting held on 26 September 2014	SWBFI (9/14) 062	CR/ TW
	16	Update from the meeting of the <u>Quality &amp; Safety Committee</u> held on 28 November 2014 and minutes of the meeting held on 31 October 2014	SWBQS (10/14) 086	OD/ CO
	17	Update from the meeting of the <u>Public Health, Community Development and Equalities Committee</u> held on 27 November 2014 and minutes of the meeting held on 29 September 2014	SWBPH (9/14) 019	RSM/ TL
	18	Update from the meeting of the <u>Charitable Funds Committee</u> held on 6 December 2014 and minutes of the meeting held on 4 September 2014	SWBCF (9/14) 018	SS/ RW
	19	Any other business	Verbal	All
	MATTERS FOR INFORMATION			
1625h	20	Midland Metropolitan Hospital project: monitoring report	SWBTB (12/14) 210	
	21	Nurse staffing levels	SWBTB (12/14) 212 SWBTB (12/14) 212 (a)	
	22	Details of next meeting <i>The next public Trust Board will be held on 8 January 2015 at 1330h in the Anne Gibson Boardroom, City Hospital</i>		

# MINUTES

## Trust Board (Public Session) – Version 0.1

**Venue** Tower Hill Medical Practice, Perry Barr

**Date** 6 November 2014

### Present

Mr Richard Samuda [Chair]  
Ms Clare Robinson  
Dr Sarindar Sahota OBE  
Dr Paramjit Gill  
Ms Olwen Dutton [Part]  
Mr Harjinder Kang  
Mr Toby Lewis  
Mr Colin Ovington  
Miss Rachel Barlow  
Dr Roger Stedman

### In Attendance

Mr Mike Hoare  
Miss Kam Dhami  
Ms Ruth Wilkin  
Mr Tony Wharram  
Mr Bill Hodgetts

### Secretariat

Mr Simon Grainger-Lloyd

### Guests

Patient for patient story  
Mr Philip Chapman, Therapist

Minutes	Paper Reference
<b>1 Apologies for absence</b>	<b>Verbal</b>
Apologies for absence were received from Mrs Hunjan, Mr Waite and Mrs Rickards.	
<b>2 Declaration of Interests</b>	
Mr Grainger-Lloyd advised that there had been no further declarations made since the last meeting.	
<b>3 Minutes of the previous meeting</b>	<b>SWBTB (10/14) 177</b>
The minutes of the Trust Board meeting held on 2 <sup>nd</sup> October 2014 were presented for consideration and approval.	
<b>4 Update on Actions arising from Previous Meetings</b>	<b>SWBTB (10/14) 177 (a)</b>
The Board received the updated actions log.	

It was noted that there were no actions outstanding or requiring escalation to the Board for resolution.	
<b>4.1 Coded outpatient procedures requiring consent</b>	<b>SWBTB (11/14) 179</b>
Miss Barlow presented a list of outpatient procedures which required consent. It was reported that the decision to undertake many of these was made on the day, unlike the elective procedures which were planned. It was noted that there was a system-wide review of these procedures at the start of Quarter 3 which would be reviewed by Patient Safety Committee. Dr Sahota asked whether a WHO checklist was completed for these procedures and was advised that this was not the case but in Ophthalmology and Endoscopy a modified version of the checklist was required. It was reported that a risk-based approach was applied.	
<b>4.2 Progress with strengthening consent process</b>	<b>Verbal</b>
<p>Dr Stedman reported that he had communicated with the consultant body in terms of his expectations concerning consent practice and a transition period was underway where the changes planned were being implemented. It was reported that where options were provided, patients were able to 'phone in and advise which route they required, a matter which would be subjected to more rigorous recording in future.</p> <p>It was reported that a reaudit of consent was planned which would be presented to the Board at a forthcoming meeting.</p>	
<b>ACTION: Dr Stedman to provide an update on the reaudit of consent at a future meeting</b>	
<b>5 Questions from members of the public</b>	<b>Verbal</b>
There were no questions forthcoming.	
<b>6 Patient story</b>	<b>Presentation</b>
<p>The Board listened to story of a patient with learning disabilities who was within the care of the Trust and in particular the way in which her fear of treatment was handled.</p> <p>The Chairman asked how people in the healthcare setting responded to the patient and how the service might be improved. The patient's carers advised that the treatment had been excellent in her opinion and underlined the value of the service given to ensure that the patient could receive the care and interventions she needed.</p>	
<b>7 Chair's opening comments and Chief Executive's report</b>	<b>SWBTB (11/14) 181</b>

The Chairman congratulated the team handling the recent Care Quality Commission visit.

It was reported that staff awards ceremony had been well received and that national Nursing Times award to iCares was pleasing. The Chairman advised that he had attended some of the Schwartz rounds, designed to discuss the emotional pressures on staff handling difficult circumstances. Mr Ovington advised that consideration was being given to how this process should be rolled out across the organisation to other disciplines.

Mr Lewis reported that a seven point plan around oncology and chemotherapy had been agreed which was contingent on the relationship with University Hospital Birmingham NHS FT, however no agreement had been reached as yet. It was reported that further work would be completed by the time the Board would meet next. He added that the patient feedback as part of the CQC visit was particularly positive. It was noted that the high level feedback did not identify any matters of surprise to the Trust, however the forward process was not yet clear. The Board was advised that unannounced inspections following the formal visit had been completed. In terms of the workforce review, it was reported that the process was running to time and towards the back end of November, a view would be taken of the outcome of the consultation exercise.

The Board was advised that in terms of Emergency Care, there had been a failure to meet the national target during recent months and therefore much work had been undertaken to rectify the position, albeit an improvement against the standard had not yet been delivered. It was reported that a significantly higher number of ambulances were being diverted from Walsall Hospital. Miss Barlow reported that the Trust was working well with the Mental Healthcare providers to improve the patient experience and expedite the access to treatment, with the opening of a Mental Health access unit planned for the City Hospital site. It was reported that in terms of resourcing, the consultant plan was to have 16 consultants, with 12 in place at present. In terms of senior decision-makers, the rotas on evenings and weekends were being reviewed, therefore progress was being made. In terms of the situational leadership, further attention was needed which affected flow through of patients and subsequent discharge. The role clarity and definition of these posts was reported to be being reviewed. Dr Gill asked how the team was configured across the City and Sandwell sites and was advised that the distribution of staff was approximately equal. Mr Kang pointed out that the resource shortage was due to a lack of national resources and asked what plans were in place to secure the workforce needed. Miss Barlow highlighted that recruitment was successful and was ongoing and the Midland Met plans acted as an attracter to potential candidates. It was noted however, that two retirements in the area were planned shortly. Ms Robinson asked what action was planned to influence the diverts from Walsall Healthcare NHS Trust. Mr Lewis advised that this was only a modest impact on the overall effect, however work was underway with the Ambulance Trust to achieve some geographical norms. It was noted that patient choice played some part in the position and there was an impact of the closure of Mid Staffordshire NHS FT. The acuity of patients was noted to also be impacting. Mr Lewis outlined the process

<p>for evaluating the status of individual Accident &amp; Emergency departments by the ambulance trusts which influenced the pattern of diverts to individual trusts.</p> <p>Mr Lewis reported that the configuration of acute general surgery was being explored at present, with a suggestion that general surgery should be located at Sandwell Hospital. It was reported that the plans were linked to the sustainability of general surgery on both sites of the Trust. Mr Lewis highlighted that it was not envisaged that there would be plentiful number of reconfigurations prior to the opening of the Midland Met Hospital. Miss Dhami noted that the plans would be remembered by the staff when reconfiguration was previously undertaken in 2007.</p>	
<p><b>8 Application of the Trust Seal to the Homeless accommodation lease</b></p>	<p><b>SWBTB (11/14) 183</b></p>
<p>The Board approved the application of the Trust Seal to lease for the accommodation for the homeless initiative.</p> <p>Mr Kang asked whether the neighbours' concerns had been addressed. Mr Lewis advised that there was a good means of dialogue with the neighbouring dwellings.</p>	
<p><b>9 Quarter 2 complaints and PALs update</b></p>	<p><b>SWBTB (11/14) 184</b> <b>SWBTB (11/14) 184 (a)</b></p>
<p>Miss Dhami presented the Quarter 2 complaints and PALs report, highlighting how service improvements had been delivered as a result of complaints received.</p> <p>The detail of the report was presented in overview.</p> <p>It was highlighted that there had been 504 compliments, although it was noted that collection of these was not particularly robust at present.</p> <p>In terms of the time taken to resolve complaints, against a target of 30 days, this had risen to 62 days which reflected the conscious prioritisation of handling the oldest complaints in the system during the period. A reduction in the handling time was reported to be planned during Quarter 3.</p> <p>The Board was advised that the complaints were measured in numbers per 1000 finished consultant episodes, which ensured that non-bed holding areas were captured, such as Accident &amp; Emergency Care. As a result of this analysis, it was highlighted that Surgery B was associated with the highest level of complaints. Attitude of staff, clinical care and appointments were highlighted to be the key themes of complaints. It was noted that a satisfaction questionnaire was issued. In terms of ethnicity, it was reported that although a large number of the Trust's patients were of Pakistani origin, there were few complaints received from these patients; the converse was reported to be true of Afro Caribbean patients.</p> <p>It was reported that there was much work planned to clear the backlog of complaints and reduce the time taken to respond and work would be undertaken to feedback to the patients that had complained to illustrate the changes made as a result of their feedback.</p>	

<p>Mr Kang returning to the ethnicity position, asked why certain ethnicity backgrounds complained more than others. Miss Dhami advised that this was not clear, however she suggested that it should be a responsibility of clinicians to make a check that the patient was satisfied at all parts of the process. Dr Sahota noted that there was reluctance in some cases of patients to complain formally but would they would register their discontent with leaders in the community. It was noted that there were some cultural impacts on the situation. By the end of the calendar year, it was reported that the oldest complaints would be responded to. Mr Lewis highlighted that by the end of Quarter 4 all complaints would be responded to within 30 days.</p> <p>Dr Gill asked whether complaints could be broken down by consultant. Miss Dhami reported that complaints were broken down by themes and in terms of individuals, the Head of Complaints was responsible for identifying any key consultant-level trends. Ms Robinson asked whether the results were considered as part of a consultant appraisal. Dr Stedman advised that this was the case. Mr Lewis highlighted however, that the overwhelming majority did not focus on a single individual. He added that a priority needed to be to focus on the Surgery B complaints. Miss Barlow advised that the information was being considered by a multi-disciplinary group and a facilitated discussion involving patients was undertaken.</p>	
<p><b>10      Quarter 2 Board Assurance Framework update</b></p>	<p><b>SWBTB (11/14) 185</b> <b>SWBTB (11/14) 185 (a)</b></p>
<p>Miss Dhami presented the Quarter 2 update of the Board Assurance Framework, which it was highlighted had been considered by the Audit &amp; Risk Management Committee. It was emphasised that there was still further work to do to better embed the BAF to ensure that there were adequate controls and assurance to manage the strategic risks.</p> <p>The Chairman asked in terms of the risk around compliance with the 18 week waiting time target, whether the post mitigation score was realistic. Miss Barlow confirmed that the score was appropriate based on the robustness of the plan to address performance. Mr Lewis added that the demand issue associated with the position was a concern associated with the risk and a post mitigation score that was higher should this have been the principal focus of the risk.</p> <p>In terms of the nurse staffing risks, Mr Lewis noted that agency staff spend was under control and highlighted that the post-mitigated score was higher than he would expect. Mr Ovington advised that this reflected the confidence in the plans when the controls were devolved further down the Trust.</p> <p>Dr Sahota asked whether the post mitigation scores were realistic for TSP risk. Mr Lewis advised that there was good work to identify the cost reductions planned for the next year and there was a clear route to the control total by the end of the financial year and therefore the scoring in his view was appropriate.</p> <p>Ms Robinson reported that the BAF would be considered at a Board Informal</p>	

session to achieve consistency of entries and ways of embedding the document.	
<b>11 Quarter 2 annual plan delivery update</b>	<b>SWBTB (11/14) 186</b> <b>SWBTB (11/14) 186 (a)</b>
<p>Mr Wharram presented the update on the delivery of the annual plan objectives. He highlighted that there were five objectives that would be unlikely to be met at this point. The Board was asked to note that the detail of the remedial plans for each.</p> <p>Mr Lewis advised that the progress with achieving the 18 week target should be scored as red based on previous discussions of the BAF.</p> <p>Ms Robinson noting the improving the time to hire position, asked whether the workforce review would impact and what measures were planned to address the position. Mr Lewis reported that rolling recruitment was being implemented and the Vacancy Approval process would be abolished, following the agreement of staffing level requirements in each department. It was highlighted that the agreed funded posts was to be filled from the start of December. Mr Lewis reported that some work was being undertaken to develop an internal transfer mechanism which would improve the time to hire. The region-wide 'CRB passport' plans were outlined. Ms Robinson suggested that increasing the notice periods for key staff needed to be considered, which Mr Lewis agreed was a worthwhile action. It was agreed that this matter needed to be considered at the next meeting of the Workforce &amp; OD Committee. It was agreed to consider time to hire by professional group at the same meeting.</p>	
<b>ACTION: Mr Grainger-Lloyd to add items around increasing notice periods and time to hire by professional group to the agenda of the next Workforce &amp; OD Committee</b>	
<b>12 Seven day working – update against standards</b>	<b>SWBTB (11/14) 187</b> <b>SWBTB (11/14) 187 (a)</b>
<p>Miss Barlow presented the seven day working clinical standards that had been released on a national basis previously and advised that the Trust was well-placed against a number of the standards. It was reported that the Trust aimed to improve its position against a number of the standards. She highlighted a number of specific examples and reported that the System Resilience Group was used to address the emergency care position. Access to Primary Care out of hours service was reported to be in place. Dr Sahota noted the pressure on local authorities and asked how this would impact in future. Miss Barlow reported that some of the seven day Social Service workforce was funded by the recent Winter monies but there was a concern over sustainability in the longer term and new ways of working would needed to delivered long term change.</p> <p>Mr Lewis highlighted that the mindset on a Saturday and a Sunday was the same for emergency care, however the pace of throughput needed to be given clearer focus and commonality.</p>	



Miss Barlow reported that many mental health patients presented at a weekend which were admitted, a practice which would not normally during a week day.	
<b>13 Corporate integrated dashboard</b>	<b>SWBTB (11/14) 188</b> <b>SWBTB (11/14) 188 (a)</b>
<p>The Board reviewed the integrated performance dashboard. The key highlights were highlighted to include that there were four <i>C difficile</i> cases reported and one MRSA case. In terms of harm free care, it was noted that this remained below the 95% target, however an increase in falls numbers had been seen.</p> <p>Ms Dutton joined the meeting.</p> <p>The caesarean section rate was noted to have increased. A breach of the 28 day late cancellation was reported to have occurred and it was noted the emergency care target had not been met for Quarter 2 or September.</p> <p>Mr Ovington reported that in terms of infection control, overall the infection control rates were below the permitted trajectory and work was being undertaken to assess the reasons for the position. It was noted that a review of antibiotic stewardship was underway The reason for the MRSA bacteraemia was reported to have been reviewed comprehensively, which had led to some concerns that needed to be investigated further.</p> <p>Miss Barlow reported that in terms of stroke services, the performance against the time to thrombolysis target was 80% rather than 44% as presented in the report. In terms of cancelled operations, it was reported that there was a high level of cases in Surgery B, although these had shown significant improvement recently. Elective care was discussed, where a planned underperformance was being pursued for 18 weeks to address the long waits. It was highlighted that many specialities were performing well. Diagnostics was reported to show an issue regarding waiting time for echocardiograms which was being investigated further.</p> <p>Mr Kang asked in terms of mortality reviews, whether the trajectory was derived numerically or quantitatively derived. He was advised that the review programme had been disrupted, which led to an underperformance in July.</p> <p>Ms Robinson noted the deterioration in PDR rates and emphasised that further work was needed in this areas in the midst of a workforce review. Mr Lewis reported that this message had been communicated clearly within the month's 'Hot Topics'. Mr Lewis advised that there was confidence that the position would be addressed by the end of March 2015.</p> <p>It was reported to be pleasing that rapid access chest pain and primary angioplasty information was up to date within the report.</p>	
<b>14 Financial performance – Month 6</b>	<b>SWBTB (11/14) 189</b> <b>SWBTB (11/14) 189 (a)</b>

<p>Mr Wharram reported that the forecast remained in line with plan, with this being achievable but challenging, being dependent on a reduction of pay run rate and using resilience monies. It was reported that the surplus achieved was an improvement, notwithstanding an adverse position year to date. Agency spend was reported to have reduced which was pleasing. The performance against the cost improvement plans was noted to be behind plan.</p> <p>Capital expenditure was reported to remain slow, in line with the position in previous years. Cash balances were noted to be healthy.</p> <p>Mr Wharram reported that the service delivery needed to be consistent with the requirements of CQUIN to prevent a loss of income.</p> <p>The Chairman noted that financial telephone conferences were underway on a fortnightly basis.</p> <p>Mr Lewis reported that a £8.6m adjustment of the run rate was needed, of which a significant amount was reliant on the performance of local teams to generate a change in their positions. Ms Robinson, noted that receivables and payables were substantially above plan. Mr Wharram reported that the planned position had been found to be incorrect and therefore a more realistic view of the position had now been taken. Ms Robinson asked whether this impacted on the Better Payment Practice Code and was advised that there were no major issues in this respect. Mr Lewis confirmed that there was no plan to slow down the payment of creditors. It was highlighted that the arrangements for reimbursing other trusts for antenatal care would be reviewed however.</p>	
<p><b>15 Trust risk register update</b></p>	<p><b>SWBTB (11/14) 190</b> <b>SWBTB (11/14) 190 (a)</b></p>
<p><b>15.1 Update on actions agreed at the last meeting</b></p>	
<p>Miss Dhimi advised that the risk register had been discussed by the Clinical Leadership Executive.</p>	
<p><b>15.2 New considerations</b></p>	
<p>It was highlighted that there was a proposal to add a risk to the Trust Risk Register concerning unplanned maternity work and the impact on income associated with the antenatal pathway work. It was reported that internal and cross charging arrangements were being reviewed more robustly. Mr Lewis suggested that the forward risk register needed to reflect the challenge with meeting the end of year position on the basis of the antenatal reimbursement pathway, with the current position giving rise to a significant residual risk around the financial sustainability of maternity services. The Board was given an overview of the issues with the antenatal arrangements.</p> <p>It was agreed that the risk would be treated but would be added to the risk register.</p> <p>Dr Sahota noted that the maternity services was an exemplar of excellent and</p>	

asked why the Trust was not publicising this. Mr Lewis advised that there was good publicity already and suggested that the position would be reviewed over the next three months.	
<b>ACTION: Ms Wilkin to consider the means of publicising the Trust's maternity services</b>	
<b>16 Last Year of Life update</b>	<b>SWBTB (11/14) 182</b> <b>SWBTB (11/14) 182 (a)</b> <b>SWBTB (11/14) 182 (b)</b>
<p>Dr Stedman outlined the plans for the Trust to handle expected deaths in the last year of life. It was reported that this was supplementary to the mortality review process. It was noted that the palliative team provided a good service and the audit of readmissions reflected a number of these patients were within the last year of their life and led to interventions, that in some cases were not welcomed or needed. Dr Stedman presented the tool that would be used to assess those patients where interventions would not prove effective on the basis that they would be more effectively handled using palliative care instead. It was highlighted that the tool could be used at all points of the care pathway. Dr Gill noted that the audit was databased and may not pick up some of the reasons why some individuals presented.</p> <p>The Chairman asked whether there was a 'gold standard' in this area and was advised not the case, but the intention of the work was to start palliative care earlier for some patients. Mr Lewis added that the work needed to be a whole-organisational endeavour to ensure that palliative care was started earlier and result in fewer unnecessary admissions. Ms Dutton asked whether the social care interventions and community care could be measured as part of this work. Mr Lewis advised that work was underway in this respect and that community records could be accessed. It was noted that the work would be reported through the Quality &amp; Safety Committee.</p>	
<b>17 Learning disability month update</b>	<b>SWBTB (11/14) 191</b> <b>SWBTB (11/14) 191 (a)</b>
<p>Mr Ovington presented the summary of the work being taken to provide a focus on treating patients with learning disabilities, including handling carers and making reasonable adjustments when needed. It was reported that a diary had been launched to demonstrate the patient's norms and the development of an 'app' to access the tools that could be used when patients attend the Trust for treatment.</p> <p>The Chairman asked whether there were any areas of cross over with the work. It was agreed that this needed to be considered further. Ms Dutton asked whether any staff with learning disabilities were employed. It was noted that this was being progressed through the Learning Works and the volunteer plans.</p> <p>It was agreed that the previously discussed Learning Disabilities Board report should be recirculated.</p>	

<b>ACTION: Mr Grainger-Lloyd to circulate the previous Board report into Learning Disabilities</b>		
<b>18</b>	<b>Briefing on Rotherham Safeguarding issues</b>	<b>SWBTB (11/14) 192</b> <b>SWBTB (11/14) 192 (a)</b>
<p>Mr Ovington presented a brief summary of the Trust's position against the recommendations arising from the Rotherham safeguarding inspection and any actions needed to address any gaps. It was reported that the Safeguarding Steering Group would progress the work.</p> <p>Dr Sahota noted that follow up on the actions was needed to clarify the final position. Mr Ovington advised that the Trust linked into the Sandwell Multi Agency Safeguarding Hub (HUB) in this respect and there was confidence that the actions were being progressed. Dr Gill asked what training was in place for Safeguarding and was advised that there was a comprehensive programme which included sexual exploitation considerations. Training was noted to be appropriate to the roles of the staff. It was noted that a dashboard was being developed to monitor the Trust's performance against Safeguarding standards. It was also reported that a new lead nurse had been appointed to handle this work.</p>		
<b>19</b>	<b>Service presentation – Community spinal services</b>	<b>Presentation</b>
<p>Mr Phil Chapman joined the meeting to present an overview of the community spinal services work.</p> <p>Mr Kang asked in terms of communication, whether the GP community was being educated in term of communication to prevent unnecessary or inappropriate referrals to the community team. He was advised that there was good joint working with Physiotherapy Centres, however there was further work to engage the GPs. Dr Gill advised that some individuals wanted to have a second opinion and this created some manner of referrals.</p> <p>Mr Lewis asked how the service was inconsistent and was advised that this related to the baseline physiotherapy given prior to referral and work was being undertaken to ensure that training standards and initial treatment was consistent between West Birmingham and Sandwell. It was noted that the service handled any patients with an element of spinal pain.</p> <p>Mr Chapman advised that the service had good links to pain therapy and acupuncture.</p> <p>Mr Chapman was thanked for his presentation.</p>		
<b>20</b>	<b>Update from the meeting of Configuration Committee held on 31 October 2014 and minutes from the meeting held on 3 September 2014</b>	<b>SWBCC (9/14) 035</b>
<p>The Chairman presented an overview of the key discussions from the Configuration Committee held on 31 October 2014, including the planned configurations in advance of the new hospital and the Managed Equipment</p>		

Service business case.		
21	Update from the meeting the Quality & Safety Committee held on 31 October 2014 and minutes from the meeting held on 26 September 2014 2014	SWBQS (9/14) 073
Ms Dutton asked the Board to note a tabled overview of the key discussions from the Quality & Safety Committee held on 31 October 2014.		
22	Update from the meeting of the Audit & Risk Management Committee held on 30 October 2014 and minutes from the meeting held on 31 July 2014	SWBWO (6/14) 052
Ms Robinson presented an overview of the key discussions from the Audit & Risk Management Committee held on 30 October 2014. It was highlighted that there had been some concern that there were a significant number of internal audit recommendations that had not been addressed and the matter would be referred back to the Executive Group.  It was noted that an additional item would be added to the agenda of each Board Committee to prompt identification of any matters that needed referring to the Audit & Risk Management Committee.		
23	Any Other Business	Verbal
There was none.		
Matters for Information		
The Board received the following for information: <ul style="list-style-type: none"><li>Midland Metropolitan Hospital Project: Monitoring Report</li><li>Nurse staffing levels – Mr Ovington drew the Board’s attention to the revised paper that had been circulated.</li></ul>		SWBTB (11/14) 193 SWBTB (11/14) 195 SWBTB (11/14) 195 (a)
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 4 December 2014 and would be held in the Churchvale/Hollyoak Rooms, Sandwell Hospital.		

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Signed: .....

Name: .....

Date: .....

## Next Meeting: 4 December 2014, Churchvale/Hollyoak Rooms, Sandwell Hospital

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

6 November 2014, Tower Hill Medical Practice, Perry Barr







**Members present:** Mr R Samuda (RSM), Ms C Robinson (CRO), Mr H Kang (HK), Dr P Gill (PG), Dr S Sahota (SS), Ms O Dutton (OD), Mr T Lewis (TL), Miss R Barlow (RB), Mr C Ovington (CO), Dr R Stedman (RST)









**In Attendance:** Miss K Dhami (KD), Mr M Hoare (MH), Ms R Wilkin (RW), Mr T Wharram (TW), Mr B Hodgetts (BH)

**Apologies:** Mrs G Hunjan, Mr T Waite, Mrs C Rickards



**Secretariat:** Mr Simon Grainger-Lloyd (SGL)

Last Updated: 28 November 2014






	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status
SWBTBACT.333	Learning plan 2014-17	SWBTB (10/14) 164 SWBTB (10/14) 164 (a)	02-Oct-14	Schedule a discussion about the rolling slide pack showing organisational change for a future Board Informal session	SG-L	12/12/2014	Scheduled for the December/January meeting	
SWBTBACT.326	Corporate integrated dashboard	SWBTB (9/14) 143 SWBTB (9/14) 143 (a)	04-Sep-14	Arrange for a crude mortality rate to be included in future versions of the integrated performance report	TW	31/12/2014	ACTION NOT YET DUE	
SWBTBACT.330	Francis Report action plan – mid-year review	SWBTB (10/14) 161 SWBTB (10/14) 161 (a)	02-Oct-14	Make an assessment of the adequacy of the proposed end year position against the actions raised in connection with the Francis Report	KD	08/01/2015	To be featured in next update to the Board in January 2015	
SWBTBACT.332	Research and development plan 2014-17	SWBTB (10/14) 162 SWBTB (10/14) 162 (a)	02-Oct-14	Arrange for the citation index for Research & Development to be considered at the next meeting of the Research & Development Committee	RST	31/12/2014	ACTION NOT YET DUE	
SWBTBACT.335	Trust's equality plan	SWBTB (10/14) 169 SWBTB (10/14) 169 (a) - SWBTB (10/14) 169 (d)	02-Oct-14	Work with Mr Lewis to update the Board paper front sheet & template to better capture any equality and diversity impacts associated with proposals that the Board was asked to consider	SG-L	31/01/2015	To be launched in early 2015	
SWBTBACT.337	Progress with strengthening consent process	Verbal	06-Nov-14	Provide an update on the reaudit of consent at a future meeting	RST	05/02/2015	ACTION NOT YET DUE	

SWBTBACT.339	Trust risk register update	SWBTB (11/14) 190 SWBTB (11/14) 190 (a)	06-Nov-14	Consider the means of better publicising the Trust's maternity services	RW	05/02/2015	ACTION NOT YET DUE	
SWBTBACT.340	Quarter 2 annual plan delivery update	SWBTB (11/14) 186 SWBTB (11/14) 186 (a)	06-Nov-14	Add items around increasing notice periods and time to hire by professional group to the agenda of the next Workforce & OD Committee	SG-L	19/12/2014	ACTION NOT YET DUE	
SWBTBACT.317	Financial performance – Month 3	SWBTB (8/14) 126 SWBTB (8/14) 126 (a)	07-Aug-14	Present a benchmarked position concerning seven day working at the October meeting of the Board	RB	02/10/2014	Included on the agenda of the November meeting	
SWBTBACT.303	Never Events controls assurance	SWBTB (7/14) 099 SWBTB (7/14) 099 (a)	03-Jul-14	Establish a task and finish group to identify additional controls and sources of assurance around Never Event prevention	KD	06/11/14	Included on the agenda of the December meeting	
SWBTBACT.328	Update on risks associated with bedside procedures	Verbal	02-Oct-14	Present the list of coded outpatient procedures requiring consent at the next meeting	RB	06/11/2014	Included as a matter arising on the agenda of the November Trust Board	
SWBTBACT.329	Questions from members of the public	Verbal	02-Oct-14	Provide Healthwatch with a summary of the additional 'always events' checks made following the Never Events reported in Ophthalmology	TL	06/11/2014	Summary note prepared	
SWBTBACT.331	Francis Report action plan – mid-year review	SWBTB (10/14) 161 SWBTB (10/14) 161 (a)	02-Oct-14	Circulate the NED/ED pairings for the Francis themes	SG-L	06/11/2014	Circulated as requested	
SWBTBACT.334	Trust risk register update	SWBTB (10/14) 167 SWBTB (10/14) 167 (a) SWBTB (10/14) 167 (b)	02-Oct-14	Arrange for the risks associated with a second obstetrics theatre team to be included in the risk register as a tolerated risk	KD	06/11/2014	Added as requested	



SWBTBACT.336	Care for patients with learning difficulties	Presentation	02-Oct-14	Identify a Non Executive champion for learning difficulties	Chairman	06/11/2014	The Chairman is to be the Board Champion for learning difficulties	
SWBTBACT.338	Learning disability month update	SWBTB (11/14) 191 SWBTB (11/14) 191 (a)	06-Nov-14	Circulate the previous Board report into Learning Disabilities	SG-L	30/11/2014	Circulated as requested	

**KEY:**

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

# Sandwell and West Birmingham Hospitals

NHS Trust

## REPORT TO THE PUBLIC TRUST BOARD

### Chief Executive's Report – December 2014

The principal item on the Board's agenda today is a detailed discussion on how we reduce waiting times in two of our three Emergency Departments (BMEC continues to meet the national standard).

That discussion must be set against a local context of good delivery of national promises. This year we have met the 18 week, diagnostic and cancer wait standards; halved cancelled operations; and maintained our long-term success in having very low rates of infection.

The national context sees many organisations struggling to maintain prior performance, and of course pressure on other EDs sometimes causes displacement of ambulances to other sites, as we have seen at Sandwell with pressures on Walsall and elsewhere.

We need to remember that last winter we did better than over summer months in meeting the emergency care challenge. We need now to repeat that success as our winter beds open and we create dedicated mental health facilities to try and ensure more appropriate care for often vulnerable people.

#### 1. Our patients

We continue to meet cancer wait time standards. Our work to improve oncology care continues and I will provide an oral update to the Board on discussions with UHB about their service offer. Meanwhile, in preparing for 2015-16 we have made clear to the CCG commissioning bodies that they need to take due account of national guidance on cancer referral rates.

In October and November we expect to miss the diagnostic standard. We are confident of returning to compliance, and will hit our reporting standard of a maximum wait of a fortnight at the end of November. Likewise in December we will return to Trust level 18-week compliance.

Regrettably neither acute ED is currently achieving 95% four hour waits. Meanwhile, delayed transfers of care are not at 15 (as we planned system wide) but exceed 40. In December we open additional beds, notably in Sheldon, to manage the position. But, we have also, advisedly, determined that our implementation of letters of choice/advice and eviction need to become more routinely issued. We cannot sustain acute services in the face of a doubling of delays from the City Council, nor a perception that families can consider multiple homes over multiple weeks. We will act to provide compassionate care but to a timetable which does not disadvantage another patient.

We remain focused on reduced complaint waiting times. At the last Board we committed to have no waits beyond 60 days by January 1<sup>st</sup>. There is a lot of work to do to meet that goal but I am confident that we can. In 2015 we will introduce the agreed measures to ask patients after their complaint to help to improve services – as colleagues at Dudley have done.

Work to improve Outpatient services continues. In February we will renew our patient survey in clinic, as well as reviewing the new friends and family text service we run in clinics. We need to be careful and watchful as we move towards partial booking in April, and the quality and safety committee will be invited to assure the board that the safeguards put in place by the COO are sufficient to ensure that we maintain short waits for follow up patients. At the same time our new booking in kiosks will kick off for new arrivals. This is a major change, albeit one we have piloted in BMEC. It is crucial that this change brings the efficiency benefits we seek but not at the expense of human contact and advice.

We remain focused on reducing readmission rates. This has been a major project this year and will continue into 2015-16. Cutting Sandwell admissions each week by 30 is the essence of our campaign. This is congruent with the Better Care Fund. Or rather could become so by agreement. This longstanding problem is the Board's top quality priority and it is imperative that we show improvements and success over the coming few months.

## **2. Our workforce**

Safe and Sound, our workforce change consultation has concluded. We extended the consultation period beyond that required by law. As is evident in the report to the Board, many of the schemes for change have been adapted and improved by staff comment. Meanwhile, the number of employees selected for potential redeployment, has fallen. If the Board supports the remaining schemes commended by the executive, we will track implementation in great detail. Schemes that are safe and have passed our internal scrutiny can still be poorly implemented, or the compound effect of change can be unanticipated. Our 'local area tracking' will produce "red flags" when indicators deviate – whilst many may be false alarms, we should assume the worst not hope for the best.

Though the number of affected employees is now below 100, we must acknowledge the anxiety within our staff body about change. Our openness and candour is a protection against risk, but it does not remove the difficulty for those involved or observing. It is our job now to make a reality of our promises on redeployment, on safety, and on staffing. For the first time we have a comprehensive reconciliation of staffing numbers, budgets and staff in post. This will be the basis for budgeting, for managing temporary spend, and for managing vacancies to advert and time to hire.

Crucial now is implementing changed workforce practices. Our changes, which of course impact around 400 roles, are about changing how we work, not working with the same methods but fewer people. The change team, line managers, and the wider leadership need to see through genuine change. 'Cuts' cannot become the excuse for poor practice or not taking forward improvements in care.

Staff have benefitted during the consultation process from good support from local trade unions. Having met with the Society of Radiographers we chose to add a further week to consultation in that case. There are, of course, lessons to learn from the process we have followed. The Board requested such a plan, which we will consider in January. It is, broadly, clear that those teams with

extant strong staff/leader relationships have managed the process more consistently and successfully than those who have weaker baselines.

### **3. Our partners**

We have begun negotiations with commissioners in respect of funding for 2015-16. There is an appreciation that we have treated more patients than ever before and have exceeded our plan to reduce the size of waiting lists. There remains very limited external scope to invest in new developments (indeed NHS England have specifically excluded this possibility in their specialist commissioning contracts). We would hope that priority is given to some longstanding issues locally, such as the backlog of autism assessments in the community. In addition, we have made the case to reconsider the economics of maternity services and to fund – as above - expected rises in demand and treatment associated with increased cancer diagnosis.

A number of tenders have now been issued to market both by Sandwell Council and by the CCG for 2015-16. Some of these are for services that we do not currently provide, such as health and lifestyle advice. Others are for current core provision by the Trust. Each bidding opportunity is evaluated by our team at corporate level. I am pleased to confirm both that we have entered partnership bids for palliative care provision, and that we have just been successful in being re-awarded a multi-million pound pathology contract to support the Birmingham and Solihull Mental Health trust.

Discussions with the Clinical Research Network have concluded in terms of likely research funding for 2015-16. The funding model will reflect trial recruitment over three years to September 2014. In addition a top slicing model from all Trusts (2.5%) will create a central strategic reserve for research development bids. This clarity is in advance of previous years and supports our own R&D Plan that was approved two months ago.

### **4. Our regulators**

We have had no further external inspections since the Board last met.

An evaluation of our bowel screening service will take place in December, when we will also see a CQC thematic inspection of mental health services in Sandwell. We discussed mental health provision with the Health and Wellbeing Board for the borough, and that committee heard a clear promise from the CCG to confirm 2015-16 mental health funding arrangements before the end of this calendar year. This will help with the short term employment contracts which act as a disincentive to staff to join our award winning RAID team or to stay within the Black Country partnership team. We discussed boundary issues that can arise for, for instance, Sandwell residents attending City Hospital and obtaining a health input from the 'Birmingham' mental health service. As with other boundary issues we need to find simple routes to ensuring equity of access to care.

The Sandwell Child Protection report from the CQC has been received and an action plan is being submitted. The equivalent Birmingham report has not yet been received.

For NHS provider organisations, the statutory requirements around duty of candour and the Fit and Proper Person Requirement (FPPR), came into force on 27 November. For the former, the occurrence of a 'notifiable safety event' triggers the duty of candour, which must give rise to a notification 'as soon as reasonably practicable' after becoming aware of the incident and in any event within 10 working days of being reported to local systems and sooner where possible. The CQC FPPR places the onus on the provider organisation to ensure that directors are 'fit', in respect of good character and have not been privy to any serious misconduct or mismanagement. The CQC's role is to monitor how well organisations discharge this responsibility, with the findings informing the CQC's ratings under the 'Well Led' question. It is understood that the test will apply to individuals who are expected to attend board meetings (as opposed to those present by specific invite), even though they may not have voting rights at the meeting, however clarification is still awaited in this respect. The Trust's response to both sets of regulations will be provided in more detail at the January 2015 meeting.

Toby Lewis,  
Chief Executive

28 November 2014

## TRUST BOARD

<b>DOCUMENT TITLE:</b>	Never Events Controls Assurance Report
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>	Kam Dhami, Director of Governance
<b>AUTHOR:</b>	Allison Binns, Assistant Director of Governance
<b>DATE OF MEETING:</b>	4 December 2014

### EXECUTIVE SUMMARY:

This report provides a consolidated view of the processes in place to prevent the likelihood of surgical never events happening. Some of the changes that have been made following investigation reviews, both at local level and Trust-wide are outlined.

The report also provides information regarding the ongoing monitoring that will take place to ensure improvements continue to be made.

### REPORT RECOMMENDATION:

The Board is requested to **NOTE** the changes in working practices and processes made to reduce the likelihood of a further surgical never event.

### 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):*

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:

Safe high quality care

### PREVIOUS CONSIDERATION:

The Board has received previous assurance updates.

# Sandwell and West Birmingham Hospitals

NHS Trust

## Never Events Controls Assurance Report 2014

### Report to Trust Board on 4 December 2014

## 1. INTRODUCTION

- 1.1 Since 2009 the Trust has reported 18 incidents which have been defined as 'Never Events' by the National Patient Safety Agency (NPSA)/NHS England. A summary of the number of never events by type is provided below.

Type of Never Event	Total Number
Wrong site surgery	5
Retained foreign object post operation	8
Wrong route administration of oral / enteral treatment	2
Wrong implant/prosthesis	3

- 1.2 In 2013, following an increased incidence of surgically related never events reviews of the controls in place to prevent further occurrences were undertaken. The outputs of that work have previously been presented to the Board and are summarised below by way of a reminder

	Date of Report	What was done	Outcome	Recommendations	Next steps
1.	September 2013	Assurance rating of existing controls	Not all recommendations from serious incident reviews have been implemented satisfactorily.	Learning from never events needs improvement to increase assurance.	<ul style="list-style-type: none"> <li>Undertake audits</li> <li>Reissue never event list</li> <li>Trust wide adoption of certain policies</li> </ul>
2.	January 2014	Audit of controls to prevent never events and action plan	Variable practice across the Trust in processes which have contributed towards never events.	Further audits of specific practices in some areas / directorates.	<ul style="list-style-type: none"> <li>Targeted audits of certain specialties / processes</li> <li>Protocols revised</li> <li>Improve consent process</li> </ul>
3.	June 2014	Specific issues were audited for selected specialties.	Reactive safety culture remains. Audit results encouraging.	NEAC to monitor events and learning from NEs.	<ul style="list-style-type: none"> <li>Ensure learning from events are implemented Trust wide.</li> </ul>

- 1.3 Audits were undertaken on the processes which either directly affected or were contributory to the realisation of the never event and a reasonable level of assurance gained for most.

## 2. CURRENT STATE

- 2.1 Over the past twelve months amendments have been made to processes and systems to minimise the likelihood of a recurring surgically related never event. Since the introduction of these actions there have been no never events reported.
- 2.2 **Counting of swabs** and **surgical site marking** audit results provided a reasonable level of assurance showing 93% and 87% respectively. No specific actions were introduced for these two elements over and above a renewed focus on the use and completion of the WHO surgical checklist. Moving forward these two elements will be integrated into the annual clinical audit forward programme. The continued vigilance with these reflects that there have been recent never event near misses related to swab counts in particular.
- 2.3 The near misses have occurred in two different directorates and have been investigated in the same way as an actual event. This has shown that communication was a key cause in one and may well be in the second (this is still to be reviewed). A greater emphasis on team work will further empower staff in these situations. Work is being led by the Clinical Director for Theatres to look at meaningful team development and the use of a defined script to support the count process.
- 2.4 The use of a stamp was introduced to facilitate documentation of **guide wire removal** within theatre care plans until this can be a permanent feature. This is being used consistently in the directorates which initially identified guide wire use but has since been expanded to include Trauma & Orthopaedics. The care plan is scheduled for reprint in quarter 1 of 2015/16.
- 2.5 Following their last never event, Surgery B has strengthened their theatre processes following repeats of never events. Although the realisation was late in occurring, they have taken the opportunity to review all of their practices. They have introduced **checks for intraocular lens selection** to ensure these are chosen for the correct strength against the healthcare records. Where safety in theatres has become an issue they have **introduced the concept of 'hard stops'**. These can be called by anyone and focus the team on the issue at hand with the aim to prevent a patient safety incident and thus potential patient harm. Allowing Company representatives into theatres were shown to be contributory factors prompting a revision of the policy when in the clinical environment. This policy has been adopted in all theatres. Surgery B are also piloting the use of having their **theatre briefing sessions videoed** to better learn from their interactions with each other in respect of the WHO surgical checklist. This has resulted in a more active leadership, improved quality of



checklist usage and a greater perception of the 'right' way to do things. The results of this are due to be fed back to the Clinical Group before Christmas.

- 2.6 Surgery B has also introduced '**Always Events**'. These are events that should happen for every patient on every occasion and include such things as being asked their name and details by nurses and doctors, did they understand the risks and benefits, whether biometry was checked and swabs and instrument counts correct. This constitutes two audits which are undertaken monthly. Results from the last ones undertaken show 89-95% compliance (n= 17 and 38).
- 2.7 The only none surgical event involved misplacement of **naso-gastric tubes**. Assurance from the audit results showed that in 81% of cases the insertion details were documented within the healthcare records. The steps involved in placement and management and the policy driven monitoring continue to provide assurance. The policy and procedures are managed by the nutritional team who are proactive in responding to safety alerts and incidents and equally reactive if changes to practice are required. As a result of the never event and the ward reviews additional training was undertaken and the documentation was amended to include two signatories.
- 2.8 A proactive approach has been taken in respect of those incidents on the national never event list which have not materialised at the Trust by reviewing the monitoring controls currently undertaken. A summary of the results can be found at **Appendix 1**.

### 3. CONSENT

- 3.1 The area of continued concern relates to taking consent for surgical and interventional procedures and the provision of patient information in support of informed consent. Compliance at the initial audit and the data for quarters 1 & 2 2014/15 is as follows:

	Initial audit results	Q1 2014/15 audit results	Q2 2014/15 audit results
Consent taken prior to the day of surgery/procedure	74.2%	54%*	58%
Information leaflet given and documented on the consent form	27.8%	42%	40%

\* General Surgery did not provide data for the audit during Q1.

- 3.2 More needed to be done to ensure a consistent approach to consent taking. As previously reported to the Board, in September 2014 the Medical Director introduced a new process of consequences to all clinicians taking written consent. The process relies on admitting staff identifying when consent has not been taken ahead of the day of admission and

making the appropriate notifications. Initial results show that there have been no incidents of non-compliance reported.

- 3.3 There are three levels to the application of the consequences. The first initiates a supportive discussion with the clinical director and clinician to look at actions necessary to improve practice. The second non-compliant episode initiates a discussion between the clinician and the Medical Director or Chief Nurse and will determine if they should be allowed to continue to operate or if a period of supervised practise should be implemented. The final level of non-compliance will see the clinician having a meeting with the Medical Director or Chief Executive. Failure of the clinician to undertake the procedure as defined by Trust policy will lead to management under the performance regime. All levels of non-compliance will be documented within the personal files of the clinicians.
- 3.4 This process was introduced with immediate effect whilst recognising that there is a transition period of two to three months for those patients already in the system and who have a date for surgery/intervention.
- 3.5 Monthly audits of the consent process continue. The audit aims to identify a number of areas one of which is that consent was carried out ahead of the day of admission where this was practicable. Non-compliance with the consequence will be documented through the incident reporting process with reports being submitted to the person leading discussions with the clinician. The introduction of this consequence will be reviewed over a six month period from 1 January 2015, to track the improvement in the consent taking process.

#### **4. MONITORING**

- 4.1 A local CQUIN measure was introduced for 2014/15 which requires the eradication of never events providing assurance that the controls in place are preventing recurrence of the never events which have happened since 2009. The CQUIN financial impact to the Trust is £1.2 million.
- 4.2 A Never Events Assurance Committee chaired by Dr John Bleasdale will, as part of its remit, review all never events (near miss and actual) and ensure learning is shared across all clinical groups through its membership.
- 4.3 Monthly audits of consent practice remain a requirement for all clinical directorates where written consent is required. These are carried out electronically and results are available on line. Results are being discussed in the monthly Quality Improvement half-days and an annual report of consent practice is shared with the Clinical Effectiveness Committee.

**5. RECOMMENDATION**

The Board is requested to **NOTE** the changes in working practices and processes made to reduce the likelihood of a further surgical never event and the on-going monitoring that will take place to ensure improvements continue to be made.

Kam Dhami  
Director of Governance  
November 2014

**Appendix 1****Never Event Monitoring**

The Never Event list includes 25 incidents of which 22 are relevant to this organisation. Five of the relevant never events have occurred over the past five years. Of the 17 which have not occurred, a review of the policy or guideline monitoring was undertaken. Auditable standards were not present in all documents and authors will be asked for these to be included as a policy update where possible. Where auditable standards were available the results of the most recent audits were obtained.

Never Event Description	Document referring to NE	Monitoring	Results/ Outcome
Wrongly prepared high-risk injectable medication	Policy in place	Monitored through incident reporting	1 incident treated as an SI but was not a NE
Maladministration of potassium containing solution	Policy in place	Monitored through incident reporting	No incidents reported
Wrong route administration of chemotherapy	Policy in place	Audits of practice	Observational audit showed that practices were carried out correctly and documentation completed in 85% of cases (n=20)
Intravenous administration of epidural medication	Policy in place	Monitored through incident reporting	No incidents reported
Maladministration of Insulin	Policy in place	Monitored through incident reporting	2 incidents neither were never events.
Overdose of midazolam during conscious sedation	Policy in place	Departmental audits	75% of those undertaking endoscopy, use lower than standard levels of Midazolam. No patients received an overdose. 2014 data results.
Opioid overdose of an opioid-naïve patient	No policy or procedure	Monitored through incident reporting	No incidents reported
Inappropriate administration of daily methotrexate	No policy or procedure	Monitored through incident reporting	No incidents reported
Falls from unrestricted windows	No policy or procedure	External and internal visual inspections	Defects corrected immediately.
Entrapment in bedrails	Policy in place	Monitored through incident reporting	No incidents reported

Never Event Description	Document referring to NE	Monitoring	Results/ Outcome
Transfusion of ABO-incompatible blood components	Policy in place	Monitored through transfusion and SHOT reports.	6461 transfusions administered during Q1 & 2. No incompatible transfusions given.
Wrong gas administered	Policy in place for O <sub>2</sub> administration	Monitored through incident reporting	No incidents reported
Failure to monitor and respond to oxygen saturations	Policy in place	Monitored through incident reporting	No specific incidents reported
Air embolism	Policy in place	Monitored through incident reporting	No incidents reported
Misidentification of patients	Policy in place	Last monitored through Essence of Care.	No audit has been carried out since Dec 2012.
Severe scalding of patients	Policy in place	Monitored through incident reporting	No incidents reported
Maternal death due to postpartum haemorrhage	Policy in place	Last monitored during CNST assessment 2013	Monitored as cases of PPH occur in morning review. Audit showed all aspects met the 75% required compliance.

**TRUST BOARD**

<b>DOCUMENT TITLE:</b>	Integrated Quality, Performance and Finance Report
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>	Tony Waite, Director of Finance and Performance Mgt
<b>AUTHOR:</b>	Gary Smith, Head of Performance Management (acting)/ Mike Harding
<b>DATE OF MEETING:</b>	4 December 2014 (Report prepared 27 November 2014)

**EXECUTIVE SUMMARY:**

The report is designed to inform the Trust Board of the summary performance of the Trust for the period April – October 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
<b>x</b>		

**KEY AREAS OF IMPACT** *(Indicate with 'x' all those that apply):*

Financial	<b>x</b>	Environmental	<b>x</b>	Communications & Media	<b>x</b>
Business and market share	<b>x</b>	Legal & Policy	<b>x</b>	Patient Experience	<b>x</b>
Clinical	<b>x</b>	Equality and Diversity		Workforce	<b>x</b>

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.

Sandwell and West Birmingham Hospitals

NHS Trust



## **Integrated Quality and Performance Report**

**October 2014**

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Patient Experience - Friends & Family Test, Mixed Sex Accommodation and Complaints	9	Contractual Quality Requirements & Price Activity Matrix	20-24
Patient Experience - Cancelled Operations	10	Legend	25
Emergency Care & Patient Flow	11		



# At A Glance

<b>Infection Control</b>	<b>Harm Free Care</b>	<b>Obstetrics</b>	<b>Mortality &amp; Readmissions</b>	<b>Stroke Care &amp; Cardiology</b>
<p>The number of cases of C Diff reported during the month was 2, both at Sandwell. The number of cases for the month is within the trajectory of 3, and overall numbers to date (19) also remain within the trajectory of 22 for the period.</p>	<p>Overall Harm Free Care as assessed through the NHS Safety Thermometer indicates a level of Harm Free Care (95.7%), an improvement from the previous month (93.7%).</p>	<p>The overall Caesarean Section rate for October reduced to 25.4%, with Elective and Non-Elective rates 6.9% and 18.5% respectively. The overall rate for year to date is 25.7% compared with an operational threshold of 25.0%.</p>	<p>The Trust's HSMR for the most recent 12-month cumulative period is 80.4, which remains beneath that of the SHA Peer. Both City and Sandwell site HSMRs are beneath lower statistical confidence limits at 66.4 and 92.9 respectively.</p>	<p>Patients spending &gt;90% of their time on a stroke ward improved to 95.1% back over the 90% threshold. Admittance to a stroke unit within 4 hours remains below the 90% target at 82% for October. Stroke admission to thrombolysis time remains below the target of 85% at 75%</p>
<p>There were no cases of post-48 hour MRSA Bacteraemia reported during the month.</p>	<p>There were 96 falls in October exceeding the 67 per month allowance. 67 in Medicine(including 1 serious injury), 9 in surgery A and 20 in Community.</p>	<p>Data for Puerperal Sepsis and other puerperal infections is included in the report, aligned to CQC definitions.</p>	<p>Mortality rates for weekday and weekend, low risk diagnoses and CQC diagnosis groups are within or beneath statistical confidence limits.</p>	
<p>Both MRSA elective and non-elective screening are above the 80% target at 93.4% and 93.4% respectively.</p>	<p>There were 7 hospital acquired avoidable Grade 2, 3 or 4 pressure ulcers in September (6 in Medicine and 1 in Surgery A). 5 grade 2, 2 grade 3 and 0 grade 4.</p>		<p>During the most recent month for which complete data is available (August) the overall Trust performance for review of deaths within 42 days improved to 76.0%, from 72.0% during July, but remains beneath the trajectory for the month of 90.0%.</p>	<p>Primary Angioplasty (Door to balloon time &lt;90 minutes %) was 100% at both sites for October against an 90% target. Primary Angioplasty (Call to balloon time &gt;150 minutes %) was 80% at Sandwell and 100% at City against an 80% target. RACP percentage fell to 96.7% below the 98% target.</p>
	<p>There were 5 Open CAS Alerts reported at the end of October, however none were overdue at the end of the reporting period.</p>		<p>The Crude Mortality Rate expressed as a % (Deaths / Spells) by month and 12-month cumulative period is now included in the report. The monthly rate is showing an increasing trend over the last 4 months from 0.9% to 1.5%</p>	
<b>Cancer Care</b>	<b>Patient Experience - MSA &amp; Complaints</b>	<b>Patient Experience - Cancelled Operations</b>	<b>Emergency Care</b>	<b>Referral To Treatment</b>
<p>The Trust continues to meet, for month (September) and year to date all high level Cancer Treatment targets, and continues to compare well against national data.</p>	<p>There were 7 mixed sex accommodation breaches reported during the month of October - all relate to Cardiology at Sandwell.</p>	<p>Cancelled Operations increased to 0.9% during the month, but remains at 0.8% for the year to date. There were a total of 42 SitRep declared late cancellations reported during the period, of which there were 18 in Surgery A and 12 in Surgery B.</p>	<p>The Trust did not meet the 4-hour ED wait target during October with performance of 90.95% for the month. Performance for the year to date is 93.34%.(as of 26th Nov) November will fail to reach the 95% target putting Q3 attainment at risk.</p>	<p>RTT Admitted care is above the 90% target at 90.9% RTT non-admitted care fell below the 95% target at 94.4% the first time for 15 months. RTT incomplete pathway is just on target at 92%</p>
<p>2 Groups, Medicine and Surgery B failed to meet 93.0% operational threshold for the 2-week maximum cancer wait with performance for the month of 88.4% and 92.6% respectively.</p>	<p>The FFT Response Rate within ED remains stable at c.17%, but remains beneath the operational threshold of 20.0%.</p>		<p>Delayed Transfers of Care increased to 3.9% for the month, influenced by a rate of 4.8% at City.</p>	<p>3 Patients have waited greater than 52 weeks on the incomplete pathway (1 in Surgery A and 2 in Surgery B)</p>
<p>Medicine Group narrowly failed the 96.0% operational threshold for 31-day diagnosis to treatment target, with performance for the month of 95.0%.</p>	<p>The percentage of complaints exceeding the response date has risen to 68% from 57% in september. The oldest complaint is in Medicine and has been there 174 days</p>	<p>There were no breaches of the 28-day late cancelled operation guarantee reported during the month of October.</p>	<p>The proportion of patients admitted with a Fractured Neck of Femur who received an operation within 24 hours of admission during October fell to 67% (6 of 9 patients).</p>	<p>17 treatment functions underperformed against a trajectory of 4.</p>
<p>The 62-day urgent GP referral to treatment target of 85.0% was not met by Surgery A (81.5%) and Women &amp; Child Health (80.0%).</p>				<p>Diagnostic waits increased to 2.79% against a target of &lt;1.0%. Highest percentage for 15 months</p>
<b>Data Completeness</b>	<b>Staff</b>	<b>CQUIN</b>	<b>External Assessment Frameworks</b>	
<p>The Healthcare and Social Care Information Centre (HSCIC) assess the percentage of Trust submitted records for A&amp;E, Inpatients and Outpatients to the Secondary Uses Service (SUS) for completeness of valid entries in mandatory fields. All three parameters are above target.</p>	<p>PDR overall compliance as at the end of October improved marginally to 81.41%. The range by Group is 73 - 90%. The Medical Appraisal and Revalidation Rate remains relatively stable at 84.4% (range by Group 76 - 100%).</p>	<p>In summary, no schemes are currently classified as failing, 19 are performing and 3 are classified as underperforming.</p>		
<p>The Trust's internal assessment of the completion of valid NHS Number Field within inpatient data sets remains below the 99.0% operational threshold, with actual performance (completeness) during October reported as 95.3%.</p>	<p>Mandatory Training reduced slightly at the end of October to 84.8% overall. The range by Group is 78 - 92%.</p>	<p>Underperforming schemes are the requirement to maintain / improve the Q1 response rate in inpatient areas, which has fallen from 45% in June, to 28% in October. This also impacts upon the requirement to deliver an inpatient FFT response rate of 40% during March 2015. Actions have been identified to achieve compliance with the Medication and Falls CQUIN which is currently not on track.</p>	<p>TDA Accountability Framework - Quality Scores for each of the 5 domains which comprise the framework are indicated in the main body of this report, with the areas of 'adverse' performance against each domain identified. The sum of the domain scores are used to derive the overall quality score which for the most recent period is 2 (1 is highest risk rating and 5 is lowest risk rating). The overall score is also influenced by the application of any override rules which may be applied, which during October related to ED 4-hour performance of less than 92.0%. The TDA have escalated SWBH to a level 3 from a level 4 this month.</p>	
<p>The Trust's internal assessment of the percentage of invalid fields completed in the SUS submission for Maternity records remains in excess of the operational threshold of =&lt;15.0%, with a value for October of 39.64%.</p>	<p>Sickness Absence - 4.41% for October. Range by Group is 3.7% to 9.9%.</p>	<p>To date three confirm and challenge meetings have been held with scheme leads, the most recent meeting being 29 October 2014.</p>		

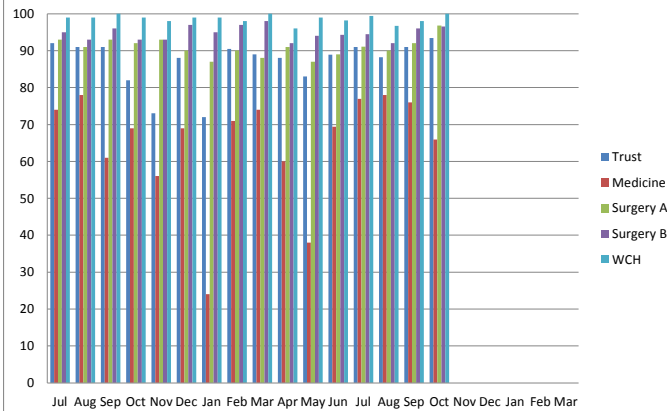
# Patient Safety - Infection Control

Data Source	Data Quality	PAF	Indicator	Trajectory	
				Year	Month
4			C. Difficile	37	3
4			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

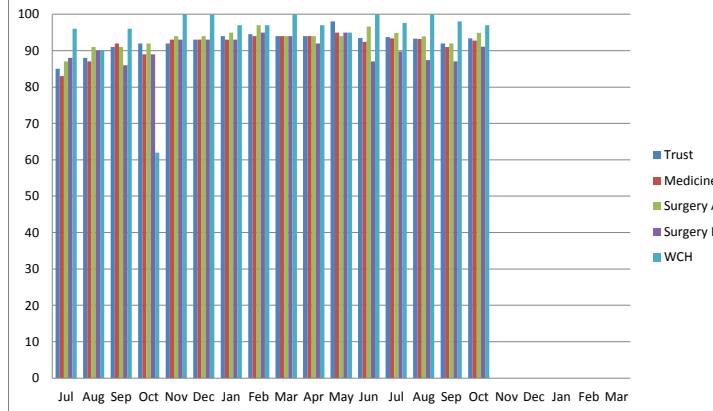
Previous Months Trend (since July 2013)											
J	A	S	O	N	D	J	F	M	A	M	J

Data Period	Group								Month	Year To Date	Trend	Next Month	3 Months
	M	A	B	W	P	I	C	CO					
Oct-14	2	0	0	0					2	19			
Oct-14	0	0	0	0					0	1			
Oct-14									0.0	4.6			
Oct-14									26.42	18.3			
Oct-14	66	96.8	997	100					93.4				
Oct-14	92.7	94.9	91.1	97					93.3				

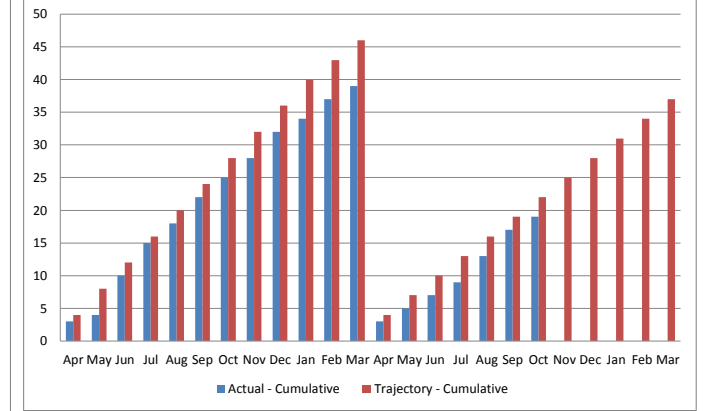
MRSA Screening - Elective



MRSA Screening - Non Elective



C Diff Infection since April 2013



# Patient Safety - Harm Free Care

Data Source	Data Quality	PAF	Indicator	Trajectory	
				Year	Month
8			Patient Safety Thermometer - Overall Harm Free Care (%)	=>95	=>95
8			Patient Safety Thermometer - Catheters & UTIs (%)		
8			Falls	804	67
9			Falls with a serious injury	0	0
8			Grade 2,3 or 4 Pressure Ulcers (hospital acquired avoidable)	0	0
3			Venous Thromboembolism (VTE) Assessments	95	95
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
9			Never Events	0	0
9			Medication Errors causing serious harm	0	0
9			Serious Incidents	0	0
9			Open Central Alert System (CAS) Alerts		
9			Open Central Alert System (CAS) Alerts beyond deadline date	0	0




















Previous Months Trend (since July 2013)																	
J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
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0.34	0.44	0.68	0.17	0.72	0.52	0.69	0.43	0.43	0.53	0.48	0.51	0.49	0.42	0.41	0.74		
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# Patient Safety - Obstetrics

Data Source	Data Quality	PAF	Indicator	Trajectory	
				Year	Month
3			Caesarean Section Rate - Total (%)	=<25.0	=<25.0
3		•	Caesarean Section Rate - Elective (%)		
3		•	Caesarean Section Rate - Non Elective (%)		
2		•d	Maternal Deaths	0	0
3			Post Partum Haemorrhage (>2000ml)	48	4
3			Admissions to Neonatal Intensive Care (%)	=<10.0	=<10.0
12			Adjusted Perinatal Mortality Rate (per 1000 babies)	<8.0	<8.0
12			Early Booking Assessment (<12 + 6 weeks) (%) - SWBH Specific	=>90.0	=>90.0
12			Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=>90.0	=>90.0
2			Breast Feeding Initiation (Quarterly) (%)	=>77.0	=>77.0
2		•	Puerperal Sepsis and other puerperal infections (variation 1) (%)		
2		•	Puerperal Sepsis and other puerperal infections (variation 2) (%)		
2		•	Puerperal Sepsis and other puerperal infections (variation 3) (%)		

Previous Months Trend (since July 2013)																									
J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D								
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15	15	16	13	15	10	16	14	13	16	18	19	15	17	18	19										
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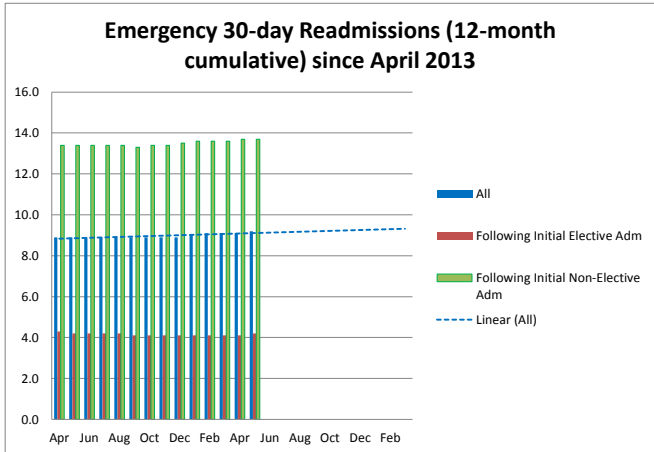
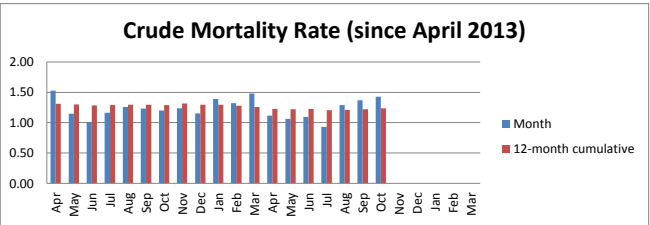
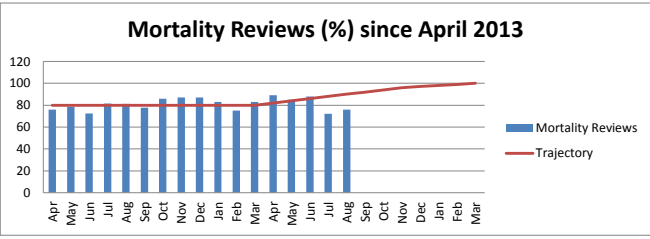
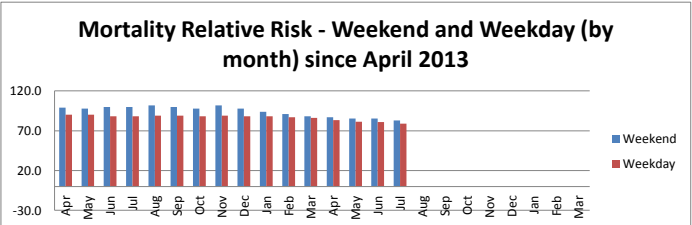
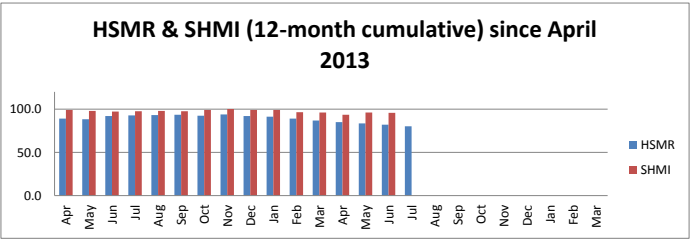
## Clinical Effectiveness - Mortality & Readmissions

Data Source	Data Quality	PAF	Indicator	Trajectory	
				Year	Month
5			Hospital Standardised Mortality Rate - Overall (12-month cumulative)	Below Upper CI	Below Upper CI
5			Hospital Standardised Mortality Rate - Weekday (12-month cumulative)	Below Upper CI	Below Upper CI
5			Hospital Standardised Mortality Rate - Weekend (12-month cumulative)	Below Upper CI	Below Upper CI
6			Summary Hospital-Level Mortality Index (12-month cumulative)	Below Upper CI	Below Upper CI
5			Deaths in Low Risk Diagnosis Groups	Below Upper CI	Below Upper CI
3			Mortality Reviews within 42 working days	100	=>90.0
3			Crude In-Hospital Mortality Rate (%) (Deaths / Spells) (by Month)		
3			Crude In-Hospital Mortality Rate (%) (Deaths / Spells) (12-month cumulative)		
5			Emergency Readmissions (within 30 days) - Overall (%) (12-month cumulative)		
5			Emergency Readmissions (within 30 days) - Following Initial Elective Admission (%) (12-month cumulative)		
5			Emergency Readmissions (within 30 days) - Following Initial Non Elective Admission (%) (12-month cumul.)		































































































































































































Previous Months Trend (since July 2013)																	
J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
93	93	94	93	94	92	91	89	87	85	84	82	80					
88	89	89	88	89	88	88	87	86	83	81	81	79					
100	102	100	98	102	98	94	91	88	87	85	85	83					
98	98	98	99	100	99	99	97	96	94	96	96						
●	●	●	●	●	●	●	●	●	●	●	●	●					
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●			
1.2	1.3	1.2	1.2	1.2	1.2	1.4	1.3	1.5	1.1	1.1	1.1	0.9	1.3	1.4	1.5		
1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.2	1.2	1.2	1.2	1.2	1.2	1.2		
8.9	8.9	8.9	8.9	8.9	8.9	9.0	9.1	9.1	9.1	9.2							
4.2	4.2	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.2							
13.4	13.4	13.3	13.4	13.4	13.5	13.6	13.6	13.6	13.7	13.7							

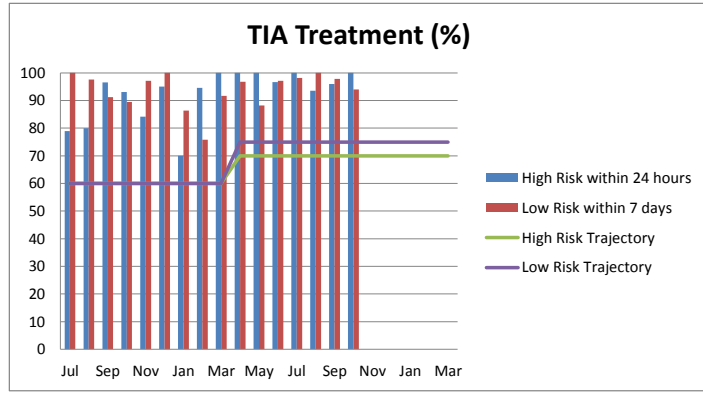
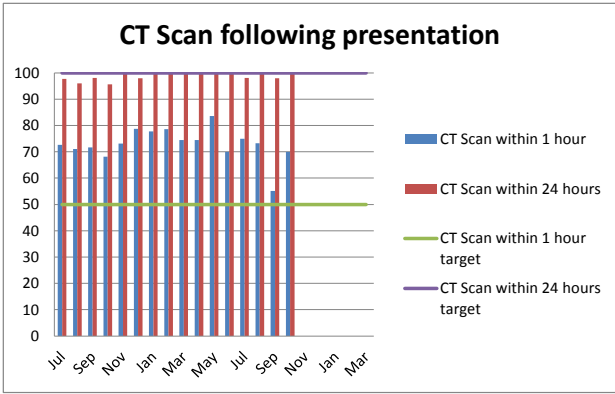
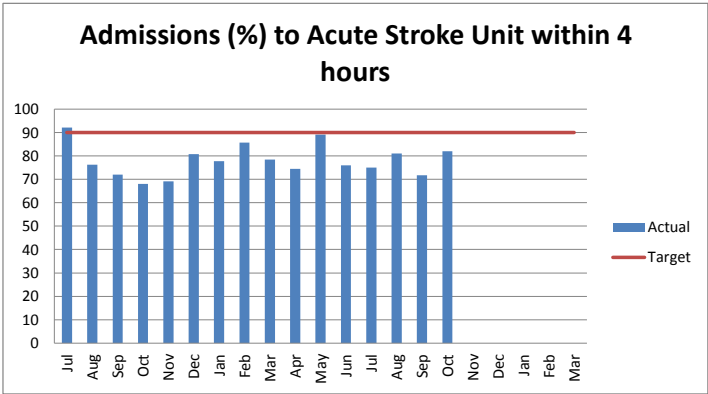
Data Period	Group								
	M	A	B	W	P	I	C	CO	
Jul-14									
Jul-14									
Jul-14									
Jun-14									
Jul-14									
Aug-14	79	82		100					
Oct-14									
Oct-14									
May-14									
May-14									
May-14									

Month	Year To Date	Trend	Next Month	3 Months
	80.4	●		
	79.1	●		
	82.8	●		
	95.9	●		
86.2		●		
76		●		
1.46				
1.24				
	9.2			
	4.2			
	13.7			




















## Clinical Effectiveness - Stroke Care & Cardiology

Data Source	Data Quality	PAF	Indicator	Trajectory		Previous Months Trend (since July 2013)																	Data Period	Month	Year To Date	Trend	Next Month	3 Months		
				Year	Month	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N							D	
3			Pts spending >90% stay on Acute Stroke Unit (%)	=>90.0	=>90.0																				Oct-14	95.1	89.5			
3			Pts admitted to Acute Stroke Unit within 4 hrs (%)	=>90.0	=>90.0																			Oct-14	82.0	79.0				
3			Pts receiving CT Scan within 1 hr of presentation (%)	=>50.0	=>50.0																			Oct-14	70.0	71.2				
3			Pts receiving CT Scan within 24 hrs of presentation (%)	100	100																				Oct-14	100.0	99.7			
3			Stroke Admission to Thrombolysis Time (% within 60 mins)	=>85.0	=>85.0																			Oct-14	75.0	83.0				
3			Stroke Admissions - Swallowing assessments (<24h) (%)	=>98.0	=>98.0																			Oct-14	100.0	100.0				
3			TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=>70.0	=>70.0																			Oct-14	100.0	97.6				
3			TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=>75.0	=>75.0																			Oct-14	94.0	96.1				
9			Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=>80.0	=>80.0																			Oct-14	100.0					
9			Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=>80.0	=>80.0																			Oct-14	80 (\$) 100 city					
9			Rapid Access Chest Pain - seen within 14 days (%)	=>98.0	=>98.0																			Oct-14	96.7	98.5				

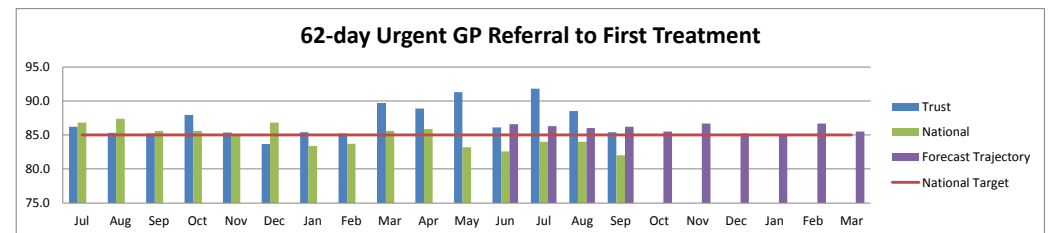
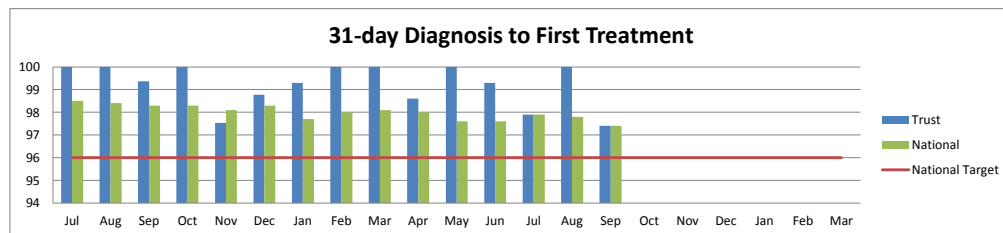
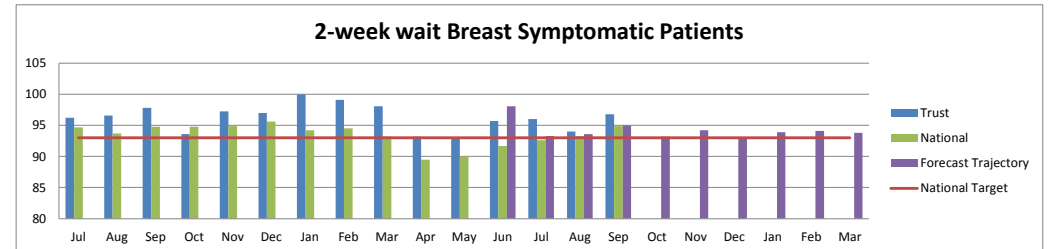
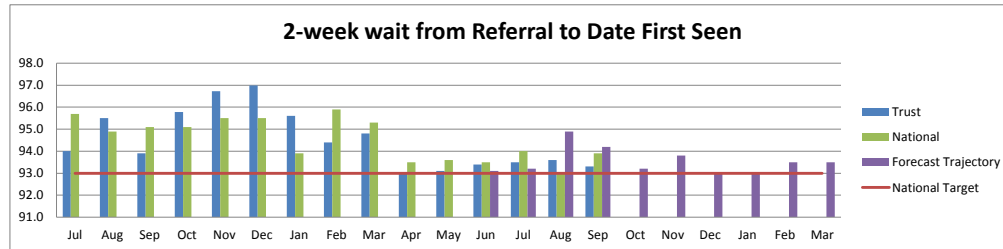


## Clinical Effectiveness - Cancer Care

Data Source	Data Quality	PAF	Indicator	Trajectory	
				Year	Month
1			2 weeks	=>93.0	=>93.0
1			2 weeks (Breast Symptomatic)	=>93.0	=>93.0
1			31 Day (diagnosis to treatment)	=>96.0	=>96.0
1			31 Day (second/subsequent treatment - surgery)	=>94.0	=>94.0
1			31 Day (second/subsequent treatment - drug)	=>98.0	=>98.0
1			31 Day (second/subsequent treat - radiotherapy)	=>94.0	=>94.0
1			62 Day (urgent GP referral to treatment)	=>85.0	=>85.0
1			62 Day (referral to treat from screening)	=>90.0	=>90.0
1			62 Day (referral to treat from hosp specialist)	=>90.0	=>90.0

[illegible]

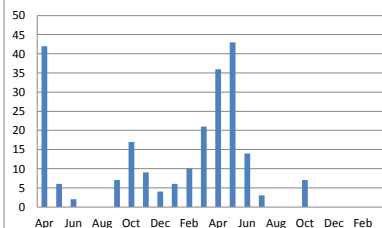
Data Period	Group								Month	Year To Date	Trend	Next Month	3 Months
	M	A	B	W	P	I	C	CO					
Sep-14	88.4	96.2	92.6	95.2					93.3	93.3	●		
Sep-14		96.8							96.8	95.1	●		
Sep-14	95	99		96					97.4	98.8	●		
Sep-14									95.8	98.2	●		
Sep-14									100	100	●		
Sep-14											●		
Sep-14	100	81.5		80.0					85.4	88.6	●		
Sep-14		93.3							93.3	98.2	●		
Sep-14	75			100					90.0	95.9	●		



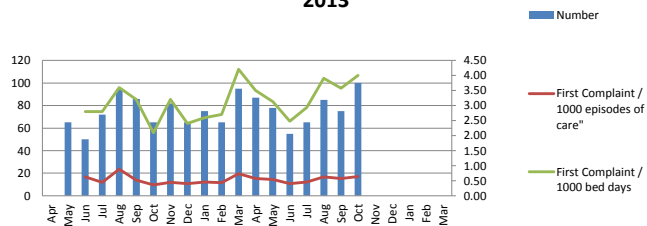
# Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Data Quality	PAF	Indicator	Trajectory		Previous Months Trend (since July 2013)																Data Period	Group								Month	Year To Date	Trend	Next Month	3 Months	
				Year	Month	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		N	D	M	A	B	W	P	I						C
8		•b•	FFT Response Rate - Inpatients	=>30.0	=>30.0	35	31	19	29	31	29	31	34	36	36	44	45	41	32	31	28		Oct-14									28.0		●		
8		•a•	FFT Score - Inpatients	=>60.0	=>60.0	68	37	72	71	70	73	71	75	73	74	74	70	73	76	74	73		Oct-14									73.0		●		
8		•b•	FFT Response Rate Emergency Department	=>20.0	=>20.0	5	5.3	12	21	17	15	15	16	15	15	16	16	16	17	17	17		Oct-14	17								17.0		●		
8		•a•	FFT Score - Emergency Department	=>46.0	=>46.0	49	50	51	46	47	44	47	48	48	47	49	48	47	49	47	48		Oct-14	48								48.0		●		
13		•a	Mixed Sex Accommodation Breaches	0	0	0	0	7	17	9	4	6	10	21	36	43	14	3	0	0	7		Oct-14	7	0	0	0		0	0		7	103	●		
9		●	No. of Complaints Received (formal and link)			72	94	56	65	52	65	75	65	95	87	78	55	65	85	75	100		Oct-14	48	13	12	8	3	4	5	7	100	545			
9			No. of Active Complaints in the System (formal and link)			272	254	238	201	201	190	188	188	210	194	245	270	219	258	282	324		Oct-14	156	57	37	29	6	8	10	21	324				
9		•a	No. of First Formal Complaints received / 1000 bed days			2.8	3.6	3.2	2.1	3.2	2.4	2.6	2.7	4.2	3.5	3.1	2.5	2.9	3.9	3.6	4.0		Oct-14	3.7	2.2	17.7	1.7					4.00	3.26			
9			No. of First Formal Complaints received / 1000 episodes of care			0.5	0.9	0.5	0.4	0.5	0.4	0.5	0.4	0.7	0.6	0.5	0.4	0.5	0.6	0.6	0.6		Oct-14	1.1	1.3	0.6	0.3			0.1		0.64	0.56			
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	100	100	94	97	75	97	99	98	97	95	99	100	100	100	98.5	99	100	99		Oct-14	100	100	100	100	100	100	75	100	99		●		
9			No. of responses which have exceeded their original agreed response date (% of total active complaints)	0	0	36	25	22	33	29	20	35	53	41	33	51	68	52	46	57	68		Oct-14	62	70	67	65	50	50	60	57	68		●		
9			No. of responses sent out			128	73	78	109	59	79	81	58	67	117	30	4	138	66	42	35		Oct-14	9	4	7	5	0	1	2	7	35				
9			Oldest complaint currently in system (days)			165	147	150	107	174	91	112	118	127	104	124	145	127	133	131	174		Oct-14	174	133	63	104	92	76	64	106	174				
14		•e•	Access to healthcare for people with Learning Disability (full compliance)	Yes	Yes	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		Oct-14	Y	Y	Y	Y	Y	Y	Y	Y	Yes		●		

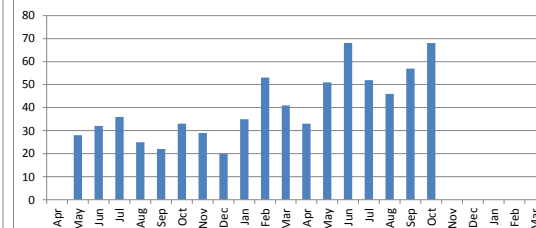
MSA Breaches by Month since April 2013



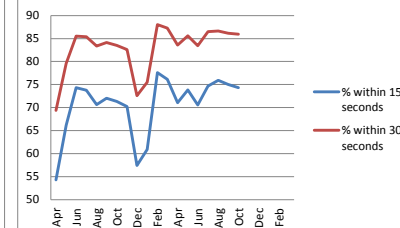
Complaints - Number and Rate by Month since April 2013



Responses (%) exceeding original agreed response date since April 2013



Telephone Exchange Call Answering since April 2013





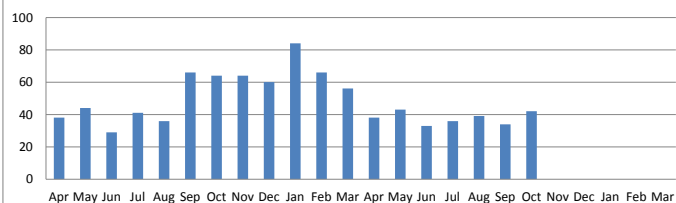
# Patient Experience - Cancelled Operations

Data Source	Data Quality	PAF	Indicator	Trajectory	
				Year	Month
2			Elective Admissions Cancelled at last minute for non-clinical reasons (%)	=<0.8	=<0.8
2			28 day breaches	0	0
2			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

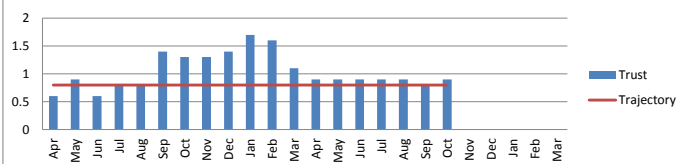
Previous Months Trend (since July 2013)													
J	A	S	O	N	D	J	F	M	A	M	J	J	A
1	0	0	0	0	0	0	0	1	1	1	0	0	1
41	36	66	64	64	60	84	66	56	38	43	33	36	39
2	9	10	7	5	7	13	13	0	0	1	0	0	0
12	19	14	12	13	13	13	13	11	12	7	10	12	11
6	5	6	6	6	5	8	6	6	5	6	5	6	7

Data Period	Group								Month	Year To Date	Trend	Next Month	3 Months
	M	A	B	W	P	I	C	CO					
Oct-14	0.25	1.54	1.05	2.26					0.9	0.8			
Oct-14	0	0	0	0					0	3			
Oct-14	0	0	0	0					0	0			
Oct-14	5	18	12	7					42	263			
Oct-14	0	0	0	0					0	1			
Oct-14	6.1	12.7	11.8	4.5					10.5				
Oct-14	2.3	11	7.6	9.4					6.4				
Oct-14	57	75	72	77					72				

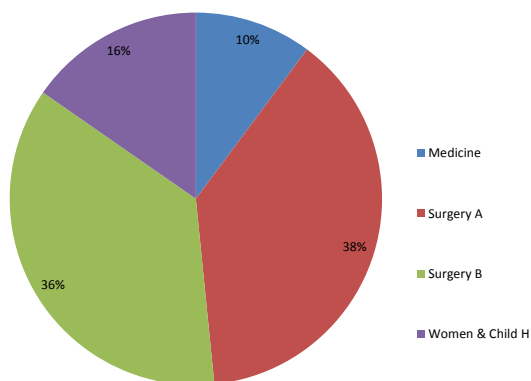
SitRep Late Cancellations by Month since April 2013



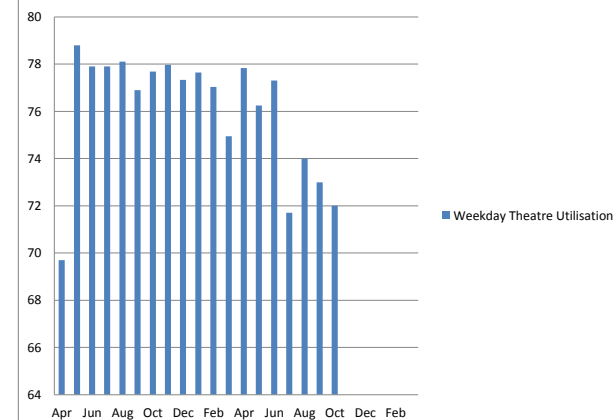
Elective Admissions Cancelled at Last Minute for Non-Clinical Reasons (%)



SitRep Late Cancellations by Group (Apr 2013 onwards)



Weekday Theatre Utilisation (%) - Scheduled Sessions

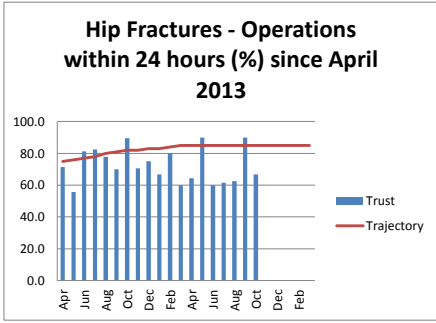
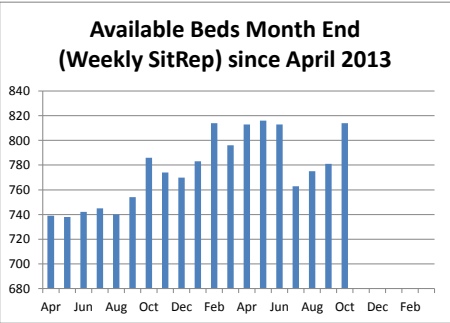
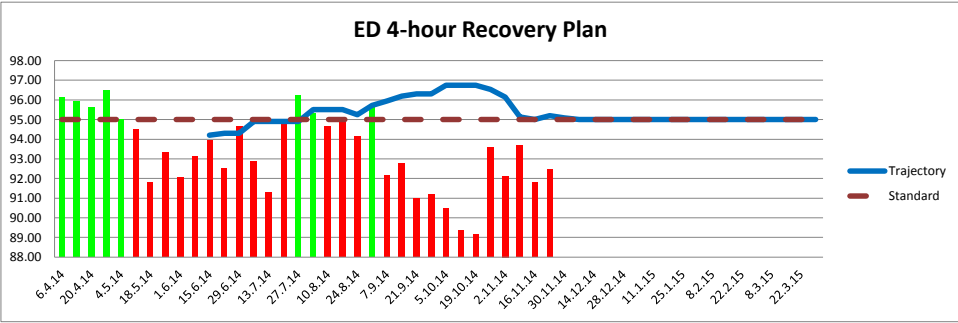


## Access To Emergency Care & Patient Flow

Data Source	Data Quality	PAF	Indicator	Trajectory	
				Year	Month
2			Emergency Care 4-hour waits (%)	=>95.0	=>95.0
2			Emergency Care 4-hour breach (numbers)		
2			Emergency Care Trolley Waits >12 hours	0	0
3			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	=<15 mins	=<15 mins
3			Emergency Care Timeliness - Time to Treatment in Department (median)	=<60 mins	=<60 mins
3			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	=<5.0	=<5.0
3			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	=<5.0	=<5.0
11			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	0	0
11			WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	0	0
11			WMAS - Handover Delays > 60 mins (% all emergency conveyances)	=<0.02	=<0.02
11			WMAS - Emergency Conveyances (total)		
2			Delayed Transfers of Care (Acute) (%)	=<3.5	=<3.5
2			Delayed Transfers of Care (Acute) (Av./Week)	<10 per site	<10 per site
2			Patient Bed Moves (10pm - 8am) (No.) -ALL		
2			Patient Bed Moves (10pm - 8am) (No.) - exc. Assessment Units		
3			Hip Fractures - Operation < 24 hours of admission (%)	=>85.0	=>85.0

Previous Months Trend (since July 2013)																	
J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
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									741	1210	1277	1122	876	1460	1636		
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Data Period	Unit			Month	Year To Date	Trend	Next Month	3 Months
	S	C	B					
Oct-14	90.7	89.0	99.8	90.95	93.44	<span style="color: red;">●</span>		
Oct-14	679	952	5	1636	8322			
Oct-14	0	0	0	0	0	<span style="color: green;">●</span>		
Oct-14	16	19	14	17	17	<span style="color: red;">●</span>		
Oct-14	55	65	21	53	51	<span style="color: green;">●</span>		
Oct-14	6.63	7.47	2.46	6.48	6.72	<span style="color: red;">●</span>		
Oct-14	3.71	5.73	1.70	4.4	4.1	<span style="color: green;">●</span>		
Oct-14	114	105		219	931	<span style="color: red;">●</span>		
Oct-14	8	13		21	72	<span style="color: red;">●</span>		
Oct-14	0.44	0.55		0.50	0.25	<span style="color: red;">●</span>		
Oct-14	1815	2378		4193	28896			
Oct-14	3.3	4.8		3.9	3.8	<span style="color: orange;">●</span>		
Oct-14	9	8		17		<span style="color: green;">●</span>		
Oct-14				709	4973			
Oct-14				337	2251			
Oct-14				66.7	65.6	<span style="color: red;">●</span>		

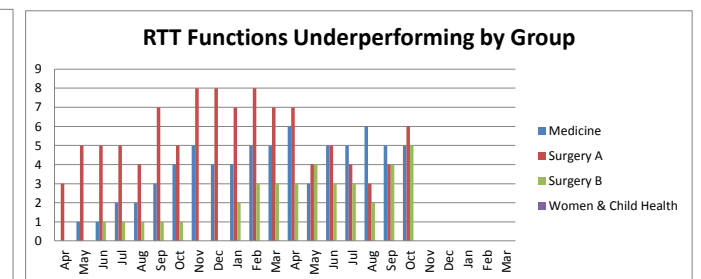
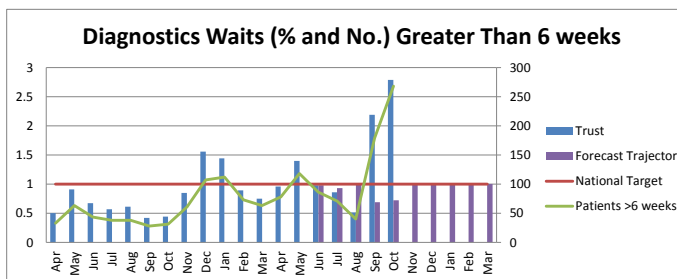
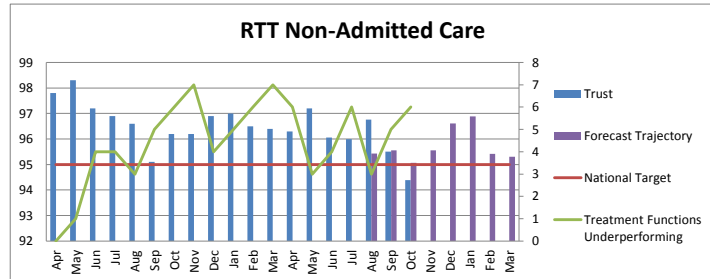
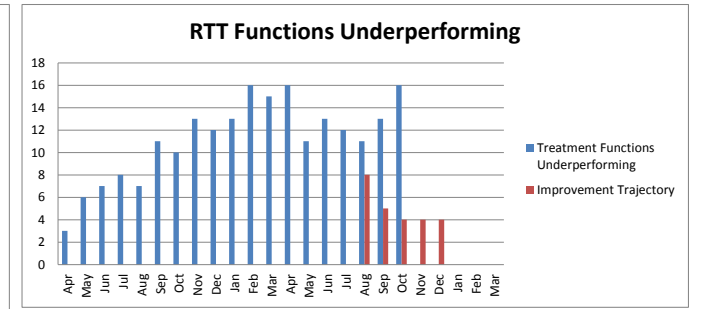
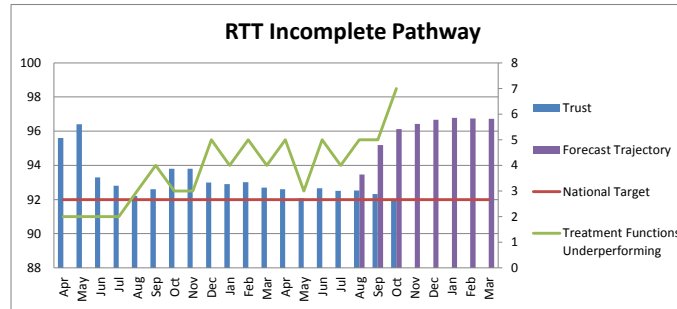
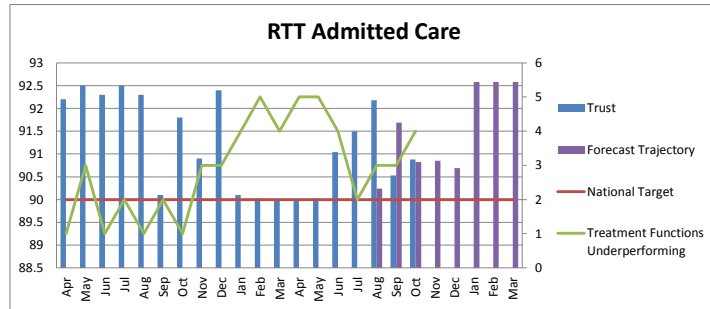


# Referral To Treatment

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

Previous Months Trend (since July 2013)											
J	A	S	O	N	D	J	F	M	A	M	J
●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●
57	29	20	66	36	12	3	1	1	1	2	3
8	7	11	10	13	12	13	16	15	16	11	13
●	●	●	●	●	●	●	●	●	●	●	●


Data Period	Group								Month	Year To Date	Trend	Next Month	3 Months
	M	A	B	W	P	I	C	CO					
Oct-14	94.8	83.6	89.6	95.9					90.88		●		
Oct-14	92.6	91.7	95.0	98.7					94.39		●		
Oct-14	90.3	90.0	94.5	98.4					92.00		●		
Oct-14	0	1	2	0					3		●		
Oct-14	5	6	5	0					17		●		
Oct-14	11.2	3.2	21.3	0.0		0.5			2.79		●		



# Data Completeness

Data Source	Data Quality	PAF	Indicator	Trajectory		Previous Months Trend (since July 2013)																								Data Period	Group								Month	Year To Date	Trend	Next Month	3 Months					
				Year	Month	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	M	A	B	W	P	I	C	CO																	
14			Data Completeness Community Services	=>50.0	=>50.0																																											
2			Percentage SUS Records for AE with valid entries in mandatory fields - <b>provided by HSCIC</b>	=>99.0	=>99.0																																											
2			Percentage SUS Records for IP care with valid entries in mandatory fields - <b>provided by HSCIC</b>	=>99.0	=>99.0																																											
2			Percentage SUS Records for OP care with valid entries in mandatory fields - <b>provided by HSCIC</b>	=>99.0	=>99.0																																											
2			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=>99.0	=>99.0																																											
2			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=>99.0	=>99.0																																											
2			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=>95.0	=>95.0																																											
2			Ethnicity Coding - percentage of inpatients with recorded response	=>90.0	=>90.0																																											
2			Data Quality of Trust Returns to the HSCIC ( <b>provided by TDA</b> )	=>96.0	=>96.0																																											
2			Maternity - Percentage of invalid fields completed in SUS submission	=<15.0	=<15.0																																											

## Staff

Data Source	Data Quality	PAF	Indicator	Trajectory	
				Year	Month
7			WTE - Actual versus Plan (FTE)		
3			PDRs - 12 month rolling	=>95.0	=>95.0
7			Medical Appraisal and Revalidation	=>95.0	=>95.0
3			Sickness Absence	=<3.15	=<3.15
3			Mandatory Training	=>95.0	=>95.0
3			Mandatory Training - Health & Safety (% staff)	=>95.0	=>95.0
7			Staff Turnover (rolling 12 months) (%)	=<10.0	=<10.0
7			New Investigations in Month		
7			Vacancy Time to Fill (weeks)		
7			Professional Registration Lapses	0	0
7			Qualified Nursing Variance (FIMS) (FTE)		
10			Nurse Bank Fill Rate		
10			Nurse Bank Use (shifts)	46980	3915
10			Nurse Agency Use (shifts)	0	0
10			Admin & Clerical Bank Use (shifts)	0	0
10			Admin & Clerical Agency Use (shifts)	0	0
15			Your Voice - Response Rate		
15			Your Voice - Overall Score		

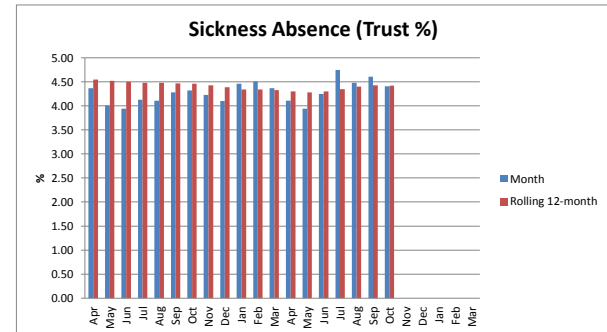
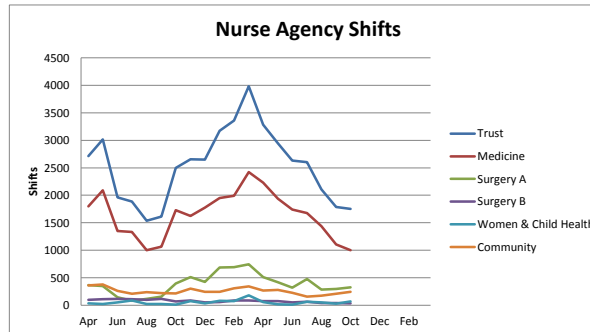
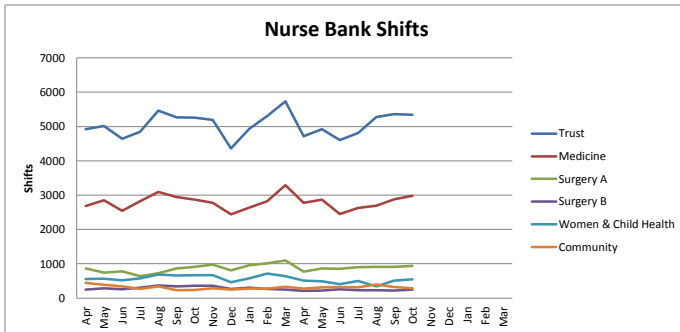
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Group							
M	A	B	W	P	I	C	CC
166	71	30	60	25	16	67	19
83	82	90	88	87	75	90	73
86	76	94	84	91	97		10
4.4	9.9	4.2	5.4	3.8	6.0	5.4	3.7
78	85	85	83	92	89	92	85
91	92	92	94	98	98	99	96
1	0	0	0	0	0	0	2
0	0	0	0	0	0	0	0
2985	935	247	551	0	16	283	32
1002	323	33	69	0	69	242	14
714	227	183	85	537	134	306	353
57	5	45	0	0	0	0	31
9	11	17	12	31	33	32	21
3.8	3.6	3.5	3.5	3.7	3.7	3.9	3.5

Month
628
4.41
12.11
3
20
0
187.7
77.6
5337
1752
5724
138

Year To Date
81.41
84.4
4.42
84.8
95.0
12.06
0
187.7
78.7
35020
17140
40486
874

Trend	Next Month	3 Months
●		
●		
●		
●		
●		
●		
●		
●		
●		
●		
●		



# CQUIN (I)

Data Source	Data Quality	PAF	Indicator	Trajectory		Previous Months Trend													Data Period	Group										Month	Year To Date	Trend	Next Month	3 Months																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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# CQUIN (II) and summary

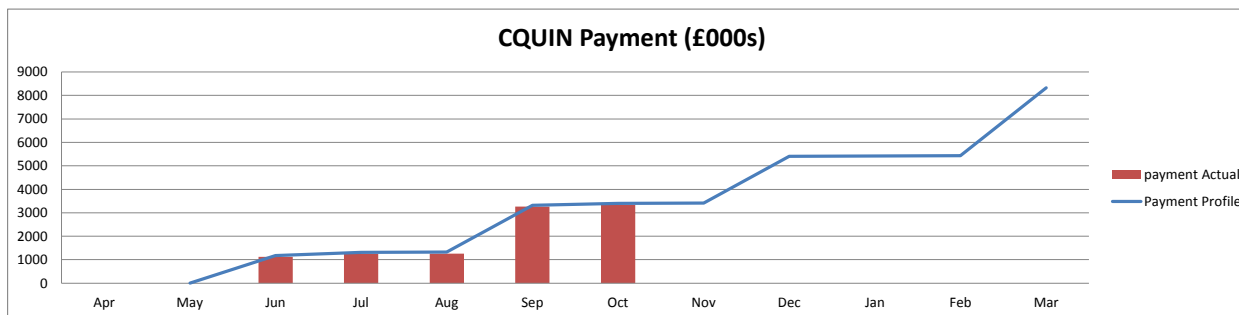
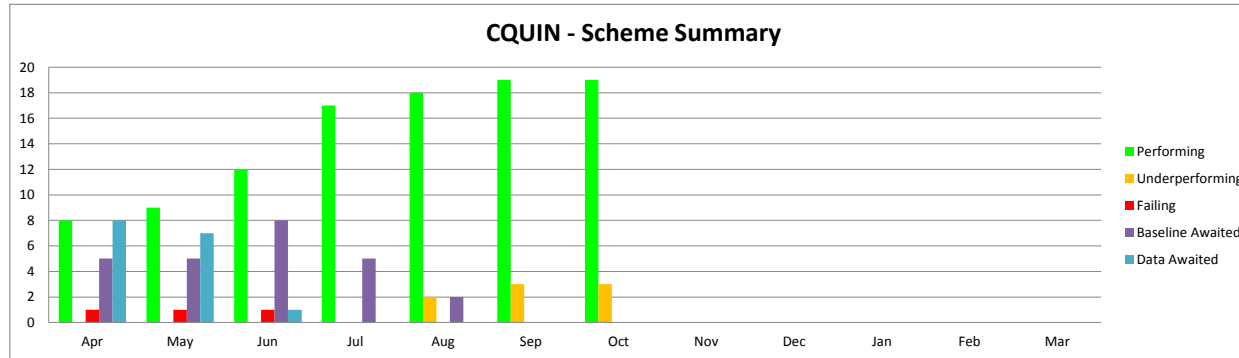
Data Source	Data Quality	PAF	Indicator	Trajectory	
				Year	Month
14			Community Therapies - Community Dietetics	Informed by base data	
12			Maternity - Low Risk Births	Quarterly audit / action plan	
16			Bechet's Disease	Submit Quarterly return	
17			HIV Home Delivery Medicines (% patients receiving)	70	
17			Retinopathy of Prematurity Screening (%)	95	
17			Timely Administration of TPN for preterm infants	95	

Previous Months Trend											
A	M	J	J	A	S	O	N	D	J	F	M
•		•	•	•	•						
•			•			•					
Met (Q1)	Met (Q2)	•									
Met (Q1)	Met (Q2)	•									
Met (Q1)	Met (Q2)	•									
Met (Q1)	Met (Q2)	•									

Data Period
Oct-14
Oct-14
Oct-14
Oct-14
Oct-14
Oct-14

Group							
M	A	B	W	P	I	C	CO

Month	Year To Date	Trend	Next Month	3 Months
On Track	On Track	•	•	•
On Track	On Track	•	•	•
On Track	Met (Q2)	•	•	•
On Track	Met (Q2)	•	•	•
On Track	Met (Q1)	•	•	•
On Track	Met (Q1)	•	•	•



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, 19 are performing and 3 are classified as underperforming.

Underperforming schemes are the Early Implementation of Patient FFT in OP / DC areas, where there may be a delay in its implementation. The national 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 was already being achieved until recently, this has however fallen back during the most recent two months. Actions have been identified to achieve compliance with the Medication and Falls CQUIN.

To date two confirm and challenge meetings have been held with scheme leads. A further meeting to ascertain progress is scheduled for 29 October 2014.

# External Assessment Frameworks

## TRUST DEVELOPMENT AUTHORITY (TDA) ACCOUNTABILITY FRAMEWORK - SUMMARY

		Sep	Oct	Nov	Dec	Jan	Feb	Mar
QUALITY SCORE		2	2					
Domain								
Responsiveness	Initial Score	5	5					
	Override Rules Applied	Yes	Yes					
	Revised Score	2	2					
	Indicators Not Achieving TDA Standard	28-day canc. Op. ED 4-hours Diagnostic Waits	ED 4-hours DTCOC Diagnostic Waits					
Effectiveness	Initial Score	5	5					
	Override Rules Applied	No	No					
	Revised Score	5	5					
	Indicators Not Achieving TDA Standard							
Safe	Initial Score	4	5					
	Override Rules Applied	No	No					
	Revised Score	4	5					
	Indicators Not Achieving TDA Standard	Harm Free Care MRSA Bact.						
Caring	Initial Score	5	5					
	Override Rules Applied	No	No					
	Revised Score	5	5					
	Indicators Not Achieving TDA Standard		MSA Breaches					
Well Led	Initial Score	3	2					
	Override Rules Applied	No	No					
	Revised Score	3	2					
	Indicators Not Achieving TDA Standard	ED FFT Resp. Rate DQ Returns to HSCIC Temp. Staff Costs	IP FFT Resp. Rate ED FFT Resp. Rate DQ Returns to HSCIC Temp. Staff Costs					
FINANCE SCORE		AMBER						

### Override Rules

Metric	Override Rule	Domain	Domain Score Affected
RTT - Admitted	Below 90%	Responsiveness	Yes
Accident & Emergency	Between 92% and 95%	Responsiveness	Yes
Accident & Emergency	Below 92%	Responsiveness	Yes
Cancer 62-day Standard	Below 85%	Responsiveness	Yes
HSMR or SHM	High Outlier for 1 Quarter	Effectiveness	Yes
HSMR or SHM	High Outlier for 1 Quarter	Effectiveness	Yes
HSMR or SHM	High Outlier for 2 Quarters or more	Effectiveness	Yes
HSMR or SHM	High Outlier for 1 Year or more	Effectiveness	Yes
HSMR and / or SHM	High Outlier for 2 Years	Effectiveness	Yes

## MONITOR RISK ASSESSMENT FRAMEWORK - SUMMARY

		Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Indicators Achieving Monitor Standard	14						
	Indicators Not Achieving Monitor Standard	1						
	ED 4-hours							
GOVERNANCE RATING		1.0						

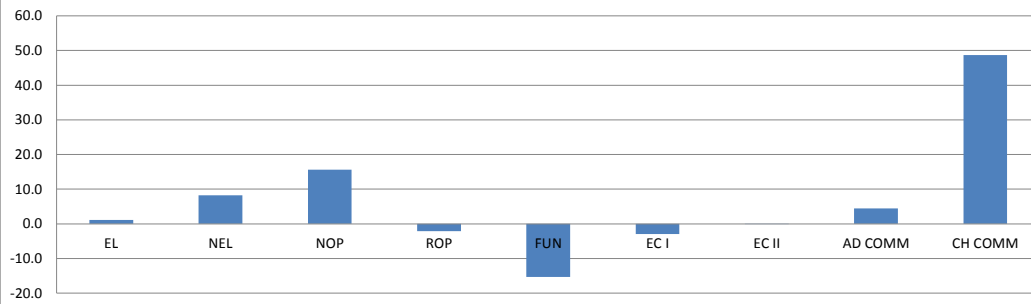
PLEASE NOTE:

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

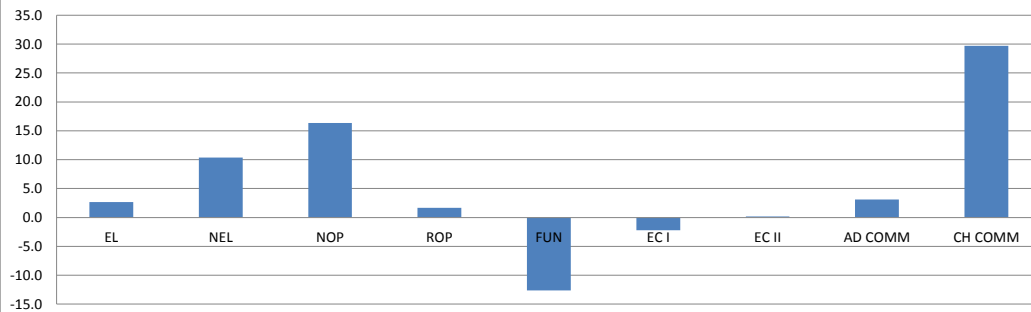


# Activity Summary

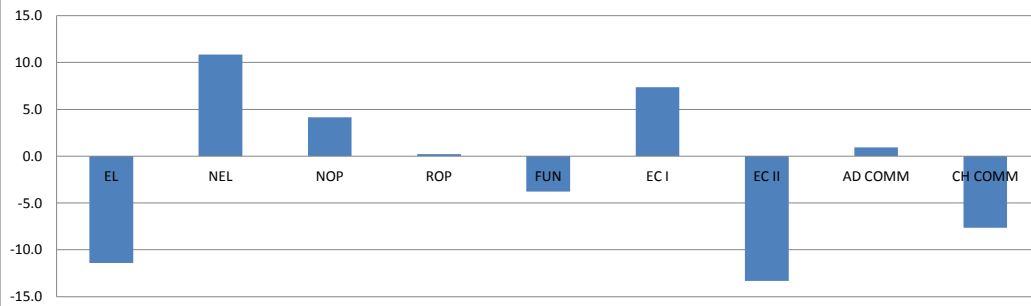
Month



Year To Date




















Year On Year



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 slightly off plan for the month by 1.2%, but remains ahead of plan for the year to date by 2.7%. Non-Elective activity during the month is 8.2% greater than plan, is 10.4% higher than plan for the year to date, and 10.8% higher than the corresponding period last year. New outpatient attendance numbers are ahead of plan by 16.4% for the year to date. With OP Review attendances 1.7% above plan for the year to date, the Follow-Up to New OP Ratio for the period to date is 2.20, compared with a plan derived from contracted activity of 2.52. Type I Emergency Care activity for the month is 2.9% down on plan, and is 2.2% less than plan for the year to date, although remains in excess of activity delivered for the corresponding period last year, due to the inclusion within plan of GP Triage Activity. Type II activity is on plan for the month, and essentially on plan for the year to date. Adult Community and Child Community activity exceeds plans for the year to date by 4.5% and 48.6% respectively, although the latter is 7.6% less than the corresponding period last year, due to the transfer of School Health Nursing to another provider.

## Finance Summary

Data Source	Data Quality	PAF	Indicator	Trajectory	
				Year	Month
18			Bottom Line Income & Expenditure position - Forecast compared to plan £m	£0.0	
18			Bottom Line Income & Expenditure position - Year to Date Actual compared to plan £m	£0.0	£0.0
18			Actual efficiency recurring / non-recurring compared to plan - Year to Date actual compared to plan	£0.0	£0.0
18			Actual efficiency recurring / non-recurring compared to plan - Forecast compared to plan	£0.0	
18			Forecast underlying surplus / deficit compared to plan	£0.0	
18			Forecast year end charge to capital resource limit	£21.3	
18			Is the Trust forecasting permanent PDC for liquidity purposes?	No	
18			Temporary costs and overtime as % total payroll	2.6%	2.6%
18			Continuity of Service Risk Rating - Year to Date	2.5	

[illegible]

Data Period	Group								Month	Year To Date	Trend	Next Month	3 Months
	M	A	B	W	P	I	C	CO					
Oct-14									£0.0				
Oct-14	-2.5	-1.4	-1.4	-0.9	0.2	-1.0	0.3	-0.1		-£1.7			
Oct-14	-0.8	-0.5	-0.5	-0.5	-0.4	-0.4	-0.3	-0.3		-£3.6			
Oct-14	-1.1	-0.9	-1.2	-1.1	-0.9	-0.6	-0.4	-0.8		-£7.0			
Oct-14										-£0.1			
Oct-14									£22,826m				
Oct-14									No				
Oct-14	9.6%	3.9%	1.8%	1.5%	0.0%	1.9%	1.9%	1.1%	3.1%	4.0%			
Oct-14										3.0			

Contractual Requirements - Operational Standards (OS) / National Quality Requirements (NQR)	
1	1.1
2	2.1
3	3.1
4	4.1
5	5.1
6	6.1
7	7.1
8	8.1
9	9.1
10	10.1
11	11.1
12	12.1
13	13.1
14	14.1
15	15.1
16	16.1
17	17.1
18	18.1
19	19.1
20	20.1
21	21.1
22	22.1
23	23.1
24	24.1
25	25.1
26	26.1
27	27.1
28	28.1
29	29.1
30	30.1
31	31.1
32	32.1
33	33.1
34	34.1
35	35.1
36	36.1
37	37.1
38	38.1
39	39.1
40	40.1
41	41.1
42	42.1
43	43.1
44	44.1
45	45.1
46	46.1
47	47.1
48	48.1
49	49.1
50	50.1
51	51.1
52	52.1
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85	85.1
86	86.1
87	87.1
88	88.1
89	89.1
90	90.1
91	91.1
92	92.1
93	93.1
94	94.1
95	95.1
96	96.1
97	97.1
98	98.1
99	99.1
100	100.1

[illegible]

[illegible][illegible]

Contractual Requirements - CQUIN (CQ)	
1	Contractual Requirements - CQUIN (CQ)

Data Source	Data Quality	Req	Indicator	Value (E000s)	Threshold	QUARTER 1 (E000s)										QUARTER 2 (E000s)										OCTOBER (E000s)										NOVEMBER (E000s)										YEAR TO DATE (E000s)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
						M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	G	CO	ALL	M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	G	CO	ALL	M	A	B	W	P	I	G	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	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 / DC 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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
8		CQ	FFT - Increase and / or Maintain Response Rate in ED areas	33.5	>Q1 rate	0.0								0.0	0.0									0.0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
8		CQ	FFT - Increase and / or Maintain Response Rate in IP areas	33.5	>Q1 rate	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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
8		CQ	NHS Safety Thermometer - Reduction in Prevalence of Pressure Ulcers	42	50% reduction	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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											

Contractual Requirements - Outcome Thermometer (OT) Incentive Scheme	
1	Contractual Requirements - Outcome Thermometer (OT) Incentive Scheme

ALL
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# Contractual Requirements - Price Activity Matrix (PAM)

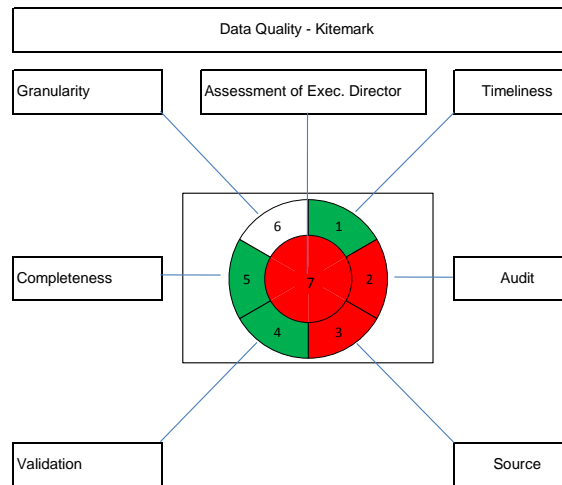
Data Source	Data Quality	Req	Indicator	Value (£000s)	Threshold	QUARTER 1 (£000s)										JULY (£000s)										AUGUST (£000s)										SEPTEMBER (£000s)										YEAR TO DATE (£000s)									
						M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL					
2		PAM	Elective (IP and DC)	52721	Contract Plan	48	75	-62	-26	2	0			37	51	-25	32	-32	1	-1			26	30	5	11	-33	3	-1			15	35	26	48	-18	6	0			97	164	81	29	-109	12	-2			175					
2		PAM	Non-Elective	82299	Contract Plan	152	-21	-45	-2					84	24	66	-4	-27					59	19	31	2	26					78	142	15	-42	10					125	337	91	-89	7					346					
2		PAM	Excess Bed Days	20352	Contract Plan	74	25	-21	-60					18	23	8	-8	-23					0	11	-4	-10	3					0	78	-16	0	-24					38	186	13	-39	-104					56					
2		PAM	Accident & Emergency	20352	Contract Plan	-11		-86						-97	9		-25						-16	10		-19						-9	18		-24						-6	26		-154					-128						
2		PAM	Outpatient New	26337	Contract Plan	23	5	-81	-36	-3	0	0		-92	-10	-6	-39	-15	-1	0	0		-71	-10	-4	-30	-16	0	0	0		-60	36	16	-24	-7	0	0	0		21	39	11	-174	-74	-4	0	0	-202						
2		PAM	Outpatient Review	33208	Contract Plan	44	-30	-81	-27	-1	0	-1		-96	5	-6	-30	-8	1	0		-1	-39	-18	-10	-29	-13	1	0	0		-69	24	-8	108	-8	2	0	-1		117	55	-54	-32	-56	3	0	-3		-87					
2		PAM	Outpatient with Procedure	7336	Contract Plan	-22	44	-138	12					-104	15	20	-56	8					-13	5	14	-51	3					-29	4	19	-48	11					-14	2	97	-293	34					-160					
2		PAM	Outpatient Telephone Conversation	196	Contract Plan	3	0							3	1	0							1	1	0							1	1	0							1	6	0						6						
2		PAM	Maternity	14219	Contract Plan				72					72				129					129				73					73				98					98				372					372					
2		PAM	Occupied Cot Days	6000	Contract Plan				18					18				-16					-16				-49					-49				-52					-52				-99					-99					
2		PAM	Unbundled Activity	9520	Contract Plan	28	1	-8	6	0	0			27	59	1	1	1	0	0			62	98	0	4	1	0	0			103	28	-14	-1	1	0	0			14	213	-12	-4	9	0	0			206					
2		PAM	Other Contract Lines	89552	Contract Plan	119	-6	331	11	-8	-78	0		369	229	4	98	-86	-4	-11	0		230	185	1	62	29	-12	-41	0		224	5	2	12	17	3	-29	0		10	538	1	503	-29	-21	-159	0		833					
2		PAM	Community	36003	Contract Plan	0	0		-8		0	0		-8	0	0		-4		0	4		0	0	0	0		-4		0	1		-3	0	0		-4		0	-1		-5	0	0		-20		0	4		-16				
			ALL			458	93	-191	-40	-10	-78	-1	0	231	406	62	-31	-73	-3	-12	3	0	352	331	33	-60	20	-8	-42	1	0	275	371	40	29	24	11	-29	-2	0	444	###	228	-253	-69	-10	-161	1	0	###					

# Legend

Data Sources	
1	Cancer Services
2	Information Department
3	Clinical Data Archive
4	Microbiology Informatics
5	Dr Foster
6	Healthcare Evaluation Data (HED) Tool
7	Workforce Directorate
8	Nursing and Facilities Directorate
9	Governance Directorate
10	Nurse Bank
11	West Midlands Ambulance Service
12	Obstetric Department
13	Operations Directorate
14	Community and Therapies Group
15	Strategy Directorate
16	Surgery B
17	Women & Child Health
18	Finance Directorate
19	Medicine & Emergency Care Group

Indicators which comprise the External Performance Assessment Frameworks	
●	NHS TDA Accountability Framework
a	Caring
b	Well-led
c	Effective
d	Safe
e	Responsive
f	Finance
●	Monitor Risk Assessment Framework
●	CQC Intelligent Monitoring

Groups	
M	Medicine & Emergency Care
A	Surgery A
B	Surgery B
W	Women & Child Health
P	Pathology
I	Imaging
C	Community & Therapies
CO	Corporate



Each outer segment of indicator is colour coded on kitemark to signify strength of indicator relative to the dimension, with following key:

Red	Insufficient
Green	Sufficient
White	Not Yet Assessed

The centre of the indicator is colour coded as follows:

Red / Green	As assessed by Executive Director
White	Awaiting assessment by Executive Director

If segment 2 of the Kitemark is Blank this indicates that a formal audit of this indicator has not yet taken place



# Medicine Group

Indicator	Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		F	M	EC					
C. Difficile	30	3	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Oct-14	1	1	0	2	12																		
MRSA Bacteraemia	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Oct-14	0	0	0	0	1																		
MRSA Screening - Elective (%)	80	80	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Oct-14	93	90	32	66.0																			
MRSA Screening - Non Elective (%)	80	80	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Oct-14	93	94	90	92.72																			
Falls	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Oct-14	16	47	4	67	328																		
Falls with a serious injury	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Oct-14	0	1	0	1	14																		
Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Sep-14	1	5	0	6	17																		
Venous Thromboembolism (VTE) Assessments	=>95.0	=>95.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Oct-14	98	93.6	92	95.4																			
WHO Safer Surgery Checklist - Audit 3 sections	=>98.0	=>98.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Oct-14	100	99.7	100	99.9																			
WHO Safer Surgery Checklist - Audit 3 sections and brief	=>95.0	=>95.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Oct-14	100	100	100	99.9																			
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=>85.0	=>85.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Oct-14	100	100	100	99.9																			
Never Events	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Oct-14	0	0	0	0	0																		
Medication Errors	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Oct-14	0	0	0	0	0																		
Serious Incidents	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Oct-14	0	0	0	0	7																		
Mortality Reviews within 42 working days	100	=>90.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Aug-14	74	86	77	79																			

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months	
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	EC	AC						SC
Pts spending >90% stay on Acute Stroke Unit (%)	=>90.0	=>90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct-14	●	95.1	●	95.1	89.5	●		
Pts admitted to Acute Stroke Unit within 4 hrs (%)	=>90.0	=>90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct-14	●	82.0	●	82.0	79.0	●		
Pts receiving CT Scan within 1 hr of presentation (%)	=>50.0	=>50.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct-14	●	70.0	●	70.0	71.2	●		
Pts receiving CT Scan within 24 hrs of presentation (%)	100	100	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct-14	●	100	●	100.0	99.7	●		
Stroke Admission to Thrombolysis Time (% within 60 mins)	=>85.0	=>85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct-14	●	75	●	75.0	83.0	●		
Stroke Admissions - Swallowing assessments (<24h) (%)	=>98.0	=>98.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct-14	●	100	●	100.0	100.0	●		
TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=>70.0	=>70.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct-14	●	100	●	100.0	97.6	●		
TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=>75.0	=>75.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct-14	●	94.0	●	94.0	96.1	●		
Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=>80.0	=>80.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct-14	●	###	●	100.0		●		
Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=>80.0	=>80.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct-14	●	100 (S)	●	80 (S) 100 city		●		
Rapid Access Chest Pain - seen within 14 days (%)	=>98.0	=>98.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct-14	●	96.7	●	96.7	97.5	●		
2 weeks	=>93.0	=>93.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep-14	●	88	●	88.4		●		
31 Day (diagnosis to treatment)	=>96.0	=>96.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep-14	●	95	●	94.6		●		
62 Day (urgent GP referral to treatment)	=>85.0	=>85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep-14	●	100	●	100.0		●		
Mixed Sex Accommodation Breaches	0	0	5	4	2	3	7	21	36	43	14	0	0	0	7						Oct-14	0	7	0	7	100	●		
No. of Complaints Received (formal and link)										38	28	28	32	36	48						Oct-14				48	210			
No. of Active Complaints in the System (formal and link)										##	##	##	##	##	##						Oct-14				156				
Oldest' complaint currently in system (days)										##	##	##	##	##	##						Oct-14				174				
Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months	
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	EC	AC						SC
Elective Admissions Cancelled at last minute for non-clinical reasons	=<0.8	=<0.8	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct-14	0.00	1.93	0.06	0.25		●		

[illegible]

Indicator	Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months					
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		F	M	EC						AC	SC			
RTT - Admittted Care (18-weeks) (%)	=>90.0	=>90.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>									Oct-14	<div></div>	96.6	93.5	94.8	<div></div>		
RTT - Non Admittted Care (18-weeks) (%)	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>									Oct-14	<div></div>	90.6	93.7	92.6	<div></div>		
RTT - Incomplete Pathway (18-weeks) (%)	=>92.0	=>92.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>									Oct-14	<div></div>	88.7	91.1	90.3	<div></div>		
Patients Waiting >52 weeks	0	0	17	6	4	0	0	0	0	0	0	0	0	0	0									Oct-14	0	0	0	0	<div></div>			
Treatment Functions Underperforming	0	0	4	5	4	4	5	5	6	3	5	5	6	5	5									Oct-14	0	2	3	5	<div></div>			
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>									Oct-14	0.0	13.7	1.2	11.2	<div></div>		
WTE - Actual versus Plan			176	158	165	135	163	163	171	161	157	151	166	160	166									Oct-14				166				
PDRs - 12 month rolling (%)	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>									Oct-14	86	88	85		82.5	<div></div>	
Medical Appraisal and Revalidation	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>									Oct-14	91	87	83		86.0	<div></div>	
Sickness Absence (%)	=<3.15	=<3.15	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>									Oct-14	4.59	4.40	4.37	4.44	4.39	<div></div>	
Mandatory Training (%)	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>									Oct-14	77	78	78		77.7	<div></div>	
New Investigations in Month			2	0	0	0	0	1	1	1	1	2	1	2	1									Oct-14				1				
Nurse Bank Use	34560	2880	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>									Oct-14				2985	19625	<div></div>	
Nurse Agency Use	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>									Oct-14				1002	10912	<div></div>	
Admin & Clerical Bank Use (shifts)	0	0																						Oct-14				714	4791	<div></div>		
Admin & Clerical Agency Use (shifts)	0	0																						Oct-14				57	256	<div></div>		
Your Voice - Response Rate (%)			11		8		7		9		9													Oct-14	7	8	14	9				
Your Voice - Overall Score			3.73		3.68		3.58		3.76		3.76													Oct-14	3.7	3.8	3.8	3.76				

# Surgery A Group

Indicator	Trajectory		Previous Months Trend																Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	B	C	D				
C. Difficile	7	1	●	●	●	●	●	●	●	●	●	●	●	●	●									0	6	●		
MRSA Bacteraemia	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●									0	0	●		
MRSA Screening - Elective	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●									98	100	92	0	●
MRSA Screening - Non Elective	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●									94	95	99	100	●
Falls	0	0							9	7	4	8	3	9	9									4	2	3	0	●
Falls with a serious injury	0	0	1	0	1	1	0	1	0	0	0	0	0	0	0									0	0	0	0	●
Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	0	0	1	0	2	0	1	0	1	0	0	0	1	1										0	0	0	1	●
Venous Thromboembolism (VTE) Assessments	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●									90.9	98.4	98.4	96.8	●
WHO Safer Surgery Checklist - Audit 3 sections	=>98.0	=>98.0	●	●	●	●	●	●	●	●	●	●	●	●	●									100	99.2	100	100	●
WHO Safer Surgery Checklist - Audit 3 sections and brief	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●									100	91.7	100	100	●
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=>85.0	=>85.0	●	●	●	●	●	●	●	●	●	●	●	●	●									100	91.7	100	100	●
Never Events	0	0	●	1	●	●	●	●	●	●	●	●	●	●	●									100	0	0	0	●
Medication Errors	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●									0	0	0	0	●
Serious Incidents	0	0			●	●	●	●	●	●	●	●	●	●	●									0	0	1	0	●
Mortality Reviews within 42 working days	100	=>90.0	●	●	●	●	●	●	●	●	●	●	●	●	●									33	100		89	●

Indicator	Trajectory		Previous Months Trend																Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months						
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		F	M	A	B						C	D				
2 weeks	=>93.0	=>93.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>											Sep-14	96.3		95.8		<div>96.2</div>		<div></div>		<div></div>
2 weeks (Breast Symptomatic)	=>93.0	=>93.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>											Sep-14	96.8				<div>96.8</div>		<div></div>		<div></div>
31 Day (diagnosis to treatment)	=>96.0	=>96.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>											Sep-14	98		100		<div>98.8</div>		<div></div>		<div></div>
62 Day (urgent GP referral to treatment)	=>85.0	=>85.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>											Sep-14	88.5		69.0		<div>81.5</div>		<div></div>		<div></div>
Mixed Sex Accommodation Breaches	0	0	<div>12</div>	<div>5</div>	<div>2</div>	<div>3</div>	<div>3</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>3</div>	<div>0</div>	<div>0</div>	<div>0</div>									Oct-14	0	0	0	0	<div>0</div>	<div>3</div>	<div></div>		<div></div>	
No. of Complaints Received (formal and link)										12	11	8	19	15	13									Oct-14					<div>13</div>	<div>78</div>			<div></div>	
No. of Active Complaints in the System (formal and link)										50	50	34	39	49	57									Oct-14					<div>57</div>			<div></div>		
Oldest' complaint currently in system (days)										124	131	118	99	109	133									Oct-14					<div>133</div>			<div></div>		
Elective Admissions Cancelled at last minute for non-clinical reasons	=<0.8	=<0.8	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>									Oct-14	0.9	3.0	1.9	0.0	<div>1.54</div>	<div></div>	<div></div>		<div></div>	
28 day breaches	0	0	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>1</div>	<div>1</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>1</div>	<div>0</div>										Oct-14	0	0	0	0	<div>0</div>	<div>2</div>	<div></div>		<div></div>	
Sitrep Declared Late Cancellations	0	0	<div>28</div>	<div>35</div>	<div>25</div>	<div>28</div>	<div>37</div>	<div>18</div>	<div>13</div>	<div>16</div>	<div>5</div>	<div>6</div>	<div>16</div>	<div>10</div>	<div>20</div>									Oct-14	4	10	4	0	<div>18</div>	<div>84</div>	<div></div>		<div></div>	
Weekday Theatre Utilisation (as % of scheduled)	=>85.0	=>85.0											76	78	75									Oct-14	78	72	71	77	<div>74.6</div>		<div></div>		<div></div>	
Emergency Care 4-hour breach (numbers)									81	100	100	119	52	103	118									Oct-14	60	45	12	1	<div>118</div>	<div>673</div>			<div></div>	
Hip Fractures - Operation < 24 hours of admission (%)	85	85	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>									Oct-14		67			<div>66.7</div>	<div>65.6</div>	<div></div>		<div></div>	

Indicator	Trajectory		Previous Months Trend																Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months		
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		F	M	A	B						C	D
RTT - Admitted Care (18-weeks) (%)	=>90.0	=>90.0	●	●	●	●	●	●	●	●	●	●	●	●	●							88.6	74.9	91.5		83.6	●			
RTT - Non Admitted Care (18-weeks) (%)	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●							97.8	91.8	76.2		91.7	●			
RTT - Incomplete Pathway (18-weeks) (%)	=>92.0	=>92.0	●	●	●	●	●	●	●	●	●	●	●	●	●							95.5	85.3	90.3		90.0	●			
Patients Waiting >52 weeks	0	0	28	13	3	3	0	0	1	1	0	2	4	2	1							0	1	0	0	1	●			
Treatment Functions Underperforming	0	0	5	8	8	7	8	7	7	5	5	4	3	4	6							1	3	2	0	6	●			
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0	●	●	●	●	●	●	●	●	●	●	●	●	●							3.2	0.0	0.0	0.0	3.2	●			
WTE - Actual versus Plan			70	71	72	88	76	76	64	71	77	78	71	71	71											71				
PDRs - 12 month rolling	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●							83	78.1	85	82.8		82.1	●		
Medical Appraisal and Revalidation	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●							63.2	77	75	81		75.6	●		
Sickness Absence	=<3.15	=<3.15	●	●	●	●	●	●	●	●	●	●	●	●	●							4.12	1.57	5.16	3.06	3.91	5.37	●		
Mandatory Training	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●							78	77	91	86		84.9	●		
New Investigations in Month			0	0	2	1	1	1	0	0	0	0	0	2	0											2				
Nurse Bank Use	9908	826	●	●	●	●	●	●	●	●	●	●	●	●	●											935	6225	●		
Nurse Agency Use	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●											323	2784	●		
Admin & Clerical Bank Use (shifts)	0	0							●	●	●	●	●	●	●											227	1781	●		
Admin & Clerical Agency Use (shifts)	0	0							●	●	●	●	●	●	●											5	5	●		
Your Voice - Response Rate			16	13	12	11	11															7	9	10	13	11				
Your Voice - Overall Score			3.03	3.55	3.53	3.57	3.57															3.51	3.61	3.45	3.7	3.57				

# Surgery B Group

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate		Month	Year To Date	Trend	Next Month	3 Months	
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	O						E
C. Difficile	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●						Oct-14	0	0	0	0	●		
MRSA Bacteraemia	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●						Oct-14	0	0	0	0	●		
MRSA Screening - Elective	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●						Oct-14	98	96	96.5		●		
MRSA Screening - Non Elective	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●						Oct-14	95	89	91.1		●		
Falls	0	0						1	0	0	2	0	0	0							Oct-14	0	0	0	3	●		
Falls with a serious injury	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						Oct-14	0	0	0	0	●		
Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	0	0	0	0	0	0	0	0	0	0	0	0	0	0							Sep-14	0	0	0	0	●		
Venous Thromboembolism (VTE) Assessments	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●						Oct-14	97.53	97.47	97.5		●		
WHO Safer Surgery Checklist - Audit 3 sections	=>98.0	=>98.0	●	●	●	●	●	●	●	●	●	●	●	●	●						Oct-14	99.8	99.8	99.8		●		
WHO Safer Surgery Checklist - Audit 3 sections and brief	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●						Oct-14	99.4	100	99.7		●		
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=>85.0	=>85.0	●	●	●	●	●	●	●	●	●	●	●	●	●						Oct-14	99.4	100	99.7		●		
Never Events	0	0	●	1	●	1	●	●	●	●	●	●	●	●	●						Oct-14	0	0	0	0	●		
Medication Errors	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●						Oct-14	0	0	0	0	●		
Serious Incidents	0	0				●	●	●	●	●	●	●	●	●	●						Oct-14	0	0	0	2	●		
Mortality Reviews within 42 working days	100	=>90.0	●	●	●	●	●	●	●	●											Aug-14					●		



Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate		Month	Year To Date	Trend	Next Month	3 Months	
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	O						E
2 weeks	=>93.0	=>93.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Sep-14	<div></div>	92.6	92.6		<div></div>		
31 Day (diagnosis to treatment)	=>96.0	=>96.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Sep-14	<div></div>	100	100.0		<div></div>		
62 Day (urgent GP referral to treatment)	=>85.0	=>85.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Sep-14	<div></div>				<div></div>		
Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						Oct-14	0	0	0	0	<div></div>		
No. of Complaints Received (formal and link)									9	3	10	11	8	12							Oct-14			12	53			
No. of Active Complaints in the System (formal and link)									31	40	34	37	36	37							Oct-14			37				
Oldest' complaint currently in system (days)									117	100	103	129	98	63							Oct-14			63				
Elective Admissions Cancelled at last minute for non-clinical reasons	=<0.8	=<0.8	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Oct-14	1.0	1.15	1.05		<div></div>		
28 day breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0							Oct-14	0	0	0	0	<div></div>		
Sitrep Declared Late Cancellations	0	0	19	14	19	36	15	22	3	22	17	16	14	16	12						Oct-14	7	5	12	100	<div></div>		
Weekday Theatre Utilisation (as % of scheduled)	=>85.0	=>85.0										72	74	72							Oct-14	72.6	69.5	71.7		<div></div>		
Emergency Care 4-hour waits (%)	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Oct-14	99.76		99.8	98.8	<div></div>		
Emergency Care 4-hour breach (numbers)								10	15	80	13	26	29	5							Oct-14	5	0	5	178			
Emergency Care Trolley Waits >12 hours	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Oct-14	0		0	0	<div></div>		
Emergency Care Timeliness - Time to Initial Assessment (95th centile)	=<15 mins	=<15 mins	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Oct-14	14		14	14	<div></div>		
Emergency Care Timeliness - Time to Treatment in Department (median)	=<60 mins	=<60 mins	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Oct-14	21		21	21	<div></div>		
Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	=<5.0	=<5.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Oct-14	2.46		2.46	3.38	<div></div>		
Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	=<5.0	=<5.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Oct-14	1.70		1.70	1.75	<div></div>		

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate		Month	Year To Date	Trend	Next Month	3 Months		
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	O						E	
RTT - Admitted Care (18-weeks) (%)	=>90.0	=>90.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Oct-14	92	<div></div>	<div>89.6</div>		<div></div>		
RTT - Non Admitted Care (18-weeks) (%)	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Oct-14	96.6	<div></div>	<div>95.0</div>		<div></div>		
RTT - Incomplete Pathway (18-weeks) (%)	=>92.0	=>92.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Oct-14	96.0	<div></div>	<div>94.5</div>		<div></div>		
Patients Waiting >52 weeks	0	0	<div>9</div>	<div>9</div>	<div>2</div>	<div>0</div>	<div>1</div>	<div>1</div>	<div>0</div>	<div>1</div>	<div>1</div>	<div>0</div>	<div>0</div>	<div>2</div>	<div>2</div>						Oct-14	<div>1</div>	<div>1</div>	<div>2</div>		<div></div>			
Treatment Functions Underperforming	0	0	<div>1</div>	<div>0</div>	<div>0</div>	<div>2</div>	<div>3</div>	<div>3</div>	<div>3</div>	<div>4</div>	<div>3</div>	<div>3</div>	<div>2</div>	<div>4</div>	<div>5</div>						Oct-14	<div>0</div>	<div>5</div>	<div>5</div>		<div></div>			
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Oct-14	0.0	<div></div>	<div>21.3</div>		<div></div>		
WTE - Actual versus Plan			31	24	23	27	37	37	28	34	38	33	32	28	30						Oct-14			<div>30</div>					
PDRs - 12 month rolling	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Oct-14	<div>89.64</div>	<div>93.75</div>		<div>89.6</div>	<div></div>		
Medical Appraisal and Revalidation	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Oct-14	96.2	<div></div>		<div>93.5</div>	<div></div>		
Sickness Absence	=<3.15	=<3.15	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Oct-14	<div>4.53</div>	<div>3.61</div>	<div>4.15</div>	<div>3.35</div>	<div></div>		
Mandatory Training	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Oct-14	<div>82</div>	<div>91</div>		<div>84.8</div>	<div></div>		
New Investigations in Month			0	0	0	1	0	0	0	0	0	0	0	0	0						Oct-14			<div>0</div>					
Nurse Bank Use	2796	233	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Oct-14			<div>247</div>	<div>1662</div>	<div></div>		
Nurse Agency Use	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Oct-14			<div>33</div>	<div>397</div>	<div></div>		
Admin & Clerical Bank Use (shifts)	0	0								<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>					Oct-14			<div>183</div>	<div>1435</div>	<div></div>			
Admin & Clerical Agency Use (shifts)	0	0								<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>					Oct-14			<div>45</div>	<div>221</div>	<div></div>			
Your Voice - Response Rate			17		18		19		17		17							Oct-14	9	33	<div>17</div>								
Your Voice - Overall Score			3.66		3.72		3.73		3.52		3.52							Oct-14	3.54	3.49	<div>3.52</div>								

# Women & Child Health Group

Indicator	Trajectory		Previous Months Trend																Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		F	M	G	M						P	C																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
C. Difficile	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Oct-14	<div><div></div><div></div><div></div><div></div></div>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months	
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	G	M	P						C
Caesarean Section Rate - Total (%)	=<25.0	=<25.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Oct-14	<div></div>	25.4	<div></div>	<div></div>	25.4	25.7	<div></div>	<div></div>	<div></div>
Caesarean Section Rate - Elective (%)			11	10	11	12	11	10	10	8	9	9	7	9	7						Oct-14	<div></div>	6.9	<div></div>	<div></div>	6.9	8.4	<div></div>	<div></div>	<div></div>
Caesarean Section Rate - Non Elective (%)			13	15	10	16	14	13	16	18	19	15	17	18	19						Oct-14	<div></div>	18.5	<div></div>	<div></div>	18.5	17.3	<div></div>	<div></div>	<div></div>
Maternal Deaths	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Oct-14	<div></div>	0	<div></div>	<div></div>	0	0	<div></div>	<div></div>	<div></div>
Post Partum Haemorrhage (>2000ml)	48	4	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Oct-14	<div></div>	0	<div></div>	<div></div>	0	3	<div></div>	<div></div>	<div></div>
Admissions to Neonatal Intensive Care (%)	=<10.0	=<10.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Oct-14	<div></div>	0.6	<div></div>	<div></div>	0.62	2.62	<div></div>	<div></div>	<div></div>
Adjusted Perinatal Mortality Rate (per 1000 babies)	<8.0	<8.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Oct-14	<div></div>	8.2	<div></div>	<div></div>	8.2		<div></div>	<div></div>	<div></div>
Early Booking Assessment (<12 + 6 weeks) (%) - SWBH Specific	=>90.0	=>90.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Oct-14	<div></div>	78	<div></div>	<div></div>	77.97		<div></div>	<div></div>	<div></div>
Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=>90.0	=>90.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Oct-14	<div></div>	133	<div></div>	<div></div>	133		<div></div>	<div></div>	<div></div>
Mortality Reviews within 42 working days	100	=>90.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Aug-14	100	<div></div>	<div></div>	<div></div>	100		<div></div>	<div></div>	<div></div>
2 weeks	=>93.0	=>93.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Sep-14	95.1	<div></div>	100	<div></div>	95.2		<div></div>	<div></div>	<div></div>
31 Day (diagnosis to treatment)	=>96.0	=>96.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Sep-14	96	<div></div>	<div></div>	<div></div>	96.3		<div></div>	<div></div>	<div></div>
62 Day (urgent GP referral to treatment)	=>85.0	=>85.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Sep-14	80.0	<div></div>	<div></div>	<div></div>	80.0		<div></div>	<div></div>	<div></div>
Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					Oct-14	0	<div></div>	<div></div>	<div></div>	0	0	<div></div>	<div></div>	<div></div>	
No. of Complaints Received (formal and link)									4	6	11	8	8	8						Oct-14					8	45	<div></div>	<div></div>	<div></div>	
No. of Active Complaints in the System (formal and link)									15	21	21	24	29	29						Oct-14					29		<div></div>	<div></div>	<div></div>	
Oldest' complaint currently in system (days)									61	82	52	66	87	104						Oct-14					104		<div></div>	<div></div>	<div></div>	

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months	
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	G	M	P	C						
Elective Admissions Cancelled at last minute for non-clinical reasons	=<0.8	=<0.8	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Oct-14	<div></div>	2.8	<div></div>	0.0	<div></div>	2.26	<div></div>	<div></div>	<div></div>

28 day breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0					Oct-14	0				0	0	.		
Sitrep Declared Late Cancellations	0	0	4	13	14	13	7	12	12	3	4	7	6	6	7				Oct-14	7				7	45	.		
Weekday Theatre Utilisation (as % of scheduled)	=>85.0	=>85.0											78	76	77				Oct-14	76.5	85.7			76.6		.		
Emergency Care 4-hour breach (numbers)								18	14	14	18	14	30	23					Oct-14	16	0	7	0	23	131			
RTT - Admitted Care (18-weeks) (%)	=>90.0	=>90.0	.	.	.	.	.	.	.	.	.	.	.	.	.				Oct-14	95.9				95.9		.		
RTT - Non Admittted Care (18-weeks) (%)	=>95.0	=>95.0	.	.	.	.	.	.	.	.	.	.	.	.	.				Oct-14	98.7				98.7		.		
RTT - Incomplete Pathway (18-weeks) (%)	=>92.0	=>92.0	.	.	.	.	.	.	.	.	.	.	.	.	.				Oct-14	98.4				98.4		.		
Patients Waiting >52 weeks	0	0	4	4	2	0	0	0	0	0	1	1	0	0	0				Oct-14	0				0		.		
Treatment Functions Underperforming	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				Oct-14	0				0		.		
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0	.	.	.	.	.	.	.	.	.	.	.	.	.				Oct-14	0.0				0.0		.		

[illegible]

# Pathology Group

Indicator	Trajectory		Previous Months Trend																Data Period	Directorate					Month	Year To Date	Trend	Next Month	3 Months		
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		F	M	HA	HI	B						M	I
Never Events	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Oct-14	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div>0</div>	<div>0</div>	<div></div>	<div></div>	
No. of Complaints Received (formal and link)										0	1	0	1	1	3						Oct-14						3	6			
No. of Active Complaints in the System (formal and link)										1	2	1	2	3	6						Oct-14						6				
Oldest' complaint currently in system (days)									91	##	27	46	68	92							Oct-14						92				
WTE - Actual versus Plan			31	32	30	37	33	33	30	32	31	32	29	27	25						Oct-14						25				
PDRs - 12 month rolling	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Oct-14	<div>81.5</div>	<div>90.2</div>	<div>82.2</div>	<div>93.3</div>	<div>85.7</div>		<div>86.6</div>	<div></div>	<div></div>	
Medical Appraisal and Revalidation	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>					Oct-14	<div>100</div>	<div>86</div>	<div>100</div>	<div>75</div>	<div>100</div>		<div>90.5</div>	<div></div>	<div></div>	
Sickness Absence	=<3.15	=<3.15	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>					Oct-14	<div>8.62</div>	<div>0.41</div>	<div>1.51</div>	<div>4.40</div>	<div>0.85</div>	<div>3.67</div>	<div>3.82</div>	<div></div>	<div></div>	
Mandatory Training	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>					Oct-14	<div>91</div>	<div>90</div>	<div>93</div>	<div>94</div>	<div>95</div>		<div>92.1</div>	<div></div>	<div></div>	
New Investigations in Month			0	0	0	0	0	0	0	0	0	0	0	0	0						Oct-14						0				
Admin & Clerical Bank Use (shifts)	0	0								<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Oct-14						<div>537</div>	<div>3754</div>	<div></div>	<div></div>	
Admin & Clerical Agency Use (shifts)	0	0							<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Oct-14						<div>0</div>	<div>0</div>	<div></div>	<div></div>	
Your Voice - Response Rate			17		36		30		31		31		31								Oct-14	27	31	25	52	40	31				
Your Voice - Overall Score			3.31		3.6		3.43		3.74		3.74		3.74								Oct-14	3.61	3.69	3.84	3.69	4.13	3.74				

# Imaging Group

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months	
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	DR	IR	NM						BS
Never Events	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●						Oct-14	0	0	0	0	0	0	●		
Medication Errors	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●						Oct-14	0	0	0	0	0	0	●		
Pts receiving CT Scan within 1 hr of presentation (%)	=>50.0	=>50.0	●	●	●	●	●	●	●	●	●	●	●	●	●						Oct-14			55.1		55.1	71.7	●		
Pts receiving CT Scan within 24 hrs of presentation (%)	100	100	●	●	●	●	●	●	●	●	●	●	●	●	●						Oct-14			100		100.0	99.7	●		
Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						Oct-14	0	0	0	0	0	0	●		
No. of Complaints Received (formal and link)										4	2	3	3	0	4						Oct-14					4	16			
No. of Active Complaints in the System (formal and link)										5	7	8	5	5	8						Oct-14					8				
Oldest' complaint currently in system (days)										19	40	59	30	52	76						Oct-14					76				
Emergency Care 4-hour breach (numbers)										30	39	41	32	34	49	50				Oct-14	50				50	275				
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0	●	●	●	●	●	●	●	●	●	●	●	●	●						Sep-14	0.4				0.4		●		
WTE - Actual versus Plan			26	20	21	18	28	28	15	13	11	13	22	14	16						Oct-14					16				
PDRs - 12 month rolling	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●						Oct-14	81	75	71	83		75.2	●		
Medical Appraisal and Revalidation	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●						Oct-14	97		100			96.9	●		
Sickness Absence	=<3.15	=<3.15	●	●	●	●	●	●	●	●	●	●	●	●	●						Oct-14	4.2	9.4	2.95	2.7	6.02	4.60	●		
Mandatory Training	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●						Oct-14	88	90	94	92		89.4	●		
New Investigations in Month			0	0	1	0	0	0	0	2	2	0	0	6	0						Oct-14					0				
Nurse Bank Use	288	24	●	●	●	●	●	●	●	●	●	●	●	●	●						Oct-14					16	98	●		
Nurse Agency Use	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●						Oct-14					69	925	●		
Admin & Clerical Bank Use (shifts)	0	0								●	●	●	●	●	●						Oct-14					134	794	●		
Admin & Clerical Agency Use (shifts)	0	0								●	●	●	●	●	●						Oct-14					0	0	●		
Your Voice - Response Rate			30		19			30			33			33							Oct-14	29	18	43	45	33				
Your Voice - Overall Score			3.73		3.72			3.73			3.73			3.73							Oct-14	3.6	4.6	4.2	3.8	3.73				



# Community & Therapies Group

Indicator	Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months		
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		F	M	AT						IB	IC
MRSA Screening - Elective	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●										100		●		
Falls	0	0							8	9	11	13	4	14	20							0	14	0	14	59	●		
Falls with a serious injury	0	0							0	2	0	0	1	0	0							0	0	0	0	3	●		
Grade 3 or 4 Pressure Ulcers (avoidable)	0	0							1	2	0	2	1	0									0		6	●			
Never Events	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●							0	0	0	0	0	●		
Medication Errors	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●							0	0	0	0	0	●		
Serious Incidents	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●							0	0	0	0	0	●		
FFT Response Rate - Wards	>25%	>25%							39	68	43	60	59	57	47										47.3		●		
FFT Score - Wards	=>68.0	=>68.0	94	100	93	85	83	82	81	95	87	83	91	82	88										88		●		
Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0							0	0	0	0	0	●		
No. of Complaints Received (formal and link)									3	0	0	5	2	5											5	15			
No. of Active Complaints in the System (formal and link)									10	8	3	8	8	10											10				
Oldest' complaint currently in system (days)									94	##	75	38	60	64											64				
WTE - Actual versus Plan			55	70	32	34	34	34	27	36	45	45	62	65	67										67				
PDRs - 12 month rolling	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●							93	93	87		90.0	●		
Sickness Absence	=<3.15	=<3.15	●	●	●	●	●	●	●	●	●	●	●	●	●							5.1	4.9	5.9	5.43	4.30	●		

Indicator	Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months			
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		F	M	AT						IB	IC	
Mandatory Training	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Oct-14	95	93	91		92.2	<div></div>		
New Investigations in Month			0	0	1	0	1	1	0	0	0	0	0	0	0	0						Oct-14				0				
Nurse Bank Use	5408	451	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Oct-14				283	2340	<div></div>		
Nurse Agency Use	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Oct-14				242	1740	<div></div>		
Admin & Clerical Bank Use (shifts)	0	0																			Oct-14				306	1675	<div></div>			
Admin & Clerical Agency Use (shifts)	0	0																			Oct-14				0	0	<div></div>			
Your Voice - Response Rate			28		18		33		32		32										Oct-14	44	31	28	32					
Your Voice - Overall Score			3.71		3.75		3.78		3.88		3.88										Oct-14	3.8	4	3.9	3.88					
DVT numbers	730	>61			30	40	57	53	53	62	87	39	33	70	35						Oct-14				35	379	<div></div>			
Therapy DNA rate OP services (%)	=<9	=<9					11	12	12	16	11	11	11	11	12						Oct-14				12	11.9	<div></div>			
FEES assessment	>100	>8.3						1	7	10	3	4	4	5	5						Oct-14				5	38	<div></div>			
ESD Response time	<48 hrs	<48 hrs																			Oct-14						<div></div>			
STEIS	0	0			2	0	0	1	0	2	1	0	1	0	0						Oct-14				0	4	<div></div>			
Rapid response to AMU, RRTS	<60 mins	<60 mins			77	75	75	75	75	71	72	73	68	81	79						Oct-14				79	74.1	<div></div>			
Avoidable weight loss	<20%	<20%																			Oct-14				0	3.7	<div></div>			
Green Stream Community Rehab response time for treatment (days)	=<11	=<11																			Oct-14				14.3	13.5	<div></div>			

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months				
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	AT	IB						IC			
DNA/No Access Visits		%											3	1	1										Oct-14			0.71				
Falls Assessments - DN service only		%											72	58	49										Oct-14			48.8				
Pressure Ulcer Assessment - DN service only		%											73	61	50										Oct-14			49.6				
Healthy Lifestyle Assessments - DN Service only		%											61	54	48										Oct-14			48				
At risk of Social Isolation Referrals to 3rd sector DN service only		%											46	75	67										Oct-14			66.7				
MUST Assessments - DN Service only		%											9	11	10										Oct-14			9.9				
Incident Rates		per 1000 charge											4	5	5										Oct-14			4.9				
Dementia Assessments - DN Service only		%											72	62	55										Oct-14			54.7				
48 hour inputting rate		%											91	83	81										Oct-14			81.2				

# Corporate Group

Indicator	Trajectory		Previous Months Trend																Data Period	Directorate							Month	Year To Date	Trend	Next Month	3 Months			
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		F	M	CEO	F	W	M	E						N	O	
No. of Complaints Received (formal and link)									8	4	5	6	5	7							Oct-14	3	0	0	1	1	2	0	7	35				
No. of Active Complaints in the System (formal and link)									16	13	12	13	21	21							Oct-14	3	0	0	2	1	10	5	21					
Oldest' complaint currently in system (days)									69	90	77	99	##	##							Oct-14	53	0	0	27	23	85	106	106					
WTE - Actual versus Plan			191	215	187	161	164	164	149	154	162	176	162	183	194						Oct-14								194					
PDRs - 12 month rolling	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct-14	66	72	73	91	56	76	65		72.9	●			
Medical Appraisal and Revalidation	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct-14			100						100	●			
Sickness Absence	=<3.15	=<3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct-14	2.35	2.96	2.21	1.71	1.59	5.15	3.04	3.70	4.11	●			
Mandatory Training	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct-14	94	94	90	82	96	88	91		89.4	●			
New Investigations in Month			0	1	0	0	2	2	0	1	3	1	0	5	0						Oct-14								0					
Nurse Bank Use	1088	91	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct-14								320	1338	●			
Nurse Agency Use	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct-14								14	85	●			
Admin & Clerical Bank Use (shifts)	0	0							●	●	●	●	●	●	●						Oct-14	123	104	118	16	0	###	605	3538	25794	●			
Admin & Clerical Agency Use (shifts)	0	0							●	●	●	●	●	●	●						Oct-14	0	0	8	0	0	23	0	31	381	●			
Your Voice - Response Rate						26		29		24		21									Oct-14	51	41	34	32	19	15	15	21					
Your Voice - Overall Score						3.56		3.57		3.6		3.49									Oct-14	3.81	3.31	3.49	3.44	3.40	3.52	3.41	3.49					

**TRUST BOARD**

<b>DOCUMENT TITLE:</b>	Urgent Care Performance Update				
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>	Rachel Barlow – Chief Operating Officer				
<b>AUTHOR:</b>	Rachel Barlow – Chief Operating Officer				
<b>DATE OF MEETING:</b>	4 <sup>th</sup> December 2014				
<b>EXECUTIVE SUMMARY:</b>					
<p>As with the national performance for Urgent Care, the Trust has struggled to meet the emergency access standard of 4 hours and has underperformed year to date (93.73%).</p> <p>The attached paper outlines profiles activity (our demand) and performance to date, including the variance in profile of breaches to the access standard on the City and Sandwell site.</p> <p>The 10 point system wide plan with CCG and social care partners, centres effort on decreasing delayed transfers of care, increasing out of hospital bed capacity and increasing hospital avoidance opportunities.</p> <p>An internal focus on the performance of the City ED is a key part of the sustainability plan standardising ways of working to optimise flow and avoid long ED waits.</p> <p>These interventions will be key to achieving 95% in December and sustainable performance.</p>					
<b>REPORT RECOMMENDATION:</b>					
To consider development focus to achieve 95% standard and discuss at Trust Board the key challenges and trajectory / focus to improve.					
<b>ACTION REQUIRED</b> <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
<b>Accept</b>		<b>Approve the recommendation</b>		<b>Discuss</b>	
				x	
<b>KEY AREAS OF IMPACT</b> <i>(Indicate with 'x' all those that apply):</i>					
Financial		Environmental		Communications & Media	
Business and market share		Legal & Policy		Patient Experience	x
Clinical	x	Equality and Diversity		Workforce	
Comments:					
<b>ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:</b>					
Accessible and responsive care, safe and high quality care					
<b>PREVIOUS CONSIDERATION:</b>					
Quality & Safety Committee on 28 November 2014.					

# Sandwell and West Birmingham Hospitals

NHS Trust

## Urgent Care Performance update

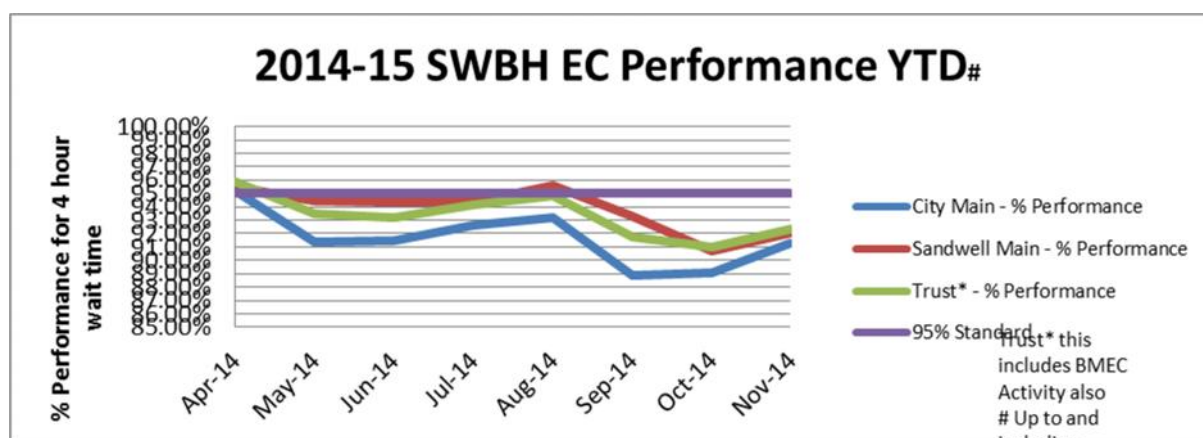
### REPORT TO THE TRUST BOARD – 4 DECEMBER 2014

#### 1. Introduction

The Trust has been underperforming on the urgent care access standards for the last 6 months. The year to date performance is 93.37% against the 4 hour standard of 95% and overall the standard has been unmet in 7 of the last 8 quarters.

The 6 months from November 2013 – April 2014 the Trust cumulatively performed at 95.34% for that period. During this period there was significant improvement in urgent care particularly of note the increase in ambulance turnaround times on both acute sites, the elimination of all 'very long wait' cases with the exception of mental health waits.

**Chart 1 Performance Year to Date**



#### Activity

Ambulance conveyances are significantly up for the Trust as a whole in the last 2 years, with Sandwell site seeing a significant increase in ambulance conveyances over the past 7 months by 10 %. This growth was not expected, planned for, nor is it explained. Opportunities for WMAS to convey patients to Trust and CCG community alternatives are being missed and hourly batching of ambulance conveyance remains a key issue.

Attendances (all types) are above plan for the Trust as a whole, 3.6% on average per month over the previous 2 years, with Sandwell seeing a 5% increase in activity. Demand management is not succeeding in diverting work away from hospital sites.

Admissions (all types) are marginally down by 1.3% for the Trust as a whole over the past 2 years. City hospital has seen a significant decrease in admissions (all types), with significant reconfiguration between Trust sites, as well as the onset of the MTC but Sandwell shows an average monthly increase of 6.5% over the previous 2 year period.

Delayed Transfers of Care (DTOC) : The number of days of DTOC bed days have increased year on year over the past 2 years by 16.5% with a significant and consistent increase in the last 5 complete months.

The number of days delayed attributable to health on the City site have shown a marginal increase over a 2 year period (less than 2%) but a very significant increases over the last 3 complete months; up to 30%. The number of days delayed attributable to social care on the City site have seen a significant increase over the comparative 2 year period at 23%. Since March the delays attributable to social care on the City site have seen a very significant peaking at over 60% of total delays in recent months.

The number of days delayed attributable to social care on the Sandwell site has decreased over the comparative period by nearly 5%. The health delays are a similar profile to that at the city site.

## **2.Trajectory and approach to improvement**

The Trust has committed to achieve performance of the 95% standard from December. With partner organisations including Sandwell and West Birmingham CCG, Birmingham City Council and Sandwell Metropolitan Borough Council Social Services, a 10 point improvement plan has been agreed in October:

Improvement focus	Progress
1. Commit the winter resilience fund in line with plan	Complete
2. Implement the ADAPT ( assessment for discharge team based in AMU) process ruthlessly to remove three quarters of DTOCs	Team in place with some impact already impacting but with some variability
3. Introduce geographical take boundary for Sandwell Hospital ambulance conveyance (SWBH and SWB	Discussions in progress
4. Relocate enablement beds sufficient for WB into WB (BCC)	Beds allocated
5. Establish mental health urgent care assessment suites on both sites	On track for start December
6. Recruit to extant ED consultant roles to extend hours of coverage	In train
7. Tackle cultural issues within City ED	In progress see section 3
8. Identify sufficient management capacity within Trust system to focus on this issue	Local team supported by Executive and Group leadership
9. Provide front end contract stability and psychiatric liaison stability now for 15-17	To be determined
10. Settle supply scale for Q1-2 15/16 by resolving BCF issues & expedite acute care reconfigurations for spring implementation	Plans for 15/16

Governance and reporting arrangements of this plan report monthly to the System Resilience Group chaired by the Chief Accountable Officer of Sandwell and West Birmingham CCG and to a weekly Chief Accountable Officers and Chief Executives meeting also attended by the Local Area Team and Trust Development Agency representatives.

Impact of progress has seen an increase in performance in November but there is further to be achieved rapidly to meet the minimum standard of 4 hour access in December.

The breach analysis ( Appendix 1 and 2) is attached. Notably the themes include:

#### Sandwell Hospital

- Sandwell under performance has a strong correlation with capacity pressures and DTOC; the reduction of DTOC to under 10 per site is essential to achieve sustainable performance on this site. The ED itself has a good resilience dealing with surges but comes under pressure when bed capacity is tight and beds are not empty at the right time in the assessment units in line with the attendance profiles each day.
- The position is partially mitigated by additional unfunded beds supporting the current DTOC position. A robust stance in terms of dealing with health delays is essential. This will include supporting patient choice decisions by early support and improved information from joint health and social service teams but also by a consistent and more vigorous approach to managing delays in these pathways where despite reasonable offers of accommodation or support patients are remaining in acute hospital beds.
- The increase in attendances and WMAS conveyances is significant. The impact of improved conveyances to alternative health provision and access to primary care is essential.

#### City Hospital

- The non-admitted proportion of breaches are higher than Sandwell, 44% of the total breaches at City are non-admitted patients.
- The main cause of breaches at City are ED waits.
- Despite the high DTOC numbers bed capacity is less affected at City. The aim for the DTOC numbers like Sandwell is below 10 for the site, which will enable better flow on this site and the ability to support Sandwell when required.
- The ability of ED to respond to surges in activity is weak at times largely due to variable ways of working in the team. There is no evidence of safety issues but the climate in the ED has identified inconsistent standards and processes shift to shift. This variation in practice impacts on ED treatment times.

#### On both sites

- Mental health breaches account for 3 % of breaches ; these patients often wait in ED for a very long period ( often patients waiting for mental health formal assessment and admission to a mental health specialist bed elsewhere) accounting for the longest of the waiting times in excess of 10 hours from arrival in our worst cases. This is not only unacceptable for the patients themselves, but also takes up assessment capacity which is planned to be turned over every 2 hours. This will be significantly mitigated with the incoming new mental health assessment units and new ways of working agreed with both mental health providers to start in December.
- DTOC – there are now 7 day joint health and social care teams on both sites, based in the assessment units. New working processes have been agreed with an aim to achieve earlier assessment to plan discharge home and prevent the long delayed transfers of care. There is



still work to be done to decrease the impact of health associated delays and the long waits for placements which account for a significant proportion of the current delays. In December the Trust opens 20 flexible intermediate care beds which will further mitigate the number of delayed bed days in acute care.

### **3. SWBH focus**

The focus of the 10 point plan is key to success and sustainable standards for Urgent Care. Internally the Trust is very focused on tackling the cultural issues within City ED and has a programme of work to address this area.

The culture of variable situational leadership at City ED is undoubtedly contributing to the longer waiting times in this ED. There are good examples of high levels of effective personal and team working within the team; the inconsistency in approach to running the department can cause confusion and inherent delays. The Trust has established an improvement programme which will rapidly achieve:

- Standard approach to running ‘the floor ‘
- Role modelling and supervision of individuals to achieve core competencies
- Focus on recruitment to Consultant and Middle Grade posts
- Setting new professional standards for supporting specialties and departments increasing direct referrals to assessment units and eliminating delays in diagnostic reporting

In parallel to competency and process improvements the Trust is commissioning a team development programme which will include core elements of:

- Leadership styles – getting the best out of a team
- Resilience and welfare – how teams can work more effectively under stress
- Sustainable change – diagnostic and transformational change in individuals and interpersonal work relationships

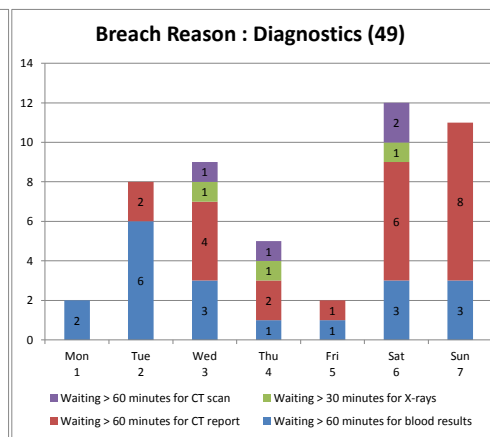
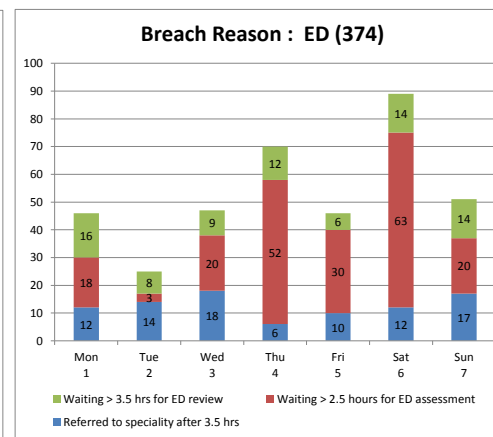
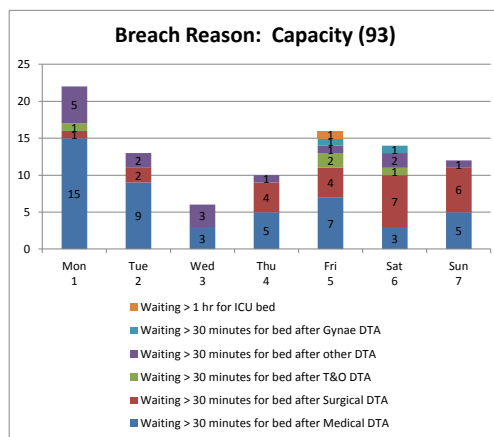
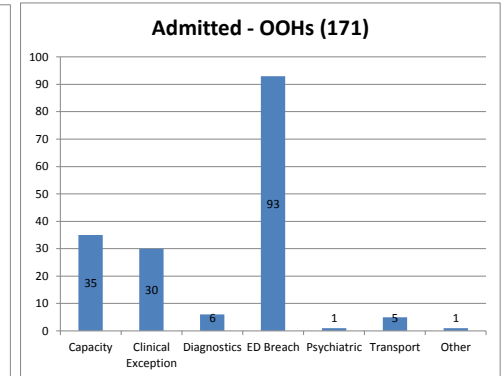
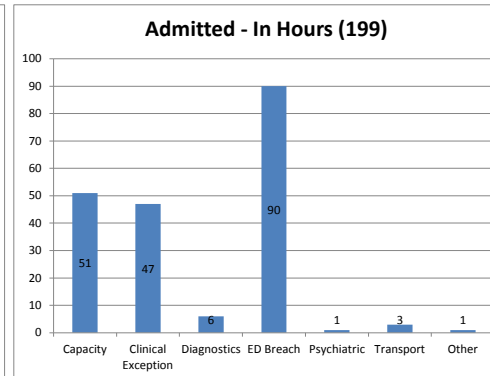
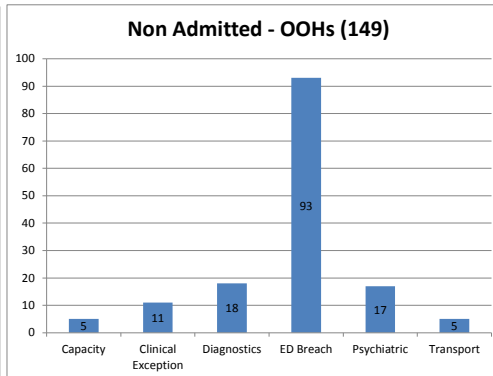
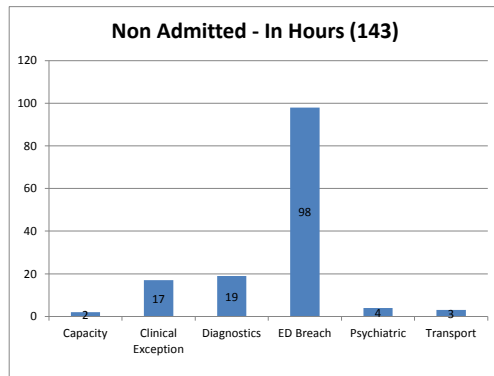
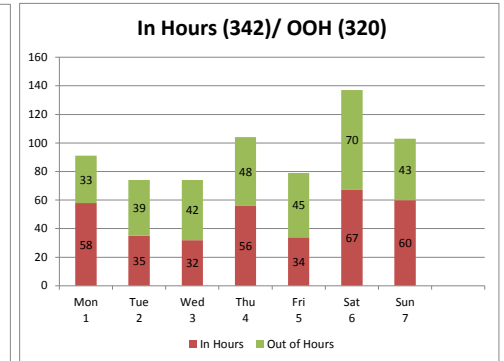
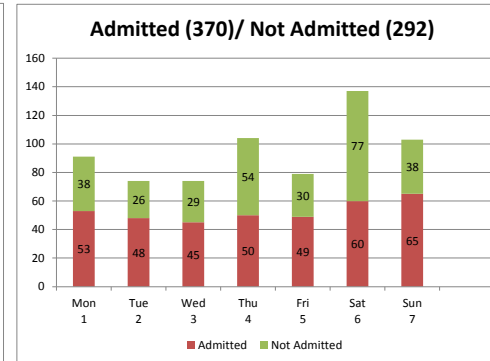
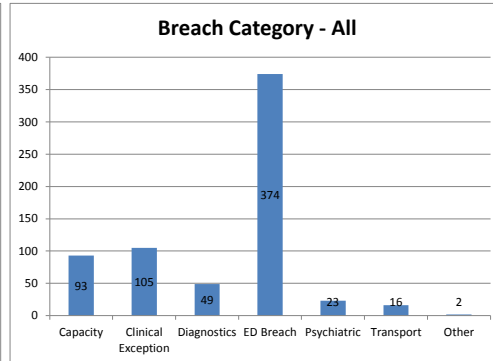
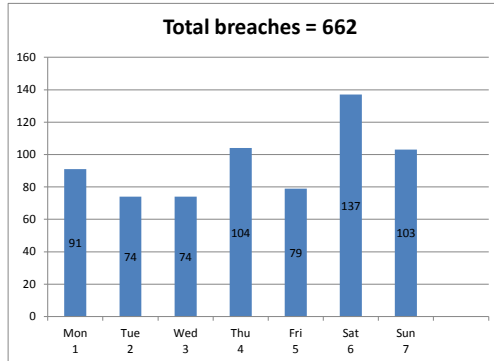
The governance of these programme reports weekly to the Executive Triumvirate of the Chief Operating Officer, Chief Nurse and Medical Director.

As well as the programme management, the outputs of daily performance and development are debriefed daily with the Executive, Clinical Group of Medicine and Emergency Care and Emergency Department leaders. This reviews the previous day’s team and individual performance, ensuring corrective action is taken within the department or trust wide to rapidly improve flow and decision making in the ED.

### **4. Conclusion**

The Trust Board are asked to consider and discuss the approach to improvement of the Urgent Care access standard.

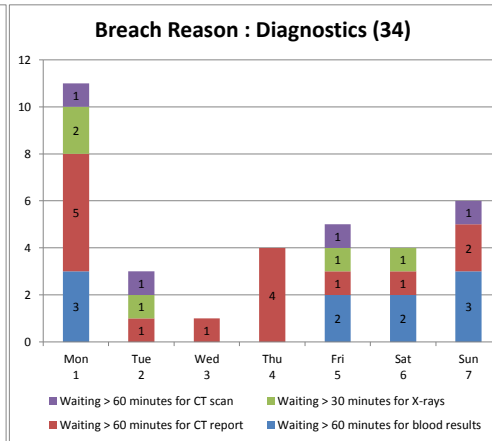
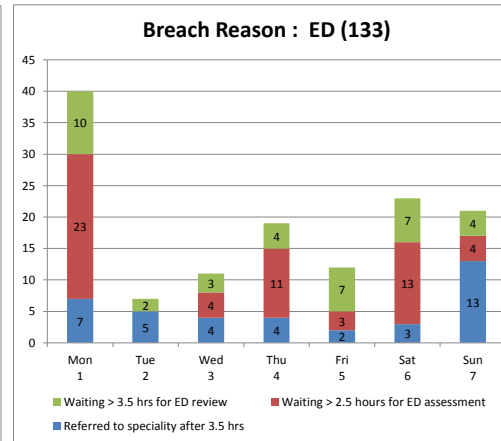
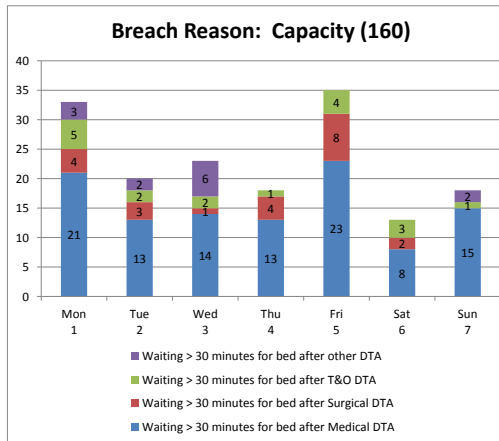
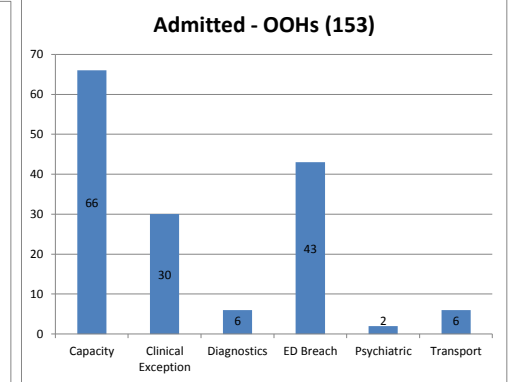
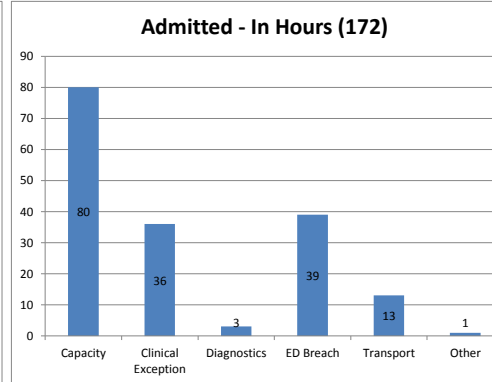
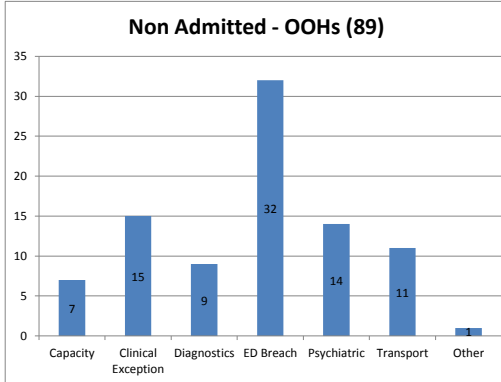
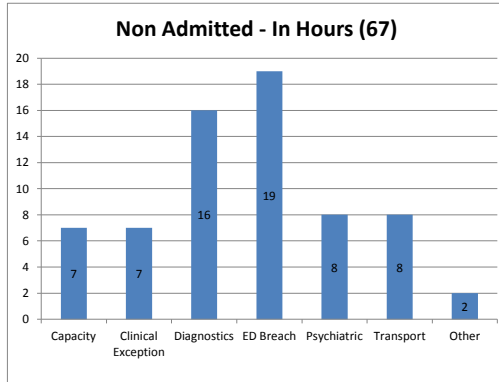
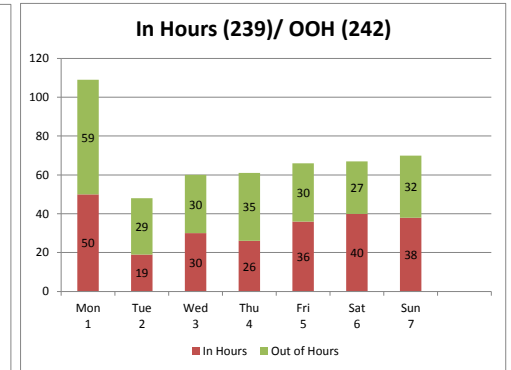
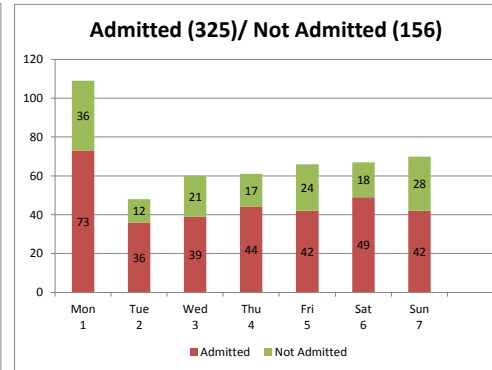
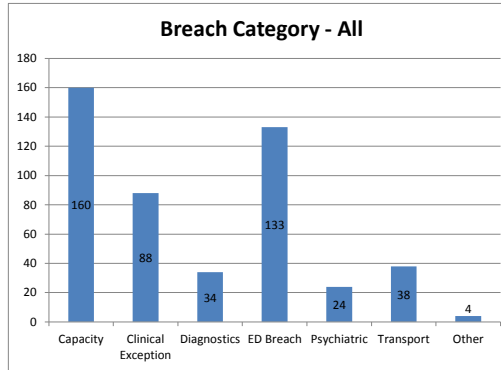
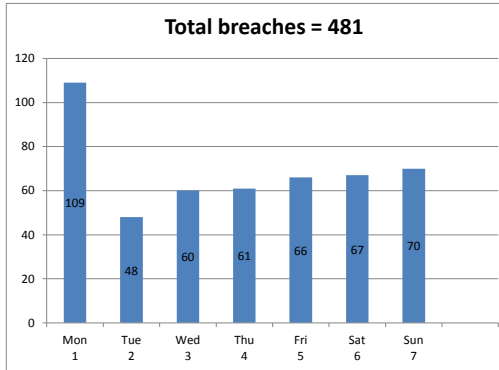
## City Breach Analysis 01.11.14 - 26.11.14



**Notes**

- 374 ED late assesment/review/ref to speciality
- 47 waiting for medical bed
- 4 waiting for T&O bed
- 24 waiting for Surgical bed
- 15 waiting for paed's bed
- 16 waiting for transport
- 23 waiting for psych assessment
- 19 waiting for blood results
- 27 waiting for CT scan/Report
- 3 waiting for x-ray
- 105 clinical exceptions
- 2 End of life
- 2 waiting for gynae bed
- 1 waiting for ICU bed

## Sandwell Breach Analysis 01/11/14 - 26/11/14



**Notes**

- 133 ED late assessment/review/ref to speciality
- 107 waiting for medical bed
- 18 waiting for T&O bed
- 22 waiting for Surgical bed
- 13 waiting for paed's bed
- 38 waiting for transport
- 24 waiting for psych assessment
- 10 waiting for blood results
- 19 waiting for CT scan/Report
- 5 waiting for x-ray
- 88 clinical exceptions
- 4 End of life

**TRUST BOARD**

<b>DOCUMENT TITLE:</b>	Financial Performance Report – P07 October 2014
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>	Tony Waite, Director of Finance and Performance Management
<b>AUTHOR:</b>	Chris Archer, Associate Director of Finance - Corporate
<b>DATE OF MEETING:</b>	4 December 2014

**EXECUTIVE SUMMARY:****Key messages:**

- Forecast remains delivery of £3.4m plan surplus in line with LTFM commitment – plausible route to delivery established and reliant on delivery of pay run rate reduction, cost effective utilisation of resilience funding and expedient measures including application of contingency. Key risks to be mitigated include cost effective delivery of workforce change and delivery to operational standards to secure income base.
- In month headline performance £0.1m surplus being consistent with break-even position reported in each of last two months. Year to date off plan by £2.4m. Reported position moderated by benefit of £4.0m reserves as contingency and £3.2m balance sheet flexibility as plan. There is no further planned benefit of the latter.
- CIP delivery continues below plan – workforce reviews set in train with a view to addressing 2015/16 requirements.
- 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 re-phasing of flexible IM&T spend.
- Cash in line with plan.

**Key actions:**

- Secure expenditure run rate reductions and in particular in premium rate temporary pay costs.
- Confirm cost effective arrangements for use resilience funding & secure expedient measures.
- Conclude & progress workforce change to secure pay bill consistent with the safe delivery in full of necessary cost reduction for 2014-16.
- 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 £101k surplus being £481k adverse to budget; YTD deficit £267k being £2,445k adverse.
- CIP delivery to date £5,596k being £3.6m adverse to revised plan and £3.5m adverse to TDA plan
- Forecast surplus £3.4m in line with financial plan.
- Capex YTD £2,802k being £3,848k below plan.
- Cash at 31 October £33.7m being £0.7m below plan due to timing differences.
- CoSRR 3 to date as plan; forecast 3 as plan.
- Capital Resource Limit (CRL) charge forecast at £22.7m being within approved CRL of £21.3m to be adjusted for anticipated £1.5m project funding.
- External Finance Limit (EFL) charge forecast at £16.6m being consistent with approved EFL ditto.

**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.

**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** *(Indicate with 'x' all those that apply):*

Financial	x	Environmental		Communications & Media	
Business and market share		Legal & Policy	x	Patient Experience	
Clinical		Equality and Diversity		Workforce	x

Comments:

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

Good use of Resources

**PREVIOUS CONSIDERATION:**

Considered by Performance Management Committee, CLE and the Finance & Performance Management Committee

## Financial Performance Report – October 2014 (month 7)

### EXECUTIVE SUMMARY

- For the **month** of October 2014 against the DoH target, the Trust delivered a **“bottom line” surplus of £101k being £481k adverse** to a flex budget surplus of £582k. The **year to date deficit of £267k is £2,445k adverse** to flex budget to the end of October.
- Forecast continues to anticipate 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 £5,596k being £3,631k adverse to trust phased plan** [£3.5m adverse vs TDA plan].
- At month end there were 6,887 whole time equivalent (WTE) staff in post (excluding use of agency), 203 below the currently planned level. After 196 WTE agency staff, total **WTE's were 7 below plan**. Total **pay expenditure for the month is lower than August and September at £24.25m** although against a lower plan, now being **£992k above plan**. **Agency spend has dropped once again at £758k in October and is more than a quarter lower than the year to date average to September.**
- 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.

Financial Performance Indicators - Variances					
Measure	Current Period	Year to Date	Thresholds		
			Green	Amber	Red
I&E Surplus Actual v Plan £000	(481)	(2,445)	>= Plan	>= 99% of plan	< 99% of plan
EBITDA Actual v Plan £000	(490)	(2,463)	>= Plan	>= 99% of plan	< 99% of plan
Pay Actual v Plan £000	(992)	(3,928)	<= Plan	< 1% above plan	> 1% above plan
Non Pay Actual v Plan £000	(119)	(919)	<= Plan	<= Plan	> 1% above plan
WTEs Actual v Plan	7	(98)	<= Plan	< 1% above plan	> 1% above plan
Cash (incl Investments) Actual v Plan £000		(710)	>= Plan	>= 95% of plan	< 95% of plan

Note: positive variances are favourable, negative variances unfavourable

- 31<sup>st</sup> October cash balance £33.7m is £0.7m behind revised cash plan.**
- Year to date spend on capital is £2,802k being £3,848k below plan. A further £1.2m of capital orders have been placed.
- On-going review of capex priorities.

2014/15 Summary Income & Expenditure Performance at October 2014	Annual Plan	CP Plan	CP Actual	CP Variance	YTD Plan	YTD Actual	YTD Variance
	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Income from Activities	391,497	32,847	33,541	693	228,394	230,693	2,298
Other Income	42,519	3,332	3,260	(72)	24,265	24,351	86
Pay Expenses	(284,774)	(23,261)	(24,253)	(992)	(168,120)	(172,047)	(3,928)
Non-Pay Expenses	(124,842)	(10,584)	(10,704)	(119)	(70,097)	(71,016)	(919)
<b>EBITDA</b>	<b>24,400</b>	<b>2,334</b>	<b>1,844</b>	<b>(490)</b>	<b>14,443</b>	<b>11,980</b>	<b>(2,463)</b>
Depreciation & Impairment	(13,734)	(1,145)	(1,145)	0	(8,011)	(8,011)	0
PDC Dividend	(5,220)	(435)	(435)	0	(3,045)	(3,045)	0
Net Interest Receivable / Payable	(2,150)	(179)	(170)	9	(1,254)	(1,236)	18
Other Finance Costs / P&L on sale of assets	(150)	(13)	(13)	0	(88)	(88)	0
<b>Net Surplus/(Deficit)</b>	<b>3,146</b>	<b>563</b>	<b>82</b>	<b>(481)</b>	<b>2,045</b>	<b>(400)</b>	<b>(2,445)</b>
IFRIC12/Impairment/Donated Asset Related Adjustments	228	19	19	0	133	133	0
<b>SURPLUS/(DEFICIT) FOR DOH TARGET</b>	<b>3,374</b>	<b>582</b>	<b>101</b>	<b>(481)</b>	<b>2,178</b>	<b>(267)</b>	<b>(2,445)</b>
Surplus / (Deficit) against TDA plan	3,374	391	101	(290)	1,406	(267)	(1,673)

In year Trust phasing of budgets reflects updated local plans

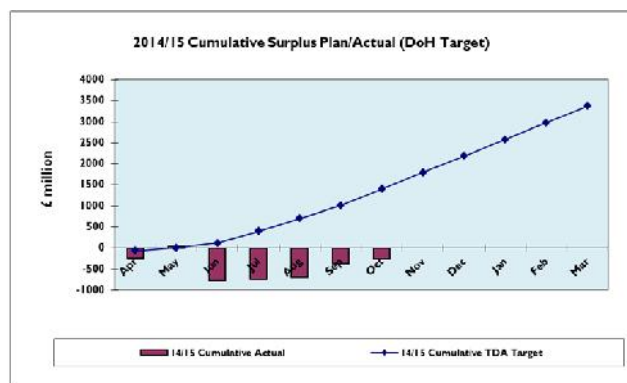
## Financial Performance Report – October 2014

### Overall Performance against DoH Plan

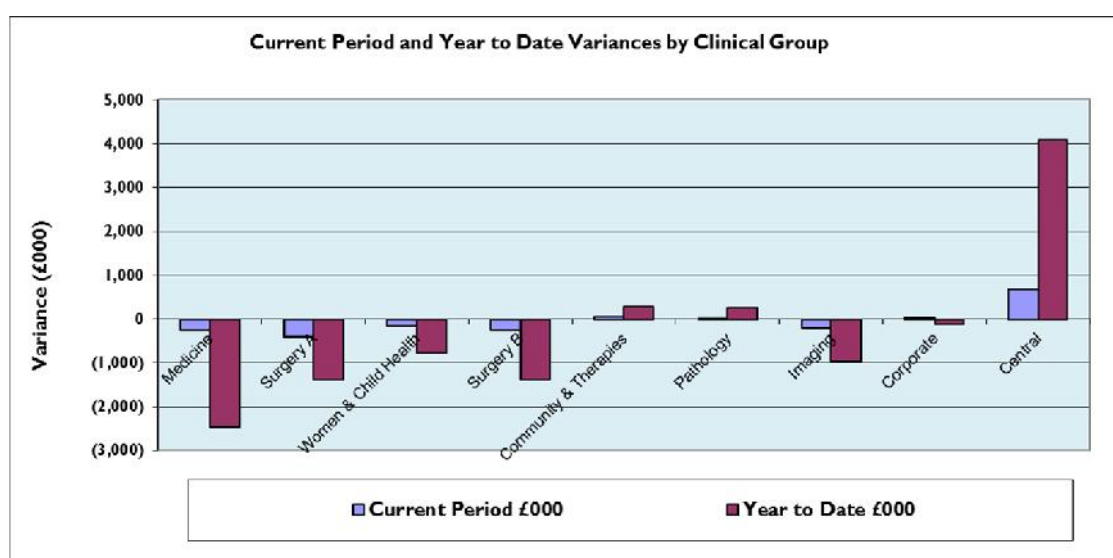
The Trust delivered an actual surplus of £101,000 against a planned surplus of £582,000 in October. It is anticipated that this will be recovered in order to achieve the year end surplus target of £3.374m surplus.

### Performance of Clinical Groups / Corporate Areas

- Medicine pay overspend of £2.3m includes £920k on HCAs and £829k 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 £832k 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 £522k to date. Premium rate working continues-
- Imaging premium rate working, saving shortfall and hire of MRI for additional activity.
- Corporate adverse income for parking, catering and occupational health contracts.



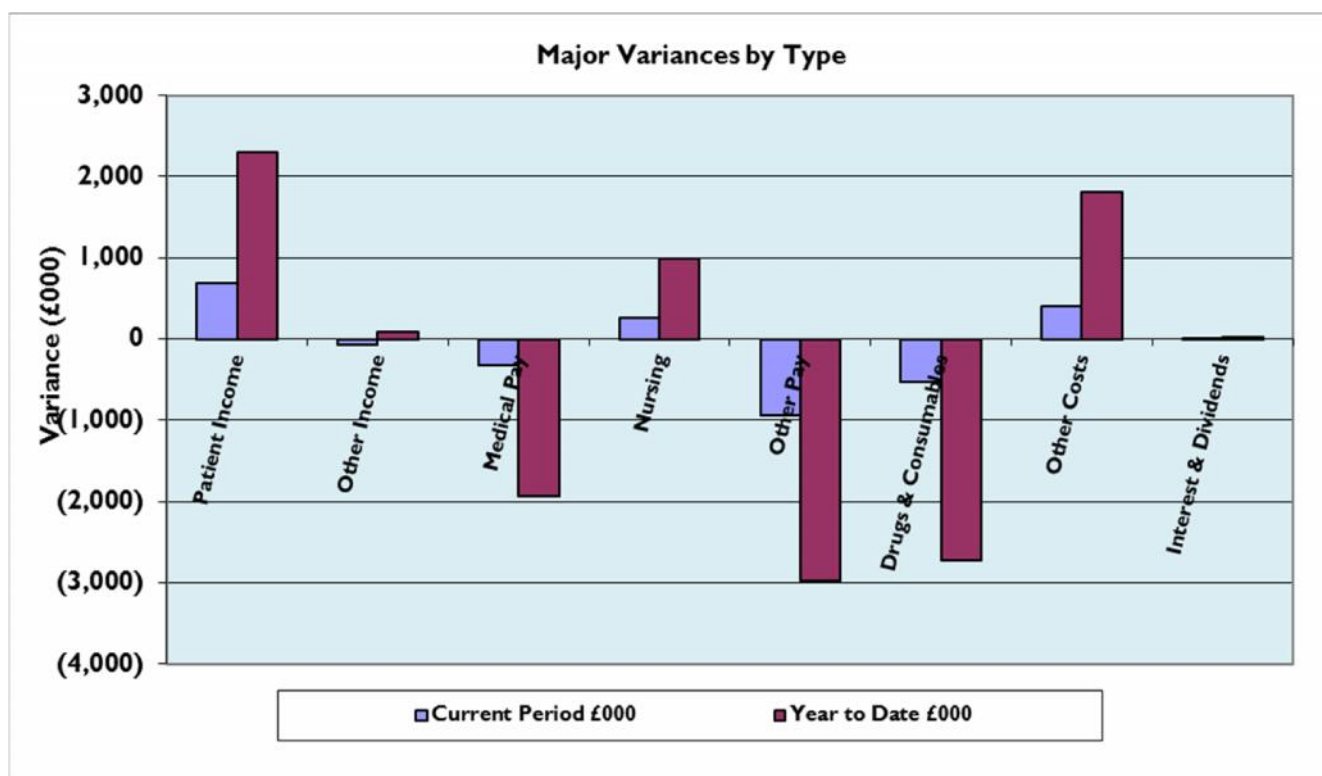
Group Variances from Plan (Operating income and expenditure)	Current Period £000	Year to Date £000
Medicine	(261)	(2,458)
Surgery A	(410)	(1,380)
Women & Child Health	(166)	(784)
Surgery B	(249)	(1,388)
Community & Therapies	61	287
Pathology	16	247
Imaging	(200)	(951)
Corporate	40	(127)
Central	679	4,092



## Financial Performance Report – October 2014

- Overall headline adverse variance to plan £481k in October, £2,445k year to date.
- Patient income over performing 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 £584k to date in W&CH.
- £1.2m of drugs / consumables overspend to date is pass through recovered through income:-
- Other costs includes maternity pathway payments overspend £832k to date and release of unallocated reserves of £4.0m:-

Variance From Plan by Expenditure Type	Current Period £000	Year to Date £000
	(Adv) / Fav	(Adv) / Fav
Patient Income	693	2,298
Other Income	(72)	86
Medical Pay	(314)	(1,937)
Nursing	266	989
Other Pay	(944)	(2,980)
Drugs & Consumables	(531)	(2,730)
Other Costs	412	1,811
Interest & Dividends	9	18
Total	(481)	(2,445)

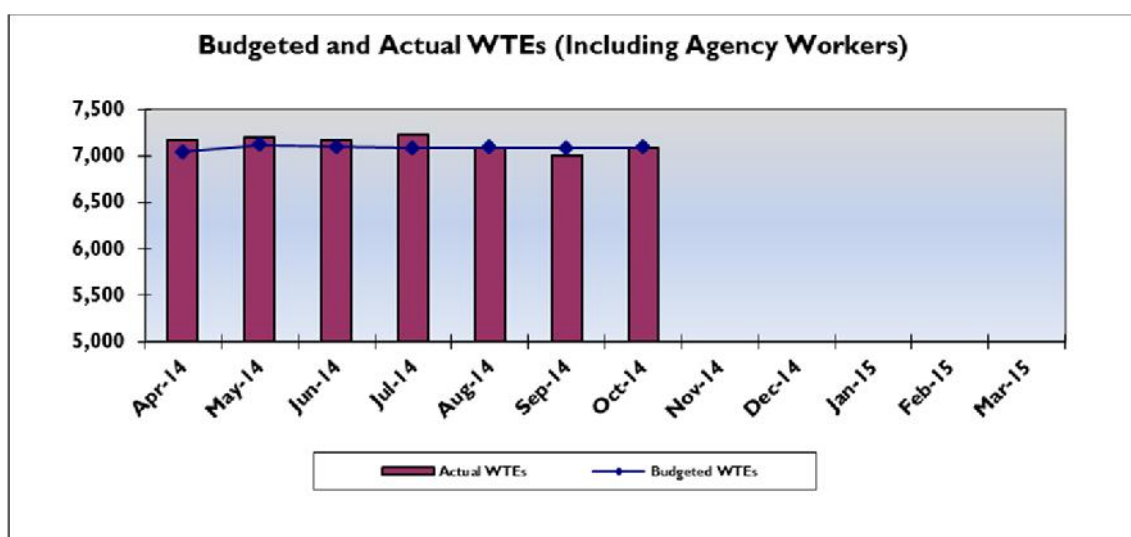




## Financial Performance Report – October 2014

### Paybill & Workforce

- There were 6,887 WTE in post in October plus an estimated 196 WTE of agency staffing across the month. In total this is **7 WTE below planned establishments**.
- Total pay costs (including agency workers) were lower in October at **£24.25m being £992k adverse to budget**; year to date £3,928k 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 met.
- Gross expenditure for **agency staff in month was 27% lower than the average year to date spending to September, at £758k**. Reductions are reflected across all staff groups other than Admin.



### Analysis of Total Pay Costs by Staff Group

	Year to Date to October 2014					
	Budget £000	Actual				Variance £000
		Substantive £000	Bank £000	Agency £000	Total £000	
Medical Staffing	45,937	44,998	0	2,877	47,874	(1,937)
Management	8,983	8,198	0	0	8,198	785
Administration & Estates	18,452	16,396	1,337	550	18,284	168
Healthcare Assistants & Support Staff	18,836	17,070	2,441	463	19,974	(1,138)
Nursing and Midwifery	53,701	47,478	2,664	2,570	52,711	989
Scientific, Therapeutic & Technical	26,036	23,998	0	499	24,498	1,538
Other Pay / Technical Adjustment	(3,824)	508	0	0	508	(4,332)
<b>Total Pay Costs</b>	<b>168,120</b>	<b>158,647</b>	<b>6,442</b>	<b>6,959</b>	<b>172,047</b>	<b>(3,928)</b>

## Financial Performance Report – October 2014

### Balance Sheet

Cash at 31<sup>st</sup> October was £33.7m, a decrease of £1.5m over the month and leaving cash balances £0.7m lower than plan. The Education and Training income £4.3m for quarter three missed the October cut off and is not included here but has since been received.

### STATEMENT OF FINANCIAL POSITION 2014/15

	Balance at 31st March 2014 £000	Balance as at 31st October 2014 £000	TDA Planned Balance as at 31st October 2014 £000	Variance to plan as at 31st October 2014 £000	TDA Plan at 31st March 2015 £000	Forecast 31st March 2015 £000
<b>Non Current Assets</b>						
Property, Plant and Equipment	226,403	221,194	223,098	(1,904)	228,768	230,944
Intangible Assets	886	886	692	194	562	562
Trade and Other Receivables	1,011	1,296	700	596	700	700
<b>Current Assets</b>						
Inventories	3,272	2,996	3,600	(604)	3,600	3,600
Trade and Other Receivables	16,177	23,687	10,286	13,401	11,746	16,746
Cash and Cash Equivalents	41,808	33,745	34,455	(710)	24,252	24,252
<b>Current Liabilities</b>						
Trade and Other Payables	(53,867)	(55,507)	(43,451)	(12,056)	(43,546)	(47,319)
Provisions	(8,036)	(2,697)	(7,654)	4,957	(3,724)	(3,886)
Borrowings	(1,064)	(1,059)	(1,029)	(30)	(1,029)	(1,029)
DH Capital Loan	(2,000)	(2,000)	(2,000)	0	(1,000)	(1,000)
<b>Non Current Liabilities</b>						
Provisions	(2,562)	(2,486)	(3,262)	776	(2,522)	(2,360)
Borrowings	(27,915)	(27,344)	(27,884)	540	(27,884)	(27,884)
DH Capital Loan	(1,000)		0	0	0	0
	<b>193,113</b>	<b>192,711</b>	<b>187,551</b>	<b>5,160</b>	<b>189,923</b>	<b>193,326</b>
<b>Financed By</b>						
<b>Taxpayers Equity</b>						
Public Dividend Capital	161,640	161,640	161,712	(72)	162,211	163,707
Retained Earnings reserve	(19,484)	(19,886)	(12,128)	(7,758)	(10,255)	(21,338)
Revaluation Reserve	41,899	41,899	28,909	12,990	28,909	41,899
Other Reserves	9,058	9,058	9,058	0	9,058	9,058
	<b>193,113</b>	<b>192,711</b>	<b>187,551</b>	<b>5,160</b>	<b>189,923</b>	<b>193,326</b>

## Financial Performance Report – October 2014

CASH FLOW												
12 MONTH ROLLING FORECAST AT October 2014												
ACTUAL/FORECAST	Oct-14 £000s	Nov-14 £000s	Dec-14 £000s	Jan-15 £000s	Feb-15 £000s	Mar-15 £000s	Apr-15 £000s	May-15 £000s	Jun-15 £000s	Jul-15 £000s	Aug-15 £000s	Oct-15 £000s
<b>Receipts</b>												
SLAs: SWB CCG Associates	21,382	21,084	21,084	21,084	21,084	21,084	21,165	21,165	21,165	21,165	21,165	21,165
Other NHS Income	6,180	6,417	6,417	6,417	6,417	6,417	6,417	6,417	6,417	6,417	6,417	6,417
Specialised Service (LAT)	612	850	850	850	850	850	1,461	1,461	1,461	1,461	1,461	1,461
Over/(Under) Performance Payments	1,680	5,155	4,150	4,150	4,150	4,150	3,260	3,260	3,260	3,260	3,260	3,260
Education & Training	74	4,512	4,608	4,608	4,608	4,608	4,608	4,608	4,608	4,608	4,608	4,608
Public Dividend Capital						571						
Loans												
Other Receipts	3,685	1,755	1,755	1,755	1,755	1,755	1,755	1,755	1,755	1,755	1,755	1,755
<b>Total Receipts</b>	<b>33,613</b>	<b>39,773</b>	<b>34,256</b>	<b>38,864</b>	<b>34,256</b>	<b>34,256</b>	<b>38,666</b>	<b>34,058</b>	<b>34,058</b>	<b>38,666</b>	<b>34,058</b>	<b>38,666</b>
<b>Payments</b>												
Payroll	13,599	13,360	13,360	13,360	13,360	13,360	13,360	13,613	13,613	13,613	13,613	13,613
Tax, NI and Pensions	9,435	9,218	9,218	9,218	9,218	9,218	9,218	9,076	9,076	9,076	9,076	9,076
Non Pay - NHS	683	1,071	910	977	1,071	910	910	2,148	2,148	2,148	2,148	2,148
Non Pay - Trade	9,732	10,665	9,403	10,491	10,665	12,946	12,946	8,282	8,282	8,282	8,282	8,282
Non Pay - Capital	271	1,363	1,086	2,180	1,956	2,689	2,775	2,775	2,775	2,775	2,775	2,775
PDC Dividend						2,610						
Repayment of Loans						1,000						
Interest						8						
BTC Unitary Charge	418	439	439	878	439	878	178	178	178	178	178	178
NHS Litigation Authority	668	668	668	668	0	0	375	375	375	375	375	375
Other Payments	290	300	300	300	300	300	668	668	668	668	668	668
<b>Total Payments</b>	<b>35,096</b>	<b>37,084</b>	<b>35,384</b>	<b>38,072</b>	<b>37,009</b>	<b>43,919</b>	<b>40,430</b>	<b>37,114</b>	<b>37,114</b>	<b>37,114</b>	<b>40,724</b>	<b>37,114</b>
<b>Cash Brought Forward</b>	<b>35,228</b>	<b>33,745</b>	<b>36,434</b>	<b>35,305</b>	<b>36,097</b>	<b>33,344</b>	<b>24,252</b>	<b>22,488</b>	<b>19,431</b>	<b>16,374</b>	<b>17,926</b>	<b>8,203</b>
<b>Net Receipts/(Payments)</b>	<b>(1,463)</b>	<b>2,689</b>	<b>(1,128)</b>	<b>792</b>	<b>(2,753)</b>	<b>(9,092)</b>	<b>(1,764)</b>	<b>(3,057)</b>	<b>(3,057)</b>	<b>(3,057)</b>	<b>(6,667)</b>	<b>1,552</b>
<b>Cash Carried Forward</b>	<b>33,745</b>	<b>36,434</b>	<b>35,305</b>	<b>36,097</b>	<b>33,344</b>	<b>24,252</b>	<b>22,488</b>	<b>19,431</b>	<b>16,374</b>	<b>17,926</b>	<b>14,870</b>	<b>9,755</b>

## Financial Performance Report – October 2014

### Capital Expenditure & Capital Resource Limit

- Year to date capital expenditure is £2,802 being £3,848k below plan.
- Capital commitments through orders placed £1.2m.
- Capital Resource Limit (CRL) charge forecast at £22.8m being consistent with the currently approved CRL and incorporating planned spend of £1.5m on the Central Care Record Project and £2m on MMH project costs.

### Continuity of Service Risk Rating

- Year to date rating 3 being in line with plan

Memorandum	Sub Code	SIGN	Current Month Metrics			Forecast Outturn Metrics		
			Plan	Actual / Forecast	Variance	Plan	Actual / Forecast	Variance
			(mc 01) £000s	(mc 02) £000s	(mc 03) £000s	(mc 04) £000s	(mc 05) £000s	(mc 06) £000s
<b>Liquidity Ratio (days)</b>								
Working Capital Balance	780	+/-	(9,393)	(3,831)	5,562	(13,301)	(12,236)	1,065
Annual Operating Expenses	790	+/-	236,821	243,063	6,242	405,044	409,616	4,572
Liquidity Ratio Days	800	+/-	(8)	(3)	5	(12)	(11)	1
<b>Liquidity Ratio Metric</b>	810	+/-	2.00	3.00	1.00	2.00	2.00	0.00
<b>Capital Servicing Capacity (times)</b>								
Revenue Available for Debt Service	820	+/-	13,929	11,994	(1,935)	24,842	24,416	(426)
Annual Debt Service	830	+/-	5,977	5,918	(59)	10,532	10,466	(66)
Capital Servicing Capacity (times)	840	+/-	2.3	2.0	(0.3)	2.4	2.3	(0.0)
<b>Capital Servicing Capacity metric</b>	850	+/-	3.00	3.00	0.00	3.00	3.00	0.00
<b>Continuity of Services Rating for Trust</b>	860	+/-	2.50	3.00	0.50	2.50	2.50	0.00

### Service Level Agreements

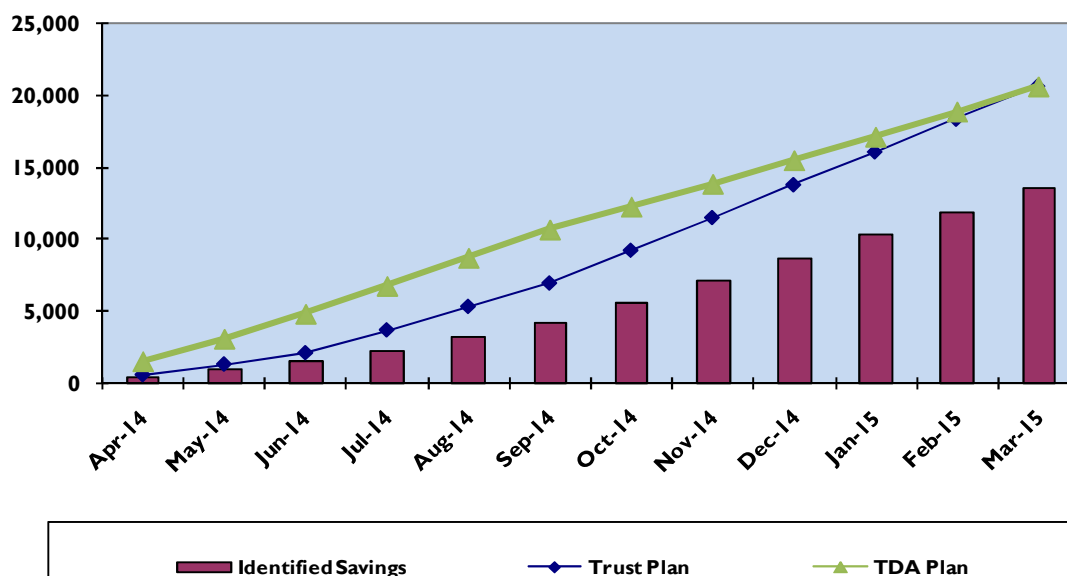
- NHS Commissioner activity and income data for the first six months of the year indicates an activity based over-performance of £2,884k including pass through drugs and devices; the block arrangement with Sandwell CCG worsens the position by £1,287k for the first six months. Pass through items of £1,157k are in the position to October.
- Should fines notices continue at the year to date average they would exceed the planned sum of £2.0m at £2.25m.

## Financial Performance Report – October 2014

### Savings Programme

- **Delivery to date is £5,596k which is £3.6m adverse to trust phased plan** [£3.5m adverse vs TDA plan].
- £13.6m of in-year savings have been identified 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 is underway. 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

**Cumulative Savings Profile £000**



**Financial Performance Report – October 2014**

**Key risks**

- **Identification and delivery of savings at necessary scale and pace;** The plan required level of savings ran at £1.6m per month for quarter two; actual savings were only just over half of that. Monthly savings targets for the remainder of the year rise to £2.3m
- **Over spending on pay costs, particularly premium rate staffing.** October has seen continued reductions in agency spending compared with the year to September and overall pay expenditure has reduced. 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 putting pressure on the plan; in addition there are 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 £0.8m for the first seven months of the year.

**Recommendations**

The Trust Board is asked to:

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

Tony Waite

Director of Finance & Performance Management

## TRUST BOARD

<b>DOCUMENT TITLE:</b>	Risk Register Update
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>	Kam Dhami, Director of Governance
<b>AUTHOR:</b>	Mariola Smallman, Head of Risk Management
<b>DATE OF MEETING:</b>	4 December 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.

As at writing there are no additional risks for Trust Board to review.

### REPORT RECOMMENDATION:

- **REVIEW** the Trust Risk Register and updates provided by Executive Directors;

### 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):*

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:

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.

## Trust Risk Register

### Report to the Trust Board on 4 December 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 risks for Trust Board to review.
- 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:

<b>Terminate</b>	Cease doing the activity likely to generate the risk
<b>Treat</b>	Reduce the probability or severity of the risk by putting appropriate controls in place
<b>Tolerate</b>	Accept the risk or tolerate the residual risk once treatments have been applied
<b>Transfer</b>	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.

Kam Dhami, Director of Governance  
4 December 2014



# Appendix A: Trust Risk Register (version as at 25 November)

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
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1414MAR/MK03		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. <b>Previous update:</b> 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. <b>Update:</b> 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	COG	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. <b>Previous updates:</b> 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. <b>Update 21.11.2014 - outcome of review has been put on hold and no definitive outcome has been received due to data validation issue. No current timeline.</b>	Chief Operating Officer	TBC - Commissioner led review	Oct-14	Monthly	4	3	12

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TRR140100001	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. <b>Previous update:</b> 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. <b>Progress:</b> Timelines for assessment and training September to December and SOP / policy review in September	Chief Operating Officer	Jul-14	Sep-14	Jul-14	2	4	8
TRR140100002	Management review	Corporate Operations		Operational	Sustained high Delayed Transfers of Care (DTC) 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 DTC review, strategic and operational work; Commissioning plans for 7 day working in 2014 in train. <b>Previous update:</b> Additional capacity closed end July although DTC 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 DTC 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. <b>Progress:</b> DTC numbers remain high. The System Resilience plan awaits clarification from Birmingham City Council on aspects of plan workforce and the re-ablement bed plan for the locality. New joint team with Sandwell is in implementation phase with good engagement.	Chief Operating Officer	Jun-14	Sep-14	Jul-14	2	4	8

# Appendix A: Trust Risk Register (version as at 25 November)

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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 re-development 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. <b>Previous update:</b> 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. <b>Update:</b> SGH outpatients privacy and dignity risk treatment plan stalled as dependant on Oral Surgery being relocated, which is still to be resolved	Chief Operating Officer	31/12/2015	Nov-14	GBM	3	3	9
1103PAE02	Risk Assessment	Women's and Child Health	Paediatrics	Clinical	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. <b>Previous updates:</b> 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. Current review of budgets and redeployment of resources. Monthly activity and staffing review of HDU care to be carried out and reported to paediatric clinical governance. <b>Update:</b> Monitoring in place; due to report to Clinical Directorate Governance Group	Chief Operating Officer	TBC	Nov-14	Monthly	3	4	12

# Appendix A: Trust Risk Register (version as at 25 November)

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1103PAN01	Risk Assessment	Women's and Child Health	Paediatrics	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. 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. <a href="#">Previous Update: Direct access to agency booking approved by Chief Nurse 11.08.14</a> <a href="#">Resilience monies identified to support mental health improvements. Place for assessment to be identified on each site.</a> <a href="#">Update: Continue to monitor any incidents if they were to arise.</a>	Chief Operating Officer	TBC	Nov-14	Monthly	4	4	16
Oncoology 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	<b>Previous update:</b> SLA with Royal Wolverhampton Hospital NHS FT to provide consultant AOS – 2 sessions to augment the 2 sessions provided by UHB  <a href="#">Update: Provision of replacement locum through New Cross Hospital, Wolverhampton to provide Consultant AOS - 2 sessions to augment the 2 sessions provided by UHB.</a>	Chief Operating Officer	TBC	Oct-14	Monthly	3	4	12

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	Onco Peer Review	Medicine	Scheduled Care	Operational	Trust non-compliant with Oncology Standards.	5	4	20	<p><b>Previous update:</b> Workforce and service design issues (hot clinics) 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 pre-chemotherapy patients – to mitigate oncology demand issues.</p> <p><b>Update:</b> Clinic Modelling and AOS proposal completed as a pre-requisite to negotiations with UHBFT re: SLA provision. Pilots to commence re: oral chemotherapy pharmacist role and rescheduling of chemotherapy in BTC.</p>	Chief Operating Officer	TBC	Oct-14	Monthly	1	4	4
	Onco Peer Review	Medicine	Scheduled Care	Operational	Trust has inconsistent cancer pathways between its sites and mixed visiting oncology MDT attendance patterns.	3	5	15	<p><b>Previous update:</b> Trust has extended discussions with UHB and executive led cancer futures workshop now scheduled for early September.</p> <p><b>Update:</b> Workshop has taken place and proposal for oncology clinic model has been submitted to UHBFT.</p>	Chief Operating Officer	TBC	Oct-14	Monthly	1	5	5
201109DEL30	Risk Assessment	Womens and Child Health	Maternity	Clinical	The existing provision of a 2nd theatre team for an obstetric emergency.	2	5	10	<p>Process to request opening of a second theatre in and out of hours for obstetrics is in place. Ongoing monitoring of any second theatre team issues through the incident reporting process. (Risk initially RED, downgraded to AMBER due to reduced frequency).</p> <p><b>Previous Update:</b> TB has previously reviewed the risk and agreed it is to be tolerated.</p> <p><b>Update:</b> Continues monitoring</p>	COO	TBC	Nov 14	Monthly	2	5	10

# Appendix A: Trust Risk Register (version as at 25 November)

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
TBC	Risk assessment	Women and Child Health	Maternity	Financial	Unpredictable birth activity and the impact of cross charging from other providers against the AN / PN tariff is significantly affecting the financial position of the service impacting on the affordability and quality provision of the service.	4	4	16	<p>Previous Update: Maximise tariff income through robust electronic data capture. Review of activity and income data 6 months post BadgerNet roll out. Comprehensive review of maternity pathway payment system underway for presentation to FD.</p> <p>Update: Options appraisal from finance in progress which will be discussed between the Clinical Group Director of Operations and Director of Finance</p>	Chief Operating Officer	Ongoing	Oct-14	Monthly	3	4	12



# Sandwell and West Birmingham Hospitals

NHS Trust



## Finance & Investment Committee – Version 0.1

**Venue** Anne Gibson Boardroom, City Hospital

**Date** 26 September 2014; 0800 – 1000h

**Present**

Ms Clare Robinson  
Mr Richard Samuda  
Mr Harjinder Kang  
Mr Toby Lewis [part]  
Mr Tony Waite  
Miss Rachel Barlow

**In attendance**

Mr Chris Archer

**Secretariat**

Mrs Elaine Quinn

Minutes	Paper Reference
<b>1 Apologies for Absence</b>	<b>Verbal</b>
Apologies were received from Mr Grainger-Lloyd.	
<b>2 Minutes from the previous meeting</b>	<b>SWBFI (8/14) 049</b>
The minutes of the meeting held on 29 August 2014 were accepted as a true and accurate record of discussions held.	
<b>AGREEMENT: The minutes of the previous meeting were accepted as a true and accurate reflection of the discussions held</b>	
<b>3 Matters arising from the previous meetings</b>	<b>SWBFI (8/14) 049 (a)</b>
The Committee considered the actions log and noted that a number of actions had been deferred to the next meeting.	
<b>3.1 Lucentis update</b>	<b>SWBFI (9/14) 051 SWBFI (9/14) 051 (a)</b>
Miss Barlow presented an update on the contracting position for Lucentis work and reported a substantial over-performance against the Sandwell CCG contract. The options to mitigate 2014-15 risks were identified in the event that the cap of activity cannot be re-negotiated. These included: do nothing, cap activity for Sandwell CCG by re-routing activity externally, or, the recommended option to	



<p>cap activity by re-routing new referrals to an Aflibercept (Eylea) pathway. The latter option is an alternative drug treatment that came to market after contract negotiations had taken place and would therefore not have been included in the forecasting. A general discussion took place in relation to the clinical safety of the alternative drug (Eylea). It was noted that this was the same drug/class as Lucentis, but produced by a different manufacturer. It was also noted that less frequent injections were needed with Eylea, compared to Lucentis.</p> <p>The Committee approved the recommended option to cap activity by re-routing new referrals to the Eylea pathway. It was satisfied that it had challenged and confirmed that the recommendation was approved on the basis of clinical practice rather than being financially motivated. The Committee noted that the Executive Team should be better at foresight and planning in the next round of contract negotiations.</p>	
<p><b>3.2 Variation in hotel services spend</b></p>	<p><b>Verbal</b></p>
<p>At the last meeting in August, the Committee had asked Mr Archer to investigate and report back on the variation in hotel services costs that were noted in the 2014/15 Month 4 financial update. Mr Archer reported that the normal average hotel services spend is £440,000 per month. This increased to £560,000 in month 4. Whilst investigating the variation, it was identified that a third of all hotel services costs relate to food ordering. The reported figures relate to stock that is actually ordered, rather than what is used. The figures are therefore wholly attributable to the ordering behaviour of the twenty various ordering points around the Trust. Mr Archer reported that the explanation given to him was in relation to the religious festival of Eid that coincided with the same period. Spend reduced to back to £458,000 in month 5. The Committee was unable to assimilate this explanation and asked Mr Archer to provide a further reflection at the next meeting in November.</p>	
<p><b>ACTION: Mr Archer to provide a further reflection at the next meeting in November in relation to the variation in month 4 Hotel Services costs.</b></p>	
<p><b>3.3 Update on performance against the Better Payment Practice Code</b></p>	<p><b>SWBFI (9/14) 052 SWBFI (9/14) 052 (a)</b></p>
<p>Mr Waite reported that, although for the year to August, the Trust achieved a performance of 95% of non NHS invoices (by volume) paid within 30 days, there were over 2,400 valid invoices which were not paid within this period. NHS performance is slightly worse at around 90%. It was noted that issues around ordering and/or receipting are major contributors to delays in the processing of invoices. The most significant area to which non-compliant payments relate is around hiring of agency staff, although there are also material clusters in Estates and Facilities. Action has already been taken or is being taken in some key areas and this is expected to improve performance, although further work is still required in other areas.</p> <p>The Committee received and noted the report.</p>	

<b>4</b> <b>2014/15 Month 5 financial update</b>	<b>SWBFI (9/14) 053</b> <b>SWBFI (9/14) 053 (a)</b> <b>SWBFI (9/14) 053 (b)</b>
<p>It was reported that progress had been made on reducing costs during month 5, however the position to date remained adverse against plan. In terms of achievement of the TSP schemes, it was noted that the delivery continues below plan. Workforce reviews have been set in train with a view to addressing 2015/16 requirements. The Forecast remains delivery of £3.4m planned surplus in line with LTFM commitment. This requires expedient measures to accelerate CIP delivery and significant reliance on reserves and contingencies, and therefore remains under review.</p> <p>Ms Robinson expressed her concern in terms of how the Trust's financial position would be turned around, given that month 6 was approaching. Mr Lewis reported that a £4m deviation was reported to the Board earlier in the month. Work in relation to the profitability of the antenatal pathway would be completed shortly and may provide for opportunity to contribute to further improve the position. It was noted that a more firm estimate of the full year outturn position for 2014/15 would be significantly informed by the completion of the workforce review and update of identified risks and mitigations. This estimate would be challenged and confirmed at the next meeting, with a view to advising the Board and TDA accordingly.</p> <p>Mr Waite reported that he was due to meet with James Green, Chief Financial Officer at Sandwell CCG to discuss the Never Event fine. Mr Lewis felt that the Committee should monitor fines and incentives.</p>	
<b>ACTION:</b> <b>Committee to scrutinise the financial assumptions for 2015/16 and review the outturn for 2014/15 at the next meeting in November.</b>	
<b>4.1</b> <b>Performance against the trajectories for reducing spend on temporary staffing</b>	<b>Verbal</b>
<p>It was recognised that the scale of use of temporary staffing remained a concern. The Committee noted that following the conclusion of the workforce review, the Executive will establish the temporary staffing trajectory against which performance will be monitored by the Executive and be reviewed by the Committee.</p>	
<b>5</b> <b>Updated contracts database/forward procurement workplan where Trust is purchaser of goods and services</b>	<b>SWBFI (9/14) 058</b> <b>SWBFI (9/14) 058 (a)</b> <b>SWBFI (9/14) 058 (b)</b>
<p>Mr Waite reported that the Trust maintains a database recording details of all contracts, which is populated with information from a number of sources, including the trawl of group and directorate specific information and data from external procurement providers, including Health Trust Europe.</p> <p>There are currently 242 contracts with a value of almost £27m with a scheduled end date within the current financial year. The date of contract renewal/replacement along with other factors will determine procurement</p>	

<p>workload priorities for the coming years. A further significant influence on priorities will be the outcome of the review of the Trust's procurement strategy which is currently underway.</p> <p>Mr Lewis reported that this was discussed at the Clinical Leadership Executive meeting earlier in the week, where it was agreed that the groups would have sight of non-pay data for review, as this had never previously been available to them.</p> <p>Mr Lewis informed the Committee that the Executive would look at setting out the 2015/16 non-pay plan and the approach in terms of the procurement strategy for presentation at the meeting in November.</p>		
<p><b>ACTION: The Committee to receive the 2015/16 non-pay plan and procurement strategy at the meeting in November.</b></p>		
<b>6</b>	<b>Financial risks and BAF</b>	<b>SWBFI (9/14) 060</b> <b>SWBFI (9/14) 060 (a)</b>
<p>The Committee received and noted the Board Assurance Framework that had been updated to reflect comments made at the previous meeting.</p>		
<b>7</b>	<b>Integrated performance report</b>	<b>SWBFI (9/14) 061</b> <b>SWBFI (9/14) 061 (a)</b>
<p>Mr Waite pointed out that details of the Trust's fines and incentives schemes are contained within the report. The Committee received and noted the update.</p>		
<b>8</b>	<b>Matters to highlight to the Board</b>	<b>Verbal</b>
<p>It was suggested that the key message to the Board should be that a more firm estimate of the full year outturn position for 2014/15 would be significantly informed by the completion of the workforce review and update of identified risks and mitigations.</p>		
<b>9</b>	<b>Meeting effectiveness feedback</b>	<b>Verbal</b>
<p>It was noted that the meeting had been productive.</p>		
<b>10</b>	<b>Any Other Business</b>	<b>Verbal</b>
<p>It was agreed that it would be helpful to invite Mike Gill of Baker Tilly to a future Board Informal session to share the feedback on his voice of the customer work in respect of financial planning and reporting.</p>		
<b>11</b>	<b>Details of the next meeting</b>	
<p>The next meeting of the Finance and Investment Committee was noted to be scheduled for 28 November 2014 at 0800h at City Hospital.</p>		

Signed: .....

Name: .....

Date: .....

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## Sandwell and West Birmingham Hospitals



NHS Trust

**Quality and Safety Committee – Version 0.1****Venue** D29 Meeting Room, City Hospital**Date** 31 October 2014; 1030h – 1230h**Present**

Mrs G Hunjan

Mr R Samuda

Dr S Sahota OBE

Mr C Ovington

Mr T Waite

Miss K Dhami

Miss R Barlow

Dr Stedman

**In Attendance**

Mr M Harding

Mrs K Gutteridge [Part]

**Secretariat**

Mr S Grainger-Lloyd

<b>Minutes</b>		<b>Paper Reference</b>
<b>1</b>	<b>Apologies for absence</b>	<b>Verbal</b>
Apologies for absence were received from Ms Dutton and Ms Binns.		
<b>2</b>	<b>Minutes of the previous meeting</b>	<b>SWBQS (9/14) 073</b>
The minutes of the Quality and Safety Committee meeting held on 25 September 2014 were approved as a true and accurate reflection of discussions held.		
<b>AGREEMENT: The minutes of the previous meeting were approved</b>		
<b>3</b>	<b>Matters arising from the previous meeting</b>	<b>SWBQS (9/14) 073 (a)</b>
The updated actions list was received and noted by the Committee.		
<b>MATTERS FOR DISCUSSION</b>		
<b>4</b>	<b>Update following the visit by the Care Quality Commission</b>	<b>Verbal</b>
Miss Dhami reported that post inspection visits continued and would end on 31 October 2014. It was noted that no matters had been escalated as serious issues during the course of these visits. The Committee was advised that a series of data requests had been received from the CQC and that a data set would be issued shortly as a rebuttal to certain issues that had been raised as part of the		

<p>inspection. It was reported that lessons learned would be shared from the experience. Miss Dhami advised that staff at all levels had played a pleasing role in the inspection.</p> <p>The Committee was advised that the inspection report was expected in December 2014.</p> <p>Miss Barlow reported that there had been different experiences reported by staff, and therefore work would be undertaken to handle the aftermath of the visit and support those needed.</p>	
<p><b>5 Quarter 2 complaints and PALs report</b></p>	<p><b>SWBQS (10/14) 074</b> <b>SWBQS (10/14) 074 (a)</b></p>
<p>Miss Dhami presented the Quarter 2 update of complaints and PALs enquiries which she noted would be considered by the Trust Board at its meeting on 6 November 2014. The matters that had generated change and lessons learned were highlighted specifically.</p> <p>It was noted that there had been a slip in meeting the 30 day target for responding to complaints, which it was highlighted reflected that much focussed effort had been given to clearing the oldest complaints and embedding the devolved processes in Clinical Groups.</p> <p>The position was noted to be reported by Finished Consultant Episodes (FCEs), which highlighted that Surgery B was the most significant in terms of complaint rate. It was suggested that this figure be included in the Integrated Performance Report and that based on the figures, a further review of the position in terms of Surgery B was needed, which Miss Barlow offered to lead.</p> <p>The three top themes were reported to be around all aspects of care, attitude of staff and appointments, a position consistent with previous years.</p> <p>The complaints by ethnicity was discussed, which was highlighted to show a that that the Trust received fewer complaints from the Asian group, despite the high proportion of these individuals within the population served by the Trust; the converse was the case for the black Afro Caribbean group.</p> <p>It was noted that there was more work to do to share lessons from complaints, including use of screensavers and disseminate remedial practice to other areas of the organisation.</p> <p>Mrs Hunjan suggested that it should be as easy as possible to make a complaint in different languages.</p> <p>It was suggested that the progress with improving the complaints process should be shared with the Groups to address anecdotal feedback that the process was better prior to devolvment.</p> <p>Dr Sahota suggested that patient feedback that was not reported formally as a complaint needed to be captured. It was suggested that a specific point around</p>	

halal food was needed.	
<b>ACTION: Miss Barlow to investigate the complaints position in Surgery B</b>	
<b>6 Integrated Performance Report</b>	<b>SWBQS (10/14) 075</b> <b>SWBQS (10/14) 075 (a)</b>
<p>Mr Harding presented the overview of the Integrated Performance Report. It was highlighted that although the Trust was below the year to date trajectory for <i>C difficile</i> infections, the headroom beneath the end of year target was eroding. Mr Ovington advised that position related to only two cases that had been reported recently. He added however, that further work was needed in respect of antibiotic stewardship.</p> <p>The number falls was highlighted to have increased overall. Those resulting in serious injury were noted to have reduced however.</p> <p>Thrombolysis rates were reported to have deteriorated. Performance against the admission to an acute stroke unit was also reported to have deteriorated. Miss Barlow reported that this reflected in some part the recent high levels of delayed transfers of care and the unprecedented operational pressures. It was reported that the stroke flow was complex, therefore some winter monies were being dedicated to providing some additional therapist support.</p> <p>A breach of the 28 day rescheduled operation guarantee was reported, which was highlighted to be due to an administrative error where the patient was not relisted for surgery.</p> <p>Performance against fractured neck of femur patient was reported to be good.</p> <p>Performance against the referral to treatment time targets was reported to be poor in a number of specialities. Miss Barlow reported that the Trust was in a period where backlogs were being cleared at a national level in a planned way.</p> <p>It was reported that a review of performance against the CQUIN targets had been undertaken jointly with the Trust's commissioners, which highlighted a number of actions to be taken to address areas of underperformance. It was noted that the funding associated with the dementia target remained the only lost to date.</p> <p>Mrs Hunjan noted the higher than desired sickness absence levels. Mr Harding reported that there was access to counselling and wellbeing services. The Chairman reported that there were c. 50 areas accounting for the majority overall sickness absence rate. Mr Ovington added that the quality impact assessments would also detect where sickness absence rates were aligned to savings schemes.</p>	
<b>7 Patient Safety walkabouts action plans</b>	<b>SWBQS (10/14) 077</b> <b>SWBQS (10/14) 077 (a) -</b> <b>SWBQS (10/14) 077 (g)</b>
<p>Miss Dhami presented that action plans from the recent patient safety walkabouts and gave an overview of the process and schedule. It was noted that there was a time lag between the visit and the issue of the action plan which</p>	

<p>needed to be addressed.</p> <p>It was reported that some of the more substantial actions would be tracked in future and a formal evaluation of the process overall was planned. It was agreed that the December informal Board session could be used to undertake this evaluation.</p> <p>Mrs Hunjan noted the difference in experience between the visits, which would be good to share with the other Non Executives and Executive Group.</p> <p>Mr Samuda noted that there were specific issues where promises had been made to revise an environment, but this had not been honoured.</p>	
<p><b>ACTION: Mr Grainger-Lloyd to arrange for an evaluation and discussion of Patient safety Walkabouts to be included on the agenda of a forthcoming Board Informal session</b></p>	
<p><b>8 Patient story</b></p>	<p><b>SWBQS (10/14) 078</b></p>
<p>Mr Ovington asked the Committee to receive and note the patient story that would be discussed at the Board meeting on 6 November 2014. It was noted that the support for patients with learning disabilities would be discussed with the Trust's commissioners.</p>	
<p><b>9 LSA report</b></p>	<p><b>SWBQS (10/14) 079</b> <b>SWBQS (10/14) 079 (a)</b></p>
<p>Mrs Gutteridge presented an overview of the Local Supervising Authority of the Midwifery Council annual report. It was reported that the Trust had been inspected earlier in the year and that all midwives were asked to complete an anonymous survey discussing their interaction with the supervisors.</p> <p>The Committee was asked to note that the area covered by the LSA was wide.</p> <p>Dr Sahota asked whether contact had been made with patients who had received antenatal care from the Trust but had decided not to deliver at the Trust. He was advised that this was not the case, however a 'reach out' programme was within the annual workplan for the next year which would pick up this suggestion. Dr Sahota noted that the financial implications of this position.</p> <p>Mrs Hunjan asked what the response rate had been to the supervisory questionnaire and was advised that this was in excess of 80%, which was a good position compared to previous years and other organisations.</p> <p>The number of midwives to the number of births in the report was noted to be good, however it was highlighted that a number of midwives had left since the report had been produced, impacting on caseloads in the area. Mr Samuda asked what reasons lay behind these departures. He was advised that this concerned the practice of the midwives work in a university-hospital environment away from home for training purposes and then returning back to their home patch after 3-4 months. It was noted that ideal ratio of midwives to births was 28.3.</p>	



Dr Stedman asked what proportion of work was for antenatal care as opposed to perinatal care and was advised that there was a significant amount of time spent in antenatal care due to the complexities of care for the patients the Trust treated. The linkage to the Public Health agenda was highlighted.

Mrs Gutteridge asked the Committee to note the birth trends which had dipped in March 2014. For the region overall it was noted that there had been a decline from three years previously. The number of babies born at home was noted to be low and there was a significant number of women who delivered without a midwife present. It was reported that less than 16% of women were induced, contrary to the position reported by the LSA. Assisted and instrumental birth, including vaginal breaches was reported to be offered as a preference to caesarean births. The caesarean rate was noted to be higher than desired and work was reported to be underway to reduce this.

The number of still births was highlighted to be the expected norm given the population served.

In terms of breastfeeding, it was highlighted that much work was needed to improve the position and improve the rate compared to other local organisations.

Mrs Gutteridge reported that for the entire region there had been 54 supervisory investigations.

Dr Sahota noted that the population served by the organisation was diverse and asked how communication was undertaken with patients whose first language was not English. Mrs Gutteridge advised that Language Line was used and interpreters were also accessed. It was noted that family members were not permitted to translate.

Mrs Gutteridge reported that the equipment available to the midwives was good and systems and processes were in place to manage the equipment and facilities. It was noted that the Trust had a reputation for being friendly.

Dr Stedman asked whether ethnic profiling of still births and perinatal mortality was in place. He was advised that this was the case and there appeared to be a generalised dispersion by ethnicity. It was suggested that further work needed to be undertaken to address issues associated with the eastern European mothers. It was noted that there were various Safeguarding implications that the Trust had to handle.

Mrs Hunjan asked whether any work was undertaken to promote the need to breastfeed. It was noted that the breastfeeding midwives were undertaking a significant amount of work to promote breastfeeding early in the pregnancy. Mrs Hunjan asked if there was a good link with Heath Visitors to promote good practice. She was advised that this was the case.

Mrs Gutteridge was thanked for her attendance at the meeting and illuminating presentation.

<b>10 Ebola plans</b>	<b>Hard copy</b>
Mr Ovington presented the plans to handle suspected cases of Ebola in patients arriving from West Africa. It was reported that further guidance might be received from NHS England, however the Trust did have limited resources to handle patients who arrived with the infection. The significant media attention associated with the infection was noted.	
Dr Sahota asked how long it would take to confirm a case of Ebola using the Pathology processes. He was advised that this could be c. 24-48 hours, in a similar way to malaria infections.	
<b>11 NRLS update position</b>	<b>SWBQS (10/14) 080 SWBQS (10/14) 080 (a)</b>
The Committee was asked to receive and note the update, where it was highlighted the Trust's reporting rate for incidents was pleasing.	
Mrs Hunjan noted the positive trend from previous years.	
<b>12 Terms of Reference</b>	<b>SWBQS (10/14) 081 SWBQS (10/14) 081 (a)</b>
Mr Ovington presented the terms of reference, which incorporated minor changes. It was noted that the Executive Lead agreed that agenda with the Chair and the practicalities of conducting a three year cycle for reviewing clinical audit.	
It was suggested that whistleblowing needed to be incorporated within the terms of reference and the reflection of the role in respect of the BAF needed to be picked up.	
<b>ACTION: Mr Grainger-Lloyd to amend the terms of reference for the Quality &amp; Safety Committee</b>	
<b>MATTERS FOR RECEIVING AND ACCEPTANCE</b>	
<b>13 Serious incident report</b>	<b>SWBQS (10/14) 082 SWBQS (10/14) 082 (a)</b>
The Committee received and noted the report.	
<b>14 Safety alerts update</b>	<b>SWBQS (10/14) 083 SWBQS (10/14) 083 (a)</b>
The Committee received and noted the report.	
<b>15 Clinical audit forward plan: monitoring report</b>	<b>SWBQS (8/14) 084 SWBQS (8/14) 084 (a)</b>
The Committee received and noted the report.	
<b>16 Forward plan for the Committee</b>	<b>SWBQS (8/14) 085 SWBQS (8/14) 085 (a)</b>

The Committee received and noted the report.	
<b>OTHER MATTERS</b>	
<b>17 Matters of topical or national media interest</b>	<b>Verbal</b>
It was noted that Ebola was a matter of high media interest at present and that the Hyper Acute Stroke Unit had opened in Heart of England Foundation Trust. It was noted that the iCares service had received a Nursing Times award. Mr Ovington reported that Safeguarding was a matter that was also high profile at present.	
<b>18 Meeting effectiveness</b>	<b>Verbal</b>
It was suggested that the balance between acute and community discussions needed to be reconsidered in future.	
<b>19 Matters to raise to the Board</b>	<b>Verbal</b>
It was noted that there were several matters to raise to the Board, including the LSA report, the Ebola plan and the minor changes to the terms of reference. It was also suggested that the NRLS outcome should be raised to the Board.	
<b>20 Any other business</b>	<b>Verbal</b>
Miss Dhami thanked Mr Grainger-Lloyd for his work to co-ordinate the Patient Safety Walkabouts.	
<b>21 Details of the next meeting</b>	<b>Verbal</b>
The date of the next meeting of the Quality and Safety Committee was reported to be 28 November 2014 at 1030h in the D29 meeting room, City Hospital.	

Signed .....

**Print** .....

**Date** .....

# Sandwell and West Birmingham Hospitals

NHS Trust

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

**Venue:** Ann Gibson Boardroom, City Hospital

**Date:** 29<sup>th</sup> September 2014; 1530 – 1700hr

### Members present

Mr R Samuda [Chair]

Dr S Sahota

Mr T Lewis

Mr C Ovington

### In attendance

Dr D Robertson

### Secretariat

Y Charles

Minutes	
<b>1 Apologies</b>	<b>Verbal</b>
Apologies for absence was received for Simon Grainger-Lloyd and Roger Stedman	
<b>2. Minutes from the meeting held on the 29<sup>th</sup> May 2014</b>	<b>SWBPH ( 5/14) 012</b>
The minutes of the last meeting was presented and accepted as a true and accurate record of discussion held.	
<b>3 Matters and actions arising from previous meetings</b>	<b>SWBPH (5/14) 012 (a)</b>
<p>Mr Lewis reported back on the ‘Snowy White Peaks of the NHS’ research.</p> <p>It was highlighted that in terms of leadership at Board level we are less ‘Snowy White’ than other trust and our top 150 cadre leaders show a slightly more male than female ratio.</p> <p>It was reported that further work needed to be done around creating an equilibrium in terms of ethnic group representation there are less Black Caribbean/black African with higher number of Asian representation.</p> <p>There is also more work needed around our disability data.</p> <p>The Committee agreed to invite Adrian Phillips – Director of Public Health Birmingham to attend future meetings</p>	
<b>ACTION: Mr Grainger-Lloyd to invite Dr Adrian Phillips to a future meeting of the Committee</b>	
<b>4. Progress with delivery of the Public Health Plan 2014 - 17</b>	<b>SWBPH (9/14) 015</b> <b>SWBPH (9/14) 015a</b>
Mr Lewis provided an overview as to the progress of the plan. Although all objectives were discussed, specific attention was given to the following;	

<ul style="list-style-type: none"> <li>• <b>Objective 1</b> – Dr Robertson updated the committee that software has been purchased to assist in the collation of the survey responses. It should be in use within the trust by the New Year.</li> <li>• <b>Objective 2</b> - For all pregnant women to receive carbon monoxide monitoring and as required intensive smoking cessation support, current data show lack of sufficient improvement. However confidence was expressed that this objective will be delivered by Q3 2015.</li> </ul> <p>A further update will be given at the next meeting. SS highlighted the importance of increased partnership working between the trust, CCG and GPs, particularly in light of the high pre-natal mortality within the geographical community covered by the trust.</p> <p>It was also noted and suggested to assess the work already being done in this area by our regional counter-parts to see if there are any lessons we can learn and share.</p> <ul style="list-style-type: none"> <li>• <b>Objective 5</b> - Discussion with the CCG concerning their plans has been forthcoming, however further discussion is required as to how to push forward with our plans.</li> </ul> <p>The committee discussed at length the issues surrounding the greater Birmingham alcohol pricing scheme, particular attention was given to the need to work closer with Birmingham Council to get this on their agenda. It was commented on that our links with Sandwell councils have been more positive.</p> <ul style="list-style-type: none"> <li>• <b>Objective 7</b> – It was reported that an update was awaited as to how many people have signed up to this.</li> <li>• <b>Objective 8</b> – We have resolved the out-of-hours issues in accessing the gym at Sandwell along with the provision of food for the out-of-hours workers</li> <li>• <b>Objective 9</b> – We have now expended the budget for counselling of staff</li> <li>• <b>Objective 11</b> - work is still being done on promoting this scheme</li> </ul>	
<p><b>ACTION:</b>        <b>Mr Lewis to provide a further update on the delivery of the public health plan at the next meeting</b></p>	
<p><b>5. Update on Volunteering</b></p>	Verbal
<p>Mr Ovington reported that there was no comprehensive volunteering plan currently in place, although there have been quite a few positive ideas which can be looked into. There is a need to liaise with the local media i.e. putting a strategy in place to increase awareness within the wider community. It was suggested that Ruth Wilkin, the new Director of Communication assist in this regard and is to be included in the membership of this committee.</p> <p>TL confirmed that he has been in discussions with the CVO and BCVO to explore ways of sharing information and to look at ways of developing a comprehensive</p>	

plan; aligning them with our strategic direction.	
It was suggested that we develop a map of the Birmingham Volunteer sector, look at ways of engaging with them; particularly in terms of fundraising opportunities and developing our own pool of volunteers within the Trust.	
<b>ACTION: Mr Grainger-Lloyd to invite Ruth Wilkin to future meetings</b>	
<b>6.Equality and diversity</b>	
<b>6.1 Equality and diversity plan</b>	<b>SWBPH (9/14) 017</b> <b>SWBPH (9/14) 017a</b>
Mr Ovington provided an update on the plan. Both the national and local data were compared and the panel were invited to discuss and identify any other areas which should be prioritised.	
It was agreed that more work is needed to achieve a comprehensive equality & diversity framework in the Trust. Further work is planned to look at how best we can approach this.	
<b>6.2 Current Trust statistics on community, patient and staff protected characteristics</b>	Verbal
The Committee discussed the imbalance as to the lack of response by staff in relation to stating their ethnicity. It was noted however that this will be difficult to achieve 100% response as some individuals simply do not want to present this information. The absence of colleagues from ethnically diverse background within our senior team was highlighted and noted. It was agreed that the Top Leader's cadre would assist in addressing this issue particularly with succession planning in senior positions.	
Concerning the collection of patient ethnicity data there is plans to introduce the use of outpatient kiosks to assist us in gathering E & D data.	
A revised paper on the Equality and Diversity plan with be discussed further at Board level	
<b>ACTION: Mr Ovington to present a further update on development of an equality &amp; diversity plan at the next meeting</b>	
<b>7. Public health, community development and equalities element of the Board Assurance Framework</b>	<b>SWBPH (9/14) 018</b> <b>SWBPH (9/14) 018a</b>
The Committee deliberated as to whether or not this was the correct forum to discuss this paper. It was decided that this should be discussed within the Midland Metropolitan Committee	
<b>8. Meeting effectiveness</b>	Verbal
There were not specific issues to note at this point however it was decided that it would be best to postpone any in-depth perusal of this issue until there is sound development as to Equality and Volunteering updates.	
<b>9. Matters to raise to the Board</b>	Verbal
The committee concurred that the following items are to be further discussed at Board level; <ul style="list-style-type: none"> <li>• Maternity re: Public Health plan</li> <li>• Volunteers</li> <li>• Equality and Diversity</li> </ul>	

<b>10. Any other business</b>	<b>Verbal</b>
There were no further items raised for discussion	
<b>11. Date of the next meeting</b>	
<i>Date and time of the next meeting is 27<sup>th</sup> November 2014 at 1400hrs at, D29 Corporate Suite, City Hospital</i>	



## Charitable Funds Committee – Version 0.1

**Venue** Anne Gibson Boardroom, City Hospital

**Date** 4 September 2014 at 1130h

### Trustees Present

Dr S Sahota [Chair]

Mr R Samuda

Mr T Lewis

Mr T Waite

Mr C Ovington

### In attendance

Mr T Wharram

Ms R Wilkin

### Secretariat

Mr S Grainger-Lloyd

Minutes	Paper Reference
<b>1 Apologies</b>	<b>Verbal</b>
Apologies for absence were received from Clare Robinson and Colin Ovington.	
<b>2 Minutes of the previous meeting</b>	<b>SWBCF (7/14) 013</b>
The minutes of the meeting held on 3 July 2014 were approved.	
<b>AGREEMENT: The minutes of the previous meetings were approved</b>	
<b>3 Matters arising from the previous meeting</b>	<b>SWBCF (7/14) 013 (a)</b>
<p>The Committee received and noted the updated actions log.</p> <p>It was reported that some legal advice had been received in respect of the operation of the Charity which suggested that the plans to bid for grants did not prime face contravene the objects of the charity. Mr Grainger-Lloyd agreed to circulate the detailed advice.</p> <p>As detailed in the action log, Mr Lewis agreed to convene a series of seminars to promote the bidding process for charitable funds. It was agreed that the key messages for the bidding process should be circulated at the next Board informal session. Mr Waite reported that work was underway to determine the scale of funds available for the bidding process.</p>	
<b>ACTION: Mr Grainger-Lloyd to circulate the detailed legal advice concerning</b>	

<b>the future operation of the Charity</b>		
<b>ACTION: Mr Waite to prepare a briefing note concerning the key messages around the revised Charitable Funds bidding process</b>		
<b>4</b>	<b>Annual accounts and report 2013/14</b>	SWBCF (9/14) 015 SWBCF (9/14) 015 (a) SWBCF (9/14) 015 (b) SWBCF (9/14) 015 (c)
<p>Mr Waite reminded the Committee that the draft version of the annual accounts had been considered at the last meeting, since when the external audit had concluded which had given a clean opinion.</p> <p>The Committee was asked to adopt the accounts, sign the annual report and to note the ISA260, which it approved. Mr Lewis reported that an additional document would be created which would be handed out at the AGM on 25<sup>th</sup> September 2014. This would summarise the future direction of the charity and act as a vehicle for publicity.</p>		
<b>5</b>	<b>Investment report</b>	SWBCF (9/14) 016 SWBCF (9/14) 016 (a)
<p>Mr Waite reported that realignment of the investment portfolio was underway in line with the decisions made at the last meeting.</p> <p>Dr Sahota drew the Committee's attention to the market summary which showed a degree of volatility although this did not appear to be hampering good performance.</p> <p>Dr Sahota suggested that consideration should be given to inviting the external investment adviser to alternate meetings of the Committee. It was agreed that this may not be needed and instead Dr Sahota and Mr Waite should meet with the adviser separately and report by exception to the meeting. Dr Sahota suggested that consideration should also be given to testing the market for external support. It was noted that the advisers were reappointed on an annual basis at present. Mr Grainger-Lloyd offered to advise when the advisers were last formally appointed.</p>		
<b>ACTION: Mr Grainger-Lloyd to advise when the external investment advisers were last formally assessed and appointed</b>		
<b>6</b>	<b>Quarter 1 expenditure and income report</b>	SWBCF (9/14) 017 SWBCF (9/14) 017 (a) SWBCF (9/14) 017 (b)
<p>Mr Wharram provided a summary of the income and expenditure for the quarter ended 30 June 2014. It was noted that the incoming funds were valued at £208k and expenditure was £178k, generating a net movement in funds of £30k. It was reported that there was a significant number of funds where there had been no or</p>		

<p>little movement in terms of spend.</p> <p>Dr Sahota asked for the reason why training courses had been funded. Mr Wharram reported that in the instances cited, these were courses over and above what would normally be provided in the course of NHS business and from NHS funds.</p> <p>Dr Sahota noted that significant rates of cash were being held and suggested that alternative providers should be considered to hold the cash. Mr Wharram reported that he was to meet with Nat West to determine what alternative rates of interest could be provided.</p> <p>Mr Waite asked whether any efficacy reviews were undertaken on the areas of spend to generate positive publicity. It was noted that this was not done routinely and suggested that this should be integral to the bid process. Mr Waite and Ms Wilkin agreed that they would discuss and introduce a process.</p>	
<p><b>7 Matters to raise to the Board</b></p>	<p><b>Verbal</b></p>
<p>It was agreed that the sign off of the annual accounts and the preparation for the AGM in terms of the charity should be highlighted.</p>	
<p><b>8 Any Other Business</b></p>	<p><b>Verbal</b></p>
<p>Dr Sahota suggested that further consideration should be given to the use of volunteers as part of the charity work. Mr Lewis reported that the use of volunteers was under development and that posts that are currently being recruited into take responsibility for the implementation of volunteers.</p> <p>Mr Samuda asked how social investments and bonds played into the future plans for the charity. Mr Lewis suggested that advice needed to be taken between now and the next meeting to agree how this would work, particularly at present given that the Trust had not achieved Foundation Trust status.</p>	
<p><b>9 Details of the next meeting</b></p>	<p><b>Verbal</b></p>
<p>The next meeting is to be held on 4 December 2014 at 1100h in the Anne Gibson Committee Room, at City Hospital.</p>	

Signed .....

Print .....

Date .....

# Midland Metropolitan Hospital Status Report

## November 2014

### Activities Last Period

- Dialogue progressing
- Site Investigations Complete and report issued
- Demolition Completed (Except “Unifix” building)

### Planned Next Period

- Prepare site remediation plan
- Agree remediation plan with Bidders
- Continue Dialogue process
- Receive and evaluate Interim Submissions
- Remove remaining underground structures
- New Project Director appointed to commence January

### Issues for Resolution/Risks for Next Period

Bidder B – lack of engagement .

## TRUST BOARD

<b>DOCUMENT TITLE:</b>	Safe Nurse Staffing
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>	Colin Ovington – Chief Nurse
<b>AUTHOR:</b>	Colin Ovington – Chief Nurse
<b>DATE OF MEETING:</b>	4 <sup>th</sup> December 2014

### EXECUTIVE SUMMARY:

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

The data from the national reporting system has been applied to our own expected staffing data to help understand our nurse staffing position which is closer to the 100% mark this month

The new risk assessment for focused care has been evaluated and demonstrated that the total number of request for focussed care was 411 requests in 2013 and in 2014 the total number of requests for the period was 280 a reduction of 131 requests.

There are a number of areas of development identified in the report including better use of nursing staff who provide one to one care for reminiscent and diversional activities.

### REPORT RECOMMENDATION:

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

To receive an update at the January 2015 Trust Board meeting.

### 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 *(Indicate with 'x' all those that apply):*

Financial		Environmental		Communications & Media	X
Business and market share		Legal & Policy		Patient Experience	X
Clinical	X	Equality and Diversity		Workforce	X

Comments:

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

Relates to our safety objectives and BAF

### PREVIOUS CONSIDERATION:

Routine item for consideration at Trust Board

# Sandwell and West Birmingham Hospitals

NHS Trust

## SAFE NURSE STAFFING

### Report to Trust Board on 4<sup>th</sup> December 2014

## 1 EXECUTIVE SUMMARY

1.1 This report is an update using the data collected during October 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.

## 2 OCTOBER POSITION

2.1 Table one is the output data from the national data collection for October 2014 which demonstrates that we achieve higher fill rates against our rota's and slightly closer to 100% than in September.

Table 1.

	Site Name	Day		Night	
		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Oct-14	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	97.3%	100.3%	119.4%	0.0%
	CITY HOSPITAL	108.4%	107.0%	119.0%	131.1%
	ROWLEY REGIS HOSPITAL	105.2%	110.2%	152.6%	126.2%
	SANDWELL GENERAL HOSPITAL	104.8%	113.3%	117.6%	146.8%

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

Ward	site	No. Beds	Morning shift RN's expected	Afternoon /Evening shift RN's expected	Night shift RN's expected	Percentage day time fill rate during October 2014	Percentage night time fill rate during October 2014	Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during October 2014	Percentage night time fill rate during October 2014
D7	City	13	4	4	3	see	D5	1	1	1	see	D5
D5	City	19	6	6	5	117.6	136	1	1	0	175.8	206.4
D11	City	21	3	3	2	92.2	96.8	3	3	2	97.3	162.8
D12	City	10	2	2	2	109.6	146.3	1	1	1	80.9	103.9
D15	City	24	4	4	3	108.8	107.3	3	3	2	111.5	207.5
D17	City	25	4	4	3	132.9	144.4	3	3	2	141.1	178.4
D26	City	21	3	3	2	110.9	115.5	3	3	2	87.2	104.3
AMU 1	City	41	10	10	9	110.5	138.7	4	4	3	93.4	86.3
AMU 2	City	19	5	5	4	102.1	113.6	1	1	1	139.9	103.7
D43	City	24	4	4	3	133.6	133.8	3	3	2	119.8	162.3
CCU Sandwell	Sandwell	10	3	3	2	109.6	114.8	0	0	1	114.8	100
PR4	Sandwell	25	8	8	5	102.3	94.3	2	2	1	91.7	221.6
PR5	Sandwell	34	6	5	3	101.5	110.7	4	4	3	94.5	129.2
NT4	Sandwell	28	5	4	3	151.9	166.1	3	3	3	196.7	329.2
LY4	Sandwell	34	6	4	3	133.8	201.9	4	4	3	114.3	124.8
LY5	Sandwell	29	5	4	3	93.1	96.9	4	3	2	130.6	136.2
N5	Sandwell	15	3	3	2	105.9	100	1	0	1	96.4	0
AMU A	Sandwell	32	8	8	8	108.7	124	4	4	3	118.2	143
AMU B	Sandwell	20	4	3	2	102.3	119.4	4	3	2	120.3	148
Elisa Tinsley	RRH	24	4	3	2	102.8	205.4	3	3	3	100.6	103.5
Ward	site	No. Beds	Morning shift RN's expected	Afternoon /Evening shift RN's expected	Night shift RN's expected	Percentage day time fill rate during October 2014	Percentage night time fill rate during October 2014	Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during October 2014	Percentage night time fill rate during October 2014
D21	City	23	4	4	2	93.3	149.1	2	2	2	94.5	107
D25	City	19	4	4	2	107.4	99.7	2	2	2	95.2	121.2
SAU	City	14	4	4	2	101.5	110.7	1	1	1	94.5	129.2
N2	SGH	24	4	3	2	96	115.9	2	2	1	94.8	151
L2	SGH	20	4	3	2	125	118.5	3	2	2	110.1	98.4
P2	SGH	20	4	3	2	94.7	116.6	3	2	2	106.1	145.3
N3	SGH	33	6	6	3	101.4	124.3	4	4	3	101.9	139.8
L3	SGH	33	6	6	3	102	132.1	4	4	3	111.9	100.1
Ward	site	No. Beds	Morning shift RN's expected	Afternoon /Evening shift RN's expected	Night shift RN's expected	Percentage day time fill rate during October 2014	Percentage night time fill rate during October 2014	Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during October 2014	Percentage night time fill rate during October 2014
Henderson	RH	24	2	2	2	101	134.8	2	2	2	136.4	289.5
Leasowes	RH	20	2	2	1	116.5	112.8	4	3	2	97.7	94.9
Ward	site	No. Beds	Morning shift RN's expected	Afternoon /Evening shift RN's expected	Night shift RN's expected	Percentage day time fill rate during October 2014	Percentage night time fill rate during October 2014	Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during October 2014	Percentage night time fill rate during October 2014
Eye ward	City	10	2	2	2	97.3	119.4	1	1	0	100.3	0



### **3 CURRENT ISSUES**

3.1 The evaluation of the focused care work has concluded. This work was designed to help the decision making about how safety can be maintained for patients who have been designated at risk and requiring one to one care. We evaluated our new assessment over a ten day period, and compared this against the same period of time for 2013. The total number of request for focussed care was 411 requests in 2013 and in 2014 the total number of requests for the period was 280 a reduction of 131 requests.

There are a number of areas of development identified in the report including better use of nursing staff who provide one to one care for reminiscence and diversional activities.

The full report will be reviewed by the Quality and Safety Committee.

### **4 RECOMMENDATION(S)**

4.1 To publish patient to RN ratios 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 January Trust Board meeting

Colin Ovington

Chief Nurse

27<sup>th</sup> November 2014